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Trio model of Multidisciplinary team, Professional development and Regular staff training of Healthcare professionals skills: Improving Patient quality

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ABSTRACT

In the Developed nation with advance technology, the health care industry reaching drastic and rapid development. The health care management system with upgrade technology, software introduction in every department, reduces paper work become effective policy now days. The trio model of Multidisciplinary team, Professional development and Regular staff training of Healthcare professionals skills have emerged right pathway and create emphasis on patient quality and care services in healthcare sector. In the past by only doctors and nurses plays a major role in patient care, but now days the staff working along with doctors, nurses, Trained medical officers, admin staff, insurance services , IP, OPD, purchase/store manager, pharmacy staff have very crucial role in patient care. If there is deficiency like, poor management, poor communication, lack of training will create adverse impact on patient outcome in any form might be in poor diagnosis or wrong treatment also. Ultimately patient has dissatisfaction, poor quality care and poor function and clinical outcome.

Keyword: *Health Care Management, Technology, Holistic Health, Team management, Hospital Admission, Training Programs, Professional Development*

1. INTRODUCTION

In healthcare sector - Health is described as *Holistic* medicine/Holistic Health is a form of healing that considers the whole person -- body, mind, spirit, and emotions -- in the quest for optimal *health* and wellness. There's a requirement of experienced and well-trained staff in the healthcare environment in many regions around the globe. To counter this trend, there's a need to raise awareness that education doesn't come to an end once people are in the middle of their professional career. Because the healthcare industry is continuously evolving, technologies considered best practice today can change drastically in just the span of a decade. That's why care providers have to regularly keep up with new techniques and technologies and expand their knowledge and skills – which means continuous education is not a nice-to-have but an absolute necessity for any healthcare professional who wants to provide high-quality patient care (4)

Trio model of Multidisciplinary team, Professional development and Regular staff training of Healthcare professionals skills should become part of Human resource activity programs. These above mentioned skill can be delivering in form of different programme and training. To plan training programs for different learning style, Personalize information so it is specific to your hospital or health system, Ensure training reflects changing skills, Consider employee demands beyond training, evaluate the effectiveness of training programs (Becker's hospital review)

Now days we can establish separate training and education department and include all these activities as career prospect of health care staff. Different index, Measurement and review scale can be developed on basis of generalized and specialized job duties and job profiles. In general training criteria can be categorized into soft skill training, self-development, professional development, Grooming, effective communication and training given regarding medical terminologies , patient care , and quality of health care workers. Specialized training and CME should be elected every week with all program details. Workshop, conference, practical training, innovative research technique, evidence based practice, literature review, Article discussion should include in curriculum and development program of staff followed by evaluation and appraisal policy.

Nursing is a critical factor in determining the quality of care in hospitals and the nature of patient outcomes, Nurse staffing is a crucial health policy issue on which

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there is a great deal of consensus on an abstract level (that nurses are an important component of the health care delivery system and that nurse staffing has impacts on safety), much less agreement on exactly what research data have and have not established, and active disagreement about the appropriate policy directions to protect public safety (1)

2. DISCUSSION

In the first stage, there were five major themes including unsuccessful mandatory education, empowering education, organizational challenges of education, poor educational management, and educational-occupational resiliency. Empowering education was the core variable derived from the research, based on which a grounded theory was proposed. The new empowering education model was composed of self-directed learning and practical learning. There are several strategies to achieve empowering education, including the fostering of searching skills, clinical performance monitoring, motivational factors, participation in the design and implementation, and problem-solving approach (3)

The advantages of investing into continuous education are obvious: highly skilled staff, high staff retention, magnificent reputation, optimized financial performance, better patient outcomes, less medical malpractice lawsuits. The disadvantages are equally obvious: By not investing into their personnel, medical institutions risk losing their experts to other employers. And losing out on valuable knowledge gains can lead to inefficient system usage, frustrated users, and dissatisfied patients – and consequently to higher costs, wasted time, and image loss. So this raises the question: Why isn't every medical institution integrating continuous education into their everyday quality landscape? Maybe because continuous education is still mentally linked with employees being away, course fees, travelling and accommodation costs, and more (4)

