

Interprofessional practice:

Key benefits & challenges in delivering effective care

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Overview

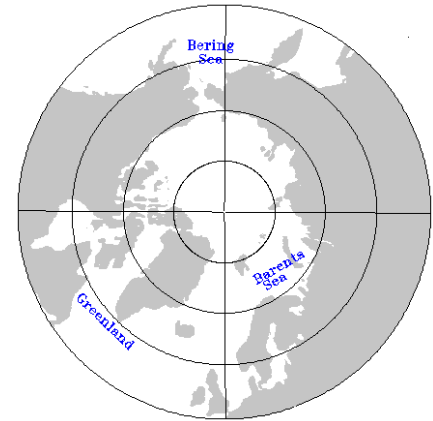
Key Concepts

Emergence

Successes & Tensions

Improving IP practice

Concluding Comments



Key Concepts



Definition

Individuals from two or more health/social care professions who work together to deliver services to patients/clients in an effective manner (Barr & colleagues)

Aims

Bringing together skills/knowledge

Sharing information

Achieving continuity of care

Apportioning/ensuring responsibility

Resource planning

Coordination of service delivery

Underpinning elements

Common purpose

Clear roles & meaningful tasks

Interdependence

Reliance on the expertise of others

Regular interaction

Balance of leadership & democracy

Shared planning/decision-making

Organisational support

Ongoing team-based education

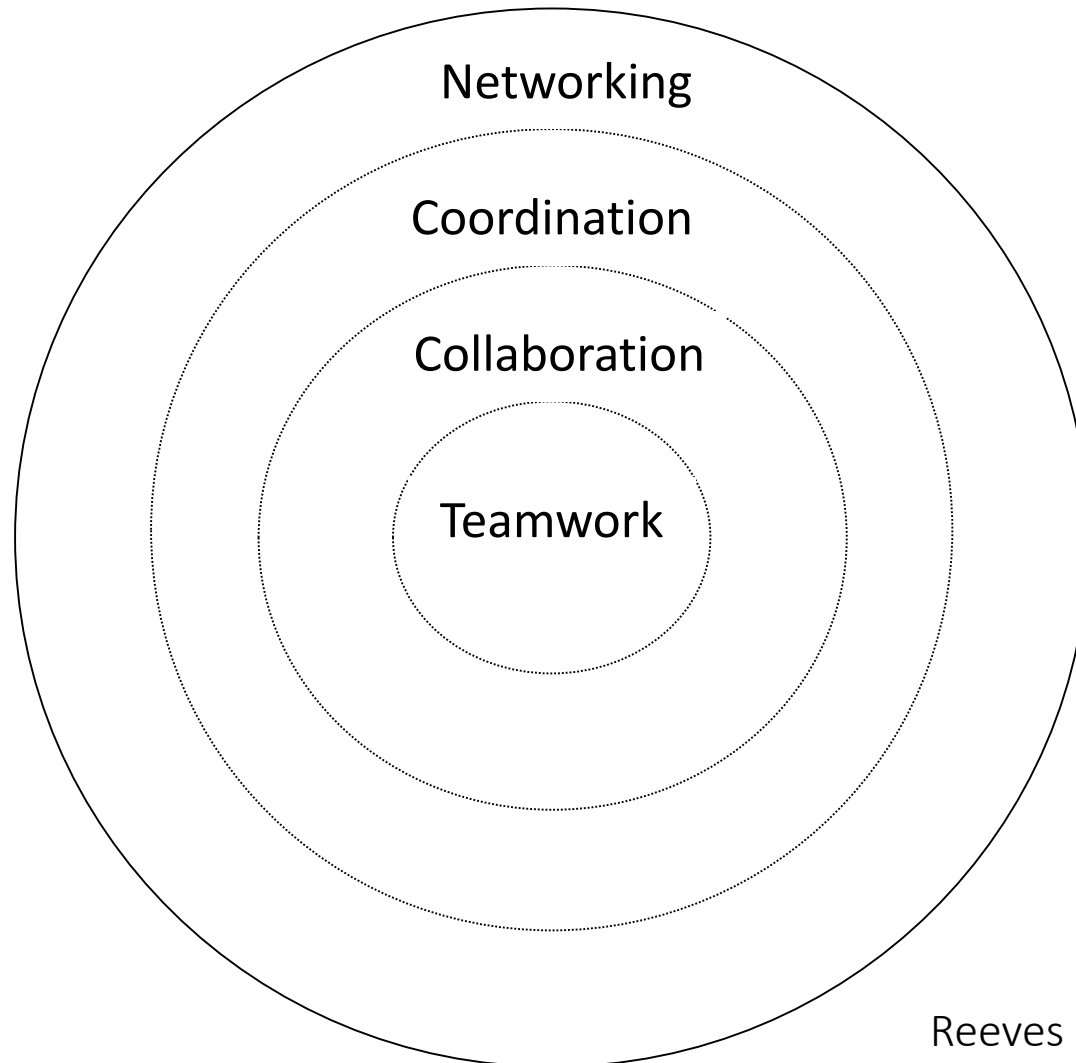
Feedback on performance

Respect, trust & humour

“...requires many types of sharing: shared knowledge, shared values, shared responsibility, shared outcomes and shared visions” (Henneman & colleagues)

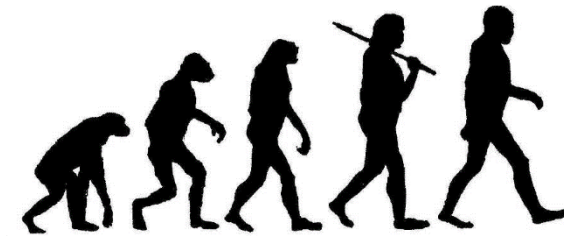
“...is a cooperative venture is based on shared power and authority. It is non-hierarchical in nature (Kraus)

Types of interprofessional practice



Reeves & colleagues

Emergence



Global Developments

Quality & safety

Demographic shifts

Chronic care

Rising costs

Patient centredness

Media coverage

Policy maker support

National

Australia, Brazil, Canada

Japan, New Zealand, Switzerland

United Kingdom, United States, etc.

International

World Health Organization

Organisations & networks promoting IP practice

