

# Partnering with Leaders to Enable Best Collaborative Practice for an Ambulatory Diabetes Care Clinical Team

Dean Lising, Strategy Lead, IPE Curriculum & Collaborative Practice Lead, Centre for Interprofessional Education, University of Toronto

Lynne Sinclair, Innovative Program and External Development Lead, Centre for Interprofessional Education, University of Toronto

Maria Tassone, Senior Director, Interprofessional Education and Practice, University Health Network, Director, Centre for Interprofessional Education, University of Toronto



# Objectives

- Consider the context, process and key factors in development of a collaborative practice modular program
- Identify the application of key IPC competencies to guide team assessment, content and educational framework through collaboration with leaders from an Ambulatory Diabetes Care Clinical Team
- Understand key learnings from program evaluation and valuation for applicability across the continuum of care and future programs

# Disclosure

Faculty: Dean Lising

Relationships with commercial interests and potential for conflict(s) of interest

- None

Faculty: Lynne Sinclair

Relationships with commercial interests and potential for conflict(s) of interest

- None

Faculty: Maria tassone

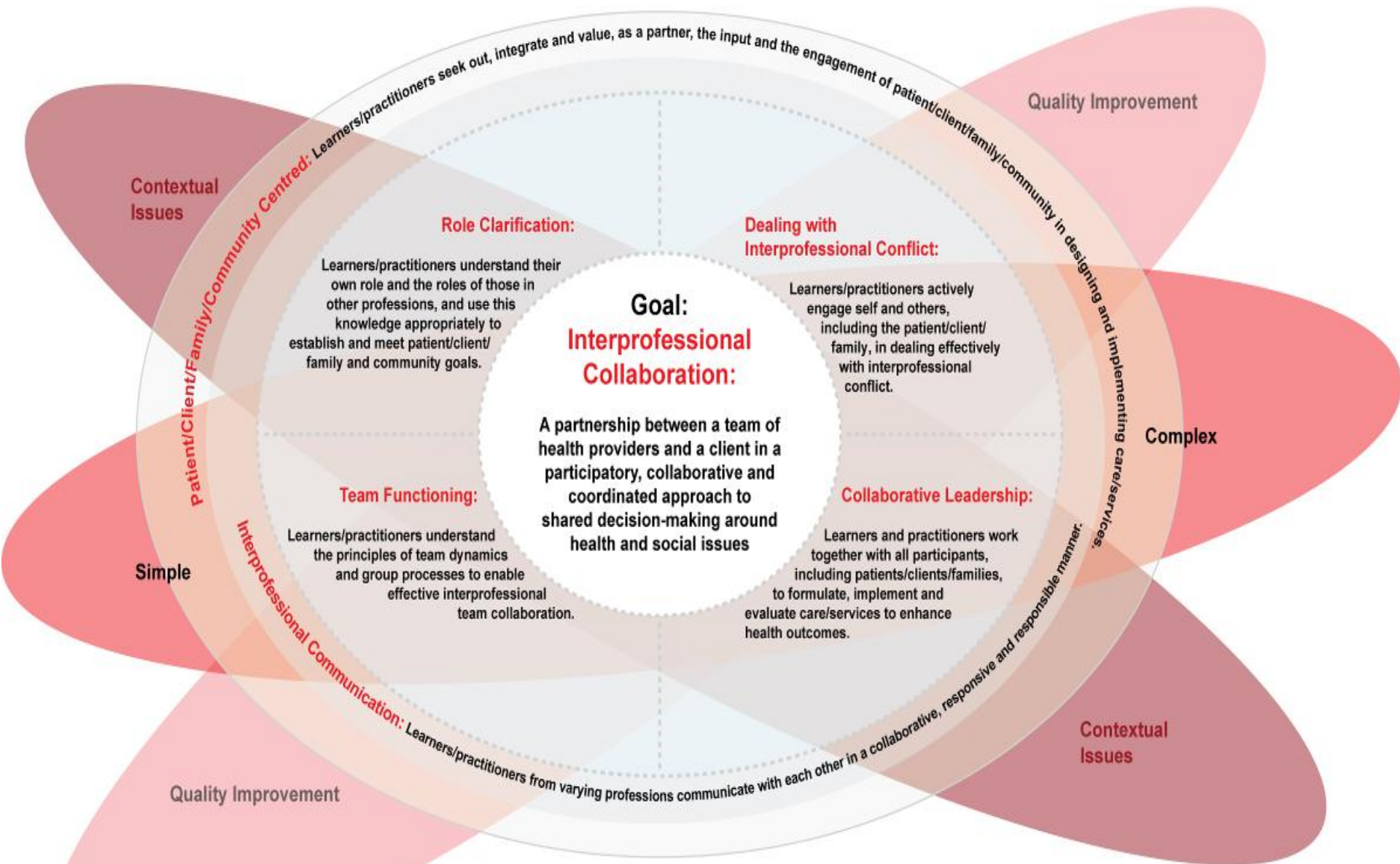
Relationships with commercial interests and potential for conflict(s) of interest

