



connections

A newsletter for the staff, physicians, volunteers, residents and students of St. Joseph's Health Centre

OCTOBER 2009

Celebrating Our Second Annual Interprofessional Education Week!

October 19th to 23rd

This special issue of *Connections* features some of the ways our health care providers learn with, from and about each other. At St. Joseph's we call this interprofessional education and collaboration.

Teamwork is crucial to the success of a community teaching hospital. Our diverse team of health care professionals all learn and collaborate together to achieve the same goal: **the best possible patient care**. We asked some of our care providers to tell us about how they work with their colleagues to create a culture of collaboration.



between peers, between other care teams - and make people feel empowered and allowed to ask each other "why?"

Jerry Maniate, MD, says you will find this type of teaching and learning environment - what health care professionals call interprofessional collaboration and education - in St. Joseph's Oncology unit where he currently does his clinical work as part of the unit's health care team. For example, the Oncology unit conducts weekly patient care rounds where anyone from the team who has a question about a specific person's care can request a discussion of the patient.

"And it's not necessarily the physicians who are raising the questions and leading the discussions," said Maniate, adding this is a big departure from historical practices. "The experience I have had here is much

more of an interactive process in which different voices are heard - nurses, pharmacists, nutritionists, social workers and palliative care coordinators."

For example, if a nutritionist detects a problem in a patient that wasn't raised when the physician was assessing them, Maniate said the nutritionist should feel

Continued on page 4

CAPITALIZING ON THE TEACHABLE MOMENTS AT ST. JOSEPH'S *PHYSICIAN, ONCOLOGY*

Interprofessional collaboration is about creating an environment that allows every professional in a patient's health care team to contribute and have their voice heard in a way that makes them feel respected, that their perspective does matter and that it can shape the decision-making process.

At the same time, that team environment needs to capitalize on teachable moments - at the patient's bedside,

INSIDE

Interprofessional Coaches Training St. Joseph's Interprofessional Teams	2
AIR Team Breaths Life into Interprofessional Practice	2
Caring Presence for Patients and Their Families	3
Becoming a Valuable Resource	3
Insert: Integrated Geriatric and Geriatric Psychiatry Outreach Project	

INTERPROFESSIONAL COACHES TRAINING ST. JOSEPH'S INTERPROFESSIONAL TEAMS
UNIT CLERK, SURGICAL PROGRAM



Sherryl Marquez, a Unit Clerk for the Health Centre's Surgical Program was one of 20 health care professionals trained as an interprofessional (IP) coach. Coaches work in pairs to help teach health care teams in each patient care area about how to work together in a collaborative way that leverages individual strengths, which also builds team capacities in a way that supports patient care.

At St. Joseph's, we define teams broadly, and look for opportunities to educate regulated and non-regulated as well as clinical and non-clinical professions collaboratively.

"Being a coach gave me confidence to know that my contributions matter and that what I've learned I can now share with others to improve patient care. It really is about team work," she said.

The IP coaches completed a program

called *Enhancing Interprofessional Collaboration Through Coaching in Healthcare Settings*. This taught them the skills they needed to help guide and instruct each team on how to set goals for their unit that would improve working relationships, processes and enhance the care they provide our patients. As an IP coach, she worked along side Dr. Eddy Lau, Chief of Pediatrics, to help train the ICU team.

By working in pairs made up of different professions, the coaches were able to set an example of the kind of collaboration they were teaching the teams.

"What matters most is that we each realize that we are all important partners in health care delivery. By putting team coaches out there regardless of your degree, position, title, etc., you really show that we can all work together in a dynamic environment - and being dynamic is a positive thing." Before this program started, Marquez said many people worked independently.

Surveys completed by the teams have shown that they increased their trust and respect, their knowledge of each others' roles, their conflict resolution skills, their willingness to share power and their shared decision making.

AIR TEAM BREATHES LIFE INTO INTERPROFESSIONAL PRACTICE
RESPIRATORY THERAPIST & PHARMACIST

The Assertive Interprofessional Respiratory (AIR) team initiative is a great example of our commitment to imbedding interprofessional collaboration right at the patient's bed side. St. Joseph's was one of 10 organizations awarded with a *HealthForceOntario* grant that helped us

to create this innovative team and start a six-month pilot project designed to improve care for patients with breathing problems. Asthma, chronic obstructive pulmonary disease, pneumonia and croup are some of the most common ailments that send people to the Emergency Department for treatment.

The AIR Team, consisting of a registered respiratory therapist, registered nurse and registered pharmacist, work together to treat stretcher patients (our more urgent cases) suffering from these respiratory com-

plications. While the project is now complete, a tool kit has been developed that will support other hospitals who aim to implement interprofessional teams within their organizations.

Sarah Enriquez, Respiratory Therapist:

"This collaborative approach to care enabled each of us to work to together, to our full scope of practice, so there was a tremendous amount of shared duties and

Continued on page 3



A CARING PRESENCE FOR PATIENTS AND THEIR FAMILIES VOLUNTEER, PALLIATIVE CARE

The volunteers at St. Joseph's play a key role in providing companionship to patients nearing the final stages of their life.

This past March, the Health Centre launched the Palliative Care Volunteer Program, a partnership between St. Joe's Volunteer Services Program, the Palliative Care Team and their Patient Care Managers.

"Sometimes, palliative patients have families who can be here for them, but some are totally alone," said Yoko Tsuyuki, a St. Joseph's Palliative Care Volunteer.

"Our role is to sit with them and listen and hold their hand if they need it, to let them know someone is there for them."

Yoko and the other three Palliative Care Volunteers are a valuable part of these patients' care team. They provide our pal-

liative patients with support by listening to their stories, offering understanding, making them feel connected and valued, and helping them live the end of their lives with hope and dignity.

To prepare for this role, the volunteers completed 30 hours of education and training and 70 volunteering hours. They also attended off-site visits to Toronto Rehabilitation Institute's palliative care unit and Dorothy Ley's residential hospice where they benefited from information sessions and individualized training with their volunteers. The group also received infection control education and completed interprofessional mentor/preceptor workshops. In seven short months this small team has made a huge difference to our palliative patients' quality of life. They are also important members of the interprofessional team.

BECOMING A VALUABLE RESOURCE FOR HER PATIENTS RESIDENT, FAMILY MEDICINE

The Interprofessional Education Placement Pilot provided Mei-Ling Wiedmeyer, now a second year Medical Resident, with some insight into how her fellow colleagues are trained and the types of services they provide patients.

"It sounds very simplistic, but it is something that I had a question about because I don't really know how other health professions are trained. I found per-

sonally that a lot of people have confusion about how doctors are trained and this provided a chance to share some of that information as a group," said Wiedmeyer.

"The idea is for people to start learning about interprofessional work as part of their training when they are a student so when they do graduate and go into practice it is already integrated into their model of care."

Continued on page 4

Continued from page 2

responsibilities in treating our patients."

As a team they were able to fully under-

stand what was happening with their patients, which allowed the AIR team to provide a more seamless approach in caring for patients.

"This experience truly encompasses our goal at St. Joe's of supporting an environment to learn with, from and about each other. Interprofessional teams like this give clinicians a different perspective and appreciation for the different roles needed in patient care, and a greater understanding of how and where everyone fits in."

JENNY SEAH, PHARMACIST:

"This model of care benefited patients because they had access to a variety of specialized health care providers at the

same time to treat their specific needs," said Seah. The goal was that the AIR Team could see patients quicker and provide more appropriate assessments on our patients for our physicians. Seah said they also aimed to reduce re-admission rates through the education we provided our patients about their illness, symptoms and medication.

"To cover all areas of care, this project showed the importance of working together to make sure nothing is missed for our patients, and that is the type of care we continuously strive to provide here - with one piece of the puzzle missing, care won't be complete for our patients."



Continued from front page

comfortable to bring the issue forward to discuss during patient rounds - or even flag the physician down at any point in the clinic.

"The link between interprofessional collaboration and education is important and is most likely to occur in an environment that fosters respect, collegiality, intellectual curiosity and team work."

Originally from Winnipeg, Maniate started working at St. Joseph's last February after completing his Masters of Education at the University of Toronto. In addition to his clinical practice, he spends part of his time conducting research that examines the issue of challenges and barriers in educational change, for example in the area of professionalism and health advocacy, while also teaching Faculty Development for the University of Toronto at a number of community hospitals in Ontario.

WORKING TOGETHER AS A TEAM AND
LEARNING FROM EACH OTHER TO
IMPROVE THE PATIENT'S CARE EXPERIENCE

"As health care providers, it is absolutely necessary to recognize the importance of lifelong learning. We are all learners, regardless of age, because of our professional responsibility to our patients to keep up-to-date with the rapidly changing reality of medical practice. Likewise, we all have the professional responsibility and obligation to be teachers, not only with our peers and colleagues but also with our patients and their families and the next generation of

Continued from page 3

Wiedmeyer's group consisted of nursing, social work and pharmacy students. As a team, they developed and followed a learning plan over the course of six sessions, and looked at case studies and different scenarios to discuss as a group how each one of them would contribute to the care of that patient.

"It was really helpful to me in terms of being a resource to my patients because frequently there are so many different pieces that make up a patient's care plan. Understanding and knowing the full scope of what a dietitian can do, for example, is important because it is quite large and there are a number of things that I can make referrals for that I didn't know before," said Wiedmeyer.

The Interprofessional Education Placement Pilot was also good platform for her group to start learning how to collaborate together as a team. Wiedmeyer decided to do her residency at St. Joseph's because she saw the Health Centre as a perfect balance of community and academic. As a second year Family Medicine



Resident, she continues to enjoy and benefit from working closely with different in-house specialty teams like Palliative Care and Addictions Medicine.

"I think St. Joe's has an incredibly diverse population and that was very important to be able to have access to a real diversity of patients in my training."

health care professionals."

In the Oncology unit, Maniate said the pharmacists will be conducting teaching sessions with the entire team based on their learnings from a series of courses they are attending this fall. This is teaching on a few different levels: educating the team members who did not attend the oncology pharmacy course but will still benefit from the knowledge, and empowering the phar-

macists with a new opportunity to be teachers with their colleagues.

"All of our efforts to ensure interprofessional education and collaboration should be patient-centred, which means working together as a team and learning from each other to improve the patient's care experience, their quality of life and perhaps to even have a positive impact on their survival."



CREATING A CULTURE OF INQUIRY AND INNOVATION

This was a special issue of *Connections*, the official newsletter for the staff, physicians, volunteers, students and residents of St. Joseph's Health Centre. We would like to thank all of the people who participated in this issue by sharing their story. The articles were written by Michelle Tadique, Sabrina Divell with contributions from Elizabeth McLaney and Gillian Brunning. Photos taken by Roger Harris. For comments or questions about this special issue of *Connections* please contact the editor, Sabrina Divell, Chief of Corporate Communication & Public Affairs, via e-mail at divells@stjoe.on.ca.

St. Joseph's Health Centre
30 The Queensway, Toronto, Ontario M6R 1B5
T: 416-530-6000 W: www.stjoe.on.ca