

Building Effective Interprofessional Teaching Teams in Postgraduate Education

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Family Medicine Forum

November 6, 2024



Family Medicine

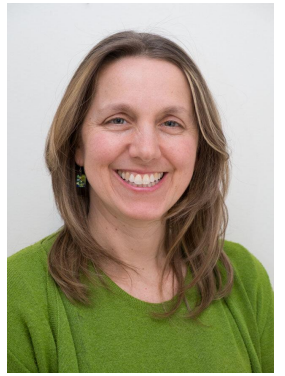


Presenter Disclosure

We have no conflicts to declare with respect to this presentation

- This program has received no financial support or in-kind support.
- There are no potential conflicts of interest.
- No product or program receiving financial support will be discussed in this session.

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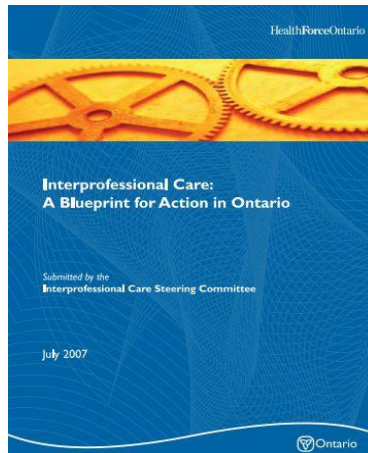
Objectives



1. Identify key factors for building effective interprofessional teams in postgraduate family medicine education
2. Explore collaborative competencies in interprofessional primary care education
3. Describe approaches from existing models to strengthening interprofessional team teaching

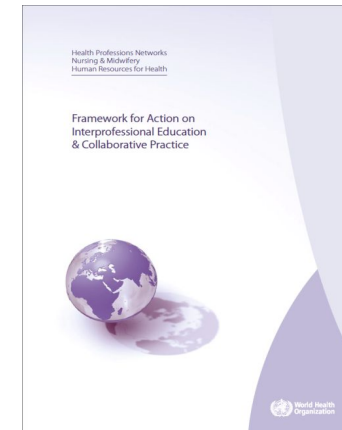
Why work in interprofessional teams?

- Improves **access** to health care
- Improves **quality** of care patients receive and their satisfaction with care
- Improves **outcomes** of care
- Improves **employee retention and satisfaction** with work-related quality of life
- More **efficient and effective use** of resources

