

# Educating the Collaborative Clinician

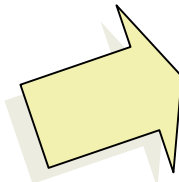
Elisabeth Paice  
Chair of NWL Integrated Care Pilot



# Direction of Travel

## *Autonomy*

- clinical freedom
- commitment to individual patient
- collaboration with other professionals
- self-directed learning
- self-regulation



## *Accountability*

- clinical governance
- service to population
- multi-professional teamwork
- learning aligned to organisational needs
- revalidation

# Integrated care



- The patient at the centre
- Professionals working together - and communicating with each other
- Proactive care - moving intervention upstream

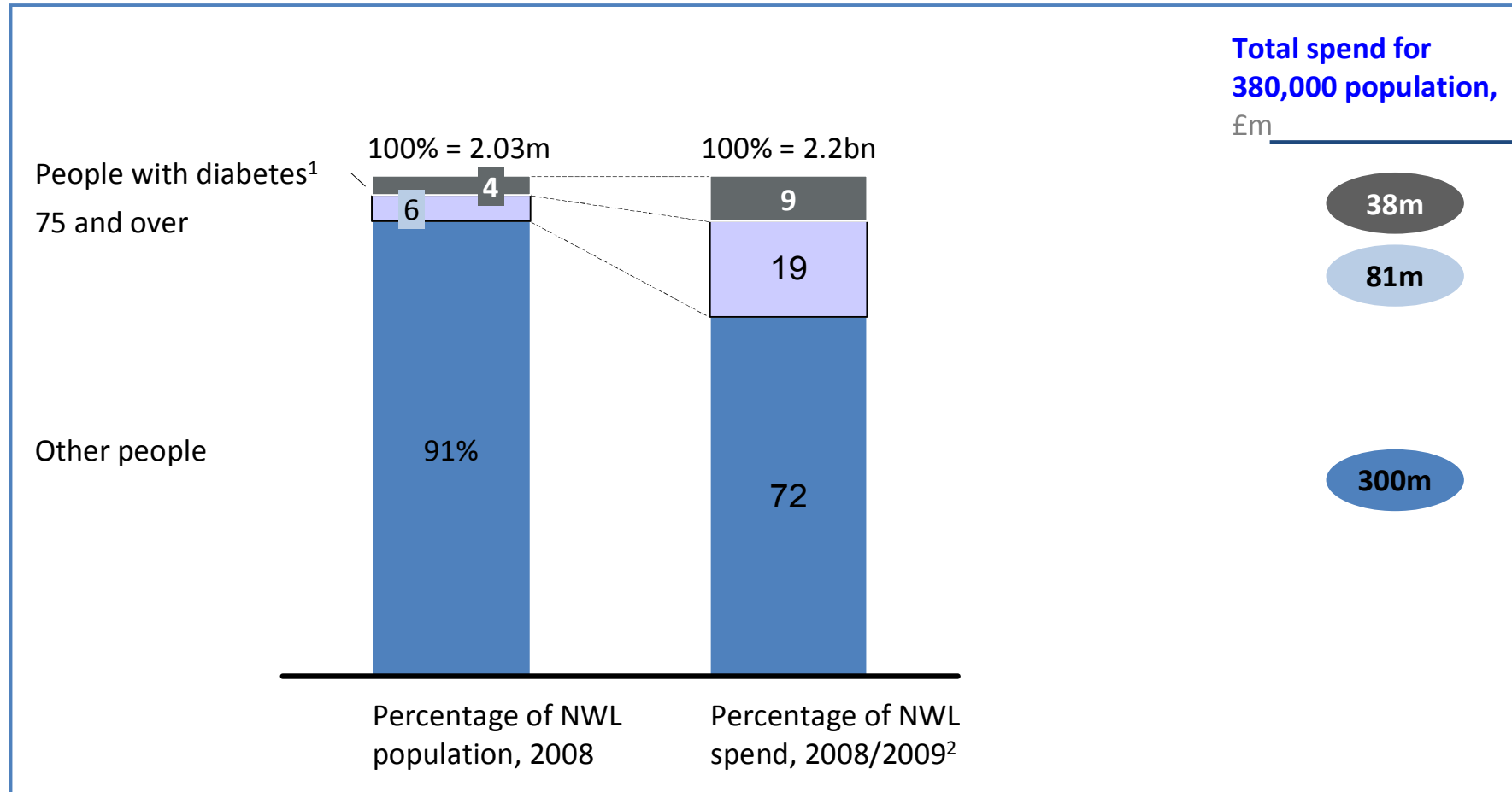
- Improving
  - Patient experience, safety and outcomes
  - Professional experience
  - Cost-effectiveness

# Education Needs for Integrated Care

- Teamworking
- Communication
- Role awareness
- Personal and professional development
- Practice development
- Leadership and partnership working

