

The Evolving Importance of Interprofessional Education for Collaborative Healthcare

5th Annual Heartland IPE Conference Keynote Address

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What I hope to do:

- Understand changes to teams, education and practice considering the pandemic and the current state of health and social care
- Describe the need for alignment between IPE and Collaborative Healthcare
- Recognize competency-based practices for teams and emerging health professionals



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My Perspectives:

- Clinician (Cancer Care and Rehab)
- Educator/Administrator (Hospitals & Uni)
- Researcher
- Mom (daughter is a nurse)
- Wife/daughter/grandmother
- Patient/citizen



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Have you ever heard something like this?

"I am stressed and I don't understand what to do...the social worker tells me to do one thing at home, the doctor something different and the nurse has another goal. We're a busy family....I don't have time and don't know how to do all these conflicting things. The only thing that matters is that my wife gets well."



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“Interprofessional education occurs when two or more professions learn **about, from and with** each other to enable effective collaboration and improve health outcomes.”

World Health Organization, 2010



Image: www.pexels.com



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Collaborative Practice and Healthcare

Occurs when **multiple workers** from different “professional” backgrounds provide comprehensive health services by working with patients, their families, carers and communities to deliver the **highest quality of care across settings.**



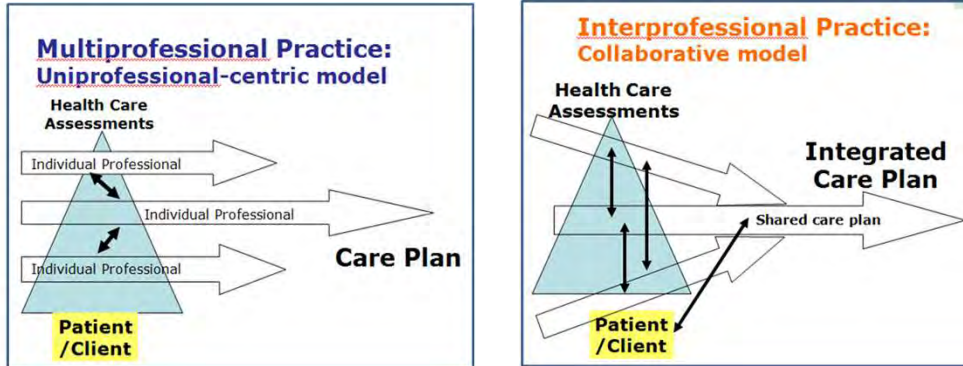
Framework for Action on Interprofessional Education & Collaborative Practice, WHO, 2010



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Why is interprofessional practice important?



When one person is not enough → increasing complexity



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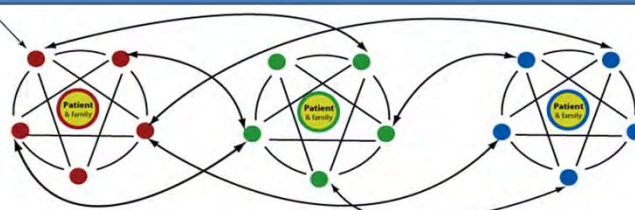
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Collaboration should occur **within & across** settings, following clients throughout their journeys.

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



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Quality Care = Quality Communication

- Multiple hand-offs
- Different communication styles, team dynamics
- Jargon, acronyms
- Conflict, tensions and differences of opinion
- Power, hierarchy and stereotypes



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Reflection

Why is Interprofessional Education and/or Collaborative Healthcare **important** to you, your work and to your students, patients/clients/families and communities?



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What is the evidence?



