Advancing Interprofessional Collaboration in Medical Education

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Alliance of Independent
Academic Medical Centers

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Christiana Care Health System

- **Delaware's largest private employer**
- **Extensive range of outpatient services**
- **Major teaching hospital with four campuses**
- **Net operating revenue of $1.77 billion**
- **150+ Patient and Family Advisers**
- **Outpatient Visits*: 582,257**
- **Home Health Care Visits: 312,537**
- **22nd in U.S. Admissions: 53,259**
- **28th in U.S. Surgeries: 39,102**
- **21st in U.S. ED Visits: 197,340**
- **31st in U.S. Births: 6,545**

Legend:
- Wilmington Hospital
- Christiana Hospital
- Middletown Emergency Department
- Visiting Nurse Association
- High School Wellness Center
- Satellite Location
- Other Hospital

*FY2014

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About CFAR

CFAR is a private **management consulting firm** that helps leaders create *superconducting* organizations in which talent and innovation flow freely across the enterprise. People own the changes they need to make, and behavior is aligned with strategy.

CFAR spun off from **The Wharton School** in 1987. We leverage our academic roots in strategy, finance and the social sciences to help clients manage complex organizational issues.

Our clients are **mission-driven organizations**— including health systems, academic medical centers, family enterprises, life science companies, universities, foundations and associations.

We **partner with our clients** to understand obstacles to their success and offer ideas, tools and approaches that improve outcomes and performance.

Engage

Lead

Act

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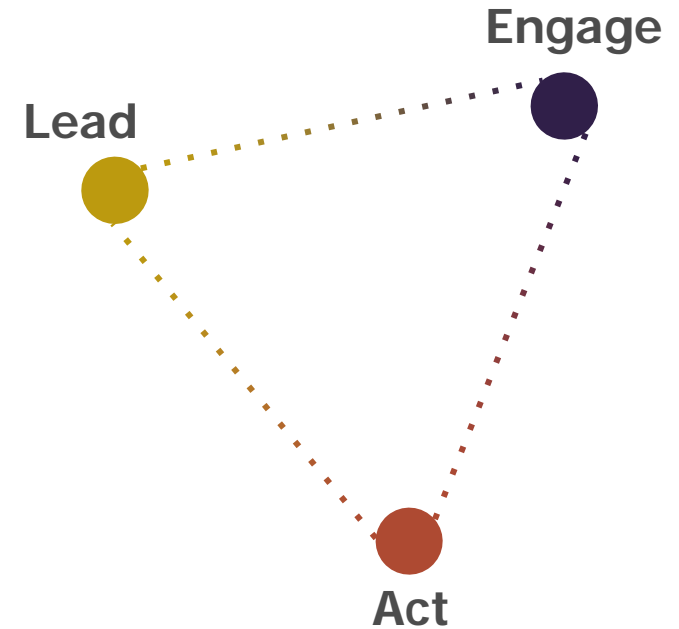
Our agenda

1 **Exploring Interprofessional Collaboration (IPC)**

- ▸ IPC and the Culture of Value
- ▸ Highlights from the RWJF Project on Effective Practice in IPC

2 **Sharing an Example of Effective IPC in Graduate Medical Education (GME)**

3 **Using Found Pilots and Stakeholder Strategies to Accelerate IPC**

Exploring IPC with You

We define IPC as…

" Effective interprofessional collaboration that **promotes the active participation of each discipline in patient care**, where all disciplines are working together and **fully engaging patients and those who support them**, and leadership on the team adapts based on patient needs.

Source: Tomasik, Jennifer and Caitlyn Fleming. *Lessons From the Field: Promising Interprofessional Collaboration Practices*. The Robert Wood Johnson Foundation (March 2015).

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IPC can help organizations can help move organizations…

From…

A system characterized by fragmentation, "waste," high cost, and inconsistent quality.

To…

A system where care is coordinated, costs are lower, and quality is higher.

