Interprofessional Practice & Education

NEWSLETTER

Office of IPE, CE, and the HRSA PCTE Grant Newsletter September 2020

Does Interprofessional Collaborative Practice Include Interracial Collaborative Practice?

When we use the term, "Interprofessional Collaborative Practice" (ICP), we are often referring to engaging with others from differing healthcare professions. But, what about practitioners of a different ethnicity or race that practice within or outside of our own professions? Should there be some degree of attention to racial differences among healthcare colleagues much like the core competencies that promote interprofessional engagement?

The immediate response that most have to these questions is: "Race doesn't play a role in interprofessional engagement." While that is our goal and our intention, we cannot ignore the distinctions that racial differences might imbue. Language matters and what we say and how we say it can be interpreted differently across different racial groups. Even the term "racial disparities" can denote differences of interpretation among various ethnicities. To further compound this distinction, gender, race, ethnicity, sexual orientation, religious affiliations, and educational attainment all can influence interpretation of statements as well.

Often, our word choices, messages, and intended content can be embedded with implicit biases. By definition, we may not even be aware of the implications these biases may have on our message recipients. We all need to give more attention to the subtle messages we are inadvertently sending and expose ourselves to training and education to help us in these regards – conscious awareness is not easy.

In summary, we should adopt the practices and principles of interprofessional collaborative practice in our engagement with others, not only across disciplines, but across races, gender, cultures, population groups, and similar demographic parameters. Look for more information and future sessions in the YVIPEC to address these issues.

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 Interprofessional Practice and Education Collaborative (YVIPEC) across four academic institutions and eight healthcare educational programs.

In This Issue

Upcoming Events

Success with Interprofessional Education - SWIPE 201

You are cordially invited to Success with Interprofessional Practice and Education (SWIPE) 201 Faculty & Preceptor Program hosted by the Faculty Development Committee of the Yakima Valley Interprofessional Practice and Education Collaborative (YVIPEC). You will be engaged with preceptors of different professions to enhance your ability to precept students in the clinical setting. Our interprofessional team of professionals will guide you through a series of activities that will enhance your capabilities to educate students to demonstrate ideal interprofessional skills and behaviors within the clinical environment.

Click here to register

Community Connections Series

Thank you for the work you do to improve the community's health here in Central Washington. At PNWU, we are working to improve our outreach and support to the provider community. This fall we will pilot a series of evening lectures. This first round will be a potpourri , and if all goes well future rounds will have a theme. We hope that these sessions will inform you with minimal burden – you can participate while eating dinner & earn CME!

Meet Our Team

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Concept Corner: Satisficing

Continuing our theme of informational asymmetry and bounded rationality, let's explore a foundational concept elemental to both: satisficing. Satisficing is a decision-making approach in which all available alternatives are carefully considered, and one alternative is chosen as the solution because it is deemed acceptable. It is not the ideal solution or plan of action, but it is the best that can be chosen given the circumstances. Most often, that limitation in choosing solutions is due to either bounded rationality or informational asymmetry or both (see previous IPE newsletters).

An example in healthcare might be: A patient is admitted to the hospital with signs and symptoms suggestive of a COVID-19 infection. The patient is currently stable but is at some risk due to mild COPD. The ICU beds are nearly full. Ideally, the patient could be admitted to the ICU for close monitoring and attendant care, but that would utilize resources that might be necessary for another, more seriously ill patient. The satisficing choice is to hold-off on that ICU admission in hopes that the patient doesn't get worse quickly, making the last bed available to another patient.

The word satisficing is a blend of "satisfy" and "suffice." It is a term introduced by Herbert A. Simon (a Nobel Prize winning economist, political scientist, and cognitive psychologist) in 1956 in his explanation as to why *rational choice theory* has its limitations in human behavior. Satisficing is related to "optimization" whereby all costs in a decision are weighed and the best (but, suboptimal) choice renders the least cost associated with it.

Often, in healthcare, we make satisficing choices since optimal choices can be too difficult or costly. This concept is apparent in resuscitation efforts. When one says, "There is no value to be placed on human life." Does that mean that resuscitation efforts should never end? This ethical dilemma resides at the core of bioethics and rational choice in healthcare – a subject beyond the scope of this segment.

In the next issue, we'll explore another, similar concept (again, borrowed from welfare economics, political science, management theory and/or cognitive theory) whereby choices are made to the greatest benefit of all involved. Again, not the ideal choice, but one that we may need to live with. As you can see, we can borrow concepts from other disciplines to inform our interprofessional collaborative practices in healthcare.

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