- None

# Centre for IPE and Partnership

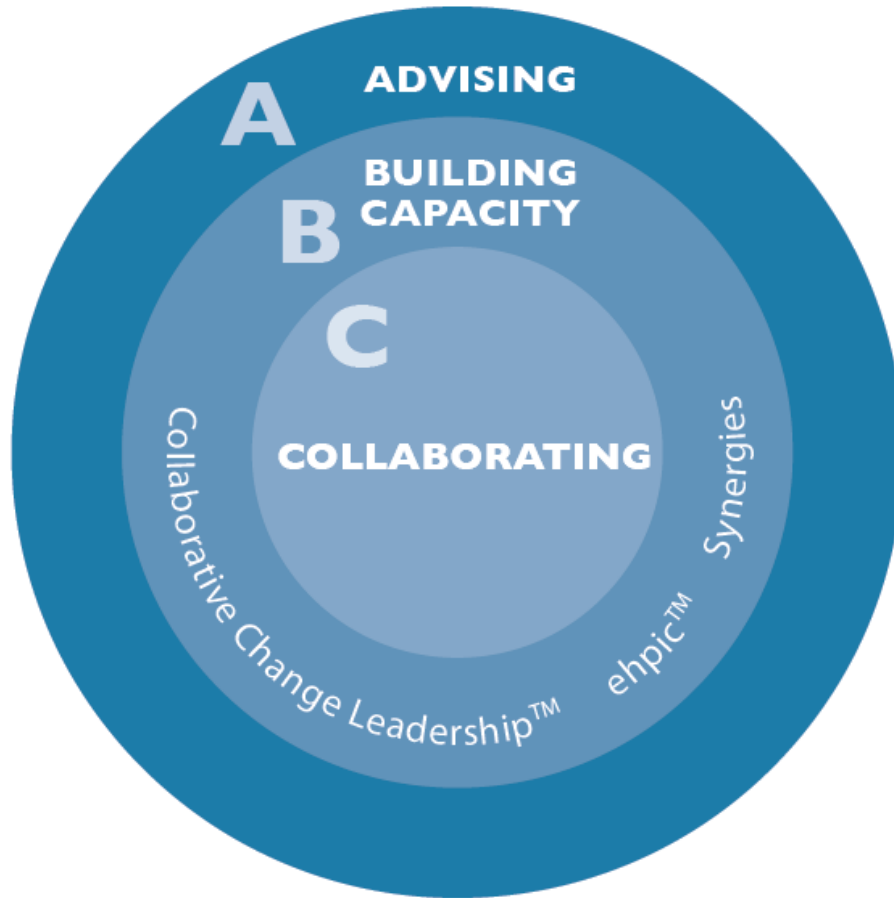


# National Interprofessional Competency Framework



# THE ABC'S OF PROFESSIONAL DEVELOPMENT

*Advancing IPE/IPC through Advising, Building Capacity, and Collaborating With Teams*



## ADVISING

**A**

Advising/coaching IPE/IPC champions to lead transformative change across the system

