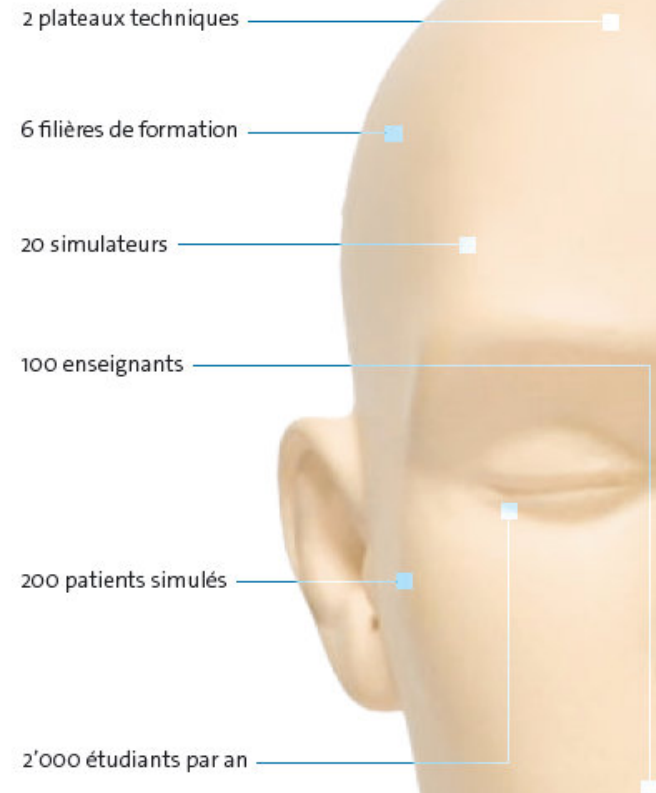


# CiS Centre interprofessionnel de simulation

**THE CiS:  
a winning example and a  
winning team**

PD Dr med E. Van Gessel  
Directrice du CiS  
Université de Geneva  
**On behalf of the Geneva IP group**



[www.cis-ge.ch](http://www.cis-ge.ch)

**« Interprofessional education and collaborative practice are considered as high priorities in the agendas of numerous organizations and training institutions both at the national and international levels »**

*Luca Crivelli, swissuniversities,  
interprofessionalität im Gesundheitswesen,  
Séance de réflexion der Delegation Medizin und Gesundheit, 2017*

**IPE: two or more professions learn  
with, from, and about each other**



Förderprogramm  
Interprofessionalität  
im Gesundheitswesen  
2017 – 2020

 Schweizerische Eidgenossenschaft  
Confédération suisse  
Confederazione Svizzera  
Confederaziun svizra  
Eidgenössisches Departement des Innern EDI  
Bundesamt für Gesundheit BÄG

SYMPOSIUM

**Interprofessionalität  
im Gesundheitswesen:  
bis hierher – und wie weiter?**

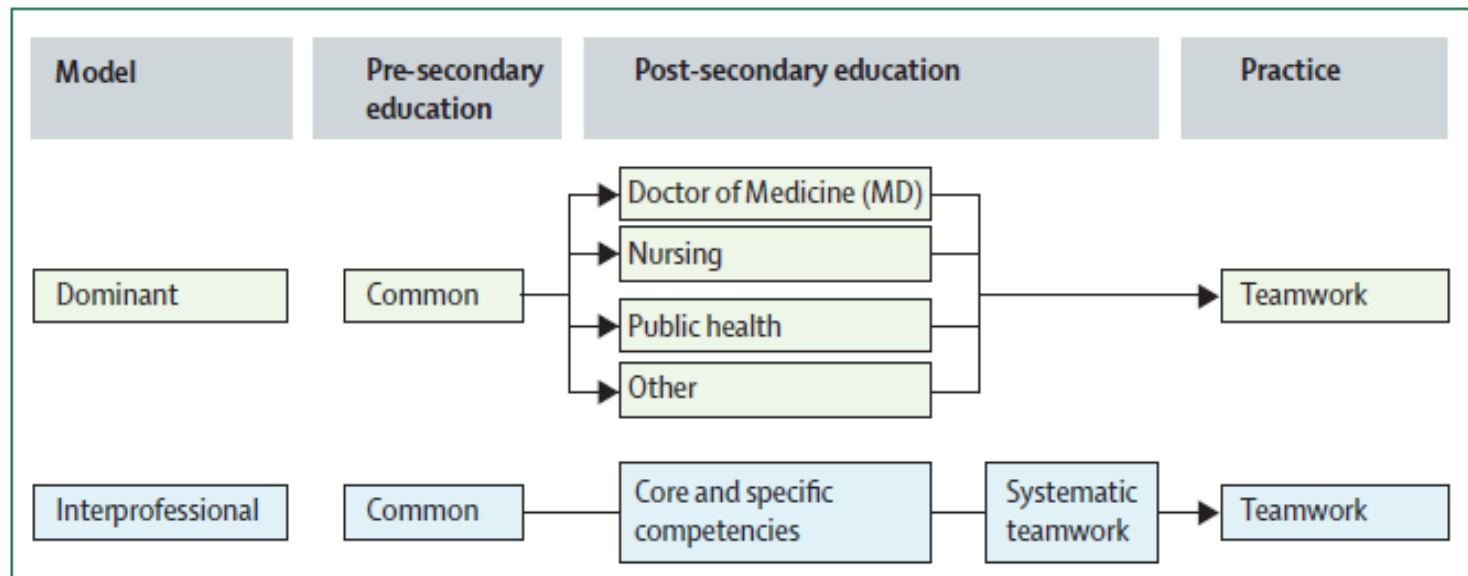
Donnerstag, 8. Dezember 2016  
Bern (Kursaal)

