Working Together
Interprofessional Education and Collaboration Among Health Professionals

Collaboration can benefit all players in the health care system, enhancing care and safety for patients and improving workload and job satisfaction for health professionals. It can also help learners to develop positive interprofessional behaviours and team work expertise. Teaching and modelling a collaborative approach to learners will convey and reinforce the attitudes, knowledge and skills they need to become collaborative practitioners in the future.

Practice Challenges:
- Limited opportunities for clinical teachers to assess/reflect on their own interprofessional collaboration.
- Learners are unclear about the scope of practice/role of different professions.
- Structural barriers (e.g., scheduling, time) hamper interprofessional collaboration.

This module aims to help clinical teachers:
- Reflect on their own interprofessional collaborative behaviour and effectively role model this behaviour to learners.
- Facilitate learners’ understanding regarding the scope of practice/role of other professionals.
- Identify opportunities to teach collaborative care and to address structural barriers.

Introduction to PBSG-ED Series

This special series of modules is dedicated to enhancing the educational skills of busy clinical teachers. The modules provide continuing education in a case-based format that makes judicious use of the most recent and best education evidence available. Starting from real-life examples of teaching and learning situations, the modules have been designed to promote discussion with colleagues around challenging issues/dilemmas that are likely to arise when working with learners. Their purpose is to foster reflection and provide opportunities to refine skills – preparing the way for selected changes that can improve teaching and learning.
Case 2: Hospital Out-patient Clinic Team: Physicians, medical students, nurses, social workers, pharmacists, dieticians, occupational therapists

A busy hospital-based subspecialty clinic has many residents and medical students. At the completion of each clinic day, the team meets for a wrap-up session to discuss outstanding issues around patient care. During the meeting, the physician receives an urgent call from one of his patients who needs medications ordered. The pharmacist is asked to pick up the medication and bring it back to the clinic. When she recognizes that the patient is not one of their clinic patients from that day, she says: “This is not one of our patients, it’s not my job.” The physician responds: “You work for me, and your job is to do what I tell you to do.” After a few minutes, both individuals realize they are responding poorly to the stress of the day and apologize. Several learners attending the clinic that day are surprised at the exchange, but don’t comment.

What are some of the possible factors that could be influencing the professional behaviours demonstrated in this interaction?

How could each professional debrief with the learners about what happened and model appropriate communication?

IPE: THE GOALS

1. The goal of IPE is to “learn together in order to work together in the best interests of patients, their families and their communities.” To achieve this goal, health professionals must develop interprofessional knowledge, attitudes and skills at the pre-licensure and practice levels.
Many organizations are devoted to promoting IPE and health professional collaboration, both in the academic and clinical practice settings. See Appendix 1 for a listing of national and international initiatives.

**IPE: THE MODEL**

The Health Canada model for IPE “reinforces the inter-relationship between learner outcomes and collaborative practice by focusing on learners as they transition from academic to clinical environments, and on clinicians as they work together and with learners.” The model “is based on the premise that the shift to interprofessional practice requires changes in health professional values, socialization, and workplace organizational structures.” It aims “to promote cultural change and develop positive role models within the clinical learning sites.”

To view the model, go to: www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/hhr/ieccpc-eng.pdf (accessed March 2010)


**Interprofessional Competency Framework**

The Canadian Interprofessional Health Collaborative (CIHC) has developed a framework outlining the competencies that are essential to collaborative practice. Domains include the following: role clarification; team functioning; interprofessional conflict resolution; team functioning; collaborative leadership; patient/client/family/community-centred care; interprofessional communication.


**THE BENEFITS**

**For the Patient**

2. Currently, it is not possible to draw firm conclusions about the long-term effectiveness of IPE in improving patient care. However, collaborative practice interventions have been found to improve patient outcomes in the following areas:

- screening for sexually-transmitted disease
- adult immunization
- fractured hips
- decreased treatment costs in the management of low-birth-weight infants
- evaluation and management of geriatric patients
- acute care for abused women in the emergency room
- improved patient satisfaction with their care
- decreasing the rate of clinical errors
- better care in mental health

*Note*: Research on the efficacy in other health care settings is ongoing.

