2012

Collaborative Learning Environments Project

Site Report
Antigonish NS

Health Care Human Resource Sector Council

Final Report

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CLE Project – Practice Site at Antigonish, NS

The Collaborative Learning for Health Professionals initiative (CLE) was developed in 2009 by the Atlantic Advisory Committee on Health Human Resources. Funding was provided by Health Canada. CLE is a skills-building project with demonstration, research, and evaluation components. The purpose of the CLE was to assess the effectiveness of various approaches to strengthening interprofessional skills. These skills envisage communication, conflict resolution, role clarification, team functioning, patient/family-centredness, and collaborative leadership.

The CLE was delivered at four project sites including the Obstetrical Clinic at St Martha's Hospital in Antigonish, NS. The staff of the Clinic had introduced collaborative model of care in November 2009. At the time of its creation, and prior to the CLE intervention, two expected outcomes were identified for the new model of care: improved work-life balance of obstetricians at St Martha's hospital; and through collaborative practice, provision of the best of both obstetrician and midwifery input to care.

The population served by the clinic reaches beyond the GASHA region to areas of Cape Breton and Pictou County. It includes First Nations Reserves. The clinic staff includes: Manager; two Midwives; Lactation Consultant; Registered Nurse; Public Health Nurse; Social worker; Family Physician; Chief of staff; and three Obstetricians.

It was agreed that CLE would facilitate the design and delivery of skills building interventions to improve and enhance the interpersonal collaboration among the staff members. Ethics approvals were sought and received for the CLE interventions.

Through negotiations with the administrative decision-makers at the site, four types of learning interventions were identified: a six-month session with the CREW program; a three-year session with the MOREOB / AMPRO^{OB} program; and observation at team meetings. In addition, a member of the CLE project team participated as an observer at meetings of the Clinic staff. A policy review process was also implemented.

Several contextual factors in 2009 are worthy of note:

- the NS government had just recognized midwifery;
- there was some dissonance between the provincial legislation on midwife practice and the views of the NS Midwifery association;
- the obstetricians at St Martha's hospital recognized that new graduates are unwilling to work extended hours;
- the family physician was ambivalent about participating as a member of the clinic team;
- clinicians varied from positive interest in improved teaming to concern about the time implications of participating in learning activities; and
- some clinicians questioned the need for interventions because, in their view, the Obstetrical Clinic was already a high functioning team.

CLE project staff distributed a needs assessment questionnaire to identify skills gaps and barriers to interprofessional collaboration among Clinic staff in 2010. The results showed gaps in interpersonal communication skills as well as some lack of understanding of knowledge about the abilities and roles of other clinicians. Further, in discussing the project, there was clear disinclination among some clinic staff to participate in joint learning activities; some expressed the belief that they knew it all as regards to collaboration. The results signaled areas and approaches to learning interventions.

Based on the results of the questionnaire, the CLE project team identified or designed learning modules aimed at addressing skills gaps and enhancing interprofessional competencies. In concert with the executive at St Martha's, the CLE project staff proposed that two existing learning programs be implemented: the MORE^{OB} / AMPRO^{OB} Program created by the Society of Obstetricians and Gynecologists of Canada; and the Civility, Respect, and Engagement at Work (CREW) Program, originally designed by the US Veterans Health Administration and has been adapted for use in Canadian clinical and administrative settings by a team at Acadia University and led by Dr. Michael Leiter.

Given the obstetrical mandate of the CLE site in Antigonish, NS, the CLE project staff proposed the MORE^{OB} / AMPRO^{OB} Program as a vehicle for skills building for the Clinic staff. The components of MORE^{OB} / AMPRO^{OB} are:

•Apply a shared, current, evidence-based body of knowledge in practice.

•Perform fundamental skills confidently and automatically.

•Manage emergencies in an automatic and well-coordinated fashion.

•Use interprofessional collaborative teamwork and communication practices in partnership with patients and families to enhance safe care.

•Evaluate processes and outcomes of clinical practice and organizational systems through interprofessional reflective learning methods.

•Maintain vigilance in order to anticipate and mitigate potential safety risks.

•Modify care practices and organizational systems to reduce safety risks and prevent harm.

