

MODULE TITLE:	COLLABORATION	01-Jan-2009
DEVELOPED BY:	Wendy Crebbin	
Module Rationale and Objectives	<p>In today's multi-professional environment, the necessity for collaboration and integration is stronger than ever. As collaborators, surgeons work within a healthcare team to achieve optimal patient-centred care. Modern healthcare can include anything from a group of healthcare professionals working in partnership at one site, such as a ward team to extended teams with a variety of perspectives and skills, in several locations.</p> <p>At graduation the trainee will be able to:</p> <ul style="list-style-type: none"> work in collaboration with members of interdisciplinary teams where appropriate effectively work with other health professionals to minimise inter-professional conflict and maximise patient care 	
Suggested Reading	<p>There are no prescribed texts; trainees will be expected to keep abreast with current literature. Suggested reading:</p> <p>Available via the ProQuest database:</p> <p>R Faulkner and M Amodeo, 1999, 'Interdisciplinary teams in health care and human services settings: are they effective?', Health & Social Work, Silver Spring: vol. 24, no. 3, pg. 210: http://proquest.umi.com/pqdlink?did=44514688&sid=7&Fmt=4&clientId=57938&RQT=309&VName=PQD</p> <p>Oliver, D. Porock, D. Demris G. and Courtney, K., 2005, 'Patient and Family Involvement in Hospice Interdisciplinary Teams', Journal of Palliative Care, vol. 21, no. 4, pp.270-276: http://proquest.umi.com/pqdlink?did=967561041&Fmt=7&clientId=57938&RQT=309&VName=PQD</p> <p>Available online:</p> <p>Australian Council for Safety and Quality in Health Care, 2005, 'Being a team player and showing leadership', National Patient Safety Education Framework, pp. 96-105: refer to requirements for Level 3: http://www.safetyandquality.org/framework0705.pdf</p> <p>Dixon, D. 2003, 'New Perspectives on Interdisciplinary Teams in Long-term Care', Caring for the Ages, American Medical Directors Association, vol. 4, no. 3: http://www.amdacmedirect.com/cmedirect/caring/march2003/leadership.htm</p> <p>Baker, D. Gustafson S. et al, 2005, 'Team Training in Health Care: A Review of Team Training Programs and a Look Toward the Future', Advances in Patient Safety: From Research to Implementation, vol. 1-4: http://www.air.org/teams/publications/mtt/adv_pub_safety.pdf</p> <p>G Crawford and S Price, 2003, 'Team working: palliative care as a model of interdisciplinary practice', Medical Journal of Australia, vol.179, pp. S32-34: http://www.mja.com.au/public/issues/179_06_150903/cra10363_fm.html</p>	
Learning Opportunities and Methods	<ul style="list-style-type: none"> Online Literature review 	
How this unit will be assessed	<ul style="list-style-type: none"> Half yearly Supervisor's reports Examination 	

MODULE OBJECTIVES	
<p>Work in collaboration with members of interdisciplinary teams where appropriate</p>	<p>Collaborate with other professionals in the selection and use of various types of treatments assessing and weighing the indications and contraindications associated with each type:</p> <ul style="list-style-type: none"> ▪ recognise the need to solve problems beyond the scope of expertise and training of any one provider ▪ involve other professionals in diagnosis, treatment and management of patient care ▪ develop strong working relationships with others
<p>Effectively work with other health professionals to minimise inter-professional conflict and maximise patient care</p>	<p>Demonstrate a respectful attitude towards other colleagues and members of inter-professional teams:</p> <ul style="list-style-type: none"> ▪ establish a commitment to engage in shared learning and dialogue ▪ identify the ethical obligations of members of the interdisciplinary team in patient care ▪ distinguish the legal obligations of members of the interdisciplinary team from own legal obligations ▪ develop interdependence built on trust and commitment ▪ set goals and deadlines for patient care collectively ▪ share resources, decision-making and responsibilities ▪ develop a high level of communication skills ▪ listen to and consider the input of other professionals, and acknowledge their point of view despite disagreement ▪ integrate the patient and family into the interdisciplinary team structure and process where appropriate <p>Develop a care plan for a patient in collaboration with members of an interdisciplinary team:</p> <ul style="list-style-type: none"> ▪ acknowledge collaborative practice arrangement improves the overall quality of health care services rendered ▪ make strong commitment to accomplishing shared goals and outcomes ▪ balance discipline expertise with collective shared knowledge ▪ establish a sense of team responsibility for the wellbeing of the patient <p>Recognise the need to refer patients to other professionals:</p> <ul style="list-style-type: none"> ▪ recognise other health care professionals have separate and important knowledge, technical skills, and perspectives ▪ establish the most efficient use of all kinds and levels of health professionals through cooperation and collaboration ▪ recognise discipline boundaries that promote interdependence ▪ maintain close working relationships with other health professionals ▪ recognise and act upon the limitation of own knowledge <p>Initiate the resolution of misunderstandings or disputes:</p> <ul style="list-style-type: none"> ▪ identify barriers to collaborative practice ▪ when disagreement occurs develop a new consensus on the best course of action ▪ recognise any inequality of authority and responsibility in inter-professional, inter-physician, and student-teacher relationships ▪ recognise disagreement can lead to a more complete inter-professional discussion of patient care ▪ resolve conflict productively and solve problems by using appropriate techniques

SELF ASSESSMENT

Working in collaboration:

Two questions to consider when working in collaboration with members of interdisciplinary teams:

- Who has the ultimate responsibility and/or authority?
- What contexts contribute to the definition of this?

Minimising inter-professional conflict and maximising patient care:

Consider the following case study:

You are part of a team doing sign-out rounds at the end of the day. You notice that most of the patients are referred to by their proper names and are they are dealt with in a respectful manner. There are two patients on the ward who have been particularly difficult to deal with and the team considers them to be demanding, non-compliant and to be taking up a tremendous amount of time compared to other patients. In discussion some of the members of the team refer to these patients in pejoratively as "the drunken Indian in room 618" and "the hysteric in room 625".

- What are your initial thoughts or reactions to the situation being described?
- What kind of a learning environment would such a situation create?
- What options could you pursue in responding to a situation like this?
- What do you think you would do if you were involved in such a situation?
- Have you ever encountered a situation like this and if so what did you do?

Source: CanMEDS Teaching the Professional Role. Available online via http://rcpsc.medical.org/publications/roles_e.html#casestudy