Health Professions Networks  
Nursing & Midwifery  
Human Resources for Health

Framework for Action on  
Interprofessional Education  
& Collaborative Practice

## There is a general consensus that the silos structure in education lead to:

- suboptimal use of workforce,
- poorly functioning healthcare teams,
- more frequent adverse events and
- poorer patient outcomes



# The changes in Healthcare today!

**Recognized gap between the training of professionals and the identified social and population needs in healthcare**

- Type of patients
  - Aging
  - Long term Chronic conditions
  - Ethical dilemmas
- Type of teamwork:
  - Community-centered care collaborative practices
  - In different contexts of care
  - Shared decision-making by dispersed/asynchronous teams

*The Lancet 2010, vol 376; pp 1923–58  
D. Benor 2014, rmmj, vol 5  
Thomas EJ, BMJ Qual & Saf 2011  
Van Schaik et al, Med Educ 2014*

# A Team reflection

- Dimensions to consider:
  - Future orientation of health practices
  - Knowledges, competencies, capabilities and practices
  - Teaching, learning and assessment approaches and practices
  - Institutional delivery

# What made it happen in Geneva

## The Swiss frameworks

- Based on the CIHC 2010 (Canada)
- Integrated in the following:
  - Principles regulating training in the health schools of HES-SO
  - Rectors conference for HES (KFH 2009)
  - LP San and LP Med
  - OFSP/BAG 2013: Report of the WG on Interprofessionalism
  - Report of Federal Council: « Santé 2020 »
  - ASSM charter

Institutional support from educational leaders and administrators

- Promoting IPE
- Access to resources and external funding
- Project management and partnerships = CiS
- Not “out of hours” or “add-on” activities
- Aligning timetables