Diverse aspects of quality and performance in healthcare are rooted in differing organizational logics. Staff values and personal and professional standards are an essential element in understanding how quality is co-produced in everyday service interactions. Tensions can exist between patient centered, relational care and the pressures of efficiency and rationalisation (5)

There are divergent logics and tensions within different aspects of quality, where patient-centeredness requires specific attention to individual needs, and efficiency which can be supported by rationalization and mass production. These different logics can be experienced as dilemmas in clinicians' everyday practices. Whilst quality systems often operate according to that which is measureable, the difficulty of this approach is that the intangible, relational and tacit elements of care become less visible within health systems (5)

3. DEFINING QUALITY IMPROVEMENT

- Quality improvement aims to make a difference to patients by improving safety, effectiveness, and experience of care by:
- Using understanding of our complex healthcare environment
- Applying a systematic approach
- Designing, testing, and implementing changes using real time measurement for improvement

Engaging in quality improvement enables clinicians to acquire, assimilate, and apply important professional capabilities such as managing complexity and training in human factors. For clinical trainees, it is a chance to improve care develops leadership, presentation, and time management skills to help their career development and build relationships with colleagues in organizations that they have recently joined. For more experienced clinicians, it is an opportunity to address longstanding concerns about the way in which care processes and systems are delivered, and to strengthen their leadership for improvement skills (6)

4. WHAT SKILLS DO YOU NEED?

Team management quality along with Enthusiasm, optimism, curiosity, and perseverance are critical in getting started and then in helping you to deal with the challenges you will inevitably face on your improvement journey in the form of different training.

Relational skills are also vital. At its best quality improvement is a team activity work. The ability to collaborate with different people, including patients, is vital for a project to be successful. You need to be willing to reach out to groups of people that you may not have worked with before, and to value their ideas. No one person has the skills or knowledge to come up with the solution to a problem on their own. Along with patients, their relative's values are also crucial which can be measure through effective feedback system.

Learning how systems work and how to manage complexity under one roof is another core skill. An ability to translate quality improvement approaches and

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methods into practice, coupled with good project and time management skills, will help you design and implement a robust project plan (6).

Quality improvement is an umbrella term under which many approaches sit, clinical audit being one. Clinical audit and feedback review from patient's family is commonly used by trainees to assess clinical effectiveness. Confusion of audit as both a term for assurance and improvement has perhaps limited its potential, with many audits ending at the data collection stage and failing to lead to improvement interventions. Learning from big datasets such as the National Clinical Audits in the UK is beginning to shift the focus to a quality improvement approach that focuses on identifying and understanding unwanted variation in the local context; developing and testing possible solutions, and moving from one-off change to multiple cycles of change(6)

To highlight and advance clinical effectiveness and evidence-based practice (EBP) agendas, the Institute of Medicine set a goal that by 2020, 90% of clinical decisions will be supported by accurate, timely and up-to-date clinical information and will reflect the best available evidence to achieve the best patient outcomes. To ensure that future healthcare users can be assured of receiving such care, healthcare professions must effectively incorporate the necessary knowledge, skills and attitudes required for EBP into education programs.(7)

Adoption of effective strategies and practical methods to realize successful student learning and understanding was emphasized. Of particular note was the grounding of teaching strategy and associated methods from a clinically relevant perspective with student exposure to EBP facilitated in a dynamic and interesting manner. The use of patient examples and clinical scenarios was repeatedly expressed as one of the most effective instructional practices (7)

Measuring quality of care is a powerful mechanism to drive health system continuous performance improvement. The availability of reliable quality information empowers patients to make informed decisions about where to seek health care, and supports health care providers to provide better health care. Recently, measuring quality of care in hospitals has become a main policy priority in many countries. (9)

