International Perspectives on Interprofessional Learning and Care: The Toronto Story

Advancing a Cultural Shift Towards High Quality, Patient-Partnered Healthcare

Danish Society for Interprofessional Learning and Collaboration
May 18, 2015

Maria Tassone, MSc, BSc(PT)
Director, Centre for Interprofessional Education, University of Toronto
Senior Director, Interprofessional Education and Practice, University Health Network

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

For today…

- Share a bit about our context
- Reflections from our journey
- Looking ahead…what's next for leading and sustaining interprofessional learning and collaboration

Our Toronto Journey

Success has been built on an explicit focus and partnership between academia and practice

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

"If health care providers are expected to work together and share expertise in a team environment, it makes sense that their education and training should prepare them for this type of working arrangement."

(Romanow, 2002)

UNIVERSITY OF TORONTO

Centre for INTERPROFESSIONAL EDUCATION

Interprofessional Education

"occurs when two or more professions learn about, from & with each other to enable effective collaboration & improve health outcomes."

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

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

Interprofessional Collaboration

Occurs when **multiple health 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.**

(Definition of Collaborative Practice: Framework for Action on Interprofessional Education & Collaborative Practice WHO, 2010

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

The International Context

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

Shortage of

4.3 million health workers

world-wide

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

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

Quality and Collaboration

Crossing the Quality Chasm envisions a future where clinicians "understand the advantage of high levels of cooperation, coordination and standardization to guarantee excellence, continuity, and reliability. Cooperation in patient care is more important than professional prerogatives and roles. There is a focus on good communication among members of a team, using all the expertise and knowledge of team members"

Institute of Medicine, 2001

Harvard Business Review 2002

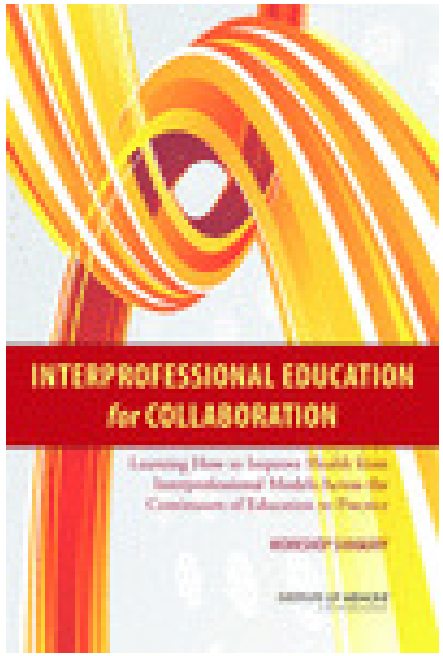
What percentage of issues between professionals are due to the lack of inter-personal communication skills and not the competencies of the parties?

Harvard Business Review 2002

What percentage of issues between professionals are due to the lack of inter-personal communication skills and not the competencies of the parties?

