Navigating Interprofessional Care: The Past, Present & Future

Dawn Prentice, RN PhD
Outline

• My Journey to Interprofessional Collaboration (IPC) and Interprofessional Education (IPE)
• Current Issues with IPE and IPC
• The future of IPE and IPC
My Journey
The Importance of ‘Team’
Interprofessional Education at Brock
Nursing at Brock

Intensive Care Room

Infant Care
"Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes." (WHO (2010) Framework for Action on Interprofessional Education & Collaborative Practice 
pdf;jsessionid=D4143EB147792E35F17359DD11AEE71F?sequence=1

"Occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care" (Centre for Advancement of Interprofessional Education (CAIPE) (2002). Definition of Interprofessional Education (revised). http://www.caipe.org.uk
Goal: Interprofessional Collaboration

A 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.

- Role Clarification
  Learners/practitioners understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and meet patient/client/family and community goals.

- Interprofessional Conflict Resolution
  Learners/practitioners actively engage self and others, including the patient/client/family, in dealing effectively with interprofessional conflict.

- Team Functioning
  Learners/practitioners understand the principles of team dynamics and group processes to enable effective interprofessional team collaboration.

- Collaborative Leadership
  Learners and practitioners work together with all participants, including patients/clients/families, to formulate, implement and evaluate care/services to enhance health outcomes.

- Interprofessional Communication
  Learners/practitioners from varying professions communicate with each other in a collaborative, responsive and responsible manner.

- Patient/Client/Family/Community-Centred Care
  Learners/practitioners seek out, integrate and value, as a partner, the input and the engagement of patient/client/family/community in designing and implementing care/services.

Contextual Issues

Quality Improvement

Complex

The six competency domains are:
1) interprofessional communication
2) patient/client/family/community-centered care
3) role clarification
4) team functioning
5) collaborative leadership
6) interprofessional conflict resolution

Interprofessional Education and Practice Partners

Brock University

Niagara Health

Niagara College

McMaster University – Michael G. DeGroote School of Medicine (Niagara Regional Campus)
Learners on the IPE Unit

Medical Clerks
- 6 week core IM rotation

Nursing (RN)
- Pre-grad consolidation (12 weeks)

Nursing (RPN)
- Pre-grad consolidation (8 weeks)

OTA & PTA
- Field placement

Occupational Therapy
- 6 week practicum

Physiotherapy
- 8 week practicum

McMaster

Brock

Niagara College
Learning Activities

• **Bullet Rounds**
  • Daily, on the unit; all health professionals present to round on patients

• **IPE Rounds**
  • Case discussions focusing on discharge

• **Learner-Led Case Presentation**
  • Students present cases where interprofessional collaboration was strong or poor; discussion

• **Role Presentation**
  • Various professions discuss their scope of practice; barriers to collaboration

• **Team Observed Structured Clinical Encounter (TOSCE) ©**
  • A simulated team environment to promote learning and assessment of interprofessional, collaborative skills
The McMaster-Ottawa Team Observed Structured Clinical Encounter (TOSCE) developed in 2006 through the collaboration between McMaster and Ottawa University

TOSCE stations based on OSCE station reliability and validity guidelines (Harden & Gleason, 1979)

Tool has high degree of acceptability and feasibility, and evidence of inter-rater reliability and internal consistency

(Marshall, Hall & Pippa, 2008; Murray-Davis et al., 2013; Solomon et al., 2011)
What is the TOSCE?

• Stations: Simulated Clinical Setting
  – Team interacts with ‘patient’
  – 1-2 interprofessional evaluators per station
  – Feedback

• Standardized assessment:
  – IPE competencies (based on CIHC framework)
  – Clinical competencies (depends on use of tool)
  – Evaluation method
INSTRUCTIONS FOR PARTICIPANTS
You will have **20 minutes** for this TOSCE. During the 20 minutes, you must:

1. Review the information on this BLUE instruction card.
2. Review the information provided to you about Katrina.
3. Discuss as a team, how you might proceed with Katrina.
4. Indicate when the meeting is over and provide a summary plan of care for Katrina.

Katrina is a 38 year old G3P2. She has presented at the ER with minimal spotting and lower abdominal cramping at 22 wks gestation. The obstetrician on call has been notified and is coming to assess. She has been under the care of a midwife for her pregnancy. The obstetrician retrieves her old chart from an ER visit 2 weeks ago. Upon questioning by the obstetrician Katrina reveals that her family physician is unaware of her pregnancy and she has not disclosed to her midwife that she is under the care of a family physician for chronic pain.