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Health Professions Networks
Nursing and Midwifery
Human Resources for Health

Framework for Action on Interprofessional Education & Collaborative Practice



Interprofessional Collaborative Practice can decrease:

- client complications
- length of hospital stay
- tension and conflict in caregivers
- staff turnover
- hospital admissions
- clinical error rates
- mortality rates



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Evidence: Collaborative Practice Positively Impacts Outcomes

- Jabbarpour Y., et al., (2020). The Evolving Family Medicine Team. *The Journal of the American Board of Family Medicine*, 33 (4) 499-501.
- Reeves S., (2016) Ideas for the development of the interprofessional education and practice field: An update. *Journal of Interprofessional Care* 30(4), 405-407.
- Cox et al., (2016). Measuring the impact of interprofessional education on collaborative practice and patient outcomes. *Journal of Interprofessional Care*, 30(1), 1-3.
- Reeves S, Zwarenstein M, Goldman J, Barr H et al(2010) The effectiveness of interprofessional education: Key findings from a new systematic review, *Journal of Interprofessional Care*, 24:3, 230-241.
- Zwarenstein M, Goldman J & Reeves S., (2009). Interprofessional collaboration: Effects of practice-based interventions on professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, 3.



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IPE → CP Measuring the Impact

- Explore the ‘how and why’ in addition to the ‘what’.
- Include patient/family/caregiver experiences.
- Need for purposeful alignment between the education and health delivery systems.
- Opportunities for IPE across the learning continuum.
- Evaluate collective outcomes by a mixed-methods approach and include an economic analysis (ROI).

Malcolm Cox, Patricia Cuff, Barbara Brandt, Scott Reeves & Brenda Zierler (2016) Measuring the impact of interprofessional education on collaborative practice and patient outcomes, *Journal of Interprofessional Care*, 30:1, 1-3



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The Impact of COVID-19: The “New Normal” of Collaboration

- Redeployed Providers with New **Roles** and Scopes
- **Team Functioning** impacted by Stress and Burnout
- Virtual **Communication** and Team Meetings
- Isolation of **Clients, Families and Communities**
- **Conflict** within and across teams
- Changing **Collaborations**, Leadership and Teaming



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A Silver Lining ?

- COVID-19 has created **a shared experience** across professions.
- Increased levels of **cooperation & education** for practice changes.
- In IPE, the swift transitions have resulted in **virtual innovations**, among health professions programs.
- Students, **engaged in co-leading IPE learning activities**, have worked to rapidly move the experience to an online platform.

Langlois, S., et al. 2020. **The COVID-19 crisis silver lining: Interprofessional learning to guide future innovation.** Journal of Interprofessional Care



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Lessons Learned for Strengthened Primary Care

- Care provided through team based models provides superior support for COVID-19 and Non-COVID-19 health issues in the community.
- In contrast with solo primary care practices (PCCs), IP team-based PPCs were better able to support integration with other parts of the health system as well as community organizations.
- Team-based PPCs had greater capacity to participate in community-led initiatives and to develop close relationships with system partners.

Ivers N, Newbery S, Eissa A, et al. Brief on Primary Care Part 3: Lessons learned for strengthened primary care in the next phase of the COVID-19 pandemic. Science Briefs of the Ontario COVID-19 Science Advisory Table. 3(69). <https://doi.org/10.47326/ocsat.2022.03.69.1.0>



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How can we teach and learn about IPE and Collaborative Practice?



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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 others in inter-professional, and use this knowledge appropriately to establish and meet patient/family and community goals.

Interprofessional Conflict Resolution: Learners/practitioners actively engage and address conflict, including the patient/client, family, in a safe, effective and efficient manner.

Collaborative Leadership: Learners and practitioners work together with all participants, including patients/families, to formulate, implement and evaluate strategies to enhance health outcomes.

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

Contextual Issues: Learners/practitioners from varying professions collaborate with each other in a collaborative, respectful and safe manner.

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DRAFT

DRAFT IPEC CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE: 2023 UPDATE

The *IPEC Core Competencies for Interprofessional Collaborative Practice* (IPEC Core Competencies) reflect the vision that interprofessional collaborative practice is key to the safe, high-quality, accessible, patient-centered care and enhanced population health outcomes desired by all.

