



geriatrics
interprofessional
interorganizational
collaboration

Geriatrics, Inter-Professional Practice, and Inter-Organizational Collaboration: The GiiC Initiative

Dr. David Ryan*, Dalziel, Gutmanis, Puxty, Kelley, Jewell, Liu

* RGP of Toronto, 2075 Bayview Ave, Rm H475, Toronto, Ontario, M4N 3M5, 416-480-6100 ext.3369, david.ryan@sunnybrook.ca



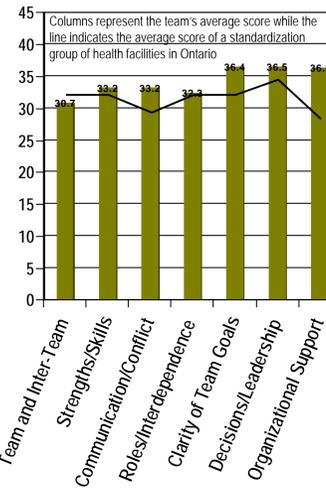
PROJECT BACKGROUND

While geriatrics, inter-professional practice and inter-organizational collaboration (GiiC) are essential elements of the care of frail seniors, health professionals continue to graduate with little training in these core competencies. Informed by learning needs focus groups, a team of GiiC consultants developed a toolkit containing modules in 24 GiiC topics each comprising overviews, quick facts, pocket practice aids, clinical tools & algorithms, patient handouts, teaching slides and case studies. Three hundred and seventy four health professionals from 181 (78%) of the province's family health teams (FHTs) and community health centers (CHCs) participated in 2 days of training and 3 months of coaching on the use of the GiiC Toolkit. Training comprised lectures, knowledge cafes, small group problem solving and interactive exercises. The GiiC toolkit in USB format was given to all participants and its online format at <http://giiic.rgps.on.ca> has served 5453 documents to its 1000+ registered users.

TEAM PERFORMANCE MEASUREMENT AND THE EDMETRIC PROCESS

Forty-seven FHT/CHCs participated in a voluntary edumetric process that included the completion of 1) the Dimensions of Teamwork Survey standardized for use by health care teams by Dr. Ryan the GiiC PI, and 2) a network analysis of the teams referral and information exchange networks. Edumetrics refers to the process of sharing research data to providers in a format that facilitates learning. An example of the edumetric report to participating FHT/CHCs is below. Sixteen percent (68%) of participating teams described high performance teamwork. Sixty-eight percent (68%) appeared sufficiently robust that they could profitably conduct their own self-reflection exercise though GiiC consultants were available to help. An additional 16% appeared to be experiencing sufficient teamwork challenges that an external facilitator was recommended.

DTEAM SURVEY RESULTS EXAMPLE



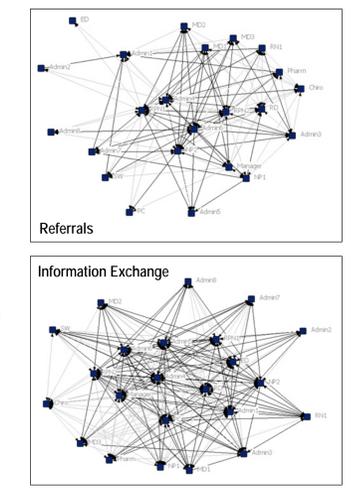
Team members' responses indicate a team with many strengths, well on the way to achieving high levels of performance. The team has particular strengths in the domains of decision-making, leadership and accountability, organizational support, clarity of team goals and the team's capacity to convene effective meetings. Team performance is substantially above average in these areas.

Responses also indicate above average performance in the domain of communication and conflict management but subgroups may have formed within the team

Team member skills and knowledge are also rated highly though the team might benefit from reflection on opportunities role sharing: important steps in the transition to a more inter-professional style of practice and on whether it is appropriate for team members to "develop their care-plans independently of other team members".

Finally, the team's patient focus is strong but its relationships with other care providers in the community might provide an opportunity for improvement.

SOCIAL NETWORK ANALYSIS EXAMPLE



Network Density: how many connections there are between network members compared to the maximum possible number of connections that could exist.

Network Density is high for exchange of information (74.1%) and low for referral patterns (36.8%).

Centralization of a Network: extent to which the network is centralized around one or a few actors.

