



NEWSLETTER

Office of IPE, CE, and the HRSA PCTE Grant Newsletter

March 2020

Are Physical Distancing and Interprofessional Collaboration Compatible?

Let's begin by clarifying what we mean by "physical distancing." Maintaining a physical distance of at least 6 feet and not congregating in small groups is the objective of this mitigation strategy. Social distancing suggests an isolation from one another in all interactive ways. For the purpose of this article, we will refer to the mitigation strategy as physical distancing.

Some might argue that if co-workers must maintain a physical distance from one another it would diminish the effectiveness of interprofessional collaborative practice. While physical separation can produce some new challenges when we work as a team, it shouldn't jeopardize interprofessional collaboration. Even physical distances beyond that which accommodates normal conversation shouldn't impede communication across disciplines.

Many who are engaging in preventative quarantining during this new infectious threat have found ways to communicate effectively. One strategy is to take advantage of technology that currently exists. Team meetings or interdisciplinary huddles have been accomplished with virtual meetings at a moment's notice. If all team members are acquainted with, and prepared to utilize, remote technology, it can be initiated with little preparation or advanced notice.

In less urgent settings, we can still share our thoughts via email and even text messaging. One of the most adaptive platforms is Microsoft Teams, whereby team members can not only communicate in real-time, but work on documents collectively in an asynchronous manner. Patient cases, reflective essays, non-emergent consultation, and even grand rounds can be achieved virtually through Microsoft Teams.

If we make a conscious effort to preserve the values of interprofessional collaborative practice (especially in effective communications and teamwork) through technology that enables a virtual presence, we can ensure the team approach is intact for the benefit of our patients. To underscore this importance, one of the central competencies of communication competency in interprofessional collaborative practice is to "... choose effective communication tools and techniques, including information systems and communication technologies..."

IPE Highlights:

The Office of IPE/CE is located on the first floor of the Watson Building.

We provide the administrative and clerical support for Interprofessional Education and Continuing Education activities. IPE is also facilitated through the Yakima Valley Inter-professional Practice and Education Collaborative (YVIEPC) across four academic institutions and eight healthcare educational programs.

In This Issue

- Social Distancing & Inter-professional Collaboration
- COVID-19 Resources
- Concept Corner
- Contact Us



COVID-19 Resources

Greater Columbia Accountable Community of Health (GCACH)

WA State COVID-19 Cases and Deaths as of 3/18/20

https://gcach.org/apps/website_resources/record/44391d07601acb004cb5c40af8e3d3d5/covid19resourcesword.pdf

Washington DOH

2019 COVID-19 Resource page

<https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak202>

Update for Rural Partners, Stakeholders, and Communities on the Coronavirus Disease 2019 (COVID-19) Response

Date: Monday, March 23, 2020 Time: 1:00 p.m. ET

Presenter: Dr. Jay Butler (Deputy Director for Infectious Diseases)

Dr. Butler will share guidance with partners, public health practitioners, healthcare providers, and others working to protect the health of rural communities. He will describe what CDC knows at this point and what CDC is doing in response to this outbreak. We will also have time for questions and answers. Please email eoevent337@cdc.gov to submit questions in advance and indicate that questions are for the 3/23 call.

This event will be recorded. Questions not answered during it may be sent to ruralhealth@cdc.gov.

REGISTER HERE: https://zoom.us/webinar/register/WN_etqFB-z0Tjyp-WGI8jfw

Resources for Businesses Impacted by COVID-19

<https://workforcesw.org/covid-19-business-resources>

Coronavirus - This infographic might just save your life

<https://www.gq.co.za/culture/coronavirus-this-infographic-might-just-save-your-life-44580996>

A special COVID-19 message to Washington state businesses and workers from Governor Jay Inslee

<https://www.governor.wa.gov/news-media/special-covid-19-message-washington-state-businesses-and-workers-governor-jay-inslee>

During this time of physical distancing, all in-person activities and conferences will be postponed until further notice. However, all committees will still continue to meet via Zoom as previously scheduled.

If you have any questions please reach out to our team at IPE@pnwu.edu.

Concept Corner:

Information Asymmetry

One of the most prevalent pillars in the core competencies of interprofessional practice and education is effective communication. What if one person that is communicating with another has information that the other doesn't have? If that information is not communicated and shared, there remains a disparity of understanding between the two persons. When one person has beneficial knowledge that another person does not possess, information asymmetry exists.

Information asymmetry has its roots in contract theory and economics. When information asymmetry occurs, it creates an imbalance of power in transactions, which can sometimes cause the transactions to fail. This applies in healthcare communication as well. Retaining relevant information can lead to poor decision-making by the entire team. Interprofessional collaborative communications prevents information asymmetry. The entire premise of IPE relies upon shared power, open communication, and collaborative engagement. Failure in any one of these elements can lead to a collapse in the team approach and improper decision-making, possibly affecting patient care.

Possessing information unilaterally is not the only cause of information asymmetry. Relying on false information or unvetted sources in decision-making can similarly lead to information asymmetry in the sense that one person has invalid information, whereby another may have different, but valid, information. Another contributing factor in poor decision-making is bounded rationality – a subject that will be discussed in our next newsletter.

Our Team

Keith Monosky, PhD
Executive Director, IPE/CE/HRSA

Melissa Holm
Manager, IPE/CE/HRSA

Laurene Enns, MA
Research Analyst Assistant and Servant Leadership/IPE Coach, IPE/HRSA

Kathleen Carrillo
Program Assistant IPE/HRSA

Rachel Hagler
Administrative Assistant IPE/CE

Contact Us:

Email: IPE@PNWU.EDU