The *IPEC Core Competencies: 2023 Update* contain 33 competency statements that apply across the health professions for those engaged in interprofessional education for collaborative practice. Under the overarching domain of **Interprofessional Collaboration**, these sub-competencies are organized into four competencies:

- Values and Ethics (previously Values/Ethics for Interprofessional Practice)
- Roles and Responsibilities (previously Roles/Responsibilities)
- Communication (previously Interprofessional Communication)
- Teams and Teamwork (unchanged)

Canadian Interprofessional Health Collaborative, 2010
<http://www.cihc-cpis.com/>

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INTEGRATED FINDINGS

- REVEAL INTERDEPENDENCE ACROSS COMPETENCIES
- EQUITY, DIVERSITY, INCLUSION, JUSTICE
- RELATIONSHIP FOCUSED
- PERSON(S) AS PARTNERS
- CONFLICTING VIEWS RE: 'COMMUNITY'
- CONFLICT DOMAIN
- COLLABORATIVE LEADERSHIP DOMAIN
- PSYCH SAFETY
- INCLUDE VIRTUAL COLLABORATIONS
- HIGHLIGHT THEORETICAL LINKAGES

REFRESH JOURNEY 2021 → 2024

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CIHC 2023 SUGGESTED DOMAIN NAMES

CIHC National Interprofessional Competency Framework

- Describes competencies for effective interprofessional collaboration in care/services
- Focuses on IPC at the team level
- **Designed for learners and practitioners**
- Relies on integration of knowledge, skills, attitudes and values essential for judgments
- **Demonstrates interdependence and intersections across domains**

Note: The term "interprofessional" has been removed from the domain names to emphasize the inclusive nature of the framework for all participants in care/services.

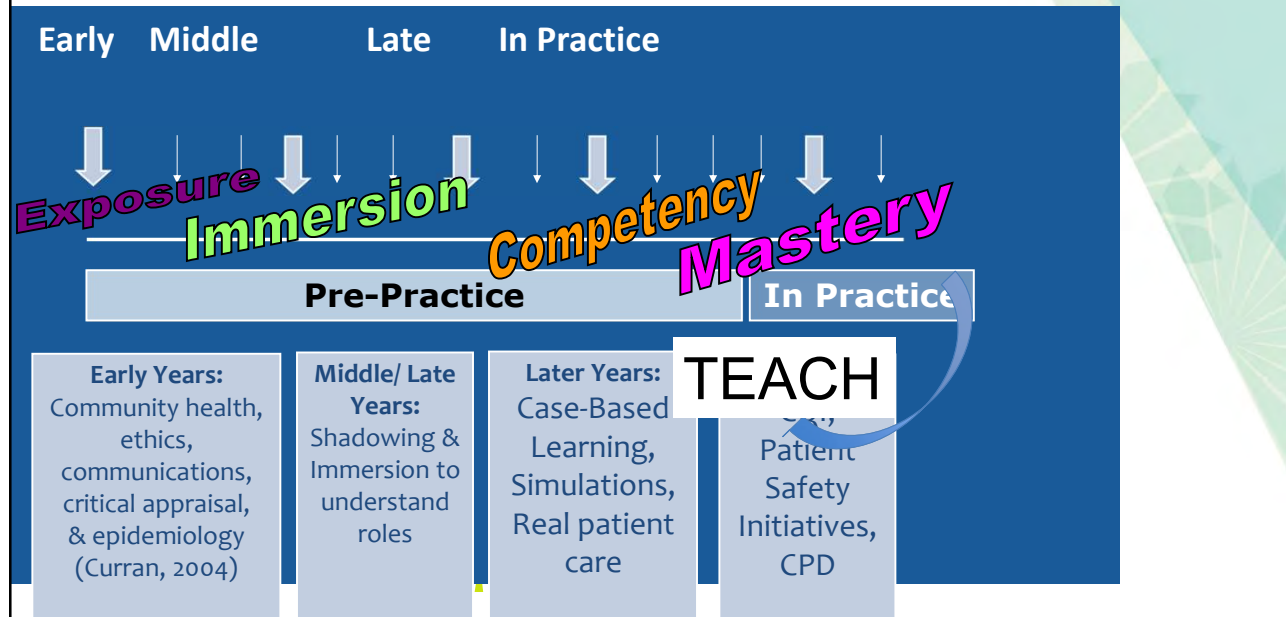


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The Learning Continuum



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What Is a Team?

