# ASSIGMENTS:

## 1 Write a main Discussion question

**Week 10: Online Discussion**

**Discuss the following case:**

**Slusser, Et.Al, 2019, Chapter 8, Caselet 8.1**

**Case Study Discussion: Mr. Williams (p.121)**

***NOTE: Due to delay in posting this week's lesson, due date on assignments has been extended to Sunday midnight.***

**Case Discussion Assignments (25%):** Active learning is essential. Students will participate via *Blackboard* in all posted discussion topics. **For each case scenario, students are required to post at least 3 times each week, once by Tuesday of each week stating their initial views and at least 2 more times, by Friday of the week, with a thoughtful reflection commentary after reading the views of classmates. NOTE: Cite the textbook or any references to support your discussions (minimum 2 references APA format)**. Weekly lessons, assigned readings, and your own literature searching each week will be the source of the discussion topics. *Blackboard* participation will be graded for quality of contribution to the topic and professionalism of the response. The professor will not comment on each posting, but may comment to provide direction to the discussion as postings accumulate.

**Caselet 8.1**

## Mr. Williams



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Imagine taking your grandfather, Bill Williams, who has a high fever, to the emergency department of the local hospital. You are worried, and so is your loved one. A hospital worker takes Mr. Williams' insurance information and asks about the nature of his problem. She explains she is a clerk and that in a few minutes a triage nurse will take his medical history and vital signs. Next, he is called into another room where another worker introduces herself as June, the triage nurse. She explains

she will record information about his problem to share with the emergency department team to decide who is best to care for him and how immediate the problem is. June asks questions related to the problem and measures blood pressure, pulse, respirations, and oxygen saturation (vital signs). This happens just as the clerk said it would. You are both sent out to the waiting room to wait some more. Finally, your grandfather's name is called and he is sent to a small cubicle, given a gown, and asked to change into it. That person says, “My name is Mary and I am a nursing assistant. I will ask you several questions about your health history, and record your information so the doctor and nurse can review it. Soon your nurse, George, will come in and take your vital signs. He will ask you some more questions about your health status. His job is to help carry out some of the doctor's orders, and he is in charge of giving you medication. Then Dr. Mason will examine you. If you need anything, press this call button and an assistant or nurse will answer and share your needs with your specific team.” George comes in, introduces himself, and explains that he and the doctor work closely together. In a few minutes, Dr. Mason examines your grandfather and says it may be pneumonia, but some laboratory tests and a chest x-ray are needed. She explains, “Your nurse will be back to draw the blood and to start an I.V. to give you some fluids which may help bring the fever down. He will bring you some Tylenol, which should also help reduce the fever. We will also start you on some oxygen.” Dr. Mason explains that the x-ray results will be available on the computer and reminds you and your grandfather to tell the nurse if he feels any worse or needs anything. Everything occurs exactly as explained when George the nurse returns. He says that an assistant will come to take Mr. Williams to x-ray. Again, all goes as explained. Shortly Dr. Mason returns and says that the x-ray indicated pneumonia, and because of that and his fever, Mr. Williams will be admitted to the hospital. Later the nurse returns to check Mr. Williams' temperature and tells him it is going down, and that he will be sure the doctor is aware of that. George then explains that Mr. Williams will be moved to a hospital unit when a bed is available, and that all of his

information will be available in his electronic record. George tells you that he will personally report all information to the nurse on the hospital unit, and a different physician who specializes in respiratory illnesses will be taking over Mr. Williams' case when he gets to the hospital unit. George explains that Dr. Mason just ordered respiratory therapy and that a respiratory therapist will be administering a treatment designed to help his breathing.

## Discussion Questions

1. 1. Do you think that the introductions and explanations provided by the various healthcare workers in this case helped to reduce the patient's and family's anxiety? Explain your answer.
2. 2. Why it is important for each healthcare professional to understand and be able to explain the role and responsibilities of other healthcare workers to patients and families?
3. 3. Consider how the patient outcome could be affected if each healthcare worker in Mr. Williams case had only explained his or her role and did not mention the roles of other members of the healthcare team.

2. **After finishing the main discussion question, you have to give 2 short responses to two of my classmate's discussions**

a. **First classmate discussion**

- And also, Example of one short response for this discussion

**Abigail Boudreau** 4 days ago

**Week 10 Discussion**

In this case, Mr. Williams is admitted to the hospital due to a fever and pneumonia. As he works his way through the process, the staff members explain who was going to be coming into his room next and what they would be doing. These types of introductions were very consistent throughout the process and this helped to make him and his family become much more comfortable with the staff members who had been working with him.

It is a very valuable skill for these healthcare workers to be able to explain and adequately introduce themselves to the patient. This helps the patient to feel more open, comfortable, and trusting with their care team. Creating a good relationship and establishing clear roles to the patient will help the patient to more adequately explain their situation and potentially help the healthcare team to deliver higher quality care. It is absolutely essential for the team members to introduce themselves adequately for the sake of patient care.

In this case, each team member had not only introduced themselves, but they also introduced the team member who would be coming in after them. As stated by Slusser, "It is not enough just to communicate your role as a healthcare professional; you must be able to communicate the roles and responsibilities of everyone on the team" (Slusser, 2019, p. 120). This is also very important because it prepares the patient for what is coming next and for what they can expect in the coming moments. This eases the patient and can make them feel more relaxed. Adding more stress to the patient's situation, will only make their condition worse. Created a smooth flow and handoff between patients and providers allows for an easier transition and can ease anxiety for the patient and their family. Furthermore, "There was no confusion or worry on the part of the patient and family because they knew who was who, how the team worked together to provide his care, and who would be doing what" (Slusser, 2019, p. 120).