Team does not seem to be centralized around a particular actor for exchange of information, as there are frequent interactions amongst most team members. There are frequent referrals made to NP2, RPN1, RPN2, Admin4 and Admin6.

Strength of Ties: ranges from weak (interactions that are infrequent, once per week or less) to strong (frequent interactions, at least several times per week).

There are frequent interactions for exchanges of information. However, for referral patterns, the strength of ties is low to moderate.

Reciprocity: refers to the extent to which relationships are two-way.

The majority of ties are reciprocal for exchange of information but only half are reciprocal for referral patterns.

TEAM REFLECTION QUESTIONS

Reflection on the following questions in a team meeting might prove helpful to team development:

How well do the Dimensions of Teamwork and Network Analysis summaries capture the quality of engagement on your team? In what ways do you disagree with the summaries?

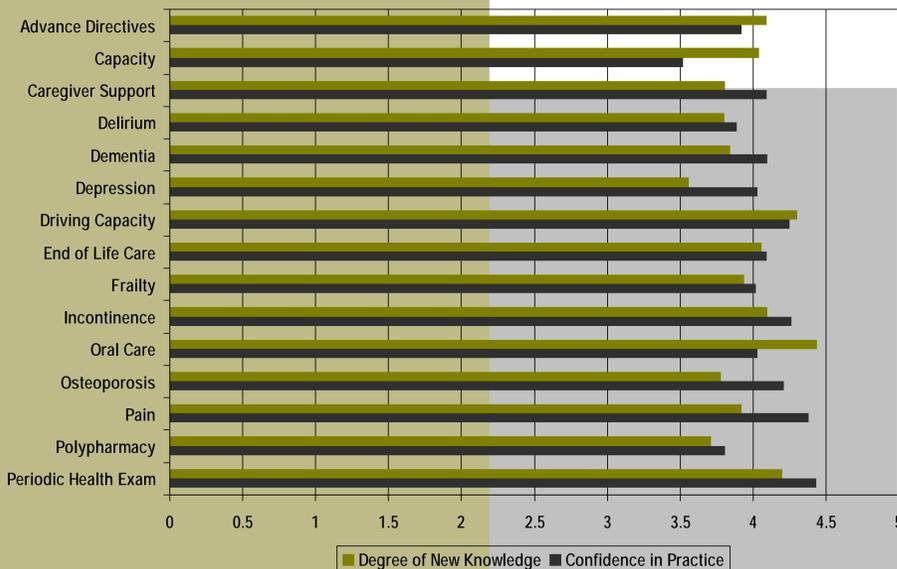
Does it make sense that while information exchange is strong and reciprocal amongst team member's referral exchange appears less so?

Is it okay that team members report developing "their care-plans independently of other team members?" Are there instances in which this style of practice has been a challenge? Is there anything that the team can do or wants to do about this practice element?

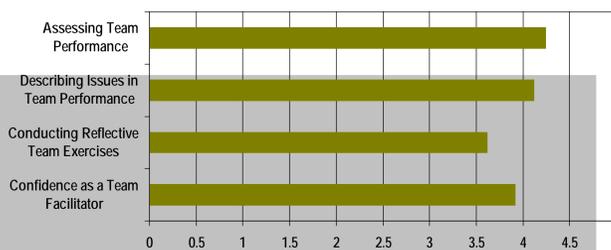
Is there anything that the team can do to develop its collaborations with other health service providers in the community?

WORKSHOP EVALUATIONS AND FACILITATOR ROLE CONFIDENCE RATINGS

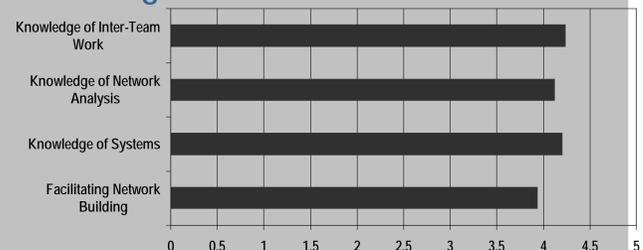
Geriatrics



Inter-Professional



Inter-Organizational



PRACTICE UPDATE

Participant changes since the GiiC workshop



Team changes since the GiiC workshop



Legend



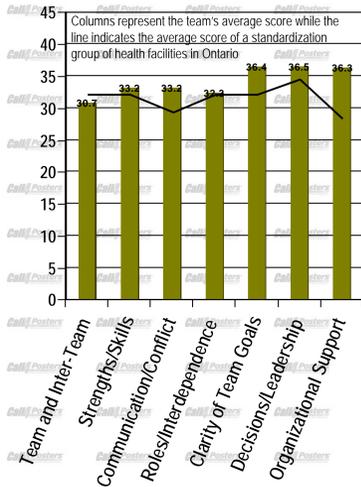
Participants were asked to rate, on a scale from 1 to 5, their knowledge uptake in the listed learning objectives.

