

Team-based care as a training model

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Team based care as a training model

2006: Federal government funding for specialist training in 'expanded settings'

- Rural
- Regional
- Private

Team based care as a training model

Cabrini

- Private hospital -500 beds (Malvern); 12 ICU; 20 CCU; 23,000 annual ED attendance
- Cabrini-Monash Clinical School

Team based care as a training model

Aim: to develop a model for postgraduate training that would integrate with the private hospital system but deliver excellent training for advanced trainees (AT) in general medicine and basic physician trainees (BPT)

Team based care as a training model

Aims:

- Deliver RACP core competencies for physicians
- Deliver continuing professional development
- Capitalise on the advantages of the private system to enhance accepted training models
- Address the perceived disadvantages for private hospital training
- Address some of the issues in the public hospital model of training

Team based care as a training model

- Which core competencies might we have an advantage?

Team based care as a training model

RACP core competencies

- Clinical skills
- Knowledge
- **Professional attitudes and behaviours**
- **Interpersonal communication**
- **Comprehensive patient care**
- Interpretation of diagnostic tests
- Sociocultural sensitivity/ patient vulnerability
- **Participation in multidisciplinary teams**
- **Research and education**

Team based care as a training model

Consultant physicians

- Independent self funded practitioners
- not salaried
- own risk insurance
- voluntary association
- fulltime at Cabrini
- Week about rotation/on call

Team based care as a training model

Daily ward round (M-Th) on all patients in the unit by the team

- consultant on for the week
- AT
- BPT
- Nursing
- Allied health
- Medical students (3,5)

Team based care as a training model

Friday grand round

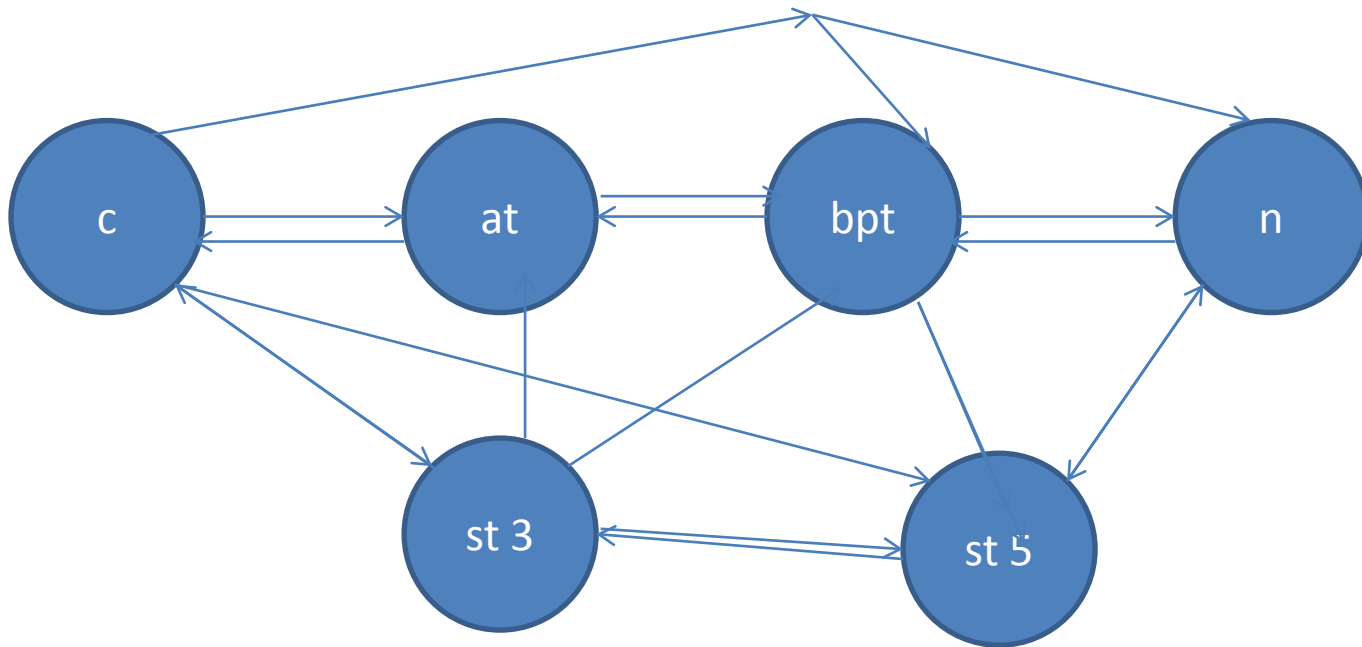
- All consultants
- Trainees
- Charge nurse
- Allied health staff

Team based care as a training model

Philosophy of the ward round

- Egalitarian
- Presentation by AT/ BPT/ med student/nurse with comment from all
- Discussion
- Consultant sum up and plan
- Written plan
- Communication with family members

Team based care as a training model



Team based care as a training model

- Twice weekly discharge planning meetings
- Weekly review of radiology*
- Weekly education and review sessions, M&M*

Team based care as a training model

How do we know that this model achieves a positive outcome in both patient care, training and ongoing professional development?

Team based care as a training model

Quantitative data

- Reduced LOS
- Modest profitability – cf major loss
- Patient donations
- Patient based clinical research programs

Team based care as a training model

Qualitative data

- Feedback from patients and families has been enormously positive
- Exit data
- Continued voluntary participation of consultants over past 5 years
- Mentoring
- Return rotations
- Afternoon teas

Team based care as a training model

Why has this model achieve a positive outcome in both patient care, training and ongoing professional development?

Team based care as a training model

Some thoughts

- Model primarily set up to deliver training
- Training model is based on RACP competencies
- The unit structure is voluntary
- Philosophy of the unit is agreed
- Mutual support and work satisfaction
- Team based approach in which the consultant physician has a strong presence

Team based care as a training model

Hurdles

- Engagement of nursing and allied health staff relies on colocation
- Champion/mentor
- IT support
- Team willingness and commitment

Team based care as a training model

The future

- Research into team based training- some evidence for 'team specific communication'
- Research into team based learning- study of undergraduate nursing and medical training showing changes with even small interventions
- Patient receptiveness

Team based care as a training model

The future

- Philosophy of trainers/ hospital administration
- Funding
- Manpower