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Professional development: stimulating an interprofessional culture to enhance quality and safety

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11- 14 October 2009, Dublin, Ireland





Outline

1. Research context
2. Significance of the issue
3. Method
4. Results
5. Discussion
6. Conclusion

1. Research context

- Australian Institute of Health Innovation
- Centre for Clinical Governance Research in Health (CCGR)





1. Research context – AIHI

The Australian Institute of Health Innovation's Mission

Our mission is to enhance local, institutional and international health system decision-making through evidence; and use systems sciences and translational approaches to provide innovative, evidence-based solutions to specified health care delivery problems.

<http://www.med.unsw.edu.au/medweb.nsf/page/IHI>





1. Research context: CCGR

The Centre for Clinical Governance Research undertakes strategic research, evaluations and research-based projects of national and international standing with a core interest to investigate health sector issues of policy, culture, systems, governance and leadership.

<http://www.med.unsw.edu.au/medweb.nsf/page/ClinGov>About>





1. Research context: partners















1. Research context – team

- Professor Jeffrey Braithwaite
- Professor Bill Runicman
- Professor Johanna Westbrook
- A/ Professor Ruth Foxwell
- Dr Rosalie Boyce
- Professor Timothy Devinney
- A/ Professor Marc Budge
- Ms Karen Murphy
- Dr Mary-Ann Ryall
- Ms Elisabeth Renton
- Dr David Greenfield
- Dr Peter Nugus
- Ms Joanne Travaglia
- Ms Robyn Clay-Williams
- Ms Tania Lawlis
- Ms Judy Stone
- Ms Rebecca Vanderheide

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1. Research context: project aim

The intention of the partnership is to conduct a collaborative action-research project, over the period 2007-2010, using IPL as the basis for improving IPP.

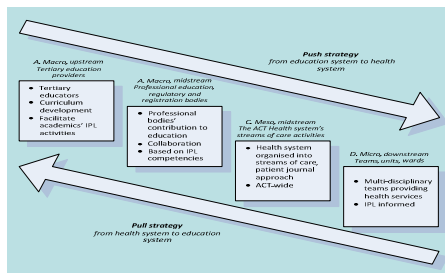
(Braithwaite et al., 2008)



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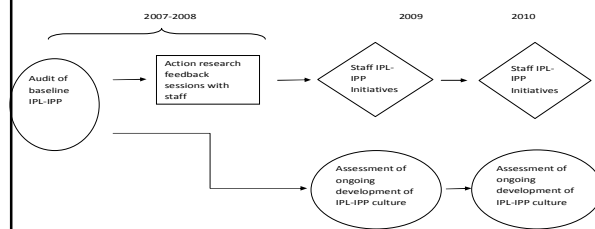
1. Research context: project aim



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1. Research context: project aim



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2. Significance of the issue: IPL and IPP

The benefits of IPL and IPP:

- Safer and higher quality services, and improve morale (Arredondo et al. 2004);
- Enhanced communication and trust amongst clinical groups (Oandasan et al. 2004);
- Enhanced collaborative skills (Engeström, Engeström and Kerosuo 2003);



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2. Significance of the issue: IPL and IPP

The benefits of IPL and IPP:

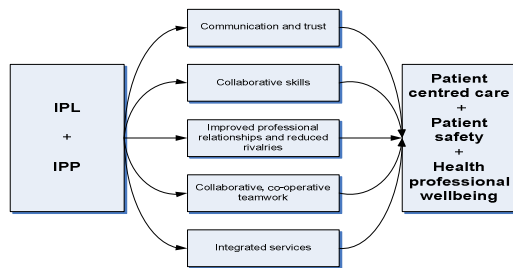
- Reductions in between-professional rivalries (Hughes, Hemingway and Smith 2005);
- Better interprofessional relationships (Atwal and Caldwell 2002);
- Improved approach to team work (Sexton, Thomas and Helmreich (2000); and,
- More creative, integrated services (Phillips et al. 2002).



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2. Significance of the issue: IPL and IPP



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3. Method

We are conducting an action research project: researcher-participant collaboration to enact change (Badger, 2000). Alternatively, we are promoting *interprofessional professional development*.

Based on the social audit paradigm, we conducted an audit of IPL and IPP across the health service (Greenfield et al., *in press*).



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3. Method

Interprofessional Audit Praxis Framework:

(Greenfield et al., *in press*)

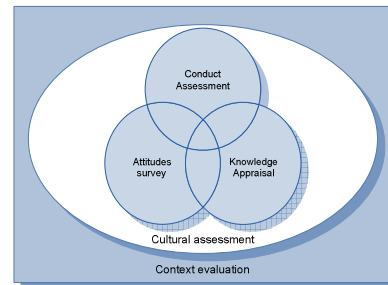
- Context review;
- Cultural assessment;
- Conduct investigation;
- Attitudes survey; and,
- Information appraisal.



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3. Method



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3. Method

Issues from the literature:

- Staff wellbeing;
- Communication;
- Teamwork;
- Sharing of ideas and knowledge;
- Decision-making;
- Leadership;
- Service and case management;
- Quality and safety;
- Collaboration and interaction; and,
- Client-centred care.



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3. Method

Multi-method approach:

- Interviews;
- Survey;
- Ethnographic observations; and,
- Document analysis.



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4. Results

Audit activities:

- 122 interviews: 474 participants;
- 373 survey responses;
- 182 hours observation; and,
- > 200 hours document analysis.



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4. Results

Consistent issues:

- Teamwork;
- Client-centred care;
- Sharing of ideas and knowledge;
- Quality and safety;
- Quality of IP care;
- Positive professional identity; and,
- Different but integrated roles and responsibilities.



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4. Results

Variable issues:

- Staff wellbeing;
- Communication;
- Decision-making;
- Leadership;
- Service and case management; and,
- Collaboration and interaction.



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4. Results

Professional development shaped by four interrelated issues:

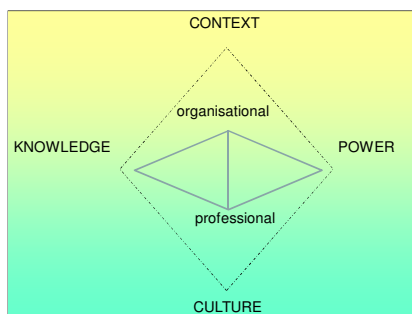
1. Ongoing questioning of health and professional knowledge;
2. Critical views of existing culture;
3. Active attempt to address power; and,
4. The contextualising of care.



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4. Results



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4. Results

Feedback sessions used to generate IPL-IPP initiatives with staff.

100+ ideas: 35 projects focusing upon:

- In-service learning;
- Patient –outcomes;
- Case conferences; and,
- Team work.

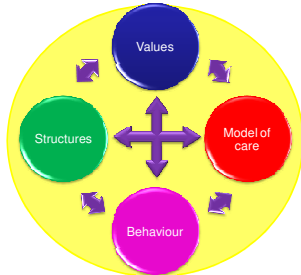


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5. Discussion

IPL-IPP shaped by....



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5. Discussion

Action research promotes a process of interprofessional professional development that enhances interprofessional culture.

Meaningful professional development requires the engagement of staff and providing opportunities to undertake projects on issues significant to them.



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6. Conclusion

Improvements in quality and safety are linked to how staff engage in IPL and IPP, that is, the interprofessional culture of the organisation.



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