



Interprofessional Practice

EDITION 2 | JULY 2019

Welcome to the second edition of our Interprofessional Practice (IPP) newsletter. The aim of this newsletter is to help ‘spread the word’ about all things interprofessional. The newsletter will include ideas, opportunities and inspiration from both our team and our key partners in Southern Queensland Rural Health and clinical education. We welcome contributions from anyone keen to share their own innovations in this area.

Guest speaker brings ideas to Community of Practice table

Sonia Woods, SQRH

Focusing on a key project, clinical educators modelling interprofessional practice and understanding threshold concepts were just a few of the key ‘take home’ messages from Professor Patrick Crookes during the recent SQRH Interprofessional Practice Education (IPE) Community of Practice meeting.

The meeting, held at USQ with several videoconference attendees, attracted 25 participants from various organisations including University of Queensland, Darling Downs Health and South West Hospital and Health Service.

Prof. Crookes from the University of Canberra encouraged Community of Practice participants to work on key projects as a way of building a team ethic.

‘Your student-led Health and Wellness Clinic is a good start and I would recommend thinking about other projects as a group so then you will map out your progress and know what success looks like,’ he said.

Prof Crookes also emphasised that since health students are encouraged to learn interprofessionally then their educators and supervisors should demonstrate this behaviour.

‘The Community of Practice is an ideal place to think about the best ways to teach IPE as well as reflecting on key concepts that all students should understand’.

‘I’d also encourage this group to reflect on the threshold concepts for health students – those ‘aha’ moments where students have a full understanding of a certain aspect of practice which then forms a foundation for more learning,’ he said.

Having worked with Community of Practice groups from around the world, Prof. Crookes wished the SQRH IPE group well in their endeavours and looked forward to maintaining contact.

SQRH Interprofessional Practice Co-ordinator (South West) Toni Murray and University of Southern Queensland Senior Nursing Lecturer Dr Lisa Beccaria thanked Prof Crookes for his presentation.

‘As a new Community of Practice the presentation has definitely given us food for thought and will help us determine an IPE pathway over the coming months and years,’ Toni said.

SPOTLIGHT ON: Community Care Allied Health Team (CCAHT)

The Community Care Allied Health Team (CCAHT) recently identified an opportunity to enhance their interprofessional education and practice through developing a tool for use by students when workshadowing or observing other health professions in action. The intent was to create more rigour around what the team already does that is ‘interprofessional’ rather than adding or changing practice in dramatic ways.

The team already encourage students on clinical placements to workshadow other professions. The purpose of the Interprofessional Student Observational Experience is to enrich the student’s interprofessional learnings whilst on placement. The student is encouraged to use the tool to assist with pre-planning their observation as well as to engage in post-observation reflections.

The advantage of the tool is that it encourages the student to then have a follow up discussion with their primary clinical educator that explores how the experience of observing another profession in action will impact on the student’s own future practice as a health professional.

CCAHT are happy to share their tool with other teams or clinical educators, you can contact the Cunningham Centre for a copy of the tool via ahet@health.qld.gov.au.

The tool has been used with occupational therapy and physiotherapy students so far,

The screenshot shows a document titled 'Overview Interprofessional Collaborative Practice'. It includes sections for 'Interprofessional collaborative practice, otherwise described as:', 'Interprofessional collaborative practice incorporates six core competencies', and 'Supporting reading'. At the bottom, it says 'Visit the Cunningham Centre to access IPP resources' with a right-pointing arrow.

although it is available for use by all allied health and nursing students on clinical placement.

Reflections from Megan Chaffin, an Occupational Therapy student who utilised the CCAH Interprofessional Work Shadow Form during her recent clinical placement:

'I found it fascinating being able to shadow these professions, as I had very little experience with all three and a limited understanding of their roles and how they contributed to client care. I believe this will hold me in good stead when working in interprofessional teams in the future'.

Psychology

'I shadowed Allan (psychologist) for a day and visited two of his clients in their homes. I found it really interesting how he built rapport with clients and chose his wording. He made such an impact with the clients he saw, being able to support them to articulate their reasoning for certain beliefs and issues, (I thought this was similar to motivational interviewing that we use in OT). I believe an aspect of psychology that I can bring to my OT perspective is the way in which they use communication as a tool for therapy. Allan utilised solution-based therapy with one of his clients which focuses on future planning and forward thinking, supporting clients to articulate what it would look like if they were able to overcome an issue/achieve a goal and how they would take smaller steps towards that. I found this form of therapy quite powerful and interesting as it focused on a strengths-based approach'.

Pharmacy

'I had a discussion with Stephanie (pharmacist) from the Transition Care Program (TCP) regarding a medication safety resource I am developing as part of my student project. I was interested to find out that pharmacy includes a much broader role than I thought. Not only are they involved in dispensing medications, they provide a service for safe disposal of medications, provide education on safe medication taking

and can review a person's medications list and other roles. We talked about how people take medications and how it may be difficult for some people to pierce certain types of medication seals and the aids that can support this. It was interesting to talk about the requirements of medication taking (with a pharmacy focus) to the occupation of managing medications (being an occupational therapy focus)'.

