COLLABORATIVE HEALTHCARE

INTERPROFESSIONAL PRACTICE, EDUCATION, AND EVALUATION

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Accelerating Interprofessional Trailblazing

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After the JCIPE conference, our co-director, Dr. Brooke Salzman, sat down with Dr. Ivy Oandasan to learn more about her and her work. We highlight some of the conversation with Dr. Oandasan, a leader in IPE based in Canada, below:

Getting Started in IPE:

Dr. Oandasan started as a research investigator for the University of Toronto, Department of Family Medicine; she says she "kind of stumbled into" into IPE when she replied to a call for a literature review of evidence for Health Canada (the Canadian federal government equivalent to the US Department of Health and Human Services). This initiative, to look for evidence to improve team-based care in health care, took place in 2004 when the Canadian government foresaw a workforce shortage in the next decade (there's still a shortage today). Dr. Oandasan started by developing a conceptual framework linking interprofessional education and interprofessional practice. She believed that, "If we were going to advance teamwork in healthcare, then we could not just look at changing the education of healthcare professionals; we needed to link the outcomes of our educational programming with models of care that support those whom we graduate that are competent to work interprofessionally; to drive interprofessional education and interprofessional practice change, there needs to be evidence continually gathered to demonstrate improved health outcomes for both patients and the system as a whole."

She highlighted that one of the challenges faced in advancing interprofessional education and practice is that our current educational and healthcare systems are based on old paradigms of science-based learning and hospital-based care. Once she reviewed the evidence, she realized that a major cultural shift away from the old paradigms to a more holistic, humanistic and systems-based approach was needed. "The interprofessional research we, as a community conduct, helps us advocate for policy reform, which in turn drives practice change. If researchers in interprofessional education and practice can join forces to continue to show evidence of positive impact, the evidence will continue to influence decision-makers, who in turn can make the policy changes needed. Ultimately in time, the hope is that a new cultural norm will be in place with team-based practice, as the way all people receive care."

Challenges with Advancing IPE:

Dr. Oandasan addressed how to advance change in complex systems. She states, "One of the things we've learned in making change happen in complex systems is that we live in a world where multiple systems (health, cultural, political, etc.) are always at play interacting and shifting, reacting and always changing. The trick is when trying to advance change, you should have a common set of principles or "simple rules" that can apply to any system. If collaboration is a principle of how things in a system must work, if it spreads within the system, it can permeate how the system operates in general. If systems interact, then in time and if nurtured, collaboration will influence other systems and so on. For example, if we focus on interprofessional education in the education system and graduate learners with principles grounded in collaboration – our hope is that they will enter the practice system using a collaboration-principled approach, which positively influences patient care. So if equity is a principle or value we believe is important, then it should be seen in how we teach, the way we practice, and the way we govern. Overarching principles can help shape the systems we work within at micro, meso and macro levels. If a system values collaboration and it is getting results, look to the leadership, as likely their behavior exemplifies the desired values in action. The culture of an organization reflects its values and permeates through it. For example, the culture can be seen in an organization's vision statement, in their hiring policies, in their organizational structures modelled in the behavior of its employees. If you don't see collaboration in action within an organization or system, the culture of the organization/system likely needs to shift."

From Preparing to Practicing:

Dr. Oandasan described how to move education to the next level from preparing students to practice collaboratively to them actually practicing collaboratively. She states, "As educators, we're nurturing seeds that grow. When we grow a flower as educators, we hope that the flower ends up in a home that appreciates its value and helps it continue to grow. But if the home doesn't put effort into nurturing it, it will not flourish. This analogy reflects the work we have been doing in interprofessional education. We are producing graduates who are skilled in being collaborators for care. Our practice system needs to value what we are producing and capitalize on strengths. Education and practice must work together. Real system change is not possible without shifts in education and practice together. Proficiency opens the door to the practice world, but mastery comes through ongoing support in the workplace."

Interprofessional Collaborative Practice and Competencies:

Dr. Oandasan commented on the principles of an organization and how they shape the practice environment, and how those principles relate to competencies in interprofessional collaborative practice. She stated that the interprofessional competencies currently defined in the

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US and/or Canada have been helpful in advancing interprofessional education. "You're seeing people who have acquired these competencies and they are now leading interprofessional education and care movements... that's inspiring; it means that the IPE competencies are being put into action. My hope is that the more people we train using our interprofessional education models, the more agents of change we set loose into our health and education systems. They will be the practitioners who carry out the principles of collaboration we have instilled in them, and when enough of them are out there, they will be the ones in leadership roles that will shift our systems at micro, meso and macro levels. I think we're doing it. It will take a generation or two, but we should be proud of the foundation we have created to enable the paradigm shift in our health education and practice systems to happen."

Confidence and Competence to Provide Interprofessional Care:

Dr. Oandasan described confidence as an output of interprofessional education, which is as important as competence. "As interprofessional educators, our role has been in teaching and assessing interprofessional competencies to prepare health care providers to enter practice. Our expectation is that those who complete training are competent interprofessionally. But is competence the end goal? Given that competence can be assessed objectively, one can be deemed competent yet still not feel confident to do it. We might teach interprofessional communication skills to our learners and they could pass an exam but in the real world will they actually use their communication skills?