**For the Learner**

3. Although there is ongoing debate about the optimal timing to introduce interprofessional education, research shows that learners in the early stages of their educational programs are “ready and willing” to take part in interprofessional education.

Introducing IPE at this time may facilitate the development of positive attitudes and behaviours towards other health professionals. Learners who experience IPE are more aware of the “impact of poor interprofessional working on care delivery” than those without this experience and are more open to collaboration and interprofessional approaches.

The authenticity of the learning experience is important. Learners, therefore, need to see the link between their learning and future practice.

**For the Professional**

4. IPE strategies increase collaboration and communication among team members. Professionals involved in this kind of collaboration experience improved job satisfaction and increased self confidence. “Respect shown for different roles and perspectives” enables professionals to be “open about gaps in their knowledge and to ask questions.” The organization, as a whole, benefits from professionals working together in a more effective and efficient manner.
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**HOW TO PROMOTE INTERPROFESSIONAL COLLABORATION**

**Collaboration in Your Own Practice**

5. To teach and model collaborative practice to a learner, it is essential to assess and reflect on your own and your team’s collaborative behaviour. A well-functioning collaborative team is characterized by:

- sound leadership
- mutual respect for respective strengths and differences
- clarity about team members’ roles and responsibilities
- clear and regular communication
- appropriate organizational structures (e.g., regular meetings)
- equitable decision-making
- effective conflict resolution
- a focus on patient needs
- a feeling of collective accountability and responsibility to work in an integrated fashion.

**Leaders and Mentors**

6. Strong leadership is instrumental in promoting IPE and collaborative practice. In an interprofessional collaborative practice, practitioners will collaboratively determine who will provide group leadership in any given situation.27 An effective leader can:

- ensure a good mix of skills and diversity within the group
- encourage team members to develop their skills and potential
- establish common goals
- develop team processes including role clarity and team support
- set clear tasks

7. Within clinical settings, it is important to model collaborative practice for learners.8 Teachers play a key role in creating an environment that supports the goals of IPE and acting as role models for learners.7 Ongoing coaching and mentoring can help learners to develop and maintain their teamwork expertise.18

**Scope of Practice**

8. Entrenched attitudes or misconceptions about scope of practice can impair interprofessional collaboration.25,28 Learners may bring professional and cultural beliefs and attitudes that can affect their willingness to collaborate with other health professionals. Patients may also be affected by prevailing stereotypes and unwilling to see certain health professionals as the point of first contact.8

9. It is important to address “turf” issues between different health professions, adopt common goals and break down long-standing power beliefs and structures.25

a. It is essential to help and encourage learners to understand, recognize and respect the scope of practice/role of other team members and to clearly articulate their own roles and responsibilities to others.7 Providing opportunities for learners to meet and work with individual team members on a one-on-one basis is key.26 Formal or informal opportunities for new team members to “shadow” others can help to foster an understanding of other team members’ roles. Team-based case discussions are also helpful.

b. Educate patients about how each team member will contribute to their care.25,29

10. Clarification of roles is especially important if there is a potential for overlap between different providers and learners regarding competencies and scope of practice.26 This overlap can result in “role blurring due to confusion as to where one’s practice boundaries begin and end.”28 Some team members may feel they are being underutilized or, at the other end of the spectrum, feel they are doing everything. Conflict and burnout can result.28 Several strategies can help to avoid these difficulties and to increase comfort with the overlapping roles:

a. Provide all team members, including learners, with clear role descriptions to avoid duplication and to facilitate appropriate delegation.30

b. Conduct a regular review to ensure everyone is comfortable with their respective roles and feel they are being used in an optimal way.26

