Advancing Interprofessional Education: Changing a Cultural Paradigm in Health & Education

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We’re in a new place; we’re not on the edge of the old place…the rules have changed. Every fundamental premise of the old way of thinking no longer applies.

Sister Elizabeth Davis, Board Chair
Canadian Health Services Research Foundation 2005
Presentation Objectives

• Describe a definition and rationale for interprofessional education
• Share theory used to inform the advancement of interprofessional education for collaborative patient-centred practice in Canada.
• Highlight a case study of one Canadian University’s experience in advancing competency-based IPE.
Advancing Interprofessional Care will require a significant paradigm shift in how we deliver care...
It will require a significant paradigm shift in how we think, how we learn... how we teach.
not so easy to do!
Interprofessional Care

The provision of comprehensive health services to patients by multiple health caregivers who work collaboratively to deliver quality of care within and across settings.

Ministry of Health & Long-term Care, Province of Ontario, 2007
Interprofessional Care Defined

Health caregivers

Interprofessional collaboration

Patient & family
“The Discharge Plan”

Nurse, Occupational Therapist, Physiotherapist, Social Worker, Dietician, Physician

Developed by: Lynne Sinclair, Keegan Barker & Azadeh Moaveni, Faculty affiliated with the University of Toronto in collaboration with the Standardized Patient Program and The Wilson Centre

DVD is available at: The Office of Interprofessional Education

www.ipe.utoronto.ca
Health Professionals may work in defined **TEAMS**… but that does not necessarily mean that they are engaging in **TEAMWORK**!
What feedback would you give to help improve this team’s “teamwork”?

Share your thoughts with the person beside you
“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.”

(Romanow 2002)
Characteristics of Effective Teams (Schmidt, 2006)

- Effective work processes, including conflict resolution
- Effective communication within and across team boundaries
- Effective use of reflection for continual improvement and growth
Team Function

- requires BALANCE

**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

PROCESS affects OUTCOME
Why advance teamwork or interprofessional care?
compelling reasons

Quality Agenda
Patient Safety Agenda
Chronicity of Illness
Complexity of Care
Interprofessional Care is not the end-point…it’s an ENABLER a means to…
evidence

Improve Patient Outcomes
Zwarenstein et al, JIC Supplement 1:2005

Improve Cost Efficiency

Improve Health Professional Satisfaction
Cohen & Bailey (1997)

Enhance Healthy Workplaces
Shamian & El-Jardali (2007)
recruitment & retention
Pan-Canadian Health Human Resource Strategy
In Canada
2004
Health Canada
Interprofessional Education For Collaborative, Patient-Centred Practice Initiative (IECPCP)

www.health-human-resources.ca
To change the way we educate health providers to ensure they have the necessary *knowledge, skills* and *attitudes* to work effectively in interprofessional teams within the evolving health care system.
Interprofessional Education for Patient-centred Practice: An Evolving Framework
14/05/04

Interprofessional Education to Enhance Learner Outcomes ↔ Interdependent ↔ Collaborative Practice to Enhance Patient Care Outcomes

Educational System (e.g., Accreditation, institutional structures)
Systemic Factors (Macro)
Professional System (e.g., Regulatory bodies, liability)

System Stakeholders

Educators

Practice

Government

Researchers

Research to Inform & to Evaluate
- Understand the processes related to teaching & practice;
- Measure outcomes/benchmarks with rigorous methodology;
- Disseminate findings

Patient Provider Organization System Outcomes

LEARNER

Social & Cultural Values

Regional/Territorial

Institutional Factors (Meso)
Teaching Faculty

Professional Beliefs

Health Professional Learner

Interactional Factors (Micro)

What role do educators have in advancing teamwork in healthcare?
Capacity to Collaborate

COMPETENCIES

KNOWLEDGE
* roles of other health professionals

SKILLS
* communicating with others
* reflecting upon my role and others

ATTITUDES
* mutual respect
* willingness to collaborate
* openness to trust

(Oandasan & Reeves JIPC Supplement 1: May 2005)
Health Professions Education

Uniprofessional

Multiprofessional

Interprofessional
Interprofessional Education

Occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.

