Preparing graduates to work as members of interprofessional healthcare teams: Reflections of graduates

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Our logo epitomises our philosophy; around the outside are three hands representing the three key professions responsible for medication safety (nursing, medicine, and pharmacy). The hands are reaching to each other, representing collaborative practice. At the centre is the patient/consumer – an integral member of the quality use of medicines (QUM) team and the focus of the care provided.

Study Participants

Graduates have unique and important perspectives about IPE, communication, teamwork and medication safety.

12 focus groups were held with 68 recent graduates from 3 Australian states:

- 28 nurses
- 17 junior medical officers
- 23 pharmacists

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Focus group questions

Participants were asked to reflect and discuss:

- the extent to which they felt prepared to work as a member of the interprofessional team upon graduation
- their current experiences as working as a member of an interprofessional medication team
- their perceptions of the value of any IPE that they were exposed to whilst an undergraduate student

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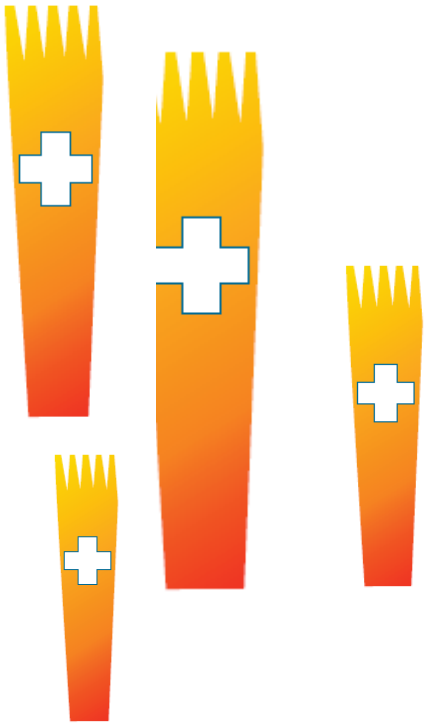
Findings


