POCKET GUIDE

INTERPROFESSIONAL PRACTICES

REACH ACCÈS ZHIBBI

INTERPROFESSIONAL STUDENT LED CLINIC

THANK YOU TO THE FUNDERS

Canadian Federation of Medical Students (CFMS)
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WHAT IS IPE?

IPE is an interactive educational approach in which learners from two or more different occupations learn with, from and about each other to improve collaboration, and the quality of care and services (CAIPE, 2018).

No matter what your role in healthcare; collaborating with other professionals plays an essential part in positive patient outcomes.

That's where interprofessional practice (IPE) comes in. This Pocket Guide serves as a day-to-day reference to help you navigate collaborative practice to best support patient outcomes. This Guide is intended to complement the knowledge and skills you've acquired regardless of where you are in your IPE journey.

COMPETENCY ONE

INTERPROFESSIONAL COMMUNICATION

Interprofessional collaboration between health care professionals is essential to high-quality patient care. Interprofessional education (IPE) has a positive impact on teamwork when practicing health care on a daily basis (Homeyer et al., 2018). The extent to which health care professionals work well together affects the quality of health care delivery (Tsakkitzidis et al., 2016).

INDICATORS TO USE INTERPROFESSIONAL COMMUNICATION

- Addresses barriers to effective communication (reducing acronyms and discipline-specific jargon, (increasing/addressing?) health literacy, languages spoken)
- Actively listens and is receptive to the knowledge and opinions of others

- Contributes to the quality of care through the improvement in decision making (Busari, Moll, & Duits, 2017).

COMMUNICATION WITHIN THE TEAM

- **CUS**
  I am **C**oncerned about _____, I am **U**ncomfortable with _____, this is a **S**afety issue.
- **SBAR**
  Situation, **B**ackground, **A**ssessment, **R**ecommendation
  [Institute for Healthcare Improvement (IHI), 2016]
  - **Situation:** Identify yourself, the patient and briefly state your concern
  - **Background:** Describe any pertinent details related to the patient and the event
  - **Assessment:** Explain any assessments completed within your scope
  - **Recommendation:** What do you recommend or require?

COMMUNICATION WITH THE FAMILY/ MEMBERS OF THE COMMUNITY

- Check box: have the patients provided consent to share their confidential health information with a presence of a family member? DON'T ASSUME.
- Refer readers to community-centred care section

COMMUNICATION WITH THE PATIENT

- **SOLER**
  Nonverbal tool
  Squarely face the other person, **O**pen posture, **L**ean towards the person, **E**ye contact, **R**elax
- **MACY Model** (Kalet et al., 2004)

Utilize Active Offer
(Consortium national de formation en santé Société Santé en français April 2010)

- An active offer of health services is an open invitation to the patient to use one of our two official languages—English or French—when communicating with or receiving a service. This invitation should be made evident to the patient upon your first contact.
- This can be done simply by greeting patients as follows: "Hello, Bonjour"
- If you do not speak the language of the patient, steps should be taken to ensure care is provided in their language, if possible.
- Bilingual healthcare providers should make sure that the active offer of French health services is both visual and audible. This is done by using the "Hello, Bonjour" greeting as well as wearing a "Je parle français" pin.

Check Your Stereotypes
(barrier to effective communication).
Here are some questions you may want to ask yourself:

- Am I treating this patient differently based on their appearance?
- Am I treating this patient differently based on their age?
- Am I treating this patient differently based on their race?
- Am I treating this patient differently based on their disability?
- Am I treating this patient differently based on their gender?

Read more under Competency Three, Patient Centred Care (Pg 13.)

Tips for communication via phone, telemedicine (Technology)

DO	DON'T
Be present, maintain eye contact and keep your camera turned on	Don't assume that the patient has access to a cell phone or internet/computer
Assure that patient consent has been provided to use video or telephone communication methods prior to discussion. Patients must be informed of the risks and limitations that exist with sharing personal and private information over the internet or telephone.	Don't make reference to their surrounding environment
When discussing sensitive health topics via telemedicine: Ask if the patient is alone or around others. Ask the patient if they are comfortable proceeding with the visit in their current environment.	
Obtain consent from a patient before leaving confidential voice messages on their voicemail in order to make sure personal and private information is not shared with others without permission from the patient.	

COMPETENCY TWO

ROLE CLARIFICATION

Learners/practitioners understand their own role and the roles of those in other professions and use this knowledge appropriately to establish and meet patient//family/community goals.

