Answer Guidance

# Chapter 35: Introduction to interprofessional working

## Activity answer guidance

### Activity 35.1

Consider the difference between multiprofessional and interprofessional collaboration and compare this to the practices you have seen during your placements. Which type of collaboration have you seen and participated in? What went well and how could it be improved?

#### Answer guidance:

*Multiprofessional often refers to many different teams working in the same area e.g. in a trust, hospital, or department. However, interprofessional collaboration refers to two or more professions working together with the patient or service user at the centre. Interprofessional collaboration is key to a good patient experience, and many universities now deliver interprofessional education to ensure this integrated way of working is instilled before qualification.*

### Activity 35.2

Try to imagine you are a service user who requires care from different healthcare professionals. Think about what you need for this to be a positive experience. Make a list of all you need and then look at it from the perspective of a nurse. What should interprofessional collaboration look like or be to ensure the care you would like to receive yourself? What does this mean for nurses?

#### Answer guidance:

 *Excellent interprofessional communication*

 *Joined up delivery of services*

 *Interprofessional handovers/ record keeping/ patient reviews*

 *Knowledge of one another’s roles*

 *Interprofessional education*

 *A sense of team!*

### Activity 35.3

The evidence to support the effects of interprofessional collaboration is complex and perhaps not as overwhelming as expected, especially given the importance of interprofessional collaboration in today’s care. Can you name some benefits of interprofessional collaboration from your own experiences of delivering or receiving care? How can you use these experiences to further enhance your nursing skills?

#### Answer guidance:

 *Joined up care reduces the risk of patients feeling like they are falling through the gaps in services*

 *Better communication*

 *The patient is at the centre of their care plan*

 *Service improvement is from the patient perspective and services are designed with the people who use the services at the forefront*

 *Professionals are aware of other profession’s roles and are more likely to make appropriate referrals*

 *Cost-effective*

 *Increased patient safety*

 *Reduced incidents and errors*

 *Better patient experience*

 *Less litigation*

### Activity 35.4

Being a team player is an important skill for nurses. Reflect on a recent experience where you were required to work in a team. Define what you do well and define areas for growth.

#### Answer guidance:

*You have been asked to reflect on a recent experience where you were required to work in a team. Define what you do well and define areas for growth. Here is an example:*

*What: I was recently asked to assist when a patient required a commode. We assisted the man to stand and mobilise round to sit on the commode. We gave him his buzzer and then waited outside the cubicle door. We became concerned that he had not pulled his buzzer and so knocked on the door to check he was ok. The patient sadly had a cardiac arrest whilst on the commode.*

*So what: I quickly pulled the emergency buzzer to seek help from the team. As more colleagues arrived we were able to lower the patient to the floor and begin assessing him. Whilst my colleagues began checking his airway and circulation, I explained what had happened. The sister asked me to ring the crash team, so I did this straight away. We took it in turns to undertake CPR and deliver oxygen. Another nurse gave the required drugs, another managed the defibrillator, and a doctor oversaw everything and kept a log of treatment given. After 5–10 minutes the crash team arrived. The room was full of people, and I quickly realised that there was no one out on the ward overseeing the other patients, who must be anxious about the alarms and teams of people running down the corridor. I decided to leave the room and make sure the other patients were ok, providing reassurance as I walked around the ward.*

*Now what: I believe I raised the call for help quickly and communicated well. The doctor did provide leadership and situational awareness. Followership is just as important as leadership and I believe I worked well within the team, making sure my colleagues were ok and offering to relieve them from CPR at the end of a cycle if they appeared tired. I did feel very sad following the arrest as sadly it was not successful. In the future, I think it would be beneficial for us to debrief as a team to* *ensure everyone is ok and that we can improve our teamwork in future arrest situations.*

### Activity 35.5

Consider interprofessional collaboration within and across care settings. Brainstorm about what is needed to make a success of such collaboration. What is needed of health care professionals, organisations, service users, and infrastructure? Think about aspects such as attitude, skills and abilities, and practicalities. Make a mind map to organise your thoughts.

#### Answer guidance:

*You have been asked to consider interprofessional collaboration within and across care settings. This brainstorming about what is needed to make a success of such collaboration is not exhaustive, but gives you some ideas:*

|  |  |
| --- | --- |
| *Healthcare professionals:**Interprofessional education**Knowledge of other professional’s roles**Integrated skills such as teamwork, decision making**Collaborative leadership* | *Organisations:**Interprofessional education**Awareness of barriers**Awareness of impact on service users**Policies and frameworks e.g. integrated care pathways**Staff and service user feedback* |
| *Service users**Co-production of services**Meaningful ways to provide feedback**Access to services regardless of location, age, gender, culture, etc.* | *Infrastructure**Integrated ways of working such as Integrated Care Systems**Support and guidance on a national level* |

### Activity 35.6

Interprofessional collaboration requires nurses to work together with other health care professionals. Are you aware of the roles of these professionals? Can you also define the role of nurses? Try to make a mind map to organise your thoughts and to show the position of nurses within the interprofessional team. What is the added value of nurses to the interprofessional team? Can you link this to your professional identity (values and skills that are part of the nursing profession)?