**Communication**

11. Members of an interprofessional team must work to develop a common language and a common conceptual framework “based on common values which will transcend those of each specific profession.”28 It is important to allocate enough time for team members to “share information, develop interpersonal relationships and address team issues. Furthermore, sharing space and working in physical proximity reduces professional territoriality and atavistic behaviours.”30

12. Formal communication between team members and learners can be facilitated by team meetings. Regularly scheduled meetings are important,
particularly when some team members work on a part-time basis or in different locations.\textsuperscript{26}
a. Meetings can be clinical (case review), educational, administrative or planning in nature. They can be a helpful forum for staff from different disciplines to gather, discuss and work on team building.\textsuperscript{26}
b. Learners can use these opportunities to learn more about respective scopes of practice/roles, and observe first-hand how the team collaborates on case management.\textsuperscript{26}

13. In addition to formal clinical settings, informal settings (e.g., eating lunch, car pooling, social get-togethers) can provide easy, time-efficient opportunities for practitioners and learners to share experiences and collaborative approaches.\textsuperscript{7,26}

**Documentation and Education**

14. The development of health care protocols or practice manuals, when done in a collegial fashion, can facilitate successful interprofessional collaboration.\textsuperscript{30} Ensure learners are aware of any protocols and, better yet, involve them in the development of such protocols.

15. Education on team work and collective decision-making is helpful in promoting interprofessional collaboration.\textsuperscript{30}

**Conflict Resolution**

16. While a certain amount of conflict is expected and healthy during the team development phase, it may also signal misunderstandings about roles or scopes of practice and, less often, interpersonal difficulties. Interprofessional conflict resolution has been identified as a core competency in interprofessional collaboration.\textsuperscript{27} It is important to identify common situations that are likely to lead to disagreement or actual conflict between staff members and address them as soon as possible, ideally with a conflict-resolution mechanism already in place.\textsuperscript{26} Establishing a safe environment in which to express diverse opinions is key.\textsuperscript{27} The appropriate handling of conflicts between team members can be an important learning opportunity for learners. Appendix 2 “How To Use A Conflict As A Learning Tool” may be helpful.

**THE BOTTOM LINE**

- Reflect on interprofessional collaborative behaviour in your practice.
- Clarify and foster respect for roles/scope of practice of all team members.
- Identify strategies to teach and model collaborative care to learners.
- Use conflict as a learning opportunity.
How could each professional debrief with the learners about what happened and model appropriate communication?

It would be helpful to acknowledge that the learner saw what happened and that the response from both parties was inappropriate. The learner could be encouraged to reflect on the situation by asking: Why do you think it happened? How would you have handled it? Thinking about their own emotions arising from this situation (e.g., fear, anxiety) would be instructive. See Appendix 2.

It would be important that the professionals are forthright about their own involvement in the incident, recognizing the human perspective and that “bad days” happen from time to time. The apology and re-establishment of the relationship was a positive outcome to bring to the learner’s attention.

What were the structural issues that led to this situation occurring? By deconstructing what happened and why (e.g., why are meds not available, interruption during wrap-up session), it would be possible to identify what could be done to avoid this situation from occurring again. Both system and personal barriers and facilitators to collaboration should be considered.
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Authors:
Patricia Solomon, PhD
Director, Program for Interprofessional Practice, Education and Research (PIPER)
Hamilton, Ontario

Kevin Woodward, MD, FRCPC
Internal Medicine and Infectious Diseases
Hamilton, Ontario

Reviewers:
Pippa Hall, MD, CCFP, FCFP, MEd
Palliative Care Physician
Ottawa, Ontario

Ivy Oandasan, MD, CCFP, MHSc, FCFP
Family Physician
Toronto, Ontario

Medical Editor:
Allyn Walsh, MD, CCFP, FCFP
Family Physician
Hamilton, Ontario

Medical Writer:
Lynda Cranston, Hons BA
Toronto, Ontario

Researcher:
Wendy Leadbetter, RN, BScN
Hamilton, Ontario

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While every care has been taken in compiling the information contained in this module, the Program cannot guarantee its applicability in specific clinical situations or with individual patients. Physicians and others should exercise their own independent judgement concerning patient care and treatment, based on the special circumstances of each case.

