Leading Interprofessional Collaboration

HEALTH SCIENCES

Building capacity and capability and operationalising IPE

Day 1

Charles Sturt University

Curtin University

Funded by the Australian Government Office for Learning and Teaching

Our goal is to…

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Develop leaders in interprofessional education who have the knowledge, skills, attitudes and values to teach both learners and fellow colleagues the art and science of working collaboratively for better health care.

UNIVERSITY OF TORONTO
Centre for INTERPROFESSIONAL EDUCATION

Charles Sturt University

Curtin University

Funded by the Australian Government Office of Learning and Teaching

Outcomes of the program

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- Understand interprofessional education (IPE) & interprofessional practice & the drivers for change
- Understand approaches to IPE that build on existing clinical learning opportunities
- Apply change leadership strategies to embed IPE in clinical settings
- Develop an action plan to facilitate/support IPE for students and colleagues in your setting

Program agenda Day 1

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- Evidence of interprofessional practice & interprofessional education
- Interprofessional practice capabilities:
- Opportunities in your clinical/education settings
- Interprofessional education facilitation
- Assessment & evaluation

Program agenda Day 2

- Readiness for interprofessional education/practice
- Change leadership theories
- Action plan
- Sustainability & next steps

Participants

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‘Getting to know you’ exercise

- What are your hopes for participating in this 2 day course?

- Establish **one common hope** you share across the table

Advancing interprofessional education and practice

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US Institute of Medicine (2001)

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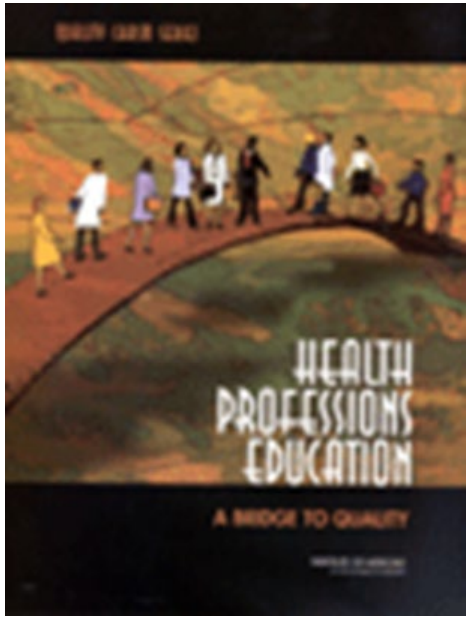
"All health professionals should be educated to deliver patient-centred care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, patient safety and informatics"



Royal Commission Canada (2002)

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"If health care providers are expected to work together and share expertise in a team environment, it makes sense that their education and training should prepare them for this type of working arrangement."

The cartoon "CIHC Campus: How can they work together if they don't learn together?" (CIHC, 2008)

WHO Reports

World Health Organization

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1988

Learning Together to Work Together

2006

Working Together for Health

2010

Framework for Action on Interprofessional Education & Collaborative Practice

Framework for action on interprofessional education and collaborative practice

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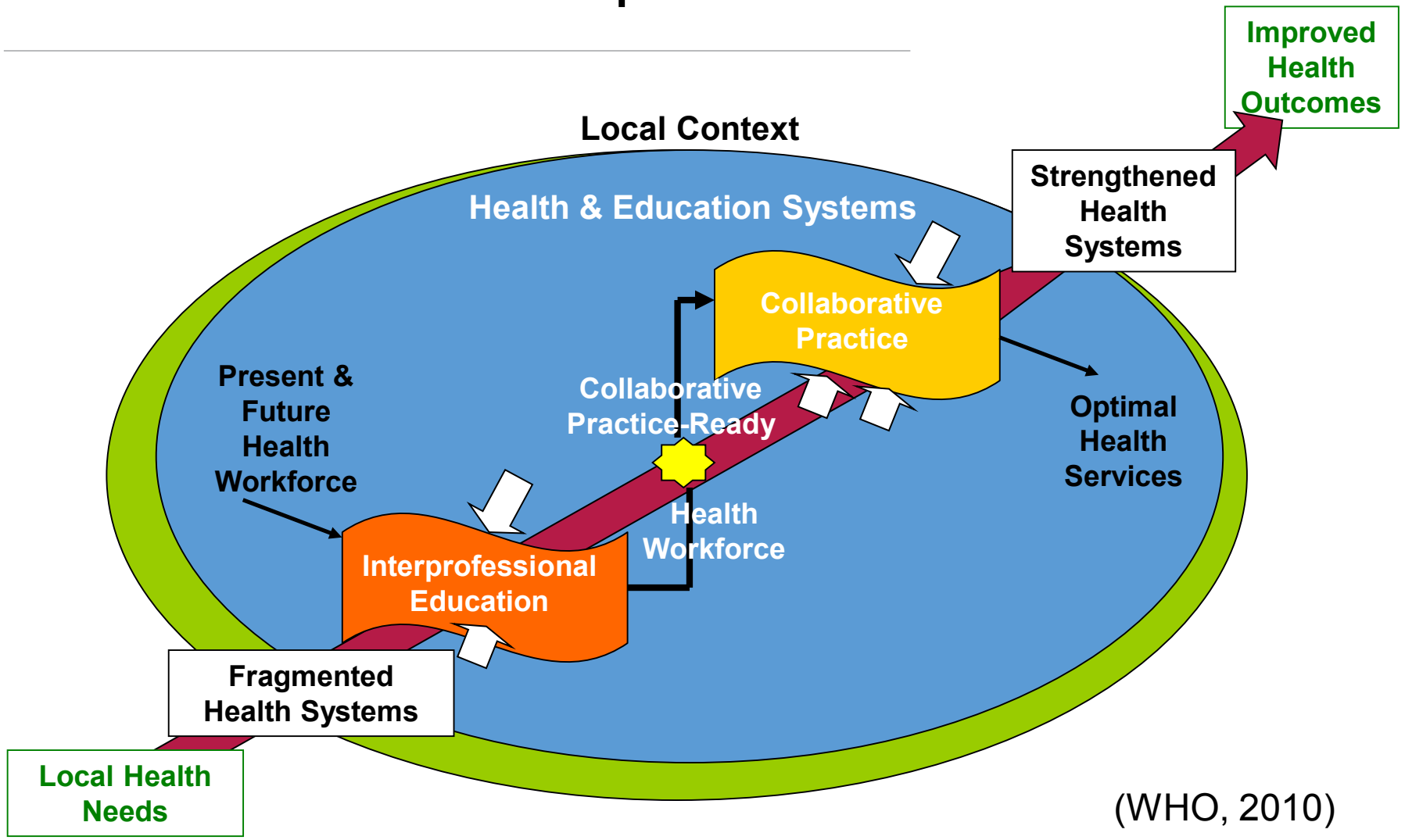

(WHO, 2010)

Interprofessional education (IPE)

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"…occurs when two or more professions learn about,

from and with each other to enable effective

collaboration and improve health outcomes..."