Rx

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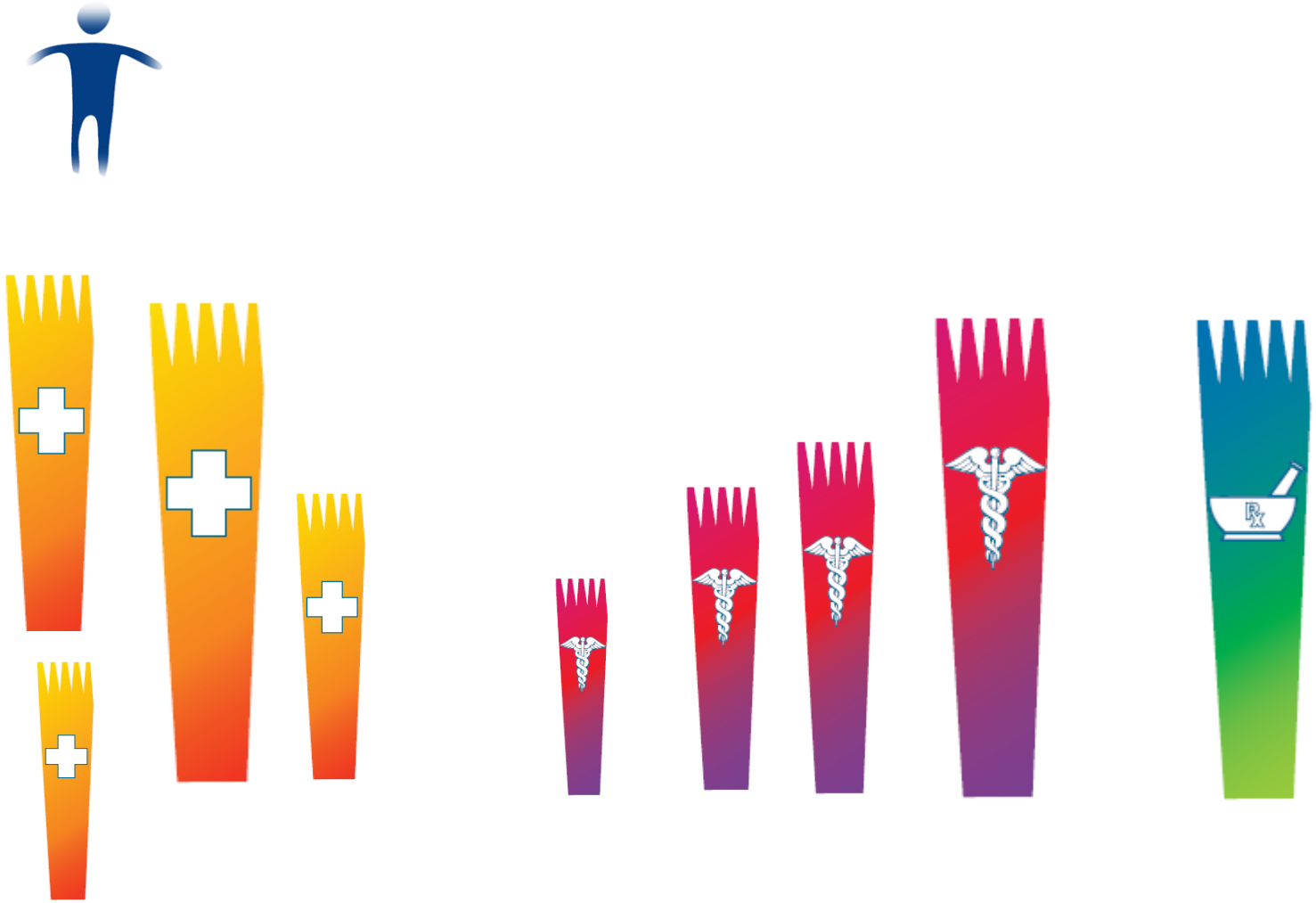
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