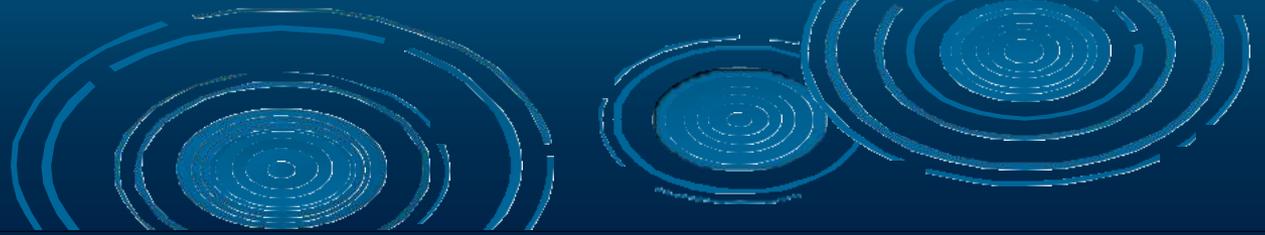


Realizing the Promise of Interprofessional Collaboration Through IPE

Madeline H. Schmitt, PhD, RN, FAAN, FNAP

Professor Emerita

University of Rochester

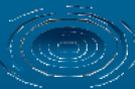


Situating this presentation: —Are we all on the same page?II*

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

*Haddara, W., & Lingard, L. (2013). Are we all on the same page? A discourse analysis of interprofessional collaboration. *Academic Medicine*, 88, 1-7.

Brown, T.M. (1982). A historical view of health care teams. In G. J Agich (Ed). *Responsibility in health care*. Dordrecht, Holland: Reidel.



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 Promisell

- 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*

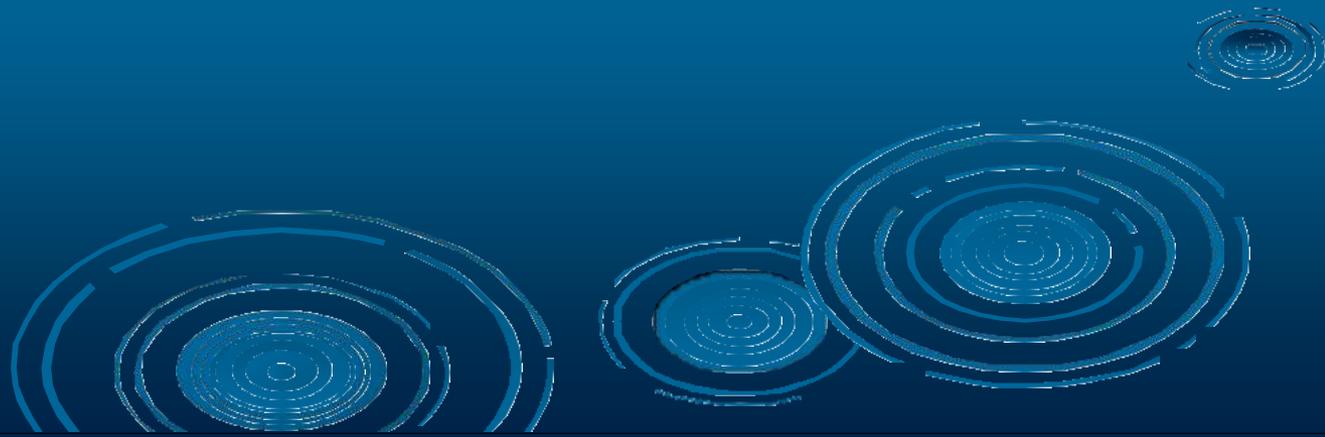


Three other core competencies

Roles and responsibilities

Communication

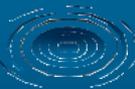
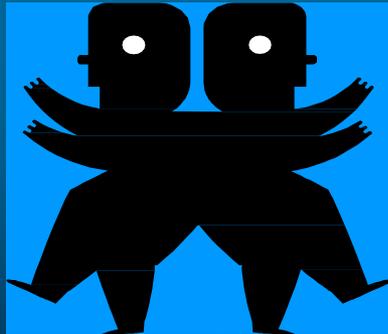
Teams and teamwork



