




WHAT TYPE OF COLLABORATOR AM I?
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OUTLINE

- Introduction and Background
 - Interprofessional Collaboration (IPC) and teams
 - Drivers for collaboration and ongoing limitations
 - Evidence of IPC benefits and facilitators
 - IPC competencies
- Today's focus: "the individual" factors – the "I" in team
- Mini-World Café:
 - Discuss your
 - Experiences and reflections on effective (and less effective) IPC (consider different roles, settings (contexts)
 - Performance as a team member
- Town hall discussion, resources/references

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IPC DESCRIPTIONS

- **Interprofessional collaborative practice:** “When multiple health workers from different professional backgrounds work together with patients, families, [care givers], and communities to deliver the highest quality of care.” WHO 2010 <https://hsc.unm.edu/ipe/resources/who.html>

THEMES FOR “COLLABORATION” involve:

- **Multiple** people; **social** and **task** inputs; **patient-centred**
- Ongoing **partnerships** of individuals/agencies with diverse backgrounds and mandates to provide services

IPC DESCRIPTIONS

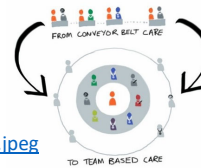
- Cooperation, communication, negotiating agreement, trust, respect, valuing and understanding one another
- Building a synergistic alliance to **maximize contribution of each person**
- Involves **collective action** to address **complex patient needs** and an IP team relationship
- **Solution based**; dynamic, transformative
- **Efficient, effective and satisfying** methods of offering services

HEALTHCARE TEAMS

- **Interprofessional teamwork:** Cooperation, coordination and collaboration between professions to deliver patient-centered care.
 - **Interprofessional team-based care:** Care delivered by **intentionally created, relatively small work groups** recognized as having a **collective identity and shared responsibility** for patients
- Types of teams vary - different levels of integration and collaboration

<http://www2.yvcc.edu/coe/AH-IPE.html>

https://miro.medium.com/max/959/1*Ybn1PDE3ISu8saUIOHB5vA.jpeg



“FUNCTIONAL” TEAMS

Multi-functional team – range of health professionals with functional expertise (one time or on-going):

(Other definitions- inter- or trans professional)

- Distinct activities/handoffs that benefit from each team member along the continuum
- Sometimes disconnected physically/psychologically (little opportunity to share and innovate)
- Efficient, effective, innovative; good risk management

Functional IPC team - shared goals, trust, open and collaborative *interdependence* with potential long term benefits

<https://www.jmirs.org/article/S1939-8654%2816%2930117-5/fulltext>

<https://www.kissclipart.com/team-building-healthcare-clipart-health-care-logo-8b2f3g>



IPC DRIVERS AND EVIDENCE

- Mitigates impact of insufficient workforce to meet demands
 - Increases rural accessibility
 - Improves HHR planning (costs, coordination)
- Improves health outcomes
 - Higher quality primary health care
 - Better chronic disease management
 - reduced hospitalization, better quality of life
 - Reduces wait times
 - Reduces error, near misses (patient safety)



<https://croakey.org/wp-content/uploads/2014/10/RuralHealth2-220x124.png>

MECHANISMS NEEDED TO FACILITATE IPC

Not the same in all settings or healthcare systems


- Management and HHR practices (incentives, remuneration, HHR planning, health system policies, infrastructure)
- IPC champions (dedicated, focussed)
- IPC enhanced curricula/practice standards to support IPC competency development

Sustained work to achieve a **Paradigm Shift** in culture from uni-professional focus

<https://www.changefactory.com.au/our-thinking/articles/change-evolution-or-revolution/>



IPC COMPETENCIES



- **Competencies:** integrated enactment of knowledge, skills, values, and attitudes that define
 - the areas of work of a **particular health profession** applied in specific care contexts.
- **IPC Competencies:**
 - **working together** across the professions, with other health care workers, and with patients, along with families and communities, as appropriate to improve health outcomes in specific care contexts.
- Ultimate goals of demonstration and practicing IPC competencies: Improve patient experience of care, improve the health (and quality of life) of populations and reduce the cost of health care.

CANADIAN IP CORE COMPETENCIES

- **Interprofessional communication**
- **Role clarification**
- **Patient/client/family, community - centred care**
- **Conflict resolution**
- **Team functioning**
- **Collaborative leadership**



Content based on the Canadian IP core competencies
https://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

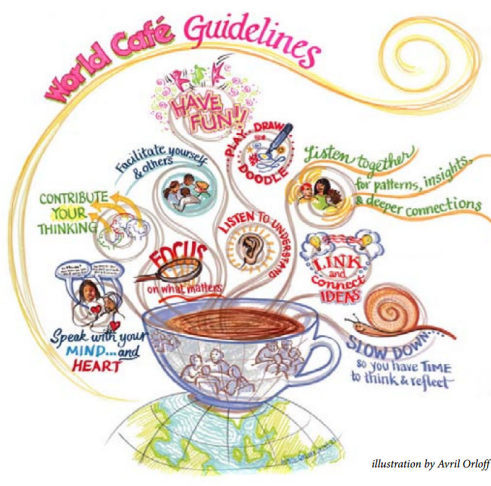
PUTTING THE “I” BACK IN TEAM

- Another level of competencies:
 - Social capital –
 - hard to build, easy to burn;
 - Framing or rhetoric –
 - how we choose the words we use to communicate;
 - Perspective taking –
 - it’s not all about you;
 - Negotiating priorities –
 - seeking Stephen Covey’s *3rd Alternative* (Ref: Covey, Stephen R. (2011). [The 3rd Alternative](#). New York: Free Press. ISBN 978-1-4516-2626-1)