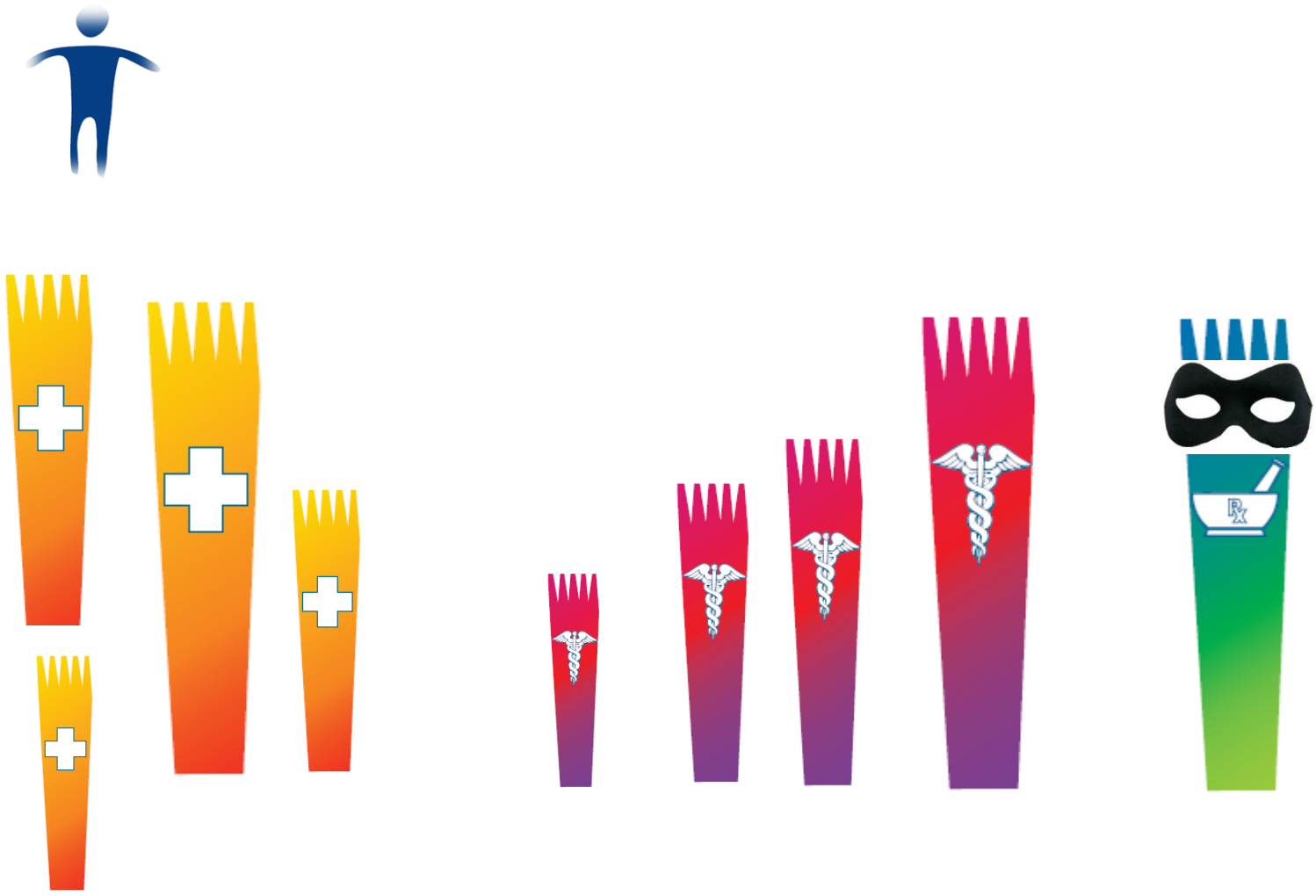
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