

Feature

OSMT's members' views on interprofessional collaboration and education

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Introduction

Providing quality and safe care is a priority across all healthcare sectors.¹ In the medical laboratory sector (MLS), several inquiries have identified a number of issues associated with quality and patient safety and thus, there is widespread agreement that improvement is desirable in this sector.²⁻⁵ Interprofessional practice (IPC) is one strategy supported by governments, regulatory Colleges, education, healthcare providers, and organizations to enhance the delivery of quality and safe care.⁶ "IPC is the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/clients/ families and communities to enable optimal health outcomes."⁷ Mounting evidence suggests that IPC has multiple benefits including: increased access to healthcare; improved outcomes for people with chronic diseases; less tension and conflict among providers; better use of clinical resources, easier recruitment of providers; and lower rates of staff turnover. Benefits, that all relate to the delivery of quality and safe care.⁸

A number of barriers exist which prevent the successful implementation of IPC, including differing attitudes about working collaboratively on interprofessional teams (IPTs) and established stereotypes of healthcare providers. This is partially due to the professional socialization process during silo-based education.⁹ Interprofessional education (IPE), both pre-licensure and post-licensure, is viewed as a fundamental precedent for IPC enhancing the understanding and respect for other providers by developing communication and interpersonal skills to work effectively on IPTs.¹⁰

Research Study on IPC

The research team at the University of Ontario Institute of Technology, in collaboration with our research partners, including OSMT, is conducting a series of studies across Canada to better understand the views of healthcare providers on IPC and IPE. The research goals are to: explore and describe the relationships between medical laboratory personal and other healthcare providers both inside and outside of the laboratory and to document the challenges and benefits of interprofessional collaboration for the delivery of medical laboratory services. Data collection for the overall study includes document review of peer review and gray literature, electronic surveys, interviews, and focus groups.

This paper provides a summary of the views of OSMT members who participated in focus groups at OSMT’s Education Day held September 29, 2012. Approximately 90 individuals participated in 10 focus groups. Each group was asked to discuss and document views on IPC and IPE based on a series of 10 questions. Analysis of the data and identification of common themes was iterative, which involves sorting and organizing the data into common themes. The initial analysis of the data collected from the focus groups resulted in the identification of ten themes. We report overall results as documented by the 10 groups. Quotations presented do not represent individual responses but are the responses of individual groups.

Results

The following table provides an overview of the themes identified by the focus groups and the supporting quotations.

Table 1: Themes identified with quotations

Theme	Quotations
Positive view of IPC	“different roles working to provide best patient care; effective communication between disciplines” “teamwork amongst the organization; co-operation; respect” “safety for us and patients” “learning from each other”
Unique role of medical laboratory personal in IPC	“misuse of ordering tests” “educating physicians as to over -ordering tests, especially for chronically ill patients” “physicians ask us about course of treatment” “quality focus has been a part of lab for a long time” “lab results must be accurate therefore collection of samples testing, etc. must follow guidelines” “making sure the individuals we are training are given the best knowledge possible”
Identified roles of laboratory personal in IPC	“quality officer information technology” “provide accurate and reliable results in a timely manner” “keep other professions up-to-date on laboratory advances and out-dated technology” “avoiding specimen collection errors” “suggesting appropriate reflex tests” “critical thinking based on results and situations” “sharing knowledge” “advocate for the patient”
Recognize the importance of the role of other healthcare providers	“allows an understanding of how possibly to modify a procedure or technique” “expands knowledge of needs of patient” “knowing the right person to go to fix an issue”