IPC enhances each part of the value equation …

IMPROVE QUALITY + **ENHANCE EXPERIENCE**

- lower total patient complications
- decrease clinical error rates
- improve health outcomes for people with chronic diseases
- improve patient care and safety

- defuse tension and conflict among caregivers
- expand access to and coordination of health services

= **VALUE**

REDUCE COST

- decrease length of hospital stay
- reduce staff turnover

- lower hospital admissions
- encourage appropriate use of specialist clinical resources

Source: World Health Organization, "Framework for Action on Interprofessional Education & Collaborative Practice," 2010.

## Our aim today is to help you advance a culture of IPC in GME within your organizations

In the pre-session survey, we asked:

▶ On a scale of 1 to 5, where 1 is barely starting and 5 is having achieved a culture of IPC in your GME work, how would you rate your progress toward IPC? (n=X)

- Mean:
- Mode:
- Range:

No matter where you start, since IPC is proven to advance many clinical initiatives that align with the aims of GME, the question is... *how can you advance IPC?*

Our work with the Robert Wood Johnson Foundation on IPC …

Identified **a set of promising practices** that healthcare organizations can use to **catalyze their collaboration efforts**.

LESSONS FROM THE FIELD:
Promising Interprofessional
Collaboration Practices

Robert Wood Johnson
Foundation
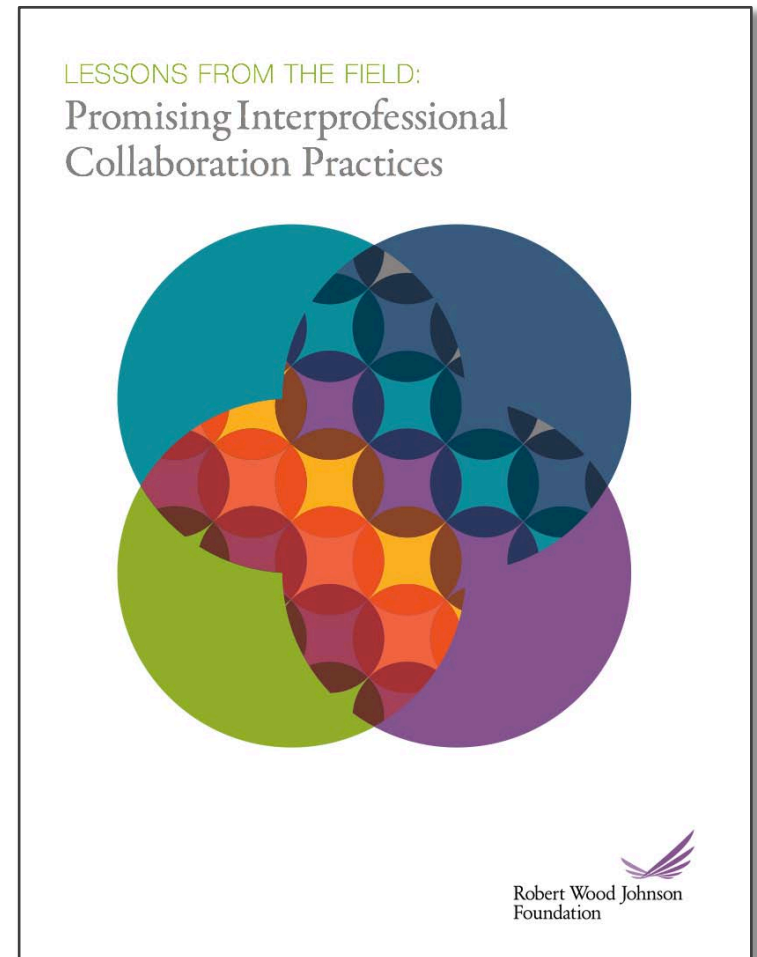
Promising IPC practices

1. Put patients first

2. Demonstrate leadership commitment

3. Create a level playing field

4. Cultivate effective team communication

5. Explore the use of organizational structure

6. Train different disciplines together

Source: Tomasik, Jennifer and Caitlyn Fleming. *Lessons From the Field: Promising Interprofessional Collaboration Practices*. The Robert Wood Johnson Foundation (March 2015).

