

INTERPROFESSIONAL COLLABORATION

Modified from a module created by the University of British Columbia Birth Place Lab and adapted by the University of California at San Francisco



**MATERNITY CARE EDUCATION
& PRACTICE REDESIGN**



OBJECTIVES

1. Identify and discuss strategies to enhance team functioning and interprofessional collaboration.
2. Discuss key principles for optimal team functioning.
3. Interpret the steps in a role clarification process and discuss professional roles of the maternity team.
4. Reflect on personal, situational, and professional contributions to team processes.
5. Apply tools that support effective team functioning, team characteristics, and team processes.

COMMON PROVIDERS IN PERINATAL CARE

- Primary providers (family physicians, midwives, and obstetricians)
- Perinatal specialist providers (neonatologists, maternal fetal medicine specialists)
- Collaborating providers for labor and birth (labor and delivery nurse, anesthesiologist, Emergency Medical Services, social worker, doula)
- Collaborating providers for pregnancy and postpartum (lactation consultant, nutritionist, genetic counselor, public health nurse)

CASE STUDY 1: FLORENCE'S STORY

- Florence is a 29-year-old pregnant person.
- Second pregnancy (has 3-year-old daughter)
- Healthy, with no significant medical or surgical history
- Florence and partner, Tom, concerned about implications of hospital birth
- Florence hopes to deliver at home again with her midwife