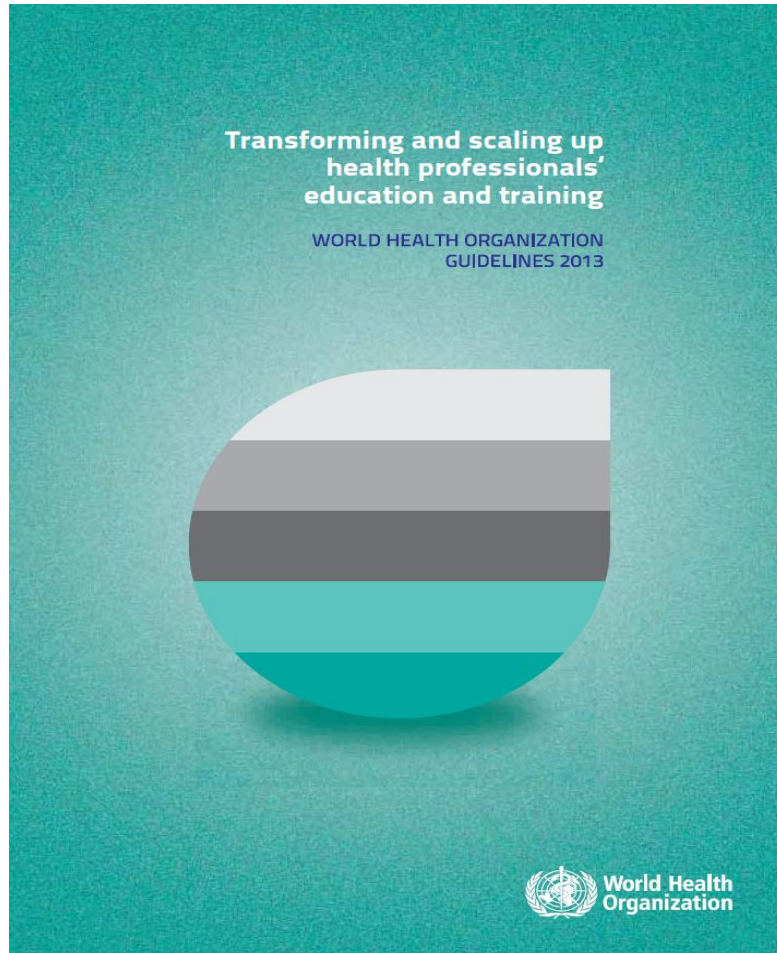


*Interprofessional Care:
A Blueprint for Action in
Ontario, 2007*

*WHO Framework for action on
interprofessional education and
collaborative practice, 2010*



Re-thinking Health Professional Education



CFPC Residency Training Profile 2021

- Patient Medical Home model for training
- Patient-focused care within a well-connected interprofessional team
- Core professional activity

CPA 6. Participate in collaborative and team-based care

This involves a range of related activities:

- a. Make formal, written referrals to other health care professionals
- b. Provide shared care with other medical specialists
- c. Make a verbal case presentation to colleagues as part of the care process
- d. Develop patient-centred care plans in collaboration with other health care colleagues
- e. Facilitate clinical case conferences with other health professionals
- f. Facilitate family meetings
- g. Support and coordinate care with family and other community-based health care professionals
- h. Seek feedback from patients and families about their care experiences and promote an environment where concerns can be expressed and addressed

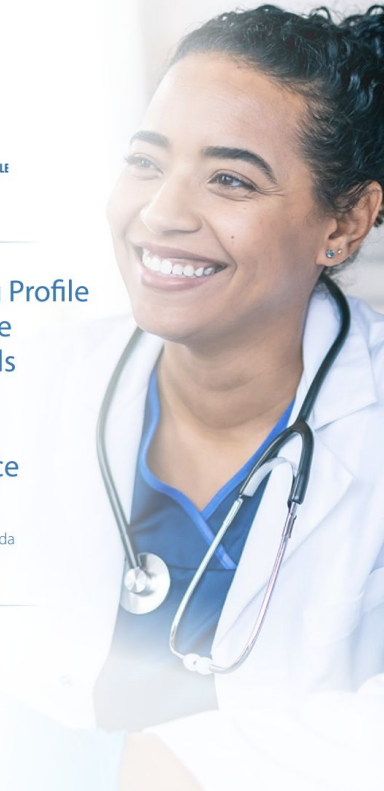
THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

Residency Training Profile
for Family Medicine
and Enhanced Skills
Programs Leading
to Certificates of
Added Competence

Outcomes of Training Project
College of Family Physicians of Canada
May 2021



Team Primary Care 2022-2024

- Patients receive medical care when and where they need it from the appropriate provider
- Each profession works at the full scope of their practice
- A team-based model increases health care capacity and improves access to care for all in Canada, including Indigenous peoples and those living in rural settings
- Professional sustainability

<https://www.teamprimarycare.ca/>





How can they work together
if they don't learn together?

Interprofessional Education

“occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care”



Center for Advancement of
Interprofessional Education
(CAIPE)

Getting to know you

Sign into [menti.com](https://www.menti.com)

Use the Code:

Or the QR Code:

Word Cloud: Please enter your profession



Getting to know you

Please sign into menti.com

Use the Code:

Or the QR Code:

Provide answers to the Polls:

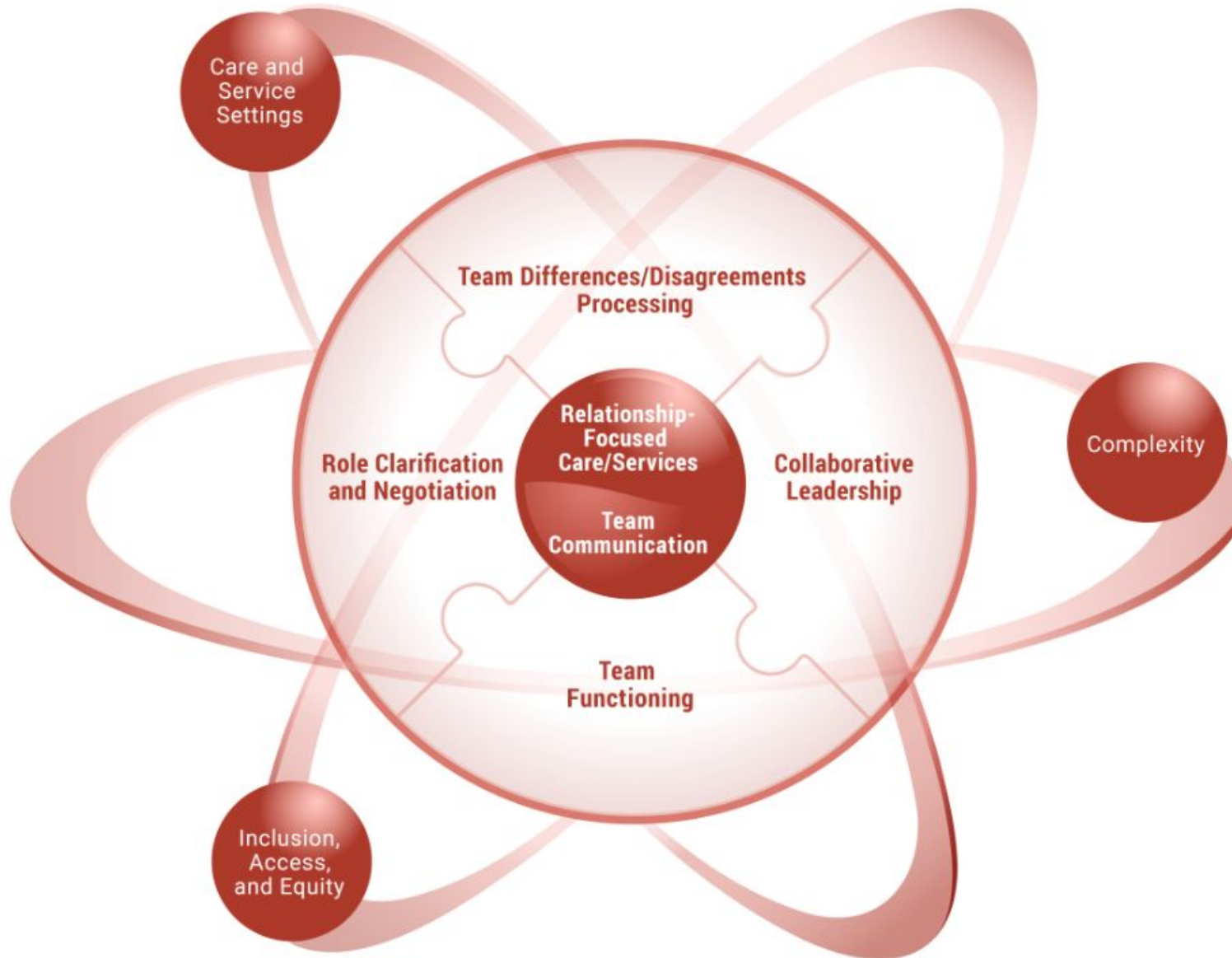
- How often do you collaborate on educational activities with other professions?

1 (Never)	2	3	4	5 (Very Often)
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- Rate your confidence in teaching inter-professionally?