INDICATORS

- Engages patient in understanding one's own and others' professional roles (may come up in patient-centred care)
- Explores and analyzes perceived power imbalances between and within professions
- Identifies appropriate referrals based on patient needs
- Seeks and integrates ideas from others' professional values and cultures.

IMPORTANCE OF ROLE CLARIFICATION IN CLINICAL SETTINGS

"Role clarification requires that we identify not only what knowledge or skill is held uniquely by professions, but also what is shared. Through this process, we are able to determine which team member is most appropriate and able to take responsibility" (Coffey & Anyinam, 2015, p.70)

DESCRIPTION OF THE SCOPE OF SOME PROFESSIONALS YOU MAY MEET IN YOUR CLINICAL

- Nurses (RN, RPN)
- Physician (GP)
- Social Workers (RSW)
- Indigenous Social Workers
- Dietician (RD)
- Speech-Language Pathologist (SLP)
- Physiotherapy (PT)
- Personal support worker (PSW)
- Occupational therapy (OT)
- Pharmacist
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Radiation Therapist

This list does not include an exhaustive list of all professionals in a healthcare setting. These are simply some of the professionals that you may work within a clinical environment.

REFERRAL ASSISTANCE

(Professionals helpful in managing priority health concerns in Northern Ontario)

- **Substance Use Disorder**
  Social Worker, physician, addictions specialist, pharmacist
- **Chronic Pain**
  Physiotherapy, Occupational Therapy, pharmacist, social work, rheumatology, chiropractor, massage therapy, osteopath, naturopath, acupuncturist
- **Mental Health**
  Social Worker, recreation workers, psychologists, psychiatrists, nurses
- **Cancer Care**
  Nurses, oncologists, radiation therapists, dentists, social workers, dieticians, naturopath, personal support worker
- **Diabetes Care**
  Nurses, social workers, primary care providers (NP/MD), naturopath, NE LHIN, dietitian,
- **Maternal Health**
  Midwives, family physician, psychiatry, obstetrician, grief counsellor, doula, support groups*, health unit, lactation consultant
- **Eating disorders & obesity**
  Registered Dietician, Nurses, psychiatry, physiotherapy, occupational therapy, naturopathy, social worker, kinesiologist
- **Abuse/assault**
  Police officers, primary care provider, social worker, psychologist, psychiatrist, nurses
- **Hypertension**
- **Geriatrics**
  Geriatrician, NE LHIN, social worker, occupational therapist, physiotherapist, personal support worker, registered dietician, nurses, pharmacist

This chart does not include community resources & support groups but these may be helpful in managing certain conditions.

The following chart (pg. 14) includes nine of the most prevalent health care concerns in Northern Ontario along with various healthcare professionals you are most likely to collaborate with. Although we aim to provide examples of multiple professionals in multiple domains, this chart is not exhaustive.

See chart on next page

	Substance Use Disorder	Chronic Pain	Mental Health	Cancer Care	Diabetes Care	Maternal Health	Eating Disorders & Obesity	Abuse & Assault	Geriatrics
Social Workers	X	X	X	X	X		X	X	X
Physicians	X	X	X	X	X	X	X	X	X
Pharmacists	X	X			X				X
Physiotherapists		X		X			X		X
Occupational Therapists	X	X	X	X			X		X
Chiropractors		X							
Naturopaths		X		X	X		X		
Recreation Therapists	X		X						X
Nurses	X	X	X	X	X	X	X	X	X
Psychologists	X		X			X	X	X	
Radiation Therapists				X					
Personal Support Workers				X					X
Dieticians					X		X		X
Midwives						X			
Kinesiologists		X					X		
Police Officers			X					X	
Paramedics	X		X					X	X
Speech-Language Pathologists				X					X

COMPETENCY THREE

PATIENT/FAMILY/ COMMUNITY-CENTERED CARE

INDICATORS

- Analyzes patient-centeredness in terms of professional and team practice
- Explores patient's role as an IP team member
- Explores the level and mode of communication preferred by patient/family
- Matches patient's expected level of participation to team engagement (e.g., being
- Sensitive to patient's willingness and ability to engage in care plans)

VALUES AND BELIEFS OF PATIENT-CENTRED CARE

Respect
Respect the patient's wishes, concerns, values, priorities, perspectives and strengths.

Human Dignity
Care for patients as a whole and unique human beings, not as problems or diagnoses.

Patients are experts for their own lives
Patients know themselves best.