## BUILDING CAPACITY

**B**

Educating clinicians, educators and leaders to innovate interprofessional curriculum and programs

## COLLABORATING

**C**

Facilitating teams for co-creation of inter-professional models of care at the point of care

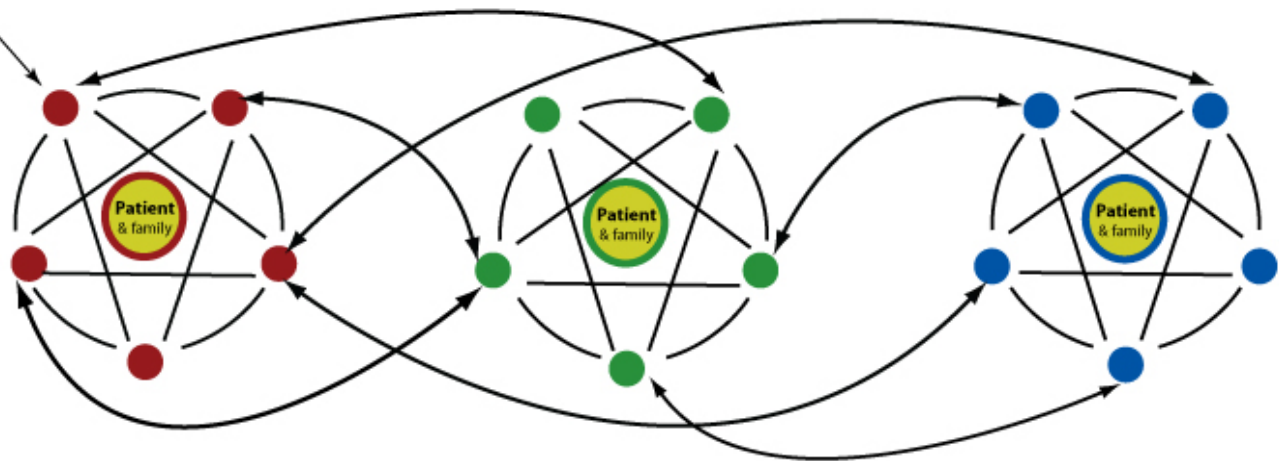
© 2015 University of Toronto, Centre for IPE