( WHO, 2008)
Interprofessional Education

- A teaching method
- Intended for health professionals
- To acquire & maintain IPC core competencies
- Ingrained as a standard of practice
- Recognized as a value across professions
Case Study
University of Toronto

10 Health professional disciplines
6 Distinct Health Science Faculties
6 Distinct Deans report to Provost
13 affiliated hospitals
1400 students per year
Silo’d & entrenched cultures
Isolated IPE activities
A Framework for the Development of Interprofessional Education and Interprofessional Collaborative Care

Pre-Health Sciences Programs

Personal Values & Competencies

University of Toronto Health Professional Programs

EXPOSURE
Interprofessional Values & Competencies

IMMERSION
Uniprofessional Values & Competencies

COMPETENCE

ASSESSMENT AND EVALUATION

Post-Graduation

MASTERY*

Optimization of Discovery, Health Human Resources & Client/Patient/Family Care

* Mastery of competence occurs in continuing education, faculty development, graduate studies. Mastering these competencies enables practitioners to teach IPE competencies.

Framework for the Development of Interprofessional Education Values and Core Competencies

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When to teach?
IPE Across the Learning Continuum

Early Years:
Community health, ethics, communications, critical appraisal, & epidemiology (Curran, 2004)

Middle/Late Years:
Shadowing & Immersion to understand roles

Later Years:
Case-Based Learning, Simulations, Real patient care

In Practice:
CQI, Patient Safety Initiatives, CPD
What to teach?
Values and Ethics

Competence

**Skill / Behaviour**

- Perform effectively to develop shared team values.
- Practice ethically in an IP environment.
- Able to use a framework for ethical decision-making to guide ethical reasoning within an IP team.

**Attitude**

- Accept, through respect and value, others and their contributions in relational-centred care.
Communication

Competence

Skill / Behaviour

- Communicate effectively, including giving and receiving feedback.
- Advance IP group functioning thru effectively addressing IP conflict.
- Perform as an effective IP team member by:
  - Sharing information,
  - Listening attentively,
  - Using understandable communications,
  - Providing feedback to others,
  - Responding to feedback from others.

Attitude

- Develop awareness of and contribute to continual improvement of IP team dynamics and group processes through effective IP communication.
Collaboration Competence

Skill / Behaviour

- Work collaboratively with others, as appropriate, to assess, plan, provide care/intervention and make decisions to optimize client/patient/family health outcomes and improve quality of care.

- Demonstrate leadership in advancing effective IP team function through a variety of strategies including, but not limited to:
  - Reflection,
  - Promotion of effective decision-making,
  - Identification of factors that contribute to or hinder team collaboration, including power and hierarchy,
  - Flexibility and adaptability,
  - Able to assume diverse roles in their IP group and support others in their roles,
  - Establish and maintain effective IP working relationship partnerships with clients/patients/families and other team members, teams and/or organizations to support achievement of common goals.

Attitude

- Based on client/patient/family needs, consider that preferred practice is IP collaboration and willingly collaborate.
A Framework for the Development of Interprofessional Education Values and Core Competencies

Health Professional Programs, University of Toronto

**Exposure: Introduction**

Knowledge:
- Describe own role, responsibilities, values and scope of practice effectively to clients/patients/families and other professionals.
- Describe interprofessional practice theory with respect to the science and theories behind framework.
- Describe the context and culture of the interprofessional (IP) environment that facilitates or inhibits collaboration, and its constraints.
- Identify instances where IP care will improve client/patient/family outcomes.

**Immersion: Development**

Knowledge:
- Recognize and understand how one’s own uniqueness, including hierarchy within the IP team, may contribute to effective and/or IP issues.
- Recognize and understand how other IP team members, including power and hierarchy in the IP team, may contribute to effective communication and/or IP issues.

Skill/Behaviour:
- Accurately describe one’s role, responsibilities, and scope of practice of other professionals.
- Contribute to:
  - Involving other professions in client/patient/family care appropriate to their roles and responsibilities.
  - Effective decision-making in IP framework utilizing judgment and critical thinking.
  - Team effectiveness through reflection on IP team function.
  - The establishment and maintenance of effective IP working relationships/partnerships.