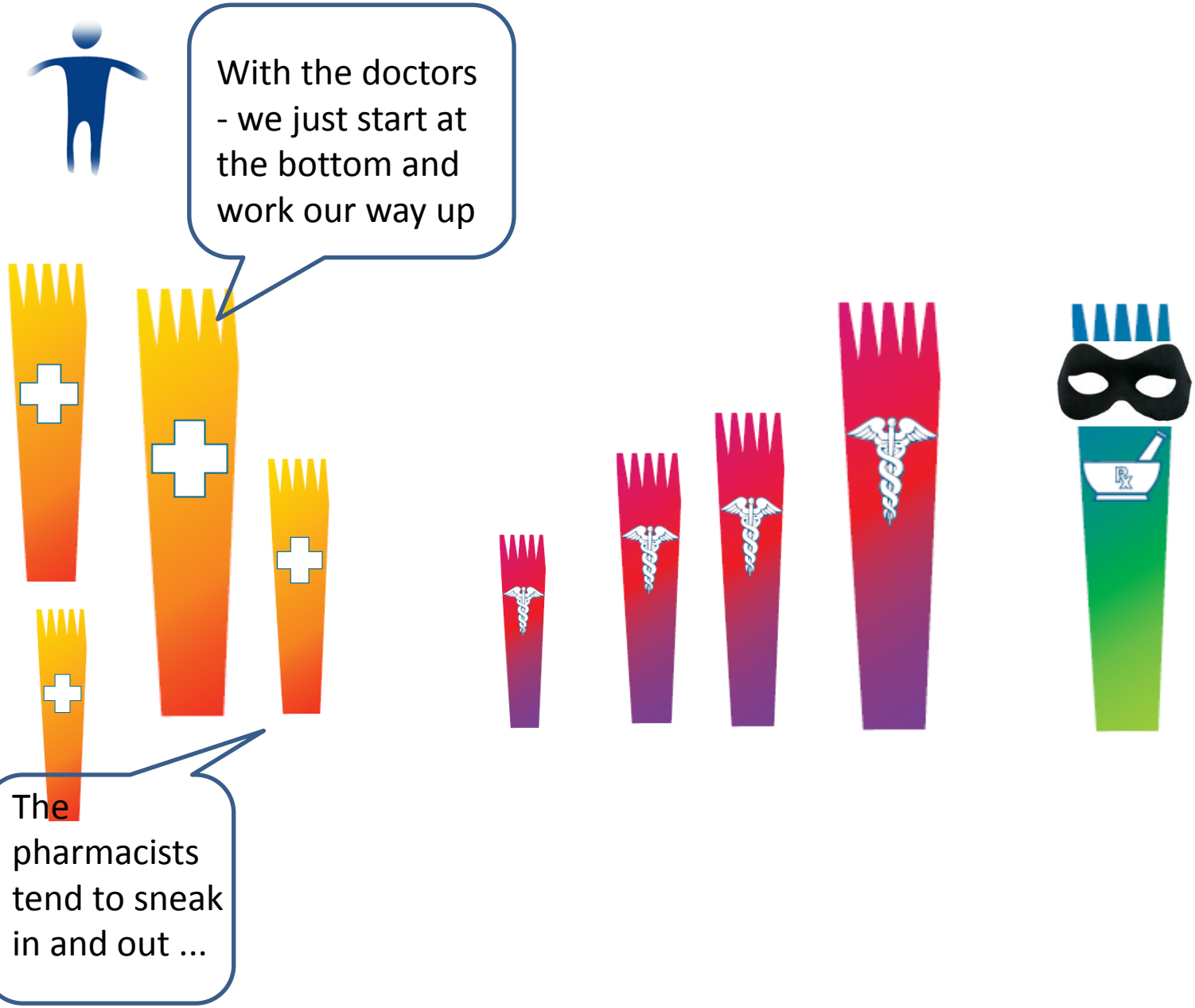
With the doctors - we just start at the bottom and work our way up
The pharmacists tend to sneak in and out ...