# Team characteristics?

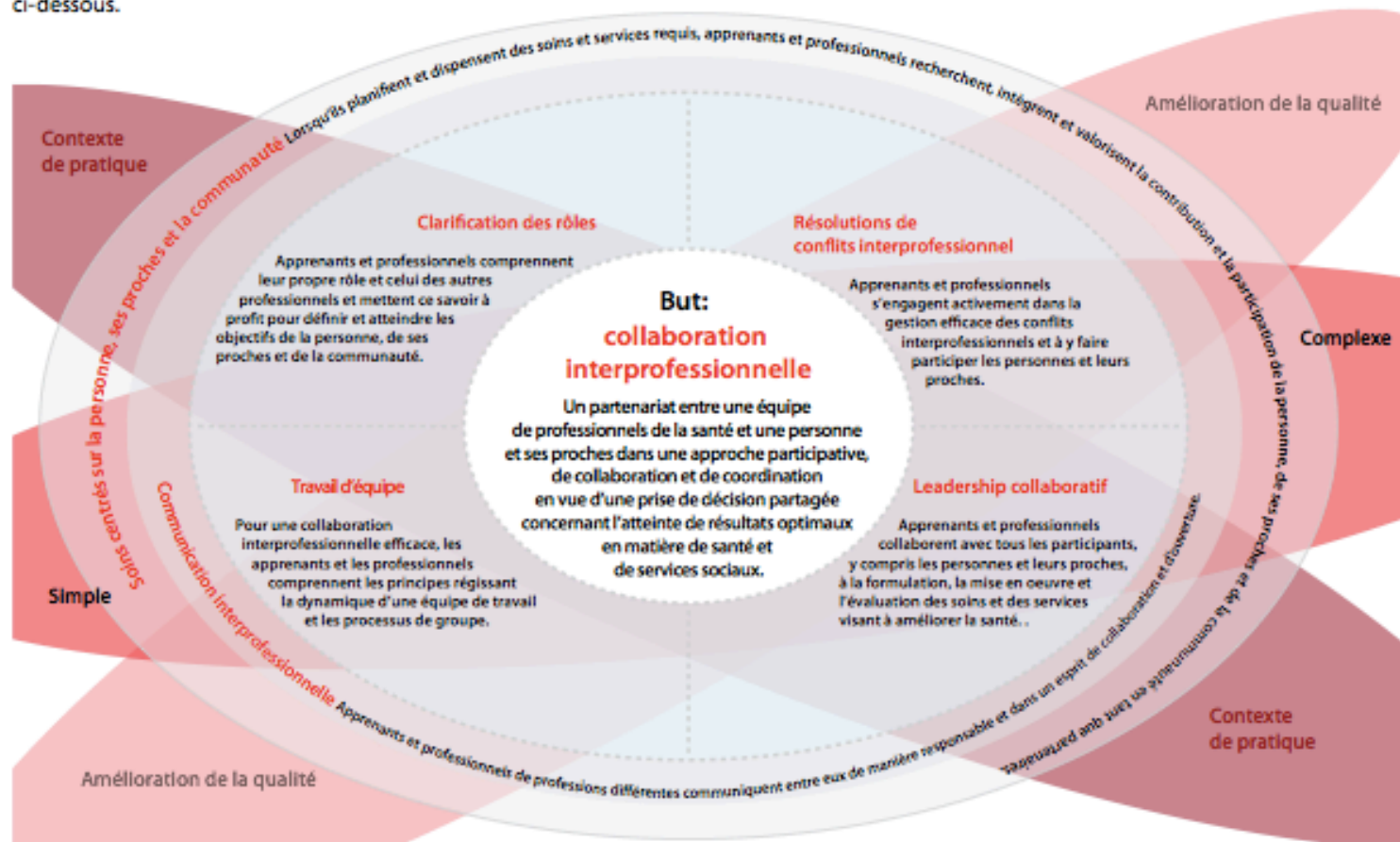
- 2 parallel groups and common reflections on content and process of IP as well as tools (CiS)
- **Dedicated group of highly motivated interprofessional teachers and coordinators in and around the CiS:**
  - Realistic aims and objectives
  - Faculty development

**It has to be a Co-Construction**

# What knowledge or competencies?

La figure 1 illustre l'agencement des domaines et met en évidence trois éléments contextuels qui influencent la manière dont le référentiel de compétences peut être appliqué dans différentes situations. Les domaines de compétences et les éléments contextuels sont décrits ci-dessous.

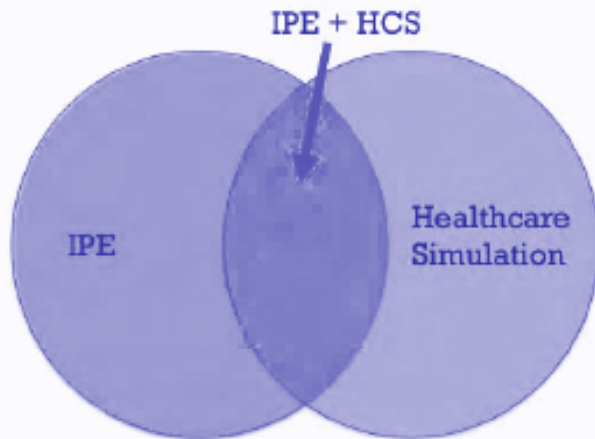
Figure 1. Référentiel national de compétences en matière d'interprofessionnalisme.





# SSH: Why Simulation?

Figure 1: Relationship between IPE and Healthcare Simulation



“...believes that simulation is an effective vehicle for achieving and evaluating the IP competencies.”

- Frequently reported teaching method for patient safety (JHCO)
- Bridge a gap between education and clinical placements/clerkships

# Undergraduate IPE in Geneva

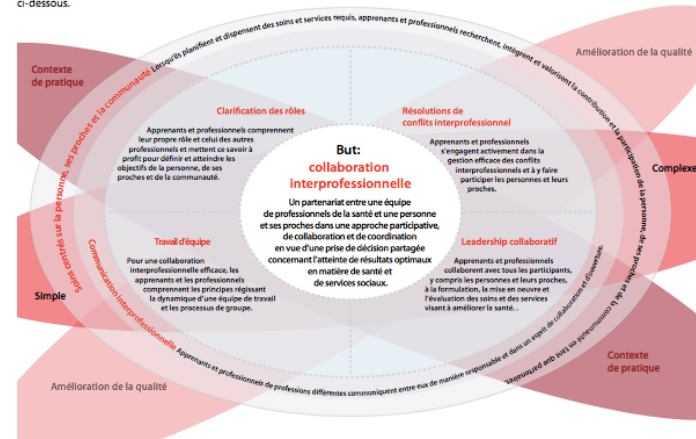
## ➤ 3 elements

- Structured core program
- IP simulations
- Experiential learning in the field (community and family medicine, emergency care)

