



Supporting, Enhancing and Implementing Interprofessional Collaborative Practice at Latrobe Community Health Service

Mollie Burley and Jane Taylor

**Workshop delivered at Victorian Clinical Placement Summit
Friday 27 May, 2011**

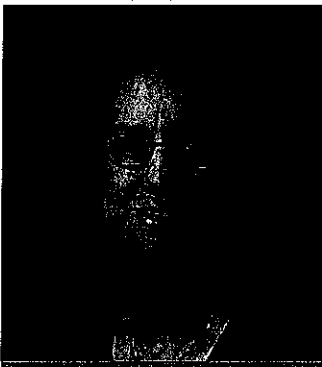
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WORKSHOP OBJECTIVES

- Share the steps undertaken by LCHS and MUDRIH in the development and implementation of a student placement program
- Outline the introduction of interprofessional collaborative practice (IPCP) at LCHS
- Discuss the partnerships and collaborations developed from the initial LCHS/MUDRIH partnership
- Examine the benefits of utilising non-traditional settings for student placements
- Highlight student placement innovations implemented
- Develop a suitable learning environment for evidence based practice to deliver safe and effective quality client care



Students in our interprofessional collaborative workshops

PPLYING THE WHO IPCP FRAMEWORK

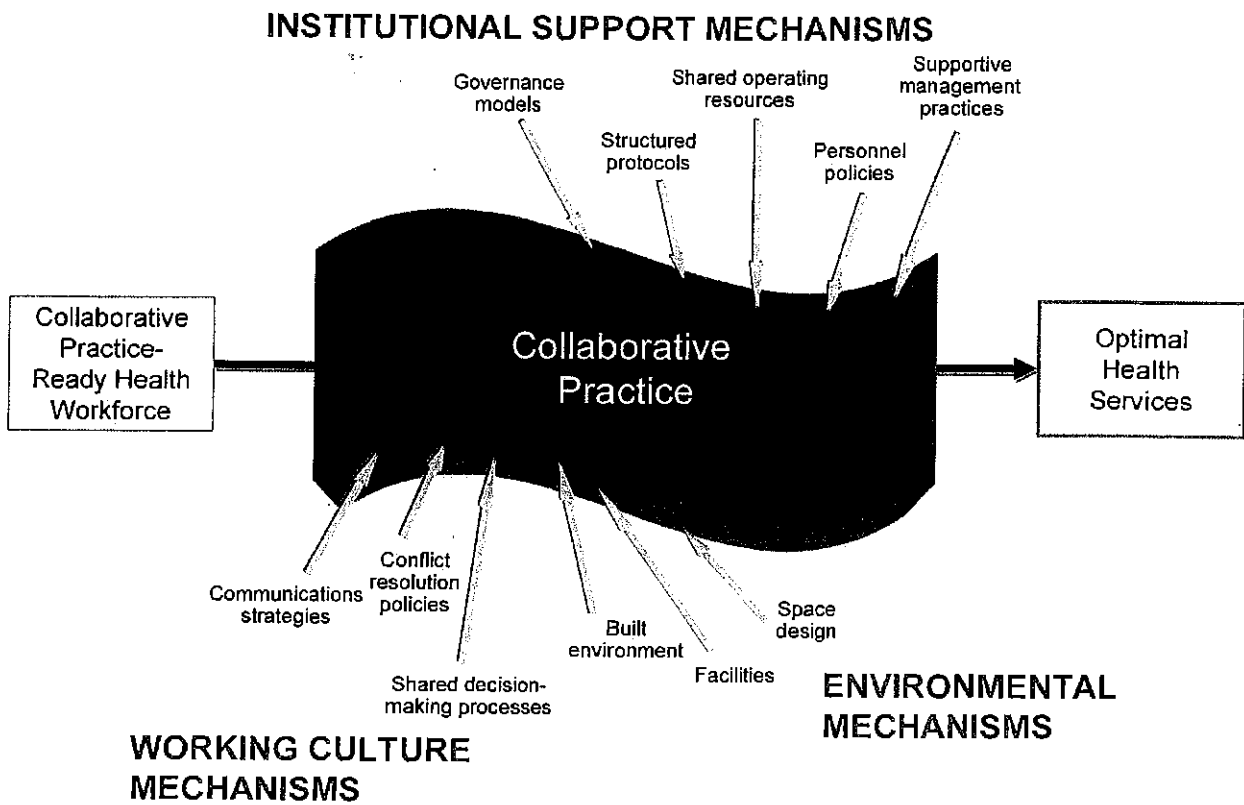
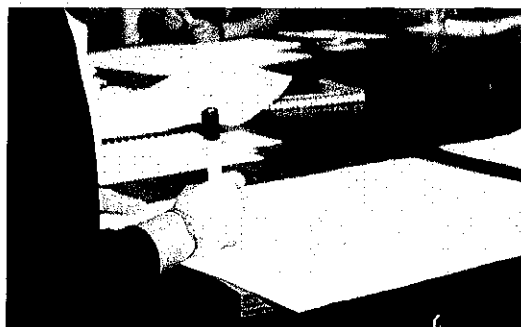