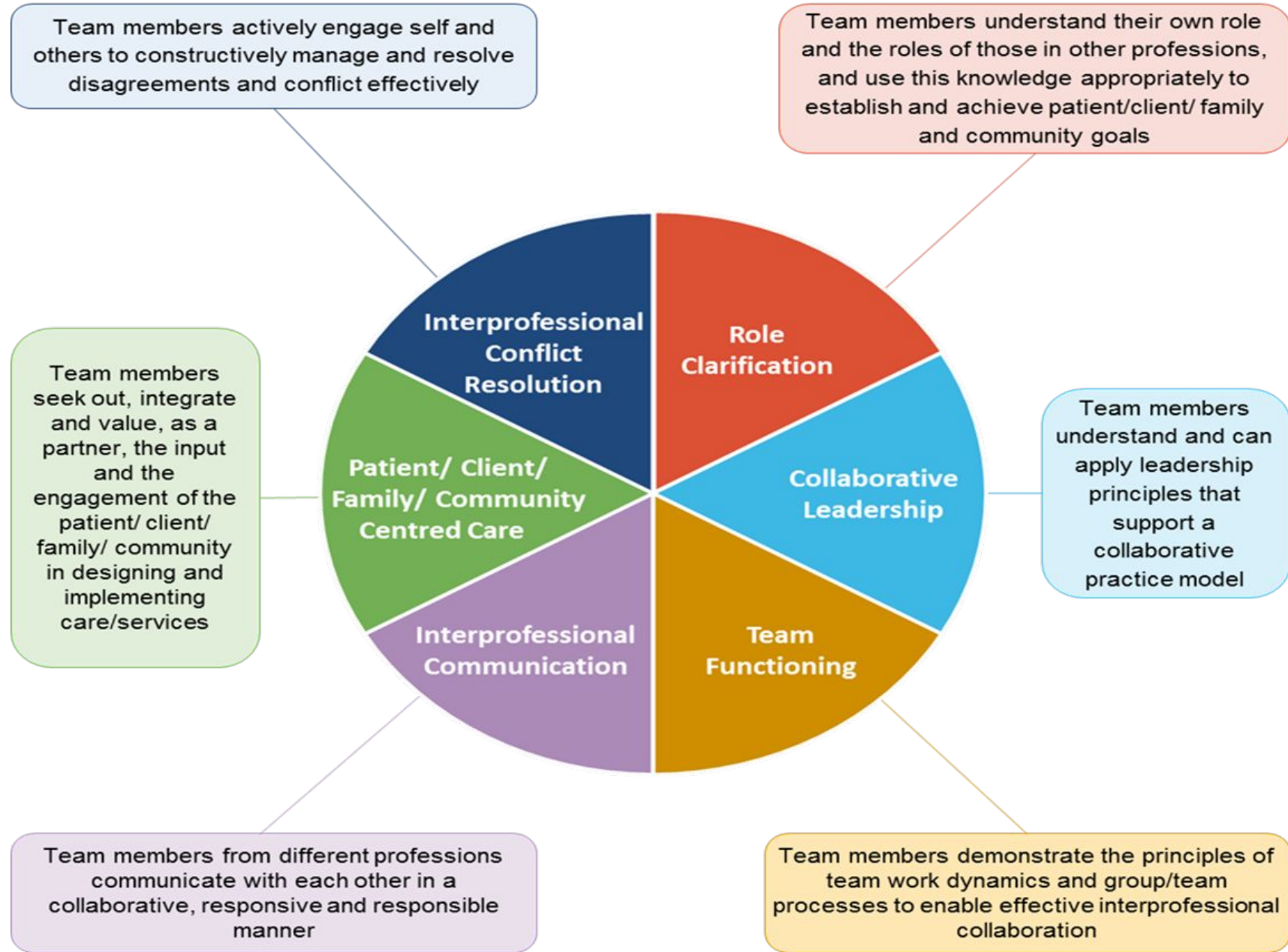
1 (Very Low)	2	3	4	5 (Very High)
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Canadian Interprofessional Health Collaborative (CIHC) Competency Framework 2024



