Leading Interprofessional Collaboration

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Building capacity and capability and operationalising IPE

Day 2

Charles Sturt University

Curtin University

Funded by the Australian Government Office for Learning and Teaching

Outcomes of the program

- 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 2

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

Example from Canada

http://www.youtube.com/watch?v=JBQIW1xiSO0

Scenario

Imagine it's **2020** and **the Health Precinct** is highlighted by the government as the exemplar for interprofessional education and interprofessional practice. Students are clamoring to your site because of the learning they know they will receive. The partnerships are well established and true role modelling of interprofessional practice for students and staff is occurring.

In your group

Describe what this practice setting that provides effective interprofessional education and interprofessional practice looks like.

- What is different about the way people work together?

IPE/IPP cornerstone of health human resource strategy

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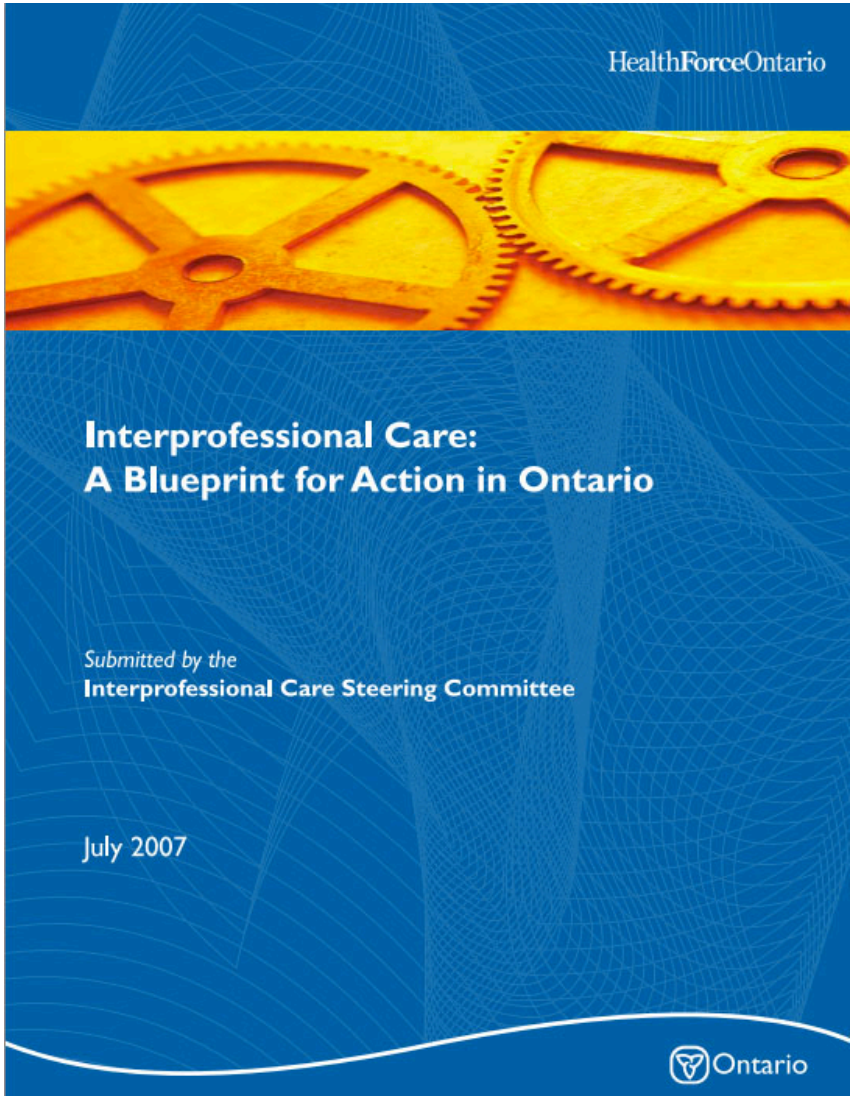

Advancing Teamwork in Healthcare will require a significant paradigm shift. It will require all stakeholders to be involved, engaged & willing to collaborate for change.

