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Catalyzing Interprofessional Collaborative Practice in Existing Clinical Teams:

Interactive approaches to increasing shared knowledge, identifying practice improvement goals, & improving team relationships

Erin Blakeney, Debra Liner, Amanda Moore, Mayumi Willgerodt, Brenda Zierler

Center for Health Sciences Interprofessional
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Workshop Objectives

- Describe & model interactive approaches used to support interprofessional collaborative practice (IPCP) improvement projects;

- Evaluate applicability of interactive approaches to your setting;

- Develop a broader network of conference attendees;

NCIPE Priorities Addressed:

- Advancing IPE movement through engagement

- Developing partnerships that influence transformative change
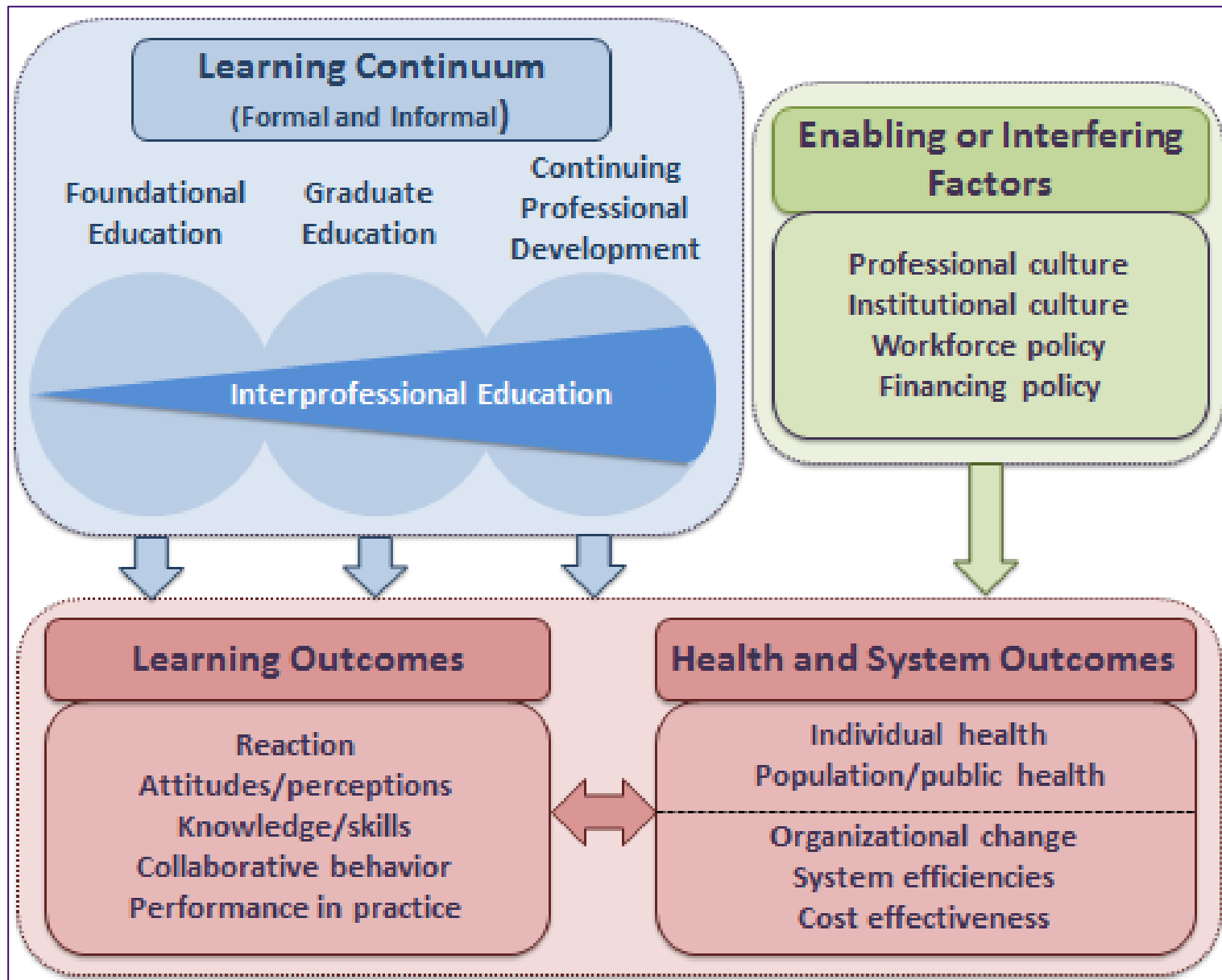
Agenda

- Overview of Interprofessional Collaborative Practice Project

- Building Connections & Consensus with Liberating Structures

- Debrief

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An Interprofessional Learning Continuum Model

(IOM, 2015)

IPCP Approaches to Heart Failure Care

- Poor HF outcomes locally & nationally

- Academic-Practice Interest in IPCP Practice Transformation (ACO)

