Faculty of Medicine Dentistry and Health Sciences

Preparation for Interprofessional Practice

A handbook for students

2013
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purposes of 10% of the work, or one chapter/article, applies to the original work from which the excerpt in this
course material was taken, and not to the course material itself.
Glossary of Terms

Client/Patient: Where these terms are used, it should be taken to mean anyone utilising health care services.

Family: This term not only refers to the client’s relatives but anyone within their social network that may be affected by their care.

Team: This term is used to denote either: (a) a group of health professional who work together around the care of a client in an “informal” way; or (b) a collection of individuals who are interdependent in their tasks, who share responsibility for outcomes, who see themselves and who are seen by others as an intact social entity embedded into one or more larger social systems and who manage their relationships across organisational borders i.e. a “formalised” team.

Collaboration: A process that requires relationships and interactions between health professional regardless of whether they are members of a formalised team or less formal or virtual group of health professionals working together to provide comprehensive and continuous care to a client or community. The World Health Organisation (2010) defines collaborative practice as “When multiple health workers from different backgrounds work together with patients, families, carers and communities to deliver high quality care”.

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

Multiprofessional Education: Occasions when two or more professions learn side by side for whatever reasons

Facilitator: Is someone who embraces the notion of dialogue, is self aware, learns with the group but is able to provide the appropriate learning resources and create an environment for effective interprofessional education

Competencies: The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and the community being served

Capabilities: An integration of knowledge, skills, personal qualities and understanding used appropriately and effectively in response to new and changing circumstances. Capability embraces competence but is also forward-looking and concerned with the realisation of potential
Background

Contemporary health care practice requires practitioners to have developed skills in collaboration. Many errors in client care occur due to ineffective communication and/or the lack of integrated care provision. Clients are increasingly demanding carers communicate effectively with them and with other members of the healthcare team. A Cochrane review of the impact of the interprofessional collaboration on professional practice and healthcare outcomes found that practice–based interprofessional collaboration interventions can improve health care processes (client satisfaction) and outcomes (professional competence).6

Effective Interprofessional Education (IPE):

- Works to improve the quality of care for individuals, families and communities
- Focuses on the needs of individuals, families and communities
- Involves individuals, families and communities
- Promotes interprofessional collaboration
- Encourages professionals to learn with, from and about each other
- Enhances practice within professions
- Respects the integrity and contribution of each profession
- Increases professional satisfaction

Purposes

This handbook will assist in preparing you for practicing in interprofessional collaborative practice settings. It will provide background to the aims of interprofessional practice (IPP), the learning outcomes of your interprofessional placement and the assessment of interprofessional capabilities.

Teaching and Learning Philosophy

You will learn most if you take an active, self-directed approach towards your interprofessional learning (IPL) experience, utilising the knowledge, skills and attitudes you gain for your future practice.

You are valued as a member of the interprofessional team and your learning will be facilitated by the provision of:

- A supportive learning environment that centres on the client’s and your needs.
- An orientation session that allows you to familiarise yourself with the required learning objectives, experiences and environment.
- Clearly defined assessment methods and learning outcomes.
- Facilitating learning through;
  - Group discussion
  - Reflection
  - Expert input, e.g. tutorials, case conferences, medical rounds.
- Opportunities for students to receive feedback.
- Opportunities to evaluate the practice experience.
The UWA Framework for Interprofessional Learning and Collaborative Practice

All activities that you will undertake throughout your IPP are supported by the UWA Faculty’s Framework for Interprofessional Learning and Collaborative Practice. The framework provides a statement of what you will need to learn and each of the capabilities and learning outcomes has been recognised as being appropriate and relevant to IPL by each of the courses taught within the Faculty (medicine, nursing, podiatric medicine, dentistry, health science, pharmacy, and social work).

Interprofessional Capability

Interprofessional Education (students learning with, from and about each other) is a critical component of your university education. But what is it that students are required to learn?

