



Report of the Professional Issues Forum on **Interprofessional Education and Collaboration** Fredericton, NB CAOT Conference May 2014

Introduction

Within the Canadian health care system there has been increasing need for working and learning strategies that promote interprofessional collaboration (IPC). IPC is described as the continuous interaction of two or more professions or disciplines, organized into a common effort, to solve or explore common issues with the best possible participation of the patient (Oandasan et al., 2004).

The need for collaborative, interprofessional learning that promotes competencies in communication, teamwork, conflict resolution and that improves the understanding of each other's roles had been affirmed in the educational and patient safety literature and has been reinforced by changes in the health care system (Canadian Health Research Foundation, 2006). The Canadian Health Services Research Foundation suggests that effective teamwork can improve the quality of patient care, enhance patient safety and reduce workload issues. A Cochrane Review by Zwarenstein, Goldman and Reeves (2009) concludes that specific practice-based interventions that promote IPC seem promising in improving health care and patient outcomes. The Canadian Interprofessional Health Collaborative (2010) notes that both IPC and interprofessional education (IPE) are key to building effective health care teams and improving the patient experiences and outcomes.

Occupational therapists, in their roles as practitioners, educators, researchers and policy developers, need to have an awareness and understanding of the issues related to IPE and IPC in order to meet the current and future health care needs of Canadians. On 8th May 2014, CAOT conducted a three hour Professional Issues Forum (PIF) at the CAOT conference in Fredericton, New Brunswick, to address current research, provide practical resources and promote discussion that is informed by recognized leaders in IPC and IPE. The Forum was attended by approximately 60 people.

Who was involved in the PIF?

The Forum was facilitated by:

- Dr. Bonny Jung, Professor McMaster University MSc (OT) Program, and Director of the Program for Interprofessional Practice, Education and Research (PIPER) at McMaster University's Faculty of Health Sciences.

Panelists were:

- Dr. Lesley Bainbridge, Director, Interprofessional Education in the Faculty of Medicine and Associate Principal, College of Health Disciplines at the University of British Columbia.
- Dr. Vernon Curran, Professor of Medical Education and Director of Academic Research and Development with the Faculty of Medicine, Memorial University, Newfoundland. Dr. Curran is also past Director of the Centre for Collaborative Health Professional Education, Memorial University. Coordinated by:
- Elizabeth Steggles, Director of Standards, CAOT.

What was the format of the Forum?

The format of the forum included initial presentations by Drs. Curran, Bainbridge and Jung, followed by small group discussions led by facilitators that included the panellists and occupational therapists that represented clinicians, academics, regulators, CAOT Board members and WFOT. Student occupational therapists from the University of British Columbia and McMaster University generously offered their support as volunteer recorders.

What was presented?

- Dr. Curran presented the concept of interprofessional education and collaboration and addressed the evidence to support an interprofessional approach together with current trends and strategies for its implementation. He introduced the Interprofessional Collaborator Assessment Rubric (ICAR) (Curran et al. 2011) and the Building a Better Tomorrow Initiative that have been developed and successfully implemented in Newfoundland and Labrador.
- Dr. Bainbridge described the Accreditation of Health Professional Education (AIPHE) initiative, which includes six professions including occupational therapy and the National Competency Framework for Interprofessional Collaboration (CIHC, 2010).
- Dr. Jung introduced the concept of intra-professional collaboration and education described by Hayden-Sloane (2005). She included occupational therapists, occupational therapy assistants and other support personnel. Dr. Jung linked intraprofessional collaboration to the Core Competencies of “Collaborator” and “Communicator” and also described a project between Mohawk College OTA and PTA Diploma Program and McMaster University OT and PT Programs that identified challenges encountered in intra-professional education.

What was discussed at the Round Tables?

The panel presentations were followed by small, facilitated discussion groups and a larger discussion to share the ideas that were generated.

Some important themes that emerged from the Professional Issues Forum included:

- there remains an inconsistency amongst occupational therapists and others about what is meant by IPE/C
- IPE/C requires time to develop and implement needing “buy-in” from all stakeholders including preceptors and senior management

- students gain a clear understanding of IPC during their training but its implementation in practice is inconsistent and not always supported
- the importance of defining, promoting and advocating the occupational therapy role, emphasizing our unique reasoning process and not just the end product
- a need for consistent and intentional modelling of inter and intraprofessional collaboration and practice at all levels
- there is a need for more dialogue, research and sharing of how inter and intraprofessional collaboration can influence health outcomes

Most importantly and true to our philosophy of client-centred practice, one very clear message expressed from the participants was that the client should remain central to how and what we do. One participant noted simply, “If work occurs around clients, collaboration will occur”. Many participants looked forward to reviewing the resources provided at the PIF and to put some of the strategies into action after the conference. Some innovative strategies shared included: knowledge transfer techniques such as developing 30 second summaries of our role, use of various media such as internet and local newspapers to communicate our messages; review how our professional guidelines and documents can be applied in this context; advocacy at a systems level (government and organizations), and; purposeful collaboration between student occupational therapists and rehabilitation assistants.

Follow-up discussion and recommendations:

An outcome of the PIF indicates that there may be a need for CAOT and members of the profession to develop additional resources to support IPC and IPE. These could include the development of a joint position statement, a special issue of OT Now and additional education resources offered by CAOT (Lunch and Learns, Webinars etc).

There is still much work ahead of us as a profession to move both interprofessional and intraprofessional practice into the future; however the PIF highlighted that there are many rich opportunities for building our strong foundations across the country.

References

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Appendices

The following were provided to participants:

- Agenda and handout (English) - http://www.caot.ca/pdfs/PIF/Agenda_Interprofessional_PIF_2014.pdf
- Agenda and handout (French) - http://www.caot.ca/pdfs/PIF/Agenda_Interprofessional_PIF_2014_FR.pdf
- AIPHE Interprofessional Health Education Accreditation Standards Guide - http://www.caot.ca/pdfs/PIF/AIPHE%20Interprofessional%20Health%20Education%20Accreditation%20Standards%20Guide_EN.pdf
- AIPHE Principles and Implementation Guide - http://www.caot.ca/pdfs/PIF/AIPHE_Principles_and_Implementation_Guide_EN.pdf
- CIHC IP Competencies Feb 2010 - http://www.caot.ca/pdfs/PIF/CIHC_IPCompetencies_Feb1210r.pdf
- Systematic Reviews of Interprofessional Education - <http://www.caot.ca/pdfs/PIF/Systematic%20Reviews%20of%20Interprofessional%20Education.pdf>