Slusser, M. M., García, L. I., Reed, C. R., McGinnis, P. Q. (2019). Foundations of Interprofessional Collaborative Practice in Health Care. Elsevier.

Reply Quote Email Author

**Briana Fleming** 3 days ago

**RE: Week 10 Discussion**

Hi Abigail,

I really enjoyed reading your post this week. I think you did a great job explaining why the patient and family felt comfortable and trusting with their care team. I agree that each individual of the care team did a wonderful job of explaining who they were, who others are, and what the plan of action was. This is a very great example of how this type of communication should happen. If this type of communication does not occur, then it can make patients feel isolated, confused, and to not trust the team.

Great post!

b. **Second classmate discussion**

**Maryam Moughal** 4 days ago

**Week 10**

The introductions and explanations provided by the healthcare workers, in this case, helped reduce the patient and family's anxiety. Each healthcare worker that worked with Mr. Williams accurately explained their role and what they were going to do. With the family being guided through the care this helped ease their anxiety of not knowing what is going on or what care Mr. Williams would receive. It's extremely important for healthcare professionals to understand and be able to explain their roles and responsibilities to patients and families. This helps ease the anxiety or any worries the family or patient might have (Babiker, 2014). The patient outcome could be affected if each healthcare worker has only explained their role and not mentioned the roles of their team members because it allows room for miscommunication or mistreatment. It could also affect the patient and family's anxiety towards not knowing why treatments are occurring and what they will do.

References

Babiker, A., El Husseini, M., Al Nemri, A., Al Frayh, A., Al Juryyan, N., Faki, M. O., Assiri, A., Al Saadi, M., Shaikh, F., & Al Zamil, F. (2014). *Health Care Professional Development: Working as a team to improve patient care*. Sudanese journal of paediatrics. Retrieved November 2, 2021, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4949805/.

Slusser, P.Q.M.C.R.L.G. M. ([Insert Year of Publication]). Foundations of Interprofessional Collaborative Practice in Health Care. Elsevier Health Sciences (US). https://bookshelf.vitalsource.com/books/9780323462419

# 3. Reading reflection

**Week 10: Reading Reflection**

**Reading Reflections (25%):** Students will search the literature, select an article each week, read and write weekly reflections papers, on peer-reviewed interprofessional education or practice research articles, on topics related to weekly discussions. The length of each article reflection paper must be 2-3 pages (12 font, double -spaced, APA style). Turn in these assignments in class on the due date.

**FOCUS on Chapter 7 in Slusser, et al (2019)**

**Articles and Reading Reflection should be focused on "Professional and Interprofessional Identities".**

***NOTE: Due to delay in posting this week's lesson, due date on assignments has been extended to Sunday midnight.***

DO NOT FORGET TO CITE

## 4. Book pages for reading reflection (CHAPER 7)

7

# Foundations of Professional Roles and Responsibilities

## Learning Outcomes

*After studying this chapter, you will be able to:*

1. 1. Identify the basic concepts associated with the Core Competency of Roles/Responsibilities.
2. 2. Differentiate between professional roles and responsibilities and scope of practice.
3. 3. Identify the most common healthcare providers and their roles.
4. 4. Describe the process of professional identity development.
5. 5. Explain the use of self-reflection in the identification of professional strengths and limitations.
6. 6. Demonstrate self-reflection as a tool for self-awareness.
7. 7. Discuss roles and responsibilities in the context of interprofessional teamwork.

This chapter introduces the basic concepts associated with the Core Competency of Roles/Responsibilities (IPEC, 2011; 2016). Descriptions of the most common healthcare professions and occupations are provided. Readers are provided with information related to obtaining valid and reliable information about the roles and responsibilities as well as the legal scope of practice of the most common healthcare professions

and are introduced to the skills necessary to understand their own and others' roles and responsibilities. Collaboration between interprofessional team members is introduced as it relates to individualized role performance in specific patient care situations.

# Basics of Professional Roles

Healthcare professionals, as members of interprofessional healthcare teams, have specific roles in each patient care situation. The word *role* is generally used to refer to a set of behaviors that fit together into a unified whole; it is those behaviors that characterize a person's expected actions in a given context. The word *role* also can be used to refer to the duty that one has or is expected to have. In health care, for example, we refer to the role of the physician or the role of the nurse. Based on our observations of those professionals, we assume we know what their roles are; however, these roles can overlap with each other and with those of other professionals. Although we think we know the roles and responsibilities of professions other than our own, we may not have a true and clear understanding.

Healthcare professionals become socialized to their professional roles in educational programs designed specifically to prepare them for the behaviors and skills expected of members of that profession. Traditionally this basic preparation has been delivered in what have been referred to as *silos,* educational arenas where students learn with other students preparing for the same profession and who are taught, for the most part, by members of the profession they are being prepared to enter. Although students acquire what is needed to be professional within these silos, it is no longer enough for healthcare providers to simply be professional. In the current global climate, healthcare workers also need to be interprofessional and function fully as part of interprofessional teams (WHO, 2010).

