Learning Together to Practice Collaboratively: Some Principles for IPE

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Overview of Presentation

PRINCIPLES

I. Abraham Flexner & His Legacy
II. Fundamental Foundations for IPE/C & the Definition
III. IPE Institutional Mechanisms
IV. From IPE – The Case for Collaborative Practice
V. The Collaborative Learning Environment
VI. Regulation, Legislation – Changing the System(s)
I. Abraham Flexner & His Legacy
Flexner’s Major Recommendations

• **First**, that most of the proprietary schools of medicine in operation at that time should cease teaching forthwith.

• **Second**, that all remaining and future schools of medicine should be associated with universities and teaching hospitals.

• **Third**, that there should be a nucleus of physicians in each department of a medical school who would receive remuneration for teaching and research.
100 Years Post-Flexner
Where are we?

The professional-*isation* of professions has in many respects turned the patient into an *object* of professional attention, rather than the Oslerian ideal of patient as *subject*.

The sorry consequences:

- The level of understanding of practice between and amongst professions is woefully inadequate.
- The guild’s virtuous circle has replicated itself across all professions.
- Limited opportunities for health professional students to learn
  - *About* each other,
  - *From* each other and
  - *With* each other
Dr. John F. McCreary, Dean of Medicine, University of British Columbia:

“All of these diverse members of the health team should be brought together during their undergraduate years, taught by the same teachers, in the same classrooms and on the same patients” (CMAJ, 90, May 23 1964 p.1220)
How can they work together if they don’t learn together?
II. Fundamental Foundations for IPE/CP: First Course

E.g. “Determinants of Health: From Theory to Practice”

• An introductory multidisciplinary course that would focus on the meaning, measurement and determinants of health.

• Class activities might include:
  • lectures, videos,
  • community guests, and
  • a community-service learning project
Fundamental Foundations for IPE/CP: Second Course
E.g. IP Team Based Collaborative Practice

Team Dynamics
- Skills, knowledge, roles and issues involved with working successfully in interprofessional health and human service teams

Difficult Topics

Inherent
- interpersonal differences
- fear of change
- stereotypic rivalry
- power, income and status
- language

External
- models of practice
- management structures
- management priorities
Communicating Interprofessional
The Problem with/is Language

Not all words are equal
Interprofessional Education: Definition

Interprofessional education occurs when:

- two or more professions learn about, from and with each other to:
- enable effective collaboration, and
- improve health outcomes.

III. IPE/CP Institutional Mechanisms

**Institutional supports**
- Governance models
- Personnel policies
- Shared operating procedures
- Structured protocols
- Supportive management practices

**Working culture**
- Communication strategies
- Conflict resolution policies
- Shared decision-making processes

**Environment**
- Built Environment
- Facilities
- Space design
The Continuum of IPE/CP

With, from and about…

Expose
• Allow students to develop sense of their profession
• Allow students to understand areas of collaboration

Immerse
• Year prior to graduation, team based practice

Master
Practice educators in practice settings

“Changing a college curriculum is like moving a graveyard - you never know how many friends the dead have until you try to move them.”

(Variously attributed to either Calvin Coolidge or Woodrow Wilson)
Pedagogy: Learning “about, with and from”

Modified Problem Based Learning (PBL)

- *Exchange-based:* debates, seminars or workshops
- *Action-based:* case-based learning, joint research, quality improvement projects
- *Simulation-based:* role-play, experiential group work, mannequins.
IV. The Case for IP Collaborative Practice
Prepare Individuals for Collaboration

Foci

• establish knowledge bases,
• acquire new skills,
• modify attitudes,
• change behaviours, and
• develop perceptions that pave the way for collaborative practice:
  • between professions,
  • within and between organizations and
  • with clients, their caregivers and communities.
Interprofessional collaboration is not learned by osmosis, nor in a classroom.

For the things we have to learn before we can do them, we learn by doing them.

(Aristotle: Nicomachean Ethics (350 B.C.E))
An interprofessional process for:

- **communication** and **decision making** that:
- enables the separate and shared **knowledge** and **skills** of different care providers to:
- synergistically influence the care provided through changed **attitudes** and **behaviors**.

V. Build IPE/CP From What Exists
Collaborative Learning Environments (CLE)

- Integrate with health/wellness goals.
- Create collaborative platforms across education institutions.
- Find and champion existing IP teams to develop innovative learning environments.
- Support student-led initiatives.
IPE/CP
E.g. A Collaborative Learning Environment

A diabetes-obesity clinic
Bring together students from 6 or 7 health disciplines.
Engage them in a unique learning conversation.

• **About and From:** Students talk *about* their disciplinary knowledge of obesity. *From* this discussion they learn each discipline’s knowledge base for obesity, and how those disciplines practice treatment of obesity.

• **With:** Students then work *with* each other to integrate what they have learned together into a coordinated interprofessional management plan to improve quality of care of the obese person.

*Learning Outcome and Impact:* The interprofessional whole is greater than the sum of the uni-professional parts
The Collaborative Learning Environment
The Locus of Care

- Achieves a *symbiosis* with the health services and *communities* in which the students will serve.
- Contains underlying *values* that enhance health services in *community*.
- Is *responsive* to changing values and expectations in education in response to *community* needs.
- Predicts *proficiency* on the job as required by *community*.
Solutions: Oh that is was this obvious!

From an examination booklet!
VI. Regulation and Legislation

A National Interprofessional Competency Framework

February 2010
Figure 1: The National Competency Framework

Goal: Interprofessional Collaboration
A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues.
Pedagogy: Regulatory Change (Feb 2009)

ACCREDITATION OF INTERPROFESSIONAL HEALTH EDUCATION (AIPHE)

*Principles and practices for integrating interprofessional education into the accreditation standards for six health professions in Canada.*

Funded by Health Canada
Face Reality: The Challenge of Change

“And it ought to be remembered that there is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things. Because the innovator has for enemies all those who have done well under the old conditions, lukewarm defenders in those who may do well under the new “.

Nicolo Machiavelli (1513- 1516) The Prince
Learning Together to Practice Collaboratively
Why Now?

“Toto, I have the feeling we're not in Kansas anymore.”