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

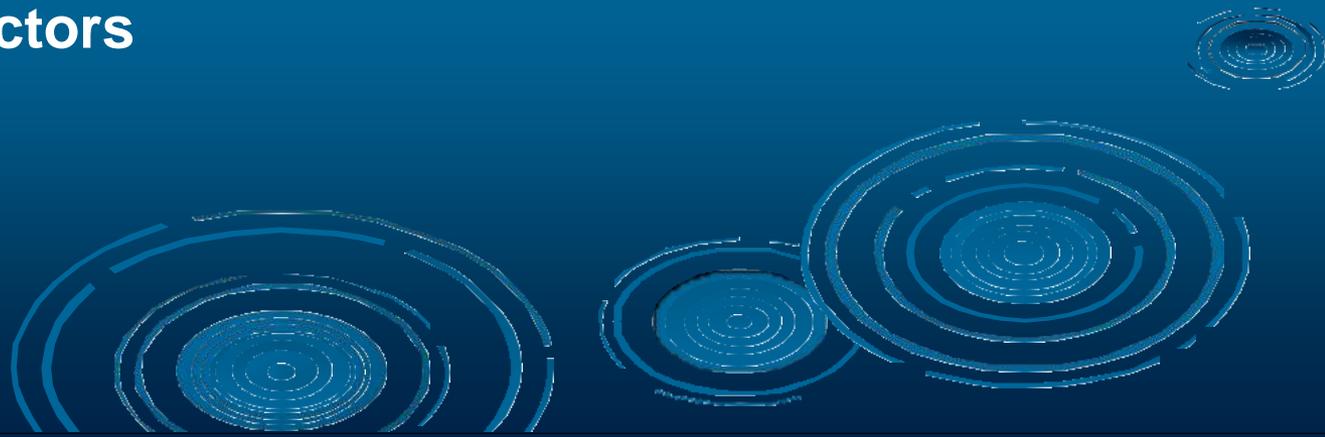
(**Negotiation**)- involves leader-led intervention

***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:

—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]

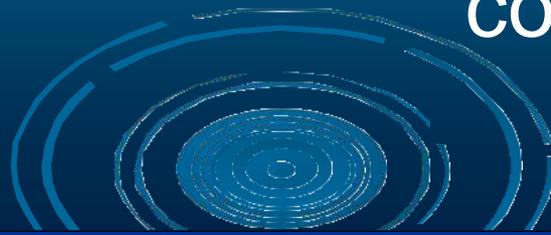
*Cronholm et al. (2013).

“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)



“Professional” self
grown in silos

“Interprofessional”
self- part of a larger
community

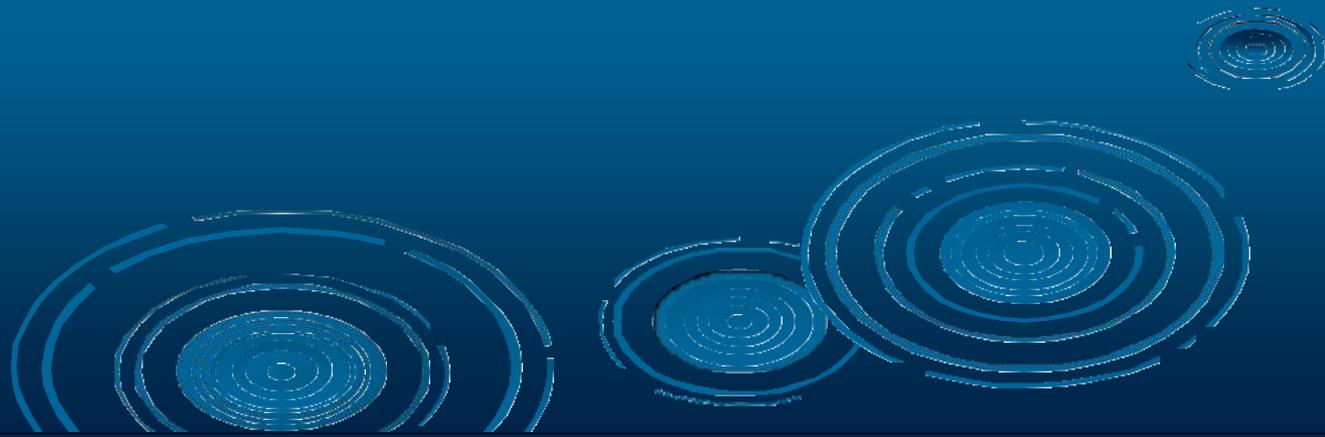


Health Care Reform and Legislation Lead to More Complexity for IPCPE- —trickle downll conflicts