A benchmarking assessment was undertaken to support the implementation of the MOREOB / AMPRO^{OB} Program. The benchmarking measures six elements that influence a patient safety culture: Empowering People; Learning; Open Communication; Patient Safety is a Priority; Teamwork; and Valuing Individuals.

The benchmarking assessment of the team and its members revealed both communications gaps related to patient care and inconsistent experiences with teamwork. The MORE^{OB} / AMPRO^{OB} facilitator developed a curriculum to address the benchmark results. In spring 2010, the facilitator for the MORE^{OB} / AMPRO^{OB} program designed the following curriculum:

- Orientation
- Core Team – Interprofessional Shared Leadership
- Baseline – Environmental Scan, Pre Test
- Clinical Learning
- Activities – Skills Drills
- Consolidation – Workshops & OSCE's
- Evaluation

As of March 2012, there is steady growth related to provider satisfaction of teamwork within the unit. However, only 55% of participants felt that patients were involved in decision-making. Further, 41% of participants felt regular discussion of unit issues/patient care concerns and potential solutions together was not a routine process. The MORE^{OB} / AMPRO^{OB} program consultant provided the following general comments:

" we see steady growth within each element. Following the core team and participants' hard work *Teamwork* has the second highest narrowing of scores. The narrowing of scores indicates that the team is on the 'same page' in regards to their satisfaction of teamwork within the unit.

Open Communication is the priority for the team. Opportunities for growth within this element lie in two distinct areas: improving patient participation in care decisions; and building a more open culture promoting discussion and opinion sharing between all participants. Over one third of participants feel that there could be more "openness and trust in our unit." Communication of patient care information saw some substantial growth, 96% of participants stated "Information is communicated accurately between people and between shifts." a 16% improvement year to year.

The core team and participants have really improved in *Patient Safety* element over the last two years. Some practice changes that may contributed to this are that now 100% of all disciplines have completed NRP and FHS programs. The lowest scoring statement was "Caregivers, managers and administrators regularly discuss unit issues/patient care concerns and potential solutions together." 41% of participants felt this was not the routine. "

Virtually all participants stated that they had "the knowledge to identify when someone is about to do something that might threaten patient safety." At the same time, the provider questionnaire shows only a slight improvement among participants feeling included in activities/discussions to improve patient care and safety.

The priorities for the next phase of the MORE^{OB} program are two: improving patient participation in care decisions; and promoting discussion and opinion sharing between all participants. The latter will involve the introduction of new activities such as event review and debriefings.

The second CLE intervention was directed by the Civility, Respect and Engagement at Work (CREW) Program. CREW is aimed at improving how group participants relate to one another.

A survey, measuring various constructs, is distributed to CREW and control groups before and after participating in the CREW program. Results are shown against international norms and are summarized in profile format, and provided to the organization. The profile format is given to the participating units. CREW groups can decide to use the data in their activities. It provides an opportunity to create a baseline and measure changes as the group progresses through the program.

The survey measures attitudes, values, efficacy, decision-making, and involvement/ engagement of individual staff members. In September, 2010, a survey was distributed to both the Obstetrical Clinic (CREW group) and a control group. The profile summarizing the survey results was developed for both groups. . The Obstetrical Clinic profile shows an organization that is functioning fairly well. Most of its responses were above average. The profile indicates a team that is functioning positively (an explanation of the italicized terms is appended):

> Areas such as *Manageable Workload*, *Workplace Civility*, and *Respect*, in particular, fall above the international mean. The lowest scores for this unit are *Work Citizenship, Fairness,* and *Trust of Management*. Although the scores show a positive overall working environment, indicating civility amongst co-workers, they do not tend to actively engage in acts that help their co-workers. This low score in *Work Citizenship* may reflect the beginnings of a slide in civility.

The CREW program trained a hospital staff member, an educator, as a facilitator. To address the issues raised in the profile, the facilitator chose different exercises from the CREW Toolkit (the CREW Toolkit Table of Contents (see appended). The facilitator-led group sessions involved exercises, activities and discussions to develop and promote the use of new behaviours.

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For two months, participation at the CREW meetings was restricted to the members of the Midwifery Steering Committee in the Clinic. It became apparent that the group was not suited for a CREW intervention. Subsequently, the participants were expanded to include the 12 members of the Perinatal Clinic (the majority of the Midwifery Steering Committee members were also part of the Perinatal Clinic group). This group met for a CREW meeting once a month, for one hour, from November 2010 to April 2011.