- HRSA IPCP Heart Failure Practice Transformation Grant (2014-2017)

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IPCP Approach: Key Features

- Intentional Collaboration

  - Health system with Schools of Nursing & Medicine

  - Patients, families, & invited students

- Create Learning Community

- Iterative Model of Change

- Developmental Evaluation

W

Northwest Heart Failure Collaborative: Project ECHO

Session Date: May 4 2016

Panelists: Todd Dardas (MD, MS), Alice Chang (MSW), Tracy Fowler (ARNP), Brenda Zierler (Facilitator)

Didactic Speaker: Todd Dardas (MD, MS)

Didactic Title: Heart Failure: Identifying the Syndrome and Burden of Disease

Learning Objectives:
Upon completion of this session, attendees should be able to:
1. Define factors that contribute to prevalence of heart failure
2. Identify modifiable risk factors that are most responsible for reducing prevalence of heart failure
3. Discuss the Framingham and the Cardiovascular Health Study criteria for heart failure

Respondent Characteristics (n, profession): 1 ARNP; 1 Registered Nurse UW RHC; 8 RN; 1 RN CHF Case Manager; 1 RN, CHF Case Manager ; 2 No Response

Please rate today's session on overall quality.	1 (low)	2	3	4	5 (high)	Mean
Didactic presentation	0	0	0	5	9	
Case discussions	0	0	0	2		
Session facilitation	0	0	0	2		

Please rate your agreement with the following statements based on your experience with this session.						
The session objectives were met.						
The NWHFC panel modeled good team communication.						
There was adequate during the session.						
The content was						
The information session enhanced						
The information presented session provided new to use.						3.86
The content in today's work and/or practice.					12	3.86
The information presented session addressed compete profession.				1	13	3.93
I intend to make changes or a to my practice as a result of att	1	1	4	8		3.36
The session content and case di carried out in a culturally sensitive manner.	0	0	1	13		3.93
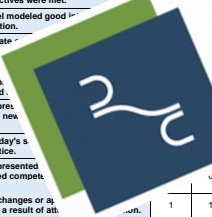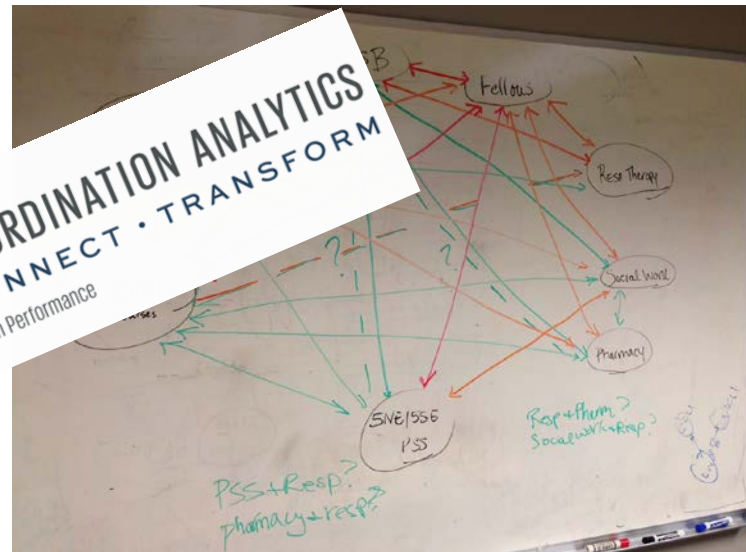
# Interactive Approaches to Building Connections and Developing Consensus

Liberating Structures

- Method of enhancing how we meet, plan, decide & relate to each other
- Little shifts can create big changes
- Fosters inclusivity
  - *everybody* with a stake has a voice
  - *everybody* has freedom to act & seize opportunities
  - *everybody* takes into account other peoples voices

Mutually shape next steps together
http://www.liberatingstructures.com/
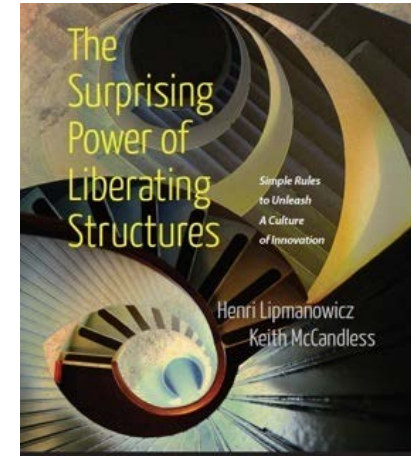
Liberating Structures: What We've Tried

1. Impromptu Networking
2. 1-2-4-All
3. TRIZ
4. Shift & Share
5. 25-10 Crowdsourcing
6. Celebrity Interview
7. User Experience Fish Bowl
8. What I Need from You (WINFY)

Liberating Structures: Impromptu Networking

- ## Purpose
  - Initiate immediate participation, flatten hierarchy, invite clarification of purpose through repetition
- ## Structure
  - Identify a question/prompt
  - Move to open space
  - Form pairs with new people
  - Rotate at least 3 times

Impromptu Networking: How We've Used

- To help build connections within the AHF-IPCP Team

- Initial workshop in May 2015 asked:

  1) What do you hope to get from & give to this workshop?

