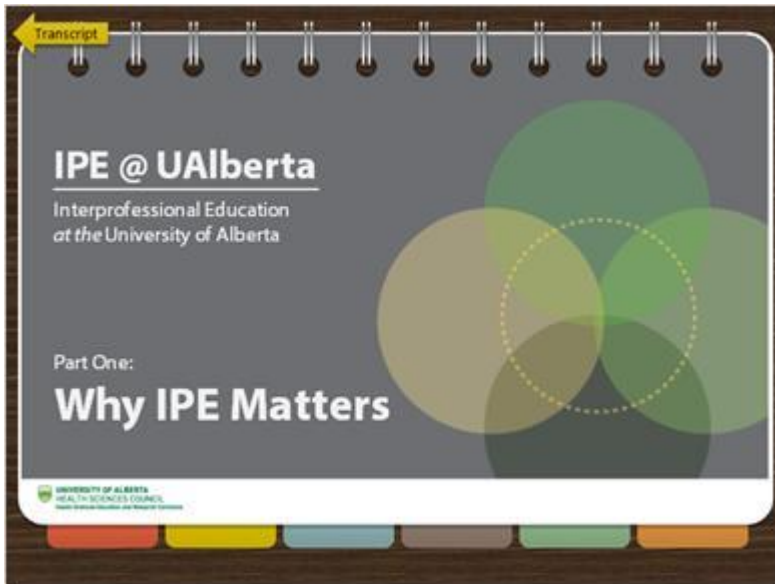


Interprofessional Education @ UAlberta: Part 1: Why IPE Matters



1.1 Welcome

Interprofessional Education at the University of Alberta. Part 1: Why IPE Matters. This elearning module is presented by the Health Sciences Education and Research Commons at the University of Alberta.



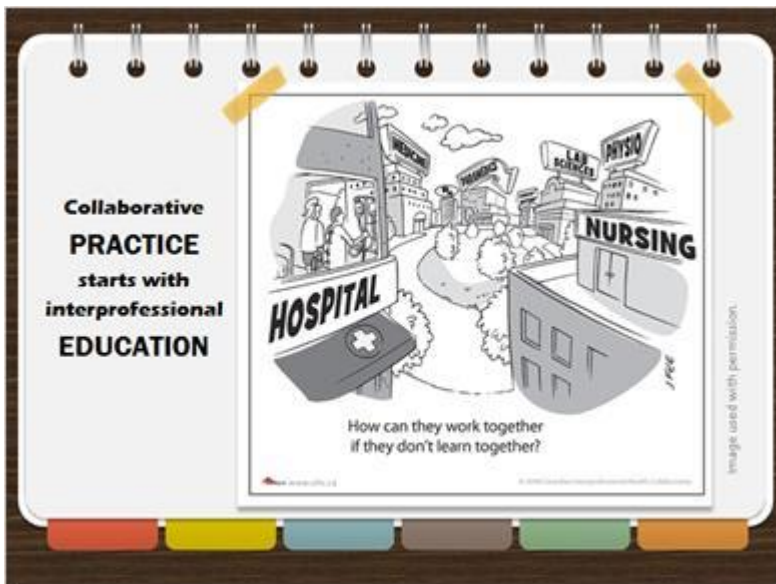
1.2 Students

Healthcare students often say: We've always worked in teams. And they're right: they've had group assignments in school and many have played on sports teams. This is a good place to start. What's different in interprofessional healthcare practice is that it's like we're all playing different sports, but trying to achieve the same goal: Patient-centred care. Our challenge is that we have different uniforms, different roles, different challenges, and different ways of achieving that goal.



1.3 Practitioners

Healthcare practitioners often say: We've always worked in teams. And they're right: midwives have been working with physicians for hundreds of years, as one example, and there are many other ways that practitioners from diverse disciplines have worked together for patient care. These collaborations have been guided by good intentions, but practitioners have not necessarily had the skills or tools to do it well. We simply haven't been giving healthcare practitioners the tools they need for effective collaborative practice.



