FACULTY DISCLOSURE

Clinical Faculty:
Gayle Adams-Carpino

Relationships with commercial interests:
- Grants/Research Support: None
- Speakers Bureau/Honoraria: None
- Consulting Fees: None
- Other: None
This program has NOT received financial support.
MITIGATING POTENTIAL BIAS

❖ No potential bias has had to be mitigated.
INTERPROFESSIONAL EDUCATION FOR COLLABORATIVE PATIENT-CENTRED CARE: MAKING THE IMPLICIT EXPLICIT
OVERVIEW

❖ Introduction to the focus of Interprofessional Education (IPE) for Collaborative Practice

❖ Discuss the Canadian Interprofessional Health Collaborative (CIHC Framework, 2010) and application to practice

❖ Analyze competency domain of interprofessional communication

❖ Apply the McMaster-Ottawa version of the Team Observed Structured Clinical Encounter (TOSCEs) to the competency domain of interprofessional communication

❖ Reflection on self, professional role and how interprofessional connections make sense for you in patient-centred care
THE “WHY” OF INTERPROFESSIONAL EDUCATION FOR COLLABORATIVE PATIENT-CENTRED CARE: MAKING THE IMPLICIT EXPLICIT

- IPE identified as a key learning strategy to enhance ability of health and social care students and practitioners to work together (WHO, 2010)

- Globally, IPE has been proposed as a mechanism to address serious health human resource shortage for under serviced populations (WHO, 2010)
GETTING STARTED WITH TERMS

Interprofessional Education (IPE)

“Occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care”
(CAIPE, 2002)

Interprofessional Collaboration (IPC)

“Is 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”
(CIHC, 2009)
INTERPROFESSIONAL PRACTICE

❖ is an approach to practice; designed to promote the active participation of each profession in patient-centred care

❖ Enhances patient and family-centred goals and values

❖ Provides the mechanisms for continuous communication among caregivers, optimizes staff participation and fosters respect for professional contributions of all professions (Health Canada, 2003)
Health care professionals are seen as possessing a wealth of knowledge in their own field of practice.

Not as effective in sharing that knowledge and collaborating across professional disciplines and patients/clients/families (Coffey & Anyinam, 2015)
CIHC FRAMEWORK

National Interprofessional Competency Framework

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, respectful and responsible manner.

Contextual Issues
Simple
Complex
Quality Improvement
COMMUNICATION

- Verbal
- Para-verbal
- Nonverbal
COMMUNICATION, ONE OF THE CORE COMPETENCY DOMAINS OF INTERPROFESSIONAL PRACTICE

- Communication: transmission of and response of timely information and issues related to decision making while promoting relationships among yourselves as a team.

- Communication styles: refers to how individuals use both verbal and non-verbal communication.

- These communication styles refined through professionalization processes leading to diverse and sometimes opposing approaches to communication (Oelke, Thurston, 2013).
FACILITATORS TO COMMUNICATION AND TEAM EFFECTIVENESS

- **Practice Level:** high levels of contact and interaction among team members, regular patterns of communication with each other and the patient/family

- Common values and purpose

- Effective interpersonal and group skills with each other and the patient/family

- What is the role of the patient and family in your team’s communication? How is this achieved?
INTERPROFESSIONAL COMPETENCY EXPECTATIONS RE: COMMUNICATION

❖ Identify the impact of communication on interprofessional care

❖ Explore and match the level and mode of communication preferred by team members and patients/clients/family

❖ Identify and demonstrate skills for effective verbal and non-verbal communication & active listening

❖ Understand and construct feedback for team members; Accepts and provides feedback; informs reflection

❖ Identify legislation, policies and procedures related to confidentiality; acts to preserve patient/client confidentiality
INTERPROFESSIONAL COMPETENCY EXPECTATIONS RE: COMMUNICATION

❖ Address barriers to effective communication (e.g. acronyms, jargon)

❖ Actively listens and is receptive to knowledge and opinions of others

❖ Seeks feedback from patient and family; delivers effective feedback under difficult or high stakes circumstances

❖ Ensures that knowledge translation occurs at the level of the patient
“When I was in medical school I spent hundreds of hours looking into a microscope—a skill I never needed to know or ever use. Yet, I didn’t have a single class that taught me communication and teamwork skills—something I need every day I walk into the hospital.”

(Prnovost & Vohr, 2010, p.46 – Taken from Core Competencies for Interprofessional Collaborative Practice, 2011)
PERSONAL REFLECTIONS RE: COMMUNICATION

Think of a time when you or a team member exhibited effective communication with a) yourself and b) a patient/family

Why did you think it was effective communication?

What and who was involved (setting, hospital, home, clinic)

Think of a time when you or a team member exhibited poor communication with a) yourself and b) a patient/family

Why did you think it was poor communication?

What and who was involved?
Observer Checklist  TOSCE: #_____  Date: ________  Team: _______________  Observer Initials: ______

Scoring Instructions:
1. Insert one team members’ name at the top of each column.
2. Observe the participants during the team meeting discussion. Please do not interrupt them.
3. Using the 9-point scale, assess each team member’s ability to demonstrate the 6 core objectives listed on the Assessment Sheet. Insert a score for each objective observed for each team member. The expectation for the team is to demonstrate all or most of the competencies outlined in the descriptions.
4. Some objectives may not be applicable or observed. If you feel that a particular objective is not applicable to that team member mark that box as NA.

<table>
<thead>
<tr>
<th>Well below expected</th>
<th>Below expected</th>
<th>Expected</th>
<th>Above expected</th>
<th>Well above expected</th>
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<tbody>
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<td>6</td>
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**DEMONSTRATES THE FOLLOWING:**

<table>
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<tr>
<th>Participants</th>
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<tbody>
<tr>
<td>Communication</td>
</tr>
<tr>
<td>Communicates and expresses ideas in an assertive and respectful manner; uses communication strategies in an effective manner with others.</td>
</tr>
<tr>
<td>Collaboration</td>
</tr>
<tr>
<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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<tr>
<td>Roles and Responsibilities</td>
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<tr>
<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>
</tr>
<tr>
<td>Collaborative Patient-Family Centred Approach</td>
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<tr>
<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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<tr>
<td>Conflict Management/Resolution</td>
</tr>
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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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<tr>
<td>Team Functioning</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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McMaster-Ottawa Team Observed Structured Clinical Encounter (TOSCE)
So, what are educational institutions and students doing to address interprofessional education for collaborative patient-centred care? IPE curriculum bridging to clinical settings; student interprofessional student societies...being the change
IPE FOR COLLABORATIVE PRACTICE...WHAT WE ARE DOING IN THE EDUCATION DOMAIN

Since 1969 academic institutions across Canada implementing various forms of IPE

Inconsistent applications

- Formalized IPE is in the early stages of curriculum development in Canada
- Continued questions surrounding IPE and a need to better understand the complexity of bringing together diverse groups of learners
- As a preceptor, what are your experiences with IPE competencies?
This presentation was intended to raise awareness of the concept of interprofessional education (IPE) for collaborative practice; if you want to learn more about IPE and how it can be implemented with students and teams please contact me at:

gadamscarpino@nosm.ca
FROM FACULTY AND STUDENTS THANK YOU

Hall et al. (2011). A method to enhance student teams in palliative care: Piloting the McMaster-Ottawa team observed structured clinical encounter. *Journal of Palliative Care, 14*(6), 744-750.