(WHO, 2010)

Interprofessional practice (IPP)

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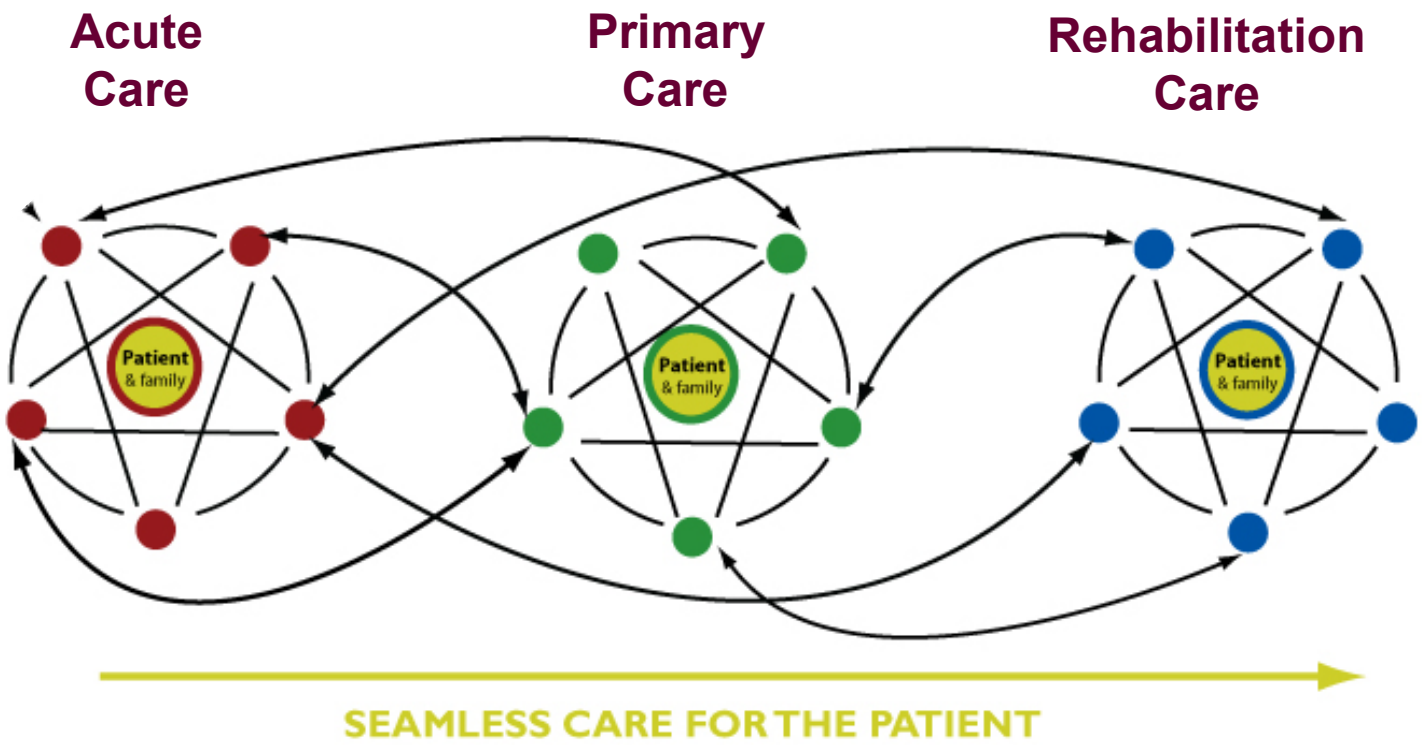
"…partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision making around health and social issues…"

(WHO, 2010)

…across all settings…

GOAL:
Regular and frequent dialogue between all health caregivers, within and between settings as necessary.

All health caregivers see themselves as part of the patient's care team.



Practice spectrum

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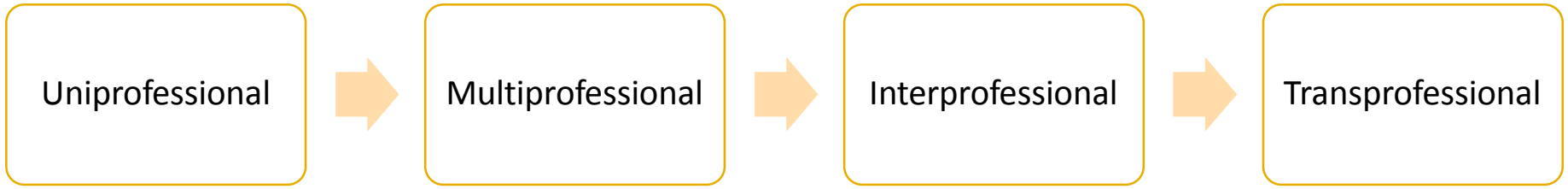

How do multiprofessional, interprofessional and transprofessional practice differ from each other?

Education spectrum

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How do multiprofessional and interprofessional education differ from each other?

Why now?

Global Health Education Commission

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‘Health systems worldwide are struggling to keep up, as they become more complex and costly, placing additional demands on health workers. Professional education has not kept pace with these challenges … need to promote interprofessional education that breaks down professional silos while enhancing collaborative and non-hierarchical relationships in effective teams’

(Frenck et al., 2010 p.1923-1924)

Why interprofessional education & practice?