<https://cihc-cpis.com/new-competency-framework/>

St. Michael's Interprofessional Collaborative Competency Framework



Adapted from CiHC (2010)
by St. Michael's Hospital
Professional Practice

A Competency Domain



DOMAIN	COMPETENCIES
<p>1. Role Clarification</p> <p>Team members understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and achieve patient/client/family and community goals</p>	<p><u>OWN</u> role:</p> <p>1.1 Describes and communicates one's own role and scope of practice to others</p>
	<p>1.2 Recognizes one's limitations in skills, knowledge and abilities</p>
	<p><u>OTHER'S</u> roles:</p> <p>1.3 Recognizes and respects the diversity of other health care roles (responsibilities and competencies) through appropriate consultation and share patient-centred problem solving</p>

Role Clarification Vignette

DOMAIN	COMPETENCIES	EXAMPLE OF OBSERVABLE BEHAVIOUR
1. Role Clarification	<p><u>OWN</u> role: 1.1 Describes and communicates one's own role and scope of practice to others</p>	<p>During an initial patient consultation, the team member describes her area of expertise to the patient, how she will assist in patient care and identifies where other members of the health team have expertise to complement her own. She is able to respond to patient questions about the area and scope of practice of other providers who may be helpful in the patient's care and advised that she will communicate with the other providers who will be involved in the care.</p>
	<p>1.2 Recognizes one's limitations in skills, knowledge and abilities</p>	<p>A patient who has been in the hospital for several days following surgery, speaks with the nurse about pain and stiffness in the back and legs due to immobility. The patient asks his nurse to provide some back and leg stretches to help alleviate the stretches. The nurse acknowledge the patient's concerns and lets the patient know that she will speak to the team about this complaints. She advises that the appropriate team member to address this is likely the physiotherapist who would assess the patient, discuss with the team any recommendations and follow up with the patient after that.</p>
	<p><u>OTHER'S</u> roles: 1.3 Recognizes and respects the diversity of other health care roles (responsibilities and competencies) through appropriate consultation and share patient-centred problem solving</p>	<p>A patient care team is meeting to discuss the multiple care needs of a patient with serious and complex health problems. One are of significant concern is depression. The care team discusses the different options to assist the patient in the management of her depression while in hospital. The team members identify that many members of the team may have a role to play in helping with this (social worker, psychologist, physician, nurse, pharmacist, chaplain etc.). They discuss what each may be able to offer (medication, counseling, spiritual care, leisure/occupational activities) and come up with a strategy to share with the patient in co-management of the depression, considering it in the context of her other complex health problems.</p>

Interprofessional Teaching Opportunities in a Community Preceptor Office

- include teachers from different professions
- include learners from different professions
- **teaching by office staff:** medical office assistants - scheduling, billing, communication with patients
- **teaching by nursing staff:** injections, immunizations, dressing changes

Primary care in the community/office setting

CPA 1. Provide first-contact access and relational continuity of care as part of an overall system of care to the practice

CPA 2. Manage the total care of patients to provide informational and management continuity

CPA 3. Assess and plan for the care needs of the practice in the context of the local community

CPA 4. Attend to career and practice administrative/business functions

Inclusion of IPE in formal learning activities

Academic Half Day sessions

- formal curriculum includes IP component
- invite other learners to participate

Specific IPE programs

- Lunch 'n learns
- Rounds, case presentations

Quality improvement projects

- Engage an IP study team

Building your IP education dream team

Key factors to consider:

- Based in and for the workplace
- Practice as curriculum
- Benefits all learners
- Clear mandate
- Similar vision and objectives
- Centered on the benefit to patient and community
- Lack of hierarchy
- Collegiality and fun



<https://fadeawayworld.net/the-1992-dream-team>

IP Curriculum keys

- Interprofessional representation to set objectives and goals
- Include principles of effective clinical teams (6 Cs)
- Role modelling
- Consider including variety of teaching methods: didactic, reflection, simulation and clinical experiences
- Discussion, interaction, and reflection
- Adequate time to plan, train, debrief, and readjust
- Structured formal assessment and feedback of communication, manager, and collaborator competencies
- Education-curriculum committees should include HPEs
- Consider patient and community input into curriculum