Patients as Leaders
Follow the lead of patients with respect to the information given, decision making, care in general and involvement of others.

Patients goals coordinate the care of the healthcare team
Patients define the goals that coordinate the practices of the health care team. All members of the teamwork toward facilitating the achievement of these goals.

TIPS TO PROVIDE PATIENT/FAMILY/ COMMUNITY CENTRED CARE

- Asking open-ended questions
- Mirroring what the patient is telling you "what I hear is that you are concerned about ____ and would like to do ___"
- Avoiding assumptions about patients i.e. not assuming how they feel. This can be done by saying things like "do you agree?" "do you feel that I have a good understanding of your situation?" "do you have any questions for me?"
- Importance of emotional support people (family, friends, volunteers) - for mental health

IMPORTANCE OF INFORMED CONSENT AND HOW TO PROMOTE IT

Providing patients with verbal and written information as opposed to just verbal when possible.

Sample Questions:

Do you feel that the benefits outweigh the risks, do you understand the possible outcomes of receiving this care?

Do you know who to contact should you choose to withdraw care?

COMPETENCY FOUR

INTERPROFESSIONAL CONFLICT RESOLUTION

INDICATORS

- Analyzes conflict effectively and employs appropriate conflict resolution techniques/ models
- Identifies own conflict resolution styles and those of team members
- Identifies appropriate conflict management models

THREE WAYS TO RESOLVE GROUP CONFLICT

1. Supporting flexibility, creativity, and diverse viewpoints
2. Incorporating variety within the group by sharing leadership and promoting the development of communication skills

3. Understanding shared responsibility: Making group members accountable for their own actions, encouraging reflection and evaluation of self and group on the basis of concern for the group and individual members

TYPICAL GROUP CONFLICT MANAGEMENT STRATEGIES

- **Avoidance**
  Members aware of conflict but not resolved.
- **Competing**
  Some members use power to meet their own needs and not group member needs.
  therapy, osteopath, naturopath, acupuncturist
- **Compromising**
  Members explore solutions and negotiate a solution that is equal for all members.
- **Accommodating**
  Members cooperate and give in to other members for the benefit of the group.
- **Collaborating**
  Members examine differences that exist and work together to establish an acceptable solution that is beneficial to all group members.

TIPS FOR CONFLICT MANAGEMENT

- Talk after you have calmed down (fight or flight response), be aware of these feelings and how they can influence dialogue
- Use “I” statements
- Talk in person, face to face
- Objective vs Subjective views
- Address issues as professionally as possible
- Validating how the other is seeing the situation
- Intentionally re-examine the 5 conflict management styles.

YOU ARE UNCERTAIN ABOUT THE CONFLICT?

- Contact your preceptor/manager
  (associated to the healthcare institution)
- Contact your academic supervisor
  (associated with your academic institution)
- Contact your student association or union representative (if applicable)
- Contact the HR representative at your academic institution, clinical facility or place of employment.
- Contact management within the clinical facility
- Contact your profession’s college (ex: CPSO, CNO...)

COMPETENCY FIVE

TEAM FUNCTIONING

INDICATORS

- Adapts behaviours to fit with team's stage of development
- Identifies opportunities to improve team outcomes
- Integrates evidence and reflection to inform professional and team practice
- Takes action based on reflection to improve professional and team performance

FOUR STAGES OF TEAM DEVELOPMENT TUCKMAN, 1965

1

Forming
During the first stage, forming, team members establish interpersonal relationships, become familiar with the assigned task (the group assignment) and create ground rules.

2

Storming
The second stage, storming, marks a time of a intragroup conflic due to lack of group unity. Because team members stilllsee themselves as individuals rather than aspart oof a team, theymay resist the formation of group structure in favour of expressing their individuality.

3

Norming
The third stage, norming, is characterized by the emergence of group harmony as group members begin to openly express ideas and opinions. Members begin to accept teammates for who they are and task-related conflicts are avoided in an effort to preserve harmony.

4

Performing
The final stage, performing, reflects a period of productive collaboration in which members demonstrate support for each otheer and assume roles that will enhance task activities. Constructive attempts are made to resolve any issues related to the completion of the task.

Recognize what stage of team development is your team functioning in?