Barr (2002) as cited in Bluteau & Jackson, argues that capability, rather than competence will better prepare health professionals to respond to the challenges of working in the contemporary health sector. Traditional education and training largely focuses on enhancing competence (knowledge, skills and attitudes). In today’s complex world, we must educate not merely for competence, but for capability (the ability to adapt to change, generate new knowledge, and continuously improve performance). Individuals and systems change because they learn. If we want our graduates to be capable of collaborative client centred interprofessional practice we need to provide opportunities for them to develop these behaviours in the context of real life experiences.

The framework consists of twelve areas of capability and is centred on four key domains

- Interprofessional working and practice
- Knowledge in interprofessional practice
- Ethical practice
- Reflection

These four domains are the same as those developed and validated by Sheffield University in the UK. The capabilities and graduate outcome statements have been adapted to suit the Western Australian context.

The framework aims to draw attention to learning opportunities that promote inter-professional working. The capabilities and learning outcomes within the framework have the potential for developing the interprofessional focus of the practice context within courses. For example learning a clinical skill such as history taking may now be seen as a topic that is an inter-professional and collaborative working issue relevant to inter-professional learning.

The capabilities have been mapped against the unit level and graduate learning outcomes of medicine, dentistry, health sciences and podiatric medicine to demonstrate current related teaching and assessment activities. The process will assist development of future teaching and learning activities that align with the twelve capabilities.
Domain 1: Interprofessional working & practice

Interprofessional working and practice captures participation, assessment and communication strategies, patient/user centered: developing the skills to identify and working towards mutual adaption between patient/user and the team. This domain also identifies co-mentoring activities across professions and the importance of this aspect of work to successful interprofessional teams.

Capabilities

The interprofessional team member is able to

IW1. Lead or participate in interprofessional teams to ensure a responsive and integrated approach to care/service is focused on the needs of the patient/client.

IW2. Consistently communicate sensitively in a responsive and responsible manner, demonstrating effective interpersonal skills in the context of patient/client – focused care or service delivery.

IW3. Share uni-professional knowledge with the team in ways that contribute to and enhance service provision.

IW4. Provides a co-mentoring role to peers of own or other professions in order to enhance service provision and personal and professional development.
Domain 2: Knowledge in Interprofessional Practice

Knowledge in Practice captures awareness of “others” professional regulations in the interprofessional team, the structures, functions and processes of the team in the specific area of practice and how anti-discriminatory, non-judgemental practice informs a patient/user-centered participatory service.

Capabilities

The interprofessional team member is able to:

KP1 Integrate understanding of the legal frameworks and statutory and regulatory requirements of the professions that make up the practice team.

KP2 Brings knowledge of team structures, group dynamics and professional roles to promote effective team functioning.

Domain 3: Ethical Practice

The Ethical Practice component of the framework, focuses on the promotion of patient/user participation in the decision making processes; the need for practitioners to be sensitive both to the demands made in law of the other professions, with regard to their duty of care, and the underpinning ethos of the different professional groups.

Capabilities

The interprofessional team member is able to:

EP1. Share knowledge of other beliefs, cultures and value systems to inform patient/user centered care and promote good practice.

EP2. Consistently promotes and supports patient/user participation and autonomy.

EP3. Engages with other members of the interprofessional team to ensure informed decision-making by the patient/user.


Domain 4: Reflection

The Reflection (learning) component promotes the development of a reciprocal reflective approach across professions, along with the utilisation of evidence based practice and an integration of continuous professional development.
Capabilities

The interprofessional team member is able to:

R1. **Utilise reflective processes** in order to work in partnership with patients and colleagues ensuring a patient/client focus, and integrate service provision.

R2. Respond to the needs of the service and clients by utilising problem-solving approaches and evidence based practice to identify, anticipate and **plan for future changes in interprofessional team and its roles.**

Interprofessional Practice Outcomes

All students attending the interprofessional placement will have discipline specific and interprofessional learning outcomes that will need to be achieved however there similarities between the two as Faculty generic outcomes have been considered when developing the IPL outcomes. All of the Interprofessional learning experiences offered through the Faculty will assist students to develop capabilities required of a collaborative practitioner as outlined in the FMDHS IPL Curriculum Framework.