Figure 1. WHO Framework for Interprofessional Education and Collaborative Practice

Need for multilevel capacity building in an organisation (WHO 2010)



DEVELOPMENT OF OUR MULTILEVEL INSTITUTIONAL CAPACITY BUILDING

Corporate: Partnership and collaborations

- Local Memorandum of Understanding (MOU): Latrobe Community Health Service and Monash Department of Rural and Indigenous Health (MUDRIH)
- Development of Placement Education and Research Unit (PERU) at LCHS with shared senior lecturer position with MUDRIH, Manager, Mollie Burley
- Secondment of lecturer Jane Taylor from MUDRIH to coordinate, development of a pilot student supervised clinic (grant from Department of Health Victoria)

Staff Champions: IPC Development Group

- Steering committee of IPC champions formed from across directorates in the organisation
- This IPC development group steers IPC activities
 - IPC training for staff and students
 - IPC Forums for all staff
 - Development of a bank of de-identified case studies for IPC
 - Expansion of the case study templates to form narratives

Staff Training: Development of step wise staff training and evaluation

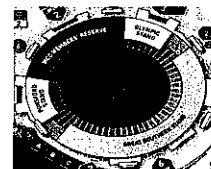
- Step 1: attendance at an IPC Forum compulsory for all staff
 - Executives present scope of roles
 - Participants engage in an IPC activity
 - Case presentation with panel from one directorate showcasing IPC with a real client story
- Step 2: optional IPC staff facilitator workshops (2 workshops so far: GOAL - 20 staff trained by end 2011 to assist in delivering student IP workshops in the future)
- Step 3: Co-facilitation of student IPC workshops (8 workshops delivered so far)
- Step 4: (In development) team coaching program
- Step 5: (In development) facilitator training for Simulation Based Education in collaboration with Prof Debra Nestel at Monash Gippsland Medical School

Overview of Research initiatives

Develop a suitable learning environment for evidence based practice to deliver safe, effective and quality client care

Examples:

- Chief Executive Officer Scholarships
- PHCRED Fellowships, Master Biomedical Science-Part 1 (Pre PhD) & Care giving project
- Short research Course
- Journal Clubs
- Joanna Briggs Institute. Gippsland Centre for Chronic Disease Management.
- Simulated patient research in partnership with Gippsland Medical School



Interprofessional Icebreaker Activity: MCG Line-up

Where does your organisation fit in a line-up?

- Test players in the centre: (Saturated with IPE training with IPC teams delivering fully integrated IPC student experiences and client services)
- Members stand: (Deeply involved in IPE coaching and playing and delivering some IPC student experiences and client services)
- In the outer: (Looking on and understanding the game but still not playing)
- Outside the ground: (Not sure what it's about and whether the game's worth paying to go in)

You will need to introduce yourself and briefly explain role of IPC in your organisation to fit into the line up.



Icebreaker reflection: Which Interprofessional competency does this introductory icebreaker activity teach? (See page 10)



Blank space for reflection on the icebreaker activity.

What relevance does the activity have to your workplace?



Blank space for reflection on the activity's relevance to the workplace.

Evidence

'... a substantial amount of professional interaction lacks key elements of collaborative communication such as self introduction, description of professional role, and solicitation of other professional roles.'

Zwarenstein et. al (2007).

