

Changing Culture with Interprofessional Education

April 28, 2010



DEPARTMENT OF PSYCHIATRY

Learning Together with Cases: Collaborative Development of Authentic Clinical Cases

Monday June 21st,
2010

8:30 – 12:30pm

Bracken Library
e-Learning Hub.

Presented by the CPD:
Faculty Development
Office, Faculty
Of

Health Sciences

Queen's University:

<http://meds.queensu.ca/cpd/fd/>

PROGRAM AGENDA

8:30 Welcome and tour of Learning Together with Cases website – L. Davidson

9:00 Interprofessional Education: Competencies and educational strategies – N. Dalgarno

9:30 8-Step Case Development Model – S. Pinchin

10:00 Refreshment BREAK

10:15 IPE: Student Perspective – C. Donnelly & L. Keeping-Burke

11:00 Interprofessional Faculty Collaboration: Case Development Brainstorming – A. Aiken; L. Davidson

11:45 – 1:00 PM Free time to work in e-Learning lab with facilitators – L. Jackson & L. Walz

**IPE Forum: Health Care Team
Challenge: The student perspective on
an IP learning activity**

Tuesday, May 18, 2010

12:00-1:00 p.m.

Louise D. Acton Building, Room 008 (basement)

RSVP: by Tuesday, May 11

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or

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Interprofessional education has developed over the years:

To remedy failures in trust and communication between professions (Carpenter, 1995)

To reinforce collaborative competence (Barr, 1998)

To secure collaboration

To implement policies (Department of Health, 2001)

To improve services (Wilcock and Headrick, 2000)

To effect change (Engel, 2000)

To cope with problems that exceed the capacity of any one profession (Casto and Julia, 1994)

To enhance job satisfaction and ease stress (Barr et al. 1998; McGrath, 1991)

To create a more flexible workforce (Department of Health, 2000)

To counter reductionism and fragmentation as professions proliferate in response

To modify negative attitudes and perceptions (Carpenter, 1995)

technological advance (Gyamarti 1986)

To integrate specialist and holistic care (Gyamarti 1986)

The Aims of “Transdisciplinary Education:

1. Developing relationships between learning and actual ‘life’ situations.
2. Epistemological – contrasting conceptual frameworks, truth criteria, level of objectivity and methodologies, creating a context for new kinds of thinking
3. Pedagogical – encouraging co-operation among education staff of different disciplines and exposing students to a wider range of teaching strategies
4. Normative – offering education as a vehicle which puts knowledge into service for political and social reforms
5. Rational – unifying reasoning around a particular theme to create a supra-rationality, for example, health
6. Critical – developing the capacity to challenge central suppositions and the interest to understand the structure of a particular discipline
7. Educational – offering a broadening dimension through integration of elements,

Barnett, R. (1999) *The idea of higher education*. Buckingham: Open University Press

CanMEDS Collaborator: Definition

- As collaborators, physicians effectively work within a healthcare team to achieve optimal patient care

CanMEDS Collaborator: Description

- Physicians work in partnership with others who are appropriately involved in the care of individuals or specific groups of patients
- It is therefore essential for physicians to be able to collaborate effectively with patients, families, and an inter-professional team of expert health professionals for the provision of optimal care, education and scholarship

Competency (Definition)

- Norman⁽¹⁾, a competency is more than knowledge; it includes the understanding of knowledge, clinical, technical and communication skills, and the ability to problem-solve through the use of clinical judgment
- CanMEDS⁽²⁾ competency framework, the development of a competency is the process of translating the core abilities involved in effective practice into educationally useful elements

CanMeds Collaborator: Key Competencies

1. Participate effectively and appropriately in an inter-professional healthcare team
2. Effectively work with other health professionals to prevent, negotiate, and resolve inter-professional conflict

CanMEDS Collaborator: Enabling Competencies

Participate effectively and appropriately in an IP healthcare team by:

1. Clearly describing their roles and responsibilities and the roles other professionals within the health care team
2. Recognizing & respecting the diversity of roles, responsibilities and competencies of other professionals
3. Working with others to assess, plan, provide and integrate care for individual patients (or groups of patients)
4. Participating effectively in inter-professional team meetings
5. Demonstrating leadership in a healthcare team, where appropriate
6. . . . etc.