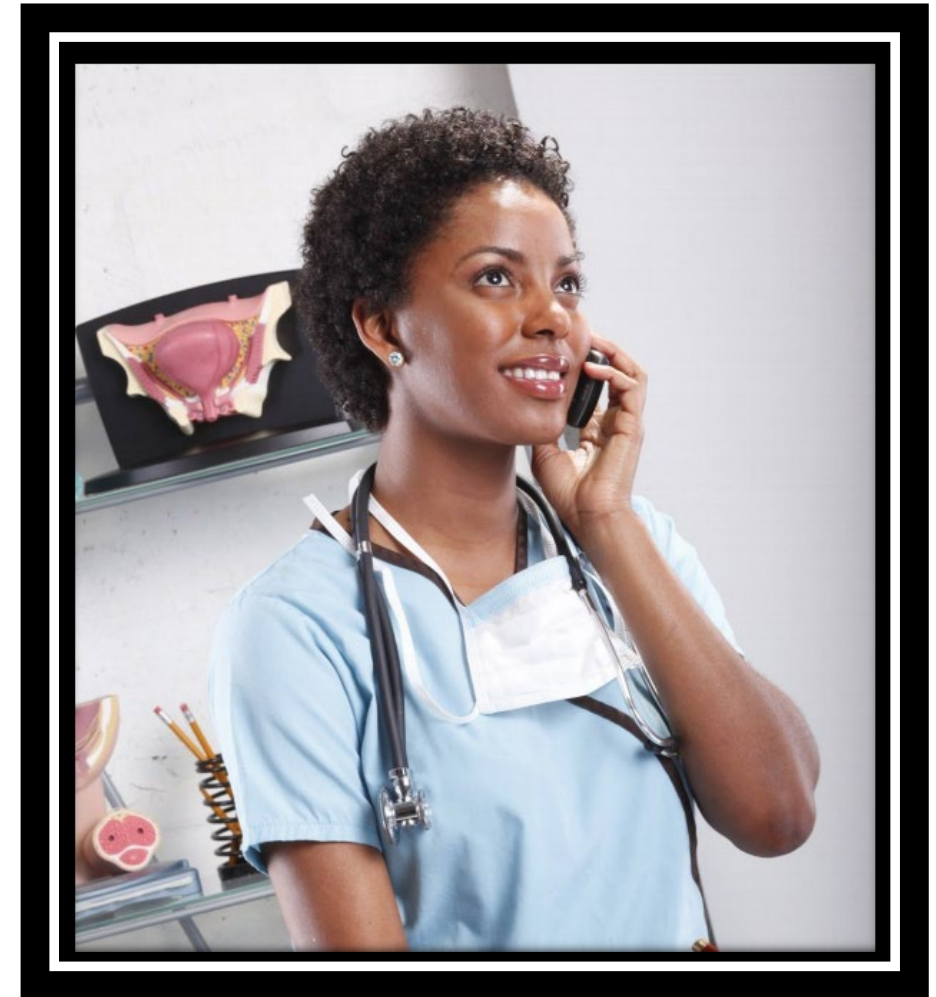
CASE STUDY II: TASMIN'S STORY

- A midwife
- Caseload includes both pregnant and non-obstetric clients
- Provides care to women that extends beyond 6 weeks postpartum, including an expanded scope of care to babies and well-woman care
- Occasionally has to travel for continuing education or short-term practice opportunities in high-volume settings



CASE STUDY III: RIANN'S STORY

- A family practice physician
- Carries her own obstetric caseload and attends births in the hospital
- Tasmin & Riann have an arrangement, discussing every patient at the birth plan



ACKNOWLEDGING ENVIRONMENTAL NORMS

- Environmental factors include:
 - regional resources
 - social norms
 - community standards
 - institutional routines.
- Assessing the available regional resources includes:
 - The number and location of family doctors, specialists, or midwives
 - The type and level of facilities (health centers, community hospitals, tertiary care hospitals, emergency services)

WORKPLACE CULTURE: EFFICIENCY OR FEELINGS?

- Quality of care delivery depends upon relationships
- Time is necessary to establish and maintain relationships
- Process Protocols:
 - Anticipating: What the team members are going to do or expect from each other
