Interprofessional Education (IPE) Initiative

http://umanitoba.ca/programs/interprofessional/

Kelly Brink
Faculty of Pharmacy
IPE Liaison

Reality check in Manitoba

"there appears to be no active program of interprofessional learning at that centre [University of Manitoba]".

Cook D. "Models of Interdisciplinary Learning" Report to Health Canada. February, 2004 page 25

UNIVERSITY OF MANITOBA

Council of Post Secondary Education

Manitoba Health

University of Manitoba

Winnipeg Regional Health Authority

COLLABORATIVE PEERSON CENTRED CARE

UofM IPE INITIATIVE

Post-Secondary Education in Manitoba

Advanced Education & Literacy

Council of Post Secondary Education oversees allocation of funds to the province's seven public post-secondary institutions

University of Manitoba:

27,000 students

Health Care Academic Units:

- Clinical Health Psychology
- Dentistry
- Dental Hygiene
- Human Ecology
- Kinesiology & Rec Management
- Social Work
- Medicine
- Nursing
- Occupational Therapy
- Pharmacy
- Physical Therapy
- Physician Assistants
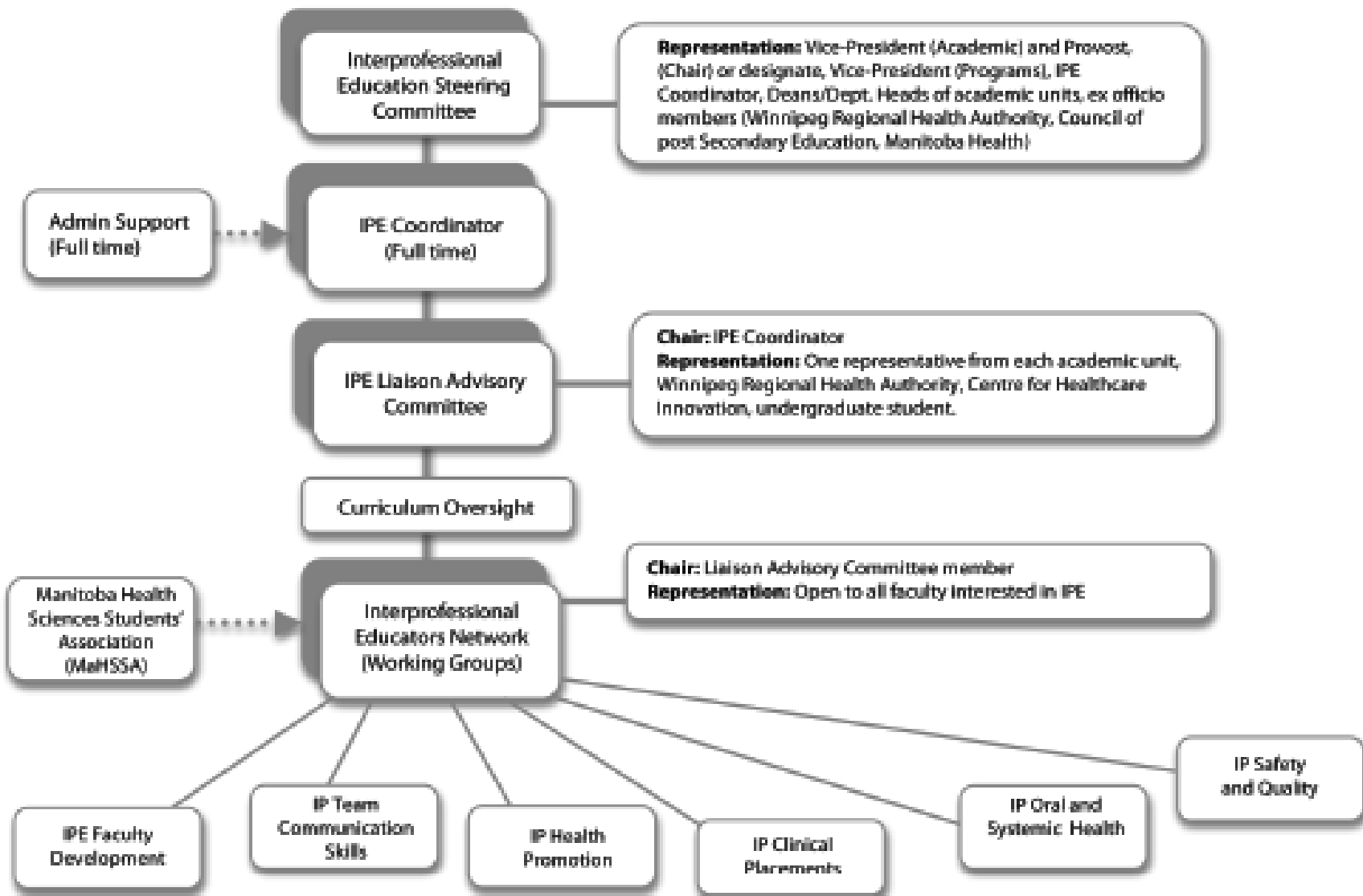- Respiratory Therapy