- **AIM:** lead future health professionals to understand and build their professional identity but at the same time to give them an understanding of the roles and responsibilities of the other professionals of a team and some competences in team working

La figure 1 illustre l'agencement des domaines et met en évidence trois éléments contextuels qui influencent la manière dont le référentiel de compétences peut être appliqué dans différentes situations. Les domaines de compétences et les éléments contextuels sont décrits ci-dessous.

Figure 1. Référentiel national de compétences en matière d'interprofessionnalité.



# IPE over 3/6 years

2 ECTS

- Roles and responsibilities of health professionals
- Different contexts of care and collaboration
- Communication, methodologies and collaborative tools (e-health)
- **UASH 1<sup>st</sup> BA and Med 2<sup>nd</sup> BA + 2019 2<sup>ème</sup> BA Pharma**

4 ECTS

- Methodology and project management in health
- IP simulation workshops: work on roles and responsibilities
- **UASH 2<sup>nd</sup> BA and Med 1<sup>st</sup> MA**

2 ECTS

- IP simulation workshops: team working in different contexts of practice (acute to chronic, simple to complex)
- Emphasize the axis of quality and safety of care
- **UASH 3<sup>rd</sup> BA and Med 3<sup>rd</sup> MA + 2019 2<sup>ème</sup> MA Pharma**

# Organisation IPE 3<sup>ème</sup> module



## 10 scénarios

- Plusieurs variantes/étapes par scénario
- Préparation des étudiants en fonction du rôle

## 7 sessions parallèles

- Divers environnements, dont une salle de radiologie
- 2 tuteurs
- 8-10 étudiants (3-4 professions)