A small number of people with complementary skills who are committed to a **common purpose**, performance goals and approach for which they hold themselves mutually **accountable**.

*Katzenbach, J. R., & Smith, D. K. (1994).
The Wisdom of Teams. New York:HarperCollins. (p. 45)*

- Members are **interdependent** and can be fluid
- A Team is **not** the same as a committee or a group



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The paradox of teams in 2023

- Virtual, hybrid and hyflex teams?
- Work-home teams?
- Technology-enabled or disabled teams?
- Hidden, informal, formal teams?
- Empowered or depowered teams?



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Simulation Video: Virtual Family Conference



Image: www.lff.org.uk



Image: www.pexels.com

<https://www.youtube.com/watch?v=KbdWUUTvegA&t=28s>



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Simulation Video: Virtual Family Conference



- How did the team support each other and the patient/family understanding of the care plan?
- How can we better partner with our patients and the full team in our practice and teaching?



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Relationship-Centred Practice

“An approach that recognizes the importance and uniqueness of each health care participant’s relationship with every other, and considers these **relationships to be central** in supporting high-quality care, high-quality work environment, and superior organizational performance.”

Safran et al (2006). Organizational Dimensions of Relationship-centered Care: Theory, Evidence & Practice. *J Gen Intern Med.* 2006 January; 21(Suppl 1): S9-S15.

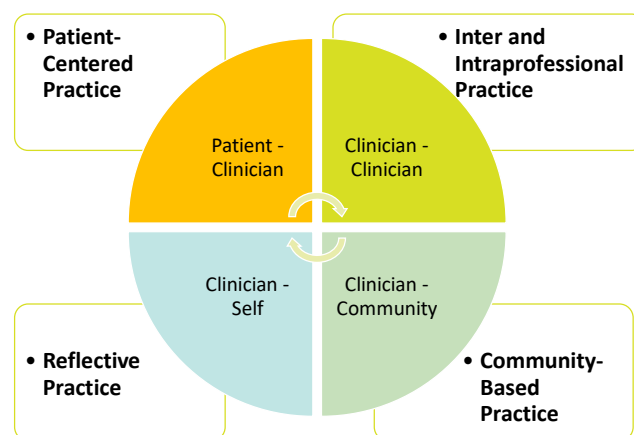
Uhling et al (2018) Interprofessional practice and education in clinical learning environments: Frontlines perspective. *Academic Medicine* 93(10), 1441-1444. ***pre-reading**



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Relationship – Centered Practice



Pew-Fetzer Task Force (2000)



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JOY IN WORK Healthy, Happy, Productive People TEAMWORK AND RESILIENCE

The Missing Aim



Perlo J, Balik B, Swensen S, Kabacene A, Landsman J, Feeley D. IHI Framework for Improving Joy in Work. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017. (Available at ihi.org)



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Levels of Resilience and Resilience Support

- Individual
- Team
- Organization
- System



Khalili, H., Lising, D., Gilbert, J. Thistlethwaite, J., Pfeifle, A., Maxwell, B., Başer Kolcu, I., Langlois, S., Najjar, G., MacMillan, Al-Hamdan, Z., K., Schneider, C., Kolcu, G., El-Awaisi, A., Ward, H., Rodrigues, F. J., (2022). InterprofessionalResearch.Global.



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Why the Centre for Advancing Collaborative Healthcare and Education?

CACHE is at the interface of education and practice



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CACHE at U of T

- Strategic partnership between the University of Toronto & the Toronto Academic Health Sciences Network (TAHSN) with the University Health Network as lead hospital.
- Provides IPE opportunities to pre-entry to practice students & practice-based health professionals at affiliated hospitals & community clinical placements.
- Aims to lead the advancement of IPE through education, practice & research initiatives.