CanMeds Collaborator Competencies

- How would you incorporate these into your clinical teaching unit?
- What would you see as the barriers?
- How would you evaluate these competencies?

Canmeds Collaborator: Enabling Competencies

Effectively work with other health professionals to prevent, negotiate, and resolve IP conflict by:

1. Demonstrating a respectful attitude towards other colleagues and members of an interprofessional team
2. Working with other professionals to prevent conflicts
3. Employing collaborative negotiation to resolve conflicts
4. Respecting differences, misunderstandings and limitations in other professionals
5. Recognizing one's own differences, misunderstanding and limitations that may contribute to IP tension

RESOURCES

1. For a much more extensive competency description for IP Collaboration –
The BC Competency Framework for Interprofessional Collaboration:

http://www.chd.ubc.ca/teaching_learning/competency/bc-framework-Interprofessional

2. Existing Frameworks: Compared & Contrasted

ACGME 2002. www.acgme.org.

Barr, H. (2003). *Interprofessional education: today, yesterday and tomorrow*. UK: Learning and Teaching Support Network for Health Sciences and Practice, Centre for Health Sciences and Practice.

Barr, H. (2005). *Competent to collaborate: towards a competency-based model for Interprofessional education*. *Journal of Interprofessional Care*, 12(2): 181-186.

Braithwaite and Associates of the ACT Health Department (December 2005). *The ACT Health Interprofessional learning and clinical education project: background discussion paper #2*.

Combined University Interprofessional Learning Unit. *A framework containing capabilities and learning levels leading to Interprofessional capability*. <http://www.cuilu.group.shef.ac.uk/>

CPSI (2007). *The Safety Competencies: Enhancing patient/client safety across the health professions*.

Department of Human Services (Victoria) (2005). *Competency standards for health and allied health professionals in Australia*, Melbourne: Department of Human Services, Victoria.

Guided Interprofessional Field Study (2007). *Interprofessional Collaborative Practice - Foundational Level*. <http://www.in-bc.ca/projects/gif.php>.

Humpris D. (2005). Multi-professional practice, Interprofessional education: lessons and evidence for rural and remote Australia. 8th National Rural health Conference Proceedings: National Rural Health Alliance.

Institute of Medicine (2003). Health professions education: a bridge to quality. Washington, DC: National Academic Press.

Interprofessional Education Consortium (IPEC). (June 2002). Creating, Implementing, and Sustaining Interprofessional Education, volume III of a series. [Electronic version]. San Francisco, CA: Stuart Foundation.

O'Neil, E.H. and the Pew Health Professions Commission (1998). Recreating health professional practice for a new century: the fourth report of the PEW Health Professions Commission. San Francisco: Pew Health Professions Commission.

University of Minnesota (1996, September 1). A Report by the Academic Health Center Task Force on Interdisciplinary Health Team Development. <http://www.ahc.umn.edu/tf/ihtd.html>.

University of Toronto. Health Professional Collaborator Competencies. <http://ipe.utoronto.ca/educators/competencies.html>.

World Health Organization (2005). Preparing a health care workforce for the 21st century: The Challenge of Chronic conditions. Noncommunicable Disease and Mental Health Cluster, Chronic Disease and Health Promotion Department.

3. Barr H. (2009) *INTERPROFESSIONAL EDUCATION: Today, Yesterday and Tomorrow A review Commissioned by The Learning and Teaching Support Network for Health Sciences & Practice From The UK Centre for the Advancement of Interprofessional Education:*

<http://meds.queensu.ca/quipped/assets/IPE%20Today,%20Yesterday%20&%20Tmmw%20%28Barr%29.pdf>

4. *2010 Framework for Action on Interprofessional Education & Collaborative Practice: World Health Organization*

http://whqlibdoc.who.int/hq/2010/WHO_HRH_HP_N_10.3_eng.pdf