## 500 étudiants

- 2 simulations par étudiant
- 1 situation aigue, 1 chronique

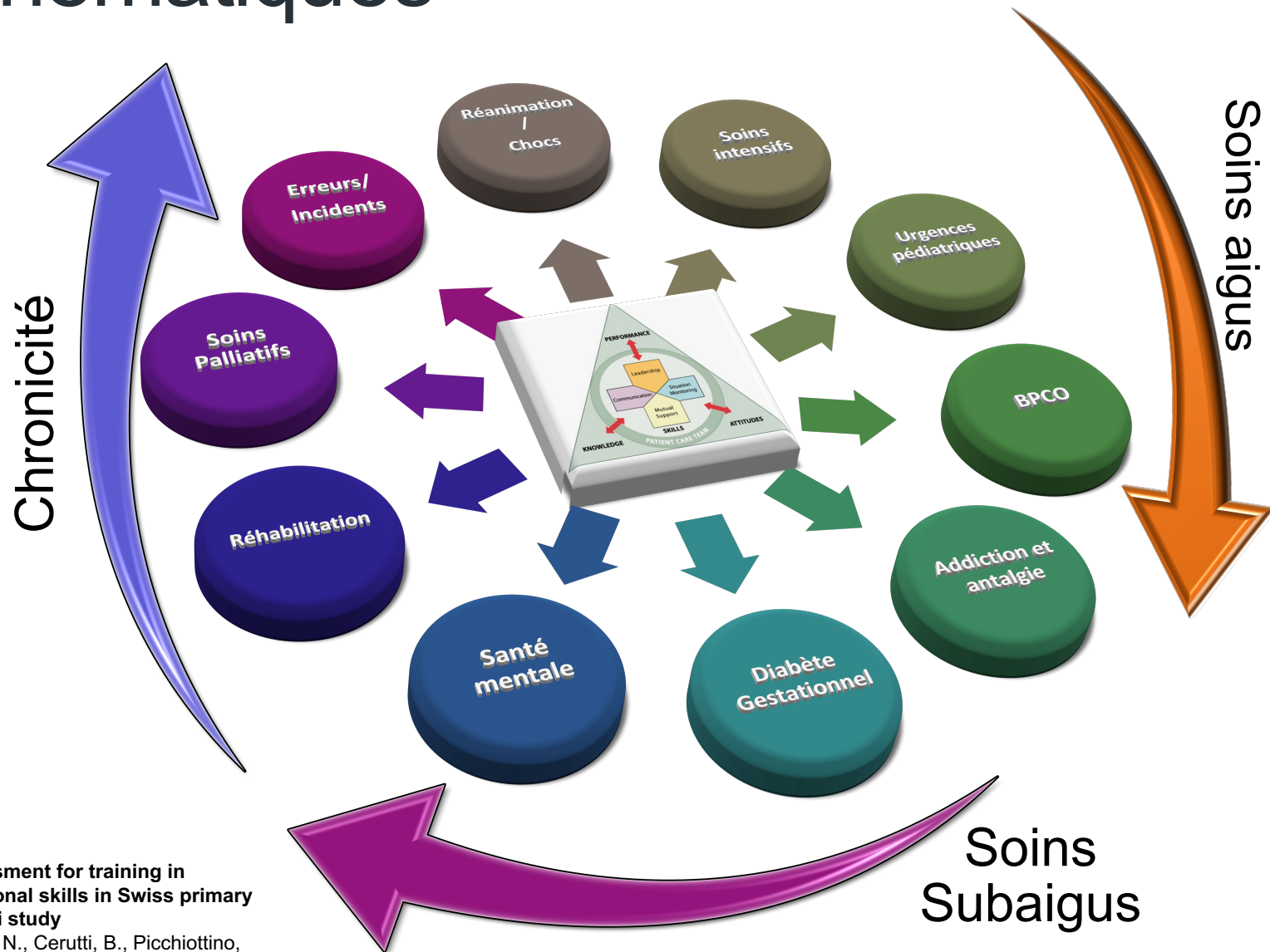
+ 2<sup>ème</sup> MA-Pharma

## 5 jours

- 59 groupes
- 58 tuteurs différents
- 18 Patients Simulés
- 4 mannequins HF



# Thématiques



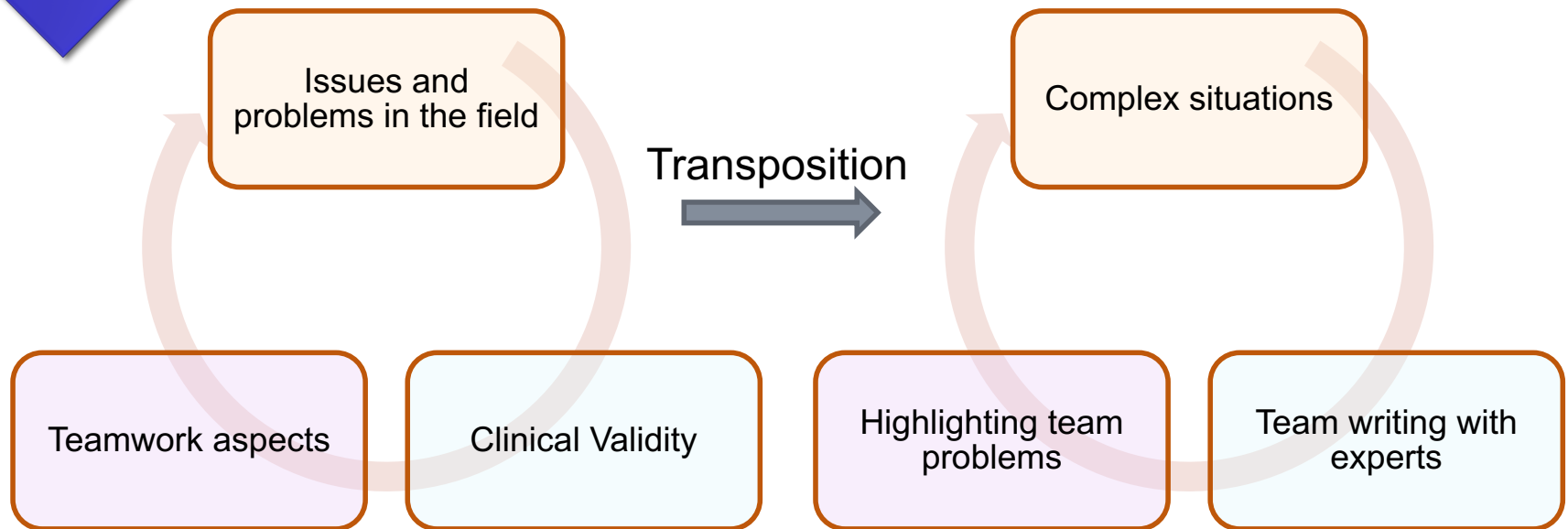
**Needs assessment for training in interprofessional skills in Swiss primary care: a Delphi study**

Junod Perron, N., Cerutti, B., Picchiottino, P., Empeyta, S., Cinter, F., van Gessel, E. (2014). *J Interprof Care*, 28(3), 273-5.

