

Interprofessional Practice

Interprofessional Communication



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Assumptions

Graduates of accredited undergraduate nursing programs have had curricular content on interprofessional communication. However, not all programs are identical in what is taught and experienced in the clinical setting. Some assumptions about the nurse residents' pre-licensure preparation are outlined below. To avoid duplicating content from nurse residents' undergraduate programs and omitting content essential for safe nursing care, these assumptions should be considered when designing Nurse Residency Program workshops and seminars.

In 2021, the American Association of Colleges of Nursing (AACN) released the new *Essentials* across ten domains that are broad, distinguishable areas of competence that, when aggregated, constitute a descriptive framework for nursing practice (AACN, 2021). It will take time for nursing schools to incorporate these new *Essentials* into their curriculum. For the Vizient/AACN Nurse Residency Program™ (NRP), we will provide context for the 2008 *Essentials* and 2021 *Essentials* to bridge the gap as nursing schools transition (AACN 2008; AACN 2021).

2008 AACN Essentials

For this unit, assume nurse residents:

Have been introduced to the principles of effective and ineffective communication techniques.

Have experience in communicating with "like" team members (i.e., other students and nurse residents) and registered nurses.

Have had limited opportunities to communicate with the health care team in the health care setting in a professional manner and capacity.

Have limited knowledge of the facility's departmental structure and chains of communication.

Have limited clinical experiences in interacting with other health professionals in providing team-based care.

Demonstrate skills in using patient care technologies, information systems and communication devices that support safe nursing practice.

Use telecommunication technologies to assist in effective communication in a variety of healthcare settings.

Have had varied experience teaching patients and families in the clinical setting.

(American Association of Colleges of Nursing, 2008)

2021 AACN Essentials

For this unit, assume nurse residents can:

1.1 Demonstrate an understanding of the discipline of nursing's distinct perspective and where shared perspectives exist with other disciplines.

1.1a. Identify concepts derived from theories from nursing and other disciplines which distinguish the practice of nursing.

1.3 Demonstrate clinical judgment founded on a broad knowledge base.

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- 1.3b. Integrate nursing knowledge (theories, multiple ways of knowing, evidence) and knowledge from other disciplines and inquiry to inform clinical judgment.
 - 1.3c. Incorporate knowledge from nursing and other disciplines to support clinical judgment.
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3.2 Engage in effective partnerships.

- 3.2a. Engage with other health professionals to address population health issues.
 - 3.2b. Demonstrate effective collaboration and mutual accountability with relevant stakeholders.
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6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.

- 6.1a. Communicate the nurse's roles and responsibilities clearly.
 - 6.1b. Use various communication tools and techniques effectively.
 - 6.1c. Elicit the perspectives of team members to inform person-centered care decision making.
-

6.2 Perform effectively in different team roles, using principles and values of team dynamics.

- 6.2a.. Apply principles of team dynamics, including team roles, to facilitate effective team functioning.
 - 6.2b. Delegate work to team members based on their roles and competency.
 - 6.2c. Engage in the work of the team as appropriate to one's scope of practice and competency.
 - 6.2d. Recognize how one's uniqueness (as a person and a nurse) contributes to effective interprofessional working relationships.
 - 6.2e. Apply principles of team leadership and management performance to improve quality and assure safety.
 - 6.2f. Evaluate performance of individual and team to improve quality and promote safety.
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6.3 Use knowledge of nursing and other professions to address healthcare needs.

- 6.3a. Integrate the roles and responsibilities of healthcare professionals through interprofessional collaborative practice.
 - 6.3b. Leverage roles and abilities of team members to optimize care.
 - 6.3c. Communicate with team members to clarify responsibilities in executing plan of care.
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6.4 Work with other professions to maintain a climate of mutual learning, respect and shared values.

- 6.4a. Demonstrate an awareness of one's biases and how they may affect mutual respect and communication with team members.
 - 6.4b. Demonstrate respect for the perspectives and experiences of other professions.
 - 6.4c. Engage in constructive communication to facilitate conflict management.
 - 6.4d. Collaborate with interprofessional team members to establish mutual healthcare goals for individuals, communities or populations.
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8.4 Use information and communication technology to support documentation of care and communication among providers, patients and all system levels.