Federal level – ACO's and anti-trust -coordination vs competition

Local level- —market sharell vs care quality

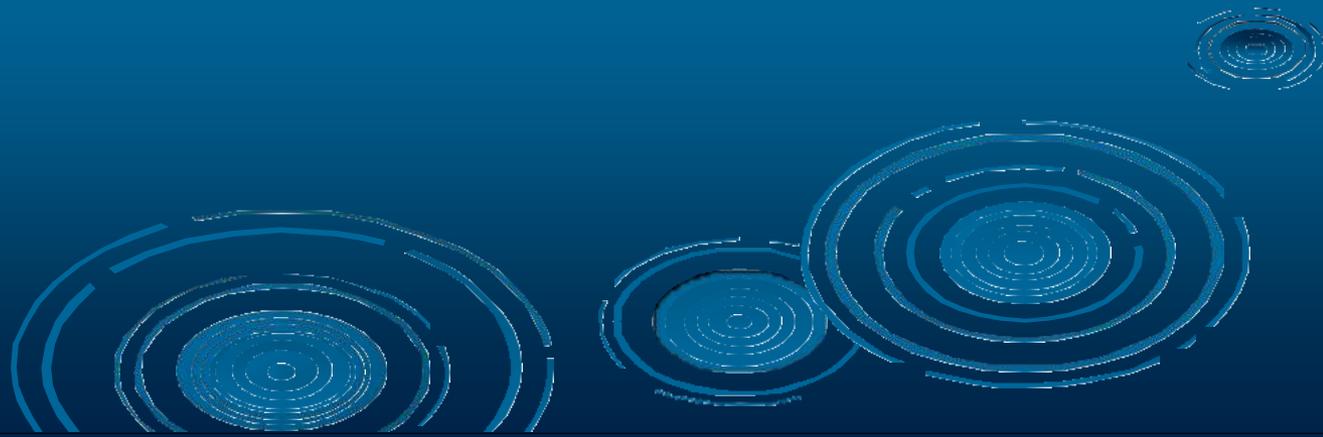
State level- e.g.,Virginia NP law



Preemptive vs Reactive Conflict Management

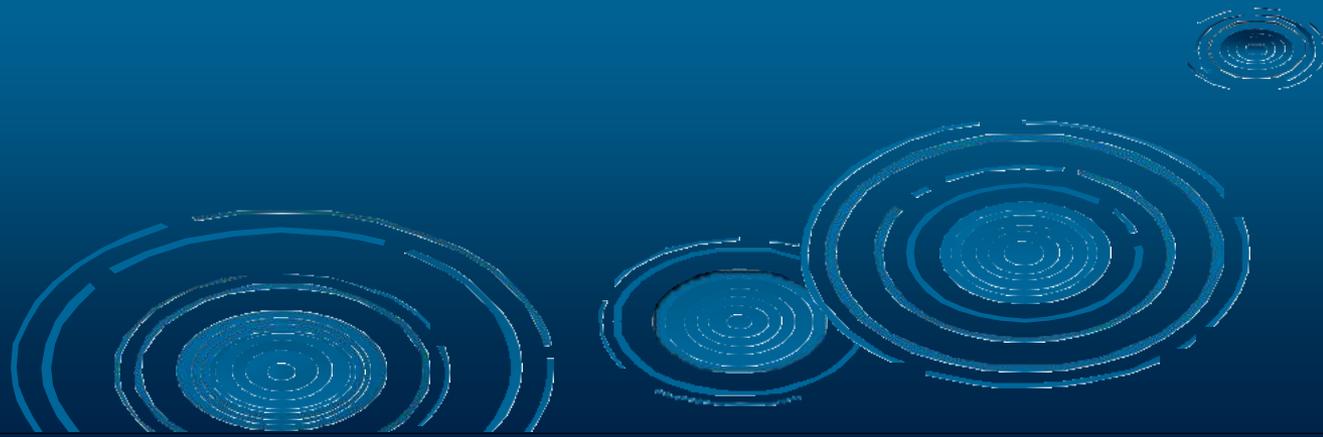
- **Preemptive-** involves —establishing conditions to prevent, control, or guide team conflict before it occurs, as in education
- **Reactive-** involves —working through task and interpersonal disagreements among team membersll arising out of practice together

Marks, M.A., Mathieu, J.E., & Zaccaro, S.J. (2001). A temporally-based framework and taxonomy of team processes. *Academy of Management Review*, 26, 356-376.