- Rise in complex & chronic conditions (e.g. 1 in 5 Australian adults)
- Escalating cost of health care
- Health workforce shortages (4.3 million world-wide WHO, 2010)
- Demand for quality – educated community; 2012 study only 57% care in Australia aligned with evidence or accepted practice
- Equity/access issues – remote rural, mental health, disabilities
- Adverse outcomes e.g. medical errors

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Collective Competence

Lorelei Lingard

- Canadian academic
- Researchers health care teams & medical education
- Over 11,898 citations
- TED Talk

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Evidence for interprofessional education

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- Creates positive interactions which lead to trust & respect for other professions
- Increased understanding of others role, skills & responsibilities, overlap in knowledge & skills
- Altered stereotypical views & negative attitudes
- Enhanced team working skills
- Better sense of how interprofessional collaboration & communication skills grow & develop
- Increased confidence in sharing expertise in an interprofessional team
- Attractive to employers…

(Brewer & Barr, 2016; Cooper et al., 2001; Reeves et al., 2008)

Evidence for interprofessional practice

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- Greater continuity of care (less fragmented services)
- Better access to services & shorter waiting times
- Collaborative decision-making with patients and family
- Better patient outcomes, safety and satisfaction
- More appropriate referrals
- Improved safety and quality in health care delivery
- Increased level of critical thinking among health professions
- Higher levels of well-being amongst staff, greater retention
- Better communication
- Reduction in duplicity of service, procedures and assessment
- Reduced hospital admissions

(WHO, 2010)

Ontario Bill 179

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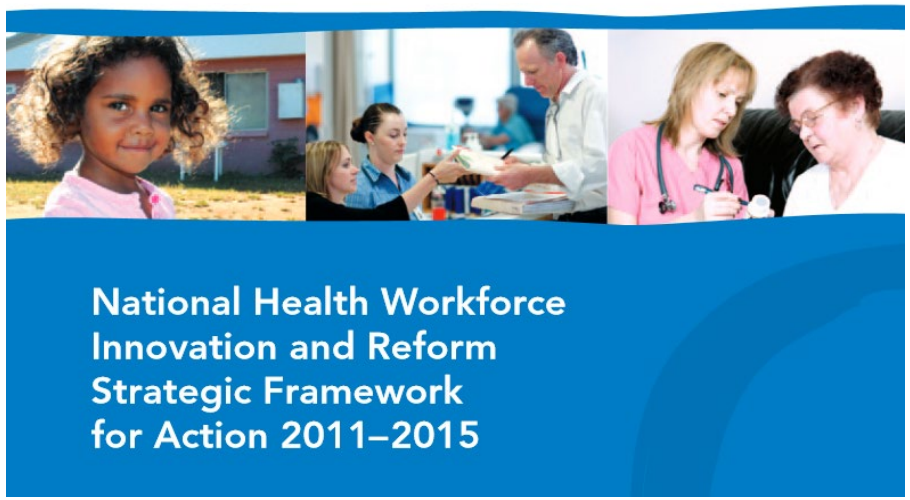
Vision - increase **patient access**, improve **chronic disease management** & improve **public safety**

- better utilising health care professionals
- reduce barriers to their practice
- strengthen health professional regulation

Health professions must **collaborate & consult** with others re performance of controlled common acts common to **enhance interprofessional collaboration**, while respecting the unique character of individual health professions & their members.

HealthWorkforce AUSTRALIA



National Chronic Disease Strategy

"Integrated care means that health services work collaboratively with each other, and with patients and their families and carers, to provide person centred optimal care"

The report *National Chronic Disease Strategy* (NHPAC, 2006)

Where is IPE at?

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- Global movement
- Every university in Canada
- Many universities in USA & national centre (Nexus)
- 2/3 universities in UK (Barr, Helme & D'Avray, 2014)
- 70 examples of IPE across Australian universities (The Interprofessional Curriculum Renewal Consortium, Australia, 2013)
- National centre in New Zealand

Global networks

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American Interprofessional Health Collaborative

Canadian Interprofessional Health Collaborative

Australasian Interprofessional Practice and Education Network

Centre For The Advancement of Interprofessional Education (UK)

Nordic Interprofessional Network

The Network Toward Unity for Health

Japanese Association for Interprofessional Education

European Interprofessional Education Network in Health & Social Care

African Interprofessional Education Network

Where is IPE/IPP at locally?

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IPE @ Curtin University

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The photo “Bentley Campus Aerial Photography” (Curtin University Image Library, n.d.)

Curtin's interprofessional education curriculum

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Interprofessional Capability Framework		Vision	
		To provide high-quality interprofessional education experiences that ensure Curtin's health science graduates have the collaborative practice capabilities to deliver safe, effective health services	
Authenticity	**Level**	**Learning Experiences**	**Complexity**
High	Entry	Practice Based Program - fieldwork placements & case-based workshops	High
Medium	Intermediate	Interprofessional focus in profession-specific units and simulations	Medium
Low	Novice	Interprofessional First Year	Low

(The Interprofessional Curriculum Renewal Consortium, 2013)

Curtin's interprofessional first year

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Semester 1	Credits	Semester 2	Credits
Foundations for Professional Health Practice	25	Health and Health Behaviour	25
Human Structure and Function	25	Evidence Informed Health Practice	12.5
		Indigenous Culture and Health	12.5
Option unit: Bioscience/Science/Behavioural Science	25	Option Unit: Bioscience/Science/Behavioural Science	25
Discipline Unit	25	Discipline Unit	25
Total	**100**	**Total**	**100**

(The Interprofessional Curriculum Renewal Consortium, 2013)

Curtin's interprofessional education case-based workshops

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Case Scenario	Professions
Stroke & Depression	Nursing Physiotherapy Occupational Therapy, Social Work Psychology Pharmacy Dietetics Speech Pathology Health Information Management Medical Imaging Laboratory Medicine
Dementia	
Dementia – End of Life	
Dementia – Cultural & Linguistic Challenges	
Working in Partnership with Indigenous Australians to Achieve Better Health Outcomes	

(The Interprofessional Curriculum Renewal Consortium, 2013)

Interprofessional placement programme

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Student Training Ward

- 6 bed (+2) general medical ward
- Final year – medicine, nursing, allied health
- 2 weeks
- Monday to Friday (0700 – 1530)
- Full time IPE Facilitators - nursing
- Supervisors from each profession
- Patient advocate

Challis Community School

- **~65 students/year**

Speech Pathology	Exercise Science
Occupational Therapy	Psychology
Physiotherapy	Social Work

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- **Cockburn Community Facility**

160 + students/year

Speech Pathology	Marketing
Occupational Therapy	Pharmacy
Physiotherapy	Medical Imaging
Psychology	Nurse practitioners
Dietetics	Health promotion
Social work	*+ Medicine*
Nursing	*+ Law*

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Background

Learning & Teaching Innovation grant

Collaboration with Architecture & Interior Architecture

Explored the relationship between health & the built environment

Industry & consumer engagement

Curtin student quote

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“As an OT (student), I prescribe equipment that will ensure patient safety. Now having worked with podiatry, physiotherapy and pharmacy, I have a better appreciation of how specific exercises for balance, fitness and strength, modification of footwear and possible changes in medication can all decrease the risk of falls.”

Curtin student quote

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“In real life the client isn’t going to be doing something that is OT related and then something that is speechie related and then something that is physio related. They’re going to be walking down the street, going into the shops, choosing what they’re going to buy, asking for it from the shop assistant, that all happens together in real life. So it’s better that we all work together”.