www.healthforceontario.ca

Organisational change

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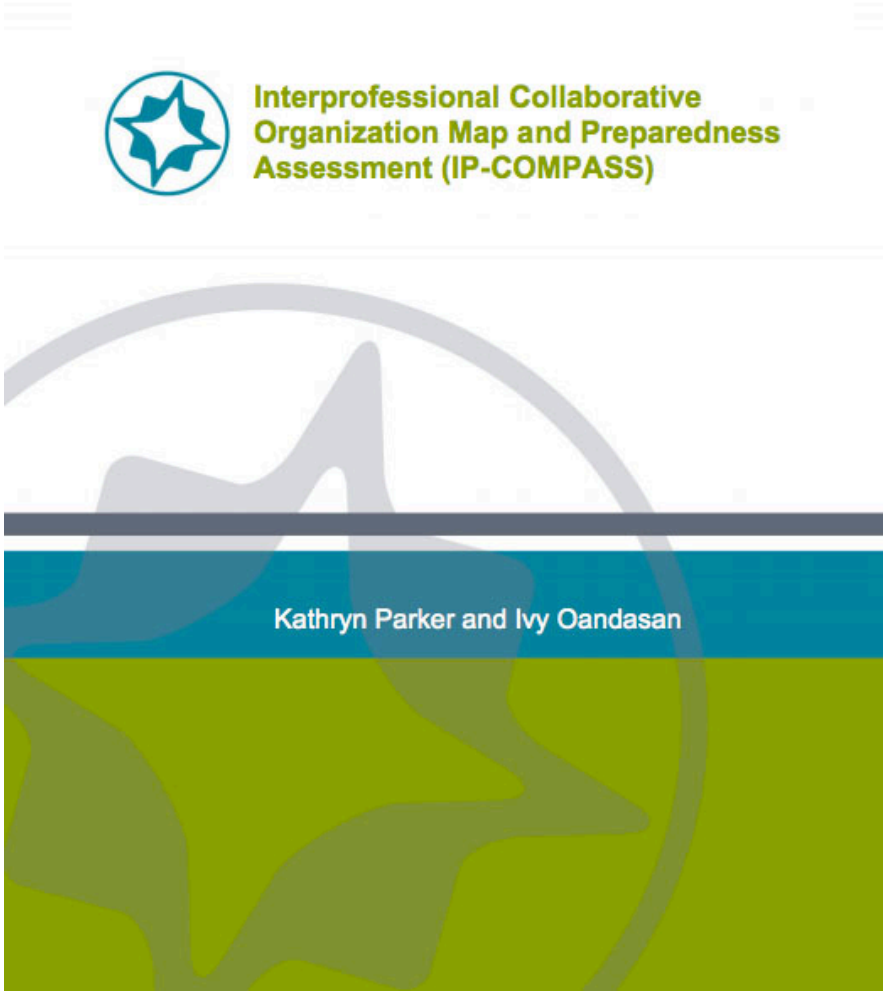
What would it take to transform the Health Precinct/Your Setting to one that supports interprofessional education and interprofessional practice?

IP-COMPASS: Interprofessional Collaborative Organization Map and Preparedness Assessment Tool



https://nexusipe.org/

The IP-COMPASS Framework

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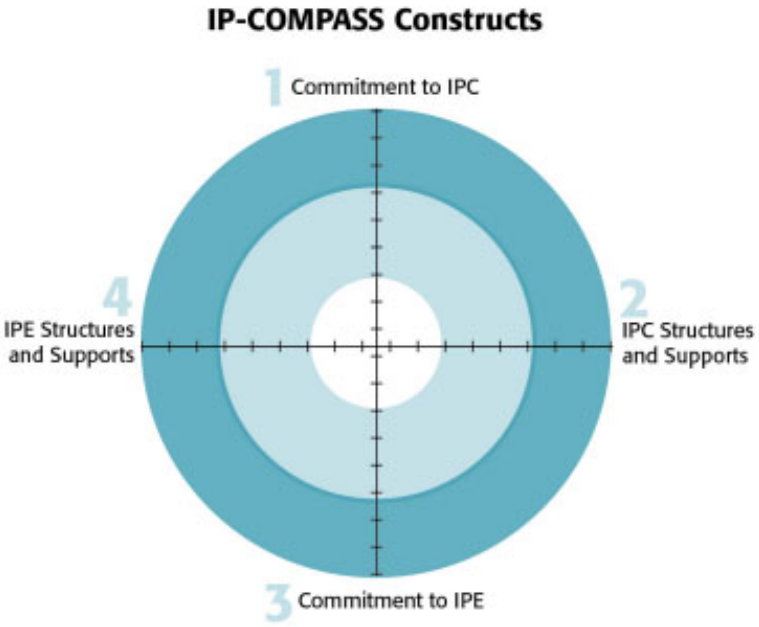
The 4 constructs:

– The organisation is committed to interprofessional practice (IPC)
– The organisation is committed to interprofessional education
– Structures and supports exist to facilitate interprofessional education
– Structures and supports exist to facilitate interprofessional practice



Construct one: the organisation/unit

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1. **Commitment to interprofessional collaboration**

Examples

1.2 Interprofessional collaboration is part of strategic planning

1.3 Time, people & money are committed to interprofessional collaboration

1.4 Leaders promote interprofessional collaboration among team members

1.7 The effectiveness of interprofessional collaboration is measured

Example (1.2) Interprofessional collaboration is part of strategic planning in the organisation

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When this attribute is strong…IPC is almost always considered when strategic-level decisions are made that impact (a) how care providers work together and (b) how clients/patients are cared for. These decisions might be at any level (e.g., organisation, program, department or unit).

Evidence…

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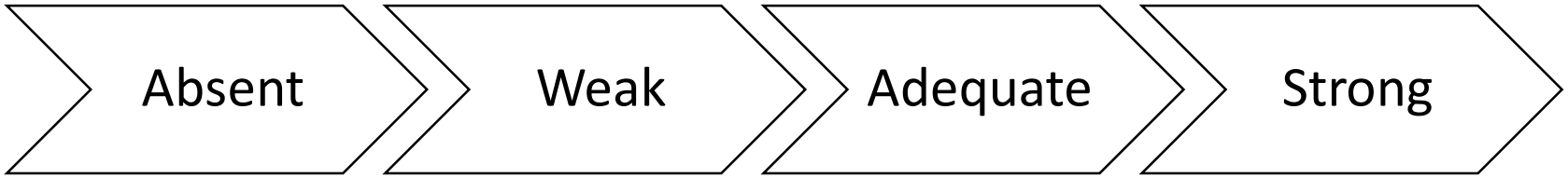
- ***IPC is in formal planning documents, for example…***

  Is IPC in the organisation's overarching strategic plan and/or 'scorecards'?

- In our clinical setting, this attribute is…



Using the IP-COMPASS Tool

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- Apply the IP-COMPASS to your context to reflect upon its readiness for interprofessional education and practice

- Choose the construct that most stands out to you (if time permits start another)

Large group debrief

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1) Describe your experience using IP-COMPASS.

2) What strengths did you identify demonstrating interprofessional education and practice?

Leading from where you stand

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What do we mean by leader?

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Margaret Wheatley defines a leader as:

"Anyone who sees an issue or opportunity and chooses to do something about it ."

The real work of leaders is to help people discover the power of seeing.

(Wheatley, 2009, p.144)

4 leadership theories/models

1. Professor John Kotter transformational change
2. Kouzes & Posner leadership practices
3. Appreciative leadership/inquiry positive organisational change
4. Bolman & Deal systems theory

Kotter's 8 steps for transformational change

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1. Establish a sense of urgency
2. Form a powerful guiding coalition
3. Create a vision
4. Communicate the vision
5. Empower others to act on the vision
6. Plan for & create short-term wins
7. Consolidate improvements & produce more change
8. Institutionalise new approaches – embed into organisation's culture

(www.kotterinternational.com)

Kotter's 8 accelerators of change

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http://leadwncc.org/the-8-step-process-for-leading-change/

Kouzes & Posner's model (2012) – exemplary leaders

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Model the way	• Clarify values • Set the example
Inspire a shared vision	• Envision the future • Enlist others
Challenge the process	• Search for opportunities • Experiment and take risks
Enable others to act	• Foster collaboration • Strengthen others
Encourage the heart	• Recognise contributions • Celebrate the values and victories

Appreciative leadership

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Appreciative Inquiry

Involves the art & practice of asking questions that strengthen a system's capacity to heighten positive potential

Empowers others to act on a vision

(Cooperrider & Whitney, 1999)

Questions as a strategy

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- The change has started simply by asking the question
- Questions can be used:
  - to gain and sustain momentum
  - to foster reflection

"Organizations grow in the direction of what they are repeatedly ask questions about and focus their attention on"
(Bernard Mohr, 2001)

