**Teaching the Collaborator Role PowerPoint Slides**

Can Meds Collaborator Teaching tool number two

This is a power point presentation for a lecture or large group session.

The unmodified content below was created for the Can Meds Teaching and Assessment Tools Guide by S. Glover Takahashi and is owned by the Royal College of Physicians and Surgeons of Canada. You may use, reproduce and modify the content for your own non-commercial purposes provided that your modifications are clearly indicated and you provide attribution to the Royal College.  The Royal College may revoke this permission at any time by providing written notice.

NOTICE:  The content below may have been modified from its original form and may not represent the opinion or views of the Royal College.

This material is also licensed under a Creative Commons Attribution 4.0 International license and is available from the Royal College of Physician and Surgeons of Canada at can meds at royal college dot ca.

**Slide 1.**

Teaching the Collaborator Role.

The presenter’s name and date of presentation can be inserted on this slide.

Presenters Notes for Slide 1.

Add information about presenters.

**Slide 2.**

The unmodified content below was created for the Can Meds Teaching and Assessment Tools Guide by S. Glover Takahashi and is owned by the Royal College of Physicians and Surgeons of Canada. You may use, reproduce and modify the content for your own non-commercial purposes provided that your modifications are clearly indicated and you provide attribution to the Royal College.  The Royal College may revoke this permission at any time by providing written notice.

Please note that the content below may have been modified from its original form and may not represent the opinion or views of the Royal College.

**Slide 3.**

Objectives and agendas of this presentation are,

Number 1. Recognize common words related to the process and content of Collaboration.

Number 2. Apply key collaboration steps to examples from day to day practice.

Number 3. Develop personal collaboration resources for day to day practice.

Presenters Notes for Slide 3.

- Sample goals and objectives of the session – revise as required.

- Consider doing a ‘warm up activity.’

- Review/revise goals and objectives.

- Insert agenda slide if desired.

**Slide 4.**

Why the Collaborator Role matters.

- Professionals must work together

- Collaboration improves patient care outcomes, patient safety, attitudes between practitioners, patient satisfactions, work systems, and clinical satisfaction.

- Collaboration can look and feel different depending on the contest and individuals

- When collaboration is not working, there is an established process to improve it.

* Collaboration also includes learning that occurs from the service provided.

Presenters Notes for Slide 4.

Reasons why this Role is important.

**Slide 5.**

The details: What is the Collaborator Role.

As Collaborators, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.

A picture shows physicians and other health care professionals in situations where they are collaborating.

Presenters Notes for Slide 5.

- Definition from the *CanMEDS 2015 Physician Competency Framework*

- Avoid including competencies for learners

- If you are giving this presentation to teachers or planners, you may want to add the key and enabling competencies

**Slide 6.**

Recognizing Collaborator process

* Accommodating
* Asking questions
* Building trust
* Communicating
* Contributing
* Cooperating
* Embracing Diversity
* Engaging
* Helping
* Promoting understanding
* Reframing
* Relationship building
* Respecting
* Sharing

Presenters Notes for Slide 6.

Trigger words relating to the process of Collaboration

**Slide 7.**

Recognizing Collaborator content

- Common ground

- Conflict resolution

- Debriefing

- Difference and Diversity

- Disruptive behaviour

- Handover

- Intention and Impact

- Organizational awareness

- Power and Hierarchy

- Process

- Reflective practice

- Shared decision-making

- Situational awareness

- Team development

Presenters Notes for Slide 7.

Trigger words relating to the content of Collaboration

**Slide 8.**

Good Collaborators

* make an effort to build relationships.
* assume others have good intentions.
* respect others time, expertise and contributions.
* elicit input, actively seeking differences of opinions.
* reframe problems to find common ground.
* are genuinely curious about others’ perspectives.
* authentically ask questions to clarify and promote understanding.

Presenters Notes for Slide 8.

Additional points are:

* are receptive to feedback.
* recognize their own limitations and blind spots.
* are good listeners and good communicators.
* transfer and share relevant information in an effective way.
* aren’t afraid to ask for help and always look for ways to be helpful.

Provide clinical and local examples.

**Slide 9.**

About Collaboration.

* ‘team’, ‘teamwork,’ and ‘collaboration’ have different meanings
* is active, deliberate and relationship-centred.
* occurs in same or different locations and/or includes colleagues from different or same profession.
* dependent on the complexity of the situation and patient needs.
* includes actively sharing, soliciting and encouraging diverse perspectives so the best course of action can be determined.