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Advancing interprofessional education and practice locally

Sample IPE schedule

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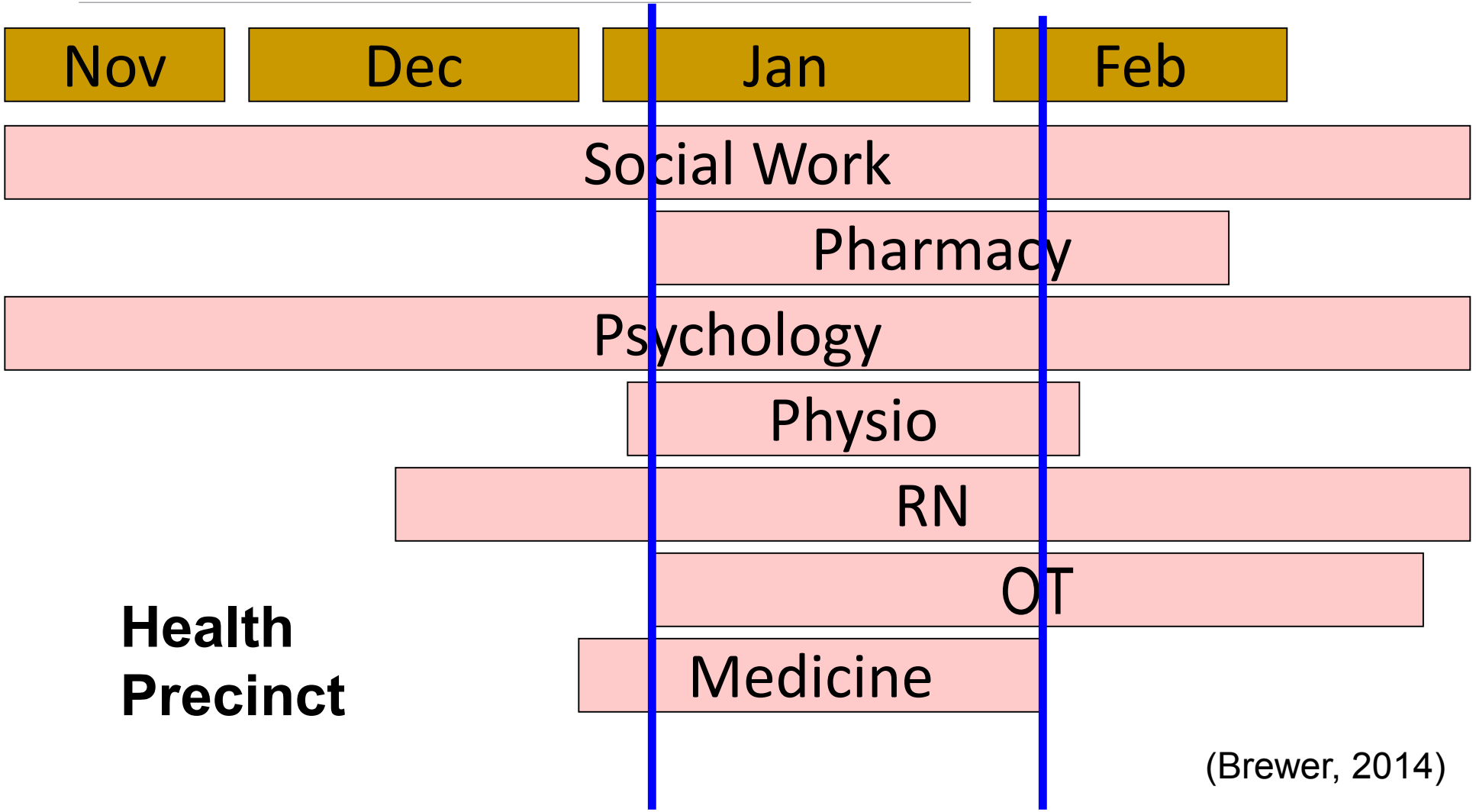

(Brewer, 2014)

Contexts in literature

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PALLIATIVE CARE

Pain

Chronic disease management

Communication

Diabetes

Disability

Health promotion

Ethics

Infectious disease

Mental health

Key ingredients for interprofessional education and practice

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- ☑ 2+ professions
- ☑ Significant **interactivity** between participants occurs
- ☑ Opportunity to **learn about, from and with** each other
- ☑ Teaching/learning moments are explored to highlight
  - Contributions of team members
  - How team members can better work together
  - Strategies for interprofessional communication

The critical elements - reflection and debriefing

What else might be possible?

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Classification of learning	Learning methods used
Exchanged based	Debate, game, seminar, workshop, journal club
Observation based	Work shadowing, interview another profession, joint visit, joint client consultation
Action based	Collaborative inquiry, joint research, quality improvement project, problem based learning, service delivery (e.g. training ward)
Simulation based	Experiential group work, role play, clinical skill, drama or team challenge event

Think-pair-share

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From what you have learned and experienced today, what opportunities are emerging for you to advance interprofessional education/interprofessional practice in your setting?

Competency-based education

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"An outcomes based approach to the design, implementation, assessment and evaluation of health professions education…using an organising framework of competencies".

(Frank et al., 2010)