87%

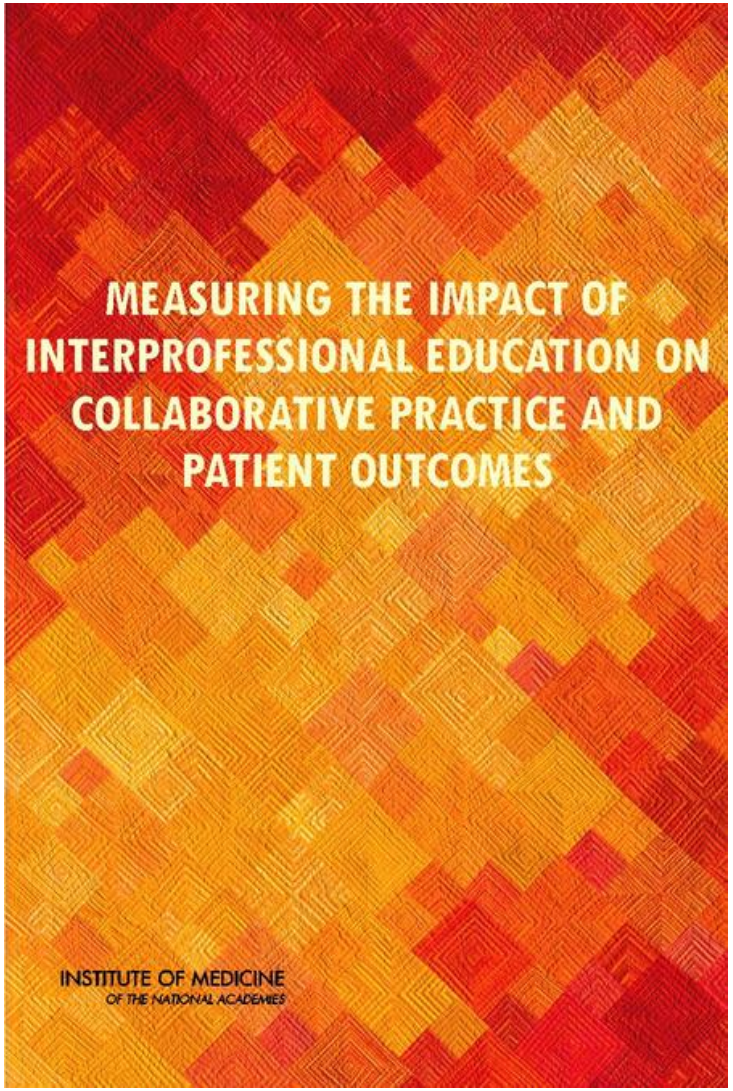
INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES



UNIVERSITY OF TORONTO

Centre for INTERPROFESSIONAL EDUCATION

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

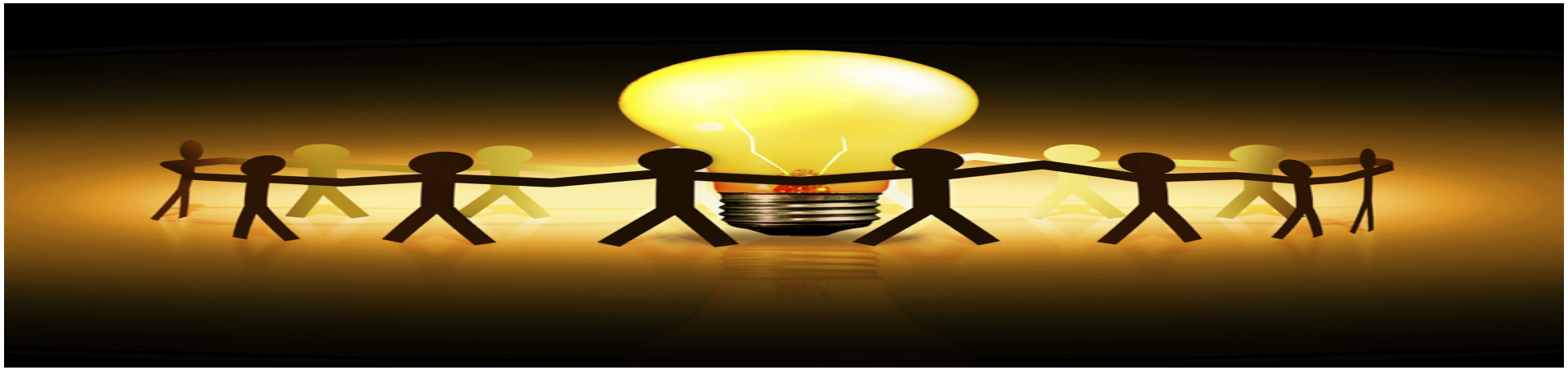


Teamwork in Healthcare

is being proposed as

one of the solutions

to help stabilize and sustain the health care system



Teamwork Positively Impacts Outcomes

- Improved Outcomes in specific populations
  - Neonatal ICU, geriatrics, fractured hips (Zwarenstein et al., 2005)
  - Stroke Functional Outcome (Strasser et al., 2008)
- Improved Safety
  - SBAR Communication Tool (Velji et al., 2008)
  - Fewer deaths when in 'true' team (West, 2006)
- Improved Cost Efficiency
  - (D'Amour, 2005)
- Improved Professional Satisfaction
  - (Cohen & Bailey, 1997)
- Leads to a Healthy Workplace
  - (Shamian & El-Jaradali, 2007)