  2) What challenges can occur when trying to create mutual respect?

- Have used this LS regularly to "warm up" & "flatten hierarchy"

Impromptu Networking: Now you try it!

Paired discussions, 90 secs/person x 3

Q: What is your greatest opportunity around practice transformation?

(http://www.liberatingstructures.com)

Impromptu Networking Debrief

- Impromptu Networking Content: What new ideas did you have and/or hear?

- Impromptu Networking Structure: How might this structure be useful in your work?

Liberating Structures: 1-2-4-All

- Purpose
  - Engage everyone simultaneously in generating questions, ideas & suggestions

- Structure
  - Identify a question/prompt
  - Reflect alone then discuss with pair, foursome, and whole group

Liberating Structures:TRIZ

- Purpose:
  - Stop counterproductive activities & behaviors to make space for Innovation

- Structure:
  - Multi-step

1-2-4-All + TRIZ: Now you try it!

Question 1: What could you do to reliably fail at interprofessional collaborative practice?

Structure:

- Reflect Alone (1 min)
    - Discuss as:
        - Pairs (2 mins)
        - Table (4 mins)
    - Whole group/Report Out (5 mins)

1-2-4-All + TRIZ: Now you try it!

Question 2: Is there anything that you/your team are doing that resembles the items on your list?

Structure:

- Reflect Alone (1 min)
  - Discuss as:
    - Pairs (2 mins)
    - Table (4 mins)

1-2-4-All + TRIZ: Now you try it!

Question 3: How am I & how are we going to stop it? What is your first move to stop this behavior?

Structure:

- Reflect Alone (1 min)
  - Discuss as:
    - Pairs (2 mins)
    - Table (4 mins)
- Whole group/Report Out (5 mins)

1-2-4-All + TRIZ: How We've Used

- To identify counterproductive behaviors & opportunities for change in May 2015, we asked:

What could you do to make your working relationships more unpleasant, fuel the conditions for burnout, & feel more cynical about improving work?

- Developed list of: 1) individual behaviors & systemic issues, 2) opportunities for change, 3) next steps

1-2-4-all + TRIZ Debrief

- 1-2-4-all + TRIZ Content: What did you learn about how you are contributing to negative behaviors? What new ideas did you have &/or hear to start changing?

- 1-2-4-all + TRIZ Structure: How might this structure be useful in your work?

Ongoing Process of Change (1 of 6)

- Have continued to use LS's to build relationships, identify priorities, develop consensus, & move forward change processes

- Used LS's to collectively:

  1) Identify structured interprofessional bedside rounding (SIBR) as the desired process to change (LS: 25/10 Crowd Sourcing)

"Care plan meetings with all team members at strategic points during inpatient stays…"

"Require intra-professional rounding on all care teams- the norm not the exception. First thing: Every team calls the nurse caring for the patient before rounding."

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Liberating Structures: 25/10: Crowdsourcing

- **Purpose**
  - Rapidly Generate & Sift a Group's Most Powerful Actionable Ideas

- **Structure**

  - Individuals write bold idea & first step on index card

  - Pass & Individually Scoring of Cards (scores 1-5; 5 rounds)

  - Whole group calculate and shre highest final scores & ideas ("who has a 25?")

- Used LS's to collectively:

  2) Talk through benefits, barriers, and different perspectives when planning SIBR approach (LS: What I Need From You)

- Used LS's to collectively:

3) Learn from other teams that have implemented SIBR (LS: Celebrity Interview/ Fishbowl)

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Ongoing Process of Change (4 of 6)

- Developed SIBR process during 2015/2016

- Trained all team members on TeamSTEPPS skills + SIBR process in March 2016
  - Trainings included LS's to increase interactivity & input from all members of the teams

- SIBR launched March 2016

- 2nd Annual Team Survey May/June 2016 + observations show improvements in process & team relationships

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- Used LS's to collectively:

4) Share progress, reflect on processes, celebrate success & to share information & build support for the vision & change (LS: Shift & Share)

W

Next Steps:

– Revisit processes & identify barriers/supports for sustainability

(LS: WINFY, Sept 2016)

Summary

- Liberating Structures
  - Allowed all voices to be heard
  - Structures improved relationships & communication between:
    - Clinical team members (within team)
    - Clinical team with faculty from Schools of Nursing & Medicine
    - Patient advocates & students who participated in workshops with clinical team

Workshop Debrief

- Workshop Content: How helpful were the things that you heard about today?

- Workshop Structure: How might these structures be useful in your work?

What's one thing you'll take into your work as a result of today's workshop?

Thank you! Questions?

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