

# PHYSICIAN'S ROLE

## In Interprofessional Care Processes

### RAPID ROUNDS

#### Your role

Attend and provide patient status updates. Review anticipated date of discharge (ADOD).

#### Benefits described in literature

- ✓ Save time [4]
- ✓ Improve communication [5]
- ✓ Increase staff accountability [5]
- ✓ Improve patient outcomes [9]
- ✓ Decrease length of stay [5]
- ✓ Provide leadership with clinical examples related to systemic issues [4]

"A 5-minute direct conversation between the orthopedic surgeon, the postoperative pain specialist, the physical therapist, and the patient's bedside nurse might obviate the need for a day-long exchange of phone calls and messages." [4]



#### How these processes support you in teaching your residents and students

These 3 care processes fit well with the Medical Expert, Communicator, and Collaborator roles outlined in the CanMEDS. Helping students understand how the processes fit within the CanMEDS roles can help students connect what happens in practice with expectations for professional competence. It also underscores the value of implementing these processes.

#### How these processes are best implemented

A recent study in NEJM suggests team training may support implementation of new care processes. [10]

### BEDSIDE SHIFT REPORT

#### Your role

Support nurses as they undergo this process change.

#### Benefits described in literature

- ✓ Save time [2,3]
- ✓ Increase patient satisfaction [1,7]
- ✓ Increase staff satisfaction [1]
- ✓ Increase staff accountability [2]
- ✓ Improve patient safety and outcomes [3]

"Increased physician satisfaction" was reported as nurses were more informed about patient status. [1]

### PATIENT WHITEBOARDS

#### Your role

Check the whiteboards in patient rooms for any questions or notes from the patient or family. Update your name and your resident's name on the whiteboard. [6,8]

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4. Dutton, RP; Cooper, C; Jones, A; Leone, S; Kramer, ME & Scalea, TM (2003). Daily Multidisciplinary Rounds Shorten Length of Stay for Trauma Patients. *The Journal of TRAUMA Injury, Infection, and Critical Care*, 55(5):913-9
5. Geary, S & Cale, DD (2009). Daily RAPID Rounds: Decreasing length of stay and improving professional practice. *The Journal of Nursing Administration*, 39(6): 293-298
6. Gesensway, D (2010). Getting the most out of the humble whiteboard. *Today's Hospitalist*, 8(8). Retrieved from [http://www.todayshospitalist.com/index.php?b=articles\\_read&cnt=1035](http://www.todayshospitalist.com/index.php?b=articles_read&cnt=1035)
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9. Sen, A; Xiao, Y; Lee, S; Hu, S; Dutton, RP; Haan, J; O'Connor, J; Pollak, A; & Scalea, T (2009). Daily Multidisciplinary Discharge Rounds in a Trauma Center: A little time, well spent. *The Journal of TRAUMA Injury, Infection, and Critical Care*, 66(3), 880-887
10. Urbach, DR; Govindarajan, A; Saskin, R; Wilton, AS and Baxter, NN (2014) Introduction of surgical safety checklists in Ontario, Canada. *N Engl J Med* 370:1029-1038. DOI: 10.1056/NEJMsa1308261