

Evaluate the Experiences and Needs of Interprofessional Practice for Neonatal Critical and Rare Diseases in a Regional Teaching Hospital in Taiwan

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Introduction

Neonates with critical and rare diseases often have multiple organ abnormalities. During hospitalization, they need comprehensive care from different professionals working together. Nursing staffs are always on the first line to take care of sick children directly and for a long time. To provide the best and comprehensive medical care , it is especially important to assist nursing staffs to understand the purpose of interprofessional practice care and how to effectively integrate the joint care of patients from various health professionals. This study aims to understand of nurses’ baseline experience and needs evaluation to the interprofessional care for neonates with critical and rare diseases.

Methods

This study was conducted between September to November 2022 in the National Taiwan University Hospital Hsinchu Branch. We applied the 16-item questionnaire of the IPEC Competency Self-Assessment Survey in Chinese version to assess the self-experience of interprofessional practice of the nurses in our neonatal intensive care unit. In addition to the abovementioned assessment, we also produce a video-enhaced program as a scenario simulation to show how interprofessional practice actually execute in daily clinical practice. We planned and designed a case actually cared in our hospital before with a neonatal rare disease as “congenital central hypoventilation syndrome with megacolon”. Finally, we evaluated the effectiveness of learning after video scenario simulation program by Interprofessional Teamwork Care Behavior Scale.

Results

There were 22 NICU nurses complete the assessment, and the average scale score was 4.56/5 (Table 1). In the scores for “able to use leadership to facilitate effective teamwork” and “able to use strategies to improve teamwork and team care effectiveness”, 12 of our nurses considered them have to be strengthened. In the feedback from the descriptive surveys, our nursing colleagues pointed out that it is difficult to coordinate the time for other professions to discuss together. In the results of Interprofessional Teamwork Care Behavior Scale, the scores were lowest in the items of “Dealing with team conflict (4.28/5)” and “Explain the importance of your profession (4.28/5)”. (Table 2)