# Collaboration should occur within & across settings, following patients throughout their illness journeys.

## GOAL:

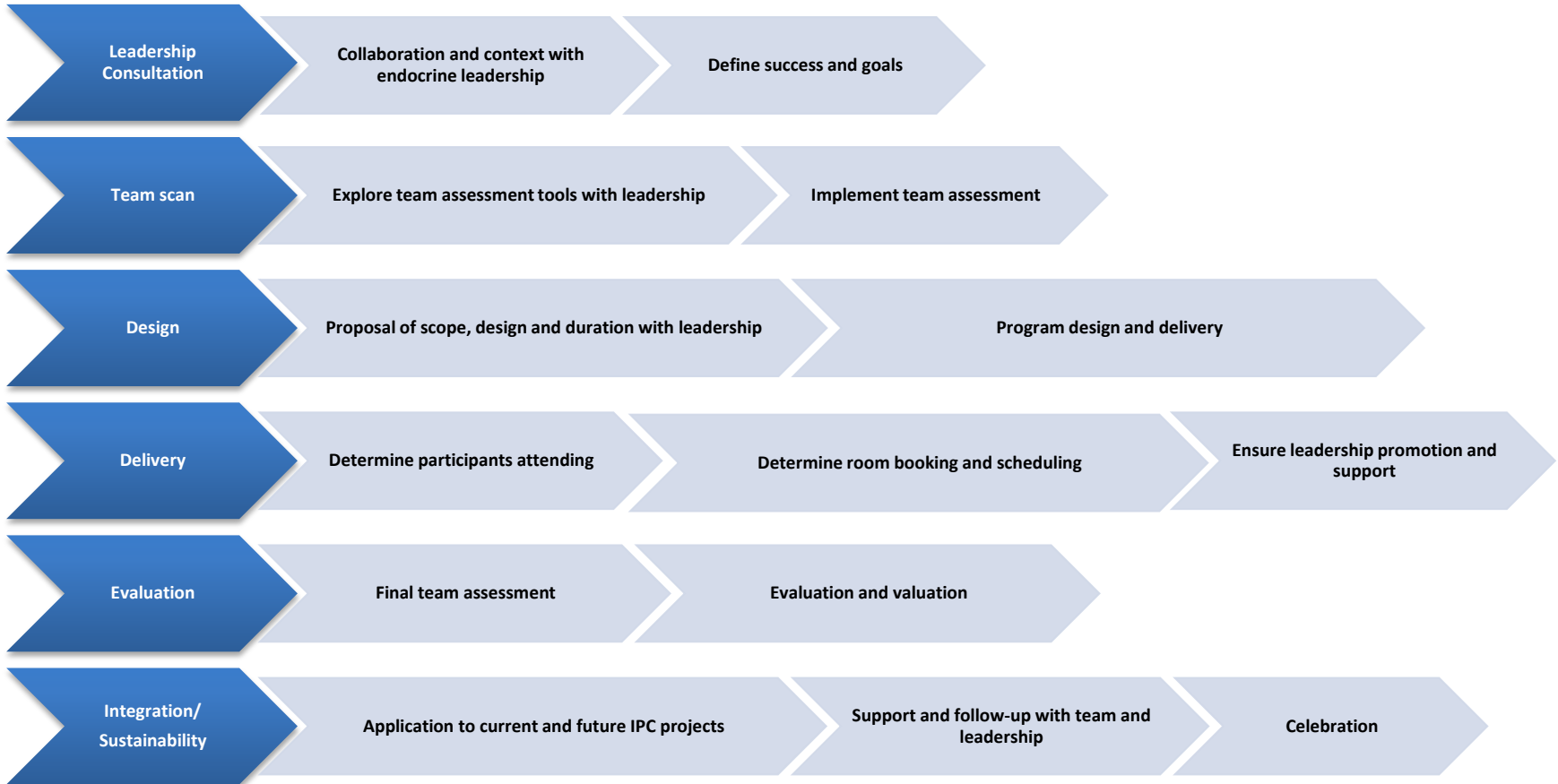
Regular and frequent dialogue between all health caregivers, within and between settings as necessary.

All health caregivers see themselves as part of the patient's care team.