Know that your team may not be in one stage consistently. The stages of team development are fluid based on the situation as well as with the introduction or removal of team members

COMPETENCY SIX

COLLABORATIVE LEADERSHIP

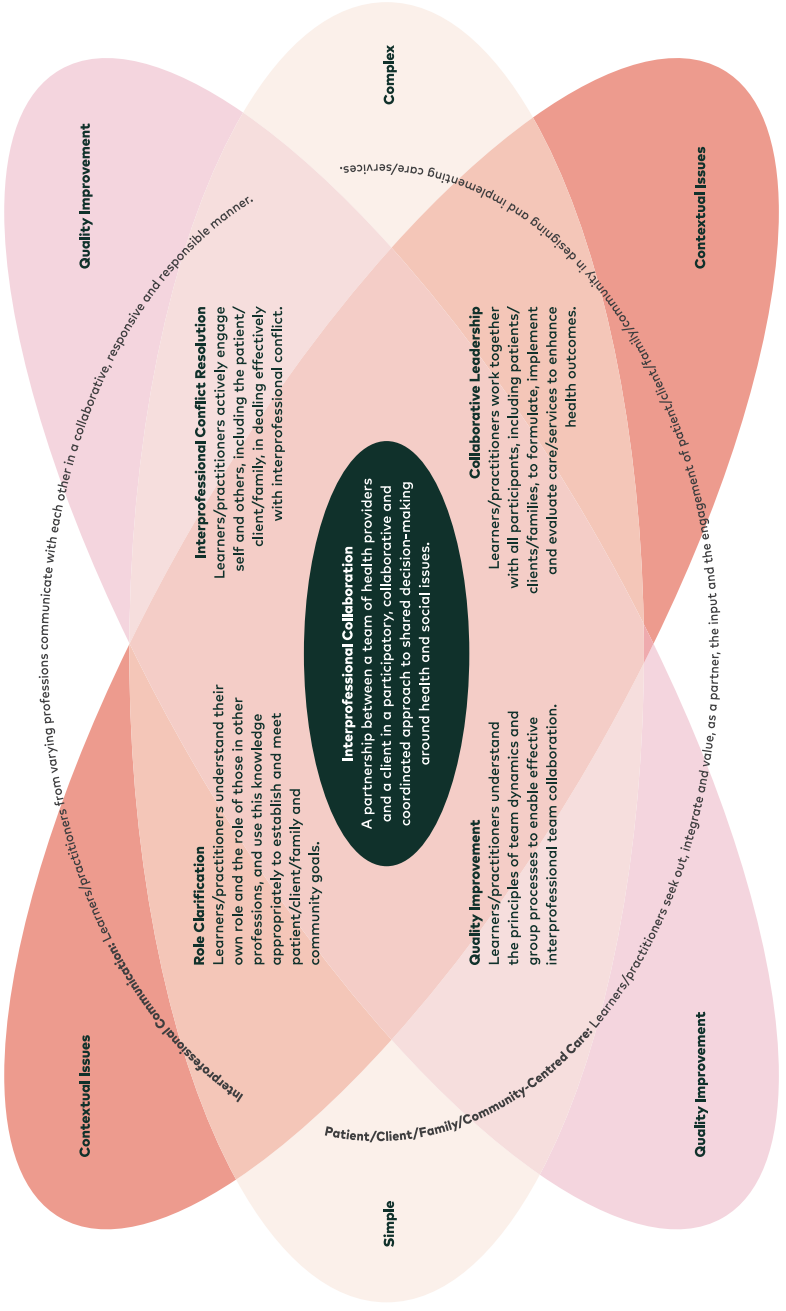
The six interprofessional competency domains highlight the knowledge, skills, attitudes, and value that are essential for interprofessional collaborative practice. Collaborative leadership is seen as the pinnacle competency following:

1. Communication
2. Role clarification
3. Patient-centred care
4. Team functioning and
5. Dealing with interprofessional conflict (Health Force Ontario, 2009).

Collaborative leadership involves the development of personal skills, ability to self-reflect and self-regulate, ability to communicate in high-stakes situations, think critically, problem-solve, and cooperate with others (e.g., engage in team building, identify conflict resolution strategies, and negotiate patient health priorities).

COLLABORATIVE LEADERSHIP

- Have I worked with others to enable effective patient/client outcomes?
- Have I built relationships among all participants of the health-care team?
- Do I engage in facilitation of effective team processes and decision-making?
- Have I contributed to the establishment of a climate for collaborative practice?



CONCLUSION

"After almost 50 years of inquiry, there is now sufficient evidence to indicate that interprofessional education enables effective collaborative practice which in turn optimizes health services, strengthens health systems and improves health outcomes" (WHO, 2010).

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