National Interprofessional Competency Framework

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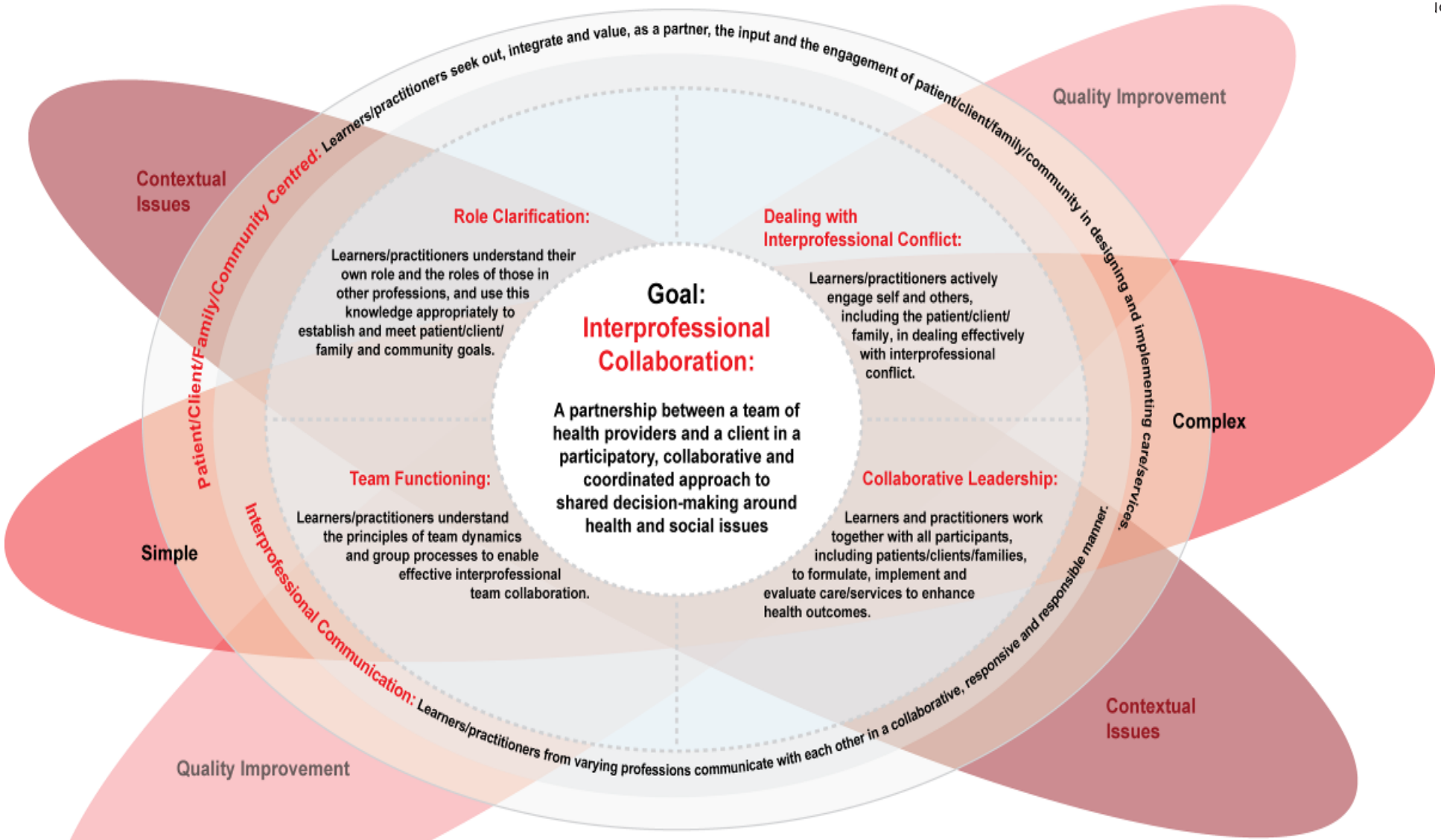
ICES



The image "National Interprofessional Competency Framework" (Canadian Interprofessional Health Collaborative, 2010)

cihcpis
Canadian Interprofessional Health Collaborative
Consortium pancanadien pour l'interprofessionnalisme en santé

Core competencies for interprofessional collaborative practice

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- Values/ethics for interprofessional practice
- Roles/responsibilities
- Interprofessional communication
- Teams and teamwork

(American Interprofessional Education Collaborative Expert Panel, 2011)

Curtin interprofessional capability framework

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(Brewer & Jones, 2013)

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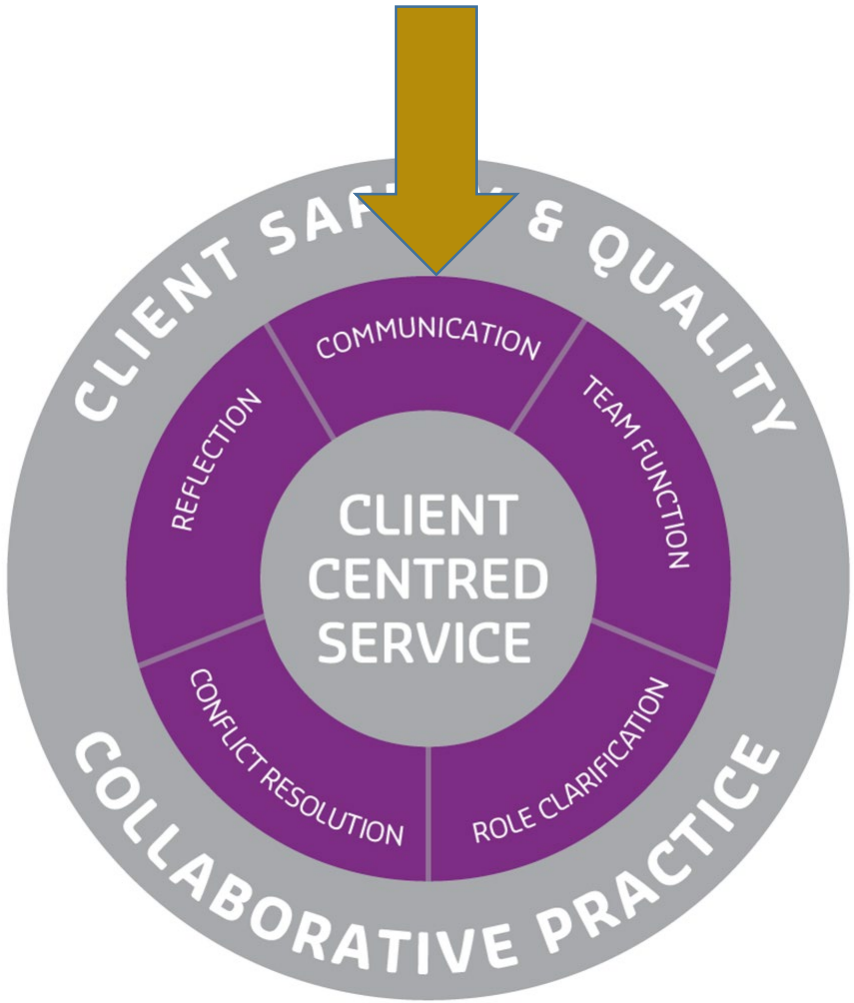

(Brewer & Jones, 2013)

Silence kills: the seven crucial conversations for healthcare

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- A 2004 study of 1700 health care professionals
- Explored the frequency with which health care workers had concerns and the consequences of their failure to speak up
- Approximately 10% of health care workers confront their colleagues about their concerns

(Maxfield et al., 2005)

Communication

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"Health care practitioners who are confident in their ability to raise crucial concerns observe better patient outcomes, work harder, are more satisfied, and are more committed to staying."

