



Integration and Application of Research – Linkages between Academic, Clinical & Educational Communities of Practice

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CAPHC October, 2006
Vancouver, BC

Our Challenge: Teaching Old Dogs New Tricks

- New questions asked
- New questions heard
- New ways of doing things together



Einstein

“The significant problems we face cannot be solved at the same level of thinking we were at when we created them.”

Focus on Effective Collaboration

- Key concepts informing how we might achieve Inter Professional Practice & Integration
 - Build Communities of Practice
 - Respect Collective Wisdom
 - Build Capacity in Individuals
 - Use Tools
- Practical examples

Building Communities of Practice

- Lave & Wenger (1991) studied apprenticeship
 - studied apprenticeship arrangements
 - learning is social & takes place from peer to peer
 - not from the teaching of the master

Social interactions of professional peers need to be encouraged not stifled.

- Wenger (1998) identified 4 FALSE assumptions rooted in traditional education systems
 - Learning is individual
 - Learning is discrete (has a beginning and end, is separate from other activities)
 - Learning is the result of teaching

CPs...connecting people...emerging ideas...leading the way

- Beitler (2005) identifies the sole purpose of CPs is to capture and transfer knowledge
- They are self-organizing, free flowing, organic
- Best created alongside traditional structures

CPs Promote IPP

- Managers can provide infrastructure & support to let CPs emerge – different from task groups
 - **Domain** = common value
 - **Community** = essential for trust – necessary for shared ideas, admissions of ignorance, asking for help
 - **Practice** = bringing the realities of experience forward
- **Knowledge is growing so fast we need a collective approach.**

“The Wisdom of Crowds” by James Surowiecki

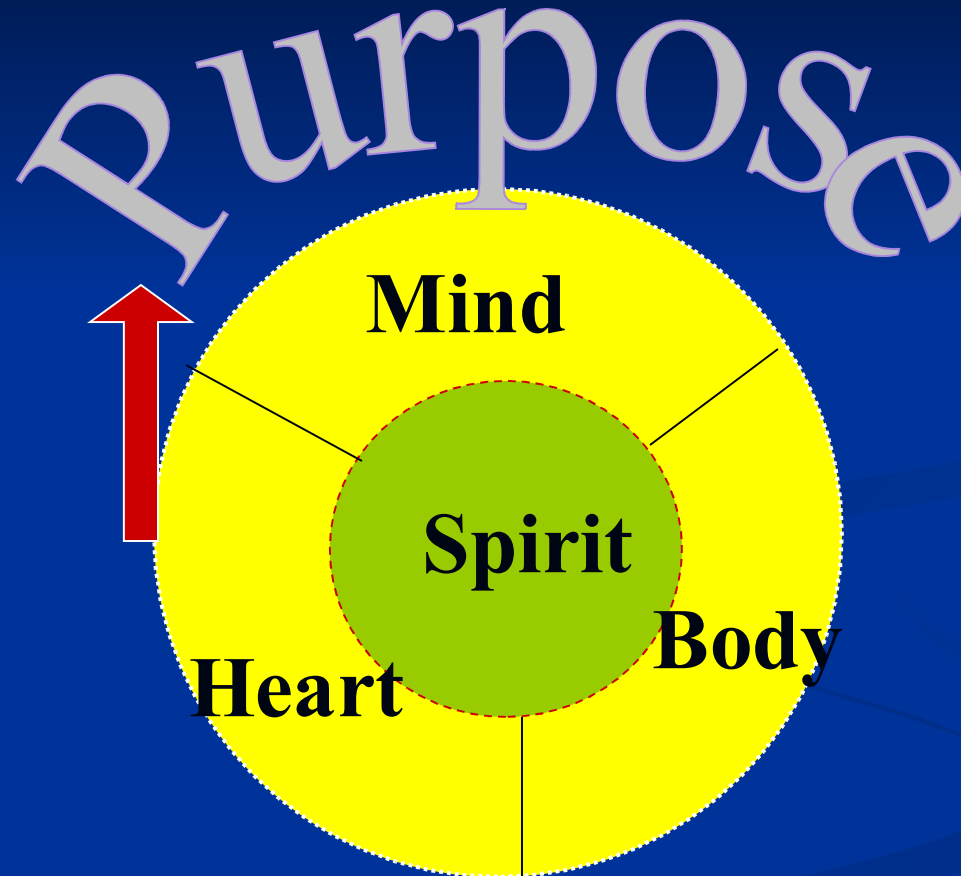
- Under the right circumstances large groups are better able to
 - Make predictions & solve problems than most knowledgeable experts

