Pan American Health Organization

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Regional Office for the Americas
WEBINAR SERIES ON INTERPROFESIONAL HEALTH EDUCATION
INTERPROFESSIONAL EDUCATION
From Policies to Practice in the Region of the Americas

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IPE: A Metanarrative

• General Observations
• Curricular Challenges
• Collaborative Practice
• Practice Education
• A Major Lesson Learned
• A Vision for the Future
IPE. 1. A Framework for System Change

2010 [www.who.int/hrh/nursing_midwifery/en](http://www.who.int/hrh/nursing_midwifery/en)
IPE: 2. Why An IP Approach is Important

The intent of an interprofessional approach to health and well-being is to:

• provide optimum client care,
• diminish duplication of services,
• address the gaps in service delivery, and
• overcome adverse consequences to patients
IPE: 3. What is it?
A 3-Part Definition*

1.0 Learning *With, From and About*

2.0 For the purposes of *collaboration*

3.0 To improve the *quality of care*

IPE: Curricular Challenge:
1. Learning With, From & About

- I need to know what I know
- I need to know what YOU know
- YOU need to know what YOU know
- I need to know what YOU know
- WE need to know what WE know
- WE need to know WHEN we need to know
IPE Curricular Challenge: 2. Faculty & Collaboration

- Recruit, Appoint, Prepare.
  - Who releases?
  - Who pays?
  - Who recognizes?
IPE Curricular Challenge: 3. Competencies

Canadian Interprofessional Health Collaborative (2010)
IPE Curricula Challenge:  
4. Competencies, Collaboration, Quality  
  • Role Clarification  
  • IP Conflict Resolution  
  • Collaborative Leadership  
  • Team Functioning  

*Link competencies to the definition of IPE, and to scopes of practice.*
IPE Curricular Challenge: 5. Practice

Collaborative Care Model

- **Process**
  - Integrate evidence into practice
  - Streamline processes
  - Empowering patients & families
  - Ensure safe, quality services
  - Working optimally as a team
  - Clear, integrated discharge plans
  - Customer-focus
  - Partnerships through continuum of care

- **People**
  - Coordinator to plan and monitor care
  - Flexibility to meet patient needs
  - Value support areas as key
  - Team determined by patient needs
  - Strengthened role of allied health
  - Provincial, standardized roles at full scope of practice
  - Work done by the most appropriate provider
  - Increased focus on workplace health

- **Information**
  - Sharing with academic / research communities
  - Evidence-informed practice and knowledge transfer
  - Balance privacy needs with care requirements
  - Support tools for information-gathering
  - Quick & easy tools provide timely information
  - Province-wide plan for information roll-out
  - Metrics and performance tools
  - Ongoing education for collaborators

- **Technology**
  - Enable personalization with supports
  - Access to technology that best supports care
  - Change management supports
  - "Push" information to providers
  - Strengthened communications
  - Evaluative frameworks
  - Province-wide approach

- **Collaboration Across the Continuum**

- **Ongoing Staff Development and Mentorship**

- **Strong and Effective Communications**

*Nova Scotia Health, Canada. October 2008*
IPE in Collaborative Practice

1. Patient Centred Care - 4 Core Principles

- Dignity and Respect
  - Active listening
- Information Sharing
  - Timely, accurate & complete
- Participation
  - Inform, consult, involve, empower
- Collaboration
  - Policy & program implementation & evaluation
IPE in Collaborative Practice: 2. Its A Process

• for communication and decision making that:

• enables the separate and shared knowledge and skills of different care providers to:

• synergistically influence care provided, through changed attitudes and behaviours.*

IPE in Collaborative Practice: 3. Skills Needed

A trained ability to:

• Network Effectively
• Communicate & Problem Solve Clearly
• Manage Confidentiality
• Cooperate Reflectively
• Negotiate Honestly
• Handle Conflict Appropriately
• Plan realistically, & follow through
IPE in Collaborative Practice: 4. Practice Education (PE)

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

(Aristotle, Nicomachean Ethics (350 B.C.E))
IPE in Collaborative Practice
5. The Practice Educator

Engage, Encourage, Reward.
IP Practice Education: 1. Building Curricula

**MUST BE**

- an integral part of the clinical/practice culture;
- lived experiences of students and practitioners;
- understood and agreed on by all stakeholders; and
- built on IP Competencies i.e.:
  - Role Clarification
  - IP Conflict Resolution
  - Collaborative Leadership
  - Team Functioning
IP Practice Education: 2. The Realities

- Classroom learning does NOT equal workplace practice.
- IP teamwork has to be taught and learned. It is NOT achieved by some miraculous means.
- The culture of IP teamwork must be built strategically:
  - every day,
  - with every patient, and
  - every care provider – professional and family.
IPE: For the Framework to Succeed
A Major Lesson Learned

“Commit to sustain”

The only cash flow is an institution’s cash flow.
Build on what exists.
IPE: The Americas - A Vision for the Future

“The best time to plant a tree is 20 years ago.”

“The second best time is now.”  

(Proverb)