- 8.4a. Explain the role of technology in enhancing clinical information flows.
 - 8.4b. Describe how information and communication technology tools support patient and team communications.
 - 8.4c. Identify the basic concepts of electronic health, mobile health and telehealth systems in enabling patient care.
 - 8.4d. Explain the impact of health information exchange, interoperability and integration of health care.
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(American Association of Colleges of Nursing, 2021)

Strategies for success

NRP coordinators can consider accessing the following resources before delivering content related to interprofessional communication to nurse residents. These resources are supplemental to the curriculum content and may provide additional context and applicability for discussing communication, safety, teamwork, and satisfaction.



On the Vizient/AACN Nurse Residency Program™ website:

- Customizable presentation with seminar implementation activities and videos
- Case studies
- Scavenger hunt



The Team STEPPS® 3.0 Curriculum Materials can be found [here](#).



Validated surveys for interprofessional communication:

Interprofessional collaborative competence attainment survey (Archibald et al., 2014)

Clinical communication skills questionnaire (Axboe et al., 2016)

Assessment for Collaborative Environment Tool (Tilden et al., 2016)

Maslach Burnout Inventory (Maslach et al., 2018)

AACN Healthy Work Environment (Orchard et al., 2012)

Attitudes Toward Health Care Teams Scale (Kim & Ko, 2014)



Objectives

Seminar content, as well as clinical and other learning experiences, enable nurse residents to achieve the leadership skills needed to:

1. Verbalize the unique roles of interprofessional team members while actively fostering a culture of respect and collaboration.
2. Demonstrate an understanding of the best practices associated with interprofessional communication and collaboration.
3. Identify strategies to escalate concerns when the organization's chain of command is necessary for safe patient care.

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Introduction

Nurses are responsible for communicating effectively with healthcare team members to ensure safe and effective patient care management. The Vizient/AACN NRPT™ curriculum has been designed to enhance the nurse resident's professional communication skills and improve interprofessional collaborative practice. This content reinforces prior learning and expands nurses' ability to communicate effectively with the healthcare team. Nurses identify communication and collaboration as essential components of interprofessional work and critical to patient safety (Kendall-Gallagher et al., 2017). Healthy teamwork and collaboration also reduce burnout and turnover intention (Al Sabei et al., 2022).

Interprofessional collaborative practice

Establishing a solid basis for effective communication is a fundamental competency for nurses. In addition to communication, nurses must also possess the attitude of collaboration with patients, families and other disciplines. The World Health Organization (WHO, 2010) defines collaborative practice as when multiple healthcare professionals from diverse backgrounds come together with patients, families, caregivers and communities to deliver the highest quality care across different healthcare settings. Embracing interprofessional collaborative practice is foundational to achieving safe, high-quality, patient-centered care, a vision shared by all stakeholders (IPEC, 2016).

The Interprofessional Education Collaborative (IPEC) is a group representing six healthcare professions, dentistry, nursing, medicine, osteopathic medicine, pharmacy and public health, convened to develop core competencies for interprofessional collaborative practice. These competencies reflect the knowledge, skills and attitudes that must be present for interprofessional collaboration to occur. The four competencies include Values and Ethics, Roles and Responsibilities, Communication and Teams and Teamwork (IPEC, 2023).

For newly licensed nurses entering the profession, it is beneficial to understand collaboration to inform education on interprofessional communication. Possessing an attitude of collaboration is similar to that of cultural humility (a lifelong learning-oriented approach to working with diversity). It is defined by flexibility, a lifelong approach to learning about diversity and recognizing the role of individual bias and systemic power in healthcare interactions (National Academies of Sciences, Engineering, and Medicine, 2021). An attitude that values diversity and alternate perspectives and the willingness to be flexible to achieve the patient's and family's goals are essential for effective interprofessional teams.

While the care team is focused on the goals of high-quality, safe patient care, each discipline is trained to a specific care model, expertise and scope of practice. Each profession brings a specific skill set to patient care; thus, collaboration may require clarifying roles and, in some cases, managing conflicting goals. As noted in the box above, collaboration and

What's the difference between teamwork and collaboration?

Teamwork is a collaborative effort among a group of individuals with complementary skills and expertise to achieve a common goal. Teamwork requires a high level of interaction and communication among team members.