SEAMLESS CARE FOR THE PATIENT

# Project Plan



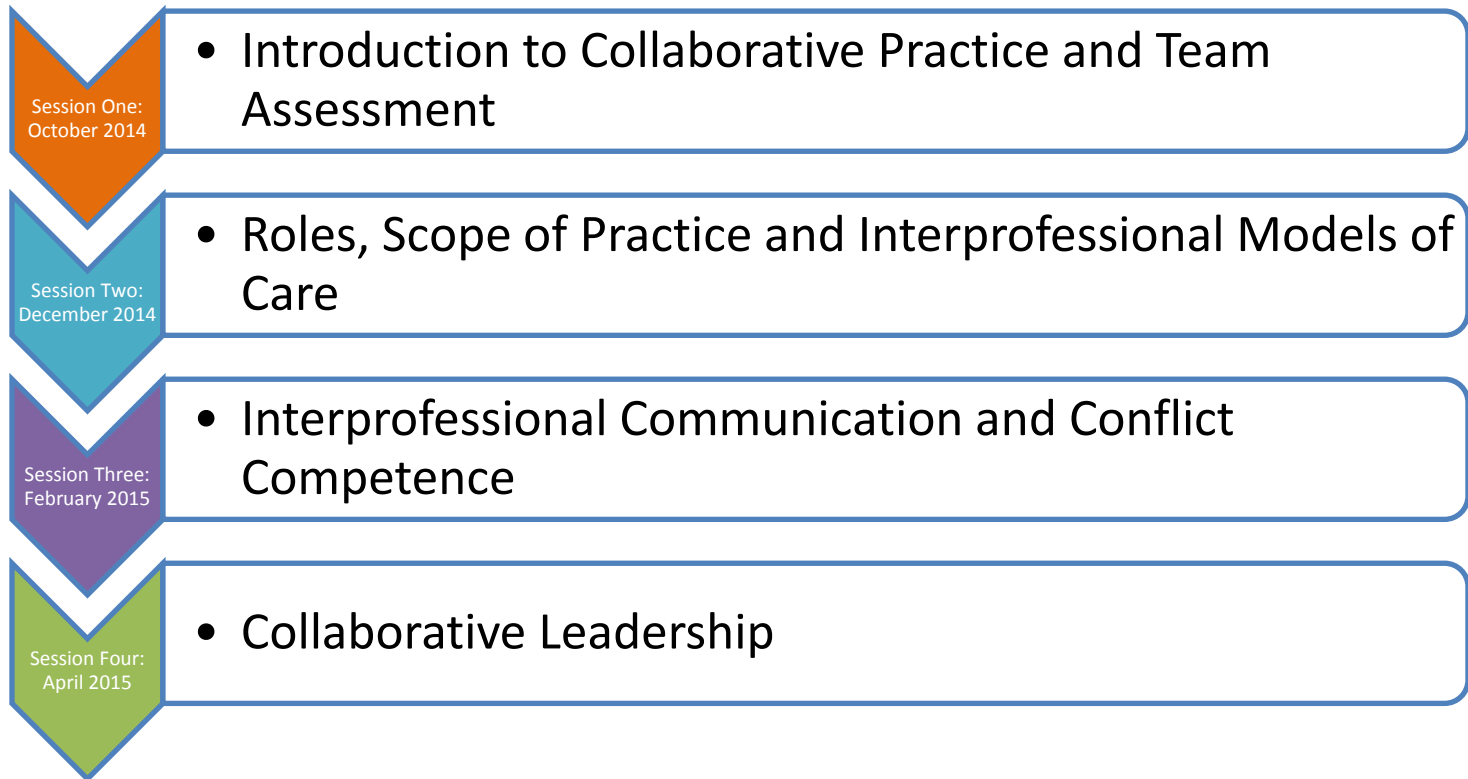


# Collaborative Practice Program Goal

Enhance collaborative practice and team culture through facilitation of collaborative learning, intentional focus on team process, reflection of current and future practices to enhance patient and team outcomes.