 - Debriefing: review how they functioned as a team after an eve

WORKING CONDITIONS

Workplace based reactions:

- Burnout
- Compassion fatigue
- Vicarious trauma
- Moral distress
- Lateral stress
- Workplace-inspired grief
- Depression
- Anxiety

WORKPLACE REACTIONS

- The “Functional Disconnect” from a team is a workplace-based reaction that inhibits team functioning
- Emotional disconnect occurs as part of burnout, compassion fatigue, and vicarious or secondary traumatic stress
- People develop ways to functionally disconnect so that they can continue their work by protecting themselves through emotional distance
- Functional Reconnect Strategy: Look, Listen, Link

FIFE TOOL



TEAM-BASED HEALTHCARE



PROFESSIONAL WORLDVIEWS AND IDENTITIES

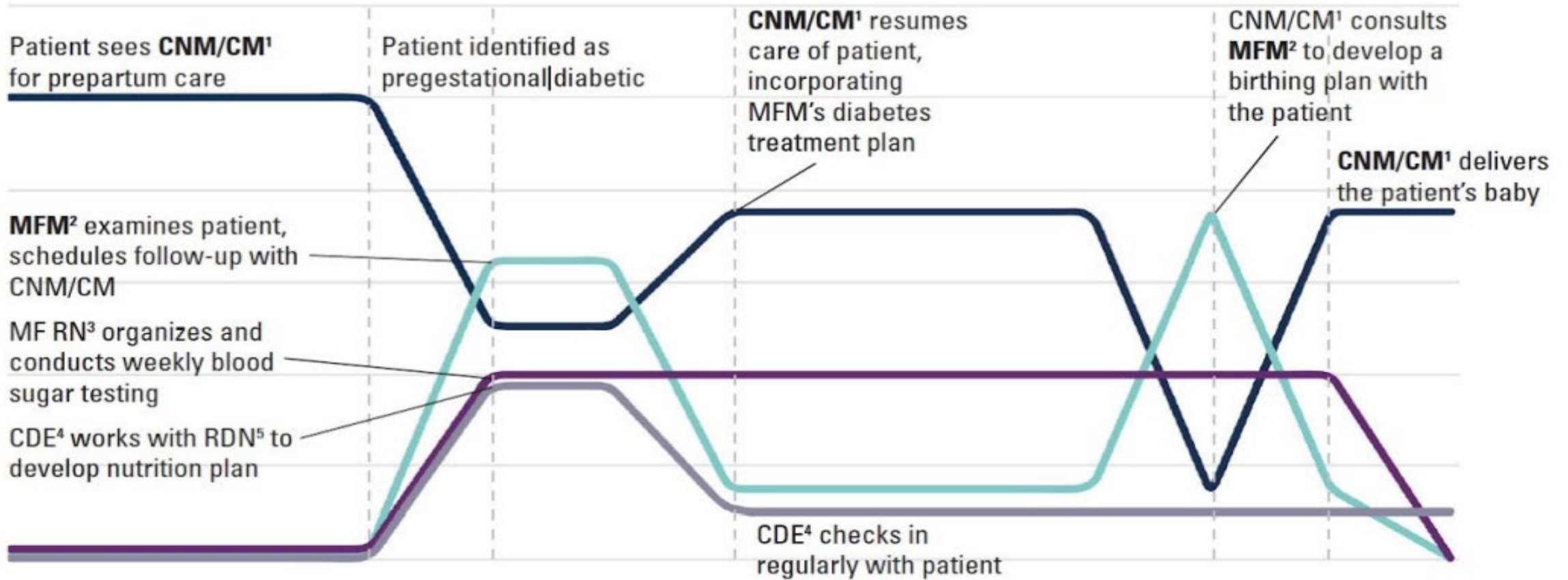
- Professional worldview: Shared values, beliefs, languages, identities, and accepted norms of conduct within a specific profession
- Professional identity: The degree to which you internalize the characteristics of your professional worldview.
 - Shaped by your experiences and conduct within the group, and reinforcement and reward are used to align the shared characteristics of the professional worldview