Describing the practices and their application

1. Put patients first

- ▶ Patient-centeredness serves as an **equalizer** across teams.
- ▶ Most powerful when **alignment** around patients starts at the leadership level and reaches through to the front line of care.

2. Demonstrate leadership commitment

- ▶ Foster **trust** and a culture of **mutual respect**.
- ▶ Provide **resources** to develop teams, including time, support, attention, and **recognition**.
- ▶ Model **IPC** at all levels—in project teams, on units, in service lines, and in the C-Suite.

Describing the practices and their application

3. Create a level playing field

▶ **Look beyond silos** and history of professional training and identity.

▶ Engagement in **quality improvement and safety** projects.

▶ **Understand each member's role**, value, and contribution.

4. Cultivate effective team communication

▶ Creates an opportunity for each team member to **demonstrate their value to the team**.

▶ **Overcome barriers** associated with different communication expectations

▶ Leaders should both role model and enable team members with **shared language and tools**.

Describing the practices and their application

5. Explore the use of organizational structure

▶ Overcome barriers created by current education/training silos.

▶ Team members learn new language, skills, and expertise together.

▶ Establish behaviors and promote strong relationships early so they can be strengthened over time.

6. Train different disciplines together

▶ **Structure is necessary but not sufficient,** and plays a part from the frontline up through leadership structures.

▶ Creates an opportunity for **shared leadership and decision-making**.

Sharing an Example of Effective IPC in GME

Post-Code Blue debrief as a found pilot

► **Began as an improvement idea** by a group of learners taking a Quality Improvement course (ACT)

► **Found opportunity** to improve patient outcomes and teamwork effectiveness in the code blue process

► Intervention **designed by multidisciplinary team** of resident physicians (internal medicine, family medicine, emergency medicine, obstetrics-gynecology, general surgery) and critical care nurses
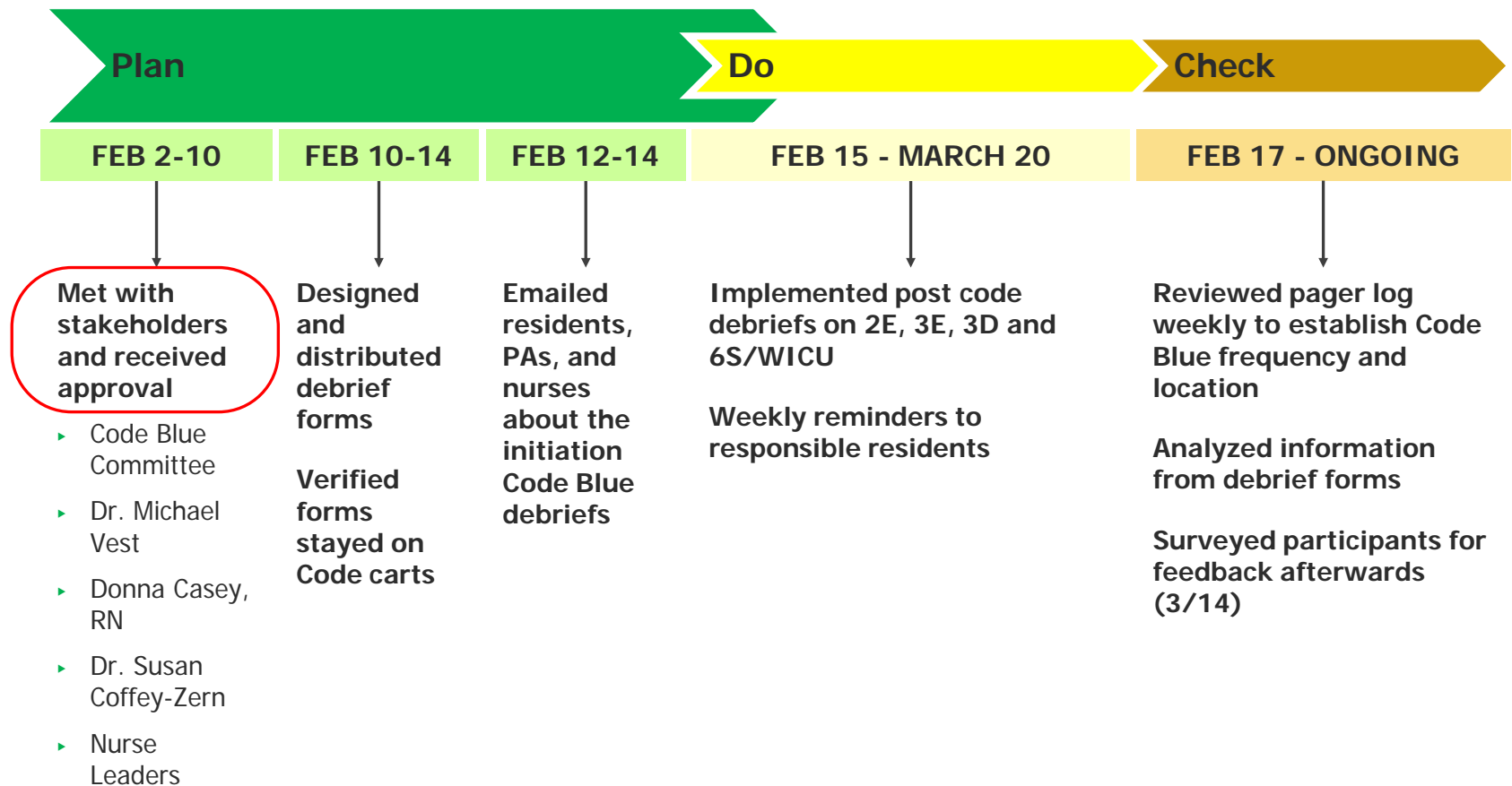