Alternative Icebreaker Activity Outline - example

- Walk around the class and find someone who fits the description in the boxes
- Write their name in the box
- You must have a different name in each box
- Shout 'bingo' when you have a complete row or column



Find someone who...

has requested an extension for an assignment this year	has participated in other interprofessional activities	travelled more than 20km to get here today	lives in the Latrobe valley
has travelled overseas in the past 6 months	has presented a paper at a conference	can explain the difference between interprofessional and multiprofessional	knows what all the other health professions in a community setting do
has experience of working or learning in an interprofessional team	is a chocoholic	plays a team sport	speaks more than one language



What did you learn from this activity?

What relevance does the activity have to your workplace?

DEFINING INTERPROFESSIONAL COLLABORATION



Activity Outline example: What's your definition of IPC?

1. Write down what you think 'interprofessional' means
2. How is interprofessional different from 'multiprofessional'?



Interprofessional collaboration is....

3. Compare your definition with the other members of your group
4. Was your definition different from others?
5. Compare your definition with the CAIPE definition
6. Was the group's definition very different from the CAIPE definition?
7. What can we learn from an activity like this? (apart from the definition of interprofessional)

Interprofessional collaboration occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care in professional practice."

CAIPE, 2002 (Centre for Advancement of Interprofessional Education)

"HEALTH IS A STATE OF COMPLETE PHYSICAL MENTAL AND SOCIAL WELLBEING AND NOT MERELY THE ABSENCE OF INFIRMITY". (WHO Ottawa Charter-1986)

First-Post Competencies for being an interprofessional Practitioner

KNOWLEDGE

- Understand the role and working context of other practitioners and begin to identify how these interrelate
- Recognise the range of knowledge and skills of all other colleagues
- Understand the principles and practice of effective teamwork

SKILLS

- Apply sound verbal and written communication methods with colleagues from other work settings.
- Identify situations where collaboration is helpful or essential
- Work collaboratively with service users and carers
- Use interprofessional learning in work settings

ATTITUDES

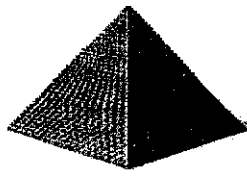
- Appreciate the value of interprofessional collaboration
- Acknowledge and respect others' views, values and ideas.

(Hammick, Freeth, Copperman, & Goodsmann, 2010, p23)

COLLABORATIVE WORKING

How will you work together in a team?

Pyramid Mini-activity Outline: IPC teams



Collaboratively design a list of rules for working effectively in interprofessional teams

- **In pairs:** With your partner, write what you think are key characteristics of effective IPC teamwork for the benefit of the client.
- **Next in groups of four:** compare lists and come up with an agreed list
- **Next in two large groups:** compare lists and come up with an agreed list
- **Finally with the whole group:** compare lists and come up with an agreed list
- *Now compare your list with Hammick's "Characteristics of an integrated team"*



Rules for working effectively in Interprofessional teams are....



Reflection: What interprofessional competencies are addressed in this activity?



Blank space for reflection notes.

Characteristics of an Integrated Team

- A highly developed shared vision of team working and philosophy of patient care
- Team members contribute to the decision making processes
- Shared responsibility for team actions
- Information and knowledge sharing are recognised as important
- Team members know about their role and the roles of others
- Role boundaries are flexible
- A pool of team skills and knowledge is developed

(Hammick, Olckers, Campion-Smith, 2009)

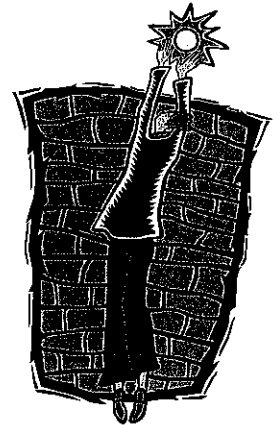
“Getting the universities to do this during semester could be of benefit to all the health professionals.” (Student’s comment)

ROLES AND RELATIONSHIPS

Mini-activity: Talking Walls

Objective

- To develop a clear understanding of what other health professionals do



Process

1. Take one sheet of paper for each profession in your group
2. Label each sheet with the name of each profession
3. Fix sheets to a wall
4. Take a **RED** marker pen
5. Write your perceptions of the roles, duties and training of other professions on the respective sheets (do not write about your own profession)
6. New items only are to be added to the lists to avoid duplication

Once lists are complete

1. Examine your own profession's list and with a **BLUE** pen
 - a. delete misconceptions
 - b. correct inaccuracies
 - c. add missing items
2. Discuss your profession's chart with the whole group and clarify points raised.

