Realizing the Promise of Interprofessional Collaboration Through IPE

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Situation this presentation: —Are we all on the same page? —

- utilitarian and emancipatory frameworks re: interprofessional collaboration
- not mutually exclusively, one does not replace the other, not a simple binary opposition
- team talk and mis(sed)-communication
- two frameworks interact in various and complicated ways
- acknowledge the existence and legitimacy of both perspectives’ [rather than leave them implicit and functioning as a source of confusion in multiple ways]


Objectives

- Discuss the goals, values and evidence-based outcomes of interprofessional collaborative practice (IPCP)
- Identify contemporary sources of IPCP conflicts
- Describe how health care reform and legislative initiatives may interact with IP conflicts
- Name strategies for teaching/learning IP conflict management in IPE
Values and Goals of IPCP—
"The Promise II"

➢ 2011 IPEC report--The first core competency focuses on values and goals for interprofessional care. It emphasizes two aspects- planning with consumer partners to address local health needs-person, family, community first, in the context of culturally accountable care; and building mutual trust and respect among those delivering care.

➢ Josiah Macy Jr Foundation July 2013 monograph has a fictional example of a transformative model capturing patient-centered values---see the story of Amina in:

*Transforming Patient Care:*

*Aligning Interprofessional Education with Clinical Practice Redesign*
Three other core competencies

Roles and responsibilities
Communication
Teams and teamwork
Conflict

Recognizing Sources of Conflict:
Professional sectarianism vs work-generated sources
Responses to Conflict*
(management styles)

(Avoiding)-silent withdrawal
Accommodating-giving in
Compromising-no one satisfied
Competing-doing battle —may the best man win
(Forcing)-characterizing professional sectarianism-use of formal or informal positional power
Collaborating-working together to find solutions valued by all stakeholders
(Negotiation)- involves leader-led intervention

*Skjorshammer (2001) and others much earlier
Contemporary Sources of Conflict Related to IPCP*

*Conflict sources: Role boundary issues, Scope of practice, accountability

*Barriers to conflict resolution: Lack of time and workload issues, people in less powerful position, Lack of recognition or motivation to address conflict, avoiding confrontation for fear of upsetting other team members

*Strategies for conflict resolution: Conflict resolution protocols, use of practice leaders=physicians or executive directors

*Brown et al. (2011).
Work-related Conflict in a PCMH Context*

7 PCMH characteristics listed—

A focus on the key aspects of transformational process for 25 practices in SE PA.

Central themes related to shifts in practice culture and mental models were:

- more proactive, population-oriented care based in practice-patient partnerships;
- creating a culture of self-examination;
- challenges to developing new roles... through distribution of responsibilities and team-based care;[tension between clinicians and medical assistants]*

*Cronholm et al. (2013).*
“Learning as participation [is] not simply a way of acquiring skills, but also of developing an identity and sense of belonging in a community”. (Barr, 2005)
Health Care Reform and Legislation Lead to More Complexity for IPCPE—"trickle down‖ conflicts

Federal level – ACO’s and anti-trust -coordination vs competition
Local level- —market share‖ vs care quality
State level- e.g., Virginia NP law
Preemptive vs Reactive Conflict Management

- Preemptive- involves establishing conditions to prevent, control, or guide team conflict before it occurs, as in education
- Reactive- involves working through task and interpersonal disagreements among team members arising out of practice together

Teaching/learning Strategies in IP Conflict Mgmt and Leadership

- Goals/values- teaching and displaying *tolerance* (Dombeck, 1997)
- Using *reflection* and *feedback*
- Using *theories* e.g., activity theory- work patterns and time perspectives (Varpio et al.; Marks et al.); —practical theories—complexity, positive psychology--interpersonal neurobiology, relationship-centered care and administration, positive deviance and authentic presence (Suchman et al., 2011)
Teaching/learning Strategies in IP Conflict Mgmt and Leadership

- Learning/implementing conflict management skills
  - Open communication about task-related conflicts
  - Culture that allows expression of doubts and permits those involved to change their minds
  - Solutions/decisions that are responsive to all stakeholders’ interests

Evidence about the value of IPCPE

What kind of evidence —counts—?

How much evidence?

Is —evidencell enough?

What evidence would [or did] convince you?
How can we all help to realize the promise?

We need to:
- let go of professional sectarianism
- embrace and manage healthy conflict embedded with the differences in expertise we bring and our local practice contexts, in the service of improving care and population health
- collectively address challenges affecting our ability to improve outcomes through our work together
- continue to experiment with new practice models
- integrate education of our future practitioners into practice - the "nexus"
- use feedback from the real world to adapt to the challenges of constantly improving outcomes through the new models of practice and education
References


Brown, J. et al. (2011). Conflict on interprofessional primary health care teams-can it be resolved? J of Interprofessional Care, 25, 4-10.
**References**


References


References