# IPE 3<sup>rd</sup> module

2 ECTS

- IP simulation workshops: team working in different contexts of practice (acute to chronic, simple to complex)
- Emphasize the axis of quality and safety of care
- UASH 3<sup>rd</sup> BA and Med 3<sup>rd</sup> MA**



Mots clés : Emergency situations – chronicity – difficult patient – end of life discussions the patient and/or the family as partners in decision-making

# The Toolkit

The screenshot shows the AHRQ website's navigation and content. At the top, there is a header for the U.S. Department of Health & Human Services with links for Home, About Us, Careers, Contact Us, Español, FAQ, and Email Updates. Below this is the AHRQ logo and the text "Agency for Healthcare Research and Quality, Advancing Excellence in Health Care". A search bar is located to the right of the logo. A blue navigation bar contains links for Topics, Programs, Research, Data, Tools, Funding & Grants, News & Events, and About, along with a font size adjustment icon. A purple breadcrumb trail shows "Home > TeamSTEPPS®".

The main content area is titled "Curriculum Materials" and features a purple sidebar with a list of links: "About TeamSTEPPS®", "Curriculum Materials", "TeamSTEPPS® 2.0", "TeamSTEPPS® for Office-Based Care Version", "TeamSTEPPS® Long-Term Care Version", "TeamSTEPPS® Dental Module", "Patients with Limited English Proficiency", "TeamSTEPPS® Rapid Response Systems Guide", "Training Guide: Using Simulation in TeamSTEPPS® Training", and "TeamSTEPPS® 2.0 Master Trainer Registration".

The main text describes TeamSTEPPS® as an evidence-based teamwork system aimed at optimizing patient care by improving communication and teamwork skills among health care professionals, including frontline staff. It includes a comprehensive set of ready-to-use materials and a training curriculum to successfully integrate teamwork principles into a variety of settings.

Several versions of TeamSTEPPS are available, along with individual modules related to specific audiences, settings, or situations. All are available online, and publication numbers are provided for alternative formats available from AHRQ's Publications Clearinghouse.

**TeamSTEPPS 2.0**

TeamSTEPPS 2.0 is the core curriculum. It helps you train your staff in teamwork skills and lead a medical teamwork improvement initiative in your organization from initial concept development through to sustainment of positive changes. Materials include an instructor manual (Pub. No. 14-0001-2), short case studies, and videos illustrating teamwork opportunities and successes. Instructor and Trainer workshop materials focus on change management, coaching, and implementation. Supporting materials include a pocket guide (Pub. No. 14-0001-2) and evaluation tools. The entire course is available on DVD (Pub. No. 14-0001-3-DVD).

• [Training Videos](#)

A yellow callout box on the right side of the page contains the text "Contact Information".

<https://www.ahrq.gov/teamstepps/index.html>

# TeamSTEPPS stands for: *Team Strategies and Tools to Enhance Performance and Patient Safety.*

## Team Structure

Identification of the components of a multi-team system that must work together effectively to ensure patient safety

## Communication

Structured process by which information is clearly and accurately exchanged among team members

## Leadership

Ability to maximize the activities of team members by ensuring that team actions are understood, changes in information are shared, and team members have the necessary resources