Specific learning outcomes for students engaged in interprofessional clinical attachments that assist the development of the UWA interprofessional capabilities are to:

1. Discuss the importance of team work to delivery of effective patient care
2. Compare the different professional roles of team members
3. Compare and contrast the different skills of team members
4. Discuss the importance of handover and techniques for effective handover
5. Discuss the importance of placing the patient’s views at the centre of care planning and team working
6. Engage in a review of the management of an individual patient with members of their own/other profession(s).

Preparation

You are about to participate in an IPL practicum. To prepare for that learning experience you are required to review this student handbook and complete the IPL pre readings and activities available on the relevant Learning Management System (LMS). Students may also be required to attend an IPL workshop. Specific information related to your clinical placement is provided on the relevant LMS site (www.lms.uwa.edu.au).

Guidelines for students

Get involved: The success of the group will depend on your eagerness to be involved. This does not mean you should monopolise time or be insensitive to others. However, if you constantly wait until it’s your “turn” you will inhibit the productivity of the group as well as reduce the contribution of your profession to the service.

Pay attention to feelings: Group interactions are about thoughts and opinions, but also about feelings.
Don’t expect to fully understand others or be fully understood yourself: Don’t forget how complex people are and the different values, cultures and language (terminology) that each student will bring to the interprofessional group.

Be flexible: Although it helps to approach each team activity with some idea of what you want to explore or achieve, don’t be so committed to your agenda that you can’t work with what comes up spontaneously in the group.

Have focus: Commit yourself to learning from the interprofessional group by focusing on what you hope to achieve. Before each team meeting or discussion, take time to clarify any issue you want to raise and write this down if this would be helpful to you.

Don’t wait to contribute: It is easy to let a team activity or meeting go by without getting around to what you wanted to say or do. The longer you wait to involve yourself the harder it will become. Therefore, challenge yourself at the beginning of each session.

Respect confidentiality: Just as you respect the confidentiality of the clients you work with, you should also respect the confidentiality of the other students in your group. Make it a practice not to talk about what other students are doing or experiencing outside of the group. If you have concerns about confidentiality, raise them with your group.

Notes on Interprofessional Learning

Interprofessional Learning (IPL)
Interprofessional learning is a philosophical stance, embracing life-long learning, adult learning principles and an ongoing, active learning process, between different cultures and healthcare disciplines. IPL philosophy supports health professionals working collaboratively in a health care setting, though a purposeful interaction with service users and carer, to produce quality client centred care. It acknowledges both formal and informal methods of learning which progress to develop service delivery.

Interprofessional Collaborative Practice (IPCP)
All the members of the health service delivery team participate in the teams’ activities and rely on one another to accomplish common goals and improve healthcare delivery thus improving the client’s quality of care. IPCP refers to interactions between team members (Atwal and Caldwell, 2006). There is positive interdependence between health workers. IPCP is a term which encompasses the desirable behaviour resulting from the interprofessional learning and education. It is a term most easily understood by health workers from all disciplines. Teams of health workers who are able to practice collaboratively help service deliver through maximising the strengths and skills of all the individual team members.
AKA: Interprofessional Practice (IPP) or Interprofessional Working (IPW) or Interprofessional Care (IPC) or Interprofessional Collaboration (IPC). These terms all relate to the healthcare setting and describe an ideal behaviour displayed by health workers. The various countries around the work tend to favour one or other of these terms. For example the UK prefers IPW, and Canada uses interprofessional collaboration or care. Australia tends to favour IPP. World Health Organisation used collaborative practice.
The Multidisciplinary Team (MDT)
This term indicates that people from different disciplines are involved in a given activity and may share some common goal. It is a term often confused with Multiprofessional despite the clear difference between these two descriptors.

Multidisciplinary health professional represent different health and social care professions. They may work closely with one another, but may not necessarily interact, collaborate or communicate effectively (Atwal and Caldwell, 2006). For some the MDT indicates a group of health workers who specialise in different areas, but are not necessarily from differing discipline backgrounds.