Collaboration involves working together to achieve a shared goal while maintaining individual autonomy and responsibility (Reeves et al., 2018).

teamwork are different. Often, nurses view the relationship with the interprofessional team through the lens of teamwork, emphasizing the importance of mutual respect, trust and willingness to help (Kendall-Gallagher et al., 2017). While mutual respect and trust are essential for collaboration, high interaction among team members is not a hallmark of collaboration, focusing on maintaining individual autonomy and responsibility (Rydenfalt et al., 2019). Understanding the place of teamwork and collaboration in healthcare and remaining flexible are foundational to interprofessional practice.

Interprofessional communication

The ability to communicate effectively in healthcare is an essential skill. The fast-paced environment and frequent transitions in care make it difficult to provide a thorough picture. Additionally, stressful circumstances can lead to behaviors and communication patterns not exhibited in other settings. Paramount among these challenges is the patient's safety and the quality of care they receive. Communication errors are a leading cause of adverse events. In an analysis of medical malpractice claims, one study found that communication failures were present in 49% of cases. Forty percent of those communication failures resulted from a failed hand-off (Humphrey et al., 2022).

Effective communication begins with a collaborative practice approach and the shared goal among all healthcare team members: promoting high-quality, safe patient care aligned with the patient and family's wishes. As well as a shared goal, the team shares accountability for patient outcomes. Creating a culture of collaboration and effective communication requires practice but is worth the effort as it is linked to increased job satisfaction and reduced burnout (Al Sabei et al., 2022). A study by Bender et al. (2022) explored improving interprofessional communication through healthcare improvisation communication workshops. They identified three core concepts that must be present for effective communication in dynamic scenarios:

- **Presence:** Presence in communication involves active listening and being in the moment. Presence is essential in conversations with two opposing viewpoints. Being present in conversations shows respect for the expertise and perspective of others. Staying focused on the message the other person is delivering rather than the statement you would like to make helps with a complete understanding of the conversation.
- **Acceptance:** The concept of acceptance involves dealing with the situation as it is rather than what it could be. Focusing on what you can control and letting go of anything that cannot be changed helps the team to move forward together.
- **Trust:** Trust involves being confident in others and yourself as a team member with valuable contributions.

Identifying the behaviors and language used in the communication process that affect the approach and delivery of the message is essential. Practical communication skills involve more than just saying the right words; they utilize many forms of communication, including verbal, body language or nonverbal, and written text. Awareness of the impact of all forms of communication will enhance the nurse's ability to communicate effectively with the healthcare team.

	Role	Responsibility
Advanced Practice Provider (APP) (Nurse Practitioner, Physician Assistant, Nurse Anesthetist, Nurse Midwife) (AAPA, 2023; AANP, 2023; ACNM, 2022; AANA, 2023)	Provide comprehensive care to individuals and families, improve access to healthcare, and enhance the overall quality of care.	Assessing patients, diagnosing and treating medical conditions, and managing acute and chronic illnesses. Each APP has a specific scope of practice and responsibilities.
Certified Nursing Assistant (CNA) (NAHCA, 2023)	Provide basic nursing care and support to patients under the direction of a licensed nurse, either LPN or RN.	Assisting patients with activities of daily living, mobility, vital signs, collecting specimens, and assisting with basic procedures.
Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN) (NALPN, 2023)	Provide basic nursing care and support to patients under the direction of a registered nurse or physician.	Taking vital signs, administering medications and treatments, changing dressings, helping patients with activities of daily living, assisting with diagnostic tests and procedures and monitoring patients for changes in condition.
Medical assistant (MA) (AAMA, n.d.)	Provide support to healthcare professionals in various clinical and administrative tasks.	Taking vital signs, collecting medical histories and assisting with medical procedures.
Pharmacist (APhA, 2021)	Improve patient health outcomes by ensuring the safe and effective use of medications, promoting medication adherence, and optimizing medication therapy.	Procurement, security, regulatory and legal compliance, verification of appropriateness, preparation and dispensing medications, patient counseling, medication management policy, monitoring and assessing health and promoting medication safety.
Physical therapist (APTA, 2023)	Help individuals restore and improve their physical function, mobility and quality of life and empower them to overcome physical challenges, improve their functional abilities, and enhance their overall well-being.	Evaluation and assessment, treatment planning, therapeutic interventions, rehabilitation and exercise programs, pain management, functional training, mobility enhancement, rehabilitation and recovery, prevention and education, and collaboration and communication.
Physician (AMA, 2023)	Diagnose and treat illnesses and injuries and promote overall health and well-being.	Evaluating patients' medical histories, conducting physical exams, ordering and interpreting diagnostic tests, prescribing medications and treatments, and monitoring patients' progress.
Registered Dietician Nutritionist (RDN) (AND, n.d.)	Experts in the field of nutrition and dietetics providing individualized, evidence-based nutrition plans and care.	Address the nutritional aspect of a patient's condition, educate patients about their nutritional needs and administer medical nutrition therapy as part of the healthcare team.
Registered Nurse (RN) (ANA, n.d.)	Provide and coordinate care and support patients, promoting their health and well-being.	Assessing patients' health needs, developing care plans, administering medications and treatments, monitoring patient progress, providing emotional support to patients and their families, and collaborating with physicians and other health professionals.
Respiratory therapist (AARC, 2023)	Provide specialized care, improve lung function and manage respiratory conditions	Assessment, evaluation, treatment planning, RT procedures, emergency and critical care

