

CLINICAL REASONING FOR INTER-PROFESSIONAL PREGNANCY CARE EVERYONE ON THE SAME PAGE!

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Introduction

Inter-professional collaboration is crucial to provide women with safe and effective team based pregnancy care. However, it can be challenging for all team members to develop shared mental models¹ and the required clinical reasoning and thinking steps. Hence, an inter-professional workshop at a maternity service in Melbourne, Australia was designed to facilitate development of these skills.

Methods

The Workshop

The workshop comprised a one hour, face to face, interactive session using typical case studies. A common framework and set of thinking steps necessary for formulating a pregnancy care plan (PCP) was presented. Learners were invited to complete an evaluation at the conclusion of the workshop comprised of three Likert style and two free text questions.

Thinking steps

Four thinking steps were developed to “make thinking visible”.

1. Issue identification

- What medical, psychological and social issues are relevant to this woman’s pregnancy and birth?

2. Issue management

- How will we manage each issue, integrating clinical guidelines and the woman’s preferences?

3. Evaluation of care type

- Does this woman require low, medium or high-risk care?

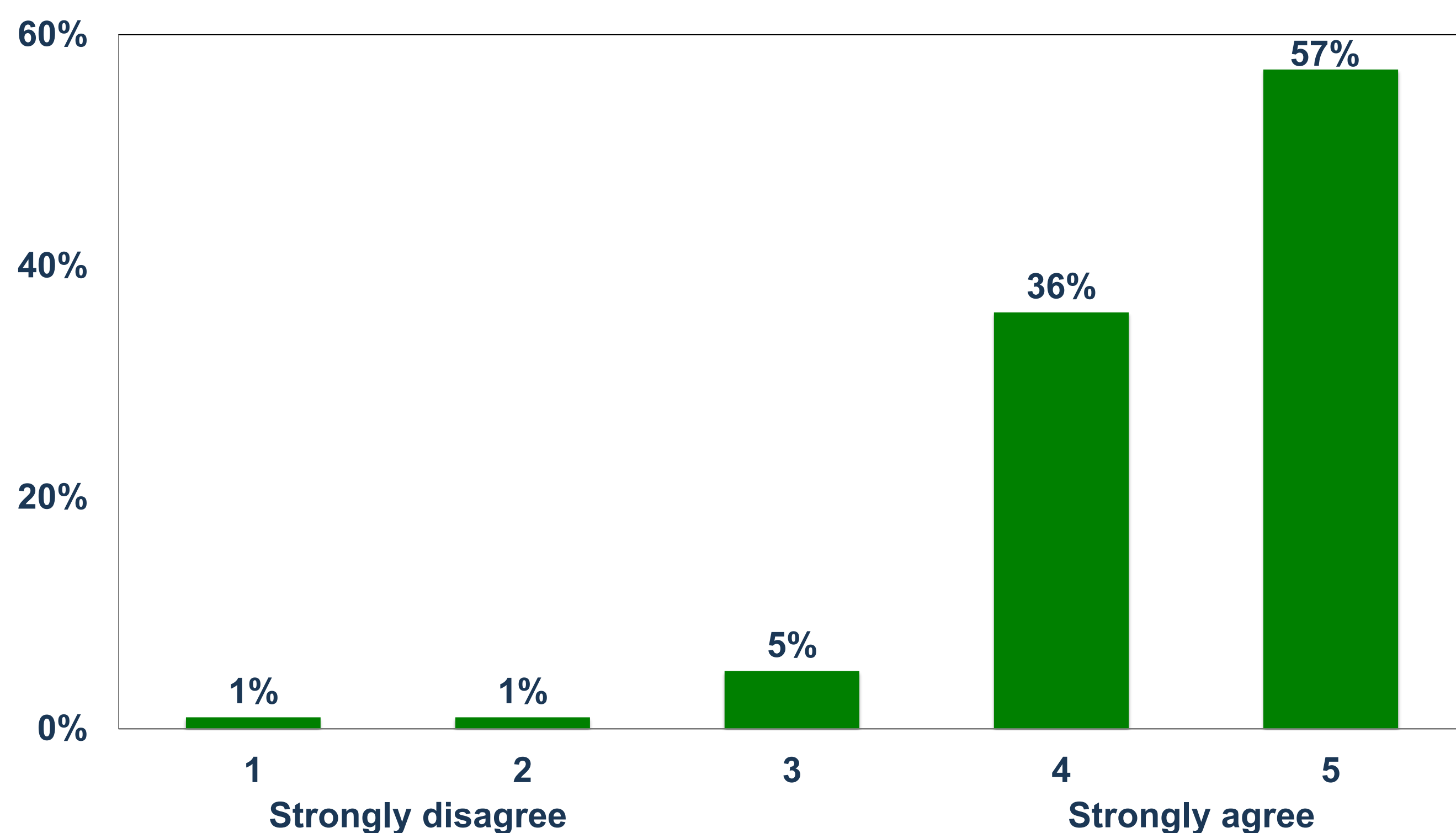
4. Communication / documentation

- Clearly and concisely communicate with the woman.
- Document the issues, management plan and care type.

Results

193 medical and midwifery learners attended a workshop and completed an evaluation.

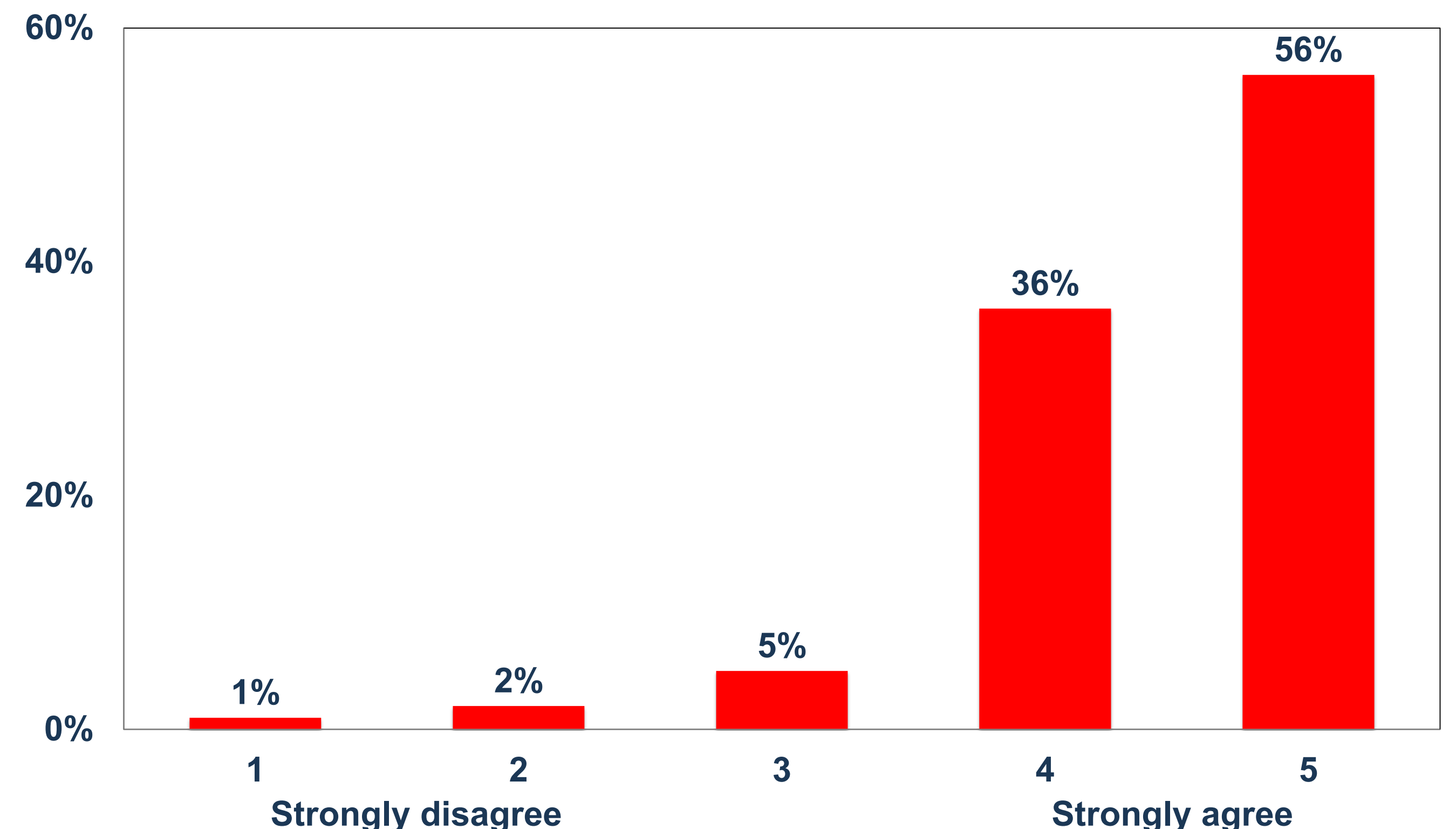
I better recognise the need to develop a PCP