When you look at the confidence literature, there are different constructs that make up the concept of confidence. For educators, self-concept is one layer of confidence. It reflects a belief about oneself based upon the collective beliefs or reactions by others. For example, a health professional could say: 'I practice in a team-based way because everyone around me reinforces me when I do and I keep doing it because everyone around me practices in this way.' As educators we have an opportunity to nurture health professionals' self-concept of being a collaborator. In my way of thinking, learners will feel more confident to act collaboratively if it is a normative behavior they see day in and day out.

Self-efficacy is another construct related to confidence, that relates to an "I can do this" attitude. You may not do it perfectly, but you have enough trust in yourself that you will try. So an example would be in the interprofessional communication skills we teach. A learner might ace a communication simulation, but in real life, even if they have the skill set, will they actually put their skills to the test? Do we ask how confident [students] are in their interprofessional abilities and ask them to what extent they would carry out the skills in a different context with different people? I think self-efficacy comes when our learners are given multiple opportunities to apply the skill in different contexts. So that's part of this need for repetitive exposure, practicing these skills, and then putting them in situations where they may actually fail, and they might actually not do it right or feel very hesitant to even try. We're giving them opportunities to fail in order for them to build their confidence to try."

Dr. Salzman: "The construct of self-confidence is tricky, just because I feel like many of the students and trainees I work with, who may not self-report high confidence levels, are very reflective and more concerned about their performance, versus some of the people who are most confident, I really wish would potentially be more self-aware."

Dr. Oandasan: "That's part of that notion of guided self-reflection that we can use, too, helping the learner be able to see what they don't. So, what would be the role of the educator? If I saw that I had a learner who is having difficulty with power and hierarchy, what is the intervention that I need to do as a teacher? I need to give them more opportunities where they actually become self-confident. At the end of the day, if they're not going to voice a contrary opinion and somebody's going to die, then I failed as an educator. As an educator, it's my role to coach them to develop their own sense of self-concept using my feedback and the feedback of others in order to gain confidence. The opposite holds true as well for the "cowboys" who are overconfident. We need to help them with their development of self-concept and use feedback frequently and effectively. We owe it to our learners to not just expect competence... we owe it to them to support their self-confidence which includes self-concept and self-efficacy. I think we owe it to them as educators to ensure that they are really ready to practice collaboration in unknown and challenging situations. Are they prepared with both confidence and competence?"

Intersectionality of Interprofessional Education and Racial and Social Justice:

Dr. Oandasan was asked to elaborate more on the role of IPE in teaching about issues of equity, diversity, and inclusion. She stated that "Interprofessional education is a teaching approach. If equity is a foundational principle embedded across health professions programs, then the use of interprofessional education (teaching about, from, and with each other to improve outcomes) needs to be in service of equity. Equity could be the outcome, but it could also be embedded in the process of how we teach.

Think about all of the people we have right now in healthcare, and the level of diversity that exists. We say to our students 'you know, for patient safety, you need to voice your opinion, and you need to be able to do this and that'. That can be really hard for certain groups who face issues of diversity, equity and inclusion. As educators we need to recognize that there are cultural elements that all of our learners come in with, and that some will need more [support] in order for them to reach a level of proficiency and confidence that is needed to ensure patient safety. Power and hierarchy in the health professions impacts voice... Layer that with other intersectionality realities and interprofessional education becomes truly complex. But in the end, it yields equity, where every health professional has the power to use their voice. It's an exciting time for interprofessional education as it can be a vehicle to support equity.

In a study we often do in our Ehpic (Educating Health Professionals for Interprofessional Care) course at University of Toronto, we talk about how differing opinions give you better outcomes at the end of the day. Whenever there's a moment in the course where there's dissension or difference, or people are storming in their small groups, I'm like, 'Yeah, this is good. Take a deep breath'. It's about people being able to voice their different perspectives in order for us to get to the best possible outcome. We need to hear everyone's voice and everyone needs to feel that they can voice their opinion and be heard."

Closing Statement

Dr. Oandasan concluded her conversation with us by reiterating her belief that, "we need to adopt a systems approach to the way we advance interprofessional education and interprofessional practice.

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As educators in this field, we may need to put emphasis on confidence for true readiness to practice versus focusing on competence. Helping our learners to have an 'I can do this, I will do this, I am doing it' mentality is a goal which may require new pedagogical approaches. Perhaps explicit ways to teach self-concept and self-efficacy as part of self-confidence in the practice of interprofessional care will help strengthen our health workforce."

She closed with "My hope is that we also use interprofessional education as an example of how equity, diversity, and inclusion is woven into how we teach and what we hope to impact. We need to think about our learners and how equity, diversity, and inclusion impacts their capacity to be collaborators in a culture that is laced with power and hierarchy of professions. I believe we have and are changing the system of healthcare delivery and health professions education. Doing this work takes courageous people who on principle believe it's the way health care should be delivered. It requires us to increase the number of collaborative health care providers in the health system who are confident and competent in their professional roles, who are able to communicate effectively and negotiate and who are comfortable with conflict. We need collaborative leadership. The people we need leading change in fact require our interprofessional competencies. The application of these competencies will create the paradigm shift our system needs and a system our learners and patients deserve."