Public health "promotes and protects the health of people and the communities where they live, learn, work and play" (APHA, 2017, par. 1). Public health is concerned with improving access to health care; health promotion; preventing and controlling infectious disease; and reducing environmental hazards, violence, substance abuse, and injury. There are specialized degrees in the field of public health. A variety of qualified healthcare professionals specialize in the field of public health, which is focused on population health rather than the care of individuals. Examples of healthcare professionals who work in the public health field include, but are not limited to, epidemiologists, nurses, social workers, biostatisticians, infectious disease specialists, physicians, health educators, and field workers.

Fig. 7.1 illustrates the characteristics of collaboration. Interprofessional collaboration begins with mutual respect, clear communication, and a focus on the patient as the center of care. These characteristics are necessary to the development of shared goals and shared decision making. The end result is collaboration among professionals that results in optimal patient and population care.

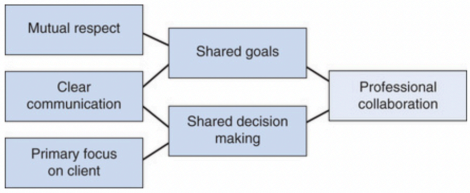


**FIG. 7.1** Characteristics of collaboration. (From Arnold, E., & Boggs, K. [2016]. *Interpersonal relationships,* ed 7. St. Louis: Saunders.)

Efficiently functioning interprofessional teams are needed to meet the

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complex patient and population care demands in today's healthcare system. Interprofessional teams are made up of healthcare professionals from two or more healthcare disciplines or professions whose purpose is collaboration to provide optimal health outcomes. Interprofessional team members work together closely and communicate frequently to optimize patient care that is collaborative, creative, caring, and safe. Each patient care situation is unique, and the roles of healthcare professions often overlap. Each professional brings the knowledge, skills, expertise, and perspective of his or her profession to the patient care situation. True Interprofessional Collaborative Practice and teamwork requires a clear understanding of your own professional role and responsibilities as well as those of other professionals participating in the care. It requires knowledge of how the roles of all healthcare professionals on the team complement each other in the provision of optimal patient-centered care (IPEC, 2011). This knowledge is essential in clarifying patient care responsibilities and serves to increase collegiality, trust, and respect among healthcare team members (Fig. 7.2).



**FIG. 7.2** An interprofessional healthcare team consists of people from a variety of disciplines whose roles often overlap. (© monkeybusinessimages/iStock/Thinkstock.)

## What Is a Profession?

A *profession* is defined as "a calling requiring specialized knowledge and often long and intensive academic preparation" (Merriam-Webster, 2015). There are several classic models of a profession with criteria that have evolved over time (Bixler & Bixler, 1945; Flexner, 1915; Pavalko, 1971). Some, but not all, models include criteria such as altruism, service orientation, and a distinct professional subculture. These classic models have the following criteria in common that comprise the generally accepted criteria for a profession:

### Education

Education is extended, is standardized, and takes place in institutions of higher learning. Professions are intellectual and learned but involve skills that are practical rather than merely theoretical (Flexner, 1915). There are varying educational requirements for healthcare professions and occupations. See Table 7.1 for some examples.

**TABLE 7.1**

| Minimum Educational Requirements | Examples |
|---|---|
| Vocational education | Certified nursing assistant, emergency medical technician, paramedic, medical coder and biller, licensed practical nurse |
| Associate's degree (2–3 years at a community college) | Registered nurse (RN), radiologic technician, respiratory therapist, dental hygienist, surgical technologist, OT or PT assistant |
| Bachelor's degree (4 years at a college or university) | RN with a Bachelor of Science in Nursing |

| | |
|---|---|
| Master's degree (2 or more years postbaccalaureate at a college or university) | Occupational therapist, speech language pathologist, nurse practitioner, physician assistant |
| Practice doctorate degree (2–6 or more years postbaccalaureate education at a college or university) | Physician, dentist, physical therapist, audiologist, pharmacist |

### Unique Body of Knowledge

There is a unique body of knowledge that is specific to the professional discipline and serves as the basis for the practice of the profession (Birden et al., 2014). This knowledge can be learned and is refined and expanded through discipline-specific research (Flexner, 1915). This knowledge consists of both theoretical knowledge and technical skills and is demonstrated through evidence-based practice (Chitty, 2011).

### Service

A specific need of society is served by the profession. Professions are characterized by their service. There is "a sense of calling to the discipline, a sense of mission, and a responsibility to the public" (Chitty, 2011, p. 62).

### Autonomy

Autonomy is defined as the quality or state of being self-governing (Merriam-Webster, 2015). Self-governing, or self-regulation, means that it is only members of the profession themselves who decide what is required educationally and legally to become and remain a practitioner of that profession. For example, in the United States, Boards of Nursing are responsible for licensing and disciplining nurses, not Boards of Medicine. Healthcare professions accomplish self-regulation through professional licensing bodies, accrediting bodies, and other professional organizations. Professions regulate their own practice by creating and adhering to standards of practice, standards of care, licensure requirements, and various types of certification. In the United States, state licensure and state practice acts define the legal requirements to practice a specific healthcare profession and what a professional may not do in that state. Licensure and practice acts vary. It is the responsibility of all professionals to be knowledgeable about and adhere to the practice act of the state in which they are licensed to practice. Some states have compact agreements that allow professionals who are licensed in one state of the compact to practice in the other states in the compact. Professionals may not legally practice in a country, state, province, or other location in which they do not have a license.