(Maxfield et al., 2005)

Communication

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- Crew Resource Management (CRM) team training
- Operating Theatre, Obstetrics, ICU and Emergency Care
- Studies have shown improved patient safety – reduction in medical errors - through communications protocols

(Lingard et al., 2004)

Metacommunication

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- Exchanging information ABOUT the communication itself
- Process (delivery) not just content of communication
- Speaking authentically but constructively; non-blaming
- Reflective > reactive
- Align intent and impact of communication
- Essential in interactive activities

Advancing effective communication

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ISOBAR (adapted from SBAR)

Identify – introduce self & patient

Situation – a description of the clinical event/problem

Observations – recent vital signs & clinical assessment

Background – pertinent information related to patient

Agreed plan – what needs to happen

Read back – clarify & check understanding; who is responsible for what

(Porteous et al., 2009)

Surgical patient safety checklist

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Table 1. Elements of the Surgical Safety Checklist.*

Sign in

Before induction of anesthesia, members of the team (at least the nurse and an anesthesia professional) orally confirm that:

- The patient has verified his or her identity, the surgical site and procedure, and consent
- The surgical site is marked or site marking is not applicable
- The pulse oximeter is on the patient and functioning
- All members of the team are aware of whether the patient has a known allergy
- The patient's airway and risk of aspiration have been evaluated and appropriate equipment and assistance are available
- If there is a risk of blood loss of at least 500 ml (or 7 ml/kg of body weight, in children), appropriate access and fluids are available

Time out

Before skin incision, the entire team (nurses, surgeons, anesthesia professionals, and any others participating in the care of the patient) orally:

- Confirms that all team members have been introduced by name and role
- Confirms the patient's identity, surgical site, and procedure
- Reviews the anticipated critical events
  - Surgeon reviews critical and unexpected steps, operative duration, and anticipated blood loss
  - Anesthesia staff review concerns specific to the patient
  - Nursing staff review confirmation of sterility, equipment availability, and other concerns
- Confirms that prophylactic antibiotics have been administered ≤60 min before incision is made or that antibiotics are not indicated
- Confirms that all essential imaging results for the correct patient are displayed in the operating room

Sign out

Before the patient leaves the operating room:

- Nurse reviews items aloud with the team
  - Name of the procedure as recorded
  - That the needle, sponge, and instrument counts are complete (or not applicable)
  - That the specimen (if any) is correctly labeled, including with the patient's name
  - Whether there are any issues with equipment to be addressed
- The surgeon, nurse, and anesthesia professional review aloud the key concerns for the recovery and care of the patient

* The checklist is based on the first edition of the WHO Guidelines for Safe Surgery.[15] For the complete checklist, see the Supplementary Appendix.

- Patients undergoing non-cardiac surgery in a diverse group of hospitals
- Death 1.5% pre checklist - 0.8% post
- Inpatient complications 11.0% of patients pre - 7.0% post

(Haynes et al.,2009)

Appreciative inquiry approach - Questions as a strategy

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Questions

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Problem based

- What are the key problems you need to address?
- What are the barriers to making changes?
- What do you need to let go of?

Appreciative

- What would you like to see here?
- What do you think is possible?
- How might this new idea make you work even better?
- What small change could we make that would make the most difference to you?

DVD scenario: communication and scope of practice

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- How would you describe the interprofessional communication in this clip?
- What is the impact on role understanding?
- What might be the result of this interaction on the students and the client's care?

(Brewer & Jones, 2013)

Importance of role understanding (scope of practice)

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Without knowledge of each others' roles and considering what others CAN DO, it is difficult for health care team members to develop respect, tolerance, and a willingness to work with one another.

Your professions

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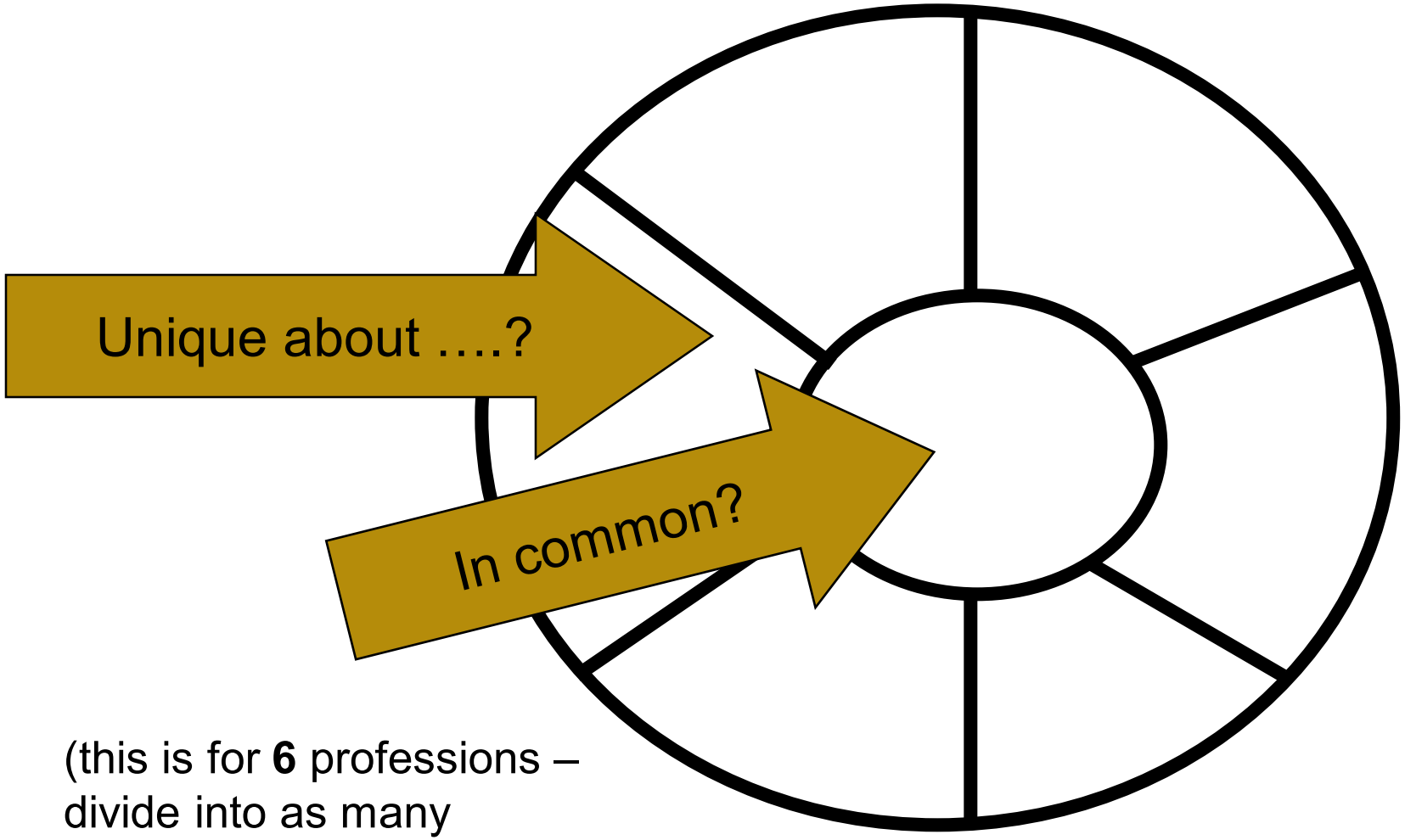