	in patients with respiratory and cardiopulmonary disorders.	management, patient education, pulmonary function testing, collaboration and communication.
Social worker (NASW, 2023)	Support individuals, families and communities in addressing social, emotional and practical challenges.	Assessment and support, case management, counseling and therapy, advocacy, crisis intervention, community outreach and education, child and family services, policy and program development.

Team roles

In addition to the core concepts of presence, acceptance and trust, nurses must be able to communicate their role, scope of practice and responsibility in patient care. The ability to communicate these requires maintaining competence in the profession. It is beneficial for new graduate nurses to distinguish the differences in primary roles of all interprofessional team members to understand where nursing fits amongst the team. Table 1 contains the primary roles of common healthcare providers but is not an exhaustive list. Consider the roles and responsibilities of interprofessional practitioners in each specialty.

Table 1: Primary roles and responsibilities of healthcare providers

Often, role clarity, responsibilities and goals of team members can clarify misunderstandings; however, obstacles to effective communication still exist. Lack of clarity in communication, time constraints, language barriers, technology issues, interprofessional conflict, organizational culture and perceived hierarchy can all be barriers to effective communication (Gleeson et al., 2023). Other barriers include differences in perception and viewpoint, lack of understanding of the need for communication, use of discipline-specific jargon, and lack of psychological safety. Nurses play a part in addressing these barriers by committing to communication best practices. Organizations can improve interdisciplinary communication by promoting effective communication strategies, increasing interprofessional education and addressing cultural barriers.

Communication best practices

Communication in healthcare does not just occur face to face. Nurses communicate via phone, progress notes, documentation in the electronic health record, checklists, protocols, and instant messaging, among other methods. Communication is complex, with multiple barriers. As a result, it is crucial to standardize communication when possible. Using standardized communication tools for reporting data assists with rapid decision-making and increases reporting efficiency. It also reinforces a move toward standardization in the nursing profession.

Patient hand-off

Patient hand-off is one high-risk communication type known for medical errors and preventable adverse events. Hand-off is the transfer and acceptance of care responsibility achieved through effective communication in a standardized, real-time process to ensure continuity and safety of patient care. Whether from shift to shift or when transferring a patient to a new care setting, accurate shift reports include a review of the extent and quality of the care that nurses provide, the outcomes, ongoing treatment and education needs. All hand-offs are opportunities for patient harm. However, the most risky hand-offs include patient discharge, patient transfer between units, nursing shift change, and physician transfer of care. The following are commonly used standardized tools for patient hand-off.

Situation, Background, Assessment and Recommendation (SBAR)

One commonly used standardized interprofessional communication tool is SBAR. SBAR was developed to improve communication and patient safety in the US Navy's health care system. It was introduced into civilian healthcare settings in the early 2000s and has been adopted as best practice since (Compton et al., 2012; Haig et al., 2006; Shahid & Thomas, 2018). SBAR is not only an effective communication tool, but it also aids in the rapid decision-making process and reinforces the standardization of nursing practice, which is helpful for new graduate nurses. Table 2 highlights the components of the SBAR tool.