Presenters Notes for Slide 9.

Clarifies some misconceptions about collaboration.

* The ‘team’, ‘teamwork’ and ‘collaboration’ have different meanings. Collaboration is active, deliberate and relationship-centred.
* Good collaboration is varied and involves two or more people, occurs in same or different locations and/or includes colleagues from different or same profession.
* The degree of collaboration necessary is dependent on the complexity of the situation and based on patient, (not practitioner), needs.
* Collaborative decision-making includes actively sharing, soliciting and encouraging diverse perspectives so the best course of action can be determined.

**Slide 10.**

Collaborator Intelligence (CI) key domains.

* Self
* Relationships
* Context
* System

Presenters Notes for Slide 10.

* Self (i.e. knowing one’s strengths, values, limitations and managing one’s own behaviour and emotions),
* Relationships (i.e. being able to use empathy to build relationships with others, including the patient),
* Context (i.e. demonstrating behaviours, actions that reflect and incorporate the awareness of the surrounding situational and circumstances), and
* System (i.e. recognizing and promote understanding the aspects of health care organizations, including structures, operations and culture that influence the delivery of care across the continuum).

Provide clinical and local examples.

**Slide 11.**

Understanding collaboration in everyday care

Number 1. Draw learners attentions to context in which collaboration is particularly important for your specialty

Number 2. Discuss how to establish and maintain positive relationships with colleagues

Number 3. Explore the positive contribution that diversity and difference make to team effectiveness

Numver 4. Provide structures, approaches and processes to manage differences and resolve conflicts

**Slide 12.**

*Relationship-centred care is “an approach that recognizes the importance and uniqueness of each health care participant’s relationship with each other, and considers these relationships to be central in supporting high-quality care, high-quality work environment, and superior organizational performance.*

**Slide 13.**

Features of effective handovers are:

- Focused on giving and receiving patient information

- Standardized handover tools for verbal communication, electronic handover tools, formal checklists

- Teamwork training in handovers

Presenters Notes for Slide 13.

The definition of Handovers is, Effective handovers enhance care and help prevent harm to patients.

Features of effective handovers are:

- Focused on giving and receiving patient information (i.e. free of interruptions and distractions; active listening and clarifying when necessary.

- Standardized handover tools for verbal communication, electronic handover tools, formal checklists.

- Teamwork training in handovers (i.e. not training of team members but actual teamwork training).

Provide clinical and local examples.

**Slide 14.**

Risk reduction reminders.

1. Confirm why.
2. Confirm who.

3. Verify roles and responsibilities.

4. Structure the how.

5. Ensure understanding of what.

6. Document.

Presenters Notes for Slide 14.

Risk Reduction Reminders:

1. Confirm why: When multiple health professionals involved, confirm reason and rationale for transfer of care is clear to all.

2. Confirm who: Verify appropriate health professionals aware of patient’s clinical condition and agreed to transfer of care.

3. Verify roles and responsibilities of each team member in handover is clearly given/received by patient and health professionals.

4. Structure the how: Structured communication tool and protocols are very helpful. Follow established processes each time.

5. Ensure understanding of what: Ensure sufficient patient information is provided. Clarify and repeat back as needed. Valuable to reconfirm clinical history directly with patient.

6. Document: Document relevant information when sending—for those assuming the patient care. Document relevant information when receiving—entering key elements of handover information.

Provide clinical and local examples.

**Slide 15.**

Worksheet T3.

Intention vs. Impact.

Presenters Notes for Slide 15.

At this point you can do a learning activity – Collaborator Teaching tool number3 is suggested from the Can Meds Teaching and Assessment Tools Guide.

**Slide 16.**

Prime Model.

* **P for P**ersonal, professional, and patient differences.
* **R for R**ole confusion.
* **I for I**nformational deficiencies.
* **M for M**ethods.
* **E for E**nvironmental stress.

**Slide 17.**

Worksheet T4.

Prime Factors.

Presenters Notes for Slide 17.

Do a learning activity - Worksheet T4 is suggested.

**Slide 18.**

‘In the moment’ rules for managing differences and conflict.

1. Stay calm.

2. Stay focused.

3. Slow down and talk to others.

4. Redirect others as needed.

Presenters Notes for Slide 18.

Provide clinical and local examples.

**Slide 19.**

Approaches to apply to different situations are,

Number 1. Dictate.

Number 2. Avoid.

Number 3. Accommodate.

Number 4. Compromise.

Number 5. Collaborate.

Presenters Notes for Slide 19.