Source: Parsell, G., Gibbs, T., Bligh, J. (1998). Three visual techniques to enhance interprofessional learning. *Postgraduate Medical Journal*, 74, 387-390.



What have you learned from this activity?

COLLABORATIONS

Collaboration is not just about competency but is moving from basic competency more towards interprofessional capability (*Interprofessional Capability Framework*. Sheffield -Hallam University).

Example Activity: Negotiating overlapping role boundaries

Can you determine what roles, among the professions in the Talking Walls activity, overlap?

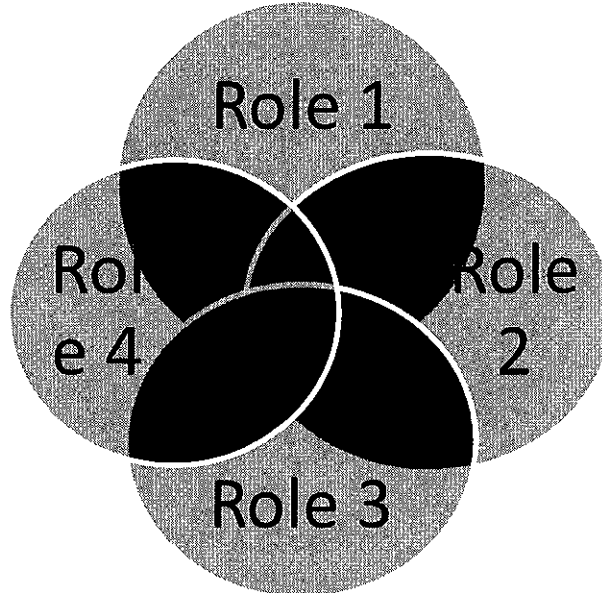


Figure 2. Venn diagram illustrating overlapping Roles

Identify two health care disciplines in the group and list areas where you think your roles overlap.



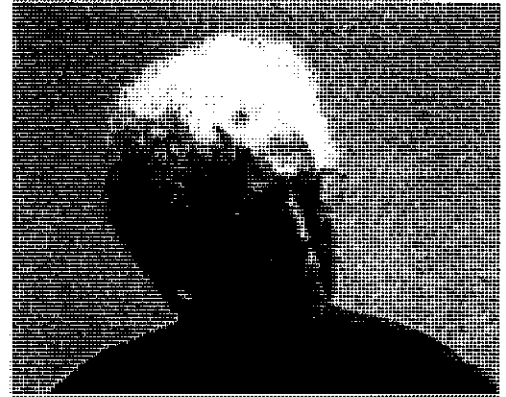
What are the implications of overlapping roles and responsibilities?

CASE STUDY

Sample Activity Outline

Mrs Smith

- Workshop participants are given a hypothetical story of 'Mrs Smith' for pre-reading.
- Case study presented with two scenarios
- Form small groups of mixed disciplines
- Each group works with guided questions
- Part 1: group identifies gaps in Mrs Smith's care
- Part 2: form groups to role play a case conference and devise a care plan for Mrs Smith



Part 1: Scenario 1

Case analysis

- ▶ What possibly went wrong with Mrs Smith's care?
- ▶ Did Mrs Smith fall through a gap? If so, where were the gaps?
- ▶ Can you identify what aspects of Mrs Smith's health may need help?
- ▶ Which aspects of her health were not followed up successfully after the GP's diagnosis of type 2 diabetes?
- ▶ What other health professionals might have contributed positively to Mrs Smith's care?

Part 2: Scenario 2

Role Play

- ▶ In your professional role, what can you suggest to help Mrs Smith?
- ▶ Are there other health professionals whom you might suggest to be included in the team?
- ▶ Identify where your roles might overlap and how you might avoid duplication of services
- ▶ Discuss what actions to take in order of priority (setting goals and priorities)
- ▶ How could you encourage Mrs Smith to be more motivated to take care of herself? (self-management)

"If what we learn today is applied into practice we can really improve our health system and better learn to respect and have confidence in each other" (Student's comment)