Table 2: SBAR hand-off

S	Situation	The issue or problem at hand (e.g., a change in patient status, transfer or test)
B	Background	A review of historical information <ul style="list-style-type: none"> • Current information about the patient • Recent changes in the patient's status • Pertinent lab or diagnostic information
A	Assessment	Your assessment of the situation and anticipated changes in the patient's status
R	Recommendation	Recommended action: Read and repeat back to confirm and clarify

I-PASS

I-PASS is a bundle designed to be used during transitions in care. In a study by Starmer et al. (2013), I-PASS decreased medical errors from 24.5% to 18.3%, and the rate of preventable adverse events decreased from 11.3% to 6.1%. Improvement in communication and collaboration in the form of more in-person hand-offs was also found. Table 3 contains the elements of I-PASS.

Table 3: I-PASS verbal hand-off

I	Illness severity	Identify the patient as stable, "watching," or critical and code status.
P	Patient summary	Health history and reason for admission, followed by the events since admission, assessment and plan.
A	Action list	Timeline of test, treatments and procedures to be performed or waiting on results and who is responsible.
S	Situation awareness and contingency planning	Verbalize expected findings and their treatment plan and a plan for unexpected occurrences.
S	Synthesis by receiver	The team member accepting hand-off summarizes what was heard, asks any questions and verbalizes action list items.

(Starmer et al., 2013)

Effective hand-offs allow the participants to ask questions, confirm and clarify any needed information, have minimal interruptions, and should be accurate and up-to-date with supporting historical information. Standardized reporting is one intervention that all nurses can implement to improve patient safety.

Understanding communication styles

Understanding the impact of various communication styles on interprofessional relationships is essential to developing an effective communication style. Nurses can use four styles of communication to interact on a professional level. These styles apply to verbal and nonverbal communication.

- **Assertive:** Assertive communication is respectful, calm and assured communication where a person can make their thoughts and concerns heard without pushing ideas on others. Assertive communication ensures that the message is delivered clearly, leaving room for collaboration. E.g., "I have just assessed Ms. Sanchez. Based on the urinary catheter removal criteria, I believe that she meets the criteria for removal today."

Did you know?

In a 2022 study by Pun et al., teamwork among interprofessional team members in the ICU was measured using the Assessment of Interprofessional Team Collaboration Scale and the AACN Healthy Work Environment Assessment Tool (AACN, 2016; Orchard et al., 2012). Team members who served as consultants (rehabilitation therapists, respiratory therapists, pharmacists) had the lowest scores in both surveys, conveying that they felt less connected to the team than those frequently at the bedside. How can nurses engage these members of the interprofessional team to improve collaboration and healthy work environment?

- **Aggressive:** Aggressive communication intimidates and forces thoughts and concerns on the receiving party without a willingness for collaboration. E.g., "It's insane that they haven't written an order for Ms. Sanchez to have her urinary catheter removed."
- **Passive:** Passive communication hides the actual needs of the person to please others. This type of communication avoids confrontation, often avoiding conversation entirely. E.g., "I think Ms. Sanchez's catheter should be removed today, but I don't want to tell the doctor how to do her job."
- **Passive-aggressive:** Passive-aggressive communication is passive communication with subtle, indirect acts of aggression. E.g., "Wow, these doctors really *must* be new if they haven't even noticed that Ms. Sanchez still has a urinary catheter."

An assertive communication style is the most appropriate but can be difficult when new to the profession. Nurse residents can adopt other communication styles while developing their competence and confidence. It is essential to assess communication styles, knowing that aggressive, passive, and passive-aggressive styles interfere with patient safety.

TeamSTEPPS®

TeamSTEPPS® is an evidence-based teamwork system developed by the Department of Defense's Patient Safety Program in collaboration with the Agency for Healthcare Research and Quality. This system was designed to enhance communication and teamwork among healthcare professionals, providing a framework for teams to collaborate more effectively and efficiently, ultimately resulting in improved patient outcomes (AHRQ, 2023). The TeamSTEPPS® framework comprises four core principles: leadership, situation monitoring, mutual support, and communication.