**Competence: Entry-to-Practice**

**Skill/Behaviour**
- Work collaboratively with others, appropriate to assess, plan, provide care/innovation and make decisions to optimize client/patient/family health outcomes and improve quality of care.
- Demonstrate leadership in advancing effective IP team function through a variety of strategies including, but not limited to:
  - Reflection.
  - Promotion of effective decision-making.
  - Identification of factors that contribute to or hinder team collaboration, including power and hierarchy.
  - Flexibility and adaptability.
  - Ability to assume diverse roles in their IP group and support others in their roles, and maintain effective IP working relationships/partnerships with clients/families and other IP team members, teams, and/or organizations, to support achievement of common goals.

**Attitude**
- Based on client/patient/family needs, consider that preferred practice is ethical and willingly collaborate.

**Behaviour**
- Communicate effectively, including giving and receiving feedback.
- Advocate for the IP team by effectively addressing P/IR conflicts.
- Address interprofessional conflict resolution by member by:
  - Seeking clarification.
  - Learning attentively.
  - Using understanding communication.
  - Providing feedback to others.
  - Responding to feedback from others.

**Attitude**
- Develop awareness of and contribute to continual improvement of IP team dynamics and group processes through effective IP communication.

**Skill/Behaviour**
- Perform effectively to develop shared team values.
- Practice ethically in an IP environment.
- Able to use a framework for ethical decision-making to guide ethical reasoning within an IP team.

**Attitude**
- Accept, through respect and value, others and their contributions in relational-centered care.
How to teach?
Principles

- IPE core competencies to be acquired
- IPE learning activities count
- Not all students need to be represented at each learning activity
- Curriculum needs to be flexible
- Not an add-on
Flexible Curriculum

• Health professional students will:
  a) Participate in four CORE learning activities that span the core competency framework;
  b) Participate in a series of ELECTIVE learning activities, complementary to the core learning activities and spanning the core competency framework;
One UT Student’s Sample IPE Curriculum: Two-Year Program

**EXPOSURE:** Introduction

- Year 1
  - IPE Elective
    - Rehabilitation Sciences
    - Lunch and Learn IPE Session
  - IPE Year 1 Session
    - Introducing IPE Ethics and Values

**IMMERSION:** Development

- Year 2
  - IPE Case-Based Learning
    - e.g., Pain Curriculum
  - Mid-Curriculum Formative Assessment Profile

- Year 3
  - IPE Conflict Session
    - e.g., Conflict in Interprofessional Life
  - Final Assessment Profile

**COMPETENCE:** Entry-to-Practice

- Year 4
  - IPE Learning Component embedded within a Clinical Placement
  - Core Elective

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Derived from the Office of IPE, UT “A Framework for the Development of Interprofessional Education Values and Core Competencies”
### Sample IPE Placement Schedule

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<td>PT</td>
<td>MD</td>
<td>RPN</td>
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*Finding opportunities that exist*
Hospital Involvement

Toronto Rehab Institute (1 of 13 hospitals)
• 25 IPE structured
  – Weekly structured one hour IPE learning sessions
  – 26 IPE facilitators from 9 professions
• 147 students from 15 professions
• 25% of graduated IPE students are currently employed at Toronto Rehab

By 2009 - 13 hospitals with IPE pilots
Visionary Leadership

• University of Toronto health professional students, pre- and post-entry to practice, will acquire core competencies needed for provision of patient-centred care in an interprofessional, collaborative team practice environment, both on campus and at experiential practice sites.
Advancing IPE requires CONVINCED, COMMITTED COMMUNITIES working COLLABORATIVELY to implement IPE using EVIDENCE-INFORMED theory.
It requires a paradigm shift in how we think & how we teach
In building greatness, there is no single defining action, no grand program, no one killer innovation, no solitary lucky break, no miracle moment. Rather, the process resembles relentlessly pushing a giant, heavy flywheel in one direction, turn upon turn, building momentum until a point of breakthrough and beyond.

(Jim Collins, 2005)
Good Luck with Turning Your Flywheel!