(this is for **6** professions – divide into as many professions as in your group)

Interprofessional Pictionary

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- Who is the health care professional?
- Draw a representation of the profession without using any letters or numbers

Stereotypes, culture and beliefs

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- Students enter programs with preconceived stereotypes
- Poor understanding of other's roles
- Preconceived "cognitive maps" of roles
- "Silo" approach to health education
- "Role blurring"

} Team conflict, ineffectiveness

- Specialization
- Technology

} Increased isolation

(Tunstall-Pedoe et al,. 2003)

(Brewer & Jones, 2013)

Team

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“A distinguishable set of two or more people who interact dynamically, interdependently and adaptively towards a common and valued goal/objective/mission, who have been each assigned specific roles or functions to perform, and who have a limited lifespan of membership.”

(WHO, 2010)

An interprofessional team

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"A collection of individuals who are interdependent in their tasks, who share responsibility for outcomes, who see themselves and who are seen by others as an intact social entity embedded in one or more larger social systems and who manage their relationships across organisational boundaries."

(Cohen & Bailey, 1997)

Contact hypothesis

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Attitudes can change if conditions are met:

- Institutional support
- Equal status of participants
- Positive expectations
- Co-operative atmosphere
- Successful joint work
- A concern for, and understanding of, differences & similarities
- Perception that members of the other group are typical and not exceptions

7 essential elements for collaboration

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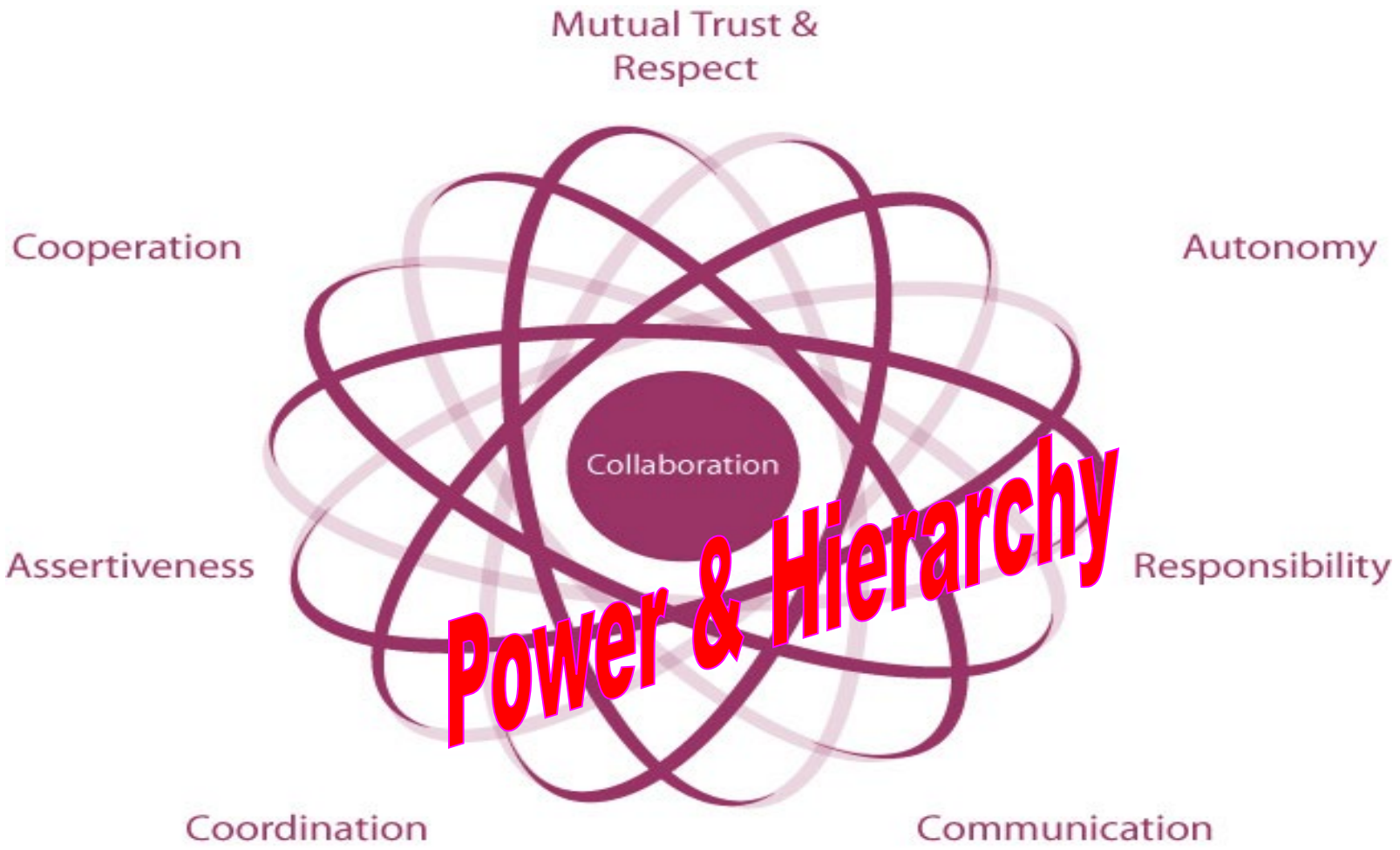

(Way, Jones & Busing, 2000)