APPLYING THE WHO IPE FRAMEWORK TO STUDENT PLACEMENTS

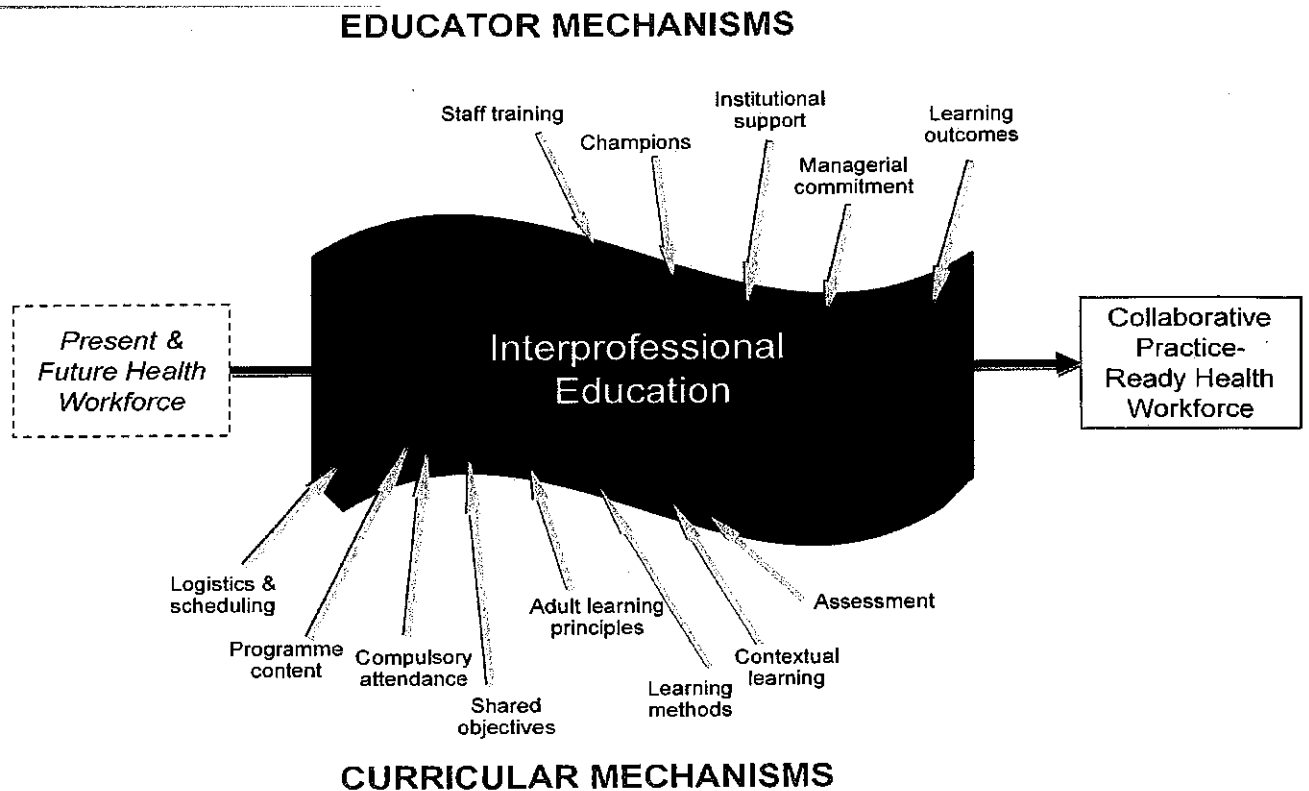


Figure 3. WHO diagram of Interprofessional Education Curricular Mechanisms

STUDENT PLACEMENT PRINCIPLES AT LCHS

- Gippsland students given priority
- Rural students given priority
- Limited accommodation available

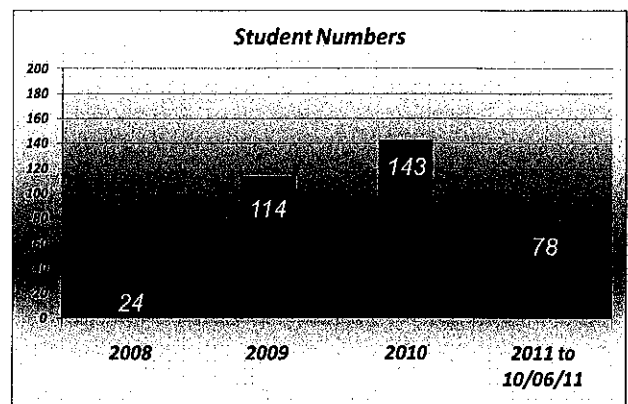


Table 1. Student number placement changes at LCHS (2008-date)