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

Framework for Action on Interprofessional Education & Collaborative Practice

IPC can decrease:

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

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION


The George & Andrea Kalmar
Centre for
Interprofessional Education
NASSAU
ANNEX

Why the Centre for IPE?

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

Health Care Context

- Interprofessional learning as an enabler of health care priorities
  - Quality and safety
  - Patient-centered care
  - Value of care
- Recruitment and retention

University of Toronto Context

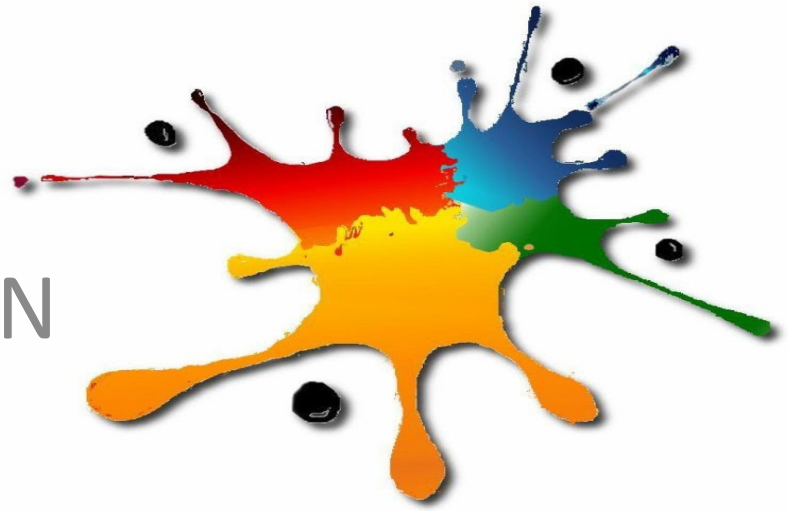
- 11 health sciences programs
- 1600 first year students
- 12 fully-affiliated teaching hospitals
- “Full curriculum”

Health Sciences Programs

- Dentistry
- Kinesiology
- Medical Radiation Sciences –***Michener Institute***
- Medicine
- Nursing
- Occupational Therapy
- Pharmacy
- Physical Therapy
- Physician Assistants
- Social Work
- Speech-Language Pathology

