



# Revisiting where it began - researching collaborative practice in palliative care

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# Introduction

- Opportunity to look back
- Clarifying

# Initial thinking & observations

- Writing....
- Talking...
- Doing....
- Why the gap between the writing and the doing?
- What exactly are people doing, how, and what are their main concerns?
- How do they manage those concerns?
- Is the doing or the concerns about the doing described in the definitions? or
- Is something else as yet undescribed occurring?

# Many words

- Team work
- Multidisciplinary
- Interdisciplinary
- Interprofessional Collaboration
- Collaborative practice

# Collaborative Practice

“Occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings”

(World Health Organisation Department of Human Resources for Health, 2010 p. 13).

# Interprofessional Collaboration

- Interprofessional Collaboration occurs when “there is a partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues”

(Canadian Interprofessional Health Collaborative 2010 p. 24).



## Different Focus

- Collaborative practice emphasises service delivery
- Interprofessional Collaborative Practice focuses on partnership and cooperation.

# Palliative Care link

- The collaborative nature of palliative care is fundamental and essential to the service.
- Collaborative practice in palliative care is important due to the strong focus on meeting patient and family needs and providing holistic care.
- As a service that advertises having the patient and family central to care, collaborative practice is an ideal for which to strive to maintain that focus





# Why is this important

- Aging workforce
- Aging population
- Increasing demand
- Increasing complexity
- Finite resources

# International perspective

- UK
  - Centre for the Advancement of Education (CAIPE) Interprofessional
- Canada
  - Canadian Interprofessional Health Collaborative (CIHC)
  - National Interprofessional Competency Framework
- Australia
  - Learning and Teaching for Interprofessional Practice (L-TIPP)

# The question

- What is the main concern of health professionals working collaboratively (with colleagues and patients) in palliative care and how do they manage that?

# Rationale and significance

## Known

- The broad parameters of collaborative practice
- It's a complex social process

## Unknown

- How collaborative practice translates into clinical practice
- How to sustain this once it is achieved

# Study design

- Classic Grounded Theory
  - A systematic generation of theory from data
  - Inductive methodology
  - An integrated set of conceptual hypothesis
  - Well suited to discovering the participants problem and then generating a theory accounting for the processing of the problem

(Glaser 1998)



# Study Design

- Data collection
- Constant comparative analysis

# Participants

## Inclusion Criteria

- Health professionals with  $\geq$  five years experience in providing palliative care
- Patients with a palliative diagnosis who have experienced palliative care services in both community and in-patient settings.
- > 18 years of age

## Exclusion Criteria

- Unable to converse in English
- Cognitive impairment owing to a physical or mental cause, for example dementia or delirium

# Current status of research

- Initial purposeful sampling ✓
- Constant comparative analysis ✓
- Theoretical sampling
- Constant comparative analysis ongoing



# Where to from here?

- Continue analysis and coding to find main concern and how this is dealt with.
- Theory development
- Thesis writing
- Publication

# Summary

- Terminology
- Main concern
- How the main concern is dealt with