OVERVIEW OF STUDENT PLACEMENT INNOVATIONS AT LCHS

- **Student placement calendar**
 - Program managers provide a yearly update of their capacity for placements and weeks that are free or blocked
 - Updates in August each year
 - Electronic and whiteboard visual display used for impact and updates to executive

- **Staff training workshops for student supervision**
 - 2 basic supervision training programs per year for staff who supervise students
 - 2 advanced supervision training workshops per year
 - Capacity building model (Train-the-trainer)

- **IPC student workshops**
 - Held approximately once a month
 - Captures students when several different disciplines are on placement
 - 8 workshops held so far (n=29)
 - Disciplines attended: Participants: dental, dietetics, physiotherapy, occupational therapy, welfare, counselling, art therapy, podiatry, psychology, mental health, nursing div 1 & 2
 - Workshop activities
 - Defining IPC
 - Talking walls
 - Elements of effective teams
 - IPC Case study role play
 - Evaluation



Q	Statement	Agree	Disagree	Total
1	I developed my understanding of the definition of interprofessional collaborative practice	6	23	
2	I understand the centrality of patient care	1	28	
3	I learned more about the roles and responsibilities of other health professionals	4	25	
4	I have increased my understanding of the need for interprofessional collaboration	2	27	
5	I can see more ways of applying interprofessional collaborative principles in the clinical field	2	45	22
6	The workshop gave me an opportunity to reflect on ways I can be more interprofessionally collaborative	1	2	26

Table 2. Student Evaluations of IPC workshops, n=29



“The interaction between each profession really benefited my own learning and I hope I carry it with me in my own professional life.”
(Student’s comment)

- **IPC student supervised clinic**
- Model modified to adapt to LCHS conditions
 - Limited numbers of students in Allied Health
 - Universities did not take up offers of Allied Health placements end 2010, start 2011
 - Student placement blocks do not coincide
 - More lead time needed to adapt student issues in Community Health
- Final Design: for students from two disciplines to collaborate in assessing simulated patients, using video feed back, and evaluating as research project

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- **Interprofessional referral tool**
 - Developed by interprofessional team of Allied Health clinicians
 - Being trialled and evaluated by clinicians for a three month pilot
 - Used by pairs of interprofessional students for simulated initial screening interview

- **Volunteer simulated patients**
 - Simulated Patients invited from volunteer banks at LCHS
 - Simulation training of volunteers delivered by simulation expert, Prof Debra Nestel, Gippsland Medical School, Monash
 - Scripts for Simulated Patients developed from real life, de-identified case studies at LCHS

- **IPC Reflective practice tutorials**
 - Individual or small group tutorials
 - Develop reflections on interprofessional aspects of students experience in their placement

PUTTING IT ALL TOGETHER AT THE "G"