Teaching/learning Strategies in IP Conflict Mgmt and Leadership

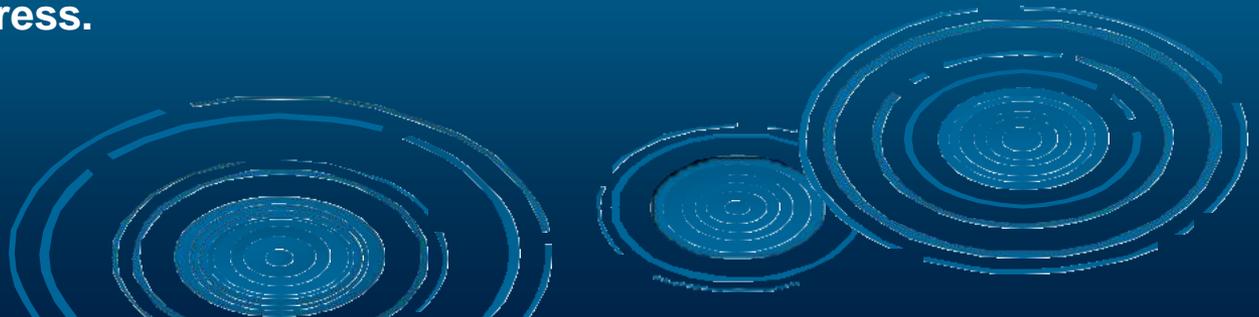
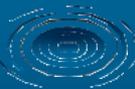
- **Goals/values-** teaching and displaying *tolerance* (Dombeck, 1997)
- **Using *reflection* and *feedback***
- **Using *theories*-** e.g., activity theory- work patterns and time perspectives (Varpio et al.; Marks et al.); —practical theories— complexity, positive psychology—interpersonal neurobiology, 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

Salas, E., Rosen, M.A., Burke, C.S., & Goodwin, G. F. (2009). The wisdom of collectives in organizations: An update of the teamwork competencies: Cross-disciplinary perspectives and approaches. In E. Salas, G. F. Goodwin, & C.S. Burke (Eds.), *Team effectiveness in complex organizations* (pp. 39-79). New York: Psychology Press.



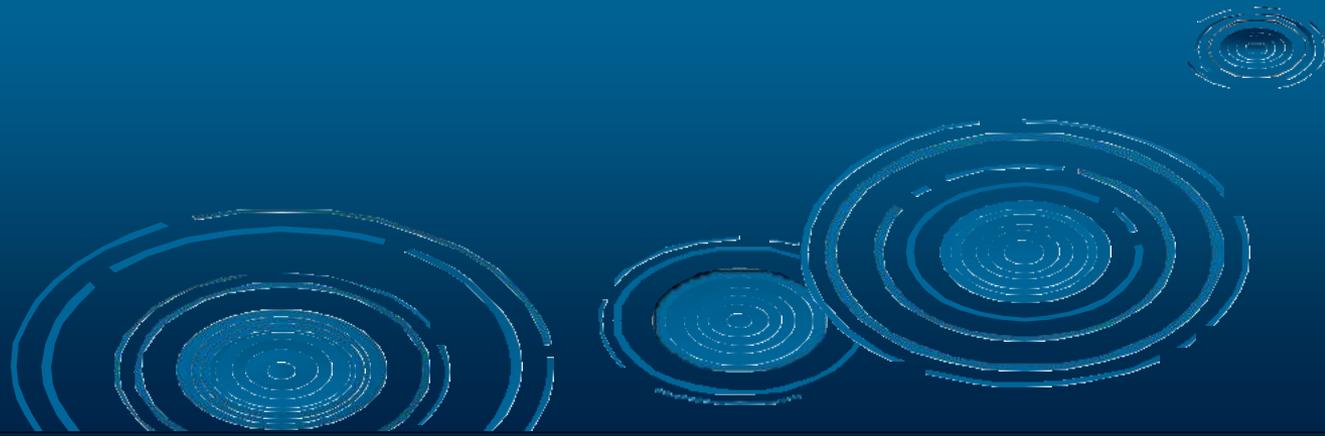
Evidence about the value of IPCPE

What kind of evidence –counts?

How much evidence?

Is –evidence enough?

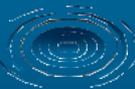
What evidence would [or did] convince you?



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**



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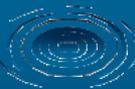
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