Theme		Quotations
		<p>“identify emergency situations”</p> <p>“right person to perform right task”</p>
Views varied on the understanding of the role of other healthcare providers		<p>“have a basic understanding of other health care professions”</p> <p>“may not have a full understanding of other healthcare professionals”</p> <p>“depending on your work setting and experience and contact with other professionals”</p> <p>“we could use more education in this area”</p>
Identification of role overlap between healthcare providers		<p>“nursing ordering additional tests to help doctor”</p> <p>“pharmacy making suggestions to doctor on drugs and availability”</p> <p>“blood collection and urinalysis”</p> <p>“point of care testing”</p>
Recognition of educational differences between professions		<p>“levels of respect”</p> <p>“procedures very different”</p> <p>“quality management systems”</p> <p>“each profession with specific focus”</p> <p>“computer skills, sometimes nurses not as skilled”</p> <p>“each profession has own mandate.”</p>
Views on IPE varied		<p>“later gives us a better perspective with new situations”</p> <p>“should be introduced prior to clinical training”</p> <p>“shared learning should be continuous”</p> <p>“lifelong”</p>
Identification of risk associated with shared learning		<p>“power loss”</p> <p>“assume that everyone knows everything”</p> <p>“interpretation and knowledge of subject area”</p> <p>“people feel threatened”</p> <p>“overstepping boundaries of your profession.”</p>
Views on the challenges of IPC	Within the laboratory setting	<p>“too many lab sections, not one go-to person, patient focused best care”</p> <p>“lab personnel in the shadows not recognized as part of healthcare team”</p> <p>“limited direct patient care”</p> <p>“lab is undervalued and underfunded”</p>
	Outside of the laboratory setting	<p>“failure – lack of cooperation, difficult to promote and gather nurses”</p> <p>“lack of respect for other professions or understanding”</p> <p>“not everyone involved in decision-making”</p> <p>“organizing systems to facilitate interprofessional collaboration”</p> <p>“people resistant to going outside of their comfort zone, letting others in turf protection”</p> <p>“some (professions) more visible than others to patient”</p>

Theme		Quotations
	Across settings	“open/effective communication” “money, time, manpower” “who would coordinate patient information” “lab techs not recognized on the ladder of diff. professions” “location and multiple sites” “collective bargaining agreement, protection of your profession”

Discussion

IPC was viewed positively and participants recognized IPC involved teamwork where effective communication, respect, learning from each other impacted the quality of care as well as patient and provider safety. Laboratory personnel have unique roles to contribute to IPC and understanding the role of other healthcare providers is important, however, participants indicated that the extent of understanding of the role of other providers varied depending on the work setting, experience, and the extent of contact with other providers. Groups noted that role overlap between providers existed and that there was a need to address this overlap (e.g., point of care testing).

Views varied on when to introduce IPE. This is not surprising, as controversy does exist within the literature as to when to introduce IPE. Participants also identified the potential risks associated with shared learning. Instilling respect and creating an environment where each learner, regardless of their discipline, has an opportunity to participate was viewed as key.

Challenges identified to IPC were similar to those reported in the literature (e.g., lack of resources, time constraints, organizational barriers, communication and coordination of information). For example, healthcare providers and organizations are required to learn new skills, not only to adapt to clinical and technological innovations, but also to function effectively on IPTs.

Conclusions

What is unique about the findings is the frustration expressed regarding the failure to recognize the contribution of laboratory personnel by not only other providers, but also by patients. Participants did recognize the importance of including patients in IPC to improve patient outcomes. Clearly, there is a need to increase patient awareness of the significant contribution made by laboratory personnel. How is this to be accomplished?

Considering laboratory personnel seldom have direct patient contact, one strategy would be for other providers to acknowledge the contribution of laboratory personnel. To accomplish this, shared learning opportunities are needed both pre-licensure and post-licensure. IPE, similar to continuing education for acquiring and updating clinical skills, is needed throughout one’s

career. This requires the acquisition of both interpersonal (i.e., social awareness and relationship management) and intrapersonal (i.e., self awareness and self management) skills which are learnt and developed throughout one's life to support intrinsic self-awareness and the capacity for relatedness to others.¹¹ Once respect and awareness is developed among members of IPTs, patients will become aware of the importance and contribution of all team members. As noted by one group in response to the meaning of IPC: "*historical culture, buy in due to financial constraints*" suggest that perhaps for some the only goal of IPC is to save money. However, significant evidence (and recognition by those who participated in the focus groups) has accumulated to suggest the benefits of IPC go beyond cost savings to improving the quality and safety of care.

As a result, the time is now for laboratory personnel to act and advocate for change in educational programs, and in the workplace, in order to engage more meaningfully on IPTs.

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