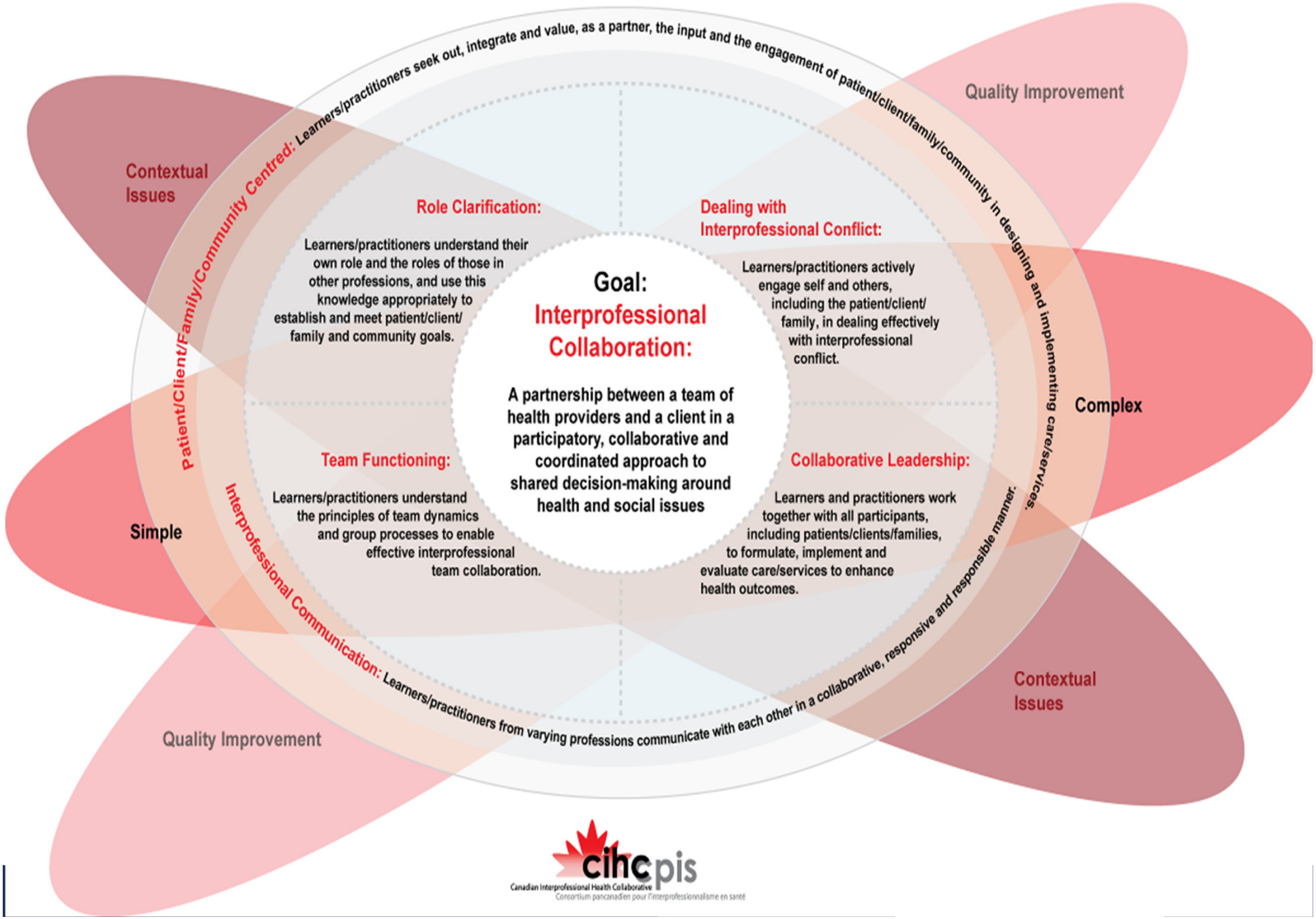
INTRODUCING AN IPE CURRICULUM

INTEGRATION



UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

National Interprofessional Competency Framework



cihc pis
Canadian Interprofessional Health Collaborative
Consortium pancanadien pour l'interprofessionnalisme en santé

U.S. - IPE Competency Domains

- Values/ethics for IP Practice
- Roles/Responsibilities
- Interprofessional Communication
- Teams and teamwork

American Interprofessional Education Collaborative Expert Panel, 2011

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

Curtin IP Capability Framework
Western Australia

Brewer & Jones, in press

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

Integrating an IPE Curriculum

- Core competencies
- Development phase
- Scaling successes
- Embedding and strengthening intra-professional curriculum
- Making it requisite

What Students Say

Greatest value placed on clinical experiences with other students and real patients/clients; practice-based experiences

Student-Led Curriculum

- IHI and Quality Improvement
  - Observerships and practicums
- IMAGINE (student-run clinic)

Developing our Educators

- Key strategy to build capacity in practice
- Educational resources
  - DVD series
  - IPE placement handbook & coaching
- Development programs
  - *ehpic*™
  - Collaborative Change Leadership
  - Customized training