Figure 6. Health and education systems

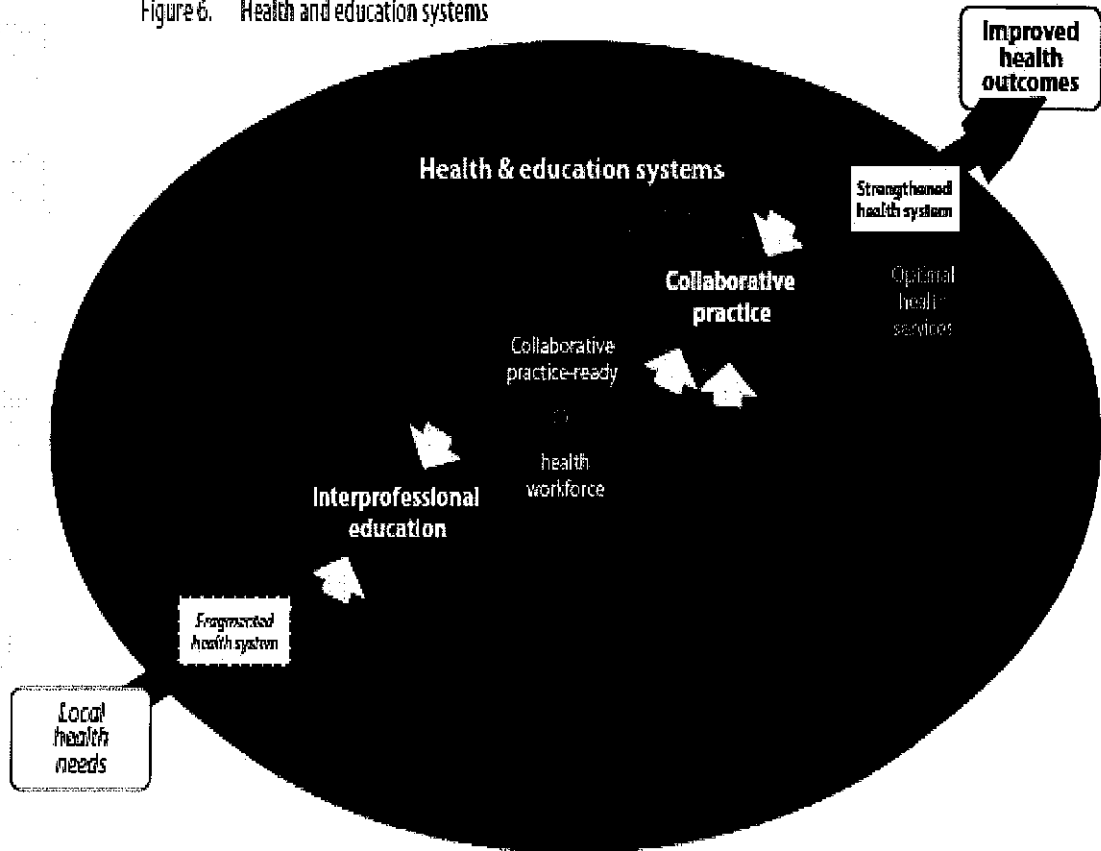
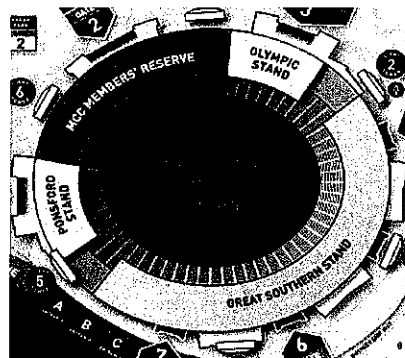


Figure 4. WHO framework in total (Gilbert, 2010. *IPE and Collaborative Framework for Action*. WHO Study Group on IPE and Collaborative Practice)



What are the key messages you take to your organisation from this workshop?

1

2

3

5

4



REFERENCES

Gilbert J, & Yan. J. *IPE and Collaborative Framework for Action*. WHO Study Group on IPE and Collaborative Practice

Hammick, M., Freeth, D., Copperman, J., & Goodsmann, D. (2010) *Being Interprofessional*. Polity Press, Cambridge UK.

Parsell, T., Gipps, T, Bligh J., (1998) Three Visual Techniques to Enhance Interprofessional Learning. *Postgraduate Medical Journal*, 74, 387-390.

LIST OF APPENDICES

- 1. Useful websites for IPC information**
- 2. IPC Facilitator training at LCHS: List of workshop objectives**
- 3. Student IPC workshops at LCHS: List of workshop objectives**
- 4. Training for Student Supervisors: List of Objectives**
- 5. Training for Student Supervisors. Sample handout: Tips for Running Role Play**
- 6. Action Plan for Interprofessional Learning and Collaboration**

Useful websites for Interprofessional Information

- All Together better Health 5
<http://www.vimeo.com/11673450>
- Australasian Interprofessional Practice and Education Network
<http://www.aippen.net/australia#national>
- Canadian Interprofessional Health Collaborative
<http://www.cihc.ca>
- Health & Social Care Interprofessional Network, Monash Department of Rural and Indigenous Health:
<http://www.med.monash.edu.au/srh/mudrih> - then go to Interprofessional or HSIN
- Interprofessional Capability Framework. Sheffield -Hallam University. Centre for Interprofessional e-Learning
www.cipel.ac.uk
- WHO Patient Safety Education and Training
<http://www.who.int/patientsafety/education/en/>

IPC Facilitator training at LCHS

List of workshop objectives

This workshop will assist you to...

- ✓ help students from other disciplines to learn
- ✓ supervise the learning of a small interdisciplinary group of students/staff
- ✓ develop students' capacity for interprofessional collaboration

By getting you to...

