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Inter-professional Education – Learning and Working Within and Across Professions – Broadening our Concept of Collaboration

Lesley Bainbridge

**Director, Interprofessional Education
Faculty of Medicine and
Principal pro tem
College of Health Disciplines**

University of British Columbia





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Context for this presentation:

- **What is IPE?**
- **What is collaborative practice?**
- **What are the emerging models?**
- **Why should we care?**
- **What are the barriers?**
- **What can we do?**



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IPE and collaborative practice are not new!

- Dr. John F McCreary,
- Dr. George Szaz,
- Dr. Bud Baldwin

All examples of pioneers in the 1960's



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What is new?

The policy language that is directing us to interprofessional education and collaborative practice and to some extent, the research, although there is a long road ahead of us.

Examples of recent policy language:



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Health Council of Canada

- Increase the number of interprofessional teams providing primary health care beyond the goal set out in the 2003 and 2004 agreements, which currently call for 50 per cent of residents to have 24/7 access to health care teams by 2011. (2006)



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Health Canada

- Changing how primary health care is organized, funded and delivered in Canada is an enormously challenging undertaking. It demands an unprecedented level of collaboration and consensus-building across jurisdictions and among health care professionals. (PHCTF: 2005)



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Romanow Report

- ***Review current education and training programs for health care providers to focus more on integrated approaches for preparing health care teams.*** One of the best ways of ensuring that health care providers are able to work effectively in new, more integrated settings is to begin with their education and training. Education programs should be changed to focus more on integrated, team-based approaches to meeting health care needs and service delivery. (2002)



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What is IPE?

- Interprofessional education has been described as learning together to promote collaboration. It involves:
 - socializing health care providers in working together, in shared problem solving and decision making, towards enhancing the benefit for patients, and other recipients of services;
 - developing mutual understanding of, and respect for, the contributions of various disciplines; and
 - instilling the requisite competencies for collaborative practice.
- IPE = occasions when two or more professions learn *with, from and about* each other to improve *collaboration* and the *quality of care*.
(CAIPE, 2002)



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What is collaborative practice?

Collaborative, patient-centred practice is designed to promote the active cooperation of several health care disciplines and professions in providing care. It enhances patient, family, and community-centred goals and values, provides mechanisms for continuous communication among health care providers, and fosters respect for the contributions of all providers. There is growing consensus that interprofessional collaborative patient-centered practice will contribute to the following:

- improved patient care
- improved access to the appropriate provider at the appropriate time
- improved recruitment and retention of health care providers
- improved satisfaction among patients and health care providers
- decreased waiting times



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Primary driver: patient safety

- To Err is Human (IOM)
- The Canadian Adverse Events Study
- The Gove Inquiry
- The Bristol Inquiry
- Many other examples.....



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THEORETICAL MODELS



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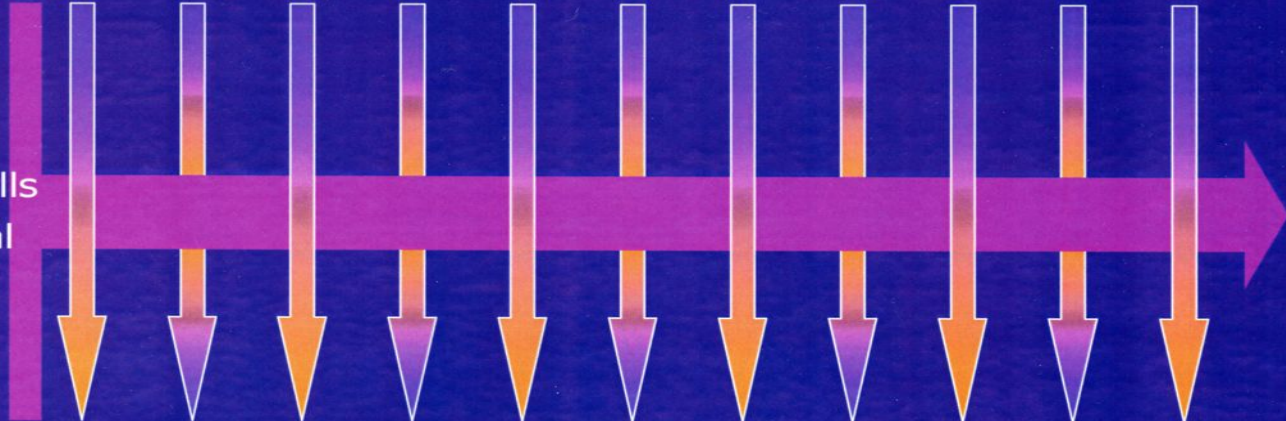
Understanding the Culture and Values of Innovative Collaborative Practice

