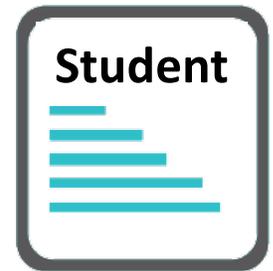


Student Pre-Work

Preventing Medication Errors with

Interprofessional Communication: Structured Interprofessional
Bedside Rounds (SIBR)

Part of the JHUSON Interprofessional Education and Online Simulation Program



Information for Students to Prepare for Simulation

Objectives

By the end of this simulation, the learner will be able to:

1. Determine breakdowns in communication leading to a medication error.
2. Identify the root causes of a medication error in a hospitalized patient.
3. Explain the ethical dilemma caused by the medication error and how it was addressed.
4. Contemplate how you would have addressed the error, if you were responsible.
5. Explain how each member engaged in addressing the medication error.
6. Describe the role of each team member in preparing the patient for discharge to a rehabilitation unit.
7. Discuss the following core competencies for Interprofessional Collaborative Practice (2016)

Core Competencies for Interprofessional Collaborative Practice (2016)

A. Values/Ethics sub-competencies

VE1. Place interests of patients and populations at center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span.

VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.

VE6. Develop a trusting relationship with patients, families and other team members.

VE9. Act with honesty and integrity in relationships with patients, families, communities, and other team members.

VE10. Maintain competence in one's own profession appropriate to scope of practice.

B. Roles and Responsibilities sub-competencies

RR1. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.

RR2. Recognize one's limitations in skills, knowledge, and abilities.

RR3. Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.

RR4. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.

RR5. Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective, and equitable.
RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.
RR9. Use unique and complementary abilities of all members of the team to optimize health and patient care.

C. Interprofessional Communication sub-competencies

CC2. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.
CC3. Express one's knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies
CC4. Listen actively and encourage ideas and options of other team members.
CC8. Communicate the importance of teamwork in patient-centered care and population health programs and policies.

D. Teams and Teamwork sub-competencies

TT3. Engage health and other professionals in shared patient-centered and population-focused problem-solving.
TT4. Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.
TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.
TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.
TT10. Use available evidence to inform effective teamwork and team-based practices.
TT11. Perform effectively on teams and in different team roles in a variety of settings.

Pework

Please review the following information prior to participating in this simulation:

1. Brief overview of the patient
2. The principles of interprofessional care coordination and roles of each member of the team (physician, nurse, pharmacist).
3. The principals of VTE formation
4. Anticoagulation: heparin, coumadin, apixaban
5. The IPE competency material found in this module
6. Read the following references

Reference Materials

Beird, G., Dent, J. M., Keim-Malpass, J., Muller, A. G. J., Nelson, N., & Brashers, V. (2017). Perceptions of teamwork in the interprofessional bedside rounding process. *The Journal for Healthcare Quality (JHQ)*, 39(2), 95-106.

Hughes R, Blegen M Medication administration safety. In: Hughes RG, editor. *Patient Safety and Quality An Evidence-based Handbook for Nurses*. Rockville, MD Agency for Healthcare Research and Quality 2008

Kohn LT, Corrigan JM, Donaldson MS, editors. *To err is human: building a safer health system*. Washington DC: National Academies Press; 2000.

Brief overview of patient

Mrs. Jones: 75-year-old female who was admitted to the ICU one month ago with a stroke and left sided weakness. Her ICU course was complicated by ventilation issues, pneumonia and sepsis. She has been on the medical floor for one week and she recently developed a VTE. She is currently being treated with a heparin drip. The team plans to switch to oral anticoagulation and plan for discharge to the rehabilitation service.