Characteristics of effective teams

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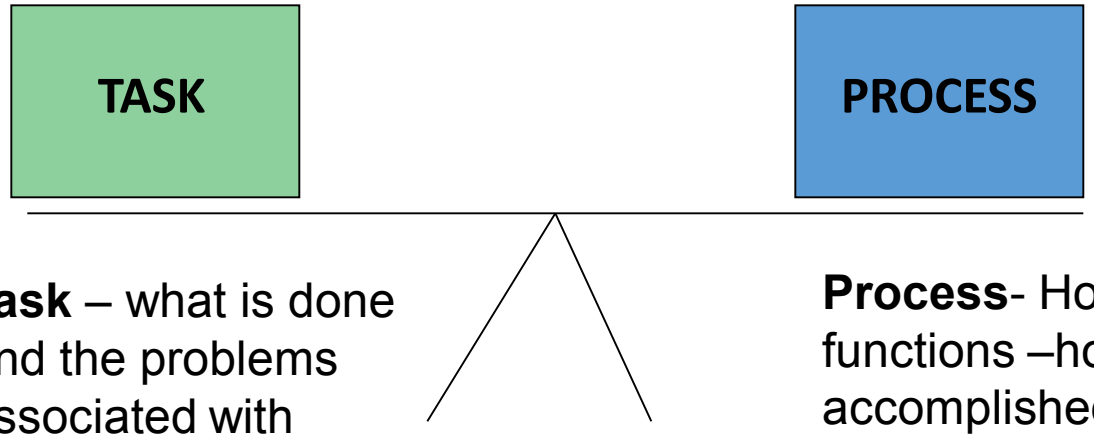
- Effective **communication**
- Use of **reflection** and **feedback** for continual improvement and growth- time set aside for this activity
- Effective **work processes**

(Mickan & Rodger, 2000)

Process affects outcome

High performance teams require BALANCE of:



Task – what is done and the problems associated with completion

Process- How the team functions –how the task is accomplished, what happens between the members, the way decisions are made

DVD scenario: Team functioning

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- How is the team and teamwork addressed in this clip?
- What might be the result of this meeting on the students and the client's care?

(Brewer & Jones, 2013)

Decision-making study

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- Groups of managers formed to solve a complex problem
- Groups identical in size and composition
- Judged in terms of quality and quantity of solutions generated
- Half included a “confederate” that played the role of “devil’s advocate”
- Groups were given permission to eliminate one member. Who was asked to leave?

(Boulding,1964)

DVD scenario: Conflict resolution

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- What key issues emerged?
- Describe their communication/interaction and its impact on the client's care.

Working with multiple stories, positions and interests

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Principles:

- People need to be heard
- People have noble intentions somewhere within their position
- There is always common ground – we just need to locate it
- Co-create plans to move to the ideal outcome
- It takes curiosity…asking questions

(Brewer & Jones, 2013)

Critical reflection

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Critical reflection refers to questioning the integrity of deeply held assumptions and beliefs based on prior experience. It is often prompted in response to an awareness of conflicting thoughts, feelings, and actions and at times can lead to a perspective transformation.

(Mezirow & Associates, 2000)

Reflect on our *own* ways of knowing

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- What assumptions am I making?
- What values orient me?
- Where did I learn these values?
- How might someone whose role is different than mine look at this?
- Why do I feel threatened when I am challenged on this issue?

(McKee, 2003)

Facilitation

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- Effective facilitation is critical to the success of interprofessional education and enhancing interprofessional practice, hence shaping the current and future health workforce
- Training and preparation for the facilitator role is critical

(Howkins & Bray, 2008; Anderson et al.,2009; Lindqvist et al., 2010)

What does an effective facilitator do well?

Students learn best when

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- Motivated
- Environment is supportive and safe
- Clear goals are set
- Information is relevant to their learning objectives
- Learning reflects the real world practice experiences
- Information is pitched at appropriate level
- Actively involved
- Receive regular, constructive feedback
- Given time for reflection

Effective group facilitator…

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- Plans the learning experience
- Outlines the learning objectives
- Highlights clinical relevance
- Understands group dynamics & individual behaviour within the group
- Encourages interaction
- Promotes thinking & problem solving
- Uses cases well e.g. expands cases or generalises issues to other situation
- Summarises the discussion

Effective IPE facilitator…

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- Deals with difference & similarities of professions
- Unmasks assumptions
- Makes language barriers explicit
- Acknowledges the influence of power & status
- Deals with emotion & conflict

DVD scenario: Role clarification

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- How does the facilitator clarify roles when the students do not see the links with patient care?

Icebreakers & IPE

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- Create a relaxing, safe learning environment – socialising as a start to building relationships
- Build trust, respect & support
- Enhance professional identity
- Create inclusion & celebrate diversity
- Encourage leadership & self-direction
- Foster cooperation & teamwork

Design an icebreakers for IPE

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http://www.sustaenable.eu/?p=1200

Team feedback considerations

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- What
- Why
- When
- Who – facilitator, self and/or peer
- How

Tip – check in, check up, check out

Ask team to self-assess

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- How did we do today as a team?
- What enabled/supported our collaboration?
- Were team members heard & respected?
- Was there anything that happened today that interfered with your ability to contribute?
- Is there anything that could improve our team's collaboration?

DVD scenario: medications

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- Observe facilitator, how might you have intervened as an interprofessional education facilitator?
- What did they do? How did this impact on the students?

Your impact on others

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Visible

- Doing

Invisible

- Experience
- Knowledge
- Feelings
- Expectations
- Assumptions
- Attitudes
- Beliefs
- Values

(Wee & Goldsmith, 2008)

Strategies to develop interprofessional education facilitation skills

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- Shadow experienced IPE facilitators - observe, make the implicit explicit & debrief together
- Seek a mentor
- Co-facilitate - coordinated, purposeful, shared preparation & planning
- Provide graded support to novice facilitator
- Engage in formative & summative IPE evaluation – formal or informal
- Promote critical thinking re: process and effect of IPE
- Establish a group of IPE facilitators to pool resources
- Read literature

(Howkins & Bray, 2008)

Evaluation of interprofessional education & practice

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Level 1	Reaction
Level 2a & b	Attitudes & Learning
Level 3	Behaviour change
Level 4a & b	Client & service outcomes

Barr et al. (2005)

Evaluation of interprofessional education & practice

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Reaction: Interprofessional Education Perception Scale (McFayden et al., 2007); Readiness for Interprofessional Learning (McFayden et al., 2006); University of West England Interprofessional Scale (Pollard et al., 2004)

Learning: Team OSCE, essay, simulation

Behaviour: Collaborative Practice Assessment Tool (Schroder et al., 2011), Assessment of Interprofessional Team Collaboration Scale (Orchard et al., 2012)

Results: Client & organisational outcomes e.g. bed days, readmissions, client & staff satisfaction, staff sick days

Think-pair-share

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From what you have learned and experienced today, what opportunities are emerging for you to advance interprofessional education/interprofessional practice in your setting?

Program agenda Day 1

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- Evidence of interprofessional practice & interprofessional education
- Interprofessional practice capabilities:
- Opportunities in your clinical/education settings
- Interprofessional education facilitation
- Assessment & evaluation

Program agenda Day 2

- Readiness for interprofessional education/practice
- Change leadership theories
- Action plan
- Sustainability & next steps