Promoting reflection on routine interprofessional teamwork



Language Counts

Seven Dirty Words That Undermine Interprofessional Collaboration and Team-Based Care and Possible Cleaner Alternatives

Dirty word	Cleaner alternative
Allied	Health professionals
Clinical	Experiential placement
Doctor	Physician ^a
Interdisciplinary	Interprofessional ^b
Medical	Health ^c
My	Our
Patient	Participant

^aWhen referring to a medical doctor as an abstract role. For other doctorally prepared members of the care team, use the name of their profession (e.g., nurse).

^bJust where “interdisciplinary” is serving as a synonym for “interprofessional.”

^cWhere it is appropriate to do so (i.e., where the medical model is not the only approach involved).

Cahn P. Seven dirty words: Hot-button language that undermines interprofessional education and practice. Academic Medicine 2017 . 92;8:1086-1090

Small Group Discussion

1. In your role, how do you teach clinical collaboration?
2. Which other professions in your environment could you approach to collaborate and teach your learners and their learners?
3. Who is doing the teaching and is it to the benefit of all learners?
4. Does your department have a strategy for team or IPE teaching?



Large Group Sharing



Fundamental Teaching Activities in Family Medicine



Fundamental Teaching Activities in Family Medicine™: A Framework for Faculty Development



2630 Skyway Avenue, Mississauga ON L4W 5A4 | 905-625-0800 Fax 1-888-643-2372 www.cfpc.ca
2630, avenue Skyway, Mississauga ON L4W 5A4 | 905-625-0800 Téléc 1-888-643-2372 www.cfpc.ca

Domains

Clinical Preceptor

- Clinical Coach
- Competency Coach

Teacher Outside the Clinical Setting

Educational Leader

- Educational Programmer
- Educational Administrator

Walsh A, Antao V, Bethune C, Cameron S, Cavett T, Clavet D, et al. *Fundamental Teaching Activities in Family Medicine: A Framework for Faculty Development*. Mississauga, ON: The College of Family Physicians of Canada; 2015.

CFPC Collaborator Role Working Group

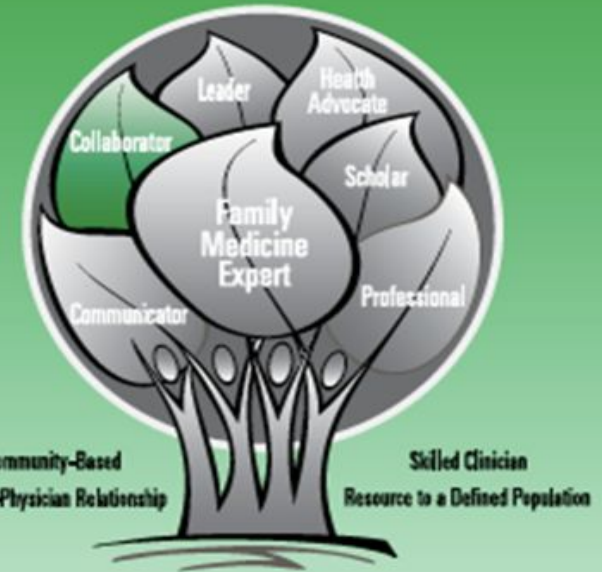
A Practical Guide (with tools) for planning, teaching and assessing collaborative competency



<https://www.cfpc.ca/CFPC/media/Resources/Medical-Education/Colaborator-guide.pdf>

Collaborating to Improve Care: A Practical Guide for Family Medicine Teachers and Learners

The CanMEDS-FM Collaborator Role



CanMEDS-Family Medicine

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Image adapted from the CanMEDS Physician Competency Diagram with permission from the Royal College of Physicians and Surgeons of Canada.