UofM IPE Initiative

Mission

- To graduate health professionals prepared to manage and adapt processes in interprofessional (IP) teams necessary to achieve **person- and family- centred health and wellness outcomes**. This will be achieved through innovative learning opportunities for students to learn about, with, and from each other at the University of Manitoba

Vision

- Improved health and well-being for Manitobans by building a culture of interprofessional education and practice.

Interprofessional Education (IPE) Organizational Structure

Interprofessional Education Steering Committee

Representation: Vice-President (Academic) and Provost, (Chair) or designate, Vice-President (Programs), IPE Coordinator, Deans/Dept. Heads of academic units, ex officio members (Winnipeg Regional Health Authority, Council of post Secondary Education, Manitoba Health)

Admin Support (Full time)

IPE Coordinator (Full time)

IPE Liaison Advisory Committee

Chair: IPE Coordinator
Representation: One representative from each academic unit, Winnipeg Regional Health Authority, Centre for Healthcare Innovation, undergraduate student.

Curriculum Oversight

Manitoba Health Sciences Students' Association (MaHSSA)

Interprofessional Educators Network (Working Groups)

Chair: Liaison Advisory Committee member
Representation: Open to all faculty interested in IPE

IPE Faculty Development

IP Team Communication Skills

IP Health Promotion

IP Clinical Placements

IP Oral and Systemic Health

IP Safety and Quality

UofM IPE Curriculum Blueprint

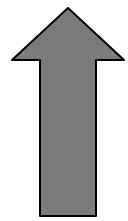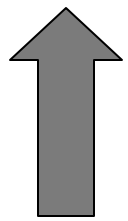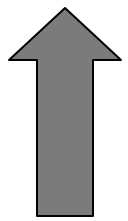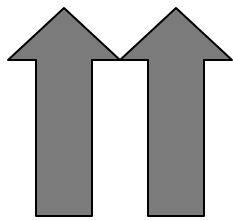Guide and monitor implementation of IPE

- a 'balance' of competencies are addressed through a student's university education
- learning occurs along a continuum
- by graduation, learning around all competencies has been accomplished

To ensure IPE:

- strategic, transparent, uses common terminology
- explicitly states/addresses $\geq$ 1 learning objective
- is assessed (students) and evaluated (session)

