

2012

**Collaborative Learning
Environments Project**

**Site Report
Gander NL**

Health Care Human Resource Sector Council

Final Report

6/20/2012

CLE Project – Practice Site at Gander, NL

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 Maternal/Child Clinic at James Paton Memorial Regional Health Centre, Gander NL. The executive of the Gander facility had recently introduced collaborative model of care in the Clinic. In discussions with CLE project staff, it was agreed that CLE could facilitate the design and delivery of pertinent interventions with the identified participants in Gander. Ethics approvals were sought and received for the CLE interventions.

The inpatient Maternal/Child unit at the James Paton Memorial Regional Health Centre, Gander NL was identified as a practice site for the CLE project. The mandate for the Maternal Child team is to provide holistic care for the maternal child population. The population served for maternal child services is about 45,000 throughout multiple rural communities. There are approximately 350 deliveries per year at that site. There are Healthy Baby Clubs (HBC) and satellites of HBCs in some of the rural sites and GP's and NP's provide early prenatal and postnatal care to this population

The clinic includes the following staff: social worker; respiratory therapist; two public health nurses; lactation consultant; dietician; twenty acute care nurses; two pediatricians; and two obstetricians.

Based on the skills inventory of the staff at each site, the CLE project team identified or designed learning modules aimed at addressing skills gaps and enhancing interprofessional competencies. The approaches used for delivering these modules included workshops and self-directed assignments. The executive of the hospital had previously identified gaps in interpersonal skills

among clinic staff. The CLE project staff used the information provided by the executive to determine appropriate learning modules. In concert with the executive, the CLE project staff proposed that the Civility, Respect, and Engagement at Work (CREW) Program be used as the learning program at the site. CREW is aimed at improving how group participants relate to one another. It was 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. CREW involves exercises and activities to develop and promote the use of new behaviours.

A worklife survey developed by the CREW Program was implemented to measure attitudes, values, efficacy, decision-making, and involvement/ engagement of individual staff members. The survey was distributed to the Maternal/Child Unit and a control group in January, 2012. A profile summarizing the survey results was developed for both groups. The overall results of the profile indicated (The definitions of the italicized terms are appended):

‘This initial profile for the Maternal Unit shows positive perceptions, as well as a number of concerning opinions about the work environment. The unit’s responses reflected *Energy* and *Involvement* scores that are near the average, while their sense of personal *Efficacy* is low. The unit’s perception of *Manageable Workload* and *Reward* are in the average range. However, their sense of *Control*, *Fairness*, and *Values* are all below average, near the poor range of scores. *Personal Civility* and a sense of *Psychological Safety* are both above average, while *Trust of Management* and *Work Citizenship* stand out as being strengths for this group with scores in the excellent range. Perceptions of *Personal Interest*, *Reliability Anti-discrimination* and *Values Differences* are all below average. Perceptions of *Reliability* are rated most negatively. In comparison, the unit’s perception of *Resolution* is the most positively rated item, falling close to the good range as compared to the average from previous CREW research. The unit’s opinions about *Respect*, *Cooperation*, and *Diversity* are average.’

The CREW program trained a hospital staff member 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. The CREW

sessions began in January 2012. A summary of the participation and subject matter of the CREW meetings follows:

January: Two meetings; attendance 11 and 10

- Introduction to CREW
- “Two truths and a lie” ice breaker (Section 5.01 in Toolkit)
- Discussion on civil and respectful behaviours (Section 4.03 in Toolkit)
- Discussion on disrespectful behaviour

February: One meeting; attendance 7

- Continuation of discussion of respectful behaviours, including inappropriate sexual touching/comments, relationship between staff, especially between junior and senior staff, etc.
- Planning an education session on CREW for other rotation

March: Two meetings: attendance 10 and 8

- Deeper discussion on issue of the rotation/schedule on the floor
- Video "Disruptive Behaviour in the Workplace"

The CREW program will continue to be delivered to the Clinic staff until July 2012. At that time, CREW staff will distribute a post survey to the CREW and control groups, and then generate profiles accordingly.

The CLE project team also interviewed administrative staff to identify the administrative enablers and barriers to interprofessional collaborative delivery. It found that Clinic staff has shared access to paper and electronic records, with the exception of public health nurses who use a separate clinical documentation system. The public health nurses, acute care nurses, and physicians providing prenatal care share paper prenatal records and postnatal referrals.

It also found support among the leadership of the hospital and the regional health authority for interprofessional collaborative delivery.