#### Answer guidance:

Interprofessional collaboration requires nurses to work together with other healthcare professionals. Are you aware of the roles of these professionals?

 *Adult nurse/children's nurse/mental health nurse/learning disability nurse*

 *Midwife*

 *Social worker*

 *Youth worker*

 *Physiotherapist*

 *Occupational therapist*

 *Doctor*

 *Speech and language therapist*

 *Dietician*

 *Diagnostic radiographer*

 *Therapeutic radiographer*

 *Paramedic*

 *Operating department practitioner*

 *Health visitor/ school nurse*

Can you also define the role of nurses? Try to make a mind map to organise your thoughts and to show the position of nurses within the interprofessional team.

*Nurses should abide by the NMC code of conduct (2018) to deliver and evaluate safe, effective care. The nurse should work collaboratively with the above professions to deliver person-centred care.*

What is the added value of nurses to the interprofessional team? Can you link this to your professional identity (values and skills that are part of the nursing profession)?

*The code says that you should:*

*8 Work co-operatively. To achieve this, you must: 8.1 respect the skills, expertise, and contributions of your colleagues, referring matters to them when appropriate 8.2 maintain effective communication with colleagues 8.3 keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff 8.4 work with colleagues to evaluate the quality of your work and that of the team 8.5 work with colleagues to preserve the safety of those receiving care 8.6 share information to identify and reduce risk 8.7 be supportive of colleagues who are encountering health or performance problems. However, this support must never compromise or be at the expense of patient or public safety*

## Case study answer guidance

### Case Study 35.1: Lisa

Lisa (83) lives at home with her husband of 60 years. Lisa has been diagnosed with COPD and she receives 2 litres of oxygen via nasal cannula 24 hours per day. Her husband looks after her and the district nurses come in once a week to monitor her oxygen therapy, as well as her intake. Lisa’s husband Jim (85) has always been relatively healthy, although currently, he does struggle with kidney failure and he has just recovered from a urinary tract infection. After an exacerbation of the COPD Lisa has been admitted to the hospital. When the nurse wants to take Lisa’s blood pressure she notices bruises along Lisa’s upper arms, that looked like fingerprints. When she asks Lisa about it, she shrugs it away and seems to get a bit uncomfortable. Her husband is visiting and quickly explains she must have bumped into some furniture. The nurse is concerned about the bruises, but Lisa withdraws and all questions remain unanswered. The nurse asks if she can take pictures to monitor the healing process and Lisa agrees to this. Her husband makes it clear he is not sure why there is so much fuss over a few bruises.

The nurse asks Lisa if she can ring the district nurses and the GP to discuss the care process before admission and to look ahead toward discharge and Lisa agrees. The nurse discusses the bruises with the interprofessional team, including her nursing colleagues, the ward doctor, the physiotherapists, and the occupational therapist. They agree to phone the district nurses who visit Lisa regularly at home to ask whether they were aware of the bruises and whether they have any concerns about the home situation. They also phone the GP with similar questions. The district nurses and the GP both express concerns about whether Jim may be struggling to provide the care for Lisa as his health seems to have deteriorated. They had discussed this with Jim and Lisa a week earlier. The GP and the district nurses suggest a need for carers to come in to help Lisa with her ADLs but explain they have not yet arranged for this as Jim has expressed his wish to look after his wife. The nurses on the ward decided to arrange for a family meeting. During the family meeting, the bruises are addressed, as well as the increasing care needs of Lisa. Jim admits that he is struggling to provide the care as his back and his knee is playing up lately. The nurses address his wish to look after his wife and together they discuss that this is only possible if Jim’s health is good enough.

Jim agrees to carers coming in twice a day to help Lisa with her ADLs but also accepts contact details for a charity for carers where he can find support to accept his need to take a step back regarding the care for his wife. The nurse ensures a handover to the carers on the day of discharge and the arrangements are also added to the discharge letter to the GP.

Make a list of everyone who is involved in Lisa’s care process and describe their role.

Explain the concepts of person-centred care and shared decision-making in light of this scenario.

#### Answer guidance:

 *GP–provides medical care in the community*

 *My husband and family–currently care for Lisa*

 *Carers–proposed to care for Lisa 2 days per week and assist with ADLs*

 *District nurses–provide and evaluate care in the community*

 *Occupational therapists- ensure Lisa has the adaptations needed to promote independence in ADLs*

 *Ward nurse–assess, implement and evaluate care in the hospital setting*

 *Ward doctor–provides medical care in the hospital*

 *Physiotherapist–maintain mobility and ensure muscle function*

*The professionals have worked collaboratively to safeguard Lisa. They have collaboratively assessed and recognised the need for a new plan of care that will support Lisa and her husband to live as independently as possible. Lisa has full mental capacity and consents to information sharing, but there is limited evidence to suggest she was central to the new plan of care as the scenario only mentions Jim’s wishes.*

### Case Study 35.2: Mary

Mary (78) has been admitted to the hospital after she fell in the kitchen. She has broken her left hip for which she has had a successful surgery. However, the nurses have spoken to Mary’s daughter, Rachel, who is worried about Mary’s cognition. The nurses have similar concerns as they have noticed how Mary often forgets new information or is temporarily disoriented in time or place. Mary and her daughter agree to an assessment of Mary’s cognition, which is to take place on the ward during the next few days with the approval of the ward physician (F1).