The University of Manitoba IPE Curriculum Blueprint

Competencies	Exposure: Introduction	Immersion: Development	Mastery: Continuing Professional Development	
Interprofessional Communication	Knowledge: • Describe interprofessional communication behaviours that either facilitate or hinder group/team process • Through observation, identify communication behaviours that facilitate or hinder group/team effectiveness	Skills/Behaviour: • As you participate on an IP student team, reflect on and improve your own and your team's interprofessional communication behaviours	• Establishes team work communication principles • Effectively expresses one's knowledge and opinions to others involved Actively listens to the knowledge and opinions of other team members • Effectively uses information systems and technology to exchange relevant information among all professionals to improve care	
Person-Centred and Family-Focused Care	Knowledge: • Describe helpful and hindering person and care team behaviours • Verbalize how racial (biological), ethnic (historic affiliation), cultural (language, norms, experiences), sexuality, gender and class are used as the basis for discriminatory practice • Describe the history of at least 3 different cultures including their beliefs, values, and health beliefs and practices.[3] Attitudes: • Reflect on personal values/beliefs regarding person centred care • Reflect on personal values, beliefs, assumptions & behaviours in relation to one's own and other cultures	Skills/Behaviour: • As your participate on an IP team providing services to individuals, reflect on and improve your ability to engage individuals in group decision making • As you engage in activities that expose you to cultural issues of individuals and their families, reflect on your understanding of others' world views and perspectives.	• Involves person and family as partners in group decision making processes • Ensures continuous integration of patients/clients and families into the team in order to maintain optimal, evolving care • Develops, promotes and exercises non-judgemental and inclusive practice respecting other cultures, values and belief systems[i] • Explores core cultural issues with individuals/family and incorporates into plan of care.[3] • Validates if there is a mutual understanding of the illness event.[3]	
Collaborative Practice Collaborative Decision Making	Knowledge: • Describe 6 decision-making strategies including their respective advantages and disadvantages • Through observation, identify behaviours that help or hinder effective decision making in teams Attitudes: • Reflect on personal values/beliefs regarding shared decision making	Skills/Behaviour: • Develop skill in recognizing behaviours that help or hinder effective decision making in teams. • As you participate on an IP team providing services to individuals, reflect on and improve your ability to participate in group decision making.	• Establishes interdependent relationships with other health care providers • Shares decision making with others • Maintains professional conduct during IP encounters	
(Collaborative Leadership)	Knowledge: • Using various leadership theories, describe the characteristics of an effective leader and facilitator (Drinka, 2000) • Describe the essential elements of IP leadership • Describe leadership tasks on IP health care teams Attitudes: • Reflect on personal values/beliefs regarding shared leadership	Skills/Behaviour • As you take the opportunity to serve as the leader on an IP team providing services to individuals, reflect on and improve your leadership skills	• Establishes a climate for collaborative practice among all participants • Co-creates a climate for shared leadership and collaborative practice Facilitating group discussions and decisions Facilitates IP team meetings[i] • Can act as a representative linking the IP team and outsiders	
Collaborative Practice Roles and Responsibilities (Role Clarification)	Knowledge: • Articulate your professional role in the care of individuals • Articulate the roles and scopes of practice of other members of the IP team and identify areas of responsibility overlap Attitudes: • Reflect on personal values/beliefs re: scopes of practice/role overlap	Skills/Behaviours: • During an IP shared care planning session negotiate responsibilities/actions based on role constraints, overlap, and discipline-specific legal/ethical practice standards.	• Has sufficient confidence in an knowledge of one's own discipline to work effectively with others in order to optimize person centred care • Has sufficient confidence in and knowledge of others' professions to work effectively with others in order to optimize outcomes for individuals	
Collaborative Practice (IP Conflict Resolution)	• Describe the types and sources of conflict and 5 conflict management styles	• Develop skills in analyzing conflict and considering options for management. • As you participate on an IP team providing services to individuals, reflect on and improve your ability to identify, minimize and resolve conflicts.	• Resolves conflicts with others when disagreements arise related to opposing opinions, decisions or viewpoints • Maintains flexibility and adaptability when working with others	
Collaborative Practice Team Functioning	Knowledge: • Name five most commonly referred to types of teams that exist within health care settings (Drinka, 1996) • List and describe the four stages of team development (Tuckman, 1965) • List the characteristics of an effective team Attitudes:	Skills/Behaviours • After group or team meetings reflect on team effectiveness: goal = improvement • Develop skills as an effective team member, facilitator, and leader • Develop a set of principles for working together that respects the ethical values of members including confidentiality, resource allocation, professionalism • Engage in activities that enables one's thinking to be reframed to increase understanding of others' world views and perspectives.	• Maintains interdependent relationships with IP team members • Has a critical understanding of IP team structures, effective team functioning and knowledge of group dynamics • Regularly reflects on team functioning in order to identify dysfunctional processes	
Collaborative Practice Continuous Quality Improvement (CQI)[8]	• Identify system problems that compromise the quality & safety of care • Analyze system problems and the effect they have on patient care	• Synthesize findings from the research literature as it applies to a particular system problem • Utilize systematic methodology for practice-based improvement activities • As part of an IP team, develop an evidence-based, performance improvement project plan	• Critically evaluates policy and practice in the context of patient/client safety and shares one's own perspective with the IP CQI team • Commitment to a just, non-blaming, non-punitive IP CQI team culture • Negotiates and tests interventions within the team to foster process and systems change	

BASELINE ASSESSMENT · FORMATIVE ASSESSMENT · SUMMATIVE ASSESSMENT

INTERPROFESSIONAL COLLABORATIVE PRACTICE AND OPTIMAL HEALTH OUTCOMES FOR INDIVIDUALS

Challenges

- Pharmacy is a small Faculty
- Lots of meetings
- How long it takes
- Diversity of perspectives
- Communication, communication, communication