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STRONGER THAN THE SUM OF OUR PARTS: CREATING A LEVEL PLAYING FIELD – PART 3

*In 2014, CFAR produced a report with the Robert Wood Johnson Foundation (RWJF) called *Lessons from the Field: Promising Interprofessional Collaboration Practices*, which identifies ways to increase collaboration among healthcare professionals, in service of improved healthcare delivery. This article is the third in a series of four about actionable practices for effective interprofessional collaboration. Here, we explore a key practice to accelerate this collaboration.*



In looking across the seven healthcare organizations participating in the project, one of the key practices we identified is “creating a level playing field” that lets each team member work at the top of their license, know their role, and understand the value they contribute. We will explore the significance of this commitment here, how it plays out, and ideas for implementation.

Why is this practice important?

We found that “students and caregivers...[do] not have a very detailed understanding of *other* caregivers’ fields of practices or of what they [do] at the facility.”¹ At each site we visited people at every level told us “you need to create a level playing field.” But what did they mean? This is a way to look beyond the silos and history of professional training and identity to help each team member feel they can make a meaningful contribution to the work. It is critical each team member both understands and values the contribution made by the other team members. We were surprised to learn what a challenge this can be, and what a difference it can make. So in the end, “leveling the playing field” mitigates historical hierarchies and enables team members to understand and experience both their individual contributions and their collective value.

What does this practice look like in action?

Numerous organizations “level the playing field” by engaging interprofessional teams in quality improvement, safety, and process improvement work in ways that break down barriers to interprofessional collaboration. Quality improvement (QI) projects do not necessarily “solicit program-specific knowledge or skills, nor...require clinical experience,” so they can be an excellent way to level the playing field and build interprofessional teams.² This work requires team members to learn new language, skills, and expertise together, with the benefit of also learning what each team member actually does for the team.

Additionally, each team member participating in the project brings a different background, perspective, and skill set to the team. It provides an opportunity for team members to learn from one another and to leverage the collective skills of the group. The Hospital for Special Surgery in New York City presents an achievement award for the best interprofessional collaboration for process improvement. The use of process improvement to create a level playing field is epitomized by Virginia Mason, which is internationally renowned for its Virginia Mason Production System (VMPS). This model, based on a LEAN philosophy, represents a constant source of interprofessional interaction and collaboration around improvement at every level of the organization. Through that work, professions not only work to improve quality and processes, but also come to understand and appreciate each other’s roles.

Furthermore, “power differences based in gender stereotypes and disparate social status” and “a strong cultural affinity for autonomy” impede collaborative practices and can prevent interprofessional collaboration from occurring.³ In order to break down these issues, some institutions, such as Cincinnati Children’s and their Patient Care Governance Council (see case example), have put structures and models in place to create a level playing field that balances

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the strength of each individual discipline with the potential each discipline can achieve through interprofessional collaboration.

Creating a level playing field reduces the challenges of the traditional hierarchy represented in the care team. Below are some of the specific practices we've referenced:

1. Ensure that team members understand both their own role and the role of everyone else on the team.
2. Model speaking up with respect.
3. Train different disciplines together.
4. Get to know people as people.
5. Teach and empower parents and caregivers to be part of the team.

Case: Creating a Level Playing Field

*Cincinnati Children's Hospital Medical Center
Patient Care Governance Council and the Interprofessional Model*

The Patient Care Governance Council (PCGC) at Cincinnati Children's Hospital Medical Center enables every profession to come together in a shared governance structure. The goals of the PCGC are to achieve the best patient care possible, while remaining focused on the Triple Aim, to create a voice for each professional discipline, and to better coordinate quality improvement efforts across professions.

The PCGC is working to create a culture of interprofessional collaboration at Cincinnati Children's. Each profession is able to see themselves in this model, maintaining their identity while still finding ways to be part of a team and to advance the tenets of the Interprofessional Practice Model. One leader of the council shared how the PCGC "enlightens you outside your scope," helping each member of the council to understand the roles and responsibilities of those outside their own profession, while strengthening their own professional voice.

The PCGC structure has enabled people of different professions to establish relationships and build trust. Another leader of the council said that "talking collaboratively is a step in the right direction, and this is an evolutionary process. The fact that this is embraced by all disciplines is more important than perfection."

In the following article in this series, we will discuss additional practices through examples.

For more information on this topic or related materials, contact CFAR at info@cfar.com or 215.320.3200 or visit our website at <http://www.cfar.com>.

References

1. Academic Health Council, Champlain Region. 2011.
2. Pierre Robichaud et al. 2012. "The Value of a Quality Improvement Project in Promoting Interprofessional Collaboration." *Journal of Interprofessional Care* 26: 158-160.
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