Professional Specific Inputs

Professional Education

- Nursing
- Occupational Therapy
- Audiology
- Speech-Lang Pathology
- Social Work
- Counselling Psychology
- Clinical Psychology
- Nutrition & Dietetics
- Human Kinetics
- Physical Therapy
- Pharmacy

- Examples
- Scope of Practice
- Specific Skills
- Professional Procedures
- Licensure
- Etc.



Professional Specific Outputs

Innovative Collaborative Practice Output



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Leading Interprofessional Education and Research



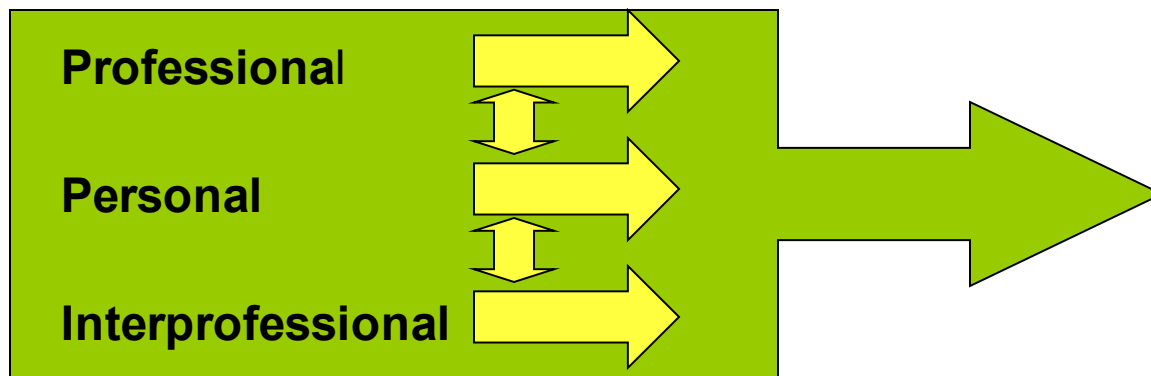
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Goal

Interprofessional Health Education for Patient/Client Centred Collaborative Practice to Improve Patient Care