### Code of Ethics

Members of a profession identify a code of ethics for practice that outlines the standards of behavior and values held by that profession (Birden et al., 2014). A code of ethics is a written document "encompassing the set of rules based on values and the standards of conduct to which practitioners of a profession are expected to conform" (Mosby, 2012, p. 395). A code of ethics acts as a framework for decision making and is an example of a standard for practice. It is nonnegotiable. This means that one's professional code of ethics takes precedence over institutional policies and personal values (ANA, 2015).

## Scope of Practice

Scope of practice denotes those activities that members of a specific profession are legally allowed to do as a result of their education, although it is often incorrectly used to denote professional roles and responsibilities. Legal scope of practice results from legislation enacted to define practice boundaries in individual states in the United States.

Representatives from six healthcare regulatory organizations collaborated to develop guidelines for changing their existing scopes of practice (NCSBN, 2009). They articulated several basic assumptions regarding scope of practice. Three are of special interest in understanding Interprofessional Collaborative Practice and the relationship of scope of practice to overlapping roles and responsibilities. They are summarized here:

- • "Collaboration between healthcare providers should be the professional norm" (NCSBN, 2009, p. 10). This articulates the expectation that competent healthcare professionals will refer to other professionals in situations outside of their own expertise (Fig. 7.3). "Overlap among professions is necessary" (NCSBN, 2009, p. 10).



**FIG. 7.3** Collaboration between healthcare providers.
(© claudiobaba/iStock/Thinkstock.)

- • No single profession owns a specific skill or activity. It is the entire scope and focus of activities within a profession that differentiates one profession from another.
- • "No professional has enough skills or knowledge to perform all aspects of the profession's scope of practice. For instance, physicians' scope of practice is 'medicine,' but no physician has the skill and knowledge to perform every aspect of medical care" (NCSBN, 2009, p. 11). For example, an oncologist (cancer specialist) may not have adequate knowledge and skills to manage a difficult birth. All professional scopes of practice include advanced skills that new practitioners have not acquired. "As professions evolve, new techniques are developed; not all practitioners are competent to perform these new techniques" (NCSBN, 2009, pp. 10–11).

There are many skills and procedures that fall within the roles and responsibilities of multiple professions. Each profession is guided by its own legal scope of practice. Professional roles and responsibilities, as well as the legal scope of practice of each healthcare professional on the interprofessional team, need to be considered in identifying responsibilities for care.

# Healthcare Professions and Occupations

The healthcare workforce is large and complex. Healthcare careers

include those careers that focus on the promotion and maintenance of the health and condition of the human body (both mentally and physically). See Box 7.1 for a list of 43 healthcare occupations from the US Bureau of Labor Statistics (BLS) (2015). Although not listed by the BLS (2015), social workers, psychologists, and public health personnel are also considered healthcare professionals. Many healthcare professionals choose to work in the field of behavioral health, where interprofessional collaboration is as important as it is in other healthcare specialties. Other members of the healthcare team may include those who work in healthcare finance, education, sales, equipment, bioengineering, housekeeping, or research.

**Box 7.1**

### Healthcare Occupations Listed by the United States Bureau of Labor Statistics (2015)

| | | |
|---|---|---|
| Athletic trainer and exercise physiologist<br>Audiologist<br>Chiropractor<br>Dentist<br>Dental assistants<br>Dental hygienist<br>Diagnostic medical sonographer, cardiovascular technician, vascular technologist<br>Dietician or nutritionist<br>Emergency medical technician or paramedic<br>Genetic counselor<br>Health and safety technician<br>Home health aide<br>Licensed practical or vocational nurse<br>Massage therapist<br>Medical assistant<br>Medical or clinical laboratory technologist or technician | Medical records and health information technician<br>Medical transcriptionist<br>Nuclear medicine technologist<br>Nurse anesthetist, nurse midwife, nurse practitioner<br>Nursing assistant; orderly<br>Occupational health and safety specialist<br>Occupational therapist<br>Occupational therapy assistant or aide<br>Optician dispensing<br>Optometrist<br>Orthotist or prosthetist<br>Personal care aide<br>Pharmacist<br>Pharmacy technician | Phlebotomist<br>Physical therapist<br>Physical therapy assistant or aide<br>Physician assistant<br>Physician or surgeon<br>Podiatrist<br>Psychiatric mental health technician or aide<br>Radiation therapist<br>Radiologic and magnetic resonance imaging technologist<br>Recreational therapist<br>Registered nurse<br>Respiratory therapist<br>Speech language pathologist<br>Surgical technician |

### Global Perspectives on Healthcare Professionals

We are witnessing the migration of healthcare professionals in what is now a global market for their talents. An international shortage of healthcare professionals, combined with the maldistribution of professional talent, has resulted in a global call for change in healthcare systems, in the roles of healthcare professionals, and in the design of healthcare professional education programs (Crisp & Chen, 2014). Healthcare professionals should meet universal standards of education that support the cross-national transfer of technology, expertise, and services (Crisp & Chen, 2014).

Healthcare professions have different minimum educational requirements for entry into practice depending on which profession is chosen. For example, a clinical doctorate is required to become a physical therapist (DPT) or an audiologist (AuD), whereas a master's degree is required to become a physician assistant (MSPA) or occupational therapist (MSOT), although a clinical doctorate in occupational therapy (OTD) is available. Many professions require a single minimum degree for entry into practice and may offer specific higher degrees for those who satisfactorily complete approved further higher education programs. Nursing, unlike most professions, offers several paths to entry-level registered nurse (RN) practice.

