



Nova Scotia Department of Health, Primary Health Care

Roles & Responsibilities

Participant Materials

Building a Better Tomorrow Together:

Team Development for Primary Health Care Collaboration

2009

Acknowledgements

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Building a Better Tomorrow Together

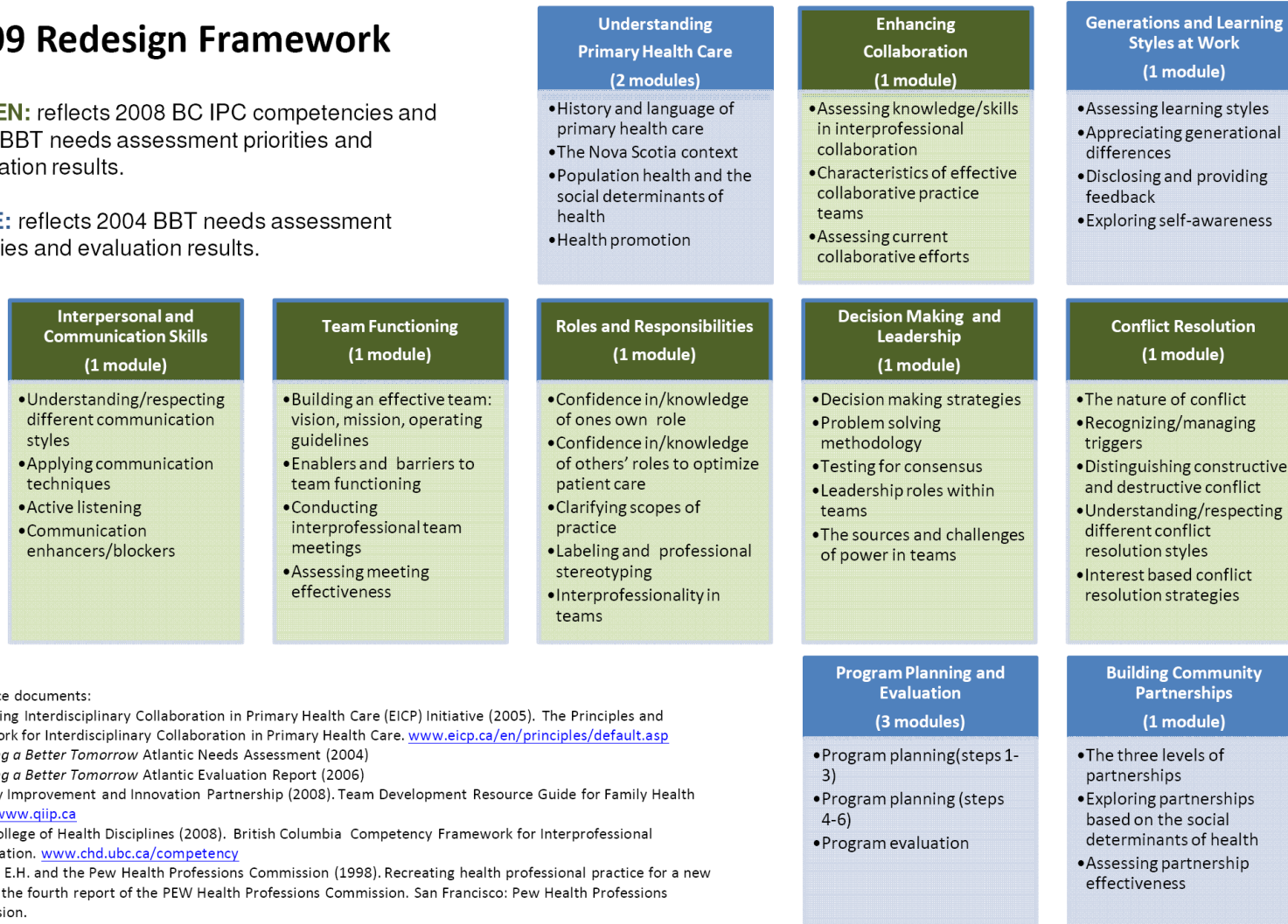
Team Development for Primary Health Care Collaboration



2009 Redesign Framework

GREEN: reflects 2008 BC IPC competencies and 2004 BBT needs assessment priorities and evaluation results.

BLUE: reflects 2004 BBT needs assessment priorities and evaluation results.



Reference documents:

- Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative (2005). The Principles and Framework for Interdisciplinary Collaboration in Primary Health Care. www.eicp.ca/en/principles/default.asp
- *Building a Better Tomorrow* Atlantic Needs Assessment (2004)
- *Building a Better Tomorrow* Atlantic Evaluation Report (2006)
- Quality Improvement and Innovation Partnership (2008). Team Development Resource Guide for Family Health Teams. www.qiip.ca
- UBC College of Health Disciplines (2008). British Columbia Competency Framework for Interprofessional Collaboration. www.chd.ubc.ca/competency
- O'Neil, E.H. and the Pew Health Professions Commission (1998). Recreating health professional practice for a new century: the fourth report of the PEW Health Professions Commission. San Francisco: Pew Health Professions Commission.

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Roles & Responsibilities Agenda

Welcome and Introductions

Understanding, Valuing, Respecting and Integrating Each Provider Role

Labeling and Professional Stereotypes

Collaboratively Managing a Common Patient/Health Issue

Wrap-Up

Roles & Responsibilities

Learning Objectives

Upon completion of this session, participants will be able to:

- Describe and respect the expertise and roles of different health care professions.
- Explore the habit of labeling others and understand how this impacts communication and collaboration.
- Describe and value the roles of other health professions in the management of patient and/or population health issues.
- Consult, seek advice and confer with other primary health care team members based on a clear understanding of everyone's capabilities, expertise and culture.

Roles & Responsibilities: Keys to Collaboration

Learning about other professions is an important first step in collaboration. Many professionals are remarkably ignorant of the other health professions due to a lack of collaboration during their respective education. In the course of their training, providers have a tendency to become socialized into their own professions and subsequently develop negative biases and naïve perceptions of the roles of other members of the health care team.

To practice effectively in an interprofessional primary health care team, however, one must have a clear understanding of other members' unique contributions: their educational backgrounds, areas of high achievement, and limitations.

Teamwork in a primary health care setting involves considerable overlap in competencies. Each provider should be knowledgeable of (and therefore comfortable with) the skills of the other members. Moreover, an oft-overlooked member of the health care team is the patient him- or herself, as well as the patient's family and community. In learning about interprofessional care, one must also learn to incorporate the patient and family into the care plan.

From a clear understanding of others comes the basis for respect which underlies all successful collaborative endeavors. The need to establish the trust and respect of other team members derives from a central feature of collaboration:

No individual is responsible for all aspects of the patient's care, and therefore each member must have confidence that other team members are capable of fulfilling their responsibilities.

Territoriality

Another common barrier to interprofessional teamwork is the problem of “turf battles.” These struggles over protecting the scope and authority of a profession involve issues of autonomy, accountability, and identity.

Autonomy:

- reflects the desire for each profession to define itself, to set its own criteria for practice and professionalism, and to maintain sole influence over its area of expertise. Loss of autonomy may lead to undesired changes in modes of practice and to loss of potential earnings.

Accountability:

- another key component of professionalism, refers to the evaluation and assessment of standards of care. Professionals both define how they want to practice and are accountable to others in their profession for practicing according to these standards. Collaboration introduces performance evaluation by team members from other professions, which for some individuals represents an invasion into their own professional domain.

Identify:

- as an individual practitioner is due in large part to the identity of the profession as a whole. Interprofessional collaboration, by blurring the margins that define the roles of the various professions, may also impact upon the identity of individual providers.

Our TASK...

To identify and address these underlying factors that lead to territoriality and to thereby facilitate interprofessional collaboration.

Interprofessional Perception Scale

What is your perception of persons in other professions? (Fill in column blanks with professions other than your own.)

| Persons in this profession: | _____ | | | | _____ | | | |
|---|------------------|---|---|----------------|------------------|---|---|----------------|
| | Very Untrue 1 | 2 | 3 | Very True 4 | Very Untrue 1 | 2 | 3 | Very True 4 |
| 1. Are competent | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 2. Have very little autonomy | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 3. Understand the capabilities of your profession | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 4. Are highly concerned with the welfare of the patient | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 5. Sometimes encroach on your professional territory | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 6. Are highly ethical | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 7. Expect too much of your profession | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 8. Have a higher status than your profession | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 9. Are very defensive about their professional prerogatives | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 10. Trust your professional judgement | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 11. Seldom ask your professional advice | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 12. Fully utilize the capabilities of your profession | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 13. Do not cooperate well with your profession | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 14. Are well trained | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 15. Have good relations with your profession | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

Interprofessional Perception Scale

What is your perception of persons in other professions? *(Fill in column blanks with professions other than your own.)*

| Persons in this profession: | | | | | | | | |
|---|-------------|------|------|--------|------|--------|------|------|
| | Very Untrue | True | Very | Untrue | Very | Untrue | True | Very |
| 1. Are competent | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 2. Have very little autonomy | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 3. Understand the capabilities of your profession | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 4. Are highly concerned with the welfare of the patient | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 5. Sometimes encroach on your professional territory | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 6. Are highly ethical | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 7. Expect too much of your profession | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 8. Have a higher status than your profession | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| 12. Fully utilize the capabilities of your profession | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 13. Do not cooperate well with your profession | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 14. Are well trained | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 15. Have good relations with your profession | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

Talking Wall Exercise: Instructions

(Parseell et al., 1998; Building Better Teams, AOHC 2007)

The 'Talking Wall' exercise is intended to allow you to explore your conceptions and misconceptions of the roles and responsibilities of other health care professions. You will be assigned to subgroups of 4 to 6 people.

- Each subgroup is to attach a flip-chart sheet to the wall for each role/profession represented in the subgroup. The name of the profession/role is to be indicated on each flip-chart sheet using a black marker.
- Using black markers, write your perceptions of the roles and responsibilities of each of the professions on the respective sheets, with the exception of your own.
- Only new items are added to the lists to avoid duplication.
- Once the lists are complete examine your own profession's list and, using a red marker, delete misconceptions, correct inaccuracies and add missing items.
- Discuss your own profession's flip-chart list with the rest of the sub-group and clarify points raised.



Plan A Picnic !

Your task is to plan a picnic!

- You have 15 minutes to do this.
- Please adhere to the labels – take the labels to heart and act accordingly but do not disclose what is written on the labels to the other individuals.
- Every two minutes, someone will take a turn to facilitate the team task (decide the order of who will act as facilitator before the exercise begins).
- When someone is facilitating, they remove their label (without looking) and are treated neutrally. They put their label back on when it is their turn to come out of the facilitator role.

Personal Actions



Active Photograph



This photograph is of a young mother with her two children.

As a _____ (state your role on your team),

What THREE additional pieces of information would you like to know about this scenario?

What is the most important issue you would like to discuss with this mom?

Steps in Assessing Patients Needs¹

Handling a complex case requires team members to consider the patient's medical, emotional, social, environmental, and economic needs. Using the grid and the questions provided below team members can consider the holistic (biopsychosocial) needs of the patient and their situation. In developing an interprofessional care plan, the team needs to identify the expected activities and the responsibility of each team member (e.g. initiation, follow-up, and reporting results).

Considering the patient's medical, emotional, social, cultural, linguistic, environmental and economic needs, answer each of the following questions:

1. What is the overarching goal? At least three perspectives need to be considered and reconciled:
 - patient
 - his/her family
 - the primary health care team
2. What are the patient's needs (problems)?
3. What is the impact of each problem on the patient's health?
4. What strengths and resources does the patient have or can be mobilized to deal with each problem?
5. What additional information is needed to adequately define the problem or its implications?
6. What is the plan of care? (what needs to be done; who will do it; when will it happen?)
7. What priority should be assigned to each problem? How important is its effect on the overarching problem?
8. What outcomes should be expected for each problem? (e.g. expressed in measurable terms, appropriate time to look for the outcomes)

¹ Hyer, K., Flaherty, E., Fairchild, S., Bottrell, M., Mezey, M., Fulmer, T., et al. (Eds.). (2003). *Geriatric Interdisciplinary Team Training: The GITT Kit* (2nd ed.). New York: John A. Hartford Foundation, Inc.

Interprofessional Care Plan Matrix²

Overarching goals of the...

Patient: _____

Family: _____

Team: _____

| Problem | Impact on Health & Quality of Life | Patient's Strengths/Resources | The Plan | | | Expected Outcome (What to look for, When) |
|---------|------------------------------------|-------------------------------|----------|-----|------|--|
| | | | What | Who | When | |
| 1. | | | | | | |
| 2. | | | | | | |

² Hyer et al. (2003).

| | | | | |
|----|--|--|--|--|
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

Appendix A: Three Steps to Clarifying Roles & Scopes of Practice

Team Take-Home Activity:

There are three steps in clarifying roles related to scope of practice.

Step 1: Clarify collectively the scope of practice of each team member, and identify and resolve misperceptions about the roles of other providers.

This is a crucial component of team development, as team members learn about each others' skills, interests and scope of practice. It has two related components: 1) learning about each others' roles, and; 2) identifying and correcting misperceptions team members may have about what each other do.

Step 2: Learn about the skills and potential of existing team members.

Having completed Step 1 with an improved understanding of one another's professional roles and scopes of practice, now focus on acquiring an understanding of the knowledge, skills and potential of your specific team members as members of their profession and as individuals (based on their experience and expertise). Develop a "provider inventory" by listing specific activities or tasks associated with caring for your practice population and identifying which provider has the knowledge, skill and interest to deliver these activities. The inventory becomes the basis for making decisions about "who does what" involved in Step 3.

Step 3: Divide up the tasks of the team among team members.

When looking at this "fit" between skills and tasks, consider all the tasks the team faces. These include not only specific clinical roles such as starting insulin, monitoring blood pressure, or providing health teaching, but also team and system roles. Team roles are those required to assist with smooth team functioning such as organizing or running working groups, or leading particular team processes. System roles are those related to tasks in the primary health care team that cut across all disciplines – such as linking with community agencies and program development.

Reference: "Resource Guide – Team Building in Family Health Teams" Module 3 available at: www.qiip.ca/resource-guide.php

Appendix B: Interprofessional Care Plan Matrix: Copy

Overarching goals of the...

Patient: _____

Family: _____

Team: _____

| Problem | Impact on Health & Quality of Life | Patient's Strengths/Resources | The Plan | | | Expected Outcome (What to look for, When) |
|---------|------------------------------------|-------------------------------|----------|-----|------|--|
| | | | What | Who | When | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |

| | | | | |
|----|--|--|--|--|
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

Appendix C: Cultural Competence - Essential to Building a Better Tomorrow Together

Cultural Competence refers to the attitudes, knowledge, skills, behaviours and policies required to better meet the needs of all the people we serve. Culture...refers to a group or community that share common experiences that shape the way its members understand the world. It is multi-layered, evolving and includes groups that we are born into or become such as; national origin, levels of ability, gender, sexual orientation and identity, race/ethnicity, socio-economic class or religion. People have multiple cultures.³

So begins the *Cultural Competence Guidelines for the Delivery of Primary Health Care in Nova Scotia*, first endorsed by the Nova Scotia Department of Health in 2006. These guidelines originated as a response to identified needs and barriers of identified through consultation with Nova Scotia's diverse minority communities. The guidelines provide us with clear direction for enabling culturally competent care. They also serve to remind us that healthcare providers, health promotion staff, health systems and health organizations are accountable for the delivery of such care.

The complete list of *Guidelines* include:

1. Nova Scotia DHAs, CHBs, the IWK and primary health care organizations should ensure that their staff provide to Nova Scotia patients/consumers, primary health care that is respectfully delivered and responsive to cultural health beliefs, practices, lived experiences and linguistic differences in Nova Scotia.
2. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK and primary health care organizations should work collaboratively with culturally diverse populations, including but not limited to: First Nations, African Canadians, Acadians, Francophones and Immigrant Communities, to design targeted, accessible and effective health initiatives in all aspects of primary health care.
3. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, IWK and academic institutions should collaborate to devise and implement strategies for the recruitment, retention and promotion of diverse health staff, providers and leaders at all levels.
4. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs the IWK, primary health care organizations and health related, academic institutions should make cultural competence training available on an ongoing basis to all primary

³ Province of Nova Scotia (2008). *Cultural Competence Guidelines for the Delivery of Primary Health Care in Nova Scotia*

health care students, staff and providers at all levels and across all disciplines, and facilitate the development of cultural competence across the primary health care system.

5. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, the IWK and primary health care organizations should offer and provide services in Canada's official languages with the phased in recruitment of French speaking, bilingual staff and the use of cultural health interpreters.

6. Nova Scotia DHAs, the IWK and primary health care organizations should offer and provide cultural health interpretation services in languages provided by Nova Scotia's Community Health Information and Interpreting Service for any primary health care patient/consumer with English or French as a second language at no cost to the patient/consumer.

7. Nova Scotia DHAs, the IWK and primary health care organizations should provide written notice of the availability of cultural health interpretation services in all of the languages provided by Nova Scotia's Community Health Information and Interpreting Service and when possible, cultural health interpretation in the Mi'kmaq language.

8. Nova Scotia DHAs, the IWK and primary health care organizations should ensure that patient/consumer family and friends not be used to provide interpretation services except at the direct request of the patient/consumer.

9. Nova Scotia DHAs, the IWK and primary health care organizations should reflect Nova Scotia's diverse populations in pictures, written information and advertisements and post signage and provide written material for all literacy levels in the languages commonly spoken in their service areas.

10. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs the IWK and primary health care organizations should ensure that their vision, mission, strategic plans, job performance expectations and accreditation processes incorporate accountability for cultural competence and culturally appropriate services at the highest level of the organization.

11. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK and primary health care organizations should work collaboratively and independently to develop public information and communication plans to explain the importance of race, ethnic and linguistic identifiers in epidemiological and health utilization data for the purposes of effective planning, program delivery and the development of a culturally competent, primary health care system.

12. DHAs, CHBs, the IWK and primary health care organizations should maintain up-to-date demographic, cultural and epidemiological profiles of their communities in order to effectively plan and provide services that respond to the racial, ethnic, cultural, spiritual and linguistic needs of the populations they serve.

13. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK and primary health care organizations should ensure that data collected and updated through the MSI database, and other data collected by organizations incorporates, with patient/consumer agreement, information that specifies race, ethnicity and language of patients/consumers without individual patient identification.

14. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK and primary health care organizations should ensure that data collected and research resulting from the data, facilitate best practice in culturally competent care, movement toward the elimination of health disparities among populations, and the improvement of health status of those populations most at risk for poor health.

15. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK, provincial programs and primary health care organizations should inform, increase and facilitate culturally appropriate screening among Nova Scotia's culturally diverse populations for chronic diseases including but not limited to; diabetes, cancers, cardiovascular disease, hypertension and sickle cell anemia.

Attention to cultural competence is essential for reducing health disparities, addressing inequitable access to care and respectfully responding to the diversity of Nova Scotians. We must thus integrate cultural competence considerations when designing and delivering health and health promotion services, working collaboratively with diverse populations.

But we must also strive for cultural competence by building inclusion and respect for diversity in the workplace. Diversity has been identified as one of five core values within *Values, Ethics and Conduct: A Code for Nova Scotia's Public Servants* (2009). This code supports creating work environments that are free of discrimination and where differences are valued and respected. Attention to diversity will enable our workplaces to be more representative of Nova Scotian society. It will also help us to ensure that the healthcare services promoted and delivered to Nova Scotians are themselves more culturally competent.

Considering diversity and inclusion in the workplace begins with you—understanding your own culture, your biases and beliefs, and continuing to learn about the culture of diverse Nova Scotians with whom you work. It means understanding and incorporating difference in your daily work. It means creating and fostering inclusive work environments for all staff during meetings and planning sessions. It means building relationships for appropriate and respectful community consultations and partnerships. It means paying explicit attention to culture, gender and diversity when planning, implementing and evaluating health and health promotion programs and services. Building a better tomorrow for all Nova Scotians means truly believing that “diversity fuels ideas and that ideas fuel progress.”⁴

⁴ Province of Nova Scotia (2009). *Values, Ethics and Conduct: A Code for Nova Scotia's Public Servants*.

Building a Better Tomorrow Together Evaluation Questionnaire

Module Title: _____

Training Location: _____ **Date:** _____

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-------------------|----------|---------|-------|----------------|
| 1. This module addressed my learning needs in this area. | 1 | 2 | 3 | 4 | 5 |
| 2. The information which was provided was applicable to my practice/work. | 1 | 2 | 3 | 4 | 5 |
| 3. My participation in this module has enhanced my knowledge and skills in this area. | 1 | 2 | 3 | 4 | 5 |
| 4. My participation in this module will influence my practice/work in the future. | 1 | 2 | 3 | 4 | 5 |
| 5. The facilitator was knowledgeable of the subject matter being presented. | 1 | 2 | 3 | 4 | 5 |
| 6. The facilitator presented the information in a clear and concise manner. | 1 | 2 | 3 | 4 | 5 |
| 7. The facilitator was enthusiastic and responsive to participant's learning needs. | 1 | 2 | 3 | 4 | 5 |
| 8. There was opportunity to interact with other participants. | 1 | 2 | 3 | 4 | 5 |
| 9. There was opportunity to interact with the facilitator. | 1 | 2 | 3 | 4 | 5 |
| 10. The facilities were comfortable and conducive for learning. | 1 | 2 | 3 | 4 | 5 |
| 11. The module was well organized. | 1 | 2 | 3 | 4 | 5 |
| 12. I would recommend this module to others. | 1 | 2 | 3 | 4 | 5 |

13. What did you like about this module?

14. What changes or improvements could be made?

15. What aspects of your practice/work do you intend to change as a result of participating in this module?

Notes

Notes