“MINI” WORLD CAFÉ APPROACH

- Assumption “we are wiser together than alone”
- People already have the wisdom and creativity; this format brings out the “brilliance”
- Ingredients:
 - Participate in small groups to facilitate engaging all 😊
 - Think about questions specific to the topic designed to guide your reflection
 - Talk to each other to connect diverse perspectives
 - Listen together for patterns and insights
 - Share collective concepts/ideas

<http://www.theworldcafe.com/wp-content/uploads/2015/07/Cafe-To-Go-Revised.pdf>



The illustration, titled "World Café Guidelines", depicts a large blue coffee cup filled with brown coffee, sitting on a green and blue globe. A yellow swirl arches over the cup. Various colorful icons and text bubbles surround the cup, each representing a guideline. The guidelines include: "HAVE FUN!", "Facilitate yourself & others", "CONTRIBUTE YOUR THINKING", "Speak with your MIND...and HEART", "DRAW on what matters", "LISTEN TO UNDERSTAND", "Listen together for patterns, insights & deeper connections", "LINK and connect IDEAS", and "SLOW DOWN so you have time to think & reflect". The artist's signature "illustration by Avril Orloff" is at the bottom right of the illustration.

- Two rounds of 15 minutes
- Write, doodle, draw
- A short summary before moving; 1 person may choose to stay at table and serve to review key points
- A “town hall” discussion – insights and patterns
- Goal – collective knowledge growth and possibilities for actions emerge

QUESTIONS (any context, setting relevant to you)

SET ONE:

1. What are the 4 most important characteristics of successful interprofessional teamwork from your experiences?
2. What have you, as an individual team member, done/said to contribute to successful teamwork?
3. What grade (A, B, C, D, F) would you give physical therapists as collaborators generally and why?

GROUP DISCUSSION POINTS:

SET TWO:

4. What needs to be done to support each team member to give their best to the team’s work?
5. What are the two most important lessons you have learned (through either positive or negative experiences) about how to contribute positively to a team?
6. How could physical therapists improve their skills as collaborators generally?

GROUP DISCUSSION POINTS:

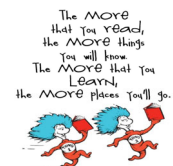


<http://site.xaraxone.com/tutorials/return-to-animation/>

FURTHER READING/RESOURCES

- Arain M, Suter E, Mallinson S, Hepp SL, Deutschlander S, Nanayakkara SD, Harrison EL, Mickelson G, Bainbridge L, Grymonpre RE. Interprofessional education for internationally educated health professionals: an environmental scan. *J Multidiscip Healthc.* 2017 Mar 3;10:87-93. doi: 10.2147/JMDH.S126270. eCollection 2017. Review.
- Bainbridge L, Regehr G (2015). *Should there be an "I" in Team? A new perspective on developing and maintaining collaborative networks in health professional care.* In C. Orchard & L. Bainbridge (eds.) *Interprofessional Client-centred Collaborative Practice: What does it look like? How can it be achieved?* Nova Science Publishers: New York, NY. Chapter 4, pp51-66 (comprehensive reference list).
- Canadian Interprofessional Health Collaborative. A National Interprofessional Competency Framework. Feb 2010. https://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf
- Frenk, J., Chen, L., Bhutta, Z. A., Cohen, J., Crisp, N., Evans, T., ... & Kistnasamy, B. (2010). Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet*, 376 (9756), 1923-1958.

<https://beneylu.com/pssst/en/inspire-children-to-read/>



FURTHER READING/RESOURCES

- Grymonpre RE, Arain MA, Bainbridge LA, Deutschlander S, Harrison EL, Koenig RA, McAdams M, Mickelson GM, Suter E. Interprofessional Education for Internationally educated health professionals: Pathways to licensure. *Healthc Q.* 2017;20(3):52-58.
- Hean, S. et al. (2016). *Moving from atheoretical to theoretical approaches to interprofessional client-centered collaborative practice.* In Orchard C and Bainbridge L (eds.). *Interprofessional Client-Centered Collaborative Practice: What Does it look like? How Can it be Achieved?* New York: Nova Science Publishers.
- Interprofessional Competency Toolkit: On-line modules. <http://IEHPCOLLABORATIVEPRACTICESK.CA> OR <HTTP://WWW.YUKONIEHP.CA/SELFSTUDY.PHP> (free access)
- Interprofessional Education Collaborative. Core Competencies for Interprofessional Collaborative Practice: 2016 Update.
- Morley L, Cashell A. Collaboration in health care. *J of Medical Imaging and Radiation Sciences* 48 (2017) 207-216. [https://www.imirs.org/article/S1939-8654\(16\)30117-5/fulltext](https://www.imirs.org/article/S1939-8654(16)30117-5/fulltext)
- World Health Organization; Health Professions Networks Nursing and Midwifery Human Resource for Health. Framework for action on Interprofessional Education & Collaborative Practice. 2010. https://www.who.int/hrh/resources/framework_action/en/

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THANKYOU!

Photo by Kym Mackinnon