Centre for the Advancement of Interprofessional Education (1987)

Nordic Interprofessional Network (2001)

European Interprofessional Network (2004)

Canadian Interprofessional Health Collaborative (2006)

National US Center for Interprofessional Practice & Education (2013)

Brazilian Interprofessional Network (2015)

Some benefits



For professionals

Mutual support

Quality of relationships

Staff morale

Interprofessional reflexivity

“...involves the members of the team standing back and critically examining themselves, their processes and their performance to communicate about these issues and to make appropriate changes” (West)

Patient care

Responsiveness

Improved satisfaction

Reduction of error (and near misses)

Improved quality & safety

Systems

Improved coordination of services

Reducing duplication

Lower costs

More effective use of resources

Some challenges



Size

Large teams/groups – increased difficulty:

Communication, coordination, decision-making

30 member groups – small organizations

Ideal team size: 10-12 members

“small teams are informed, big teams infer” (West)

Space & time

Floors separating offices can reduce IP interactions by 30% (Handy)

Time limits: heavy profession-specific workloads

Teamworking vs. 'Knotworking' (Engeström & colleagues)

Exchange

Interprofessional practice:

Not an *altruistic* act

Requires mutual gain (pay-off)

Need to make exchange *explicit* (Hudson)

Risk

Unpredictable process

Uncertain outcomes, possible failure

Collaborator with 'other side'

Notion of *cultural suicide* (Brookfield)

Competing interests

“when individuals and groups come together ... there is representation of different and often competing interests [which] can generate tensions and conflicts”
(Beattie)