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

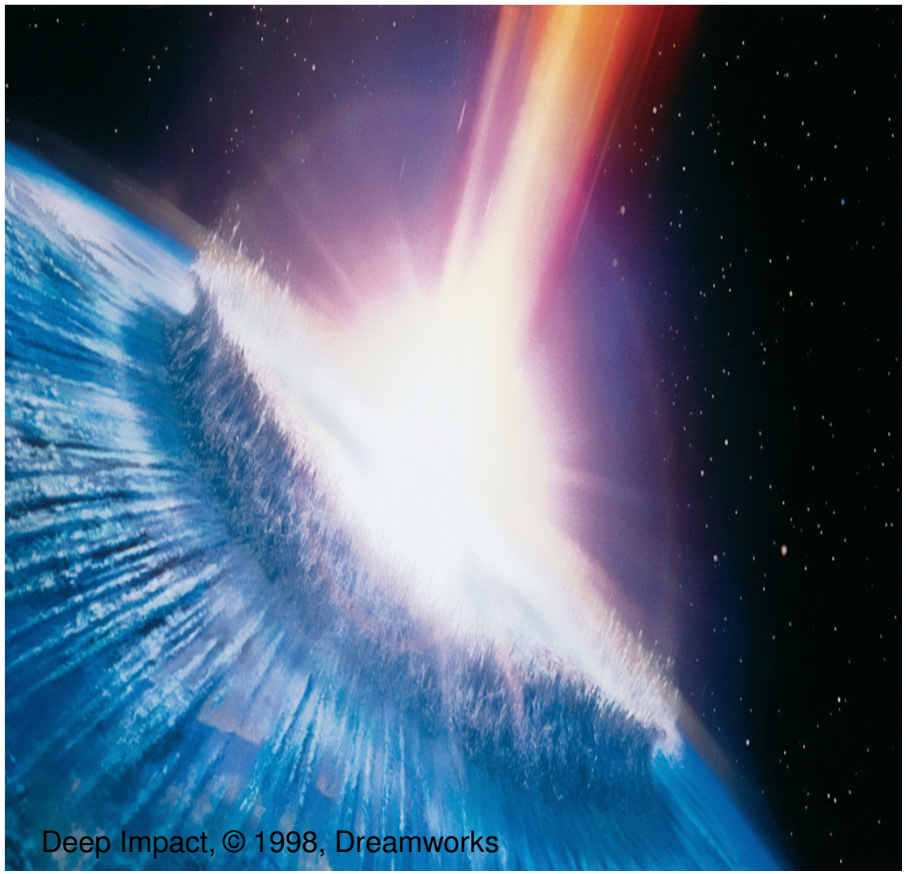
Successes to Date

- Stability after the funding ends
- Enhanced curriculum capacity
- Strong practice partnerships
- Evidence of student impact
- Organizational impact
- Global reach – Institute of Medicine

LOOKING AHEAD…

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

IMPACT


Deep Impact, © 1998, Dreamworks

- Improved Patient Outcomes
  - Access and Quality
  - Care Experience
- Cost Efficiency
- Health Professional Satisfaction

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

Quality and safety: Are tools the answer?

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

Surgical Patient Safety Checklist

Haynes, Weiser et al. NEJM (2009): 360;5: 490-499

Table 1. Elements of the Surgical Safety Checklist.*

Sign in

Before induction of anesthesia, members of the team (at least the nurse and an anesthesia professional) orally confirm that:

- The patient has verified his or her identity, the surgical site and procedure, and consent
- The surgical site is marked or site marking is not applicable
- The pulse oximeter is on the patient and functioning
- All members of the team are aware of whether the patient has a known allergy
- The patient's airway and risk of aspiration have been evaluated and appropriate equipment and assistance are available
- If there is a risk of blood loss of at least 500 ml (or 7 ml/kg of body weight, in children), appropriate access and fluids are available