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Post-Code Blue debrief as a found pilot (cont'd)

► **Designed succinct debrief forms** to guide discussion

► Identified hospital units where Code Blue events were most frequent via analysis of emergency response pages

► **Two week trial** to conduct a team debrief immediately following a code blue on five patient care areas

► **Team leaders (residents) empowered** to initiate and guide debriefs

► Despite intending limited trial on five hospital units, **debriefing easily spread to other units**

► **Positive feedback from participants**

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Action plan: Solutions implemented

Plan			Do	Check
FEB 2-10	**FEB 10-14**	**FEB 12-14**	**FEB 15 - MARCH 20**	**FEB 17 - ONGOING**

Met with stakeholders and received approval

- Code Blue Committee
- Dr. Michael Vest
- Donna Casey, RN
- Dr. Susan Coffey-Zern
- Nurse Leaders

Designed and distributed debrief forms

Verified forms stayed on Code carts

Emailed residents, PAs, and nurses about the initiation Code Blue debriefs

Implemented post code debriefs on 2E, 3E, 3D and 6S/WICU

Weekly reminders to responsible residents

Reviewed pager log weekly to establish Code Blue frequency and location

Analyzed information from debrief forms

Surveyed participants for feedback afterwards (3/14)

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Spread quickly

- ► Debriefing spread likely due to:
  - Provider desire to reflect on personal and professional effects of high-stress events
  - Culture of debriefing, while somewhat time-consuming, is beneficial for providers before returning to other patient care responsibilities
  - Intrinsic desire to improve performance in future emergent events
- ► **Strong stakeholder buy-in** of hospitals' most critical patient care areas
- ► **Institutional desire to improve teamwork**
- ► Subsequently, debriefing was hard-wired into Code Blue Team training

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IPC practices: Allow me to debrief

1. Put patients first

✓ **2. Demonstrate leadership commitment**

✓ **3. Create a level playing field**

✓ **4. Cultivate effective team communication**

5. Explore the use of organizational structure

✓ **6. Train different disciplines together**

Source: Tomasik, Jennifer and Caitlyn Fleming. *Lessons From the Field: Promising Inter-professional Collaboration Practices*. The Robert Wood Johnson Foundation (March 2015).