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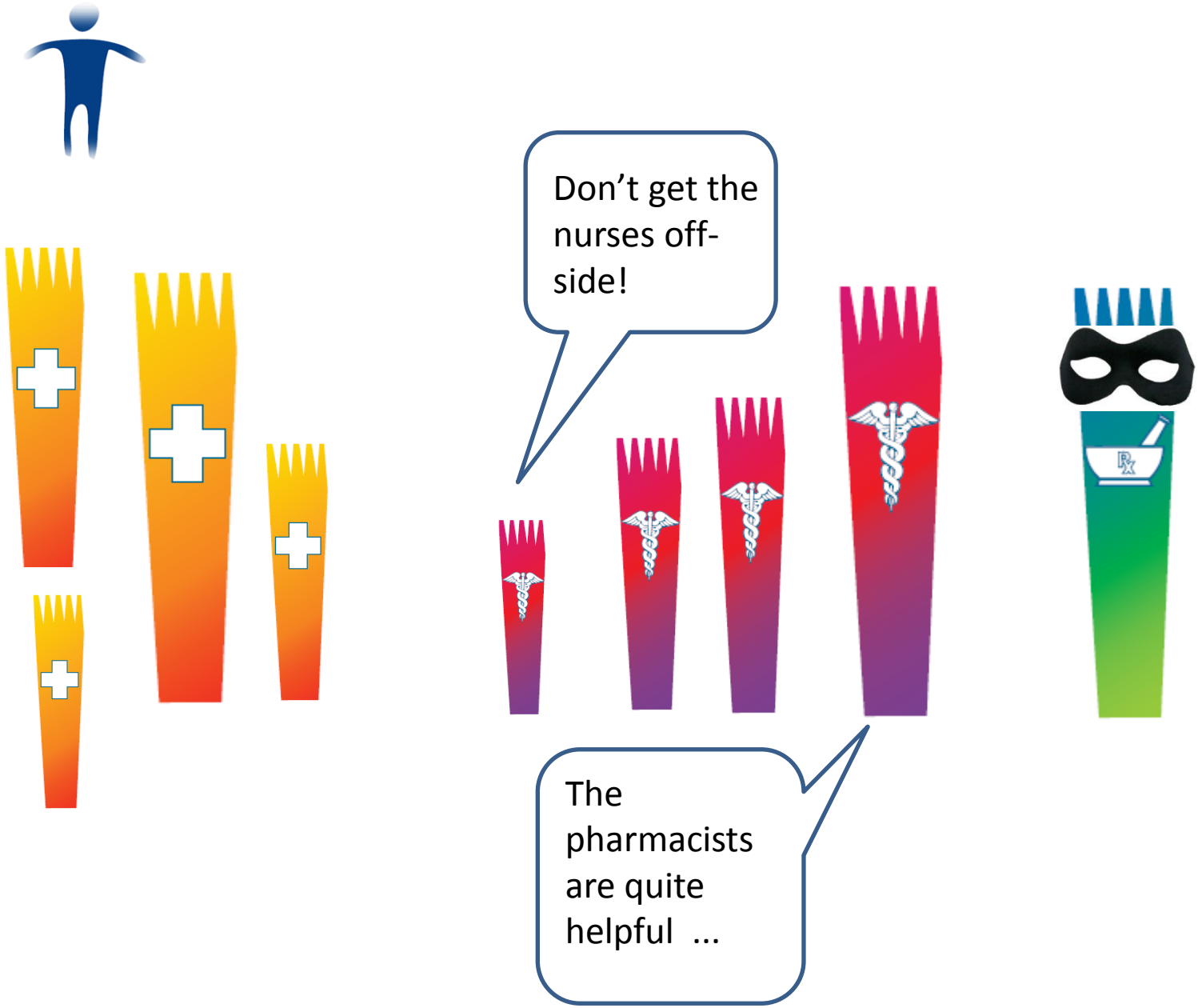
Don’t get the nurses off-side!