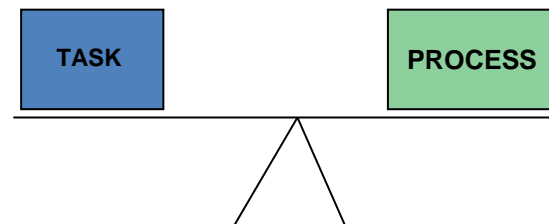


# Session Format

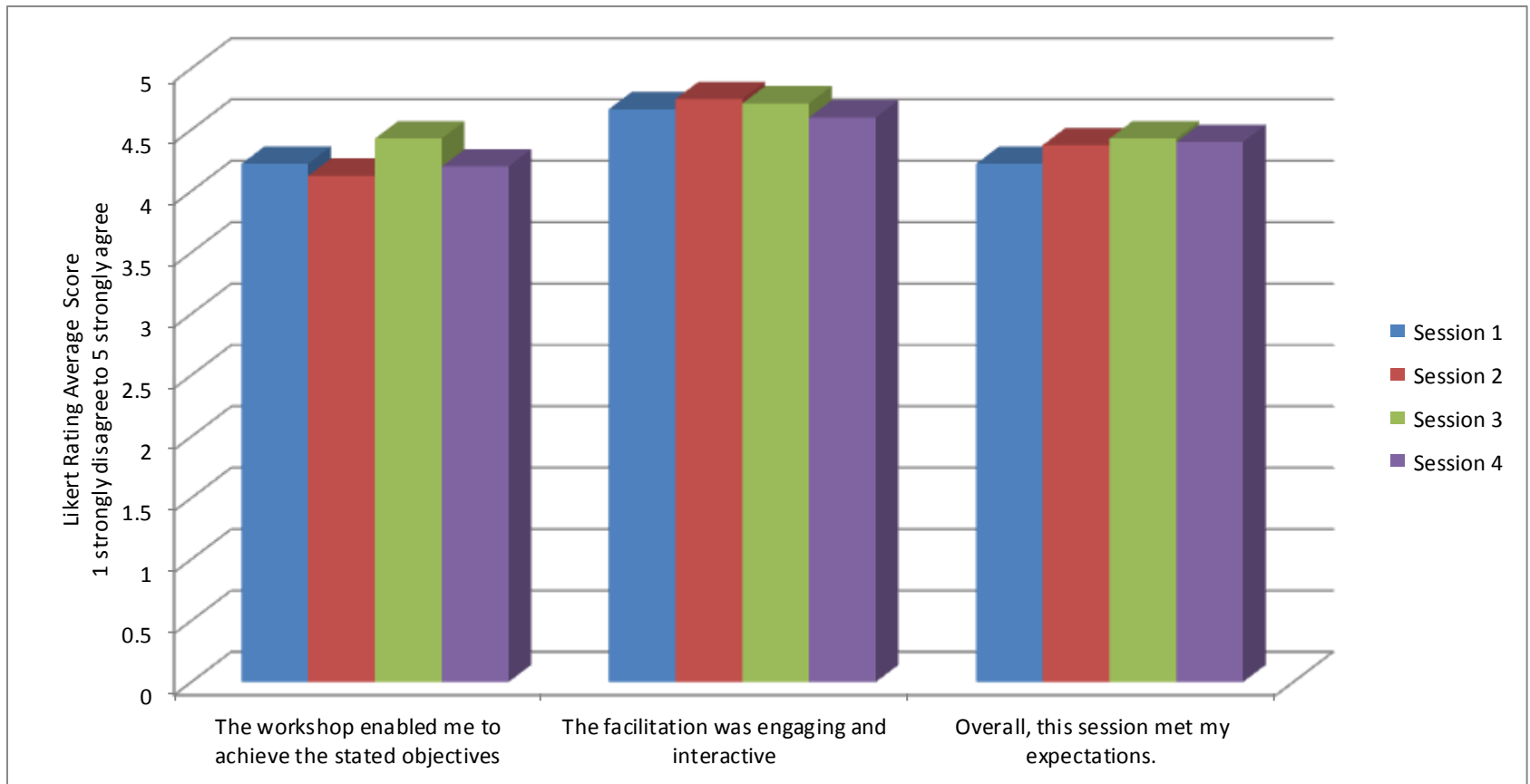


# Design Educational Framework

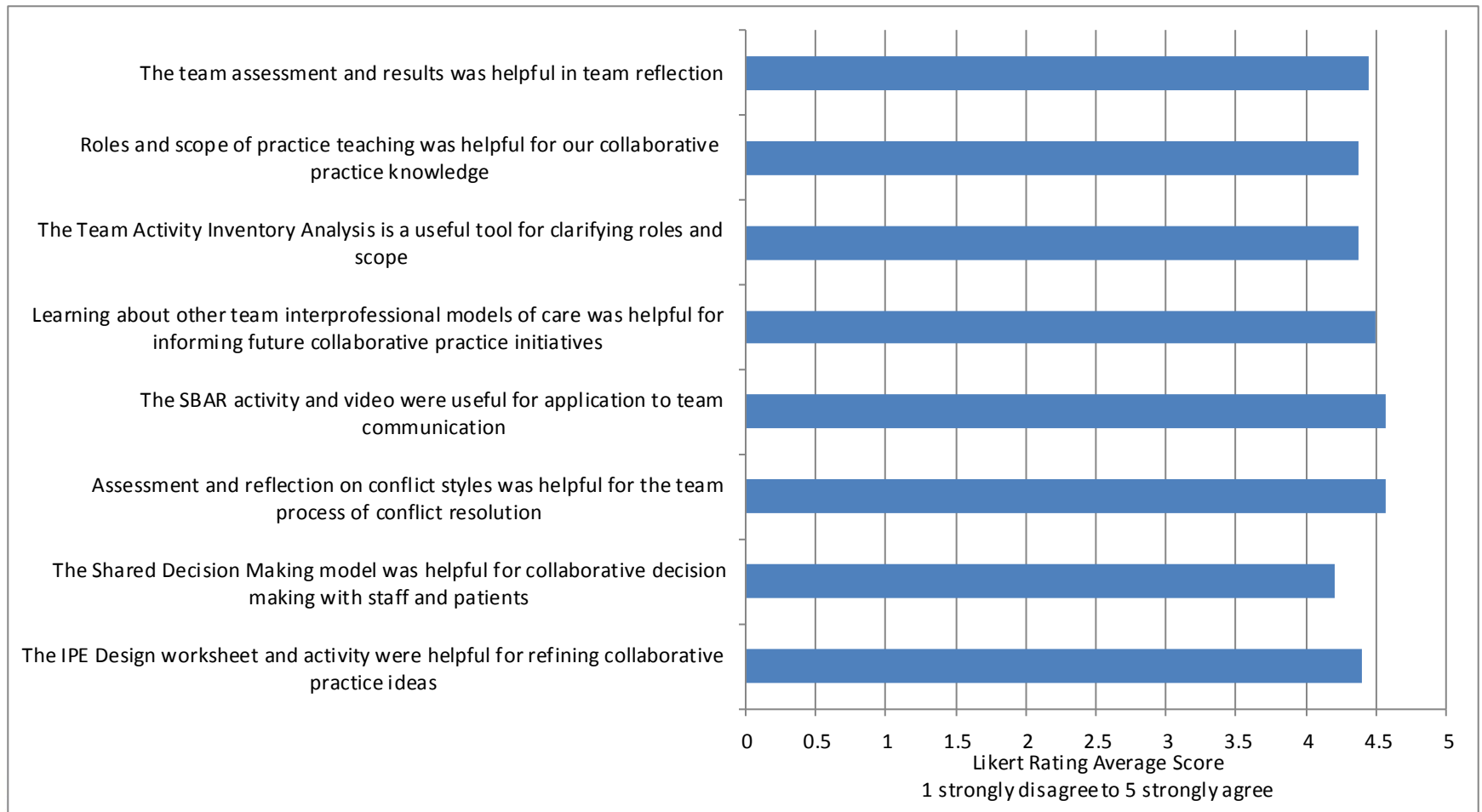
- Interactive facilitated discussion
- Appreciative inquiry process and generative questions
- Equity and inclusiveness across professions
- Practice- and application- based
- Learner-focused, emerging curriculum
- Team process reflection



# Session Evaluation



# Program Evaluation



# How have the sessions impacted your collaborative practice?

- “Find the teams are working much better i.e., collaboratively and we do it well”
- “More respectful of unique contribution of each team member”
- “Make me more aware of how things work/ work better/ improve care for patients as a team”
- “Assist with shared decision making”
- “Staff were given opportunities to share ideas and opinion on how to serve our patients more effectively”
- “It also gave us time to do self reflection about our styles of interaction and consider the impact on other team members”

# Lessons Learned

- Shared decision making, self management, team communication key factors in support patient care and transitions across care sectors
- Role clarity exercises and optimization of scopes beneficial
- SBAR tool applicable in an ambulatory care setting
- Practical application was key to their current setting – ie interprofessional appointments

# Lessons Learned

- Scheduling challenges for creating space for physician, nursing and dietitian communication
- Conflict self-assessment useful to explore power/hierarchy in teams
- Support of senior administration critical and team-based care issues opportunity for collaborative leadership
- Responding to emerging curriculum objectives with team and leaders facilitated success
- Collaborative culture and partnership key to sustainability



# Lessons Learned

- Team assessment can inform curriculum and team reflection
- Balance education, facilitation, consultation with practical application to setting
- Protected time for team to learn with, from and about each other and interact/socialize together can not be understated