Many of the principles emphasized in TeamSTEPPS® have been previously discussed, such as clearly understanding team roles, responsibilities and goals. Notably, TeamSTEPPS® emphasizes debriefing as a valuable practice for reflecting on team performance and identifying areas of opportunity. Through debriefing, teams can collectively review their actions, evaluate outcomes and identify opportunities for growth and development.

The TeamSTEPPS® toolbox includes content on many of the best practices noted above. It also includes content on using assertive communication to advocate for a patient. When a team member has a viewpoint that is not being heard, firm and respectful communication is required. The acronym CUS (concerned, uncomfortable, safety issue) is used to identify three words to be used in an assertive statement to stop the line and communicate clearly. If the team member

Leadership- Coordination of the team ensuring actions are understood, changes are shared and team members have necessary resources

Situation monitoring- actively monitoring the patient's condition, environment and performance of the team

Mutual support- Ability to anticipate and support other team members' needs through accurate knowledge of their responsibilities and workload

Communication- Process by which information is clearly and accurately exchanged among team members

articulates your concern and does not explain the decision further, the nurse must communicate this concern. This may result in involving a charge nurse, house supervisor and communicating up the chain of command (AHRQ, 2023). See information on the chain of command below.

Chain of command

Interprofessional communication is a multifaceted process that requires interaction with all healthcare team members. A chain of command is an organizational communication structure to help promote order, efficiency, accountability, and organizational communication. All healthcare organizations have policies and procedures specifying the hierarchy of authority. When a situation requires intervention that is either beyond the scope of the nurse's practice or an answer is needed to proceed, these policies and procedures are instituted. Using the chain of command ensures that the appropriate leaders know what is occurring and allows for initiating communication at the level closest to the event, moving the discussion upward as the situation warrants.

A practical, well-defined chain of command enables a nurse who has identified a problem but is unable to resolve it to present the issue to successively higher levels of authority in the hospital's leadership (E.g., direct supervisor, supervisor's manager and so on—until there is a satisfactory resolution). If there is still a concern after an assertive SBAR conversation, the nurse should escalate the concern to the next lowest level of the chain of command. For emergent concerns (E.g., unstable patients), the nurse should initiate a rapid response, code or appropriate emergency response.

For non-emergent concerns, nurses should gather all facts in SBAR format and notify the charge nurse, nurse manager or nursing supervisor. If still unable to resolve the concern, follow the organization's chain of command policy for escalating patient care concerns.

Interprofessional rounding

The purpose of interprofessional rounds is to enhance collaboration by discussing and planning patient care using the patient's input. Interprofessional rounding is associated with increased patient-centeredness, higher quality of care and team collaboration and communication, improved patient satisfaction, reduced length of stay and decreased admission rates (Heip et al., 2022). The following are best practice approaches to interprofessional rounding:

- Use of a structured interprofessional rounding checklist, such as Lau and Dhamoon's Structured Multidisciplinary Round Checklist (2017), to help promote standardized discharge planning and reduced length of stay (Moosa & Khoja, 2022).
- Interprofessional huddles to improve communication between team members, increased job satisfaction and teamwork (Rowan et al., 2022).
- Advanced Practice Provider-led rounds

Nurses are instrumental in the leadership and participation of interprofessional rounds. If a formal rounding program already exists, nurses should prioritize participation in rounding as much as possible. Nurses can still unite the team if a formal rounding program does not exist in a care setting. The Institute for Healthcare Improvement (IHI) developed the

How to Guide for Multidisciplinary Rounds (2015), including tips for starting a rounding practice. In the ambulatory setting, consider how nurses coordinate with case managers to provide this level of support in the community setting. In inpatient rehabilitation centers and subacute rehab facilities, ambulatory case managers partner with community agencies to support a safe return to the home setting.

Nurses can use the following tips to lead interprofessional rounding in their care setting:

- Leverage existing rounding processes: How can nursing be included if rounding is already occurring? If medical rounding is occurring but does not involve nursing, this should not be a barrier.
- Seek willing participants: Providers do not have to be present for rounding. Begin with the nurse, nursing assistant, physical therapist, or respiratory therapy care team. Teams can start small and build as the process grows. Consider including other services such as case management or pastoral care as well.
- Identify a goal for rounding: Whether the goal is to align care plans for the day, discharge planning, medication management, or self-efficacy, a shared goal for rounding keeps the process quick and focused. Consider using a tool to expedite and document rounding.