Dictate:

* Quick, decisive action is vital.
* On important issues where unpopular action needed.

Avoid:

* Time needed for reduced tension, regain perspective.
* Others can resolve the conflict more effectively.

Accommodate:

* The issue is more important to the other person.
* Preserving harmony is especially important.

Compromise:

* A quick solution is needed under time pressure.
* Both parties have equal power and have different goals.

Collaborate:

* Longer term solution and multiple viewpoints.
* Buy-in and shared decision-making are important.

**Slide 20.**

Steps and hints to promote understanding.

1. Identify the need for a conversation.
2. Actively listen.
3. Acknowledge others’ points of view.

4. Share your viewpoint.

5. Seek common ground.

6. Reach agreement on next steps.

Presenters Notes for Slide 20.

**Steps and hints to promote understanding.**

1. Identify the need for a conversation: Encourage the expression of concerns.

2. Actively listen: Listen to understand different opinions and perspectives.

3. Acknowledge others’ points of view: Summarize understanding before sharing.

4. Share your viewpoint: Share all relevant information that is important to the situation.

5. Seek common ground: Highlight common interests and focus on solutions.

6. Reach agreement on next steps: Clarify process and time for move-forward Plan.

**Slide 21.**

Objectives of this presentation were:

1. Recognize common words related to the process and content of Collaboration.

2. Apply key collaboration steps to examples from day to day practice.

3. Develop personal collaboration resources for day to day practice.

Presenters Notes for Slide 21.

Revisit workshop goals and objectives.

**Slide 22**

References for this presentation are.

* Richardson D, Calder L, Dean H, Glover Takahashi S, Lebel P, Maniate J, Martin D, Nasmith L, Newton C, Steinert Y. Collaborator. In: Frank JR, Snell L, Sherbino J, editors. Can Meds 2015 Physician Competency Framework Ottawa: Royal College of Physicians and Surgeons of Canada; 2015.
* The Collaborator Intelligence (CI) framework described here outlines the domains for the learning and teaching of the Collaborator Role and is different than the organizational focus of the Collaborative Intelligence described by J. Richard Hackman, 2011.
* AHRQ. Patient Safety Network. Patient Safety Primers – Handovers and signouts. <http://psnet.ahrq.gov/primer.aspx?primerID=9> .
* CMPA Risk Fact Sheet- Patient handovers- A1300-004-E © CMPA 2013. <https://www.cmpa-acpm.ca/documents/10179/300031190/patient_handovers-e.pdf> .
* Richardson D, Wagner S. Collaborative Teams, Module 2, Educating health professionals in interprofessional care course (ehpicTM), Module 2 - University of Toronto, 2013.
* Thomas KW. Conflict and conflict management: Reflections and update. *J of Organ Behav.* 1992:13(3): 265-74.
* Shell, GR. Teaching Ideas: Bargaining Styles and Negotiation: TheThomas Kilmann Conflict Mode Instrument in Negotiation Training. *Negotiation J.* 2001;17(2):155-74.

**Slide 23** forward are additional slides that may or may not be added to the presentation.

**Slide 24.**

Collaborator Key Competencies.

Physicians are able to:

Key competency 1. Work effectively with physicians and other colleagues in the health care professions.

Key competency 2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts.

Key competency 3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care.

**Slide 25.**

Collaborator Key Competency 1.

Physicians are able to:

Work effectively with physicians and other colleagues in the health care professions.

Collaborator enabling competency 1.1 is Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care.

Collaborator enabling competency 1.2 is Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care.

Collaborator enabling competency 1.3 is Engage in respectful shared decision-making with physicians and other colleagues in the health care professions.

Presenter Notes for Slide 25

* From the *CanMEDS 2015 Physician Competency Framework*
* Use one slide for each key competency and associated enabling competencies

**Slide 26.**

Collaborator Key Competency 2.

Physicians are able to:

Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts.

Collaborator enabling competency 2.1 is Show respect toward collaborators.

Collaborator enabling competency 2.2 is Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture.

Presenter Notes for Slide 26

* From the *CanMEDS 2015 Physician Competency Framework*
* Use one slide for each key competency and associated enabling competencies

**Slide 27.**

Collaborator Key Competency 3.

Physicians are able to:

Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care.

Collaborator enabling competency 3.1 is Determine when care should be transferred to another physician or health care professional.

Collaborator enabling competency 3.2 is Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care.

Presenter Notes for Slide 27

* From the *CanMEDS 2015 Physician Competency Framework*
* Use one slide for each key competency and associated enabling competencies