PRINCIPLES OF COLLABORATIVE PARTNERSHIP

1. Shared vision and goals, with the client/patient in the center
2. Clear roles, with accountability and accessibility
3. Mutual trust, respect and appreciation
4. Effective communication
5. Shared power and dynamic leadership
6. Measurable processes and outcomes

EXAMPLE OF DYNAMIC CLINICAL TEAM LEADERSHIP

Level of Health Care Provider Involvement



Duration From Pregnancy to Delivery

1 *Certified nurse-midwife/certified midwife*

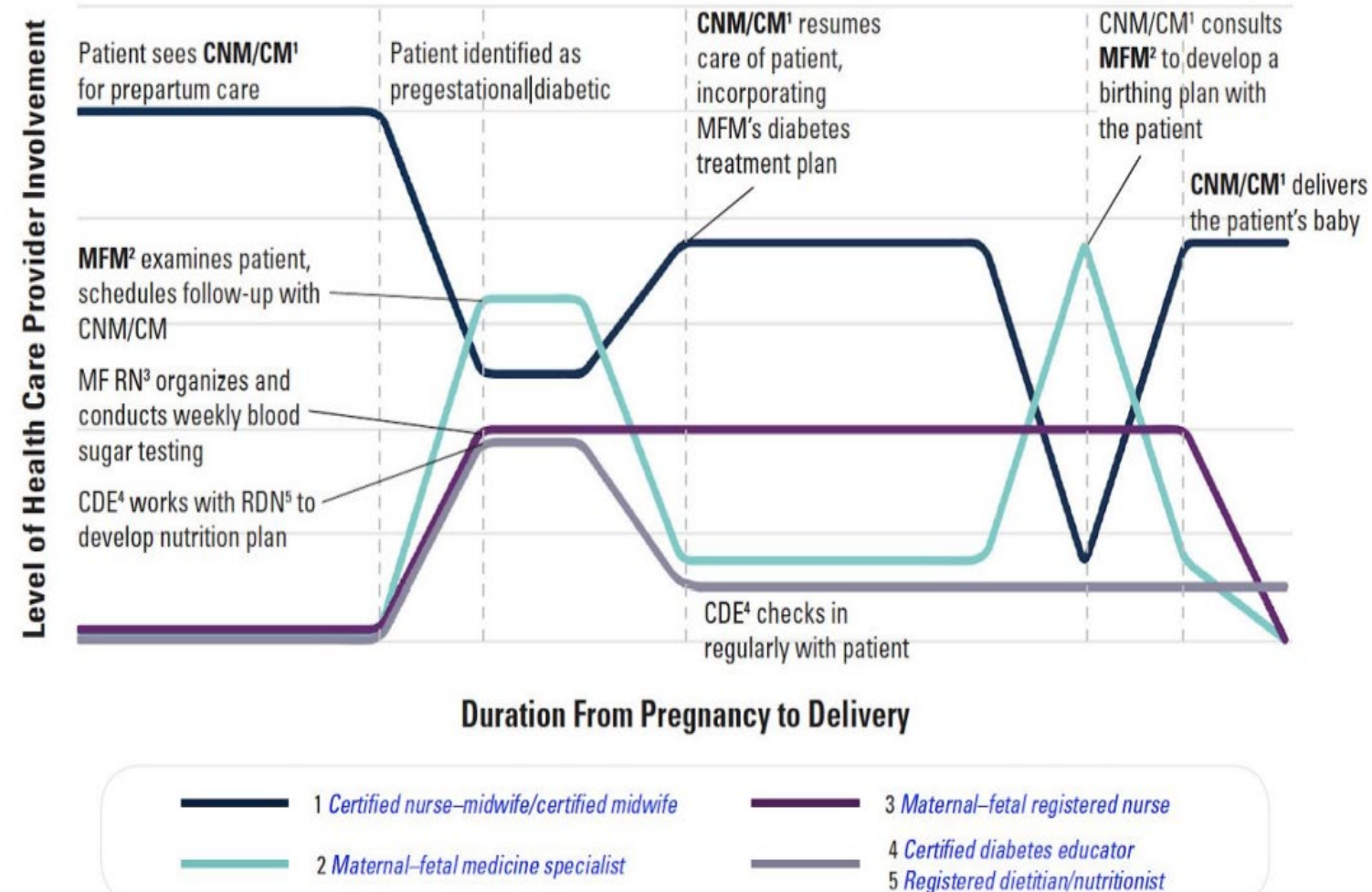
2 *Maternal-fetal medicine specialist*

3 *Maternal-fetal registered nurse*

4 *Certified diabetes educator*

5 *Registered dietitian/nutritionist*

EXAMPLE OF DYNAMIC CLINICAL TEAM LEADERSHIP



ANTICIPATION OF SHARED RESPONSIBILITY

- Florence (Case Study I) & Tasmin (Case Study II):
 - Tasmin will be away for the remainder of Florence's pregnancy and birth due to caretaking for an ill parent.
 - Tasmin refers Florence to Riann for the remainder of her care
 - Florence has questions for Riann
 - Tasmin will arrange for a joint visit to assure both Riann and Florence

CLARIFYING ROLES AND EXPECTATIONS

- Examples of when to clarify roles in healthcare are:
 - when the primary care provider changes
 - after shift change or during a break relief
 - when someone outside the team is consulted as part of decision making
 - after an event when the team's primary focus has changed (eg. ongoing care after the birth of a baby).

STEPS IN ROLE CLARIFICATION

Role clarification can also be useful when working through the steps in person-centered decision making:

1. Each person describes briefly what they would like to do within the team, including preferred duties and responsibilities
2. Other team members then make requests for each person's contribution to the team.
3. Feedback, validation, and negotiation are used to establish and define the team's division of roles. When clarifying your role and your willingness to change based on other members' role request, there are three options: yes, no, or negotiate.
4. Document what role each person agreed upon.

ESTABLISHING PREFERENCES FOR INFORMATION

- Team members share power, share knowledge, and have mutual trust and respect for each other
- Team roles needed:
 - Initiator: a healthcare professional who identifies that a decision needs to be made
 - Decision Coach: support the client's involvement in decision making; help other providers present the options to patient

GUIDELINES FOR TEAM FUNCTIONING

- Increase fluidity of team functioning
 - More process-oriented, less task-oriented
 - Team meetings
 - Individual member self-awareness

SIT TOOL



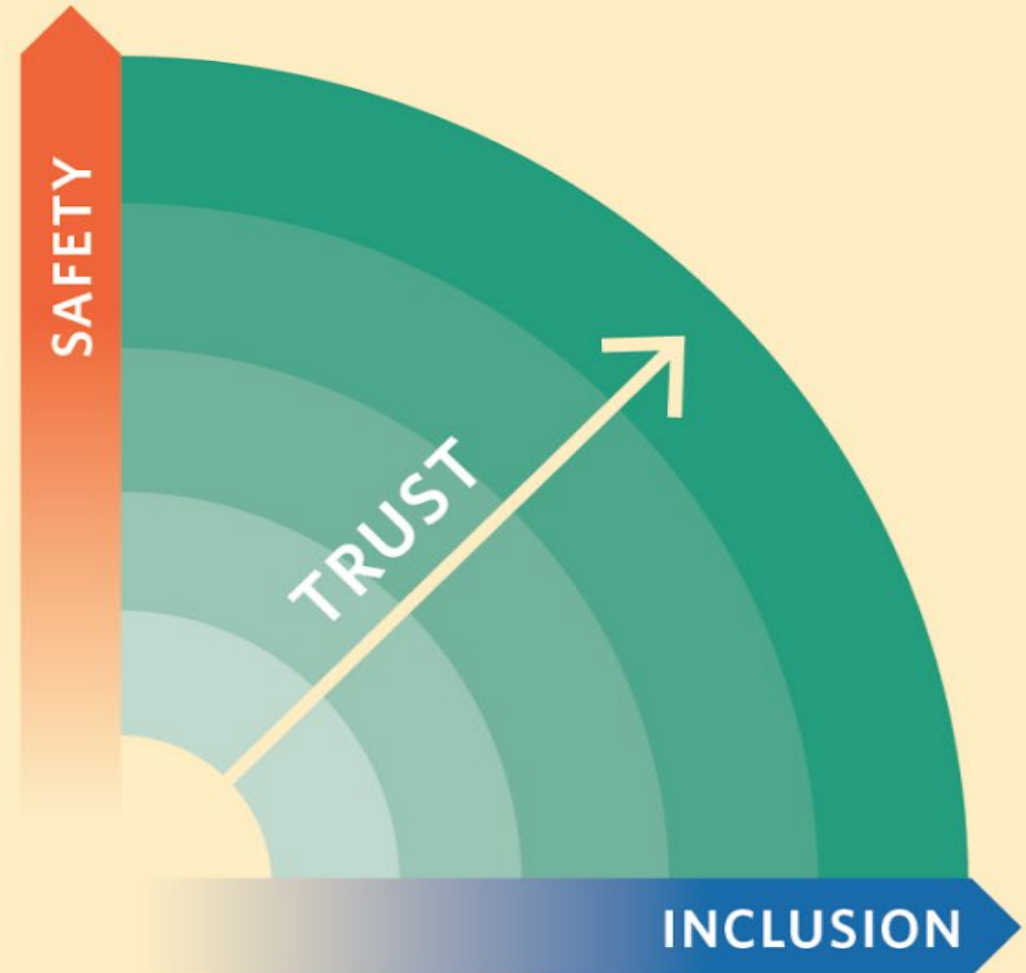
Safety occurs by respecting boundaries and using power appropriately



Inclusion occurs when people feel free to express themselves, others listen non-judgementally, and a team feedback loop is used



Trust occurs when there is accountability and transparency to the team



CASE STUDY: LABOR BEGINS

- Two weeks before Florence's EDD, Riann misses the prenatal appointment due to other delivery
- Florence expressed anxiety about primary provider absence at impending birth at last visit with Tasmin
- Two days after missed prenatal care visit: Florence laboring, Riann now primary provider



ATTRIBUTES OF HIGH FUNCTIONING TEAMS

- All members:
 - Use clear language, ensure understanding
 - Organize and convey information in a logical and practical manner
 - Confirm their own understanding when receiving information from someone else and volunteer relevant information
 - Focus on the patient's care preferences when conflict arises
 - Value and seek team input
 - Display compassion, integrity, and honesty
 - Regularly engage in critical self-appraisal and welcome feedback on performance