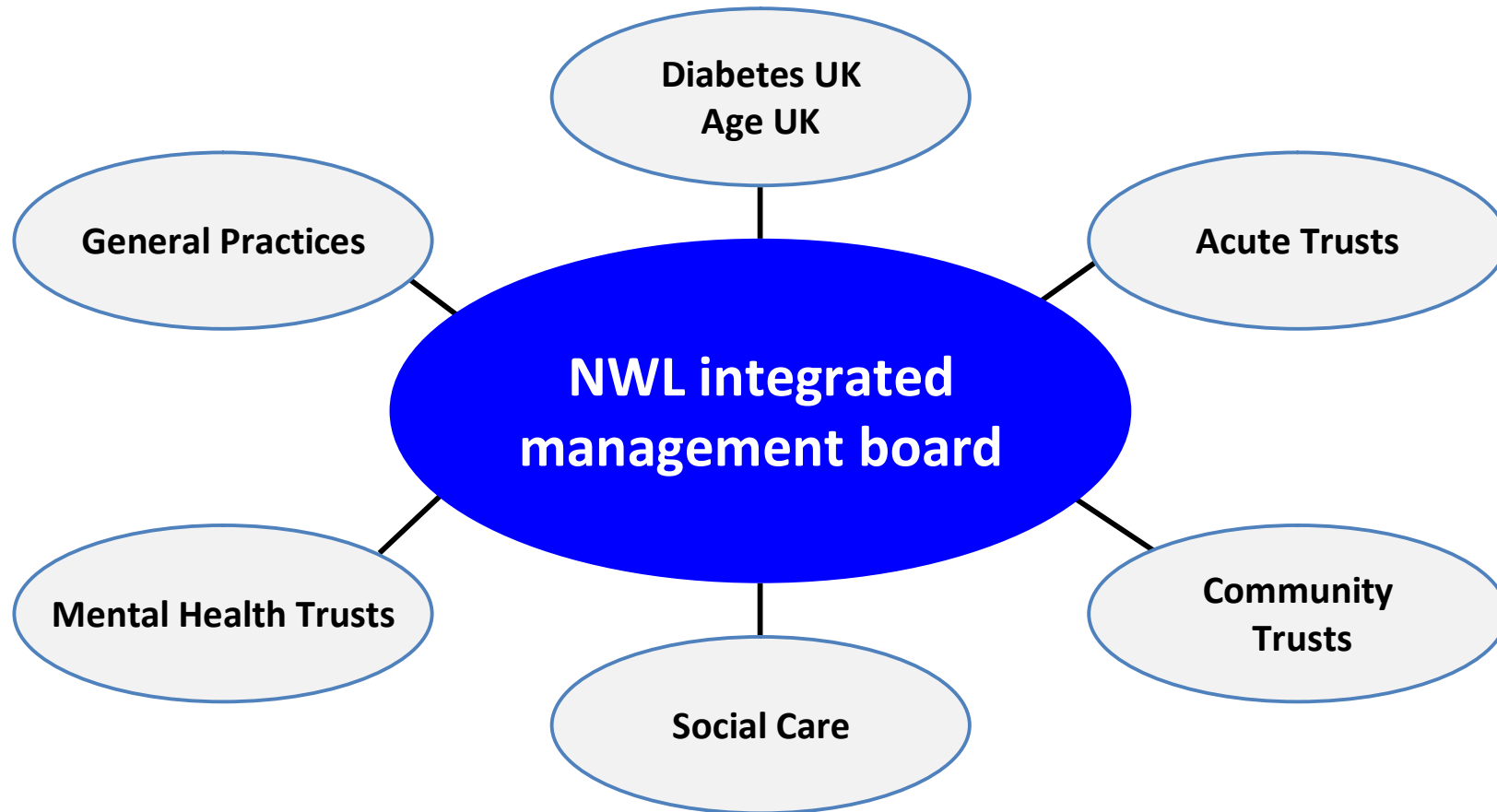
Howarth M, Holland K, Grant MJ. Education needs for integrated care: a literature review. *Journal of Advanced Nursing*, 2006; 56: 144-56

