Interprofessional... What?
Interprofessional Education and Collaboration

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Session Description

• Recreational therapists have long functioned on interdisciplinary teams and facilitated teamwork among their colleagues. The healthcare industry is now talking about interprofessional education and collaboration, and its importance for all disciplines. So, what does this mean for recreational therapists and how can we incorporate it into our practice? A practical example of a community partnership with nutrition and physical activity for youth at risk which involved recreational therapy will be shared regarding interprofessional education and collaboration.
Session Outcomes

Participants will be able to:

• Define interprofessional education and interprofessional collaboration.
• Describe 2 components of a recreational therapy program that demonstrates these concepts.
• Identify 2 implications for personal professional practice in recreational therapy to implement in their organization.

Definitions and Differences

• **Interdisciplinary**: tends to be holistic through expanded viewpoints involving two or more disciplines – different points of care
• **Multidisciplinary**: making use of several disciplines at one time but disciplines operate independently as experts from different professions (Weiss, 2010)
• **Interprofessional**: “When the health disciplines come together around patient care issues, whereby decision-making happens with the group” – emphasis on collaboration between disciplines (Silver & Leslie, 2009, p. 172).
Interprofessional Education

• **Definition:** IPE “occurs when 2 or more professions learn with, from, and about each other to improve collaboration and QOC” (Wilcock et al., 2009, p. 85)

• **Purpose:** develop KSA needed for effective teamwork; break down barriers; increase understanding; improve client outcomes

Interprofessional Collaboration

• **Definition:** multiple health disciplines with “shared objectives, decision-making, responsibility and power working together to solve patient care problems” (Petri, 2010, p. 80)

• **Goal:** facilitate achievement of patient goals beyond single discipline knowledge and expertise

• **Results:** increased staff satisfaction & morale, reduce workload, increase respect & trust, decrease stereotypes, better care coordination, reduced medical errors, increased patient safety, improved patient satisfaction, improved outcomes
Characteristics of IPC

- Understanding the roles and responsibilities of others
- Appreciating differences
- Acknowledging that each contributes to teamwork
- Mutual respect
- Cooperation
- Communication
- Coordination
- Assertiveness
- Shared responsibility
- Autonomy
- Shared vision
- Effective leadership
- Commitment

IPC Competencies

- Roles and responsibilities
  - Leverage roles of each discipline
- Communication
- Values and ethics
  - Client centered, dignity and respect, embrace diversity and differences
- Teamwork
  - It takes all, not just one
  - Timely, equitable, efficient and effective
Influences on IPC
Adapted from Bronstein, L. R., 2003, p. 303

Professional Role

Interprofessional Collaboration
- Interdependence
- Newly Created Professional Activities
- Collective Ownership of Goals
- Reflection on Process

Personal Characteristics

Structural Characteristics

History of Collaboration

Barriers to IPC Practice

- Socialization process and discipline cultures
- Professional identity
- Segregated learning - lack of interprofessional education
- Turf wars
- Discipline specific behaviors and attitudes
- Different values
- Organization issues
- Conflict
PRACTICAL EXAMPLE: AFTER SCHOOL PROGRAM WITH YOUTH AT RISK

Program Background

- Interprofessional collaboration between Dietetics in Public Health program and TR
- Partnership with after-school program with 3 locations in urban environment
- Cooking and Nutrition, and Physical Activity
- Involved TR, Juvenile Justice, Social Work, & Public Health students
- Funded with grants from General Mills & the Academy of Nutrition and Dietetics and the Recreation Therapy Foundation
Definition of Youth at Risk

• “Young people whose background places them ‘at risk’ of future offending or victimization due to environmental, social and family conditions that hinder their personal development and successful integration into the economy and society”


Characteristics

• Risk taking behavior
• Impaired social skills
• Antisocial behavior
• Poor coping skills
• Disruptive behavior
• Lack of connection to community
• Low socioeconomic status
Factors Place Youth at Risk

- Anti-social behaviors
- Early sexual experiences
- Stress
- Broken homes
- Maltreatment
- Having a young mother
- Low parental education
- High family conflict
- Frequent school changes
- Negative attitude about school
- School suspensions or truancy
- Gang associations
- Community crime rate

— Find Youth Info, n.d.

Statistics

US Dept. of HHS (2009)

- 40% of children are from low income families (200% below federal poverty level – 2007)
- More likely to have sex before 16, become member of gang, get into a fight, run away, steal $50 or more
- 1/5 charged with adult crime by 24
- Engage in more at-risk behaviors than other socioeconomic groups
- 7% of young women from low income families have a child by age 18
- 1/3 of youth from low income families fail to earn HS diploma
- 44% remain consistently connected to school/work between 18 and 24
Issues

- Single parent homes
- Socioeconomic status
- Learning disabilities
- Gang activity
- Poor nutrition
- Unsupervised time (3 – 7p)
- Educational failure
- Drop out
- Delinquency and/or criminal activity
- Behavioral issues
- Substance issues
- Emotional problems

Factors that Reduce Risk of Harm
(Protective Factors)

- Social support
- Self-efficacy
- School involvement
- Involvement with positive activities and peers
- Opportunities for involvement
- Safe environment
- Positive family involvement