Learning Process



Interprofessional Education Development Stages

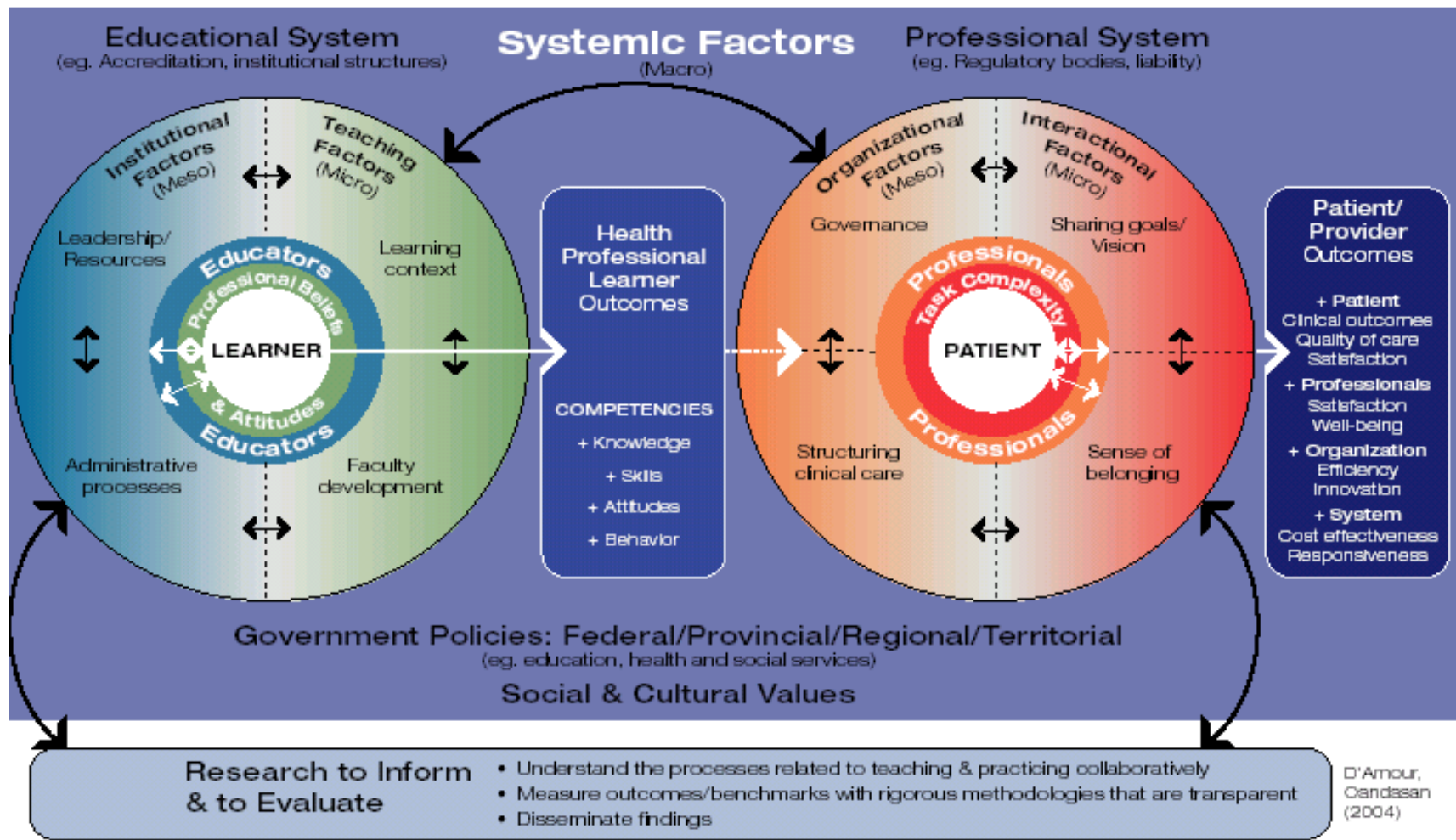


Interprofessional Education for Collaborative Patient-centred Practice: An Evolving Framework

Interprofessional Education
to Enhance **Learner** Outcomes

< Interdependent >

Collaborative Practice
to Enhance **Patient Care** Outcomes





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BARRIERS



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A non-exclusive list of some barriers to inter-professional collaboration

- ***interpersonal differences*** e.g. age, gender, culture
- ***fear of change*** e.g. place, time, persons
- ***stereotypic rivalry*** e.g. me, him/her, them
- ***power, income and status*** e.g. salary vs. fee-for-service
- ***language*** e.g. gender, profession, social class, jargon
- ***models of practice*** e.g. medicine, nursing, social work
- ***management structures*** e.g. acute care, community
- ***management priorities*** e.g. money, space, people
- ***scope of practice*** e.g. reserved acts, fear, silos



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But (or should I say “and”) if we believe that IPE and collaborative patient or family-centred practice lead to.....

The highest quality of care....





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....what do we do?

MACRO:

- Get buy in from the organization
- Articulate the concepts in mission, vision and values
- Facilitation of the concepts throughout the organization
- Allocate funds to support the concepts





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...and do...

MESO:

- Support collaborative practice at the bedside and in the community
- Educate providers, patients and families
- Reward collaborative practice
- Train interprofessional teams





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...and do.

MICRO:

- **Recognize IPE as essential learning for individuals**
- **Provide time for collaboration and reflection**
- **Reassure staff and families**
- **Make collaboration across professions the norm for everyone**
- **Include it in performance expectations and reward it**





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IN SUMMARY....

- **IPE is the means by which we train collaborative practitioners.**
- **Collaborative patient/family-centred practice is the way of the future.**
- **Policy change is necessary to support a shift in education and practice.**
- **At the macro, meso and micro levels of organizations and communities support must be tangible and evident.**
- **We still have many research gaps but together, we can address them.**
- **Once we make the shift, we can never go back.**



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FORWARD IS A DIRECTION, NOT A SPEED...

with thanks to Bruce Holmes,
Dalhousie University