Educational requirements vary by profession and among individual schools, colleges, universities, or educational programs. Most professional education programs require students to undergo a criminal background check and drug testing to practice in clinical areas as students or clinicians and for state licensure. All healthcare professionals are required to pass a national examination and may need to meet additional requirements for state licensure to practice. Some related careers do not meet criteria to be considered true professions; they do not require advanced education or licensure. It is the responsibility of each professional to understand licensure and/or certification processes, scope of practice, and legislation related to their profession in the geographic location in which they practice.

Appendix A contains information about the roles, responsibilities, and educational requirements of some of the most common healthcare professions and related careers. The information is specific to the United States and is meant to serve as a general guide.

## Professional Identity Development

Part of the professionalization process is the development of your own professional identity. Professional identity can be defined as one's professional self-concept based on attributes, beliefs, values, motives, and experiences (Ibarra, 1999; Schein, 1978). The development of a professional identity is important in the formation of new healthcare professionals (Gibson et al., 2010; Johnson et al., 2012; Trede et al., 2012); in addition, a positive and flexible professional identity has been associated with the ability of professionals to function at a high level, benefiting not only the healthcare professional but also patients and other healthcare workers (Johnson et al., 2012).

Professional identity development is a lifelong process. For example, professional identity development can begin even before you enter professional education. Lordly and MacLellan (2012) found that the professional identity of dietetic students began with their early experiences with food. It was these early experiences that then evolved into a professional identity with the structure of professional education, including observation, exposure, practice, and expectation (Lordly and MacLellan, 2012).

Once individuals start a formal professional education, they experience an ongoing process of identity "construction and deconstruction" (Johnson et al., 2012). This means that you will be adopting and discarding values, jargon, and ways of doing things throughout your professional education and early career; this is similar to how teens develop their identity, by trying new things. This process happens through contact with peers, teachers, mentors, and

professionals in your field, as well as by learning the culture and skills of your profession (Johnson et al., 2012). Your professional identity will be fairly formed by the time you start practicing; however, you will continue to adjust your professional identity throughout your professional life.

There are three recognized phases of professional identity development (Gibson et al., 2010). In the first phase, the identity of the students is held externally by authority figures and experts. In the second phase, students start to internalize the professional identity through feedback from supervisors and other professionals. Finally, in the third phase, "the new professional is able to self-evaluate, integrating experience with theory to merge personal and professional identities" (Gibson et al., 2010, p. 22). Self-reflection is a desired outcome of a successfully integrated professional identity; throughout their careers, healthcare professionals must demonstrate the ability to critically reflect on and incorporate new information (Trede et al., 2012).

### Active Learning

Think about your own professional identity in terms of the three phases identified by Gibson et al. (2010).

1. 1. Describe your experience of professional identity development.
2. 2. Which phase are you in now?

# Professional Identity and Interprofessional

example is that situation when you are standing in the shower, driving home from work or trying to get to sleep when you suddenly start thinking about the patient you saw earlier today" (Bostock-Cox, 2015, par. 4). However, as healthcare professionals, we need to develop self-reflection as a systematic and intentional process.



**FIG. 7.4** Self-reflection is a tool for learning. (© Jacob Ammentorp Lund/iStock/Thinkstock.)

The first component of self-reflection, introspection, is the examination of our own feelings and thoughts. It is a process of self-scrutiny through personal observation or dialogue with the self (Watts, 2012). Introspection is a cognitive task that requires a certain level of intentionality because it can be susceptible to several barriers. One barrier is that self-scrutiny can be threatening to the self; therefore some people want to avoid it (Watts, 2012). For example, examining your role in a medical error can be emotionally difficult and threatening to your self-concept (Durgahee, 1997). Another barrier is that when things are going well, you may not see a need for self-examination (Watts, 2012). Overcoming barriers to introspection is important because, as you will see, there is a role for introspection throughout the professional life of the healthcare professional.

The second component of self-reflection is the willingness to learn something from engaging in introspection. The examination of the self alone may or may not lead to learning; however, when introspection is done with the intention of learning something about yourself, then you are engaging in self-reflection. Again, this suggests the process requires a level of intentionality on your part.

All healthcare professions try to incorporate self-reflection into their educational programs. For example, it is common for psychology, counseling, and social work students to record some of their sessions to review with their supervisors. Some healthcare professions, such as nursing, have formally integrated self-reflection in their training and practice; in fact, the concept of reflective practice is ubiquitous in nursing, to the point that is part of nursing's standards of practice (Gouylet, Laure, & Anderson, 2015). "Reflective practice is the ability to examine one's actions and experiences with the outcome of developing their practice and enhancing clinical knowledge" (Caldwell & Grobbel, 2013, p. 319). In other words, reflective practice is the ability to learn from experience. Reflective practice is believed to help with the integration of theory and practice and improve practice (Enuku & Evawoma-Enuku, 2015).

## Skills Needed for Self-Reflection

Several skills were identified as necessary to engage in self-reflection; these include awareness, description, critical analysis, synthesis, and evaluation (Bulman & Schutz, 2013); action or intervention has also been suggested by some as another needed skill (Sherwood & Horton-Deutsch, 2012).

*Awareness* means being conscious of oneself, including beliefs, values, qualities, strengths, and limitations (Enuku & Evawoma-Enuku, 2015). For example, the skill of awareness applied to clinical practice may involve recognizing that your experience in sports make you

# Collaborative Practice

When healthcare professionals work with one another, they must make adjustments in their professional identity to accommodate other healthcare professionals. This happens because each healthcare profession has its own jargon, culture, and way of doing things, so when two or more healthcare professionals work together, each of them has to accommodate the other. For example, Meyer et al. (2015) found that "medical residents and nurse practitioner trainees were invested in negotiating their individual professional identities to create a meaningful group dedicated to the common goal of improving patient care" (p. 806).