Appreciative inquiry 4-D cycle

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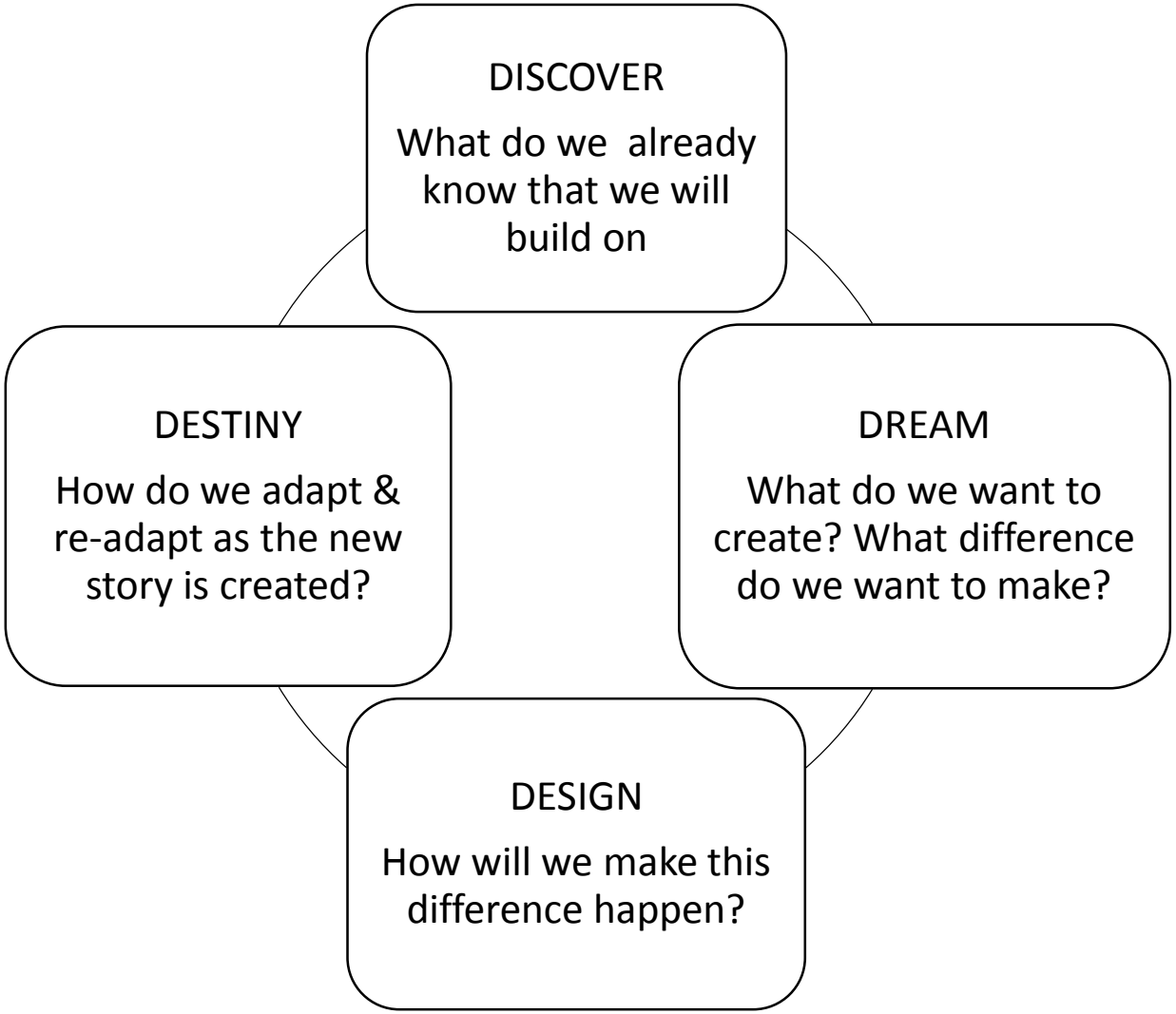

Appreciative leadership

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5 core strengths of an appreciative leader:

Inquiry – ask for others to contribute – sends message of valuing them

Illumination – show their strengths & how they can best contribute

Inclusion – collaboration, give sense of belonging

Inspiration – provide with a direction

Integrity – let people know they're expected to do their best & that they can trust others to do the same

(Whitney, Troston-Bloom & Rader, 2010)

Systems thinking to understand complex situations

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- A system is something that maintains its existence and functions through the interaction of its parts
- When dealing with a system you never do just one thing – system effects cross boundaries

(Collopy, 2009)

Leaders with multiple frames

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Frame	The leader is a…	Key leadership processes
Structural	Social architect	Analysis and design
Human Resource	Catalyst, servant	Support and empowerment
Political	Advocate	Advocacy and coalition building
Symbolic	Prophet, poet	Inspiration, framing/sense making

(Bolman & Deal, 1991)