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At the end of the day…

IPC is more than a philosophy—
it is about getting real work done through teams.

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Using Found Pilots and Stakeholder Strategies to Accelerate IPC

Good news: No matter where you are, you're already on your way to effective IPC in GME

► Your organization has hidden assets and strengths that can advance IPC.

► And the beginnings of the change you want to make are already emerging in your organization.

" The future is already here, its just unevenly distributed.
—William Gibson, science fiction writer

Your organization's culture is a "renewable resource."

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We call these "found pilots"

People, projects, and efforts where behavior is moving in the direction you want to go.

"found pilots"

because you discover them.

because they are piloting the behaviors you want to see—and you can learn from them and use them as a resource to make things happen.

Found pilots help you advance the culture by **working with it**, not trying to replace it.

For example, found pilots have been used to combat malnutrition

Sternin and Choo studied malnutrition in Vietnam. While most children suffered from malnutrition, the researchers saw that some families in each village managed to avoid it.

They studied those families and discovered **local, very workable strategies** for combating malnutrition. Some families, for example, broke with tradition and foraged for shellfish and greens.

Source: Sternin, Jerry and Robert Choo. "The Power of Positive Deviancy," *Harvard Business Review*, 2000.

Let's go back to the six practices to discuss your found pilots

1. Put patients first

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6. Train different disciplines together

Source: Tomasik, Jennifer and Caitlyn Fleming. *Lessons From the Field: Promising Interprofessional Collaboration Practices*. The Robert Wood Johnson Foundation (March 2015).

Let's look inside your organization…

Using the top of your worksheet,

Found pilots for your change:	1. 2. 3.	What you'd like to learn from each:	1. 2. 3.

Consider the following…

- ▶ What are some found pilots that you see in your organization which advance IPC in GME?
- ▶ Which of the six IPC practices show up in your found pilots?
- ▶ What would you like to learn from each pilot?

Use influence to get others to help activate your found pilots and advance the change

Influence and persuasion are **communication processes** and core skills for leading in complex organizations.

Effective leaders use them as **tools to navigate in a shifting landscape of authority**.

Through influence and persuasion you can **collaborate effectively with others and achieve common goals.**

A core skill in influence and persuasion: perspective-taking

" If there is any secret to success, **it lies in the ability to get the other person's point of view** and see things from that person's angle as well as your own." —Henry Ford

" We don't persuade others; they can only persuade themselves. —Richard Shell and Mario Moussa, *The Art of Woo*

Source: Shell, G. Richard, and Mario Moussa. *The Art of Woo: Using Strategic Persuasion to Sell Your Ideas*. New York: Portfolio, 2007.