(Adapted from www.IHI.org with permission of the Institute for Healthcare Improvement (IHI, 2011))

Communication technologies

Telehealth

Telehealth has revolutionized how healthcare professionals communicate and collaborate in patient care. Through technology, interprofessional communication has become more accessible and efficient, bridging the gap between various healthcare disciplines. Telehealth platforms enable real-time video conferences, secure messaging, and remote consultation, facilitating seamless communication between doctors, nurses, specialists, and other healthcare team members. This virtual collaboration promotes interprofessional cooperation, allowing professionals to exchange knowledge, discuss treatment plans, and coordinate care across different locations. By leveraging telehealth for interprofessional communication, healthcare providers can enhance patient outcomes, streamline workflows, and overcome barriers of distance and time, ultimately improving the delivery of comprehensive and coordinated healthcare services (Davis et al., 2020; Health Resources & Services Administration, 2019).

While telehealth improves accessibility for patients and providers, it comes with new challenges. Assessment of the patient through videoconferencing or over the phone is more challenging than in-person assessments and requires thorough questioning about symptoms, medication management and adherence to treatment plans. Nurses collaborate with providers, patients and other disciplines (e.g., pharmacy, social work) to meet the patient's needs. Effective communication and documentation ensure that everyone, including the patient, has access to the necessary information

to make informed decisions. As with in-person care, the nurse is the patient's voice and is responsible for advocating for the patient's needs within the healthcare team by communicating concerns, preferences and goals. Without accurate, detailed communication and collaboration, the telehealth experience can delay and impede patient access to care.

Electronic health record

Utilizing electronic health records (EHRs) plays a crucial role in facilitating interprofessional practice and communication within healthcare settings. The EHR serves as a centralized repository of patient information that can be accessed by various healthcare professionals, enabling seamless collaboration and coordination of care. Interprofessional teams can leverage the EHR to share real-time updates, document interventions and exchange critical patient data, ensuring a comprehensive and coordinated approach to patient care. Through the EHR, healthcare professionals from different disciplines can contribute their expertise, review and analyze information collectively and make informed decisions collaboratively. This integration of interprofessional practice and communication within the EHR promotes continuity of care, reduces duplication of efforts, enhances patient safety, and ultimately leads to improved health outcomes.

Nursing responsibilities in the EHR include documentation (assessment, medication administration, diagnostic testing, order review, patient education, care plan), responding to clinical decision-making alerts, understanding how to find historical data, identify trends and patterns in data, and understanding how to keep patient data safe. Other considerations for nurses related to documentation to enhance interprofessional communication include:

- **Accuracy:** Stick to the facts! Documentation should be accurate and truthful. Avoid assuming or speculating in documentation. Chart only what has been observed or learned from reliable sources.
- **Timely:** Prompt charting is essential for accurate communication. If the healthcare team cannot access the most recent data, orders may be inaccurate or inappropriate.
- **Complete:** Document all relevant data through the nursing process from assessment to evaluation for each patient.
- **Standard terminology:** Avoid using jargon or non-standard terminology that can be misunderstood.
- **Objective:** Avoid judgments or personal opinions. Documentation should be observable and measurable.
- **Quote:** If relevant, using quotes to document a patient statement can be beneficial (E.g., informed consent conversation or patient complaints).
- **Sequential:** Ensure that documentation is in chronological order for the clarity of other team members.
- **Incidents or patient refusals:** In case of an incident or patient refusal, accurately document the events as quickly as possible and notify all interprofessional team members immediately.

- Interactions with other care providers: Document interactions with other providers, including orders, recommendations and patient responses.

(Adamson et al., 2020; ANA, 2010 ; Rashotte et al., 2016 ; Varpio et al., 2015)

Interprofessional communication is critical for building teams to support patient safety. Nurses must know and communicate their roles within the interprofessional team to foster a culture of mutual respect and collaboration. Additionally, nurses must have the knowledge and strategies to encourage interprofessional communication in their organizations and safely escalate concerns through the chain of command when required. These best practices and attitudes of collaboration will aid in high-quality, safe patient care, a healthier work environment and more streamlined communication.

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