Anyone using the information does so at their own risk and releases and agrees to indemnify The Foundation for Medical Practice Education and the Practice Based Small Group Learning Program from any and all injury or damage arising from such use.

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Reference List


## Appendix 1. Interprofessional Health Education Initiatives

### CANADA

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Website</th>
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<tr>
<td>Canadian Interprofessional Health Collaborative (CIHC)</td>
<td><a href="http://www.cihc.ca/">http://www.cihc.ca/</a></td>
</tr>
<tr>
<td>Institute for Interprofessional Health Sciences Education</td>
<td><a href="http://www.iihse.ca/">http://www.iihse.ca/</a></td>
</tr>
<tr>
<td>Interprofessional Education and Research among the Health Professions, Memorial University</td>
<td><a href="http://www.mun.ca/vpacademic/healthreport.php">http://www.mun.ca/vpacademic/healthreport.php</a></td>
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<tr>
<td>Interprofessional Education at George Brown College</td>
<td><a href="http://www.georgebrown.ca/healthsciences/ipe">http://www.georgebrown.ca/healthsciences/ipe</a></td>
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<td>Interprofessional Education for Collaborative Person-centred Practice through the Humanities project (Partnership between University of Ottawa and SCO Health Service)</td>
<td><a href="http://www.bruyere.org/bins/">http://www.bruyere.org/bins/</a></td>
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<tr>
<td>Interprofessional Education for Geriatric Care Program at the University of Manitoba</td>
<td><a href="http://umanitoba.ca/outreach/ieg/c">http://umanitoba.ca/outreach/ieg/c</a></td>
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<tr>
<td>Interprofessional Education Program at the Northern Ontario School of Medicine</td>
<td><a href="http://www.normed.ca/education/">http://www.normed.ca/education/</a></td>
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<tr>
<td>Office of Interprofessional Health Education and Research, University of Western Ontario</td>
<td><a href="http://www.ipe.uwo.ca/">http://www.ipe.uwo.ca/</a></td>
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<tr>
<td>Program for Interprofessional Practice, Education and Research (PIPER), McMaster University</td>
<td><a href="http://fhs.mcmaster.ca/ipe/index.htm">http://fhs.mcmaster.ca/ipe/index.htm</a></td>
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<tr>
<td>Seamless Care: An Interprofessional Education Project for Innovative Team-Based Transition Care, Dalhousie University</td>
<td><a href="http://seamlesscare.dal.ca/">http://seamlesscare.dal.ca/</a></td>
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<td>University of British Columbia Interprofessional Continuing Education</td>
<td><a href="http://www.interprofessional.ubc.ca/">http://www.interprofessional.ubc.ca/</a></td>
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<tr>
<td>University of Toronto Office for Interprofessional Education</td>
<td><a href="http://ipe.utoronto.ca/">http://ipe.utoronto.ca/</a></td>
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### INTERNATIONAL

<table>
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<td>Centre for the Advancement of Interprofessional Education (CAIPE)</td>
<td><a href="http://www.caipe.org.uk/">http://www.caipe.org.uk/</a></td>
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All websites accessed May 2010.
APPENDIX 2. Resolving Conflict in a Learning Situation

Interests are defined as needs, desires, concerns and fears.


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Trying It Out
Role-playing during the PBSG ED session

In teaching, just as in clinical work, it is important to go beyond discussion of new ideas or approaches. Integration works best by trying things out. Try applying the concepts of interprofessional collaboration through some role-playing activities during the session.

THE GOAL

The goal of a role-playing activity is to allow participants the chance to rehearse different approaches to a teaching situation, and to learn from the experience and skill of others through observation and discussion.

