Breaking Bad News: Confronting Interdisciplinary Bias

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Disclosure and Objectives

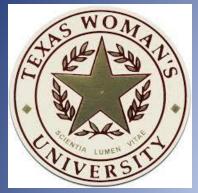
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Learning Objectives:

- 1. Identify two outcomes of inter-professional education.
- 2. Identify two common biases that occur in interdisciplinary teams.

The Interdisciplinary Team





Peggy Landrum, PhD, RN



Catherine Hatfield, PharmD



- Nadia Ismail, MD, MPH, MEd
- Elizabeth Nelson, MD
- Cayla Teal, PhD

"Doctor-Nurse Game"

The Rules of the game

- Preserve the interactive roles of tradition
 - Physician is the team leader 'sole decision maker'
 - Nurse is 'allowed' to make recommendations
- Rewards for the Nurse
 - Respect
- Rewards for the Physician
 - Job made easy



AACN Position Statement

- Interdisciplinary Education and Practice -1996
- deTornyay Philosophical shift to a 'culture of collaboration' by 2005
- Recommendations
 - Incorporate opportunities for collaboration for nursing students
 - Create models of interdisciplinary education
 - Conduct research

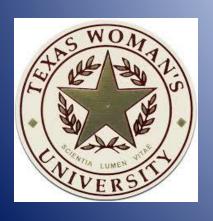
Why Bother?

- Reduce adverse patient outcomes by 50%
- Reduce ICU stay by 50%
- Reduce post-op sepsis by 50%
- Decrease clinical error rate of 30% to 5%
- Reduce nurse turnover by 27%
- In other words.....
 - Reduce accident rates
 - Save patients' lives
 - Increase job satisfaction



Purpose of our Project: Phase I

- For health care students from multiple disciplines:
 - To collaborate on planning and implementation of encounter with family member re: medication error.
 - To identify personal biases, challenges, and successes of inter-professional communication.







The Project: Phase I

- Students: Nursing, Pharmacy, and Medical
 - 3 different universities
- Medication error
 - By all 3 disciplines
- Plan the encounter with the family member
- Encounter the standardized patient family member
 - Angry or Sad
- Debriefing



Scenario

- Heparin order 10x the usual dose
 - Physician Ordered
 - Pharmacist Dispensed
 - Nurse Administered
- Communication/Actions
 - Pharmacist → Nurse → Physician → Nurse →
 Pharmacist → Delivers Meds → Nurse → Physician →
 Nurse Administers Medication
- Family Member
 - Angry or Sad

Focus Group

- The Focus Groups
 - Students (n=15)
 - Faculty Facilitators (n=3)
- Topics of Discussion
 - Experience of the planning session
 - Experience of the encounter
 - Roles of and interactions with different disciplines
 - Stereotypical or controversial statements
 - Written feedback from the SP Family Member



What do you Think this Encounter was About?

Students – Breaking Bad News

 Faculty – How the different disciplines work together as a team to "break the bad news" and what did they learn about each other's disciplines

Perception of Professional Practice

Surprise at roles and knowledge of other disciplines

"I didn't know nurses knew anything about medicines."

"I didn't know the nurse could refuse to give a medication."

"I didn't know nurses went to college."

The Leader of the Pack

- Who should be in charge?
- Who do the students believe that the family wants to be in charge?

"I'll take charge, because I'm the one the family wants to hear from."

"I was there to support, not to give information."

"I only answered questions when they asked me something."

Who was at Fault?

Everyone wanted to take responsibility

"I'm at fault because I'm the one who ordered it."

"....but, I'm the one who sent it to the floor."

"....but, I'm the one who administered it."

The Fear of Lawsuit

 Fearful that they had told the family member too much

"I didn't want to say too much."

"I shouldn't have taken all the blame."

"It's not good to tell them everything."



What did the Family Member have to Say?

- The students were respectful of each other
- The nurse and the pharmacist were usually quiet
- Nobody would tell me the whole story
- The nurse was the one who showed empathy
 "It was a systems problem. No would take
 responsibility for the error."

Nursing Students' Thoughts

- Enjoyed the experience
- Would like more IPE encounters
- Wish they used their voice more during the planning and the encounter
- New perspective of medicine and pharmacy
- Not the same as it is in the hospital



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Outcomes

- Acknowledged biases
- Gained a better understanding of the other disciplines' knowledge and roles in patient care
- Acknowledged that better communication and respect among the disciplines would lead to improved patient outcomes

The Future

- Phase II
 - Develop classes for all disciplines to take together
 - Patient safety class
 - Develop new interdisciplinary scenarios
 - Bring other disciplines to the table
 - Use students as the family member

Questions???



Thank You!!!

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