Identify your stakeholders…
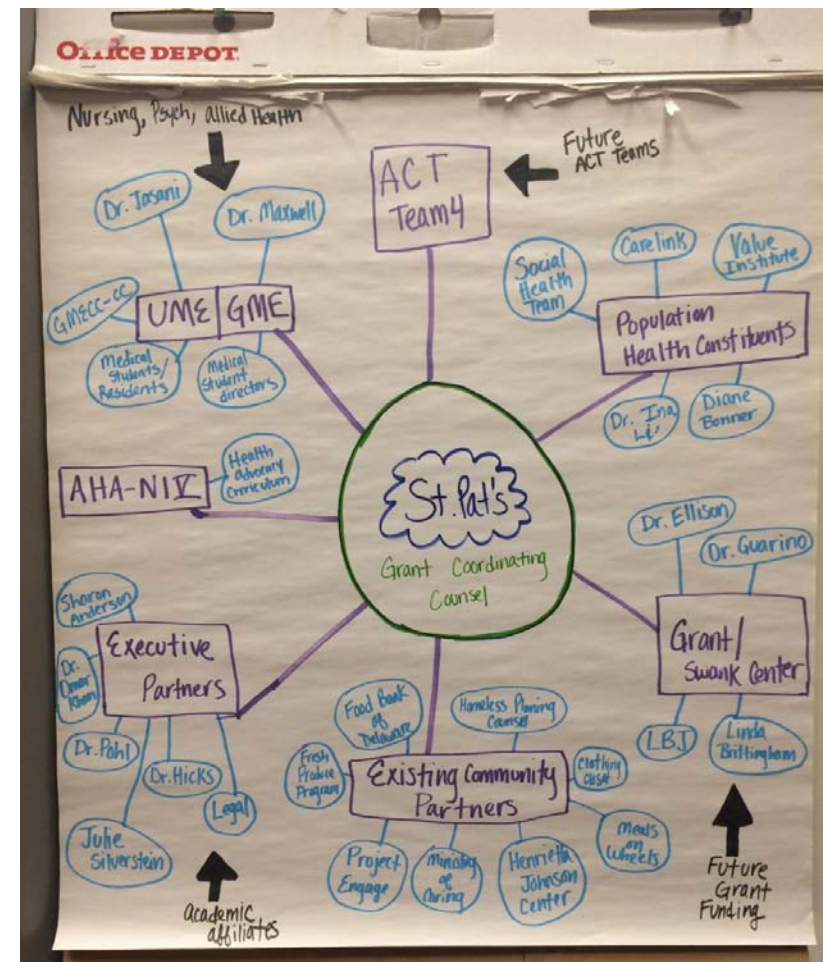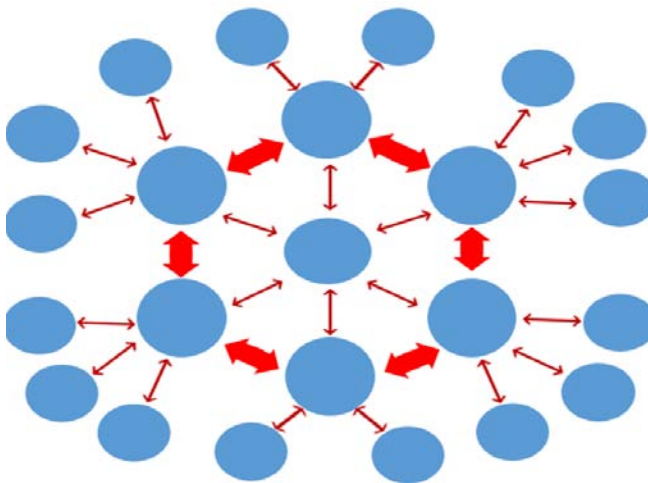
Understand their interests

1. **Why might it be in a key stakeholder's interests to support my idea?** When you can, avoid conflicting interests and build on shared interests.

2. **What do stakeholders want that I can give them to gain their support?** Look for low-cost ways to tie to other's agendas.

3. **Why might they say no?** Look for shared interests that outweigh conflicting interests.

Map and engage stakeholders systematically to build your coalition

	More Influential	Less Influential
For	▶ Build coalitions among members of this group ▶ Link them with others	▶ Connect with those who are more powerful ▶ Keep them informed
Against	▶ Listen carefully to sources of resistance ▶ Find common interests ▶ Reframe where possible (e.g., through a strategic theme)	▶ Convert, if possible, or ignore ▶ Prepare to manage and respond to road blocks

Back to advancing IPC in GME

Using the worksheet, work individually first to:

1. Circle the found pilot you think is most promising
2. Identify key stakeholders who are critical to its success and note their degree of interest and influence.
3. Identify strategies to engage each stakeholder

Discuss with colleagues at your tables

What are some considerations your stakeholders bring to this idea?
What are your thoughts on approach?

STRATEGIC MAP:
Advancing IPC in GME

Found pilots for your change:	1. 2. 3.	What you'd like to learn from each:	1. 2. 3.
Stakeholder	Stakeholder's interest in your change project (for/against)	Stakeholder's influence (+/-)	Strategies to engage the stakeholder

Discussion

What ideas and questions does this approach raise for you?

What two to three things can you do when you get back home?

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Thank you!