# Next Steps

- Exploration of broad applicability of this curriculum needs for other teams across the continuum and multiple sectors, including longitudinal evaluation of sustainability
- Expansion to a modular customizable program

# References

- Boaro, N., Fancott, C., Baker, R., Velji, K. & Andreoli, A. (2009). Using SBAR to improve communication in interprofessional rehabilitation teams. *Journal of Interprofessional Care*, April 15 2009; 1–4, iFirst article.
- Canadian Health Services Research Foundation (2006). *Teamwork in Healthcare: Promoting Effective Teamwork in Healthcare in Canada*. [http://www.cfhi-fcass.ca/Migrated/PDF/teamwork-synthesis-report\\_e.pdf](http://www.cfhi-fcass.ca/Migrated/PDF/teamwork-synthesis-report_e.pdf)
- Canadian Interprofessional Health Collaborative (2010). *A National Interprofessional Competency Framework*. Vancouver: Her Majesty the Queen in Right of Canada. [http://www.cihc.ca/files/CIHC\\_IPCompetencies\\_Feb1210.pdf](http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf)
- Legare F., & Stacey D. (2014). An interprofessional approach to shared decision making: What it means and where next? (pp. 131-139). In: TK Woodruff, ML Clayman, KE Waimey (eds.), *Oncofertility Communication: Sharing information and building relationships across disciplines*. DOI 10.1007/978-1-4614-8235-2\_11, NY: Springer.
- Maxfield D., Grenny J., McMillan R., Patterson K., & Switzler A. (2005). *Silence Kills: The Seven Crucial Conversations for Healthcare*. VitalSmarts; 2005.E45
- Meuser, J., Bean, T., Goldman, J., & Reeves, S. (2006). Family Health Teams: A New Canadian Interprofessional Initiative. *Journal of Interprofessional Care*, 20(4): 436-438.
- Ministry of Health and Long-Term Care (2007). *Interprofessional Care: A Blueprint for Action in Ontario*.
- Orchard, C.A., Curran, V., & Kabene, S. (2005). Creating a Culture for Interdisciplinary Collaborative Professional Practice. *Med Educ Online* [serial online] 2005;10:11.
- Nembhard, I.M., Alexander, J.A., Hoff, T.J., & Ramanujam, R. (2009). Why Does the Quality of Health Care Continue to Lag? Insights from Management Research. *Academy of Management Perspectives* 2009 February: 24- 42.
- Runde, C.E., & Flanagan, T.A. (2010). *Developing your conflict competence*. San Francisco: John Wiley & Sons.

# References

- St. Joseph's Health Centre (2005). A Roadmap for Co-Creating Interprofessional Models of Care. <http://www.stjoe.on.ca/education/pdf/roadmap.pdf>
- Trentham, B., Andreoli, A., Boaro, N., Velji, K. & Fancott, C. (2010). SBAR: A shared structure for effective team communication. An implementation toolkit. 2nd Edition. Toronto Rehabilitation Institute: Toronto.
- Waters I., Oandasan O., & Moaveni A. (2006). Team Case Conferences: Family Health Centre, Toronto Western Hospital.
- Women's College Family Health Team (2008). Interprofessional Team Development for Diabetes Care – Discussion Paper. [http://www.effectivepractice.org/site/ywd\\_effectivepractice/assets/pdf/App\\_A\\_Diabetes\\_IDTD\\_Tool\\_Feb09.pdf](http://www.effectivepractice.org/site/ywd_effectivepractice/assets/pdf/App_A_Diabetes_IDTD_Tool_Feb09.pdf)
- World Health Organization (2010). Framework for action on interprofessional education and collaborative practice. [http://www.who.int/hrh/resources/framework\\_action/en/](http://www.who.int/hrh/resources/framework_action/en/)
- Zwarenstein, M., Goldman, J. & Reeves, S. (2009). Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes. Cochrane Database Syst Rev. 2009 Jul 8;(3).