The best time to make adjustments to your professional identity and to become truly interprofessional is when you are a student with sufficient professional identity to "represent [your] discipline but [be] flexible enough that [you] will not resist collaborative practice" (D'Amour et al., 2005, p. 125). Healthcare professionals who did not have the opportunity to experience Interprofessional Education (IPE) as students may need to experience a resocialization of the way in which they practice after graduation. This means that they will need to work in an environment that fosters collaborative practice so they can integrate this way of practice into their identity (D'Amour et al., 2005).

# Self-Reflection as a Learning Tool

*Self-reflection* can be defined as the ability to engage in introspection with the willingness to learn something about oneself in the process and the desire to grow and change (Fig. 7.4). Philosophers have argued for centuries that self-reflection is part of the human condition, and as such, we sometimes engage in self-reflection spontaneously. "A typical

especially well suited to working with athletes, or that because it is difficult for you to see children suffer, you could not work in a pediatric trauma center.

*Description* refers to the ability to state the characteristics of something (e.g., idea, object, person, situation) in a nonjudgmental manner (Enuku & Evawoma-Enuku, 2015). This skill is essential for self-reflection because it is difficult to critically examine something that you are not able to describe. For example, if you try to reflect on your role in a medical error, the self-reflection requires a complete and accurate description of the event(s) that led to and constituted the error.

*Critical analysis* is the ability to examine the components, internal structure, and interactions of a whole to understand it (Enuku & Evawoma-Enuku, 2015). In terms of healthcare practice, this may mean the ability to examine all the elements involved in a medical error. Many medical errors are the sum of a series of events, for example, breakdowns in communication, lack of ignoring redundancy in procedures, and lack of resources (e.g., expertise, time), among others.

*Synthesis* is the ability to form a single coherent idea out of several different elements (e.g., ideas, opinions, experiences) (Enuku & Evawoma-Enuku, 2015). Once an issue has been analyzed critically, synthesis is then used to formulate a solution or new perspective on the issue. For example, critical analysis of an outpatient rehabilitation patient falling at home may suggest that an occupational therapist was needed on the care team.

*Evaluation* is the ability to pass judgment over something using a set criteria or standard (Enuku & Evawoma-Enuku, 2015). Once a solution or new perspective is developed, it is necessary to evaluate how appropriate it is to the situation. It is possible to lack the appropriate resources to implement the best solution, or the time to implement the solution may have passed.

*Action or intervention* is the ability to decide whether and how to take action, once a new perspective has been developed through self-reflection (Sherwood & Horton-Deutsch, 2012). Action or intervention would be the logical culmination of the self-reflection process. Once the solution or new perspective is defined, it is important to know when and how it is appropriate to implement it in the future.

## Tools to Develop Self-Reflection

A significant number of strategies have been proposed for the development of self-reflection skills in student healthcare professionals; many of them are also recommended for practicing healthcare professionals. In general, these strategies require the instructor, student, or clinician to be intentional about developing these skills. It also requires a support structure; for beginners it may be a supervisor; for practitioners, it may mean having time to reflect on their own practice. Table 7.2 provides a list of common strategies for the development of self-reflection skills.

**TABLE 7.2**

| | |
|---|---|
| Supervised clinical experiences | The most common strategy you will experience to develop your self-reflection skills, as a student or a trainee, is some kind of supervised clinical experience. In this context, you can reflect on your clinical practice with guidance and feedback from your clinical supervisor, usually an experienced clinician. In some healthcare professions this experience is more formal and structured than in others. |
| Collaborative reflective training | In this strategy, a team of experienced healthcare professionals (i.e., supervisors) would observe you engaging in some kind of intervention, often a simulation. After the intervention is over, the team of supervisors will debrief the experience in front of you. This provides you with the opportunity to observe how experienced healthcare professionals reflect on a clinical situation and allows you to see your clinical performance from their point of view. This approach minimizes the power differential between you and your supervisors and gives you the opportunity to reflect on the feedback without being required to respond (Kim et al., 2016). |
| Reflection groups | These tend to be small groups facilitated by an experienced supervisor, in which trainees can share their emotional reaction to their clinical practice (Pololi et al., 2001). The structure of these groups is similar to the clinical group supervision that mental health workers in training (e.g., psychology, social work, and counseling) would have; however, the groups tend to focus more on the emotional aspect than on the actual practice. |
| Structured reflective models | These models tend to provide a series of questions that will guide your reflection. For example, Turner (2015) described a structured reflective model for paramedics. This model has eight questions in a specific sequence that would lead you to identify the best solution for a specific clinical problem. |
| Reflective journaling | This technique works by providing you with the opportunity to reflect on your practice. The journaling can be structured in many ways; for example, the reflective journaling described by Brathovde et al. (2013) uses Watson's science of caring theory. In another example, Pololi et al. (2001) asked students to focus their journaling by reflecting on a problem that they had in clinical practice and their personal reaction to that problem. |
| Creative reflective writing | The purpose of creative reflective writing is to provide you with the opportunity to reflect on the experience of clinical practice. Creative reflective writing can be open or structured; however, it tends to focus on significant experiences with patients, colleagues, and teachers. The writing styles used include poetry, short stories, skits, and critical incident essays, among others (Shapiro et al., 2006). |
| Reflective assignments | Assignments are another vehicle for learning self-reflection that you may encounter. They tend to have a narrow focus, but the focus of these assignments can vary widely. For example, Josephsen (2013) discussed two types of assignments. In one assignment, students were asked to reflect on "the changing role of nurses"; in another assignment, students were asked to identify and reflect on the assumptions that affected their clinical practice. |
| Courses focusing on self-reflection and reflective practice | Several educational institutions have developed whole courses for the development of self-reflective skills (Hannah & Carpenter-Song, 2013; Pololi et al., 2001). |