Time out

Before skin incision, the entire team (nurses, surgeons, anesthesia professionals, and any others participating in the care of the patient) orally:

- Confirms that all team members have been introduced by name and role
- Confirms the patient's identity, surgical site, and procedure
- Reviews the anticipated critical events
  - Surgeon reviews critical and unexpected steps, operative duration, and anticipated blood loss
  - Anesthesia staff review concerns specific to the patient
  - Nursing staff review confirmation of sterility, equipment availability, and other concerns
- Confirms that prophylactic antibiotics have been administered ≤60 min before incision is made or that antibiotics are not indicated
- Confirms that all essential imaging results for the correct patient are displayed in the operating room

Sign out

Before the patient leaves the operating room:

- Nurse reviews items aloud with the team
  - Name of the procedure as recorded
  - That the needle, sponge, and instrument counts are complete (or not applicable)
  - That the specimen (if any) is correctly labeled, including with the patient's name
  - Whether there are any issues with equipment to be addressed
- The surgeon, nurse, and anesthesia professional review aloud the key concerns for the recovery and care of the patient

* The checklist is based on the first edition of the WHO Guidelines for Safe Surgery.[15] For the complete checklist, see the Supplementary Appendix.

Abstract Findings:

- *Results* The rate of death was 1.5% before the checklist was introduced and declined to 0.8% afterward (P=0.003). Inpatient complications occurred in 11.0% of patients at baseline and in 7.0% after introduction of the checklist (P<0.001).
- *Conclusions* Implementation of the checklist was associated with concomitant reductions in the rates of death and complications among patients at least 16 years of age who were undergoing non-cardiac surgery in a diverse group of hospitals.

WHAT MUST BE CORE FOR ALL PROESSIONS?

- Admission/recruitment attributes
- Orientation in practice settings
- Curricular content

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

Accreditation Principles for IPE

Overarching direction for the development of accreditation standards that incorporate IPE - provides links to resources that will assist education programs to make curricular changes in support of the IPE standards.

afmc.ca/aiphe-afiss

Assessment of Competence

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

Reflections on Leading and Sustaining Change

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

Our Toronto Journey

Success has been built on an explicit focus and partnership academia and practice

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

Partnerships & Engagement

- Partnerships between academia and practice are critical for success
- Identify champions at the universities/colleges and in the practice settings
- Develop vision, goals and build curriculum opportunities together
- Build on what is already working

Patient Engagement

- Where we've been intentional
  - Curriculum design and delivery (e.g. health mentors)
  - Professional development
  - Strategic planning
- What we need to do more of
  - Governance committees

Structures that connect

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

Structures that connect

- Executive Committee (D*eans & CEOs)*
- IPE/C Leaders in practice
- Academic Coordinators of Clinical Education
- Inter-faculty Curriculum Committee
- 250+ Community of Practice
- Annual Curriculum Planning Day

TRANSFORMING PRACTICE

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

Organizational Culture

- Definition, vision and principles for IPC
- IPC integrated into strategic plans
  - Aligned with quality/safety
  - Visible metrics
- Evidence of language and symbols that promote interprofessionalism
  - Jargon, space, roles
- Accreditation – opportunity to influence how we define teamwork

Leadership

- Recruit for transformational capacity at all levels, not profession
- Role-modeling of leaders critical given the 'hidden curriculum'
  - Especially true for clinical managers
  - Negotiating role overlap
- Structure of quality committees

Human Resource Practices

- Recruitment
  - Hire for collaboration
  - Interprofessional panels & questions
- Orientation
  - Beyond general orientation for all staff
    - Focus on key clinical competencies
  - Structured shadowing with debriefing

Human Resource Practices

- Performance Enhancement
  - Requisite and regular feedback
  - Team-oriented (IP peer feedback, category for IP teamwork)
- Job descriptions
  - Accountability for team functioning – "It's everyone's business"
- Recognition – build on current practices with intentional focus on ***IP*** teamwork