Below is a summary of the participation and subject matter covered at the CREW sessions:

November 2010: Attendance 9

- Introduction to CREW
- Ice breaker
- Civility exercise (Section 4.20 in Toolkit)
- Johnny the Bagger exercise
- Homework: giving out CREW pins to deserving colleagues

December 2010: Attendance 9

- Ice breaker
- Respect PowerPoint (in Toolkit)
- Discussion on respect
- Homework: "Juicy Problem" exercise (Section 5.04 in Toolkit)

January 2011: Attendance 7

- Evaluation on process so far
- Continuation with "Juicy Problem" exercise
- Discussion of Forni's rules of behaviour
- "Survivor" exercise from Toolkit
- "How we treat people" exercise (Section 4.06 in Toolkit)

February 2011: Attendance 7

- Review of civility and respect
- Discussion on accountability and engagement (Section 4.01 in Toolkit)
- "How we treat people" exercise (Section 4.06 in Toolkit)
- "Survivor" exercise from Toolkit

March 2011: (no record of attendance)

- Facilitator was away, group met however discussion was not necessarily focused on civility and respect.

April 2011: Attendance 3

- Exercise "I consider it a great day at work when…" in Toolkit
- Evaluation of process
- Discussion on follow-up to "official" 6 months of CREW

Following the six months of learning interventions, CREW staff distributed a post survey to both the clinical and control group. The post-CREW profiles included the Core Clinical Team, the Open Arms Clinic, the Administrative Team, the Full Maternal/Newborn/Child Team and the Family Practitioners/Community Team. The profile looked at overall differences in staff perceptions of workplace community within CREW work units and a control group.

The post-survey profile indicates a team that improved, as compared to the control group (an explanation of the italicized terms is appended):

Higher perceptions of *Energy*, *Involvement*, and *Efficacy* than the non-CREW group, although these areas are still near normal for the non-CREW group.

Both groups felt good about their *Workload*, but the CREW group had significantly more positive views of *Control*, *Reward*, *Fairness*, and *Values*. Reported levels of *Team Civility* and *Personal Civility* were similar, with both groups indicating above normal

scores in both areas. *Workplace Civility* scores were significantly higher for the CREW group.

Trust of Management was normal for both groups of employees, and both groups rated *Trust within Team* in the excellent range. *Work Citizenship* was the only score below normal for the CREW group; however, it was significantly higher than for the non-CREW group. *Work Citizenship* for the non-CREW group was in the critical range. Employees who participated in CREW had an excellent sense of *Psychological Safety*, while the non-CREW group scored in the normal range.

The CREW group scored higher than the non-CREW group on all *Workplace Civility* items, except *Cooperation*. CREW participants rated the *Resolution, Reliability*, *Anti-discrimination*, *Value Differences,* and *Diversity* items as significantly more positive. None of the *Workplace Civility* items were in the critical range for either group.

The third intervention at the St Martha's obstetrical Clinic involved a member of the CLE project staff participating as an observer at meetings of Clinic staff. This process provided additional insights on the interpersonal behaviour and communication skills of the participants. Over the course of three months in 2010, four team meetings were observed and recorded. The primary objective of the team meetings was to review ongoing obstetrical cases and develop effective care plans known to all members involved in a patients' care. The outcome of meetings often involved tasking one – or more - members with research resulting from questions posed about cases and plans. Based on its observations, the CLE project team proposed a tool that would support systematic reviews and discussion of cases.

The CLE project team also interviewed administrative staff to identify the administrative enablers and barriers to interprofessional collaborative delivery. It found that Clinic staff shared paper records. It also found policy barriers to interprofessional collaboration. In the winter 2011-12, CLE project staff designed an activity to support the collaborative review of clinical and administrative policies to address barriers to team-based delivery of care. The process involved nine steps.

PROCESS FOR COLLABORATIVE REVIEW OF CLINICAL AND ADMINISTRATIVE POLICIES

1. A brief general statement, identifying the elements required to make an administrative and clinical policy supportive of inter-professional collaboration is prepared.