## Situation Monitoring

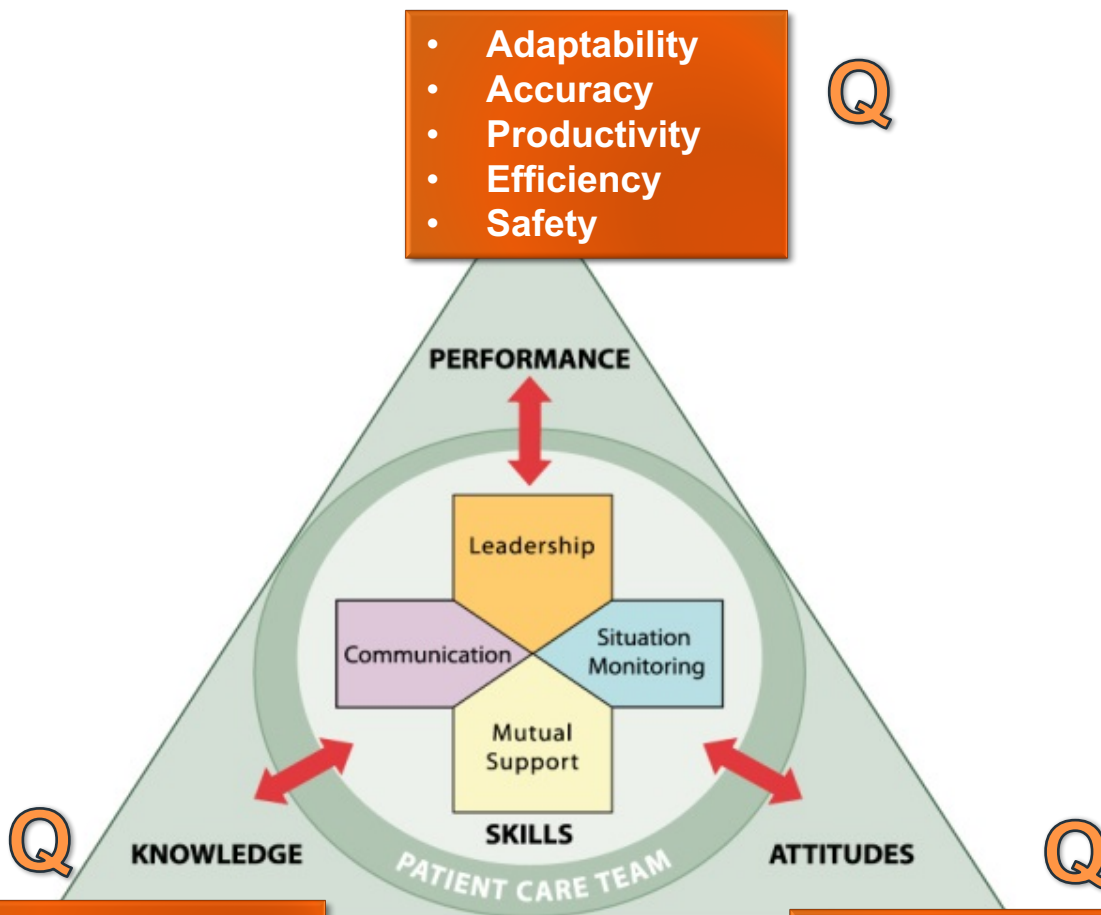
Process of actively scanning and assessing situational elements to gain information or understanding, or to maintain awareness to support team functioning

## Mutual Support

Ability to anticipate and support team members' needs through accurate knowledge about their responsibilities and workload

- Adaptability
- Accuracy
- Productivity
- Efficiency
- Safety

Q



Shared Mental Model  
Safety Culture

Mutual Trust  
Team Orientation  
Patient as Partner



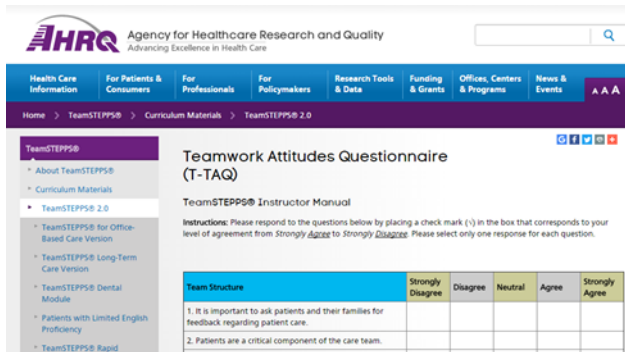
# Modifications in the perception of teamworking

- Better definition of roles and responsibilities of the different team members (83.7%);
- Use of structured communication tools such as SBAR (82.4%);
- To be assertive and acknowledged in case of a safety breach (81.5%).

75.8% ARE READY TO USE THESE  
COMPETENCIES IN CLINICAL PRACTICE

83.7% BELIEVE THAT HAVING TUTORS FROM  
DIFFERENT PROFESSIONS GIVES THEM  
INSIGHT AND HELP THEM UNDERSTAND KEY  
ELEMENTS OF AN IP BEHAVIOR

# 2016 - Perception des étudiants concernant les attitudes propices au travail d'équipe



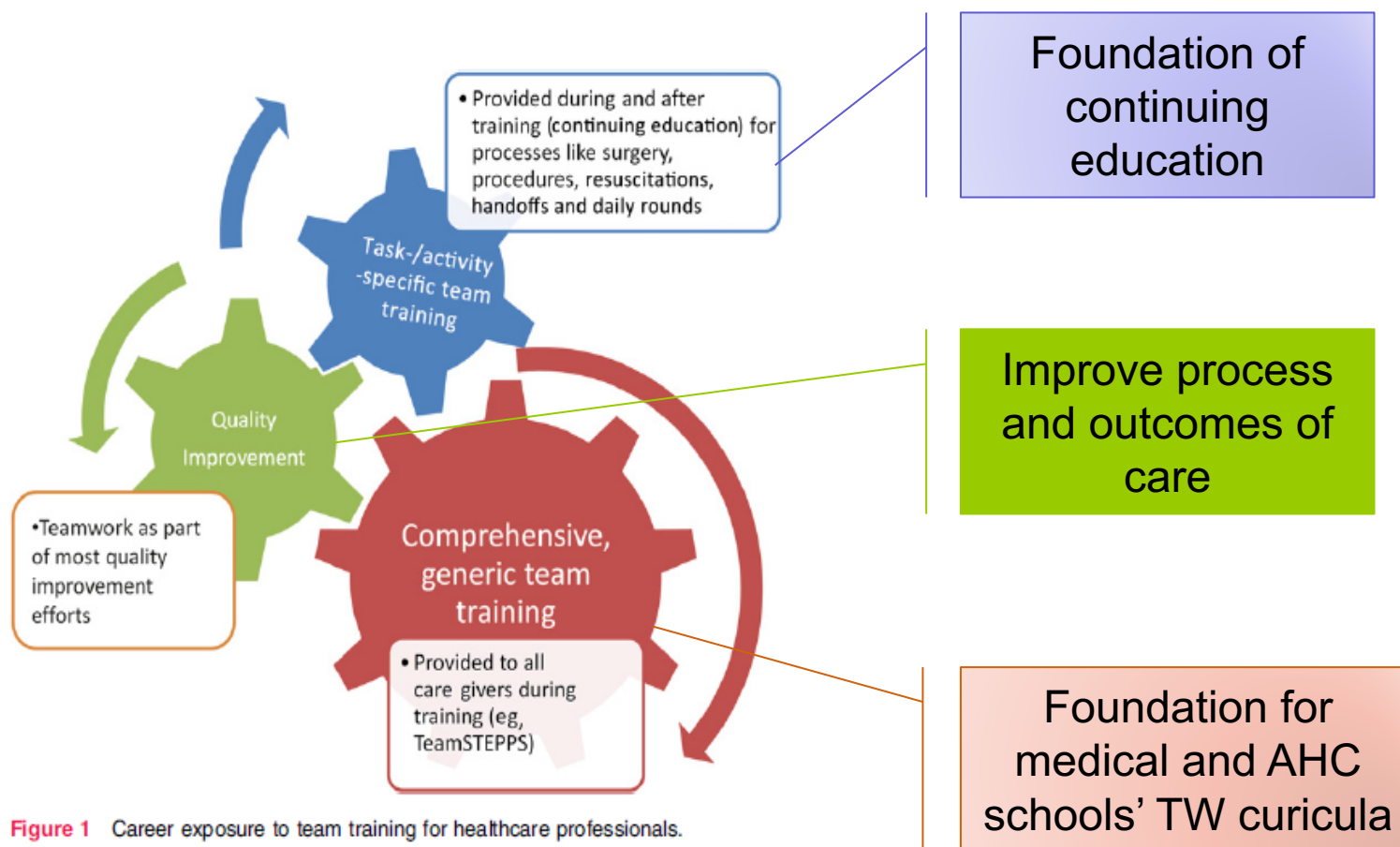
- « TeamSTEPPS Teamwork Attitude Questionnaire » (T-TAQ) **avant et une semaine après** la fin du module
- 30 questions/items portant sur les **5 domaines** du concept TeamSTEPPS
- Analyse utilisant la technique du test non paramétrique du Wilcoxon

|   | Pré-test |         | Post-test |         | p       |
|---|----------|---------|-----------|---------|---------|
|   | N        | Moyenne | N         | Moyenne |         |
| Les équipes hautement performantes dans les soins (santé) ont des caractéristiques communes avec des équipes hautement performantes dans d'autres types d'industrie | 250      | 4       | 102       | 4,4     | <0,0001 |
| La mission de l'équipe est plus grande que les objectifs individuels des membres de l'équipe  | 269      | 3,9     | 109       | 4,2     | 0,0055  |
| Le suivi/monitorage des patients apporte une contribution importante à la performance d'une équipe efficace   | 261      | 4,4     | 111       | 4,6     | 0,009   |
| Il est important de surveiller l'état émotionnel et psychique des autres membres de l'équipe  | 267      | 4,4     | 110       | 4,6     | 0.009   |
| Offrir à un collègue de l'équipe l'aide pour effectuer ses tâches est une manière efficace pour améliorer la performance de l'équipe                                | 263      | 4,3     | 105       | 4,5     | 0.0418  |
| Il y a lieu de continuer à faire valoir sa préoccupation concernant la sécurité du patient, jusqu'à être certain d'avoir été entendu                                | 265      | 4,5     | 108       | 4,7     | 0,0096  |
| Il est important de disposer d'une méthode structurée d'échange d'informations lors du transfert d'un patient   | 265      | 4,7     | 111       | 4,8     | 0,0777  |

# Summary

- No reason not to do it: support!
- Adopt a structured approach

*Thomas EJ, BMJ Qual & Saf 2011*



**Figure 1** Career exposure to team training for healthcare professionals.

**MERCI**

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