Technology-Enabled Practices

- Electronic Health Record
  - Seen as an enabling or inhibiting
  - Interprofessional development
  - Requisite use for all providers
  - Educational development plan needed
  - Space for questions between team members (e.g. discussion board, flags)

Education Practices

- Shared educational space
- IPL strategy in place
  - Learning opportunities for students and staff
  - Specific IPL capacity building
- Professional development
  - Opening up current uni-professional offerings as the standard

IP Model of Care

- *Mutual respect*
- Role understanding
- Shared leadership
- Interprofessional staffing mix
- Common goals & integrated care plan
- Some co-location
- Specialized roles for care co-ordination (e. navigator, service co-ordinator)

IP Model of Care

- Team “meetings”
  - Blend of face-to-face and technology
  - Case reviews for complex patients
  - Rounds/huddles
  - Reflection, reflection, reflection
  - Debriefing
  - Socialization
- Patient care needs assessment

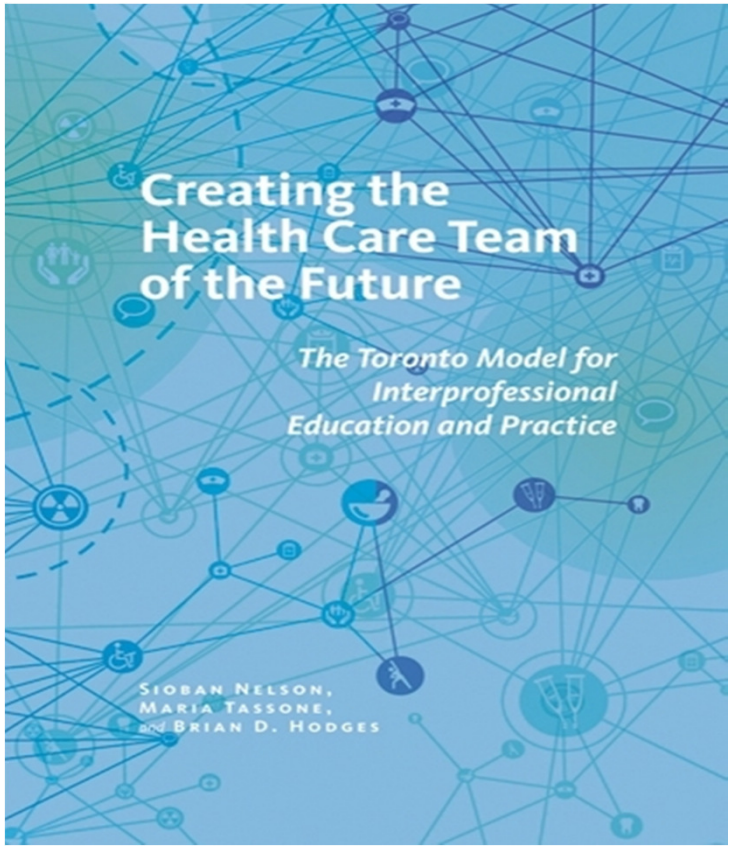
Critical Enablers

- Interprofessional roles
  - Expanded VP Education mandate
  - Facilitators from both academia and practice
- Engaged leaders
- Patient and student voices
- Scaling successes
- Creating a community

Key Learnings from Our Journey

- ***Explicit focus and partnership between education and practice***
- Not waiting for everything to be just right
- Sharing stories
- "Fan the fires" – strengths-based
- The real work is about culture change

Additional Resources



http://www.cornellpress.cornell.edu/book/?GCOI=80140100065220

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

www.ipe.utoronto.ca

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION

Contact Information

Centre for Interprofessional Education

- Email: ipe.info@utoronto.ca
- Phone: 416-603-5800 ext. 2577

UNIVERSITY OF TORONTO | Centre for INTERPROFESSIONAL EDUCATION