Using multiple change approaches

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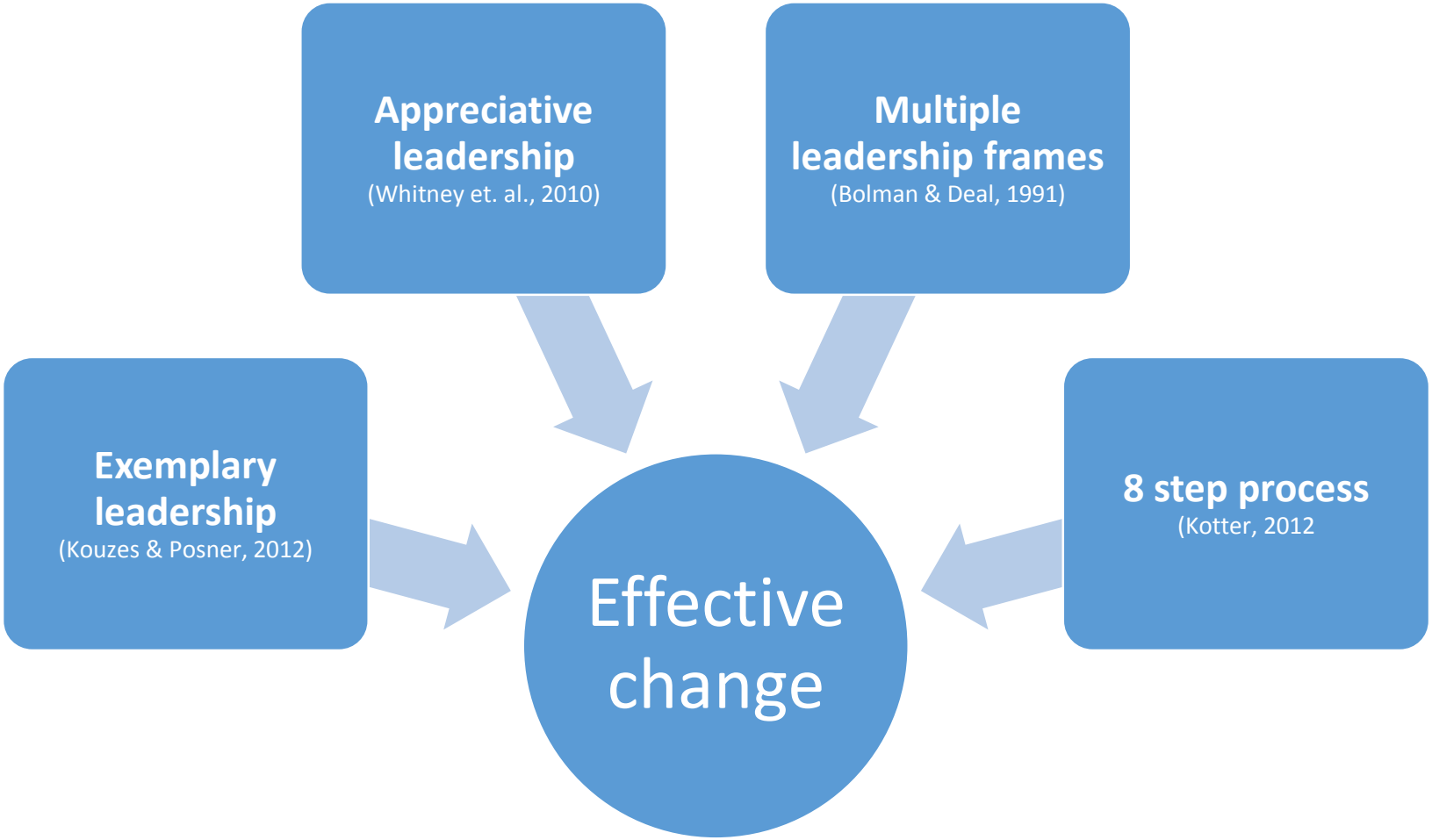