Metaphor: polite strangers sharing a bus journey. The journey is the client’s journey through the health care system. The patient is driving the bus but is unsure of where they are going and what the best route may be. Intermittently the ‘polite strangers’ talk to the driver individually but there is no overall agreement on direction and the route between the passengers. There may be some limited agreement on destination. The ‘driver’ gets increasingly frustrated by the mixed and sometimes contradictory messages and directions they receive from the team.

The Interdisciplinary Team (IDT)
‘Interdisciplinary collaboration’ was a term used in the 1970s when interprofessionalism was emerging from the evidence that suggested lives were saved with better coordination and collaboration in the health services (Yeager, 2005). Interdisciplinary is a term sometimes used by researchers and practitioners, who analyse, synthesise and harmonise the links between disciplines, to create a coordinated and coherent health delivery system (Choi and Pak, 2006).

‘Interdisciplinary’ lacks the inherent depth of collaboration implied by the term ‘interprofessional’.

Metaphor: Friendly strangers sharing a bus journey. Some of these passengers talk and communicate with the driver in groups, but the various groups may not communicate with each other or agree on the quickest route. All agree on the destination and the driver has a better idea of where they are going but there still lacks overall coordination. No one seems to be aware of all the other ‘buses’ or where they are going.

The Interprofessional Collaborative Team (IPCT)
This team represents a joint intellectual effort of working together in mutually supportive teams optimising the skills and knowledge of each individual to the fullest extent. Collaboration occurs at the intersection between self-reflection and active engagement (Gerardi and Fontaine, 2007).

Interprofessional Collaboration is an active and ongoing partnership, often between people from diverse backgrounds, who work together to solve problems or provide services (Freeth et al., 2005). Collaboration is an interprofessional process of communication and decision making that enables the separate and shared knowledge and skills of healthcare providers to synergistically influence the client care provided (Wayetal, 2000).

Metaphor: Close friends and family are travelling on a bus where the driver knows exactly where they are going, the quickest way to get there and where all the other buses in town are as well. At each stop inspectors (researchers) offer further information on traffic conditions and recent roadwork’s. Often the passengers will move between the buses trusting the remaining passengers to make sure the driver arrives safely. The passengers chatter all the way to each other and to the driver.
How do we best learn with, from and about our colleagues?

Interprofessional education is a team activity, and in order to enjoy and have success with interprofessional education we need to know a bit about teams:

- How they work
- What roles people can and do play in teams
- How can we make any team we work in into a better team

Team Development

In order to develop teamwork skills it’s important to understand the theory of team development. In 1965 Bruce Tuckman published a paper proposing a predictable set of stages through which a team will pass while developing 10:

1. **Forming** - the coming together of a group
2. **Storming** - the articulation and sorting of various needs, wishes and goals
3. **Norming** - coming to an agreed way of being/ working together
4. **Performing** - working together as a well functioning team
5. **Adjourning/mourning** – not about the function of the team, but an acknowledgment that the experience of being in a team affects us. Much has been written on this, but it is important to know that teams are organic; they grow change and develop over time.

Teams:

- Are not always immediately functional
- Require effort and commitment of the members
- Are not all the same, what works for one team may not work for another
- Need to be safe and have ways of discussing difficult topics

Task vs. Process

Though teams are formed to complete a **task** or for a purpose (what gets done), there is a lot of **process** (how it gets done) that happens to make a team work and to keep it working. There must be a balance between task and process. There are times when one is more appropriate than the other. In an emergency it is clear that the task is more important than the process. Having said this, a team with good process may be more effective at the task.

Reflective Activity

Reflect on an effective team that you have been involved in, you can draw on all aspects of your life, university, sporting groups etc.