SET UP

Divide up into smaller groups of three or four people. Depending on the size of the group (and the room), more than one role-play can take place simultaneously. One participant takes the role of the preceptor and another the role of learner. The other participant(s) act as observers.

Participants can choose an interprofessional situation with learners that they were involved in, or choose one from the cases in the module, including those in the case bank (see the following page). It is often best if the person playing the learner imagines themselves as a learner with whom they have worked personally (i.e., assume that learner’s characteristics and persona). For the purpose of the role-play, details can be fleshed out or altered as required (e.g., depending on the needs of the group, the learner can be “programmed” to portray different characteristics or responses). The preceptors “play” themselves, but practice or experiment with new ways of giving feedback. Ideally, the preceptor and learner participants know only their own individual script until after the role play is completed.

The preceptor and the learner should determine the place and timing of the feedback session before beginning the role play. Decide how long the role play should go before stopping for discussion – usually no longer than five minutes. The observer(s) should then be prepared to comment on the manner in which the preceptor handled the situation using the principles of effective feedback. Then open the discussion to all participants.

In some situations, after a time out and discussion, different participants may assume the preceptor and/or learner role and “replay” the situation using a different approach.
CASE BANK

Note: These cases represent situations from a variety of settings and may be used for additional group discussion and/or role plays.

Case 3: Hospital: Attending physician, resident, nurse, physiotherapist
Educational Issues: Conflict management, how to respond in a tense situation

The physician is having a debriefing session with a resident. The resident reports that she attended a team meeting with a stroke patient and her daughter to arrange for community support upon discharge. The nurse who was leading the meeting made a comment that the physician didn’t value physiotherapy and occupational therapy and inferred that she would ensure that the services would be arranged. The resident was unsure of how to respond during the meeting.

How could the physician use this opportunity to help the resident deal with this situation?

Case 4: Primary health care team: nurse, nursing student, pharmacist, family physicians
Educational Objectives: lack of communication and an unclear understanding of roles

It is the day before a holiday long weekend in a large family medicine centre. The nurse who runs the “point-of-care” anticoagulation clinic realizes that there is a major equipment problem, and that all patients must be re-tested and given new instructions on their Coumadin® dosage. She, the nursing student, and the pharmacist at the centre begin placing calls to 35 patients. In the meantime, realizing that there is little time to get this retesting done that day, the nurse sends an electronic message to all the physicians and residents in the clinic informing them that they will need to immediately be instructed in how to use the equipment to do the testing, as the residents and physicians on call over the weekend may have to do the retesting for those patients who can’t be accommodated that day. Several physicians message back to say that on-call is very busy and this could overwhelm the services.

Why might some of the physicians respond with concern while others do not?

How else could the professionals at this centre have handled the situation for a productive outcome?

What impact could this have on the nursing student?

Case 5: Surgical Team: Surgeon, resident, learners, physiotherapist
Educational Issues: Conflict resolution, understanding scopes of practice/roles of team members

During a clinical preceptorship, the surgeon is taking learners through a medical ward. While on rounds, the physician overhears a discussion between a physiotherapist and two residents. The physiotherapist has concerns about a particular patient which the medical team had been planning to discharge. When he tries to discuss these concerns with the residents, one responds curtly, “Look, I’m the doctor, your job is just to do what I’m telling you; get the patient ready for discharge.” The second resident appears to concur.

How would you address this conflict with your students, knowing they had just witnessed inappropriate behaviour?

What strategies could your students brainstorm in order to deal with this type of situation in their own practice?

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Reflections and Plans

How this session will influence what I do in the future........

1. Key take-home message(s) for me:

2. As a result of this session, I am:
   - [ ] Definitely planning to change my approach to teaching learners about working collaboratively in the future. Please note specific examples and identify any potential barriers to making the change(s):

   - [ ] Considering a change in my approach to teaching learners about working collaboratively. Please note specific examples:

   - [ ] Encouraged to continue some of what I already do when teaching learners about working collaboratively in my practice environment. I plan to continue or do more of the following: