Collaborative Practice and Education

WORKPLAN FOR change

A Guiding Set of Health System Change Actions for Stakeholders

Alberta Government

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Collaborative Practice and Education Workplan for Change

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THE COLLABORATIVE PRACTICE

and Education Steering Committee Overview

BACKGROUND

The Collaborative Practice and Education Steering Committee (CPESC) originated as an initiative of *Alberta's Health Workforce Action Plan* (HWAP). The content for the Collaborative Practice and Education Workplan for Change (Workplan) originated at a symposium on interprofessional education held in Edmonton, Alberta in June 2009. At a second symposium hosted by CPESC in November 2011, stakeholders from the health service delivery, education, regulatory and government sectors were asked to provide feedback on the Collaborative Practice and Education Framework for Change (Framework) and Workplan. Both documents were revised based on that feedback.

BUILDING ON THE FOUNDATION: THE FRAMEWORK AND WORKPLAN FOR CHANGE

The Framework and Workplan are companion documents that describe the Government of Alberta's policy direction and represent a 'made in Alberta' approach to interprofessional collaborative practice and education. The Framework states a vision, *"Health care providers in Alberta deliver the highest quality of safe, person-centred care by collaborating with each other, and with individuals, their families and care givers"* and describes principles for collaborative practice that are aligned with the *Alberta Health Act* and previous health care reform recommendations. The Workplan provides a guiding set of system change actions for stakeholders to implement collaboratively.

The change actions described below are put forward in the context of improving the quality of health services with the aim of improving health outcomes for Albertans. The initiatives are grouped into two categories – those that build upon the foundation of collaborative practice and education activities already underway and those that maintain the momentum. Details on deliverables, milestones, timelines, resources and evaluation methods will be identified for individual initiatives separately. Workplan actions have been aligned with the World Health Organization's (WHO) Framework for *Action on Interprofessional Education and Collaborative Practice* released in 2010.

Alberta is taking steps to make positive changes to the health care system to increase access, improve quality and ensure its sustainability for the future. At the heart of these changes is the shift toward person-centred care with a renewed focus on safe health services. Together, all stakeholder groups in the system can take action to create collaborative health environments that respond to the needs of individuals, their families and communities. These actions will be successful only if all stakeholders collaboratively coordinate movement across the entire system.

GOVERNANCE AND MEMBERSHIP

The Collaborative Practice and Education Steering Committee (CPESC) was comprised of senior representatives of the health service delivery sector, post-secondary institutions, professional regulatory colleges and the Government of Alberta and reported to Glenn Monteith, Assistant Deputy Minister of Health Workforce, Alberta Health and Connie Harrison, Assistant Deputy Minister of Post-Secondary and Community Education, Advanced Education and Technology (now known as Enterprise and Advanced Education).

Committee members were:

Paula Burns - Vice President Academic and Provost, Northern Alberta Institute of Technology (Co-Chair)

Crista Carmichael - Director, Education and International Workforce, Alberta Health (Co-Chair)

Linda Mattern – Executive Lead, Health Workforce, Alberta Health (previous Alberta Health Co-Chair when in the role of Executive Director, Workforce Policy and Planning)

Jasvinder Chana - Director, Primary Care, Alberta Health

Jane Drummond - Vice-Provost, Health Sciences Council, University of Alberta

Charlene McBrien-Morrison - Executive Director, Health Quality Council of Alberta

Dianne Millette - Registrar, College of Physiotherapists of Alberta

Betty-Lynn Morrice - Vice President, Health Professions Strategy, Alberta Health Services

Sheli Murphy - Vice President and Senior Operating Officer, Covenant Health

Pam Nordstrom - Director, School of Nursing, Mount Royal University

Thuy Pade - Manager, Primary Care, Alberta Health

Lynn Redfern - Director, Policy and Practice, College and Association of Registered Nurses of Alberta

Laura Schneider - Manager, Health Programs, Alberta Enterprise and Advanced Education

Trevor Theman - Registrar, College of Physicians and Surgeons of Alberta

Dale Wright - Quality and Safety Initiatives Lead, Health Quality Council of Alberta.

Support to CPESC was provided by:

Megan Harder - Workforce Analyst, Alberta Health

Gerald Karegyeya - Workforce Analyst, Alberta Health

Alisha Petryshyn - Workforce Analyst, Alberta Health

ACTION 1

Form the Collaborative Practice and Education Steering Committee (CPESC)

OBJECTIVE/RATIONALE

- A formal collaborative partnership will provide the leadership and support to successfully implement activities across the province. The CPESC brings together representative from post-secondary institutions, health sector employers, professional colleges and government. The CPESC will draft an Alberta Framework for collaborative practice and education. The framework will include a vision for the future and principles for collaboration.
- Implementation actions will be described in a Workplan.
- The CPESC will link with other jurisdiction to share points of mutual interest.

DELIVERABLE

- Steering committee established.
- Draft framework for change document including:
  - vision
  - principles

PROCESS

- Committee work to establish the committee.
- Draft a framework document.
- Draft an implementation workplan document.
- Determine how the steering committee will evolve to an implementation oversight committee.

WHO

- CPESC (lead) with input from all stakeholder groups.

STATUS

COMPLETE

- Started in 2010/2011.
- CPESC committee established, framework and workplan developed.
- Linkage with other jurisdictions is ongoing.

Alignment with WHO (2010)

> *"Agree to a common vision and purpose for interprofessional education with key stakeholders across all faculties and organizations. (p. 27)"*

ACTION **2**

Identify collaborative practice competencies and adopt/adapt a common core competency framework to support collaborative practice

OBJECTIVE/RATIONALE

- In alignment with practice and learning environments, regulators will be able to reinforce collaborative practice behaviors by adopting a set of collaborative practice competencies through entry to practice requirements for their membership.
- A number of Alberta and national groups have developed competency profiles for collaborative practice. There is an opportunity for Alberta to adopt a province-wide competency framework for alignment of all practice and learning settings.

DELIVERABLE

- Adaptation and adoption of a set of collaborative practice competencies.
- All regulated professions in Alberta adopt the collaborative practice competencies and embed them as core competencies in all their competency profiles.
- Collaborative practice competency learning tools available.

PROCESS

- Review current sets of collaborative competencies (E.g., Canadian Interprofessional Health Collaborative, Alberta-based competencies).
- Adapt as required and adopt.
- Develop an inventory of current collaborative practice competencies within Alberta health profession regulations and in other jurisdictions.
- Develop learning tools to increase understanding and uptake of collaborative practice competencies.
- Develop evaluation tools to assess outcomes.

WHO

- CPESC (lead) with stakeholder input.
- Regulatory colleges, representatives of unregulated health care workers and Alberta Health.

STATUS

COMPLETE

- Started in 2010/2011.
- Canadian Interprofessional Health Collaborative (CIHC) Competency Framework adopted.
- Regulatory adoption is ongoing.

Implementation Considerations from Stakeholders

- *Need to recognize that:*
  - *National bodies set the curriculum, not just provincial bodies.*
  - *There are standards developed outside of Alberta that can be used inside Alberta.*

Alignment with WHO (2010)

> *"Create frameworks and allocate funding for clear interprofessional outcomes as part of life long learning for the health workforce. (p.35)"*

ACTION **3**

Develop an engagement strategy

OBJECTIVE/RATIONALE

- Key elements of facilitating change are to engage and communicate with stakeholders. The CPESC will develop an engagement strategy to facilitate the sharing of information, gathering input/feedback and support stakeholders to initiate and sustain change in support of safe, high quality person-centered care through collaborative practice.
- The critical starting point for change is to share the framework with key stakeholders and engage them in developing a workplan to achieve the direction for collaborative practice in Alberta.
- The full framework will be shared with the broader stakeholder community to promote understanding and seek input on implementation actions.

DELIVERABLE

- Engagement Strategy.
- Stakeholder engagement occurs through a variety of media and communication channels to suit different audiences.
- Stakeholders build awareness, understanding and acceptance of collaborative practice as an approach to support safe, high quality person-centered care.

PROCESS

- Identify purpose(s) of engagement.
- Develop plans to engage stakeholders for specific purposes.
- Develop campaigns to “brand” information in ways that are relevant to multiple audiences and media forms.
- Share success stories to help people visualize collaborative practice and education in action.
- Incorporate different methods to capture stakeholder input.

WHO

- CPESC (lead) with input from all stakeholder groups including the public.

STATUS

- Ongoing.
- Started in 2011/2012.

Implementation Considerations from Stakeholders

- *Resources will be required to develop a stakeholder engagement strategy and implement it over the next few years.*
- *Future engagement symposiums to bring all stakeholders together.*
- *Creation of sub-committees, which will enable more stakeholders to be involved in the implementation process.*
- *The creation of a CPESC website/webpage with committee updates and resources.*
- *Creation of a ‘practice setting’ partnerships committee to share experiences and resources.*
- *Document ‘best practices’ to highlight what has been working thus far and what has not worked so well. Have this document available publicly.*

Alignment with WHO (2010)

> *“Structure processes that promote shared decision-making, regular communication and community involvement. (p. 30)”*

ACTION 4

Develop a communications plan

OBJECTIVE/RATIONALE

- Developing and implementing different formats for stakeholder engagement builds capacity in the system for taking coordinated action and changing the system toward provision of safe, high quality person-centered care through collaborative practice. The communications plan is a subset of the engagement strategy.

DELIVERABLE

- Communication Plan.
- Consistent key messages which reflect changes in the system and focus on safe, high quality person-centered care.

PROCESS

- Implement the Engagement Strategy.
- Share Collaborative Practice and Education Framework for Change and draft Collaborative Practice and Education Workplan documents with key stakeholders.
- Engage stakeholders to inform and shape the Workplan.
- Seek feedback on the Workplan in a second iteration prior to finalizing.
- Develop a communication plan that is grounded in the engagement strategy.
- Develop key messages that resonate with stakeholder groups.
- Use a variety of tools and formats to engage stakeholders to take action that is coordinated across the system and determine appropriate methods for delivery.

WHO

- CPESC (lead) with input from all stakeholder groups including the public.

STATUS

- Started in 2011/2012 and ongoing.
- CPESC Stakeholder Engagement Symposium held Nov. 17, 2011 and subsequent invitation to symposium participants and invitees to provide a second iteration of feedback.
- Overall communications planning is ongoing.

Alignment with WHO (2010)

> *"Structure processes that promote shared decision-making, regular communication and community involvement. (p. 30)"*

ACTION 5

Engage individuals receiving health care services, their families and care givers

OBJECTIVE/RATIONALE

- Individuals receiving care need to have a voice as the health system moves toward person-centered care. The public can be a powerful facilitator of the transition to collaborative practice across the system.
- Different people will have varying skills to advocate on their own or their family member's/dependent's behalf as part of the collaborative team. Many would benefit from information and skills development to fully engage as partners in collaborative teams to address individual health needs.

DELIVERABLE

- Mechanisms available for individuals, their families and care givers to provide input into the implementation of collaborative practice as an enabler of person-centered care.
- Tools available for individuals, their families and care givers to gain awareness, understanding and develop skills to engage as partners in collaborative teams.

PROCESS

- Identify/develop and implement mechanisms in appropriate environments to facilitate gathering input from the public.
- Develop tools to educate the public on person-centered care, collaborative practice principles and competencies and the potential for their involvement in the collaborative team addressing their health needs.

WHO

- CPESC (lead) with the input and involvement of the public, all stakeholder groups and patient advocacy groups.

STATUS

- Start in 2012/2013 ongoing.

Alignment with WHO (2010)

> *"Structure processes that promote shared decision-making, regular communication and community involvement. (p. 30)"*

ACTION 6

Establish an implementation coordination structure

OBJECTIVE/RATIONALE

- As the work of CPESC moves toward implementation, a structure will be established to facilitate, coordinate, align and integrate actions among practice, education, regulatory government and public stakeholders.
- CPESC will shift to an oversight role overseeing the work of the implementation structure.

DELIVERABLE

- Implementation coordination structure description.
- Job descriptions.
- RFP.
- Project Manager/ consulting team contracts execute.
- Project Charter signed off by executive sponsor (signifying commitment).
- Project charter would include components such as purpose, terms of reference, accountabilities, evidence-based analysis, evaluation and dissemination.

PROCESS

- Develop a set of clear expectations of the structure.
- Develop a mandate for an implementation coordination structure, job descriptions, and engage in a Request for Proposal (RFP) process to hire project manager to coordinate projects and activities.
- Coordinate implementation.

WHO

- CPESC (lead) with stakeholder input.

STATUS

- Start in 2012/2013 ongoing.

Implementation Considerations from Stakeholders

- *There must be dedicated commitment from senior executives and this must include resources, including time to work on this project. Consider the use of a ministerial directive.*
- *There may be a need for a dedicated project manager/support person.*
- *The committee may consider having a rotating membership across the sectors to enhance diversity of perspectives. The workload needs to be shared across communities of interest to form working groups.*
- *Consider expanding CPESC to include a public member and a member of an unregulated health profession.*

Alignment with WHO (2010)

> *Provide organizational support and adequate financial and time allocations for:*
>
> - *the development and delivery of interprofessional education.*
> - *staff training in interprofessional education. (p. 27)*
>
> *Develop governance models that establish teamwork and shared responsibility for health-care service delivery between team members as the normative practice. (p. 30)*

ACTION 7

Develop a collaborative practice change leadership program applicable to leaders in practice, learning, regulatory, and government settings

OBJECTIVE/RATIONALE

- Identify, refine and deliver an educational approach to develop collaborative practice change leaders in practice, learning, regulatory and government settings in alignment with collaborative practice principles and competencies. Change leaders are critical for sponsoring change initiatives and modeling collaborative practice. A change leadership program in the context of collaborative practice will facilitate change initiatives and sustain implementation and the gains made through knowledge translation.
- Define and identify change leaders specific to different practice, learning, regulatory and government settings to ensure programming is supportive to multiple cultures, contexts and organizational structures.
- Resources and tools will be provided to leaders from all settings to make it easier to facilitate and model collaborative practice.
- Establish a network of collaborative practice change leaders to support and sustain program learning and continuity of change initiatives in the system.

DELIVERABLE

- Change management educational program.
- Implementation plan.
- Leaders that are prepared to make changes to support collaborative practice.
- Network is established and functioning to sustain change leadership program.

PROCESS

- Identify nature and type of change leadership education required and adapt program as needed.
- Contract for adoption/refinement of change leadership program and possible development of a train-the-trainer program.
- Identify existing tools/programs (for example, AIM Collaboratives, Alberta Improvement Way - AHS change model).
- Define health structures, service settings, and target participants.
- Evaluation tool to assess outcomes.

WHO

- CPESC (lead) with stakeholder input.

STATUS

- Start in 2012/2013.

Implementation Considerations from Stakeholders

- *Resources are needed for this – cannot be work done 'off the side of the desk'.*
- *Identify current examples of collaborative practice being done and leverage members/ leaders as champions of the work.*
- *Support first-line leaders to shift culture with practical, behavior based tools.*
- *Need a strategy to deal with individuals who do not want to participate in a practice change leadership program.*
- *The context of "Change Leadership" needs to be revised – instead of focusing on the development of a single leader per team, all individuals on each team should learn how to become leaders. This leads to less hierarchy and less gaps in leadership (if the 'leader' were to leave the team, then the team risks failing without him/her).*

Alignment with WHO (2010)

> *Ensure the commitment to interprofessional education by leaders in education institutions and all associated practice and work settings. (p. 27)*
>
> *Develop governance models that establish teamwork and shared responsibility for health-care service delivery between team members as the normative practice. (p. 30)*
>
> *Build workforce capacity at national and local levels. (p. 35)*
>
> *Create and environment in which to share best practices from workforce planning, financing, funding and remuneration which are supportive if interprofessional education and collaborative practice. (p. 35)*

ACTION **8**

Develop methods to identify and gather barriers to and enablers of collaboration that are responsive to the care setting and the health system

OBJECTIVE/RATIONALE

- Early in the roll out of collaborative practice, health providers will recognize barriers to collaboration and teamwork and will identify potential solutions. It is essential to develop methods to capture barriers to address them systematically. It is also critical to capture enablers to share with the larger community as leading practices to consider.
- The deliverables will need to be designed to address barriers at multiple settings and levels and enable feedback to all people involved so that action may be taken.

DELIVERABLE

- Current state assessment of system barrier reduction activities.
- Tools and supports to collect barriers and enablers leading to an ongoing list of barriers to address and enablers to share.
- Leverage the implementation plan to action the use of the collaborative tools.
- Communication plan to ensure that all people involved understand barriers and enablers and how to take action and to provide feedback to those providing information (patients, families, providers, etc.).

PROCESS

- Determine what activities are already happening to reduce barriers to collaborative practice.
- Identify current models to collect information regarding barriers and enablers to collaborative practice.
- Study what makes the collection models work effectively (E.g., issues logs, reviews of client satisfaction data, active listening to patients/clients, focus groups).
- Gather methods of identifying and recording barriers and enablers.
- Create tools/supports that can be tailored to any setting and any team to gather barriers and enablers system wide.
- Tools/supports will be designed to assist with staff involvement decisions, prioritization of barriers and enablers, action planning (barrier resolution and enabler sharing) and communications.
- Tools/supports will be designed to recognize barriers and enablers that occur at multiple levels (team level, profession/regulatory level or system level).
- Create communication plans to ensure that providers understand barriers and enablers and how to take action (E.g. toolkit to share success stories).

WHO

- CPESC (lead) with stakeholder input.
- Stakeholders will implement and provide ongoing input.

STATUS

- Start in 2012/2013 and ongoing.

Implementation Considerations from Stakeholders

- *Addressing barriers and sharing enablers at various levels involve different people at different times. Need to ensure that the right people are at the table to use the tools and action the results.*
- *Resources (staff, financial, time, etc.) need to be planned to facilitate the use of tools and to action the results.*
- *Need to consider different and innovative methods for communications and implementation strategies that advocate/promote shifts in thinking and culture change in all environments (practice, learning and regulatory). For example, complaints or concerns should be dealt with constructively rather than punitively.*
- *Need to consider what technology enablers may be included in the tools.*

Alignment with WHO (2010)

> *"Create an environment in which to share best practices from workforce planning, financing, funding and remuneration which are supportive of interprofessional education and collaborative practice. (p. 35)"*

ACTION 9

Establish an evaluation framework for system change

OBJECTIVE/RATIONALE

- An evaluation framework will be established to assess the overall impacts of initiatives on the system. Program evaluation will be critical to evaluate local-level changes, but will not be sufficient to determine the extent of system-level impacts.
- Develop an evaluation plan and tools to determine which approaches to supporting collaborative practice work most effectively in an Alberta context.
- It is important also to include in the framework an ability to capture continuous improvement initiatives and outcomes.

DELIVERABLE

- Evaluation framework(s) that can be applied at different levels of evaluation.

PROCESS

- Identify/develop a system evaluation framework.
- Where possible, build on existing frameworks.
- Identify consistent metrics (including key performance indicators if appropriate), sources of data and data collection tools that will apply to different levels of evaluation (E.g. local level, program level and system level and at the provider and patient/client levels).
- Incorporate into the frameworks, how to capture continuous improvement initiative outcomes.

WHO

- CPESC (lead) with input from all stakeholder groups (including independent and employed providers, employers, Health Quality Council of Alberta, patient/public).

STATUS

- Start in 2012/2013 and ongoing.

Implementation Considerations from Stakeholders

- *Need to identify resources (people, financial, time, etc.) that are required to evaluate outcomes of change across different programs, settings, and levels.*
- *Align the collaborative practice evaluation framework with the research agenda (Objective 8) to ensure that the two objectives support each other.*
- *Align the collaborative practice evaluation framework with existing evaluation processes and programs where possible to avoid duplication of effort (E.g., Accreditation Canada, employee engagement surveys, etc.).*
- *Areas to consider for the identification and measurement of collaborative practice outcomes include qualitative and quantitative evaluations of patient experience, costs/cost savings, patient and family outcomes, system-wide health improvement, provider satisfaction; provider retention).*

Alignment with WHO (2010)

> *"Create an environment in which to share best practices from workforce planning, financing, funding and remuneration which are supportive of interprofessional education and collaborative practice. (p. 35)"*

ACTION **10**

Create a research agenda

OBJECTIVE/RATIONALE

- Part of building on the foundation of collaborative practice and education initiatives is to set the direction for future research in Alberta. Included in the overall research agenda, it will be important to:
- develop a dissemination plan to promote research results and best practices for effective applications of collaboration.
- collect and provide access to tools and best practice approaches; and
- create an inventory of research.
- cost-benefit analysis.

DELIVERABLE

- Research agenda outlining areas of research that are of interest to support the implementation of collaborative practice.
- Dissemination plan for research results, especially if they relate to best practices.

PROCESS

- Contract for creation of a research agenda and components of an implementation plan.
- Identify the specific research questions and establish timelines, specific to the implementation of collaborative practice in the Alberta context.
- The research agenda will build upon and extend previous and current research on collaborative practice and education to address areas of specific interest to Alberta and/or areas which would contribute to the literature overall.
- The research agenda will be aligned with the evaluation framework and build on evaluation outcomes.

WHO

- CPESC (lead) with stakeholder input (including researchers from Alberta Health Services (AHS), and post secondary institutions and research funders from Alberta, Canada or international).

STATUS

- Start in 2012/2013

Implementation Considerations from Stakeholders

- *Need to consider the current literature on collaborative practice and collaborative education to ensure that the research agenda links with other (ongoing) research efforts.*
- *Research areas may touch on provider roles or specific medical conditions and best practices for improving patient outcomes. A key consideration will be the knowledge transfer of best practices to providers and those implementing change across the health system.*
- *Research can inform an understanding of the optimal use of collaborative practice teams – that is, in what settings and programs does collaborative practice have the most benefit.*
- *It will make sense for Alberta researchers to collaborate with researchers from other jurisdictions and countries in support of better health outcomes through collaborative practice.*
- *It will be prudent to look at multiple sources of funding to support implementation of the research agenda.*

Alignment with WHO (2010)

> *"Create an environment in which to share collaborative practice best practices from workforce planning, financing, funding and remuneration which are supportive of interprofessional education and collaborative practice. (p. 35)"*

ACTION 11

Review compensation models for different health providers

OBJECTIVE/RATIONALE

- One of the barriers to collaborative practice has often been attributed to different compensation models used for different health providers, including publicly paid services by fee for service or salary and non-publicly paid services.
- Negotiation of compensation models for health care providers will need to incorporate principles and structures that facilitate and support collaborative practice, team-based approaches to health service delivery.

DELIVERABLE

- Principles of collaborative practice compensation modeling document.
- Strategy to strengthen opportunities to move forward with actions to change compensation models.

PROCESS

- Review research and ongoing work on the principles of compensation design as it relates to collaborative practice. Principles would be used for compensation modeling of current compensation models.
- Evaluate and/or review current models of compensation in the context of the collaborative practice principles.
- Develop a strategy to strengthen opportunities to align compensation with collaborative practice.

WHO

- Health sector employers and Alberta Health with the input of stakeholders who are involved in setting compensation (E.g., unions and associations).

STATUS

- Ongoing work by Alberta Health to continue in 2012/2013.

Implementation Considerations from Stakeholders

- *Should use an "inclusive" development/ consultation process given that different stakeholder groups may have different roles in this process.*
- *Consider the compensation models in other jurisdictions and across the professions.*

Alignment with WHO (2010)

> *"Develop personnel policies that recognize and support collaborative practice and offer fair and equitable remuneration models. (p. 30)"*

ACTION **12**

Structure health care services to support collaboration (practice settings take the lead)

OBJECTIVE/RATIONALE

- Health care services may need to be re-structured and resourced to support person-centered, collaborative, team-based care.

DELIVERABLE

- Health care services conducive to collaborative practice are delivered within a collaborative culture across the health system (including community-based structures and processes).

PROCESS

- Contract consultant to facilitate clinical services re-structure and alignment and ensure staff are involved in design.
- Design processes that first define and address the needs of the individual, family and care givers.
- Align changes to health care service delivery to operational policies that support collaborative practice.
- Understand the context for changing health care services - Is it form (structure) or the processes that need change?
- Recognize and build on successful health care service change initiatives that already exist.
- Incorporate the necessary infrastructure (Finance, Information Technology, physical space) to support collaborative practice.
- Incorporate the change management practice of identifying a leader to champion on - site changes.
- Leverage technology to facilitate communication of changes.

WHO

- Health sector employers will take the lead and seek input from stakeholders including individuals, their families and care givers; employee's (team members); unions; policy makers.

STATUS

- Start in 2012/2013 and ongoing.

Implementation Considerations from Stakeholders

- *It will be critical to collaborate with community-based practitioners that work outside facilities and include them on health care service design.*
- *Need to ensure that funding and resources are available to carry on change work.*
- *Need to understand and be clear on what is "best practice" to drive health care service changes.*
- *Person-based care will be facilitated if providers shift to embracing overlaps in skills rather than setting up professional/job-related barriers.*

Alignment with WHO (2010)

> *Develop a delivery model that allows adequate time and space for staff to focus on interprofessional collaboration and delivery of care. (p. 30)*
>
> *Design a built environment that promotes, fosters and extends interprofessional collaborative practice both within and across service agencies. (p. 30)*

ACTION **13**

Encourage continuous learning opportunities for health service providers

OBJECTIVE/RATIONALE

- The current health workforce needs to understand collaborative practice principles and build competencies to increase collaboration in everyday practice. Collaborative education via health sector employers will support the development of a collaborative culture and foster understanding and clarity of roles in all settings.
- Common language and general principles (that allow for variations and differences) that all providers can use to support the transition to more collaborative approaches to service delivery.
- Individuals taking responsibility to incorporate collaborative competencies into own practice.
- A process for shared decision making is required as collaboration encompasses teamwork, collective responsibility and shared clinical decision making among providers. Establishing processes/tools for shared decision making will enhance the ability of all staff to participate effectively.

DELIVERABLE

- Continuous learning program/education curriculum to support collaborative practice.
- Shared decision making process established.
- Toolkit and supports for implementation of shared decision making (communication tools adopted from already available tools).
- Groundwork established for a community of practice.

PROCESS

- Contract for development of continuous learning program grounded in a set of collaborative practice competencies and shared decision-making process.
- Identify and incorporate existing learning tools into the continuous learning program.
- Learning opportunities locally delivered via different models (appropriate to the setting and providers).
- Local planning using collaborative practice implementation toolkit (standard tool kit with optional tools).
- Where appropriate, practice settings may want to develop partnerships with post secondary institutions for education delivery.
- Add competency development to staff performance and development plans.
- Toolkit will need to be supported with change management tools to assist the required change in culture and to support individual initiative and accountability for own collaborative behaviour.
- Evaluation tool to assess outcomes.

WHO

- CPESC (lead) with input and involvement of health sector employers, unions and associations, post secondary educators, regulators and representatives of unregulated health care workers.
- Implementation at the local level.

STATUS

- Start in 2012/2013 and ongoing.

Action 13 continued

Implementation Considerations from Stakeholders

- *Develop a standard workshop that is used by all stakeholder groups to foster positive culture change. Assess effectiveness of program with evaluation measures.*
- *Continuous learning opportunities should encourage full scope of practice – content learned should be practiced in the workplace to practice skills and link to mandatory professional continuing competencies.*
- *Need to consider that providers educated outside Canada may have a different cultural awareness of collaborative practice (for some it will be foreign and for others it will fit to how they were trained and in practice) and they may need extra supports for developing collaborative practice competencies.*
- *Need to emphasize that all providers, individuals and their family and care givers have the capacity to be "learners" and "teachers".*
- *Set the learning context that an overlap of skills is positive and offers opportunities for more collaboration and creativity about efficient service provision rather than being threatening.*
- *If post secondary institutions are involved in delivery, opt for periods that are less busy in the academic year (May and June) for provider education.*
- *Need to allocate resources to support providers during the transition to/enhancement of collaborative practice behaviour (E.g., backfill resources while staff are in education programs, time to develop collaborative practice competencies).*
- *Need to support continuous learning opportunities within shift in culture. Help all providers to see collaborative practice as an enabler for person-centered care provision and not just another "flavour of the month" initiative.*

Alignment with WHO (2010)

> *Develop interprofessional education curricula according to principles of good educational practice. (p. 27)*
>
> *Ensure staff responsible for developing, delivering and evaluating interprofessional education are competent in this task, have expertise consistent with the nature of the planned interprofessional education and have the support of an interprofessional education champion. (p. 27)*
>
> *Ensure the commitment to interprofessional education by leaders in education institutions and all associated practice and work settings. (p. 27)*
>
> *Provide organizational support and adequate financial and time allocations for the development and delivery of interprofessional education and staff training in interprofessional education. (p. 27)*
>
> *Create frameworks and allocate funding for clear interprofessional outcomes as part of life long learning for the health workforce. (p. 35)*

ACTION 14

Develop methods to inform health providers about other team members

OBJECTIVE/RATIONALE

- Although different health providers work with each other day-to-day, there is not always the opportunity to learn about each other. Methods of information sharing designed to educate health care providers on each others' knowledge and skill sets will provide a baseline of information about other team members. They may also enable participants to share experiences in collaborative care.
- Support for individual providers to learn more about their team members and how they can collaborate to meet patient/client needs more effectively.

DELIVERABLE

- Implement methods for information sharing.
- Health providers will have a greater understanding of each other's roles and of collaborative practice in general.

PROCESS

- Identify means of sharing health workforce roles and professional information (e.g., events, continuous learning opportunities, toolkit).
- Determine delivery models (appropriate to settings) that will reach and engage broad audiences.
- Develop a collaborative practice 'Code of Ethics' for all practitioners.

WHO

- CPESC (lead) with input and involvement of regulatory colleges and representatives of unregulated health care workers.
- Implementation at the local level.

STATUS

- Start in 2012/2013.

Implementation Considerations from Stakeholders

- *Comment about the rationale, especially the phrase …there is not always the opportunity to learn about each other…*
- *This makes an assumption that every provider is part of a "team". Many providers working with a patient may not be part of a defined care team. E.g. Health care aide providing home care services, community pharmacist, and individual's dentist are all part of a "virtual" care team but may not interact.*
- *What is a "team member?" Suggested that a team is the group which is delivering care and is beyond one unit and/or program.*
- *Need to ensure that information about other "team" care providers is relevant and appropriate to the setting and type of care provided (e.g., primary care, acute care, continuing care, home care, etc.).*
- *Need to look at this objective across the entire health care continuum.*

Alignment with WHO (2010)

> *"Provide organizational support and adequate financial and time allocations for the development and delivery of interprofessional education and staff training in interprofessional education. (p. 27)*
>
> *Ensure the commitment to interprofessional education by leaders in education institutions and all associated practice and work settings. (p. 27)"*

ACTION **15**

Promote understanding of roles, responsibilities, scope, and practice across the regulatory community to maximize collaborative practice

OBJECTIVE/RATIONALE

- Principles of collaborative practice need to be implemented through regulatory policies, regulations, and standards across regulators, educators and employers and government.
- Common practice values foster collaborative spirit, respect and knowledge to support changing the culture from competitive silos to one that is collaborative and cross-functional.
- When different providers are supported to collaborate with each other to provide person-centered care through aligned regulatory standards, they will be more comfortable acting on the principles (E.g., effectively using overlapping areas of practice to provide seamless services and engage in joint decision making).
- The focus of alignment is to promote person-centered care and enable different providers to work together in the provision of services that meet the needs of the individual receiving those services.

DELIVERABLE

- Set of principles to align policies across practice, learning and regulatory systems.
- Regulatory policies, regulations, standards, codes of ethics and professional expectations are aligned across professions in support of collaborative practice.
- Regulators will have a comprehensive understanding across the spectrum of health care professions that informs regulatory processes.
- Requires commitment of regulatory colleges, which then hold each member accountable.

PROCESS

- Regulatory bodies need to develop a common understanding of the principles of collaborative practice and how they impact current practice.
- Need to determine barriers are arising from current regulatory structures to address them as part of the alignment.
- Build on regulatory structures that currently support collaborative practice principles and use as models.
- Review and align regulatory documents to promote consistency where possible and support collaborative practice (E.g., codes of ethics, a set of core values shared by all regulators).
- Embed collaborative practice principles into standards of practice.
- Incorporate collaborative practice competencies and principles into continuing competency programs.
- Review regulatory college approval of education programs to ensure that collaborative practice competencies are part of the process.
- Align with the Interprofessional Health Education Accreditation Standards Guide.**

WHO

- Regulatory colleges, professional associations, representatives of unregulated health care workers and Alberta Health with input from health sector employers, post secondary educators, accreditation organizations (E.g., national agencies, such as CFPC, PCPSC).
- Input from the unions and the public.

STATUS

- Start in 2012/2013 and ongoing.

Alignment with WHO (2010)

> *Introduce interprofessional education into health worker training programs:*
>
> - *all pre-qualifying programmes.*
> - *appropriate post-graduate and continuing professional development programmes.*
> - *learning for quality service improvement. (p. 27)*
>
> *Create accreditation standards for health worker education programmes that include clear evidence of interprofessional education. (p. 35)*

ACTION **16**

Provide faculty development opportunities

OBJECTIVE/RATIONALE

- Resources and tools will be provided to Faculty to make it easier to facilitate and model collaborative education and promote teaching excellence. Faculty development will enable modifications to components of curricula to reinforce collaborative practice principles and competencies.
- Best practices from effective faculty development programs will be adapted as needed for our context.

DELIVERABLE

- A faculty development program is in place and faculty attend it.
- Post-secondary leaders prepared to make changes to support collaborative practice.
- Build/institute expectations and incentives (if necessary) for faculty to participate in faculty development programs.

PROCESS

- Identify collaborative practice competencies for faculty.
- Develop/adopt/ adapt collaborative tools and supports.

WHO

- Post-secondary educators.
- Implementation at the local level.

STATUS

- Start in 2012/2013 and ongoing.

Implementation Considerations from Stakeholders

- *"Faculty" should be defined to include full-time faculty, clinical faculty that are facility and community based.*

Alignment with WHO (2010)

> *Ensure staff responsible for delivering and evaluating interprofessional education are competent in this task, have expertise consistent with the nature of the planned interprofessional education and have the support of an interprofessional education champion. (p. 27)*
>
> *Ensure the commitment to interprofessional education by leaders in education institutions and all associated practice and work settings. (p. 27)*

ACTION **17**

Develop preceptors

OBJECTIVE/RATIONALE

- Accessible preceptor training is available to support student placements and model collaborative practice across health disciplines.
- As collaborative practice becomes integrated into work practices, preceptors will be encouraged to mentor students from other disciplines in support of student competency development.

DELIVERABLE

- Preceptor education program, tools and resources.

PROCESS

- AHS Interprofessional Preceptor Education Project to develop tools and a preceptor education model.
- Identify sustainability factors.
- Reinforce the value and benefits of being a preceptor (E.g., service to patients, built-in recruiting process).
- Build on the expectation that every health care worker plays an educator role when interacting with students (whether as a role model or involved in didactic or practice-based teaching).
- Evaluate current preceptor supports in place (e.g., monetary, training, tools, etc.).

WHO

- Health sector employers with input and involvement of post-secondary educators.

STATUS

- Started in 2010/2011 and ongoing.

Implementation Considerations from Stakeholders

- *Developing "preceptor teams" as part of the interprofessional team model. This would help preceptors develop their skills within their respective fields and with other disciplines.*

Alignment with WHO (2010)

> *Introduce interprofessional education into health working training programmes:*
>
> - *pre-qualifying programmes.*
> - *appropriate post-graduate and continuing professional development programmes.*
> - *learning for quality service improvement. (p. 27)*
>
> *Ensure staff responsible for developing, delivering and evaluating interprofessional education are competent in this task, have expertise consistent with the nature of the planned interprofessional education and have the support of an interprofessional education champion. (p. 27)*

ACTION **18**

Engage students

OBJECTIVE/RATIONALE

- Create opportunities for students to engage in collaborative learning, research and demonstration projects/experiences across learning and practice environments.
- Engaging students in a system-wide fashion should result in exposure to and experience in collaborative team work so that it becomes the norm.
- Faculty, workplace preceptors and mentors need to support student learning through role-modeling in learning and practice environments in order to engage students.

DELIVERABLE

- Shared learning activities/tools for all disciplines.
- Students will demonstrate development of collaborative skills.
- Learning opportunities will be created and supported for student engagement in collaborative learning.
- Support to students is acted on as a collective responsibility between preceptors, mentors, managers and leaders.
- Internationally educated health professionals will be able to access appropriate education/bridging programs to support integration into the Alberta health workforce.

PROCESS

- Develop and collect tools and processes that facilitate student learning and exposure to collaborative practice across all health disciplines (E.g., simulation exercises, tool libraries, common language and jargon alerts).
- Design tools to be applied across different learning environments and for different students (including pre-licensure and post-licensure).
- Design tools to support the integration of practice and education (E.g., faculty and experienced practitioners using the tools to support student learning and collaboration skill development).
- Design mechanisms for continuous improvement in the tools based on faculty and student feedback.

WHO

- Post-secondary educators with input from experienced practitioners, preceptors, mentors, managers and leaders in the practice and regulatory environments.

STATUS

- Start in 2012/2013 and ongoing.

Action 18 continued

Implementation Considerations from Stakeholders

- *Provide resources to support system-wide use of simulation and other innovative tools in the post-secondary and practice environments.*
- *Early exposure to collaborative practice learning opportunities will foster skill development.*
- *All professions and disciplines need to collaborate in their involvement supporting student learning – supporting students is something that "we are all in together".*
- *Experienced practitioners will play a critical role in facilitating the orientation of new students using collaborative practice learning tools.*
- *Students with training from other countries or provinces where collaborative practice is not part of the education or practice culture may need some extra attention to help them understand and engage in learning collaborative skills.*

Alignment with WHO (2010)

"Develop interprofessional education curricula according to principles of good educational practice. (p. 27)

Introduce interprofessional education into health working training programmes:

- *pre-qualifying programmes.*
- *appropriate post-graduate and continuing professional development programmes.*
- *learning for quality service improvement. (p. 27)*

Create accreditation standards for health worker education programmes that include clear evidence of interprofessional education. (p. 35)"

ACTION **19**

Structure and align health sector curricula for post-secondary programs with practice

OBJECTIVE/RATIONALE

- Post-secondary educators will align existing and new health programs to evidence-based best practices for collaborative practice.
- Post-secondary institutions and national associations responsible for exams will be encouraged to infuse collaborative practice competencies into health programs and national registration exams.
- Clinical experience must be made intentional and meaningful for all professions involved.
- Changing the didactic components of health education is not necessarily the answer to change management. It can be enhanced, but the real goal in education is to re-design the clinical experience so that collaborative practice principles are aligned with a student's intended culture of practice.

DELIVERABLE

- Evidence-based best practices established for collaborative practice.
- Collaborative practice principles incorporated into health curriculum as appropriate.
- Collaborative practice clinical experiences are available.
- Consistent role enactment within similar contextual environment.

PROCESS

- Develop principles for curriculum and practice alignment.
- Provide support for alignment activities.
- Need to assess what is currently being done.
- Examine ways to deliver collaborative clinical experiences across institutions and programs.
- Design clinical experiences to reinforce collaborative practice noting that collaborative practice may look different site-to-site – prepare students for the difference.
- Evaluation tool to assess outcomes.

WHO

- Post-secondary educators with the input and involvement of health sector employers and regulators.

STATUS

- Start in 2012/2013 and ongoing.

Implementation Considerations from Stakeholders

- *Ensure faculty/instructors have the skills to teach collaborative practice.*

Alignment with WHO (2010)

> *"Develop interprofessional education curricula according to principles of good educational practice. (p. 27)"*

ACTION **20**

Align learning environment, administrative policies, structures, and funding to support collaborative practice

OBJECTIVE/RATIONALE

- Build on and align the current collaborative practice educational models within programs through supportive administrative policies, structures and funding to break down silos between programs and faculties.
- Create networks of collaborative practice programs and individuals teaching them to support partnering across institutions. Students will learn effective collaboration while working with a variety of possible, future team members. As not all post-secondary institutions offer the whole spectrum of programs, it will be necessary for different institutions to collaborate on student placements.
- Create systems for recognizing collaborative practice experiences and crediting them for student curriculum coverage and grades.
- Create structures to recognize educators (faculty and preceptors) for collaborative practice teaching and innovation.

DELIVERABLE

- Two or three models for institutional partnerships and networks available for evaluation and, if deemed successful, for transfer across varied locations.
- Learning Pathway to credit student collaborative practice and team work experiences.
- Learning pathway that embeds collaborative practice in all post secondary practice experiences.
- Faculty recognition systems encourage innovation and teaching to support collaborative practice.
- Faculty selection and performance evaluated in part against role as collaborator/ educator.
- A culture in both the learning and practice environment supportive of collaborative practice.

PROCESS

- Review current policies, structures and funding models to identify changes required to support collaborative education.
- Change programs to facilitate team-based practica in appropriate practice settings so that students from different programs can learn together.
- Create systems to identify, recognize, count, credit and transfer collaborative practice experiences at the individual and team levels.
- Change systems to enable recognition for faculty innovation and teaching to support collaborative practice.
- Address “hidden curricula” and “turf“ issues through system alignment across programs and post secondary institutions.

WHO

- Post-secondary educators with input from health sector employers, preceptors and mentors, government policy makers and regulators.

STATUS

- Start in 2012/2013 and ongoing.

Implementation Considerations from Stakeholders

- *Alignment of practice environment and educational policies and culture are required to allow students to practice skills that are taught within their programs - what is taught is what is practiced.*
- *Learning activities designed for the workplace will assist in shifting the practice environment culture.*
- *Needs continual ‘refresh’ to be effective/ sustainable.*

Alignment with WHO (2010)

> *Provide organizational support and adequate financial and time allocations for the development and delivery of interprofessional education and staff training in interprofessional education.*
>
> *Ensure the commitment to interprofessional education by leaders in educational institutions and all associated practice settings. (p. 27)*
>
> *Create frameworks and allocate funding for clear interprofessional outcomes as part of life long learning for the health workforce. (p. 35)*

ACTION **21**

Align organizational policies, structures, and supports across multiple settings

OBJECTIVE/RATIONALE

- Align organizational policies, structures and supports to facilitate collaborative practice.
- Develop and implement criteria to support policy alignment in support of collaborative practice.
- Integrate collaborative practice behaviours into performance management systems and in Human Resources policies and performance measurements to support change at the individual, program and organizational levels.
- Needs a flexible approach built on principles that are aligned across different contextual settings.
- Develop and implement performance measures for reporting on collaborative practice activities (applies only to organizations for which Alberta Health sets performance measures).
- Foster alignment to collaborative practice through Federal/Provincial/Territorial (F/P/T) structures.

DELIVERABLE

- Toolkit for policy, structures and supports alignment.
- A set of principles to guide policy, structure and support alignment.
- Performance measures and targets for collaborative practice activities added to standard performance measures.
- F/P/T initiatives are aligned in support of collaborative practice.
- Government policies and standards are aligned with regulatory, education and employer policies to support collaboration.

PROCESS

- Task groups to develop principles and necessary tools for each sector.
- Toolkits will guide the review of existing policies, structures and supports to ensure they are aligned and support collaborative practice in multiple practice settings and will include appropriate templates for policies and job descriptions, key deliverables to be produced.
- Align with the Interprofessional Health Education Accreditation Standards Guide**
- Align Alberta Health policy initiatives and standards (E.g.: Legislative Barriers, Primary Care Modernization, Family Care Clinics, Patient Navigation, Continuing Care Standards) and Enterprise and Advanced Education policy initiatives and standards.
- Align with and influence initiatives at the F/P/T level.

WHO

- Health sector employers, unions and associations, post secondary institutions, regulatory colleges and representatives of unregulated health care workers and government.

STATUS

- Start in 2012/2013 and ongoing.

* World Health Organization (2010). *Framework for Action on Interprofessional Education and Collaborative Practice*. Geneva, Switzerland: Health Professions Network Nursing and Midwifery Office, Department of Human Resources for Health.

** The Accreditation of Interprofessional Health Education Initiative (www.aiphe.ca) (2011). *Interprofessional Health Education Accreditation Standards Guide*.

Action 21 continued

Implementation Considerations from Stakeholders

- *Principle development informs the foundation for clarity – approach and structure of policy, structures and supports alignment should be flexible for a given context.*
- *Needs to include policies, structures and supports that apply to all professional practices.*

Alignment with WHO (2010)

Design a built environment that promotes, fosters and extends interprofessional collaborative practice both within and across service agencies. (p. 30)

Develop personnel policies that recognize and support collaborative practice and offer fair and equitable remuneration models. (p. 30)

Develop governance models that establish teamwork and shared responsibility for health-care service delivery between team members as the normative practice. (p. 30)

Create policy and regulatory frameworks that support educators and health workers to promote and practice collaboratively, including new and emerging roles and models of care. (p. 35)

NOTES

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