# Diabetics and the elderly accounted for 10% of the NWL population but 28% of the spend



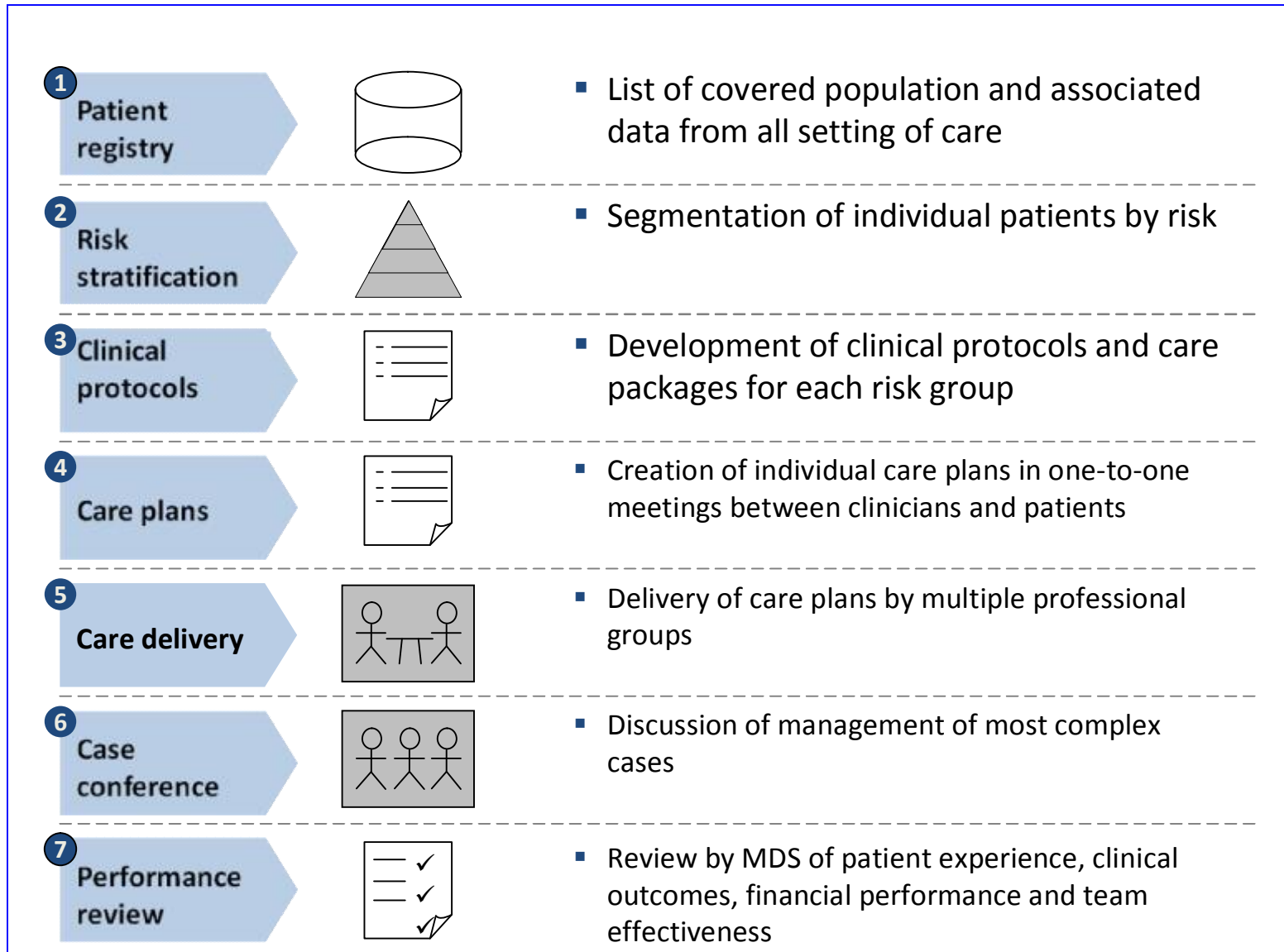
**One admission avoided per month per GP would save £10m**

# Providers working together



**GPs have 50% of votes**

# Developing a multi-disciplinary system



7  
SOURCE: Team analysis

# Integrated Care in Action

- Practices working together in MDGs
- Agreed resource plans
- Patient involvement
- Specialist input
- Shared financial incentives
- Shared information
- Shared governance



# Developing a culture

- Developing a **shared understanding** of integrated care and its potential benefits
- Having financial, professional and technical **support**
- Getting **engagement** from many different organisations
- **Commitment and support** from leaders
- Creating an atmosphere of **mutual respect and trust**
- Being able to be **honest** about problems
- **Listening** and seeking to **understand** each other
- Moving away from stereotypes and getting to **know each other**
- **Sharing a commitment** to better patient outcomes, experience and safety
- Sharing **responsibility**

# June 2011



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# Educating the Collaborative Professional

- Experiencing the whole patient journey
- Working closely with other professionals – learning the mutuality of respect and trust
- Engaging in quality improvement
- Discovering the power of shared data
- Learning the skills of effective teamwork – as leader and follower
- Learning to engage and empower patients
- Learning the importance of deliberate practice