Wider professional & cultural factors

Differing values & ideologies

Socio-political & economic inequalities

Power & authority imbalances

Gender & ethnicity issues (Freidson, Abbott, Witz)

Improving IP Practice



'Diagnosis & Treatment'

Iterative 3 phase process:

1. Assessment
2. Intervention
3. Evaluation

1. Assessment

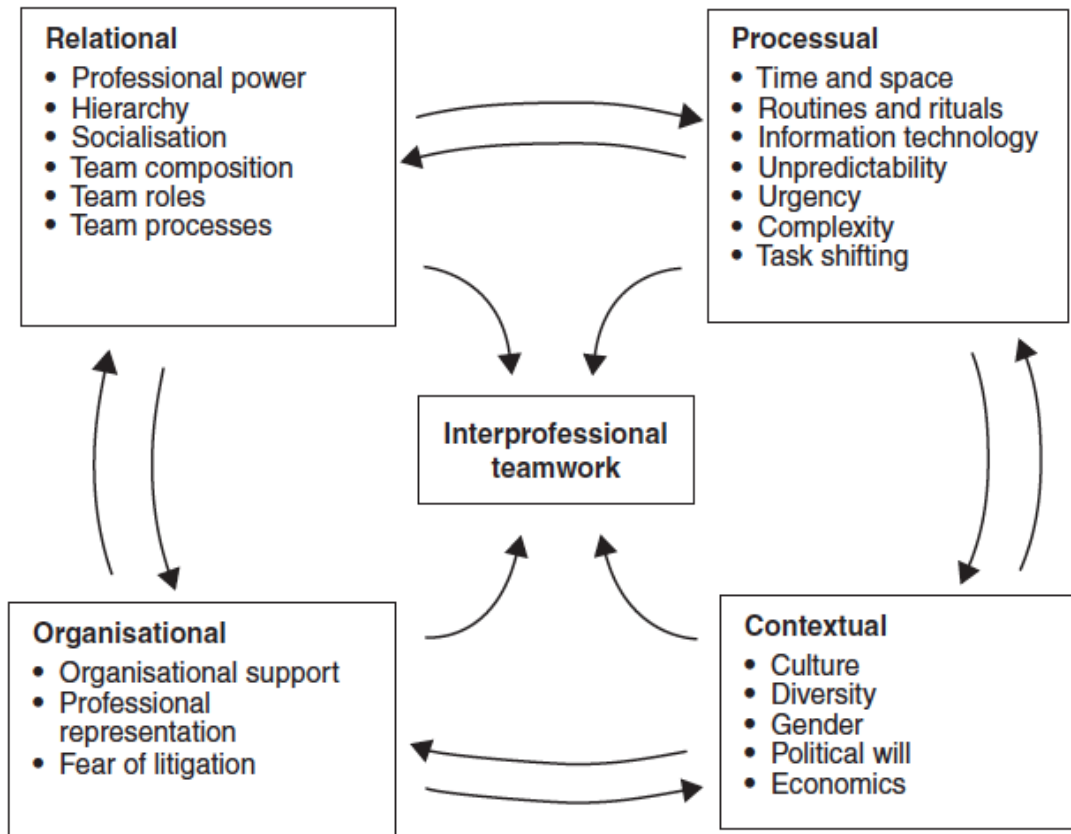


Figure 4.1 A framework for understanding interprofessional teamwork.

2. Intervention

Interprofessional Education

Formal team learning (e.g. simulation, retreats)

Informal learning activities (informal learning)

Interprofessional practice

Interprofessional meetings (e.g. problem solving)

Checklists & care pathways

Interprofessional Organisational

Collaborative guidelines & procedures

Changes to workplaces & spaces

3. Evaluation

Mixed methods

Surveys/questionnaires

Interviews/focus groups

Observations

Documents

Repeat as needed

Concluding comments

Continued need for IP practice

Growing benefits

Impeded by multiple challenges

Assessment, intervention & evaluation

Useful source



Thank you

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