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History of CACHE at U of T

- 2004 – first pilot IPE placements at Toronto Rehabilitation Institute
- 2005 – EHPIC Faculty Development program created
- 2006 – Council of Health Sciences approves Office for IPE and requisite IPE curriculum to start Fall 2009
- 2009 – Centre for IPE proposal approved
- 2009 – requisite IPE curriculum formally begins
- 2016 – further integrated and expanded IPE curriculum
- 2020 – successful CIPE 10 year review completed
- 2021 - IPE Developmental Integrated Curriculum
- 2022 – name changed to CACHE to recognize clinical partners and all involved in providing health care



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- **Requisite IPE curriculum** for 12 health science professions to allow graduation as entry-level competent collaborators in health care

- Dentistry
- Kinesiology and Physical Education
- Medical Radiation Sciences – *Michener Institute (MI)*
- Medicine
- Nursing
- Occupational Therapy
- Pharmacy
- Physical Therapy
- Physician Assistant – *MI & Northern Ontario School of Medicine*
- Social Work
- Speech-Language Pathology
- Spiritual Care



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University of Toronto IPE Developmental Integrated Curriculum

EXPOSURE LEVEL CORE LEARNING ACTIVITIES	Teamwork: Your Future in Health care Introduction to teamwork (patient story, faculty skits, and small group discussion)	Roles and Team Dynamics Exploration of roles of health professions and team dynamics	Understanding Patient/Client Partnerships in a Team Context Strategies to ensure that health professionals enable the patient/client/family to be team members through engagement with patient partners and a Reader's Theatre script	Faculty-Led Learning Activity These activities are developed by smaller number of programs to address specific collaborations e.g. Safe Prescribing and Medication Reconciliation for Nursing, Medicine, and Pharmacy)	ELECTIVE LEARNING ACTIVITIES IPE Component in a Practice Setting
	IMMERSION LEVEL CORE LEARNING ACTIVITIES	Collaborating for Quality Strategies to improve quality care and promotion of safety as a team	Palliative Care or ARTIC (Head and Neck Cancer) Case-Based Discussion Simulated team discussions to consider patient/family/caregiver experience and collaboratively prepare care plans	Conflict in Interprofessional Life Strategies to manage conflict among health professionals and in teams Strategies to manage conflict among health professionals and in teams	
IMMERSION TO COMPETENCE LEVEL CORE LEARNING	IPE Component in a Practice Setting				



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Key Clinical Partner Successes

- **Individual mtgs with CEOs/VPs re: priority areas - continual**
- **IPE PD/Faculty Development program (EHPIC) - revenue**
- **CACHE jointly governed and funded by University and Hospitals – sustainable \$\$\$**
- **Pilot IPE placements - media**
- **IPE curriculum is requisite agreed upon by Deans**
- **IPE Leader positions in clinical practice sites**



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“Transforming systems is ultimately about transforming relationships among people who share those systems. Many otherwise well-intentioned change efforts fail because their leaders are unable or unwilling to embrace this simple truth.”

Senge P. Hamilton,H, Kania J (2015). ‘The dawn of system leadership’. Stanford Social Innovation Review, winter, pp 27-30.



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Learnings/Reflection

What 1-2 learnings/ideas am I taking away from today that I can share with my teams?



Image: www.pexels.com

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Resources

- CACHE website: <https://ipe.utoronto.ca/>
- *Professional and Faculty Development*
- *Book: "Creating the Health Care Team of the Future: The Toronto Model of Interprofessional Education and Practice"*
- Lumague, M., Morgan, A., Mak, D., Hanna, M., Kwong, J., Cameron, C., Zener, D., & Sinclair, L. (2006). Interprofessional education: The student perspective. *Journal of Interprofessional Care*, 20 (3): 246-253.
- Rosenfield, D., Oandasan, I. & Reeves, S. (2011). Perceptions versus reality: a qualitative study of students' expectations and experiences of interprofessional education. *Acad Med*. 45:471-47
- Canadian Interprofessional Health Collaborative <http://www.cihc-cpis.com/>