Despite nationwide efforts to develop and implement the quality indicators, at present there is no study available about the extent of application and perspective of hospital staff on such measures. This study therefore aimed to assess the perspectives of hospital frontline staff on the seven themes in regards to the selected 27 obligatory and voluntary quality indicators. The indicators are categorized in organizational, clinical process and outcome groups. The outcome indicators included clinical effectiveness, patient safety and patient centeredness issues. The themes that were assessed in this study, included: use, importance, scientific soundness, availability of data, feasibility of data collection, cost benefit aspects and availability of professional personnel for measurement of quality indicators.(9)

The results indicate a gap between theory and practice in the utilization of quality indicators by hospital frontline staff

In today's health care system, delivery processes involve numerous interfaces and patient handoffs among multiple health care practitioners with varying levels of educational and occupational training. During the course of a 4-day hospital stay, a patient may interact with 50 different employees, including physicians, nurses, technicians, and others. Effective clinical practice thus involves many instances where critical information must be accurately communicated. Team collaboration is essential. When health care professionals are not communicating effectively, patient safety is at risk for several reasons: lack of critical information, misinterpretation of information, unclear orders over the telephone, and overlooked changes in status (6, 7, 8)

Lack of communication creates situations where medical errors can occur. These errors have the potential to cause severe injury or unexpected patient death. Medical errors, especially those caused by a failure to communicate, are a pervasive problem in today's health care organizations.10.

Traditional medical education emphasizes the importance of error-free practice, utilizing intense peer pressure to achieve perfection during both diagnosis and treatment. Errors are therefore perceived normatively as an expression of failure. This atmosphere creates an environment that precludes the fair, open discussion of mistakes required if organizational learning is to take place. In the early 1990s, Donald Berwick wrote about patients needing an open communication system instead of experiencing adverse events stemming from communication failures. More than a decade later, this concept still has profound implications on our method of health care delivery. As such, this chapter will review the literature on the important role of communication and

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team collaboration in helping to reduce medical errors and increase patient safety. (6, 7, 8)

Webster's Dictionary defines communication as "the imparting or interchange of thoughts, opinions, or information by speech, writing, or signs." It is important to consider that communication is not just verbal in form. One study states that 93 percent of communication is more affected by body language, attitude, and tone, leaving only 7 percent of the meaning and intent based on the actual words said. Whereas the spoken words contain the crucial content, their meaning can be influenced by the style of delivery, which includes the way speakers stand, speak, and look at a person. However, critical information is often transmitted via handwritten notes, e-mails, or text messages, which can lead to serious consequences if there is miscommunication (6, 7, and 8)

Collaboration in health care is defined as health care professionals assuming complementary roles and cooperatively working together, sharing responsibility for problem-solving and making decisions to formulate and carry out plans for patient care. Collaboration between physicians, nurses, and other health care professionals increases team members' awareness of each other's' type of knowledge and skills, leading to continued improvement in decision making (6, 7, 8)

Effective teams are characterized by trust, respect, and collaboration. Deming is one of the greatest proponents of teamwork. Teamwork, he believes, is endemic to a system in which all employees are working for the good of a goal, who have a common aim, and who work together to achieve that aim. When considering a teamwork model in health care, an interdisciplinary approach should be applied. Unlike a multidisciplinary approach, in which each team member is responsible only for the activities related to his or her own discipline and formulates separate goals for the patient, an interdisciplinary approach coalesces a joint effort on behalf of the patient with a common goal from all disciplines involved in the care plan. The pooling of specialized services leads to integrated interventions. The plan of care takes into accounts the multiple assessments and treatment regimens, and it packages these services to create an individualized care program that best addresses the needs of the patient. The patient finds that communication is easier with the cohesive team, rather than with numerous professionals who do not know what others are doing to manage the patient. (6, 7, 8)

It is important to point out that fostering a team collaboration environment may have hurdles to overcome: additional time; perceived loss of autonomy; lack of confidence or trust in decisions of others; clashing perceptions; territorialism; and lack of awareness of one provider of the education, knowledge, and skills held by colleagues from other disciplines and professions. However, most of these hurdles can be overcome with an open attitude and feelings of mutual respect and trust. A study determined that improved teamwork and communication are described by health care workers as among the most important factors in improving clinical effectiveness and job satisfaction.10.

Extensive review of the literature shows that communication, collaboration, and teamwork do not always occur in clinical settings. For example, a study by Sutcliff, Lewton, and Rosenthal reveals that social, relational, and organizational structures contribute to communication failures that have been implicated as a large contributor to adverse clinical events and outcomes. Another study shows that the priorities of patient care differed between members of the health care team, and that verbal communication between team members was inconsistent. (6, 7, 8)

Although poor communication can lead to tragic consequences, a review of the literature also shows that effective communication can lead to the following positive outcomes: improved information flow, more effective interventions, improved safety, enhanced employee morale, increased patient and family satisfaction, and decreased lengths of stay.

In health care environments characterized by a hierarchical culture, physicians are at the top of that hierarchy. Consequently, they may feel that the environment is collaborative and that communication is open while nurses and other direct care staff perceive communication problems. Hierarchy differences can come into play and diminish the collaborative interactions necessary to ensure that the proper treatments are delivered appropriately. When hierarchy differences exist, people on the lower end of the hierarchy tend to be uncomfortable speaking up about problems or concerns. Intimidating behaviour by individuals at the top of a hierarchy can hinder

Other evidence shows that more than one-fifth of patients hospitalized in the United States reported hospital system problems, including staff providing

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conflicting information and staff not knowing which physician is in charge of their care. (6, 7, 8)

Unfortunately, many health care workers are used to poor communication and teamwork, as a result of a culture of low expectations

That has developed in many health care settings. This culture, in which health care workers have come to expect faulty and incomplete exchange of information, leads to errors because even conscientious professionals tend to ignore potential red flags and clinical discrepancies. They view these warning signals as indicators of routine repetitions of poor communication rather than unusual, worrisome indicators. (6, 7, 8)

The evidence suggests the use of multiple techniques that allow for interaction and enable learners to process and apply information. Case-based learning, clinical simulations, practice and feedback are identified as effective educational techniques. Didactic techniques that involve passive instruction, such as reading or lecture, have been found to have little or no impact on learning outcomes. Repetitive interventions, rather than single interventions, were shown to be superior for learning outcomes. Settings similar to the workplace improved skill acquisition and performance. Computer-based learning can be equally or more effective than live instruction and more cost efficient if effective techniques are used. Effective techniques can lead to improvements in knowledge and skill outcomes and clinical practice behaviours, but there is less evidence directly linking CPE to improved clinical outcomes. Very limited quality data are available from low- to middle-income countries. (9)

5. QUALITY CARE OF PATIENT

To hear about word Hospital admission, hospital can be very stressful for any one, as very human being is more concerned about life. Now a day Patients have more choices in healthcare field. Whether it is blood collection centres, Diagnostic services, and Multi or superspeciality hospitals or Tele medicines approaches. So whenever patients are taking treatment or using any services should be reliable and understandable information about the highest level of care and Patient satisfaction.

The evolution in health care and a global demand for quality patient care necessitate a parallel health care professional development with a great focus on patient centred teamwork approach and quality. (10)

Therefore, a number of designated health professional bodies worldwide have come out with recent statements to define teams and their roles and the characteristics of a successful team. The complexity of modern health care, which is evolving rapidly acts as a driving force behind the transition of health care practitioners' from being soloists to members of teams who share a common aim. Today, as both clinicians and patients integrate new technologies into their management process, the overall rapidity of change in health care systems will continue to accelerate.

Practical training and Continuous training of Medical subjects, special training for technician, field training, professional approach of team work, grooming, leadership, and evidence based medicine etc.

6. TYPES OF TRAINING

Training in quality improvement is available for medical, nursing, paraprofessional students and for every staff working in hospital in many parts of the world. Continuing professional development (CPD) courses and training are also available, including short workshops, on-the-job training and training related to specific projects and Internships.

Courses about improving a specific condition or pathway were included if they incorporated material about improvement techniques that could also be widely applied to other topics

The training approaches most commonly researched include:–university courses about formal quality improvement approaches –teaching quality improvement as one component of other modules or interspersed throughout a curriculum–using practical projects to develop skills –online modules, distance learning and printed resources–professional development workshops –simulations and role play–collaborative and on-the-job training.

Continuing professional development training and continuous Medical education about quality improvement appears to be growing at a faster rate than university education. Ongoing education includes workshops, online courses, collaborative and ad hoc training set up to support specific improvement projects. There is a growing trend for training which supports participants to put what they have learned into practice or to learn key skills 'on the job'

There is some evidence that training students and health professionals in quality improvement may improve

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knowledge, skills and attitudes. Care processes may also be improved in some instances. However, the impact on patient health outcomes, resource use and the overall quality of care remains uncertain.

Most evaluations of training focus on perceived changes in knowledge rather than delving deeper into the longer-term outcomes for professionals and patients. Programs which incorporate practical exercises and work-based activities are increasing in popularity, and evaluations of these approaches are more likely to find positive changes in care processes and patient outcomes. There is not a body of evidence assessing whether training professionals is any more or less effective for improving the quality of healthcare than other initiatives.

'Audit and feedback methods can be effective in improving professional practice.

A challenge with this approach is that often audit and feedback is undertaken without providing any formal up skilling in quality improvement techniques. Rating clinicians on a scale or providing graphs showing how they compare with others may raise awareness of the potential for quality improvement but does not train clinicians in how to address any gaps.

Quality improvement training for healthcare professionals Factors that affected the success of curricula included having sufficient numbers of teachers familiar with quality improvement concepts, addressing competing educational demands and ensuring buy-in and enthusiasm from learners.

7. FEATURES OF EFFECTIVE TRAINING

Needs

Assessment Include data showing a gap between current and best practice Include data showing how practices or teams have improved Identify evidence-based sources for programme content

Content

Describe key learning from implementing known best practice

Discuss data before and after successful implementation Include as an objective 'by the end of course, participants will be able to summarize evidence on...' Allow time for questions about the pros and cons of evidence

Application

Describe how evidence relates to participants' work environment

Ask participants how they will apply the evidence to their work environment

Practical examples and projects as part of the training process are important not only due to the benefits for learners, but also because the projects undertaken can have a real benefit for health systems, organizations and service users.

It is important not to assume without question that training in quality improvement is the best or only method for helping professionals improve the quality of healthcare. There is mixed evidence about the effect of training on outcomes.–Training in quality improvement may increase the knowledge and confidence of health professionals, but didactic sessions alone are unlikely to improve care processes or patient outcomes.–Learning methods that encourage active participation may be more effective than classroom-based learning alone. –Online courses and other distance learning approaches may be useful and popular, especially when 'blended learning' approaches are used which also incorporate face-to-face tuition.–Mentorship, supervision and audit and feedback cycles may be useful as components of training, but used alone are unlikely to produce sustained changes in quality improvement skills or behaviour. There is no evidence about whether it is more effective to train students versus qualified health professionals in quality improvement. Training both students and professionals is likely to have a place.

6. CONCLUSION

In any health care sector whether govt. hospital, private clinic, multispecialty or superspeciality hospital, implementation of trio model of Multidisciplinary team, Professional development and Regular staff training of Healthcare professionals skills is done in every aspects. The moment patient enter s in the hospital or clinic i.e. from Registration process, OPD/IPD appointment time, doctor consolation , diagnostic procedure, treatment part, pharmacy management, guidance of insurance, patient education , pre-operative, post-operative procedures, Day care services, Rehabilitation services, superspeciality services, MLC information etc. the chain of information from one department to another or channelization working system should be provided by trained health care staff and by efficient and

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Multidisciplinary team of doctors. The impact of trained staff, skilled employees, and efficient healthcare workers with umbrella of professional development can serve highest level of patient care in form of quality and standards.

The technology growth offers great advantage to quality system of patient care, increase efficiency, quality work which is beneficial to all health care workers. Cloud based services with internet access, electronic software work with medical and administrative knowledge become path for skilled and competent health care employees.

So Trio model of Multidisciplinary team, Professional development and Regular staff training of Healthcare professionals skills should be work together effectively if it introduced and maintain throughout the journey of patient along with communication health care working professionals to achieve the quality output in health care sector.!!!

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