In February and March 2012, CLE project staff initiated an activity to address barriers to team-based delivery of care in clinical and administrative policies. 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 1: Introduction to CREW

- 1.01 Welcome to CREW
- 1.02 Objectives of the CREW Initiative
- 1.03 CREW Approach
- 1.04 CREW Roles
- 1.05 Employee Role
- 1.06 Facilitator Role
- 1.07 Supervisor /Manager Role
- 1.08 Coordinator Role
- 1.09 Companion Role
- 1.10 Senior Leadership Role

Section 2: Getting Set Up

- 2.01 What is Facilitation?
- 2.02 Key Facilitation Skills
- 2.03 What the First Sessions Look Like
- 2.04 Active Listening
- 2.05 Creating Safety and Trust in the Group
- 2.06 Being Culturally Competent as a Listener
- 2.07 Facilitation Skills/Interventions
- 2.08 Important Things to Remember
- 2.09 Phases and Stages of Group Development
- 2.10 Dealing with Problem Behaviors in Group
- 2.11 Working with Emotions
- 2.12 Meeting Room Preparation Checklist
- 2.13 Finger Pointing
- 2.14 Two Heads are Better than One
- 2.15 Good Ideas from the CREW Front
- 2.16 CREW Resources
- 2.17 Dansie Four Step Model
- 2.18 Rewarding CREW Behavior
- 2.19 Facilitator Scenarios
- 2.20 Appreciative Inquiry

- 2.21 Facilitator Neutrality
- 2.22 CREW Barriers and Successes

Section 3: Skills and Tools

- 3.01 Active Listening
- 3.02 Handling Difficult Participants
- 3.03 Force Field Analysis
- 3.04 Group Decision Making Worksheet
- 3.05 Using Brainstorming to Develop an Action Plan
- 3.06 Using Storytelling to Spark Discussion
- 3.07 How to Present Survey Results in your CREW Sessions
- 3.08 Six Ways to Be Nice
- 3.09 Six Reasons to Be Nice
- 3.10 Ideas for Follow-Up: Keep the Energy Flowing
- 3.11 CREW In Action Award Instructions
- 3.12 Three Elements of Sustainability
- 3.13 Tips for Sustainability

Section 4: Facilitation Discussion Topics

- 4.01 Accountability
- 4.02 Attentiveness
- 4.03 Civil and Respectful Behaviors List
- 4.04 Cooperation
- 4.05 Conflict Resolution
- 4.06 How We Treat People
- 4.07 Professional Boundaries
- 4.08 Professional Camaraderie
- 4.09 Professional Disputes
- 4.10 Professional Regard
- 4.11 Rabbit or Duck?
- 4.12 Reliability
- 4.13 Respect
- 4.14 Respect Discussion Questions
- 4.15 Rudeness/Rudeness Rationales

- 4.16 Canada Geese Metaphor
- 4.17 Scenario Conversation Starters
- 4.18 Sentence Completion Discussion Starters
- 4.19 Conflict Styles
- 4.20 Civility Examples

Section 5: Facilitation Activities

- 5.01 Ice Breakers & Energizers
- 5.02 I Bet You Didn't Know (Ice Breaker)
- 5.03 Ideas for Responding to Disrespectful Behavior
- 5.04 Juicy Problem
- 5.05 Team Appreciation
- 5.06 Team Gutters
- 5.07 Common Bonds
- 5.08 Appreciating Diversity: One Word
- 5.09 Dear Diary Activity
- 5.10 Respect Exercise
- 5.11 Helium Stick
- 5.12 Who Should Survive Icebreaker

Section 6: Interpersonal Relationships

- 6.01 Authorizing Environment
- 6.02 Maslow's Hierarchy of Needs
- 6.03 Path of Dialogue
- 6.04 Eric Berne's Transactional Analysis Model

Section 7: Reports and Resources

- 7.01 CREW Daily Report
- 7.02 CREW Daily Weather Report
- 7.03 CREW Weather Map Instructions
- 7.04 CREW Facilitator Report
- 7.05 Opportunity for Change Action Plan Outline
- 7.06 Work Group Action Plan
- 7.07 Items Found on Toolkit Disk

Section 8: Items from Dr. Leiter's Blog

8.0.2 Introduction

8.1 Civility

8.1.1 Four Points for Improving Workplace Civility

8.1.2 Incivility

8.1.3 Rudeness Rationales

8.1.4 Three Ways Management Trust Reflects Improvements in Workplace Civility

8.1.5 Wasting Resources

8.2 Communication

8.2.1 Gossip

8.2.2 Psychological Safety

8.2.3 Speaking Up is Hard to Do

8.2.4 Three Considerations When Saying No at Work

8.3 Difficulties in the Workplace

8.3.1 Annoying Habits

8.3.2 Cyberbullying

8.3.3 Excluded from a Meeting

8.3.4 Mistakes

8.3.5 Mistrust

8.3.6 Petty Tyrant

8.3.7 Sidestepping Power trips

8.3.8 Trial by Fire

8.4 Positive Initiatives

8.4.1 Breaking Cycles

8.4.2 Lessons Learned from Brockton High School

8.4.3 Professional Development

8.4.4 Reflection

8.4.5 Showing Appreciation

8.4.6 Two Stories

8.4.7 Two Strategies for Bringing Respect into Working Relationships

8.5 Relationships

8.5.1 Compassionate Working Relationships

8.5.2 Keeping Working Relationships Positive

8.5.3 The Working Wounded

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 make 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.