The pharmacists are quite helpful ...
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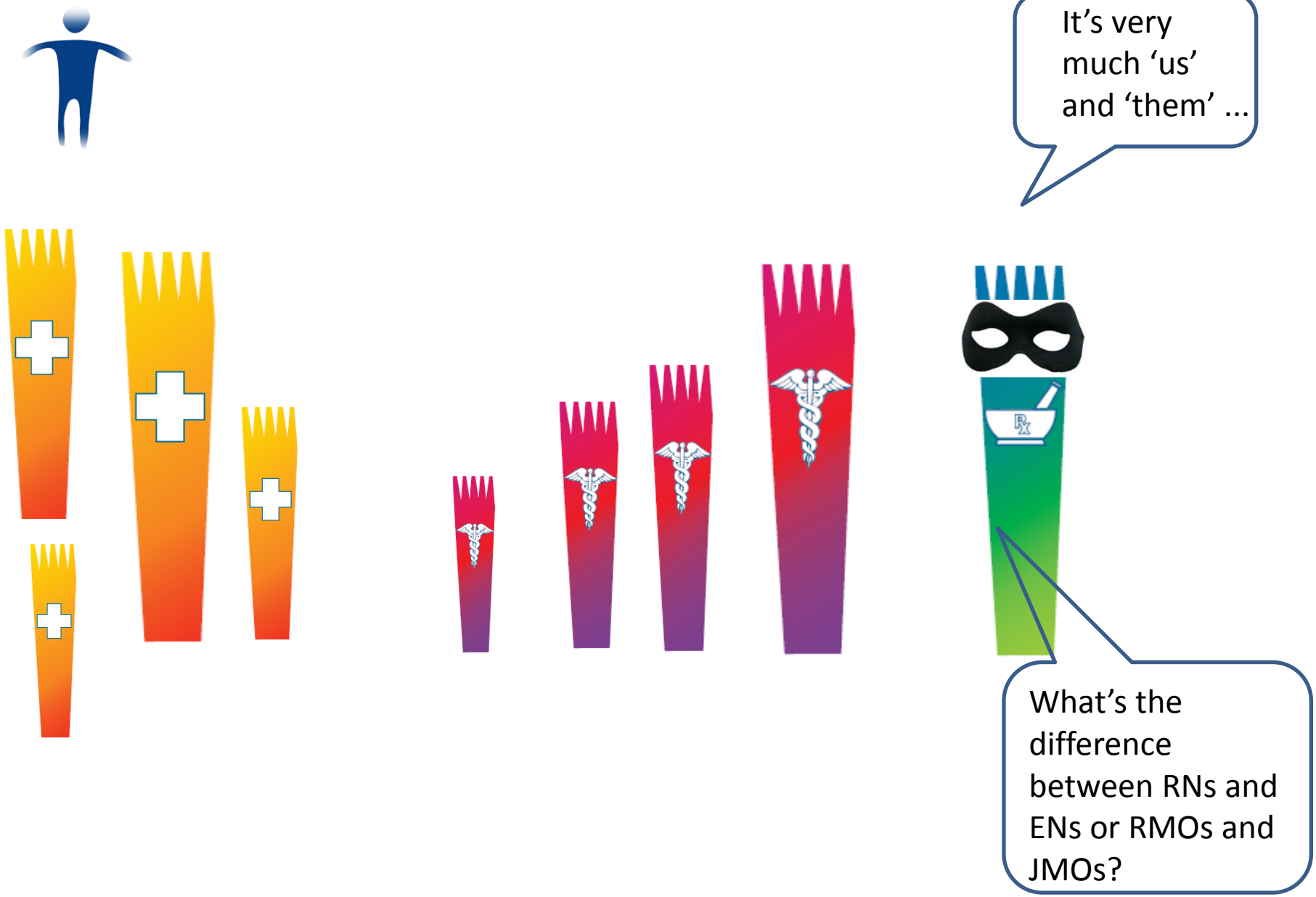
