

Publishing Preview

10F5 (2966)

Date of presentation: Wednesday 30th August

Time of session: 10:00 - 10:15

Location of presentation: Argyll III

The effect of interprofessional patient discussions on interprofessional learning of healthcare teams

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Background

Interprofessional collaboration (IPC) has been put forward as a means to adapt healthcare practices to increasingly complex and continuously changing patient, family and community needs. In IPC, expertise and perspectives of all team members including patients and their families are integrated into one care plan. To date, professional practices often run in parallel and/or sequentially, which frequently leads to inefficiencies and dissatisfactions for patients and professionals. In order to encourage healthcare teams to integrate practices and to strengthen IPC, effective training interventions that foster interprofessional learning (IPL) in ongoing professional development need to be designed and evaluated.

Summary Of Work

In a pilot study at the urology ward, we implemented interprofessional patient discussions (IPPDs) involving doctors, nurses, and patients. Following a conversation structure based on the International Classification of Functioning, Disability and Health (ICF), and the Positive Health (PH) framework, participants shared and integrated their respective perspectives into one care plan for discharge during IPPDs. The effect of the intervention on IPL was examined quantitatively by using the Interprofessional Collaborative Competency Attainment Survey (ICCAS), and qualitatively by focus group discussions with professionals. Moreover, patient experiences were explored using a questionnaire.

Summary Of Results

Ten IPPDs were performed with patients and professionals participating once. Self-reported interprofessional skills significantly increased from 3.7 to 4.1 on a Likert-scale from 1 to 5 ($n = 34$, $p < .001$, $d = 1.16$). Based on focus group discussions we extracted three important themes for IPL: the search for a new balance as healthcare team, the exploration of boundaries, and the explication of

team members' input and roles. Moreover, professionals valued IPPDs as opportunity to gain insights into each other's expertise, and recognized the importance of patients' perspectives in integrated care planning. Patients appreciated IPPDs as they felt seen and heard. Finally, we identified two key factors in the implementation of IPPDs: clear structure and shared leadership.

Discussion And Conclusion

Implementation of IPPDs that were structured on ICF and PH proved to be effective and feasible in fostering IPL by sharing perspectives and co-creating an integrated care plan for discharge.

Take Home Messages

ICF/PH-based IPPDs lead to better inclusion of patients' perspectives and higher satisfaction of healthcare teams.