TEAM PERFORMANCE MEASUREMENT AND THE EDMETRIC PROCESS

Team performance and the edumetric process

Forty-seven FHT/CHCs participated in a voluntary edumetric process that included the completion of 1) the Dimensions of Teamwork Survey standardized for use by health care teams by Dr. Ryan the GiIC PI, and 2) a network analysis of the teams referral and information exchange networks. Edumetrics refers to the process of sharing research data to providers in a format that facilitates learning. An example of the edumetric report to participating FHT/CHCs is below. Overall, participating teams appeared sufficiently robust that they were considered able to conduct a self-reflection exercise but were encouraged to enlist the aid of GiIC consultants. Occasionally, the analyses found teams in difficulty and recommendations were provided regarding the engagement of external facilitators.

DTEAM SURVEY RESULTS EXAMPLE



Team members' responses suggest that this is a team with many strengths and is well on the way to achieving high levels of performance.

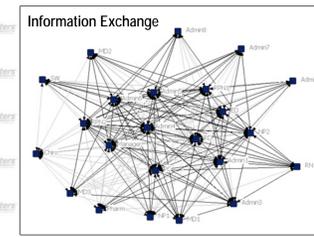
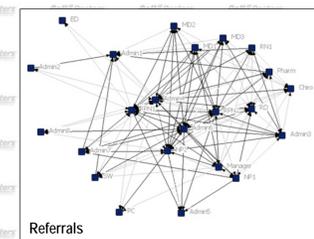
The strengths that team members identify are in the domains of decision-making, leadership, accountability, organizational support, clarity of team goals and the team's capacity to convene effective meetings. Team performance is substantially above average in these areas.

Responses also indicate above average performance in the domain of communication and conflict management but subgroups may have formed within the team

Similarly the team appears above average with regard to the skills and knowledge of its staff, though it might benefit from reflection on opportunities role sharing: important steps in the transition to a more inter-professional style of practice and on whether it is appropriate for team members to "develop their care plans independently of other team members".

Finally, the team's patient focus is strong but its relationships with other care providers in the community might provide an opportunity for improvement.

SOCIAL NETWORK ANALYSIS EXAMPLE



Network Density: how many connections there are between network members compared to the maximum possible number of connections that could exist.

Network Density is high for exchange of information (74.1%) and low for referral patterns (36.8%).

Centralization of a Network: extent to which the network is centralized around one or a few actors.

Team does not seem to be centralized around a particular actor for exchange of information, as there are frequent interactions amongst most team members. There are frequent referrals made to NP2, RPN1, RPN2, Admin4 and Admin6.

Strength of Ties: ranges from weak (interactions that are infrequent, once per week or less) to strong (frequent interactions, at least several times per week).

There are frequent interactions for exchanges of information. However, for referral patterns, the strength of ties is low to moderate.

Reciprocity: refers to the extent to which relationships are two-way.

The majority of ties are reciprocal for exchange of information but only half are reciprocal for referral patterns.

TEAM REFLECTION QUESTIONS

Reflection on the following questions in a team meeting might prove helpful to team development:

How well do the do the Dimensions of Teamwork and Network Analysis summaries capture the quality of engagement on your team? In what ways do you disagree with the summaries?

Does it make sense that while information exchange is strong and reciprocal amongst team member's referral exchange appears less so?

Is it okay that team members report developing "their care-plans independently of other team members?" Are there instances in which this style of practice has been a challenge? Is there anything that the team can do or wants to do about this practice element?

Is there anything that the team can do to develop its collaborations with other health service providers in the community?

The RGP's of Ontario, CERAH, and the North East SGS are grateful to the Health Force Ontario branch of the Ministry of Health and Long Term Care for funding this initiative under the auspices of their Interprofessional Blueprint for Care, to the project's evaluation team from the Arthritis Community Research and Education Unit, and to the Hamilton Family Health Team and the Anne Johnston Health Station, whose directors sit on the GiIC initiative steering committee.