

# Working Well...Together!

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## Aim

- ❖ Enhance interprofessional collaborative practice learning environments at BC Children’s and Women’s Hospitals
- ❖ Support students, preceptors and staff to enrich knowledge, skills, attitudes and values essential for effective patient-centered collaborative team-based care

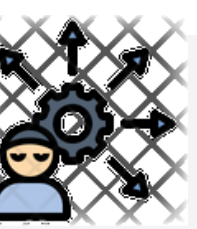


## Rationale

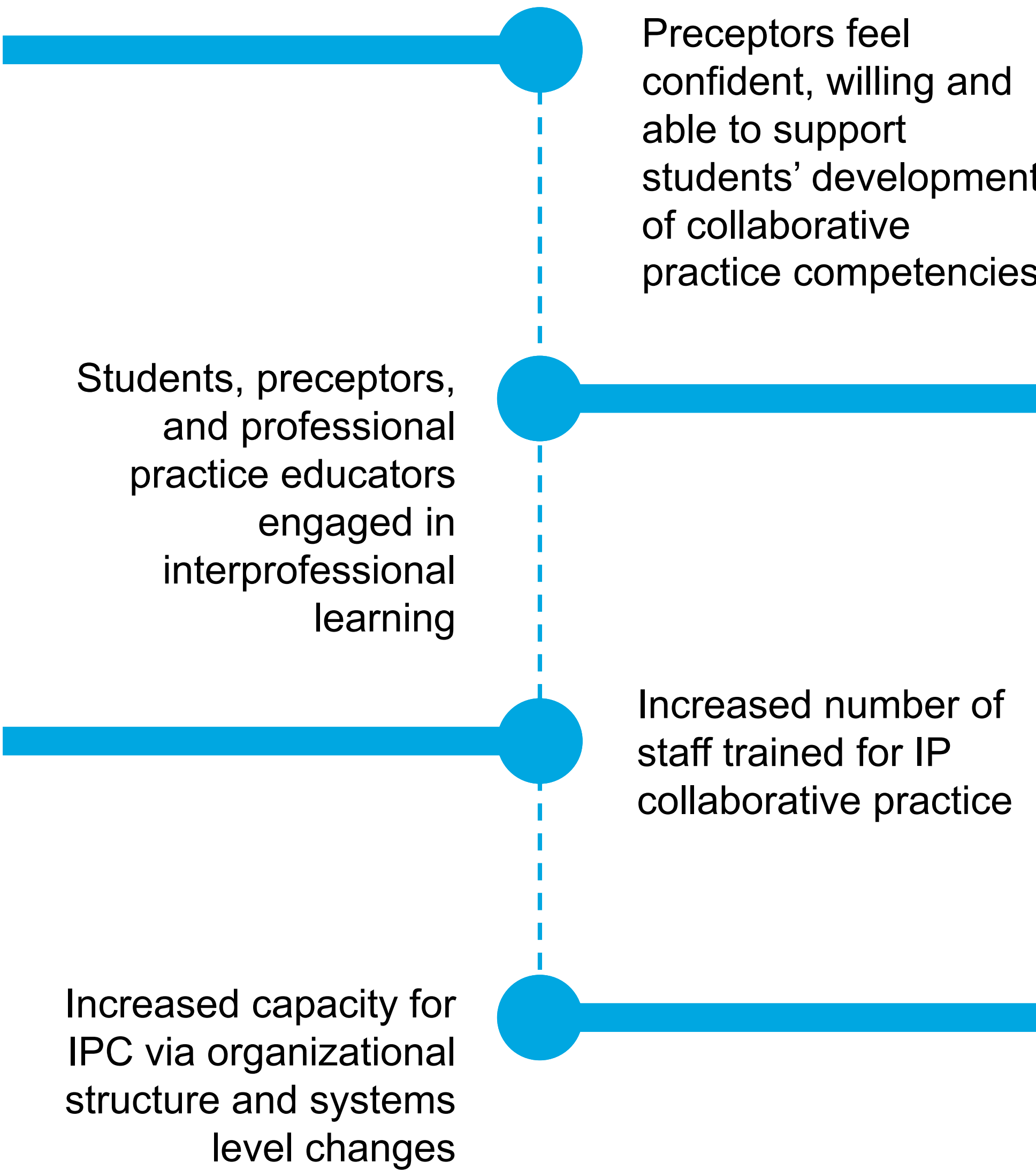
As health care becomes more complex with the impacts of technology, personalized care, specialization, access to health information and new delivery structures, it requires team members to learn, assess, problem solve, and deliver coordinated care in new and innovative ways. Providing team-based care for patients is central to the transformation of health care in British Columbia. Demand is increasing for health profession graduates to enter the care environment ready to practice individually, as a team member and in partnership with patients, their families and their caregivers.

Since the launch of the National Interprofessional Competency Framework, academic institutions have been working to embed interprofessional education (IPE) into the curricula for health programs. While health organizations have also been working to embed interprofessional collaborative practice (IPC) into their provision of care, many do not yet have deliberate learning activities to help students and team members practice and hone their competencies in the clinical care environment.

Building on the work of Phase I of a UBC Teaching and Learning Enhancement Fund project [Learning IN and FROM Teams], an interdisciplinary working group was established to guide the initiative within PHSA.