Prepared by the Collaborator Role Working Group

CFPC.CA

CRWG Pocket Tool

Action tool for teaching and assessing the Collaborator Role: Ensure the learner...

T E A M S

- T** Thinks collaboratively
- E** Engages the patient and others in a collaborative process
- A** Assesses roles (eg, who does what, when, and how); identifies what resources may best serve the patient's needs
- M** Manages conflict; recognizes and welcomes differing points of view
- S** Surveys outcomes and synthesizes results

Developed by the Collaborator Role Working Group:

Christie Newton, Family Physician – Co-Chair
Deborah Kopansky-Giles, Chiropractor – Co-Chair
Steve Balkou, Psychologist – Health Professional Educator
Alison Eyre, Family Physician – Program Director
Jose Silveira, Psychiatrist – Royal College
Tanya Magee, Nurse – Health Professional Educator



CanMEDS-Family Medicine

Image adapted from the 2005 CanMEDS-Family Medicine Curriculum Framework, published by the Royal College of Physicians and Surgeons of Canada. Copyright © 2005.

Outil pour l'enseignement et l'évaluation du rôle de collaborateur : S'assurer que l'apprenant peut...

É Q U I P E

- É** Évaluer les résultats de la collaboration et faire un résumé
- QU** Questionner: qui fait quoi, quand, etc. Remettre en question les rôles. Identifier les ressources qui peuvent mieux répondre aux besoins du patient en matière de soins
- I** Intégrer les points de vue et gérer les conflits. Reconnaître et accepter les perspectives même s'ils sont divergents
- P** Penser d'une manière collaborative
- E** Engager le patient, ainsi que les autres dans un processus de collaboration

Créé par le Groupe de travail sur le rôle de collaborateur :

Christie Newton, médecin de famille – co-présidente
Deborah Kopansky-Giles – chiropraticienne, co-présidente
Steve Balkou, psychologue – éducateur en soins de santé
Alison Eyre, médecin de famille – directrice de programme
Jose Silveira - psychiatre – Collège royal
Tanya Magee, infirmière – éducatrice en soins de santé



CanMEDS-Médecine familiale

Image adapted from the 2005 CanMEDS-Family Medicine Curriculum Framework, published by the Royal College of Physicians and Surgeons of Canada. Copyright © 2005.

Stay tuned for the practical guide to teaching and assessing the Collaborator Role—coming soon!



À venir : guide pratique pour l'enseignement et l'évaluation du rôle de collaborateur!



Field notes: Regular recordings of observed performance to confirm what the resident does well, and identify areas requiring improvement. All team members should be included in generating field notes (staff, faculty, other health professional staff, and educators, etc.; see **Figure 3** for a field note example).

Portfolios: A collection of learner's various documents and assessments throughout residency that reflect their professional development over time. Can be used as both a formative learning tool and summative assessment.

IPE Component in a Clinical Placement—Flexible Activity 1: Participation in Interprofessional team Education: www.ipe.utoronto.ca/download/224/TRI%20Web%20Manual-%20Full%20Document%20%281-6%29.pdf?redirect=node/233

Objective Structured Clinical Exam (OSCE): An assessment method based on direct observation of learner performance during planned/standardized clinical encounters or test stations. The preceptor's assessment can be facilitated by checklists of observable behaviours.

Example of OSCE for the Collaborator Role—Royal College CanMEDs Teaching and Assessment Tools Guide: http://canmeds.royalcollege.ca/uploads/en/collaborator/Collaborator_A5%20Objective%20Structured%20Clinical%20Exam%20for%20the%20Collaborator%20Role.pdf

Simulation: Refers to a variety of different learning and evaluation tools that attempt to imitate real clinical scenarios. Many different formats exist: paper-based patient care problems, anatomical models, virtual reality environments, standardized patients, and combinations.

Examples of simulation assessment for the Collaborator Role include the Interprofessional Collaboration Scale: <https://nexusipe.org/advancing/assessment-evaluation/interprofessional-collaboration-scale-ics>

Validated team assessment tool: Useful for interprofessional clinical placements.