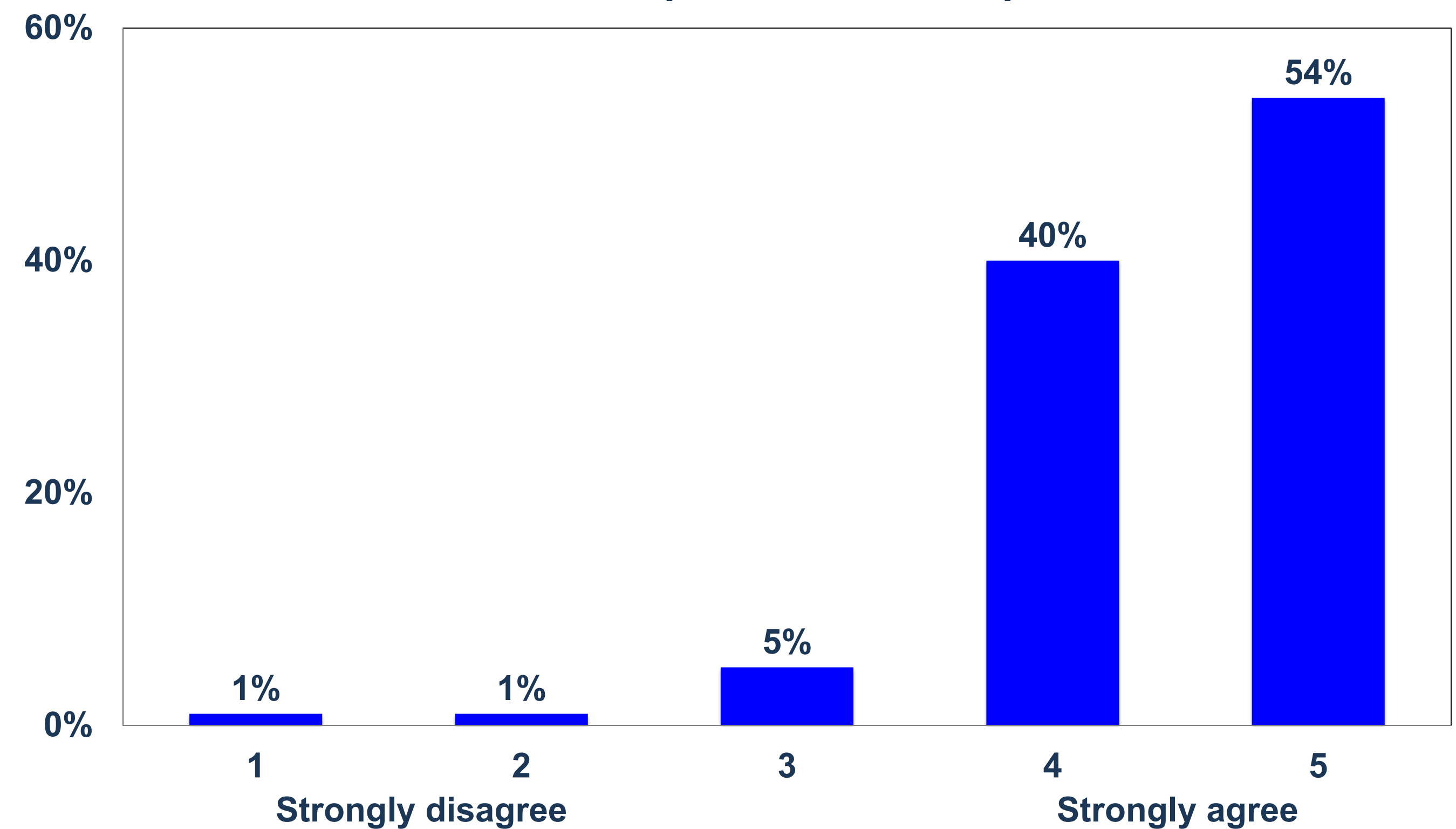
References

1. Floren LC, Donesky D, Whitaker E, Irby DM, ten Cate O, O'Brien B. Are We on the Same Page? Shared Mental Models to Support Clinical Teamwork Among Health Professions Learners: A Scoping Review. *Academic Medicine* 2018. 93(3):498-509. doi: 10.1097/ACM.0000000000002019.
2. Gherardi S. Community of practice or practices of a community. In: Armstrong SJ, Fukami CV, editors. *The Sage handbook of management, learning, education and development*. London: Sage Publishing; 2009 p.514-530.

I have acquired thinking skills to develop a PCP



The case studies helped me to develop a PCP



Learners liked:

- Structure provided by the thinking steps
- Realistic case studies
- Relevance to their work
- Opportunity to ask questions
- Interactive approach and discussion
- Topic teaching as required to construct a management plan
- Presenters style – simple, concise and clear.

Areas for improvement included:

- Opportunity to complete more case studies
- Sometimes suboptimal audiovisual equipment / filming.

Discussion

Although pregnancy care is provided by an inter-professional team, there is often a presumption that inter-professional collaboration will automatically occur. This workshop suggests deliberate practice enables learners to apply their own clinical reasoning to pregnancy care and also consider that of their colleagues. The workshop made visible the ‘practices’² of a community, with discussions at inter-professional meetings providing ongoing feedback to staff.

Conclusion

Overall, clinicians were very positive about the workshop and value explicit education on clinical reasoning. This assists them to provide pregnancy care to women and ensures all members of the inter-professional team are on the same page!