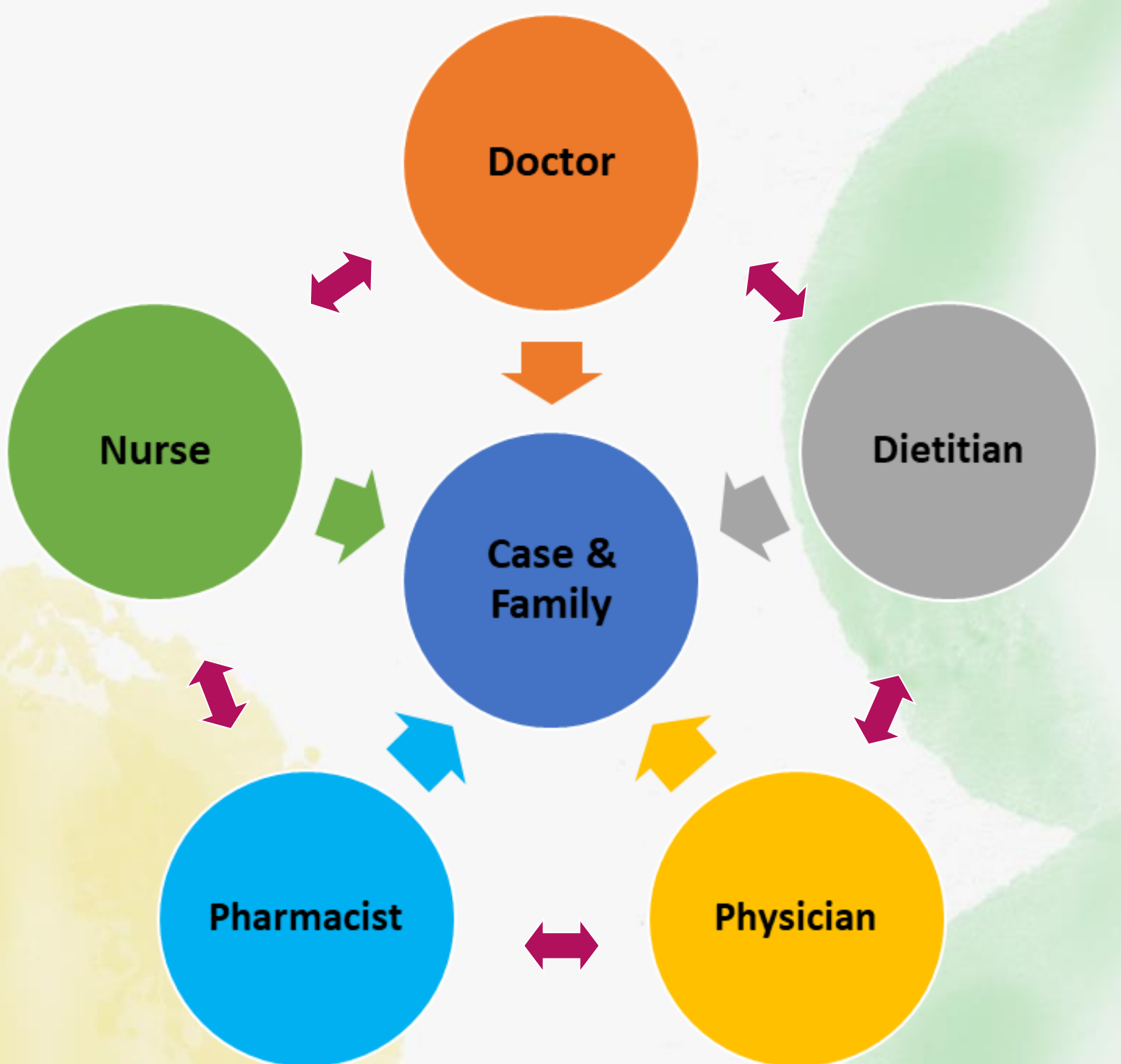


Table 1 Self-Assessment Survey of Interprofessional Practice (N=22)	
Item Content	Average Score
1. I am able to choose communication tools and techniques that facilitate effective team interactions.	4.36
2. I am able to place the interests of patients at the center of interprofessional health care delivery.	4.59
3. I am able to engage other health professionals in shared problem-solving appropriate to the specific care situation.	4.32
4. I am able to respect the privacy of patients while maintaining confidentiality in the delivery of team-based care.	4.82
5. I am able to inform care decisions by integrating the knowledge and experience of other professions appropriate to the clinical situation.	4.45
6. I am able to embrace the diversity that characterizes the health care team.	4.73
7. I am able to apply leadership practices that support effective collaborative practice.	4.36
8. I am able to respect the cultures and values of other health professions.	4.81
9. I am able to engage other health professionals to constructively manage disagreements about patient care.	4.43
10. I am able to develop a trusting relationship with other team members.	4.64
11. I am able to use strategies that improve the effectiveness of interprofessional teamwork and team-based care.	4.40
12. I am able to demonstrate high standards of ethical conduct in my contributions to team-based care.	4.59
13. I am able to use available evidence to inform effective teamwork and team-based practices.	4.40
14. I am able to act with honesty and integrity in relationships with other team members.	4.82
15. I am able to understand the responsibilities and expertise of other health professions.	4.64
16. I am able to maintain competence in my own profession appropriate to my level of training.	4.55
IPEC Competency Self-Assessment Survey Chinese Version	

Table 2 Interprofessional Teamwork Care Behavior Scale(N=22)	
Item Content	Average Score
1. I can have good interpersonal interaction with interprofessional team members.	4.91
2. I can mutually confirm the content of the communication with interprofessional team members.	4.73
3. I can respect the professional opinions of other health professions.	4.77
4. I can proactively coordinate decision-making conflicts among interprofessional team members.	4.28
5. I can present a personal and professional perspective of care to interprofessional team members.	4.28
6. I can proactively update interprofessional team members on patient status.	4.73
7. I can provide timely assessment results while the patient's condition changes for team members to make decisions.	4.64
8. I can actively provide interprofessional team members with information and resources of patient (including people, events, places, and things).	4.73
9. I can collaborate with interprofessional team members in caring for patients.	4.68
10. I can work with team interprofessional members to set short-term and long-term goals for patient care.	4.64
11. I have access to information and resources of patients from interprofessional team members.	4.77
12. I can seek ongoing professional advices from interprofessional team members.	4.64
13. I can initiate interprofessional care to seek support and assistance from team members.	4.55
14. I can use the information and resources of interprofessional team to provide the best patient care.	4.82
15. I am able to complete my individual work of interprofessional teamwork care objective.	4.73
Yu-Hsia Lee (2016) · Master thesis, National Taipei University of Nursing and Health Science	



Introducing Interprofessional Practice Teamwork Models



Meeting Photo

Conclusion

The implementation of the intervention program will improve the nursing staff's inadequacy of interprofessional practice. After introducing the new educational program, our nursing staffs would be able to meet the care needs of the individual cases and family members to improve the quality and effectiveness of medical care. To teach new nursing staff members to deal with team conflicts will be key items in future interprofessional practice training. This study results also could be a reference for future interprofessional education and training.

References

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