- i) "notice" the educational rationale underpinning the activities in which you participate
- ii) consider possible applications with your own context



Student IPC workshops at LCHS

List of workshop objectives

For you to be able to...

- ✓ define interprofessional learning and collaborative practice
- ✓ recognise the centrality of patient safety
- ✓ the clinical field
- ✓ reflect upon your own practice and identify ways in which you can be interprofessionally collaborative
- ✓ develop a clear understanding of the roles and responsibilities that other health professionals have
- ✓ explain the need for interprofessional collaboration
- ✓ apply key interprofessional collaborative concepts to



Appendix 4.

Training for Student Supervisors:

Table of contents

Section 1	Introduction
Section 2	Understanding the role
Section 3	Self appraisal exercise
Section 4	Strategies
Section 5	Preparations
Section 6	Meeting your student
Section 7	Assessment
Section 8	De-briefing
Section 9	Evaluation
Section 10	Reward & Recognition
Section 11	References

Training for Student Supervisors – Toolkit example:

Role Play Activities

Rules and tips

Role play has been around as a learning tool for a long time and is an effective way for participants to enhance “deep learning” by experiencing hands on training. It is based on sociological role theory which analyses the way people have different sets of behaviours appropriate to specific social positions.

Definition: *‘Role play is a learning method in which participants, by taking on a particular role, imagining that they are themselves or some other person in a particular situation, and interacting with others within an emulation of a true life setting’.* (Simpson 1985)

Benefits

- Increases empathy and tolerance
- Develops conflict resolution skills
- Develops communication and negotiation skills
- Analyses problems from different perspectives
- Prepares the learner for real life situations
- The more realistic it is, the more effective the learning experience
- Can be fun and bring humour to learning
- Makes sense of theory by putting concepts into a practical experience

Challenges

- Role play is a very powerful tool. Don’t underestimate it!
- Participants can be very apprehensive, or even fearful about “performing”
- People may have had bad role play experiences in the past
- Role play can bring out very strong emotions
- Role play can result in personal exposure and embarrassment
- If handled badly it can do damage to participants

Strategies to take the fear out of role play

- Take great care in designing the training scenario (Bosse et al, 2010)
- Introduce people to the role play experience gradually with “mini” role plays throughout the training and not leave the “dreaded role play” till last, when time may be short
- Make sure people are clear about what they are supposed to do
- Only accept volunteers to participate, not unwilling conscripts

There are three phases of role play

1. Preparation

- ✓ Be clear about learning objectives and have scenario in line with the objectives i.e.
 - Are you assessing skills? Participants need to know competency measures in advance and difficulty levels must be consistent across individuals
 - Are you developing skills? Then you can allow more flexibility according to the skill level of different participants
- ✓ Set the scene, by describing the scenario. Have a printed handout and give adequate time for participants to read it and absorb the information
- ✓ Give players printed text with a description of their role and time to read thoroughly
- ✓ Or give players time to be spontaneous and think up their roles
- ✓ Allow players time to confer and plan together

2. Interaction

- ✓ The participants act out their roles
- ✓ Observers are beneficial to the learning of the participants
- ✓ Observers need clear tasks to follow in line with the objectives of the role play
- ✓ Observers need guidelines on giving positive feedback in the next phase
- ✓ Keep interactions to a specified time
- ✓ Interrupt if role play is getting out of hand, or has met the objectives

3. Debriefing

- ✓ To de-role participants, welcome them back (by their own name) as themselves
- ✓ Allow participants to comment on their experience first (before their view is contaminated by others) and to consolidate their own learning.
- ✓ If strong emotions have erupted during the role play it is important to cool off the group and ensure participants distinguish between themselves and the role and don't carry the heat away with them
- ✓ Take advantage of understanding emotions which erupt. They are not always a bad thing as it may closely mimic what could happen in a real situation.
- ✓ The language of feedback needs to follow SMART principles (Specific, measurable, agreed, realistic and timebound)

References

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Appendix 6. Action Plan¹ for Interprofessional Learning and Collaboration

Goal	Action What will you do?	Time Frame When will you do it?	Evaluation How will you know whether you have met your goal?
1. <i>Getting Started</i> While I'm on placement I want to try...			
2. <i>Learning</i> The strategies/ideas I would like to practice over the next 2 months are...			
3. <i>Unlearning</i> On my next placement I want to try to do less...			
4. <i>Sharing</i> I will promote interprofessional education during my training by...			