2. A clinical policy that is of shared concern or identifies a barrier to inter-professional collaboration is identified.

3. A team representing the various professions participating in delivery of interprofessional collaborative health services is assembled.

4. Each individual team member completes the IP Policy Initiation Document (IP/PID).

5. The results of the IP/PID's are compared to the general statement in # 1 and discussed.

6. The policy is modified to address/respond to the issues raised in the IP/PIDs.

7. The modified policy is modified, identifying professional regulatory and any other issues. An action plan to address these issues is prepared, including a rationale for further revisions if necessary.

8. A final draft of the modified policy is reviewed and referred, as appropriate, to the decision-makers in the organization for administrative or clinical approval.

9. An implementation action plan is created for the approved IP Policy. The plan includes management and monitoring activities.

Appendix 1: CREW TOOLKIT TABLE OF CONTENTS

Section 3: Skills and Tools

Section 4: Facilitation Discussion Topics

Section 5: Facilitation Activities

Section 6: Interpersonal Relationships

Section 7: Reports and Resources

Section 8: Items from Dr. Leiter's Blog

Appendix 2

CREW Profile Definitions

- When a workgroup has high ***energy***, the individuals feel energized by their work and are able to bounce back from a hard day on the job. When ***energy*** is low, individuals feel emotionally drained and used up after work.
- ***Involvement*** refers to the workgroup's attitude towards their work. If a workgroup is ***involved***, they have more energy to perform and come up with solutions for work problems. If a workgroup has low ***involvement***, the individuals have a distant attitude towards their work.
- ***Efficacy***, or effectiveness, refers to the belief that they can do their job in an effective and timely manner. If a workgroup has high efficacy, the individuals believe that they can solve problems and contribute to their organization.
- A ***manageable workload*** offers the opportunity for people to use and refine their existing skills, as well as become effective in new areas and develop professionally. In contrast, a work overload, or inability to manage the workload, makes individuals unable to meet the demands of their job, i.e. "I don't have enough time to do what's important at my job."
- ***Control*** measures the workgroup's perceived ability to influence decisions that affect their work and gain access to necessary resources. Control gives an individual the chance to make choices and decisions about the things they are responsible for. A lack of control leaves individuals with no opportunity to makes decisions and can create a situation where they experience a conflict in priorities that interferes with their ability to perform their job.
- ***Reward*** measures how consistent the rewards (for example, money and the opportunity to have pride) are with the expectations of the organization. This reveals whether the workgroup feels they receive recognition for their efforts at work.
- ***Fairness*** is a workgroup's perception of whether the decisions at work are fair and if people are treated with respect. ***Fairness*** is important to the long-term good of an organization's staff. Some perceptions of unfairness are pay inequity, miscommunication, and unfair promotions. Often employees are more interested in ***fairness*** than the actual outcome.
- ***Values*** are the ideals and motivation that attract an individual to their job. Values define a person's goals at work and motivate them to do tasks because their work has meaning to them. It is important for an individual's values to match their organization's values. When they do not match, it results in tension and conflict that reduces the individual's motivation to do their job.
- The ***civility*** scores measure people's interaction with each other. A high level of ***civility*** represents an inclusive and supportive environment. ***Civility*** has 3 components: ***workplace***, ***team*** and ***personal***. ***Workplace*** is a general measure of civility in the organization. ***Team*** is based on unit/workgroup perceptions, and ***personal*** is how an individual perceives their own civility.

- ***Respect*** indicates whether an employee feels valued in their organization, including superiors and colleagues. When an employee does not feel respected in an organization, team work may suffer.
- ***Trust*** refers to the faith in competency and honesty of co-workers and management. ***Trust*** can enhance a working relationship by creating a supportive, reliable environment. ***Trust*** may also differ among co-workers and supervisors.
- ***Work citizenship*** provides insight into tendencies to help other employees (i.e. offering help to those with heavy workload), to be conscious of other employees, to have a positive work attitude, and courteousness.
- ***Psychological safety*** reflects the level of comfort employees feel when bringing up and discussing various difficulties, problems, and tough issues in the workplace with their work group. ***Psychological safety*** is important to the health of a workplace as employees who feel safe in taking risks may be more likely to actively attempt bringing about positive change.