What made this team work?
What was challenging about it?
What if some members of a team are more focused on task and others on process
How could you help this team to work well together?
Characteristics of an Effective team

- Clear objectives: client/patient focus
- Shared understanding of the team goals
- Clear structure, roles and responsibilities
- Agreed ground rules
- Clear and open communication
- Documentation that facilitates sharing of knowledge
- Preparation and training
- Trust, cooperation and support
- Regular review of its processes
- Recognition of group achievements

Ground Rules of Interprofessional Learning and Collaborative Practice

- Equity – all contributions are valued
- Knowledge of, and respect for, other’s contributions to client care
- Support one another
- Recognise and respect other’s knowledge and expertise
- Recognise where these are different and where they overlap
- Respect differences
- Avoid or explain jargon/ acronyms
- Check understanding
- Seek to identify mutual goals and where these diverge
- Identify and agree what the barriers are to collaborative learning and working
- Identify and agree how to address tension and conflict constructively

Interprofessional Communication

Effective communication and clinical handover is important for improving patient safety and reducing adverse outcomes. The WA Sentinel Event Report 2010/2011 has identified “communication as a key contributing factor in notified sentinel events reinforcing the importance of effective clinical handover practices to improve patient safety” (WA sentinel event report pg 15) The development of clinical handover systems such as standard operating procedures has shown to reduce system failures. In consultation with doctors, nurses and allied health staff in the Western Australian Country Health Service a clinical handover checklist was adapted from an existing tool to standardise communication.
**iSoBar**

The components of the **iSoBar** checklist are summarised as:

- **I** _identify_, yourself (hospital, ward, role)
  introduce your pt/client (name, DOB, age, gender, location)
- **S** _situation_, briefly state the problem, what, when, how severe? Admission date and diagnosis. Principle problem, reason for handover
- **O** _observation_, most recent vital signs, IV lines, drains etc
- **B** _background_, relevant information related to the patient, medications, allergies, test results
- **A** _agreed plan_, what do you think is the problem? What are you wanting (advice, orders, transfer)? What are you asking the receiver to do? What is the level of urgency? What is the plan?
- **R** _Readback_, Clarify and check for shared understanding. Who is responsible for what and by when? What needs to be achieved for discharge and by whom?

**Evaluation of the Interprofessional Learning Experience**

In order to measure changes in students’ knowledge, attitudes and behaviour with regards to interprofessional capabilities, it is critical that evaluation be undertaken. Ethics approval has been obtained from The University of Western Australia which enables students and facilitators to be included.

The tool currently being used with students is the “Interprofessional Socialisation and Valuing Scale” (ISVS); and the Interprofessional Capabilities Assessment Tool.

**Acknowledgements**

This Handbook has been developed by the Faculty of Medicine, Dentistry and Health Sciences Interprofessional Learning (IPL) Interest Group after consideration of published similar works and consultation with local stakeholders.

**Additional Resources**

Who Framework for action on interprofessional education and collaborative practice

http://www.who.int/hrh/resources/framework_action/en/

Center for Advancement of Interprofessional Education (CAIPE)

CAIPE | Home

Australasian Interprofessional Practice and Education Network (AIPPN)

AIPPN
Additional readings


Local IPL/E Contacts

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Rosemary Saunders - Associate Professor, Master of Nursing Science School of Population Health

Fiona Lake – Winthrop Professor, Head of School Medicine and Pharmacology Medicine

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Tony Celenza – Winthrop Professor, Medical Education, Director MBBS.

Donna Chung- Winthrop Professor, Social Work and Social Policy
References


⁴ Oliver, B. Retrieved November 24, 2010 from http://web.me.com/beverleyoliver1/benchmarking/Capabilities.html

⁵ Health Professions Networks, Nursing and Midwifery, Human Resources for Health. 2010 Framework for Action on Interprofessional Education & Collaborative Practice. World Health Organisation


⁸ Bluteau and Jackson (2009) Interprofessional Education: Making it happen. London; Palgrave MacMillan


¹⁰ Tuckman, B. (1965). Development sequence in small groups. Psychological Bulletin, 63, 384-399. There is a link to a reprint of this paper from the Wikipedia http://en.wikipedia.org/wiki/Froming-storming-norming-performing