CASE STUDY: LABOR TENSIONS

- Florence laboring at home, Tom (partner) tries to notify Riann without success
- Florence arrives at hospital with Tom, Riann there to meet them
- Florence & Tom unsettled and upset due to lack of contact with Riann
- Riann acknowledges their feelings and provides reassurance
- Positive rapport begins building



CENTRE TOOL

C – Confidentiality
E – Equal airtime
N – Non-judgmental Listening
T – Timeliness
R – Right to Pass
E – Engaged

STARTING DIFFICULT CONVERSATIONS

Managing your Reactions to Difficult
Conversations: <https://youtu.be/EqVh9qWhJvc>

DEAR TOOL

DEAR stands for (32):

- **Describe** what was seen or heard
- **Explain** the impact on you or the team
- **Ask** for their perspective
- **Request** what could be done differently in the future



ABCD TOOL

Attend to yourself, the other person and the environment

- What am I experiencing? What am I aware of within myself? Is there anything I can do to prepare myself for this conversation?
- Assess the other person. What is the other person experiencing? Is this a good time for them to talk?
- Assess the context. What is happening around us right now? Is this the right place to talk?

Bridge the conversation

- Ask "Is this a good time to talk?"
- Introduce the topic and invite a conversation.

Comment and deliver your message

- Make it clear and concise.
- Use the **DEAR** strategy.
- Check for understanding.

Develop a Relationship and Plan

- Acknowledge impact on other person.
- Establish a time-line, follow-up plan, or preferred feedback loop.

CASE STUDY: CLOSING THE LOOP

- Uncomplicated vaginal delivery, Florence expresses positivity about her experience
- Riann phones Tasmin to close the communication loop re: Florence
- Riann has concerns about Tasmin's false assertions given to Florence & Tom, plans to discuss with Tasmin
- Riann knows to use the ABCD and DEAR approaches to guide the conversation.

ATTENDING TO POWER IMBALANCES

- Power and conflict are dynamics that will affect the way the team functions
- Teamwork failures usually originate from non-technical aspects of performance
- There are unique challenges to managing human relationships and personalities and power and conflict can explain and predict team dynamics
- In situations with perceived hierarchy, people are more likely to defer to that hierarchy and mitigate their speech rather than risk challenging someone in a position of authority

THE DRAMA TRIANGLE AND STAYING CURIOUS

Video: <https://youtu.be/lK1llm3w2s0>

- Stay curious about their concerns
- Act, don't react – don't become your feelings
- Lean in, don't lean away or charge in
- Follow the Platinum Rule, adjusting your approach strategically
- Influence using communication

COLLABORATIVE LEADERSHIP

- "Leadership, expertise, and collaboration are fundamental aspects of efficient and effective health care." (WHO, 2005)
- "Leadership is defined as a relationship through which one person influences the behavior or actions of other people in the accomplishment of a common task." (Mullins 2009)

TYPES OF COLLABORATIONS

- The multi-disciplinary team: several different health care providers, work independently yet parallel
- The interdisciplinary team: formally structured, common goal
- The trans-disciplinary team: most collaborative, deliberate exchanges

TYPES OF COLLABORATIVE PRACTICES

1. Midwife and physician employed by same organization: Collaboration limited to clinical issues, practice activities. Financial decisions are negotiated between individual clinician and parent organization.
2. Midwife is employed by a physician: Collaborative relationship includes clinical issues and practice activities.
3. Midwife/midwifery group employs physician or has consulting financial arrangement: Collaborative relationship includes clinical issues, practice activities and financial decisions.
4. Midwife and physician in a joint practice, they are financial and clinical partners.

TRANSFORMATIONAL LEADERSHIP

1. Model the way:
 - a. Act as a role model, cultivate integrity
 - b. Be transparent and act consistently
2. Inspire a shared vision
 - a. Exhibit belief and enthusiasm
 - b. Enlist and motivate others
3. Encourage heart:
 - a. Acknowledge contributions
 - b. Celebrate achievements
4. Enable others:
 - a. Establish trust and build strong relationships
 - b. Actively engage and empower others
5. Challenge the process:
 - a. Break new ground and discover potential to progress and evolve
 - b. Take the risk of failing!

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