The next day Rachel visits again and during her visit, the physiotherapist meets with both to discuss any needs Mary may have when she returns home. The physiotherapist suggests this discharge may even be later that same afternoon or early tomorrow morning. Rachel asks whether the cognition assessment has already taken place and the physiotherapist says she does not think this is needed. As the physiotherapist leaves the surgeon visits Mary as well to have a look at the incision site. After a physical examination, she is also happy for Mary to be discharged. Rachel asks the surgeon about the cognition assessment as well, to which the surgeon suggests this could be done at home. As the surgeon leaves, Rachel finds one of the nurses, who is surprised to hear about a sudden discharge given the agreements around a cognition assessment.

Rachel explains she is confused as she has received different information from three different professionals. The nurses have arranged for a cognition assessment on the ward, the physiotherapist thinks such an assessment is not needed and the surgeon suggested such an assessment could be done at home. Rachel tells the nurse she feels confused and a bit anxious as she is now not sure what the course of action is.

 Consider this scenario in light of person-centred care, shared decision-making, and interprofessional collaboration. What went well and what needs to be improved?

 Imagine yourself as the nurse Rachel came to see when she was confused and anxious. What will you do to take away her confusion and anxiety? Who will you speak to and what will be your aim?

*The nurses have demonstrated person-centred care, as they are making every contact count and ensuring all needs are addressed prior to discharge. However, there seems to have been a communication breakdown and a lack of collaboration as each profession has a different plan of care in mind. This means there is a risk Mary could fall through the gaps in services and not receive an assessment at all. The best plan of action would be a multidisciplinary meeting or review at the bedside to document an agreed plan of action. Mary and Rachel should also be involved in this and their thoughts and feelings are taken into account.*

*You might speak to the medical team caring for Mary and stress that Rachel is very anxious and would prefer the assessment undertaking prior to discharge. You might emphasise that this is the plan you would advocate to ensure patient safety and to prevent a complaint due to a poor experience. You might suggest a collaborative bedside review or meeting with Mary, Rachel, and the team caring for her.*

### Case Study 35.3: Kevin

Kevin is a twenty-nine-year-old single gentleman who was born and brought up in a care home in London. Kevin’s mother had mental health problems and complex social life and could not manage to look after Kevin at the time. His father is unknown. He experienced a number of challenges growing up and despite demonstrating a good level of ability he did not do well at school. Later it was discovered he was Dyslexic and he has continued to experience difficulty reading and writing. On a number of occasions, he became involved in fights with other boys and was in contact with the police regularly for smoking cannabis. At the age of 19 years, Kevin was detained under the Mental Health Act and spent six months in hospital. He had a further admitted at the age of twenty-two years and was diagnosed with Schizophrenia. Kevin found these admissions traumatic and openly admits to not trusting mental health workers. Kevin has a great interest in music and plays the guitar. He moved to a 24hr-supported home three years ago and has enjoyed his independence. Last year he made friends with a girl called Gemma, who has visited him on several occasions. They get on well and Kevin values his relationship with her. Kevin had made great improvements in his ability to live independently and was moved to his own flat three months ago. He was seeing his Community nurse regularly and continued on Risperdal Consta injections.

Today, Kevin failed to turn up for a routine visit. Gemma telephoned you and the team yesterday expressing concern that Kevin was struggling to manage at home and had been increasingly paranoid stating his flat had been bugged and he had experienced voices outside his head telling him about a conspiracy set up to kill him. She noted he was behind on his utility bills and was in debt to a short-term loan company. His use of cannabis had also increased.

Which services would you contact?

Which professionals would be involved in Kevin’s care?

How would these differ if Kevin also had learning difficulties?

#### Answer guidance:

Which services would you contact?

 *The police*

o *If Kevin is in a private dwelling then the police may not be able to do anything so would contact the mental health crisis team for urgent re-assessment under the mental health act.*

o *If Kevin is not in a private dwelling then the police may be able to detain Kevin under section 136 of the mental health act.*

 *Social services*

o *They may be able to help with finances, flat, etc.*

Which professionals would be involved in Kevin’s care?

 *Psychiatrist—to help assess Kevin*

 *Mental health community team—to help assess Kevin. Kevin may also be familiar with some of the team so would provide reassurance.*

 *GP—needs to be aware of Kevin’s condition and may be able to shed light on the condition.*

How would these differ if Kevin also had learning difficulties?

 *Would also involve the community disability mental health team.*

 *May involve a patient advocate depending on Kevin’s disability.*