Podiatry

'I shadowed Mel (podiatrist) in the outpatient community clinic at TBH for a day which I found really interesting. Similar to pharmacy, the podiatry role was so much broader and important than I thought. I wasn't aware of the importance of foot care for older adults. Mel reported that the most common condition seen by podiatrists can be diabetes and she explained that due to the sensation loss to the feet, it is easy for older adults to develop pressure areas and wounds on their feet. Mel also explained to me the podiatrist role in the preventative management of lower limb amputations and the prognosis of this. After my experience with Mel, I reflected on the significance of foot care as an occupation, something I had not recognised as important previously. I had not thought about the impact (and therefore consequences) of a person not being able to bend to reach their toes or have the dexterity in their fingers to cut their toenails or the importance of keeping the feet moisturised and checking for wounds/pressure areas with a mirror.'



Megan Chaffin (Occupational Therapy student from University of Queensland) and Melissa Cummins (Podiatrist, CCAH).

The IPP journey continues for the Toowoomba GARSS team

The Geriatric Adult Rehabilitation and Stroke Support Service (GARSS) team have been working closely with Kimberly and Vanessa from the Cunningham Centre throughout the year to explore opportunities within the team to strengthen Interprofessional Practice competencies with respect to how the team work together and how the team delivers patient care.

The team have been participating in bi-monthly workshops with the Cunningham Centre and this has sparked a number of great ideas for 'mini-projects' that different members of the team are working on. There will be more about these projects in future editions of this newsletter – watch this space!

One of the first IPP mini-projects was to develop the GARSS Team Charter, incorporating principles of IPP. The purpose of a Team Charter is to articulate the essential elements of how a team will work together. Some of these elements may be aspirational and therefore assist the team in focussing on important areas for development. The Team Charter is a 'living document' and will be regularly reviewed and updated to reflect the team's growth.

The GARSS team invited Kimberly and Vanessa to facilitate a session of their annual team planning day, early in 2019 that focussed on identifying the common values and beliefs within the team regarding team functioning and patient care. This session laid the foundations of the Team Charter with the team then working together to refine the wording (see over page).

The Team Charter is displayed throughout the work unit and will be regularly reviewed and updated during their 90 day meetings.

The GARSS Team Charter

Reproduced with permission from the Geriatric Adult Rehabilitation and Stroke Support Service (GARSS) team, Darling Downs Health.

- We strive to provide a quality, evidence-based, high value service to our clients, with the resources that are available to us.
- We maintain a client-directed care approach in every step of the patient's journey through our service.
- We strive to make quality improvements that benefit our clients, their families and the service.
- We communicate respectfully with everyone we encounter.
- We accept that conflict is inevitable and creates an opportunity. We address conflict proactively, responsively and respectfully.
- We are clear and confident in explaining our own role and responsibilities within the team and remain curious about the role and scope of skills held by others.
- We look after ourselves and promote self-care amongst our team in order to provide the best care and support to others.

IPP testimonial

Rebecca Flemming, Physiotherapist and Clinical Coordinator with the GARSS team has become the IPP Champion for the team and works closely with the Cunningham Centre to develop plans for team workshops as well as contributing to leadership of IPP activities within the team. Here is her IPP story:

'After attending EHPIC [Educating Health Professionals in Interprofessional Care training] at the end of last year I felt so energised and enthused about initiating and integrating interprofessional practice with my team. This training was one of the best I have ever attended – it was so engaging and very practical! The concept of interprofessional practice seemed so simple when I understood more of the background and it really

made me think about why we do things the way we do. So many ideas were flooding my brain and I couldn't wait to get back to work to get started.

In my first team meeting back at work, I really tried to get my team excited about it too. I raved on about EHPIC and started to discuss some of my ideas. I remember talking to Kimberly Curr from the Cunningham Centre (who also attended EHPIC and was helping our team with IPP) about these ideas and how to move them forward. However, being the end of year and with people going on leave (including myself) I felt that our energy levels to start making changes of this magnitude just weren't sufficient.

Back from holidays and feeling refreshed, we hit the ground running in January this year. With Kimberly's help we started to gain momentum with building on the IP concept and start to integrate these ideas with the team. Since the beginning of this year we have developed a team charter, addressed role overlaps within the team and trialled an interprofessional case conference project for our current students. We are also integrating joint assessment and therapy sessions into our usual practice, developing a client 'welcome video' and thinking of other ways we can assist our client's and their families in only 'telling their story once'.

Kimberly and her team have provided us with amazing support and direction - from theory to concepts and into practice, they have been alongside us in this journey. My team have also been so receptive and open to this opportunity and I am always excited when new ideas and approaches keep coming.

If I were to give advice to another team looking to adapt IP into their practice I would recommend getting support from an external source (ie. Kimberly and the Team at the Cunningham Centre in Toowoomba), making sure your teams energy levels are sufficient when introducing new ideas and concepts and to attend EHPIC if you get the chance.

If your team is interested in understanding more about how Interprofessional Practice might work within your team, both to 'become more Interprofessional', or to get help with your own Interprofessional Practice project or even just to understand how Interprofessional your team already is – contact Vanessa Burge or Kimberly Curr at the Cunningham Centre:

ahet@health.qld.gov.au



Kimberly Curr and Vanessa Burge from Cunningham Centre deliver a range of IPP support.

Tips and tools

For a comprehensive list of Canadian tools and toolkits you could use for your own interprofessional education and practice activities check out: <https://ipe.utoronto.ca/tools-resources/tools-toolkits>

Get in contact!

We know there are many fabulous Interprofessional activities and projects happening in vibrant and motivated teams and clinical areas around the state. We would love to hear from YOU!

Please contact Kimberly Curr at the Cunningham Centre to share your projects and ideas in this newsletter:

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