Using the skills specific to your discipline and the knowledge of the skills of others on your family health team, please proceed to develop a care plan to meet Katrina’s needs.
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<thead>
<tr>
<th>DEMONSTRATES THE FOLLOWING:</th>
<th>Student 1</th>
<th>Student 2</th>
<th>Student 3</th>
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<tbody>
<tr>
<td><strong>Communication</strong></td>
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<td>Communicates and expresses ideas in an assertive and respectful manner; uses communication strategies in an effective manner with others.</td>
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<td><strong>Collaboration</strong></td>
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<td>Establishes collaborative relationships with others; promotes the integration of information and perspectives from others; ensures that appropriate information is shared with other providers.</td>
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<td><strong>Roles and Responsibilities</strong></td>
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<td>Describes one’s own roles and responsibilities in a clear manner; describes the roles and responsibilities of other providers; shares best practice knowledge with others; accepts accountability for one’s contributions.</td>
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<td><strong>Collaborative Patient-Family Centred Approach</strong></td>
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<td>Seeks input from patient and family in a respectful manner re: feelings, beliefs, needs and care goals; integrates goals, values, and circumstances into care plans; shares options and health care information with patients and families; advocates for patient and family as partners in decision-making processes</td>
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<td><strong>Conflict Management/Resolution</strong></td>
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<td>Demonstrates active listening and is respectful of different perspectives and opinions from others; works with others to prevent and deal effectively with conflict.</td>
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<td><strong>Team Functioning</strong></td>
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<td>Evaluates team function and dynamics; demonstrates shared leadership within the healthcare team that is appropriate to the situation; contributes effectively and meaningfully in interprofessional team discussions.</td>
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<td>Well below expected</td>
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Please mark ONLY ONE FULL NUMBER.
Instructions for Global Rating Scores

Observer
• Please do not use individual IPE competency scores from the previous page to determine the Global Score for either the Team or the Individual participant
• Using the scale below, please assign a global rating score for both the Team as a whole and the individual participants.
• This score should reflect your overall assessment of a) how well the team worked together to address the issue presented to them and b) the individual participant’s contribution to the team
• **RED FLAG(S):** Please check the box (□) if an individual’s decision/advice (care plan) put the patient at risk.

*The expectation for the team is to demonstrate all or most of the competencies outlined in the descriptions.

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Overall Team Rating

Participant #1
Participant #2
Participant #3
Participant #4
Participant #5

For Red Flags please describe the behaviour/incident: ________________________________________________
________________________________________________________________________________________

Intellectual Property of the McMaster-Ottawa
TOSCE Development Team
Clinical Evaluation Methods on the IPE Unit

• Team Observed Structured Clinical Encounter (TOSCE)
• Clinical Encounter Cards
• Discipline Specific Clinical Evaluation Tools
Interprofessional Education Unit Evaluation Studies
Participant evaluation of the Team Observed Structured Clinical Encounter (TOSCE) in a clinical teaching unit: A pilot study
Current Study

The Impact of an Interprofessional Education (IPE) Clinical Teaching Unit on Developing Collaborative Skills and Behaviors: A Pilot Case Study

Dr. Jenn Salfi
Benefits of Interprofessional Collaboration

- Co-ordinated patient care
- Patient satisfaction
- Team members work together
  - Improved communication between disciplines
  - All healthcare workers are comfortable speaking to each other
  - Decreased hierarchy in the hospital environment
- Patient safety outcomes
  - Decreased adverse events
- Increased staff morale
  - Increased recruitment and retention
Benefits of Interprofessional Education

• Learning early- pre-qualification
• Students are ready for collaborative practice upon graduation
• Start the “culture shift early”
Barriers to Interprofessional Collaboration

• Individual level
  – Respecting each team member’s role and knowledge
  – Scope of practice
  – Individual commitment of time and resources
  – Valuing interprofessional collaborative practice
Barriers to Interprofessional Education

• Educational Institutions
  – Leadership
    • Lack of commitment from all schools
    • Do not prioritize IPE in curriculum
    • Lack of faculty expertise with IPE and IPC
The Future of Interprofessional Collaboration

Key Issues:
• Sustainability
• Organizational Support (Academic and Hospitals)
• Addressing Curriculum issues
• Addressing different levels of learners

Strategies:
• Funding
• Providing environments conducive to IPC
• Educators will need to work together to ensure time and resources are built into interprofessional collaboration
Moving Forward: Research Priorities

• Many tools have been developed to assess interprofessional collaboration
• Need more robust outcome studies
Navigating the Future of IPC