The development of your self-reflection skills can be facilitated in the classroom, during supervision, or during other less-formal learning opportunities. Guiding questions can focus on skills—for example: "What were you good at, even as a child?" or "What skill(s), with just a little bit of practice or more training, could rapidly improve?" or "What did you learn about yourself that helped you to improve?" (Watts, 2012). The questions can also focus on feelings, such as: "How did you feel about the call?" or "What do you think made you feel that way?" (Turner, 2015). The guiding questions can also focus directly on your practice, such as: "What happened?"; "What are the factors that affected this patient's care?"; and "How will you use this information next time?" (Willis, 2010).

## Self-Awareness of Strengths and Limitations

Self-awareness is the ability to be an observer and critic of your own inner life (e.g., thinking, feelings); it is related to, but separate from, self-reflection. It can be developed in several ways. First, engaging in self-reflection will improve your self-awareness because it forces you to practice being an observer of your own thoughts and feelings (Watts, 2012). Another way to improve self-awareness is by receiving feedback from a trusted source such as teachers, colleagues, or supervisors (Watts, 2012). Receiving feedback about our actions as healthcare professionals helps us to understand ourselves better by providing information about ourselves. For example, feedback can point out to us the behaviors, thoughts, and feelings to which we may be blind.

Self-awareness is a necessary skill for healthcare professionals to assess their own strengths and limitations; this is especially true if they take time to self-reflect on those aspects of their practice. Self-awareness helps healthcare professionals to decide for which cases they have the necessary skills and experience to work by themselves, for which cases they might need consultation, and for which cases they need a more experienced colleague or supervisor to assist. Healthcare professionals have to evaluate their qualifications in terms of a wide range of aspects: having the necessary knowledge to treat a specific disorder, having the appropriate personality to work with a type of patient (e.g., the elderly), or having reservations about engaging in a treatment that is morally unacceptable to them (e.g., providing in vitro fertilization to a lesbian couple). In these situations, self-awareness can prevent errors and delay of treatment.

# Roles and Responsibilities in the Context of Teamwork

## What Is a Healthcare Team?

A group can be defined as "two or more individuals who are connected to one another by social relationships" (Forsyth, 2006, p. 3); however, a group in itself does not necessarily constitute a team (Deepa, 2016). Traditionally, groups of healthcare personnel involved in the provision of care to a patient have been called *teams,* whether or not they actually collaborate in providing that care. Grumbach and Bodenheimer (2004) offered the following definition of a team: "A team is a group with a specific task or tasks, the accomplishment of which requires the interdependent and collaborative efforts of its members" (p. 1247). An important difference between a group of providers and a collaborative team is that the team works together and shares responsibility for making decisions to develop and deliver a plan of care; a "group of providers" does not (Dufour & Lucy, 2010).

An *interprofessional collaborative healthcare team* is defined as a team that engages in cooperation, coordination, and collaboration that is characterized by the relationships between the professionals involved in the delivery of patient-centered care (IPEC, 2011). This means that interprofessional teamwork involves collaboration among team members to reach a common goal. A foundation of mutual trust and respect is essential for this collaborative partnership.

## Clarifying Roles in Healthcare Teams

Simply bringing healthcare providers from different disciplines to work together within a team does not mean they will complement one another when providing care. When healthcare professionals do not provide interprofessional collaborative patient-centered care, they run the risk of duplicating care; for example, two providers may order the same diagnostic study. Similarly, the healthcare professionals can provide conflicting care, as would be the case when two healthcare professionals unknowingly prescribe medications that interact negatively with each other. In the first case, the professionals would be wasting resources; in the second case, the conflict could harm the patient.

All team members must be able to explain team roles and responsibilities, for themselves and for other team members, as a precursor to clarifying how the team will work together in a specific patient care situation. This clarification of specific roles and responsibilities for the patient's care is essential in light of the overlapping knowledge, skills, and abilities of professionals providing care to the same patient. This may include deciding who will share responsibilities and perform overlapping skills and responsibilities in a plan of care.

It is important to be clear about roles and responsibilities within the context of the interprofessional team. The composition of the team and the needs of the patient will influence the distribution of tasks and responsibilities. Some roles are *differentiated* roles; that is, they exist when team members have separate and distinct responsibilities by virtue of their knowledge, skills, and abilities (MacNaughton et al., 2013). This means the differentiated roles and responsibilities of the healthcare professional are clear for the case at hand. Sometimes, though, roles and responsibilities are not as clearly designated to a specific team member because the role or task is not unique to one profession. These roles are referred to as *interchangeable* or *overlapping* roles (MacNaughton et al., 2013). Caselet 7.1 provides an example of areas where professional roles may overlap.