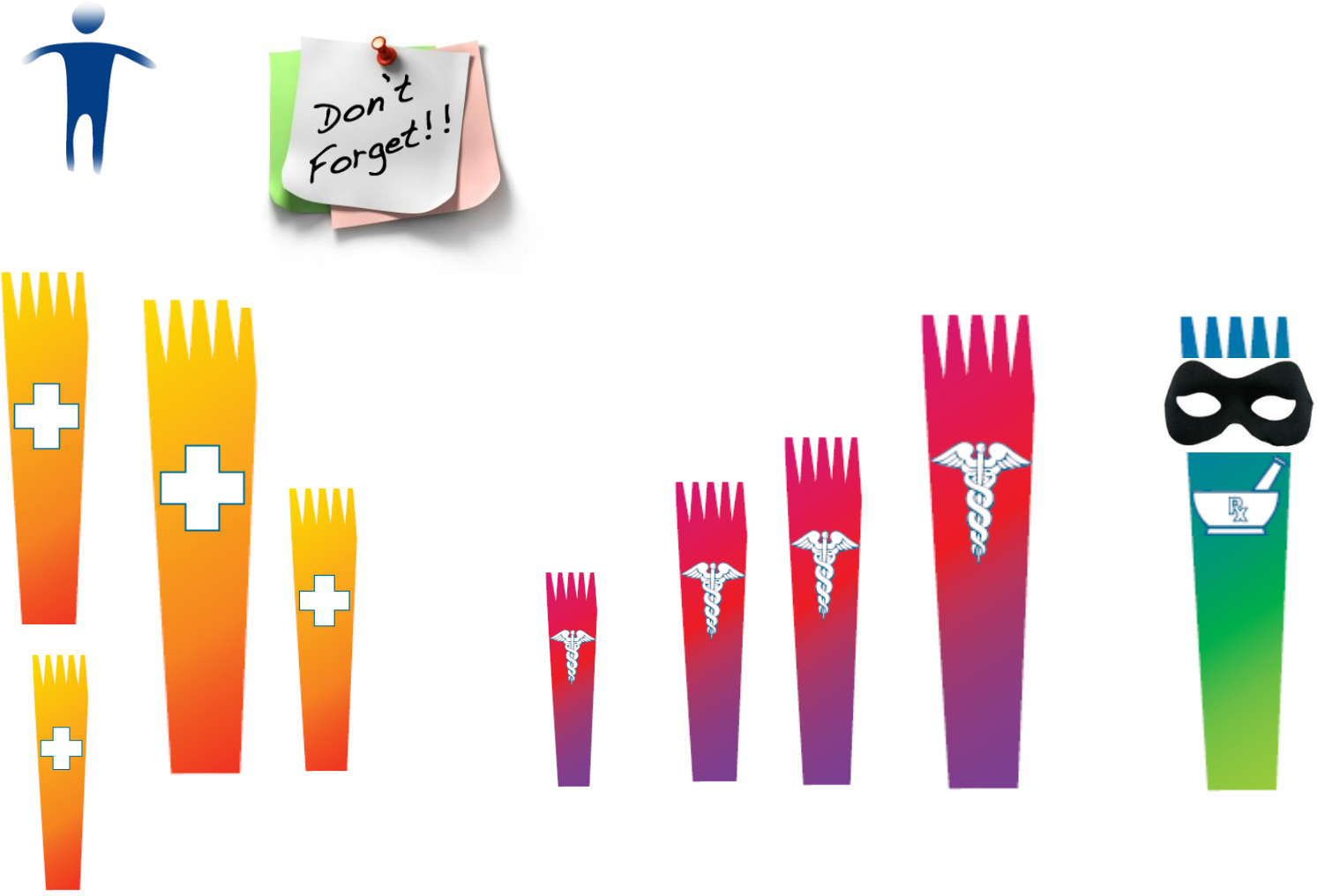
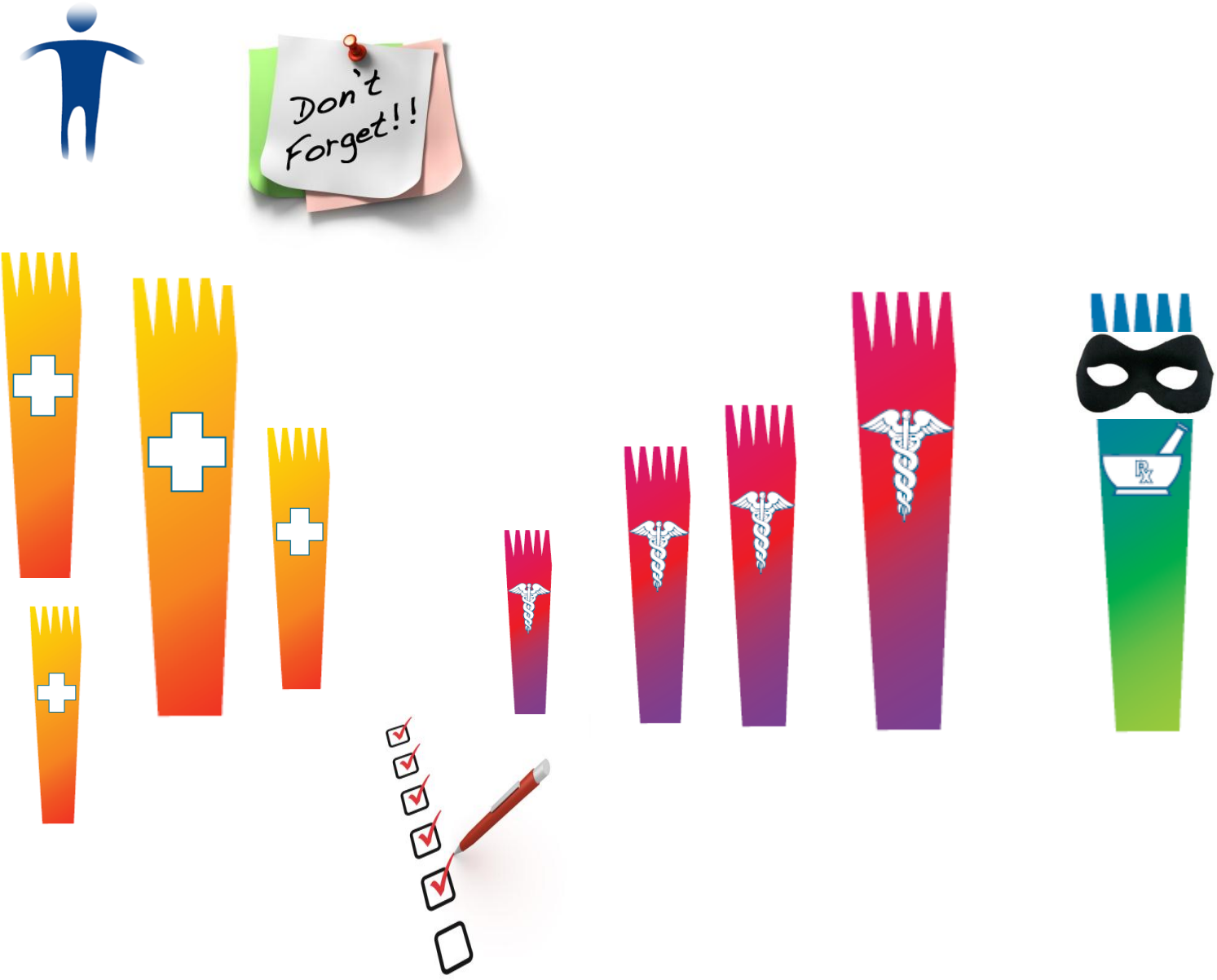
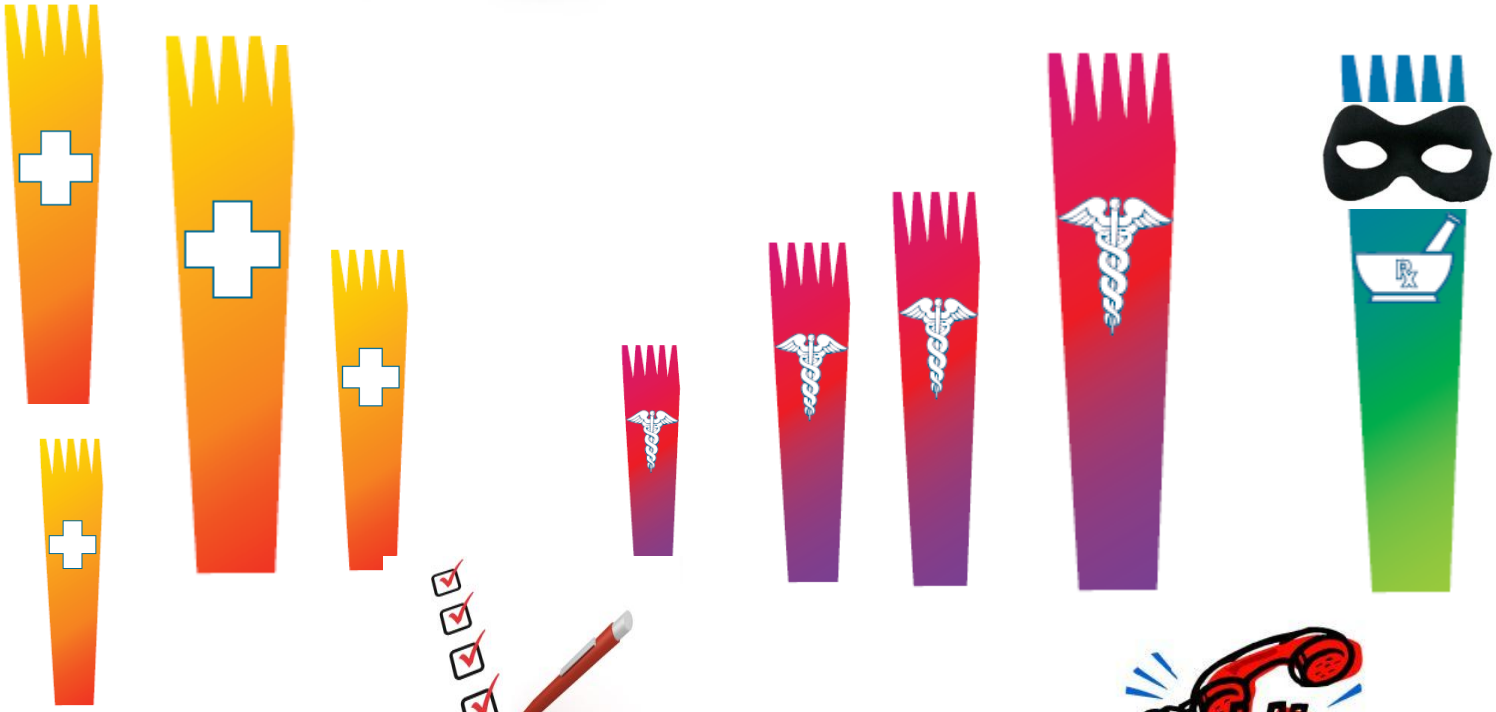