Change curve

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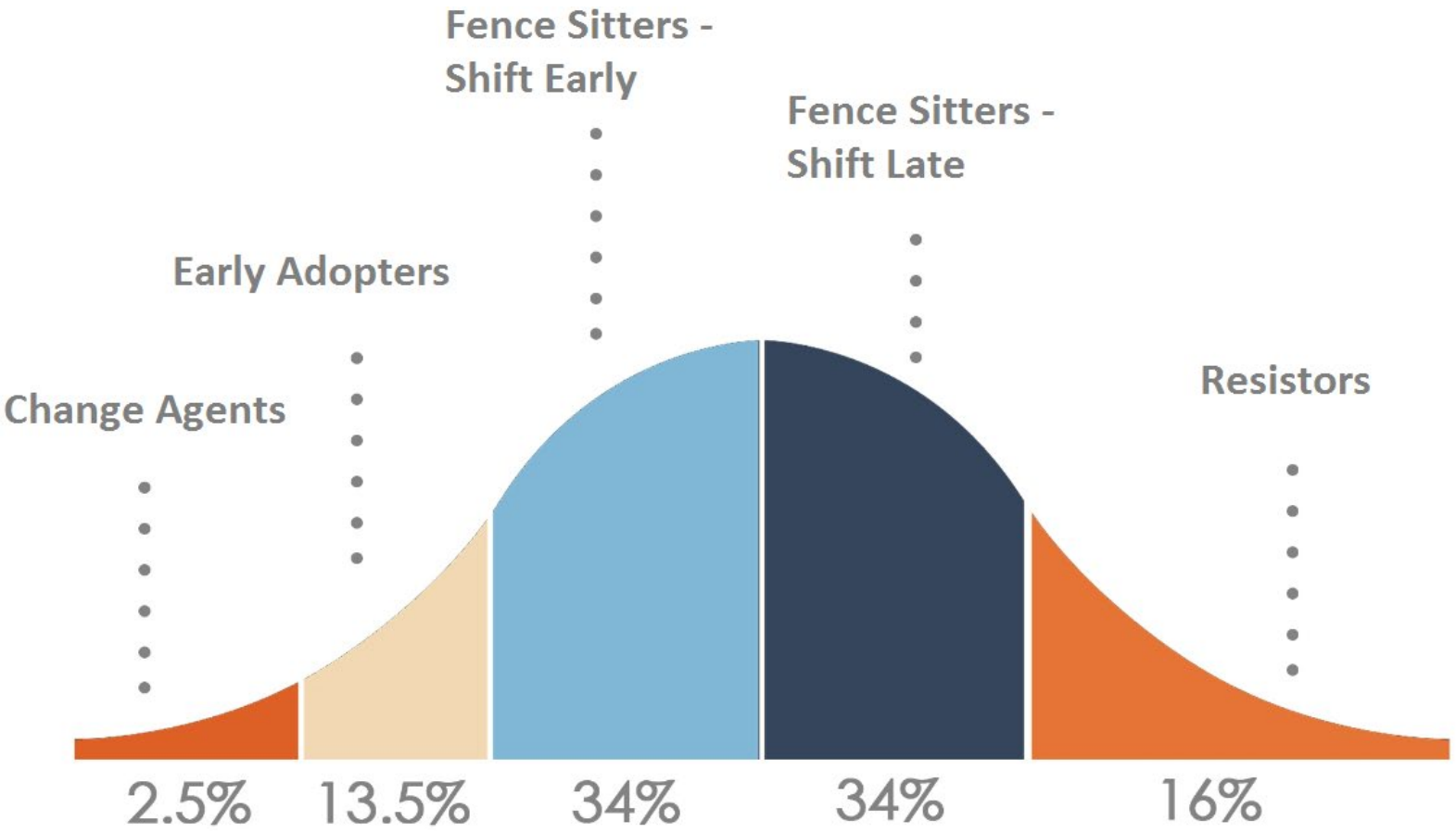

Developing individual action plans

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Develop an action plan for IPE that encompasses key aspects of this programme using the template provided:

- Effective IPE design and facilitation
- Organisational change including IP-COMPASS tool
- Leadership – Kotter's steps/accelerators, exemplary practices, appreciative inquiry, multiple frames

Implementing action learning plans

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- What barriers do you think you might encounter in making these changes?
- What support would assist you to successfully develop & implement your action plan?

Top lessons learned

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- Strong leadership support for interprofessional education and interprofessional practice
- Practice setting point person (interprofessional education Leader/coordinator)
- Strong partnerships
- Be prepared to address challenges (e.g. scheduling)
- Offer staff development programs & in situ-coaching
- Co-facilitation model is ideal
- Role-modelling is essential
- ***Build upon strong interprofessional collaborative teams***

Plan for sustainability

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- Engage the voices in your system
- Use multiple communication methods & venues
- Focus on a small number of changes
- Align with organisation's directions & priorities
- Establish peer support system
- Share stories of success – yours, clients' & students'

https://healthsciences.curtin.edu.au/studying-health-sciences/interprofessional-education/leadership-programme/

https://kor.pngtree.com/freepng/3d-villain_440619.html

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