

ENHANCING CAPACITY FOR INTERPROFESSIONAL TEAM LEARNING



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Interprofessional team learning is a social learning activity that benefits the individual, the team, and most importantly, the client. As dietitians, we are applying specialized knowledge, skills and attitudes to everyday work within our interprofessional (IPC) teams. In addition, how can we help create synergetic teams that learn, grow and innovate together for the benefit of clients?

RDs can enhance team practice by paying close attention to how they use, share, create and seek knowledge within the IPC team. The *Use of Knowledge Framework* (Figure 1, next page) shows the three general categories of knowledge use within the “circle-of-care”, the IPC team.ⁱ The framework illustrates how knowledge is **shared** within the team, how knowledge is **created** by the team; and how knowledge is **sought** outside of the team. This article explains how IPC teams learn together, and how RDs can apply the *Use of Knowledge Framework* to manage information and knowledge to enhance capacity in IPC team learning.

KNOWLEDGE SHARED WITHIN THE TEAM

Knowledge shared within the team describes circumstances when some members have a “self-sufficient” piece of information and others are lacking this information so the information is shared or pooled. Importantly, no new knowledge is inserted into the team as a function of this

sharing.ⁱⁱ Rather, pre-existing knowledge is simply disseminated more broadly and information is spread across the team such that a greater number of team members now have the information.

This form of knowledge sharing emerges through circle-of-care informal conversations, daily dialogue and social interactions of IPC team members, as well as more formal activities such as education, care rounds or team meetings. Pooling information is an important component of providing services to clients.

Examples of knowledge shared within the team are:

Unidirectional Passing of Information

A student asks, “What is the turnaround time on lab results?” to which a team member responds, “We could do a rapid response and get results right away on this unit.”

A dietitian reports in a team meeting that the new food service computer system can now be interfaced to capture client’s food allergies.

Collective Pooling of Information

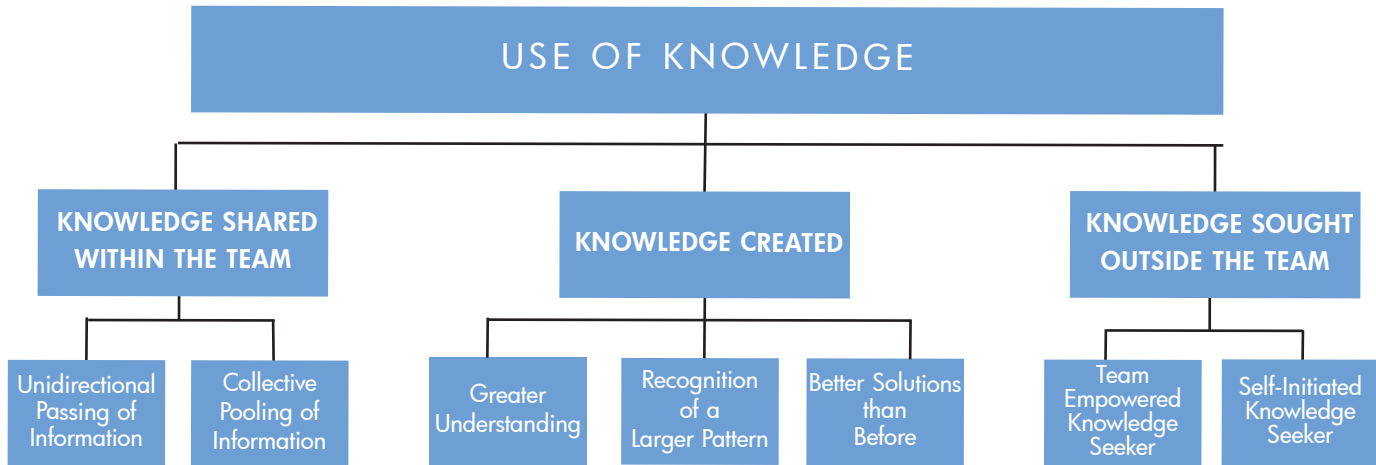
A dietitian describes that the case managers for each individual client on social assistance have the *Special Diet Allowance* forms and will distribute them to clients as appropriate. The clients are required to have the forms completed by an eligible health care provider (MD, Nurse Practitioner, RD, or Midwife).

i. The ‘Circle of Care’ includes the interprofessional care team, the health information custodians and their authorized agents, who are permitted to rely on an individual’s implied consent when collecting, using, disclosing or handling personal health information for the purpose of providing direct health care. See R. Steinecke and CDO, *The Jurisprudence Handbook for Dietitians in Ontario*, Web Edition, 2011, p. 67.

ii. We recognize that knowledge is always altered, even if only slightly, in each new person’s incorporation of the information into their own perspective and understanding. For these purposes, however, we have chosen to ignore this issue in order to distinguish the phenomenon described here from the category in the next section entitled “knowledge-created”.

Figure 1 “Use of Knowledge” Framework^{1, 2}

How interprofessional team members learn within the circle-of-care, developing team processes and functions to enhance knowledge sharing, knowledge creation and knowledge seeking activities within the team for safe, ethical and competent client-centred services.



KNOWLEDGE CREATED BY THE TEAM

In situations where knowledge is created by the team, no member of the team possesses the complete information needed to address a situation. When the knowledge is pooled, new knowledge emerges because:

- 1) a greater understanding than the team had before was achieved;
- 2) a pattern not previously noticed was recognized by the team; or
- 3) a better solution not previously known was discovered by the members of the team.

Here are three examples of knowledge created by the team:

Greater Understanding of a Situation

During team meetings, a dietitian reported the client loss of appetite, another team member noted the client wanted to sleep all day, another professional team member recalled the client's report of loss of his sexual function, and yet another professional team member indicated the client's concern about losing his job. This pooling of information led the team to consider that the client may be suffering from depression.

Recognition of a Larger Pattern

A dietitian reported that a client was worried about hair falling out. A nurse reported that she also had a patient with the same complaint. Collectively the group realized that there were a few other patients on a particular drug that mentioned the same symptoms in the past. This led to a new concern regarding hair loss as a consistent side effect of this drug.

Better Solution Than Before

Team members were being asked to see clients in satellite offices away from the main office. One member asked about timing of making client's records or expressed a concern about the theft of information. Another team member indicated that it would be ideal to document directly into the client's health record upon completion of the services, or shortly after. The manger reports that all team members will be given access to the electronic documentation system. Another member indicated that personal passwords could be used to access the electronic documentation system and that the records could be encrypted while at satellite. The team together decides that the best solution to ensure the privacy and confidentiality of client health information

when accessing and recording off-site is for everyone to use passwords and encrypted documents, and that the laptop or other mobile devices be kept with them at all times to avoid theft.

volunteers to explore the workplace training involved in acquiring the skills to act as an evaluator in assessing capacity in addition to search the College website for resources.

KNOWLEDGE SOUGHT OUTSIDE OF THE TEAM

This category of knowledge happens in circumstances where the team, as a collective, was not able to find solutions within the team and is required to seek knowledge outside the team through:

1. a team empowered knowledge seeker, or
2. a self-initiated knowledge seeker.

The *team empowered knowledge seeker* is a team member empowered by the group to seek knowledge outside on behalf of the team. Empowered team members are given responsibility for feeding the information back to the team.

The other form of knowledge seeking is the *self-initiated knowledge seeker*. This team member is not sanctioned by the team to seek knowledge; however knowledge sought is directly related to team activity. These team members go outside the team to find new knowledge on behalf of the team; however, they also seem emotionally motivated to seek information on behalf of their clients, and for the practice of client-centered care.

Examples of knowledge sought outside the team include:

Team Empowered Knowledge Seeker

A dietitian is empowered to research new protein supplements on the market for the team.

The team noticed an increased number of amputations in the dialysis population and empowered a nurse to collect data on the frequency and incidence, and to compare this to other centres in terms of how they manage the amputation rates, then report back.

Self Initiated Knowledge Seeker

The team is unclear of how one is trained as an evaluator to assess capacity. Team members volunteer to review resources available on their college's website and share their findings with the team. A dietitian further

INTERPROFESSIONAL TEAM LEARNING

Effective team learning is as an integral aspect of synergetic teams allowing team members to clarify practice expectations, optimize roles, set accountabilities and determine services for fulfilling client needs across the circle of care. Learning to provide services in collaboration involves team members from many backgrounds such as dietitians, physicians, nurses, social workers, therapists, and other healthcare professionals, all of whom are collectively managing obstacles and coordinating efforts. Some team members' professional scope of practice, regulations and discipline-specific values are not explicit to other team members.

The *Use of Knowledge Framework* can be applied to solve team-related problems, improve team-related functions, and promote the delivery of safe, ethical and competent dietetic services. By applying the *Framework*, RDs can further anticipate, recognize and manage situations that enhance interprofessional team learning and client safety.

In the Fall *résumé*, I will focus on the role of teams in aligning processes, structures and resources to foster learning in an IPC culture.

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3. McMurtry, A. (2007). "Reinterpreting Interdisciplinary Health Teams from a Complexity Science Perspective". Faculty of Education, *University of Alberta Newsletter*, Volume 4, Issue 1.