It’s very much ‘us’ and ‘them’ ...
What’s the difference between RNs and ENs or RMOs and JMOs?


Don't Forget!!
Rx


Don't Forget!!
Rx

Don't crush
Take with
food



Theme 1. Patient safety

Inadequate communication is the primary issue in the majority of medication errors, adverse reactions, and near-misses[1].

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Pharmacy graduates:

Nursing staff have very little respect for you. We can write how to give a drug on the chart but they'll blatantly ignore it, even when it could potentially be detrimental to the patient.

I don't know how to talk to a doctor. I may think a drug dose is ridiculous, but I can't say that to them because that's undermining their professional judgement, and their decision making.

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Nursing graduates:

You get situations where the pharmacist will go through the medication charts and write little notes about the treatment, questions like “should the patient be on this drug?” or “should this drug be given so often?” And the doctor just gets the note, screws it up, and throws it away ... like “I'm the doctor here.”

When you’re at uni, you don’t really learn how to phone a doctor ... what information they want; what’s relevant; and what they don’t want to know. And that's important because when your patient gets really sick, you need to know how to talk to a doctor.

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Nursing graduates:

It's so scary ... I used to get the shakes, pick up the phone to page a doctor and think "do I really need to ring them? I might just wait and see." You work yourself up and the more you think about it the worse it gets. What is there in the undergraduate degree that prepares you to be brave enough to communicate with other disciplines?

A lot of doctors don't have a clue what nurses can do or what they know. They give orders and as long as they get followed through, they don't really notice what else we do. So they don't know how we assess patients, they don't know how we come to our conclusions. So they start from the beginning because they don't trust what we say or our clinical assessments... it wastes so much time.

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Medical graduates

Communicating with nurses is hard, there's always a lot of tension there. Although you hear about it before you start working, you don’t really figure it out until you experience it.

I’m in ED and when I ask the nurses to do things, often that will go to the bottom of the list, even if it’s something that from the patient’s point of view, needs to be done soon.

A patient that came in with a stroke didn’t get aspirin for three hours, and I asked this nurse again and again and again. But I feel like it was because I was an intern ... if one of the bosses asked her to, then she would've done it.

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Medical graduates

You try not to get on the bad side of the nurses, because you've always been told that's a really bad idea! I had one instance when there was a patient that I couldn't get a cannula in, he was dehydrated, but he was taking in fluids, and his diarrhoea had stopped.

I decided we'd go with oral fluids. And the nurse sort of made this face, but she didn't say anything. I said to her "You don't look very happy with that. What do you think? What's the problem?" And so she sort of exploded then and said she thought it was really a bad idea, and that "we really have to get a line into this patient," and that "he was going to go downhill if we don't." So after she said that it sort of felt like quite an easy decision ... I been sitting on the fence and didn't really know what to do.

But I wished that she'd said something, and not just sat there and made a face, because if I hadn't seen it, then it just would've stayed that way.

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Bridging the gap?

Yeah ‘multidisciplinary teams’ ... that was the catchphrase of the whole degree I reckon.

The multidisciplinary healthcare team comes up in every single lecture but not what a doctor’s role is, or what a nurse’s role is. We come into the workforce, not really knowing what they do, or what they know, or how to talk to them.

I think all of us like to feel part of a team, and be asked “what do you think?” or having the option to say, “look, I'm just worried about this. Can you explain to me why you've done that?” It’s that respect.

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http://www.ipeforqum.com.au/

Questions ???????

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References

Benjamin, D. (2003). Reducing medication errors and increasing patient safety: case studies in clinical pharmacology. *Journal of Clinical Pharmacology* 43(7), 768-83.

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