- Criteria that allow a group to be smarter than the smartest individual
 - Diversity of members & perspectives
 - People in the group must not allow themselves to be swayed by others opinions – don't give in to others ideas – let others tap individual knowledge base
 - People must not be dictated by a leader
 - There must be a process to combine different opinions and reach resolution while respecting/allowing different opinions

- Groups are useful in 3 areas
 - Cognitive problems
 - Coordination issues
 - Cooperation difficulties

Nurture Individuals:

“The 8th Habit” by Stephen Covey



“A Whole Person in a Whole Job”

Tools: PARIHS Framework

Roycroft-Malone et al, (2002)

- **Evidence**
 - Research
 - Clinical Experience
 - Patient Experience
- **Context**
 - Context
 - Culture
 - Leadership
 - Evaluation/Feedback
- **Facilitation**
 - Facilitator
 - Purpose
 - Role
 - Skills & Attributes

Framework provides a roadmap for applying research in the practice arena... may identify key enablers & barriers early on in the application process.

Promoting Action on Research Implementation in Health Services

- Nature of the Evidence
 - 3 strands of evidence
 - Research
 - Clinical Practice Experience
 - Patient Preferences

- Quality of the Context
 - Concepts of a learning organization present
 - Culture that value contributions of individual, are open, have a shared vision & decentralized decision making with quality structures tend to be innovative & facilitative
 - Transformational leaders vs command & control

■ Type of Facilitation

- Educational outreach, audit, feedback & computer based prompts
- Most effective implementation strategies = multifaceted
- An effective facilitator is appointed, helping & enabling, internal or external, has many skills to help individuals uncover values, beliefs, attitudes, habits, skills, ways of thinking & working

Themes so far...

- People
- Environment
- Process
- Tools

Help us achieve effective collaboration in a new paradigm.

Challenges to Effective Integration & Collaboration

- Values, Beliefs & Attitudes
 - Efficiency, overlap, time, interdependence, autonomy & accountability
- Engaging others beyond “tribal” views – engaging in real conversations

■ Structures & Systems

- Employee vs other, regulations & laws, fiscal limitations, rewards

■ Boundaries

- Flexible & ambiguous
- Professional, System,

- Education Models
- Competition vs. Collaboration

Opportunities with Effective Collaboration & Integration: IPP

- Common goal = quality of care (shift from provider centred to patient centred)
- Personal, Professional & Organizational Growth (inside out)
- Work redesign

- Organizational Gains (innovation, commitment, engagement, learning, quality of care, safety)
- Attracts professionals and builds human capital

- Broadens Understanding
- Promotes meaningful conversations leading to change (personal & organizational)
- Transformational
- Shared or distributed leadership

Examples:

Partnerships In Motion

- Clinical Teams & New Care Delivery Models (MD-NP, ACT, MD-Dietetics/Pharmacist etc)
- Interdisciplinary Rounds
- Interdisciplinary Practice, Research & Education Initiatives (e.g. IPP)

- Professional Advisory Committee
- Inter Professional Patient Care Committee
- Hospital – Community Educational Initiatives
- Best Practice Guidelines

- Parents as Partners Initiatives
- Research Internships (emphasis on clinical questions) & new collaborations
- Clinician Scientist Roles

Synergy

- Real Collaboration = IPP
- IPP = Integration
- Integration = Inclusion & Bridges
- Inclusion & Bridges = New Ways of Doing
- New Ways of Doing = New Ways of Being
- New Ways of Being = New Question & New Answers

Summary

- Effective IPP relies on new thinking
- Effective IPP depends on respect for individual and collective wisdom
- Effective IPP is inclusive, looks to new ways and has a “can do” attitude
- Integration of practice, research & education is possible
- Individual & system transformation are essential

“If you focus on drawing lines in the sand all you see is your feet.”