1.4 Practice starts with education

We often treat the professions as separate. We're highly competent as individuals, but we're not always skilled at working together as a healthcare team. To address this, we need to start with interprofessional education in our professional training programs. We need to practice the skills needed to build strong teams and fix broken ones, helping us to achieve effective collaborative practice.

Definition

Interprofessional Education (IPE) occurs when two or more professionals learn from, with, and about each other to improve collaboration and quality of care.

Source: Centre for the Advancement of Interprofessional Education (CAIPE, UK, 2002).

1.5 Definition

Interprofessional education, or IPE, is what happens when two or more professionals learn from each other, with each other, and about each other to improve collaboration and quality of care.

Patient safety

More than 60% of medication errors are caused by mistakes in interpersonal communication¹, and conducting a verbal "hand-off" at every shift change reduces medication errors by 30%².

The patient safety movement is a significant factor in the push towards interprofessional education.

¹Marfield, D., Grenny, J., McMillan, R., Patterson, K., & Switzler, A. (2005). Silence kills: The seven crucial conversations in healthcare. Retrieved from American Association of Critical-Care Nurses (AACN) website: <http://www.aacn.org/WD/Practice/Docs/PublicPolicy/SilenceKills.pdf>

²Starmer, A. J., Spedter, N. D., Srivastava, R., West, D. C., Rosenbluth, G., Allen, A. D., ... Landrigan, C. P. (2014). Changes in medical errors after implementation of a handoff program. *New England Journal of Medicine*, 371(19), 1803-1812. doi:10.1096/NEJM1405556

1.6 Patient safety

One reason why interprofessional education matters is because more than 60% of medication errors are caused by mistakes in interpersonal communication. Simply conducting a verbal hand-off at every shift change reduces medication errors by 30%. The patient safety movement is a significant factor in the push towards interprofessional education.



1.7 Patient satisfaction

But we also need to look beyond the physical harm caused by medical errors. We need to recognize the emotional harm incurred by patients and their families due to the lack of coordinated care. In healthcare, we sometimes resist the idea of customer service or patient satisfaction, but we need to think of it as avoiding emotional harm, stress, and distress for patients and their families.



1.8 Job satisfaction

We also know that when our team isn't working well, we don't feel good about our work. This has wide-reaching effects like reducing our job satisfaction and increasing the sick time we take. These concerns are amplified in a province like Alberta where there is primarily one employer. Limited alternative job options may mean that people remain on dysfunctional teams, thus compounding unhappiness and inefficiency.

Staff retention

Staff turnover is expensive. Replacing a mid-level employee costs about 150% of that employee's annual salary (recruitment, training, loss of productivity, etc).

1.9 Staff retention

But sometimes people do leave those jobs, and staff turnover is expensive to the healthcare system. Replacing a mid-level employee costs about 150% of that employee's annual salary due to recruitment and training costs, and due to the loss of productivity. And when staff members leave, they may move to another province or enter a new field for their next job, meaning we lose them from the province's healthcare talent pool.

Who is driving and defining the change?

Several influential **reports** are shaping our approach to interprofessional education. Links to these reports are provided in the Resources list.

A wide range of **organizations** are also driving the movement towards collaborative practice and interprofessional education. Here are just a few:

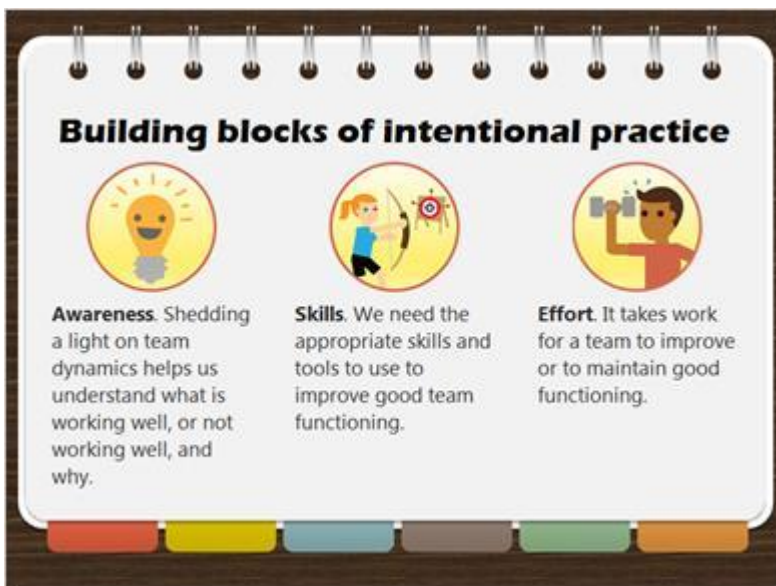
1.10 Who is driving and defining the change?

Several influential reports are shaping our approach to interprofessional education; you can see them in the Resources list (at the end of this document). And a wide range of organizations are driving the movement towards collaborative practice and interprofessional education.



1.11 From good intentions to intentional practice

On an individual level, many of us also recognize the importance of IPE. But although we have good intentions when it comes to teamwork, we often struggle with it. Sometimes, by luck, we get on a team that functions well; but sometimes we're on a team that doesn't work well and we don't have the skills to improve it. What's new in interprofessional education is that now we teach competencies, skills, and tools to students, helping them learn to practice more intentionally and purposefully together. In other words, we're moving from good intentions to intentional practice.



1.12 Building blocks of intentional practice

So, how do we fix a team that's not working? Or, how do we maintain the good team we have? We know good intentions aren't enough, so what do we do? Here are the building blocks of intentional practice.

- **Awareness.** Shedding a light on team dynamics helps us understand what is working well, or not working well, and why.
- **Skills.** We need the appropriate skills and tools to use to improve good team functioning.
- **Effort.** It takes work for a team to improve or to maintain good functioning.

Individual and collective competence

Collective Competence (19 min)
by Dr. Lorelei Lingard:

<https://youtu.be/vl-hifp4u40>

(Link opens in a new window. You may wish to watch the video after closing this elearning module.)



Key message: *Individual competence* is necessary but not sufficient to provide good patient care. We must also have *collective competence*.


1.13 Individual and collective competence

Watch *Collective Competence*, a video presentation by Dr. Lorelei Lingard. Pay attention to the idea that individual competence is necessary but not sufficient to provide good patient care. We must also have collective competence.

<https://youtu.be/vl-hifp4u40> (19 min)

IPE @ UAlberta
Part One: Why IPE Matters

End of Part One



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1.14 End of Part 1

This concludes Part 1: Why IPE Matters. Be sure to watch the *Collective Competence* video, if you haven't already done so, and proceed to Part 2.

Resources list

AIPHE: Principles and Practices

<http://www.cihc.ca/files/resources/public/English/AIPHE%20Principles%20and%20Practices%20Guide%20-%20v.2%20EN.pdf>

AIPHE: Accreditation Standards Guide

http://www.cihc.ca/files/resources/public/English/AIPHE%20Interprofessional%20Health%20Education%20Accreditation%20Standards%20Guide_EN.pdf

Alberta Health: Collab Practice & Education

<http://www.health.alberta.ca/initiatives/collaborative-practice-education.html>

CIHC: IP Competency Framework

http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210r.pdf

IPEC: Core Competencies

<http://www.aacn.nche.edu/education-resources/ipecreport.pdf>

Lingard: Collective Competence (video)

<https://www.youtube.com/watch?v=vl-hifp4u40>

Romanow Report: Building on Values

<http://publications.gc.ca/pub?id=237274&sl=0>

Silence Kills

<http://www.silenttreatmentstudy.com/silencekills/>

UAlberta: IP Competency Framework

<http://www.hserc.ualberta.ca/TeachingandLearning/VIPER/EducatorResources/CompetencyFramework.aspx>

WHO: Framework on IP Ed & Collab Practice

http://www.who.int/hrh/resources/framework_action/en/