

## **Planning interventions – When to do what and who should do it? What challenges might be anticipated?**

### **Introduction:**

Collaboration for interprofessional care encompasses six important competencies: team communication, person-centred care, conflict management, shared decision-making/leadership, team dynamics, and understanding roles and responsibilities. A team approach to patient care can optimize health and wellbeing – particularly in the complex frail elderly patient. Team members contribute different skill sets yet there can sometimes be role overlap. A well-functioning team should openly discuss role overlap and decide who will be doing what. Our case has focused so far on drug-related problems. Interventions have focussed primarily on medication changes. Yet, many providers can contribute to optimizing symptom management through nonpharmacological approaches. In this exercise, you will work with other interprofessional team members to plan an intervention timeline for medication changes and to identify nonpharmacological approaches and action plans for managing and monitoring symptoms that will contribute to resolving drug-related problems.

### **Instructions:**

Review Table 2 – Medication Care Plan. Write down the order in which medication changes can be made. Think about nonpharmacological approaches that can be used concurrently to manage each sign or symptom (thus potentially affecting medication use) and who can implement and monitor these approaches. Write these down as part of the intervention timeline. If a salient health care professional is not in your group, write down which profession with whom your team would like to consult.

### **Questions for group discussion:**

1. Who should take responsibility for each pharmacological and nonpharmacological action in the intervention timeline? Who else should be consulted?
2. Who should be involved in following individual monitoring parameters?
3. Where is there role overlap? How can this be managed to maximize the team's efficiency?
4. Imagine there is a conflict about implementing part of the plan. How could the team handle it? How could conflict have been avoided?
5. Imagine the patient does not agree to an aspect of the plan. How would the team manage the patient's priorities vs. their own?

### **Resources:**

1. Canadian Interprofessional Health Collaborative: <http://www.cihc.ca/>



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