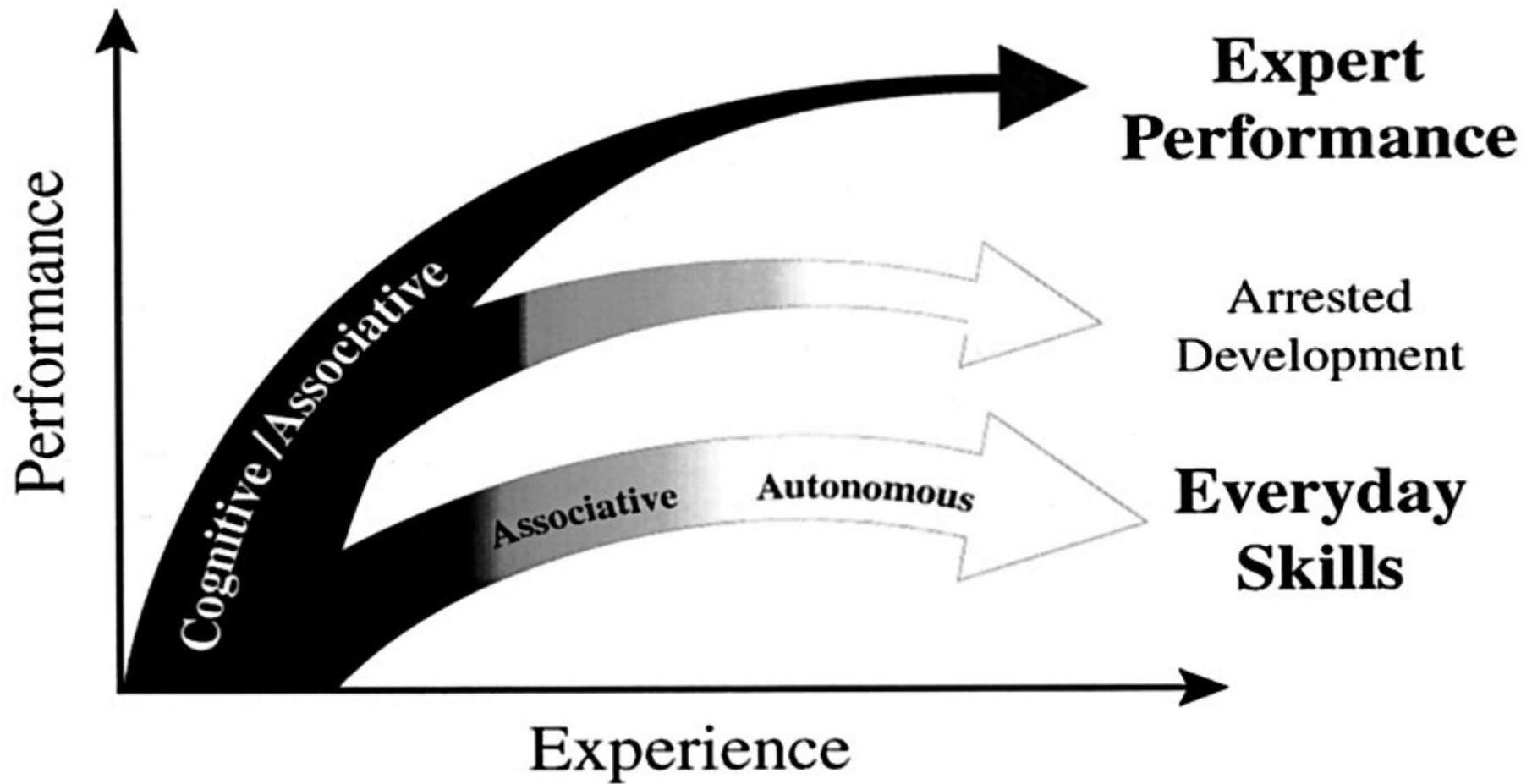
# Some innovative proposals

- Placements – that cross boundaries
- e-learning – about integrated care
- Presentation to MDG case conferences
- Mini-MDG
- Shared learning initiatives
  - around clinics
  - around quality improvement
- Simulated patient pathway



## Pathway simulation





From Ericsson, Academic Medicine, 2004

# Does 10,000 hours of Experience make an Expert?

**“...most professionals reach a stable, average level of performance within a relatively short time frame and maintain this mediocre status for the rest of their careers.”**

**Ericsson KA**, Deliberate Practice and the Acquisition and Maintenance of Expert Performance in Medicine and Related Domains, *Academic Medicine*, 2004;79:S70-81

# Counteracting automaticity

## **Experts engage in deliberate practice**

- Actively find ways to keep improving
- Seek out training that stretches them
- Self-monitor and seek external feedback
- Identify their weaknesses
- Engage in repetitive practice to correct
- Test their performance against that of others

# The Collaborative Clinician

- Who puts patients at the centre and works in partnership with them
- Who understands and respects the roles, responsibilities and skills of other professionals
- Who works effectively in multiprofessional teams
- Who uses metrics to drive quality improvement
- Who recognises the responsibility to teach and to learn
- A restless champion of change
- Positive, forward-looking and resilient