## Desired Outcomes



## Methodology & Outcomes

### Objectives

- 1 Engage stakeholders to build capacity for experiential IPE and collaborative practice

### Methods

- Review of past and current resources, practices, gaps and opportunities
- Engage stakeholders across the interprofessional team
- Plot of student disciplines on-site throughout the year

- 2 Design or refine processes and learning resources

- Development of a suite of learning resources to be shared widely
- Lesson plans and presentation materials
- Video/audio files
- Multi-device compatibility of tools
- Portal of additional resources

- 3 Support and promote interprofessional collaborative practice competency development

- Delivered series of webinars/workshops:
  - Working Well...Together!
  - Workplace Resiliency: What is your plan?
  - Optimizing IP Practice: Healthy Communication and Conflict
- Integrated the LIFT tool into Employed Student Nurses experience

- 4 Inform next steps and future efforts to enhance capacity

- Completed interviews and focus groups with students, clinicians, professional practice leads and managers

### Outcomes

- Re-invigorated collaborative practice discourse across academic and health sectors at multiple levels with intent to adopt a systems view towards planning and implementation of CP
- Established a cross-sector advisory group

- Preceptors and staff and who are willing and able to support students’ development of collaborative practice competencies
- Interpersonal connections across professionals and levels

- Students, preceptors and professional practice leaders have the opportunity to engage in Interprofessional learning as a required component of student placements.
- Increase #s of staff trained for collaborative patient-centred practice.

- Recommendations for logistics of implementation

### Future Actions

- Employ the Advisory Committee to guide the maturation of collaborative practices
- Invite patient and family engagement
- Identify and recognize exemplar teams and IPC initiatives

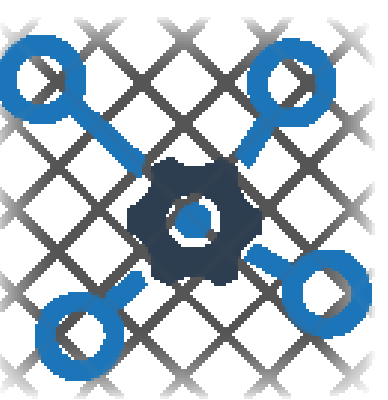
- Develop and launch a framework for collaborative health placements (CHP)
- Incorporate IPE for CP activities into the student & new staff orientation
- Leverage existing compatible initiatives (e.g., add CP to daily-management boards, or other team tools)

- Students complete the LIFT tool for each placement
- Build LIFT Tool into Preceptor Competencies and Activities (i.e., preceptor orientation)
- Preceptors complete LIFT tool and prepare deliberate learning activities for students

- Establish processes for assessing and developing collaborative health placement (CHP) destinations



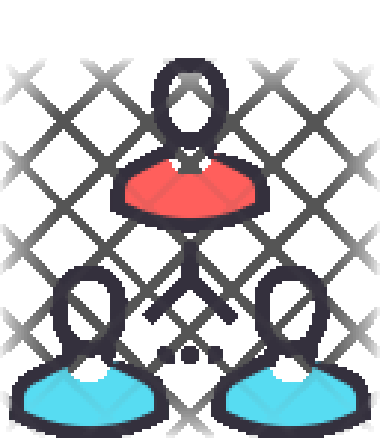
## Outputs



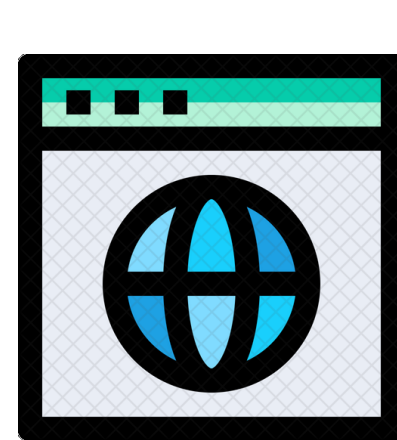
Working Well ... Together!



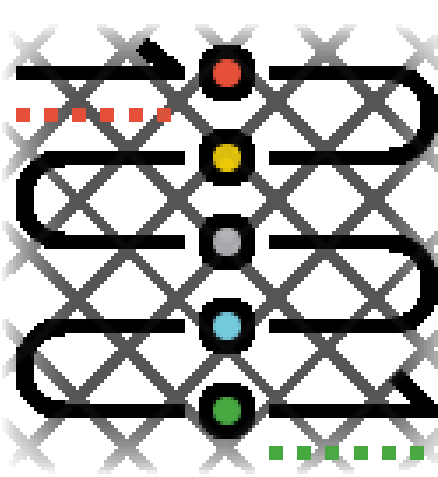
Workplace Resiliency: What is your plan?



Optimizing Interprofessional Practice: Healthy Communication and Conflict



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Plan for Next Steps



## Lessons Learned

- Cultivating collaborative practice requires an ongoing cooperation and sustained commitment from both academic and health partners
- Organizational culture and social processes are a powerful influence on IPE in practice
- Co-location of students and practitioners is not sufficient; IPE in practice must be intentional and explicit
- Learners and leaders want practice strategies and multi-modal opportunities to share and practice with others (on-line modules; sim events; grab’n’go & formal education)
- Preceptor development is essential to fostering opportunities for learners to appreciate, experience, and participate in CP
- Multi-modal channels for communicating IPCP learning opportunities is critical (LearningHub, intranet, word-of-mouth, orientation etc.)
- A systems approach is essential; healthcare teams need supportive leadership, training opportunities, and integrated collaborative practices to develop IP competencies



UBC Health

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