**Caselet 7.1**

### Mr. Jackson



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Mr. Jackson in a 48-year-old African American man with uncontrolled type 2 diabetes. The team involved in the management of his diabetes includes a primary care physician and his office nurse (an RN), an endocrinologist and the nurse practitioner in that practice, a nutritionist in a community diabetes care center, an ophthalmologist, and a podiatrist. He also interacts with a phlebotomist for frequent blood work and with his mail order pharmacy service. Mr. Jackson has bloodwork performed every 3 months to monitor his diabetes, which is followed by adjustment to his diabetes medication as indicated as a result of the laboratory work.

#### Discussion Questions

1. 1. Can you predict any areas where professional roles will overlap in Mr. Jackson's care?
2. 2. Describe at least two consequences of not addressing these overlapping roles in Mr. Jackson's care.
3. 3. What can be done by the healthcare team to address overlapping roles?

In the case of Mr. Jackson, the management of the diabetes mediation falls within the scope of practice of the primary care physician, the endocrinologist, and the nurse practitioner (i.e., overlap); all three of them should not attempt to undertake the same role and responsibility for Mr. Jackson's medication management. It is worth remembering that roles and responsibilities in a specific case is different from scope of practice. All three healthcare professionals here are legally able to manage the diabetes medication of Mr. Jackson (i.e., scope of practice); however, only one of them should manage the diabetes medication (i.e., role and responsibility). Clarification of roles and responsibilities for medication management is vital to avoid errors that may result from the duplication of services and conflict of treatment.

Consider that, in this case, the assignment of responsibility for medication management was influenced by contextual factors, not legal scope of practice boundaries. This means that in a different context, a different healthcare professional may have been assigned the responsibility for managing the diabetes medication; however, the scope of practice of the three healthcare professionals is not affected by the context because it is set by the law.

An interprofessional team that is working collaboratively would quickly and seamlessly clarify which professional would be assigned the responsibility for any overlapping roles (Fig. 7.5). This is true because all of the professionals on the team would demonstrate high levels of cooperation, coordination, and collaboration, allowing them to recognize who is best situated to take responsibility for an overlapping role. Identifying the overlapping responsibilities of various team members provides an avenue to streamline and enhance the continuity of team-based care. MacNaughton et al. (2013) viewed overlapping responsibilities as opportunities for "alleviating the burden of their workload" (p. 8). Frequent team interactions and the transparent sharing of information enhances trust and respect between members and promotes collaboration (MacNaughton et al., 2013).



**FIG. 7.5** It is important to clarify roles within the healthcare team. (© AndreyPopov/iStock/Thinkstock.)

## Barriers to the Clarification of Roles in Healthcare Teams

A significant barrier to interprofessional collaboration is the perception of power imbalances between team members. Professionals may be reluctant to share power with others in developing a plan of care, particularly if their professional education occurred within discipline-specific "silos." Dufour and Lucy (2010) emphasized the importance of role clarification, role valuing, and power sharing within the interprofessional team. Historically, many interprofessional relationships involved such power imbalances, with physicians having most of the power. It is essential that each team member be valued for his or her unique and essential contributions to patient care.

Rigid adherence to total professional autonomy is a barrier to collaboration. Successfully clarifying roles necessitates finding the balance between autonomy and collaboration, instead of hierarchical interactions. Collaboration includes elements of assertiveness and cooperativeness so that parties arrive at mutually compatible solutions

### Research Highlight

#### Clarifying Interprofessional Roles in Clinical Education

Working together with other professional groups during a 2-week interprofessional clinical placement improved both students' understanding of their own role, as well as the roles of others (Hood et al., 2014). Opportunities to practice professional communication improved students' role confidence; students reported that the interprofessional clinical placement enabled them to learn how to work together more effectively than their previous experiences (Hood et al., 2014).

## Interprofessional Consultation With Team Members

The clear understanding of the roles and responsibilities of diverse healthcare professionals will foster appropriate collaboration with other team members who complement your own expertise. Individual team members involved in a patient's care often identify additional problems that would benefit from the specialized knowledge and expertise of another professional. Such recognition should trigger the request for consultation with another healthcare provider to seek the additional expertise needed. In turn, consultation with other professionals on a patient case fosters the exchange of expertise and perspectives needed to determine an optimal patient-centered plan of care.

Consultation occurs through formal mechanisms as well as through informal exchanges. Healthcare professionals working in close proximity are likely to engage in synchronous communication; this communication can range from brief verbal interactions to formal team meetings. Close physical proximity promotes more team interactions, providing more opportunities for casual exchanges. On the other hand, team members working in different physical locations may face barriers to working collaboratively (MacNaughton et al., 2013). When working in varied community settings, for example, these barriers can be overcome through the use of routine routes of communication and requests for consultation that can happen asynchronously through electronic or paper processes. Although asynchronous communication can be as effective as synchronous communication, it tends to be slower, so it may not be appropriate for emergencies.

Team members may consult some colleagues more often than others, based on the perceived relevance of their professional knowledge, to assist in their routine patient care decisions (MacNaughton et al., 2013). For example, nurse practitioners routinely consult pharmacists to discuss specific patient medication issues. The specific healthcare setting may also influence the process of consultation with other professionals. For example, in the inpatient rehabilitation setting, formal team conferences to discuss the patient plan of care typically include physicians, nurses, social workers, therapists, the patient, and family who are generally present in that setting.

### Additional Resources

The following resources are provided to assist you in fully understanding the roles and responsibilities of various healthcare professions. You are also encouraged to search for the websites of specific professional organizations, and to ask members of specific professions what they perceive their role is in different situations.

#### Educational Resources

**Interprofessional Care: An Introductory Session on the Roles**