- IpAC Program Assessment Tool: www.ecu.edu.au/__data/assets/pdf_file/0010/297415/IPL-assessment-tool-for-4-Days-or-less-v4.pdf
- iTOFT (individual Teamwork Observation and Feedback Tool) Basic and advanced versions—designed in Australia and intended to facilitate observation and engagement of learners in feedback and review during and following teamwork and team-based activities. Download from: www.olt.gov.au/project-work-based-assessment-teamwork-interprofessional-approach-2012
- iCAR (Interprofessional Collaborator Assessment Rubric)—intended for use in assessing interprofessional collaborator competencies as defined by the Canadian National Interprofessional Education Competency Framework (not restricted to medicine). Dimensions are not intended to coincide with a specific year or level of learner: www.med.mun.ca/getdoc/b78eb859-6c13-4f2f-9712-f50f1c67c863/ICAR.aspx

CRWG Tools - Assessment Flashcard

also available for teaching outside the clinical setting, such as workshops, teaching sessions, chart audits

U of T DFCM - HPE program

Health Professional Educators (HPEs) at DFCM

Be part of a broad community of educators in teaching units as a family medicine teacher, with the benefits and acknowledgement of a [faculty appointment](#).

The College of Family Physicians Canada (CFPC) defines Health Professional Educators (HPE) as any educators who are not physicians by training and who teach family medicine to undergraduate, postgraduate and/or faculty development learners within the 17 academic departments of Family Medicine across Canada. This includes health professionals such as nurses, pharmacists, dietitians, social workers, and others who work and teach in affiliated primary care academic teaching units.

DFCM recognizes the important contributions of HPEs in the training of medical students and residents in our Family Medicine program. Training future family physicians in effective interprofessional learning environments aligns with the direction of primary care reform across the country and the CFPC's vision for the Patient Medical Home (CFPC Position paper, Sept 2011).

More information

- [Interested in Applying for Faculty Status?](#)
- [Join our Community of Practice for HPEs](#)



HEALTH PROFESSIONAL EDUCATOR (HPE)



Be **RECOGNIZED**
Be **SUPPORTED**
Be **CONNECTED**
Be **A TEACHER**

Become part of the largest
Department of Family and
Community Medicine in Canada.

Takeaways

Commitment to Change Statement:

- Identify one thing you can do to advance your delivery of IPE.
- Pick a date in your calendar about 3 months from now (February 2025) to check in with yourself as to whether you've made progress on your goal.

If you would like a reminder from us, please share your email on the Google Form using this QR code:

Please find resources on our tip sheet.



CtC reminder email

Resources

- Canadian Interprofessional Health Collaborative Competency Framework for Advancing Collaboration (2024)
<https://cihc-cpis.com/wp-content/uploads/2024/06/CIHC-Competency-Framework.pdf>
- 12 Tips for Education Needs Assessments through an Interprofessional Lens – CACHE, University of Toronto (2017)
- [12 Tips for Education Needs Assessments Through An Interprofessional Lens Aug 2017.pdf](#)
- American Interprofessional Health Collaborative - National Centre for Interprofessional Practice and Education - <https://nexusipe.org/connecting/aihc>
- Interprofessional Education Toolkit – Practical Strategies for Program Design, Implementation, and Assessment (2022)
https://www.pluralpublishing.com/application/files/2516/3848/1936/iet_SamplePages.pdf
- El-Awaisi A, Waller S. Book Chapter 5: Developing a novel health IPECP curriculum: strategies and implementation
https://nexusipe-resource-exchange.s3-us-west-2.amazonaws.com/Chapter%205%20-%20IPECP%20Curriculum.pdf?B07kpv3vZgP5C8_YeB1WncLGAbIryvFU

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Thank you.

Any comments?

Family Medicine Forum
November 6, 2024



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agenda:

FMF 2024 SESSION EVALUATION

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