» Find Youth Info, n.d
Needs Assessment

Needs Assessment
• CDC recommends 60 minutes daily of physical activity
• Nationally: 62% of 9-13 y.o. do not participate in organized physical activity during non-school hours
• County: 52.4% of kids active 5 days/week
• City: 10 minutes of recess/day + PE 1x/wk. for 30 minutes

Needs Identified
• Minimize potential impact of environment, socio-economic & education
• Physical activity
• Emotional & behavioral issues
• Social skills
• Cooperation & teamwork
• Positive role models

Characteristics of Participants

• Ethnicity/race
  – 64% African American
  – 21% Hispanic/Latino
  – 10% Caucasian
  – 3% Multi-Ethnic
  – 1% Asian American
  – 1% Other

• Income
  – 60% below poverty
  – 63% free or reduced meals at school

• Observations
  – Decreased attention
  – Decreased problem solving
Foundation – Bandura’s Theory of Self-Efficacy

- Unless a person believes that their actions can produce desired outcomes, they will have no incentive to act to improve their situation.
- Seek control of events and experiences to achieve desired outcome and avoid undesirable consequences.
- Gain control through mastery, vicarious experiences, social persuasion and experiences that change perceptions.

Planning and Program Design

- 2 sessions per week for 90 minutes each time
  - 45 minutes = cooking and nutrition
  - 45 minutes = leisure education and physical activity
- 3 different locations
- Target: 10 – 12 y.o. in 4th & 5th grades

- 2 parts – Fall and Spring sessions, each 6 weeks
- Cooking & Nutrition
- Leisure education
- Physical activity
- Staffing
  - Facilitator
  - Volunteers
Role of RT

- **Intervention 1**: leisure education -> awareness of leisure and resources
- **Intervention 2**: physical activity -> healthy lifestyle
  - Provide positive choices
  - Help with healthy lifestyles
  - Appropriate use of unstructured time
- **Secondary goal**: prevention: friendships, teamwork, social skills, sportsmanship, mentoring relationships

Focus of Interventions/Programs

- Non-competitive and cooperative games
- Physical fitness
- Self-esteem
- Self-efficacy
- Leadership skills
- Sense of belonging
- Relationships/Mentors
- Coping skills
- Social skills
Program Implementation

**Leisure Education**
- Focus on wellness and education on leisure and physical activity
- 5 – 10 minutes
- Interactive
- Topics
  - Value/benefits of exercise
  - Leisure identification
  - Stress management
  - Relationships

**Physical Activity**
- Warm-Up games
- Activities
  - Sports
  - Variations of tag
  - Obstacle course
- Wrap-Up
- Home Challenges
  - Activities to do at home with family such as walking challenge

Implementation Challenges

**Participant Issues**
- Ages
- Number of children
- Involvement in both nutrition & physical activity
- Attention issues
- Behavioral issues: aggression, respect

**Organization**
- Staffing
- Chaotic processes
- Environment

**Schedule**

**Staffing**
Program Evaluation

**Impact**
- Part 1: 396 kids
- Part 2: 75 kids – 5th & 6th grade, limited to 10
- 27 undergraduate students as volunteers

**Outcomes**
- 53.1% of kids participated in physical activity each week (Part 1 & 2)
- 72.5%/40.6% of kids increased awareness of benefits & importance of physical activity
- Behavioral changes
- Role models (particularly males)
- Benefits to students – knowledge, skills, IPE and IPC

Recommendations

- Clear expectations for kids
- Small groups – mentors with kids
- Develop and enforce behavioral policy
- Be prepared for short attention spans. Have multiple activities ready.
- Train volunteers on behavior and emotional issues, how to set rules/boundaries
- Engage families in some way
For more details on Kick and Cook-a-Palooza, see:
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**Interprofessional Collaboration**
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**Professional Role**

**Structural Characteristics**

**Personal Characteristics**

**History of Collaboration**

Perceptions, Prejudices and Biases

What are your...
- **Stereotypes:** widely held but fixed and oversimplified view
- **Prejudices:** preconceived opinion not based on experience or reason
- **Biases:** prejudice in favor or against something when compared to another
Improving your IPC Practice

• Engage in self-reflection.
• Seek to understand roles and responsibilities.
• Participate in interprofessional education.
• Take a systems perspective.

Attitudes, Behaviors and Values of Interprofessional Collaboration

Interprofessional Socialization and Valuing Scale – King, Shaw, Orchard & Miller (2010)

1. I feel comfortable speaking out within the team when others are not keeping the best interest of a client in mind.
2. I have gained greater appreciation of the importance of a team approach
3. I have gained an enhanced awareness of the roles of other professionals on the team.
4. I feel able to act as a fully collaborative member of the team.
5. I am comfortable in engaging in shared decision making with clients.
Perceptions of Therapists related to Interprofessional Collaboration

- OT, PT, RT & SLP in MI (n=374)
- Used ISVS
- No significant difference in how each of the therapies valued collaboration with the other therapy disciplines
  - Ability to work with each other
  - Value to work with each other
  - Comfort in working with each other

UNIQUENESS OF RT
WRAP UP AND QUESTIONS

References on IPE/IPC

References on Youth at Risk