COLLABORATIVE PRACTICE, TEAMS AND THE COMMUNITY

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COI DISCLOSURE

No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.

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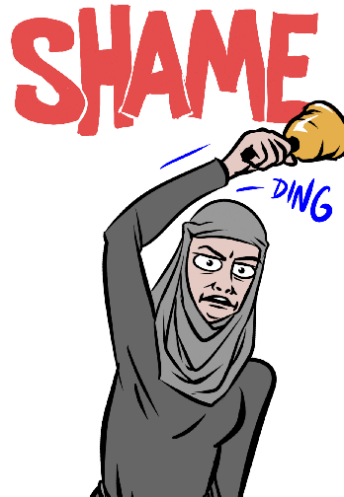
Research: socialization of health profession students; disparities in health and healthcare; empathy; emotional contagion; humility; belonging; team-ness

Teaching: Qualitative Methods; Qualitative Data Analysis; Empathy & Humility in Healthcare; Medical Sociology; Health Policy; Social Determinants of Health



AGENDA

Many thanks to the expert Panel yesterday!!!

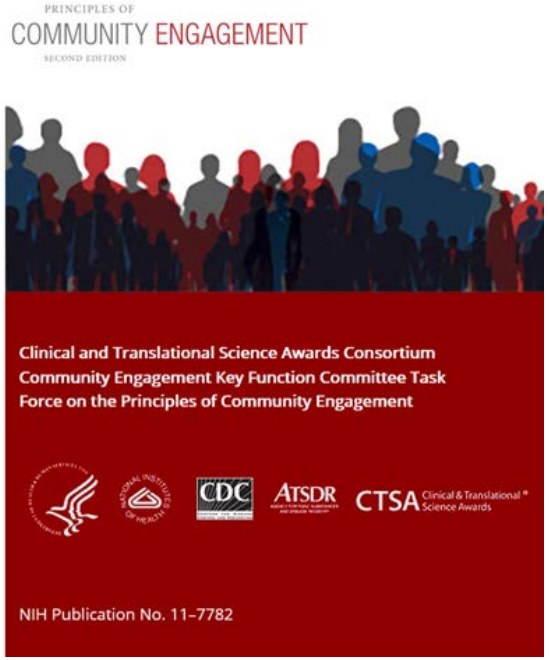
A.) Key Strategies for Effective Community Engagement

- How these Strategies are also KEY to advancing an IPE/IPCP → "Interprofessional Community"
- Key approaches to working ***with*** various communities – and not ***on***
  - Fostering a sense of belonging and team-ness

B.) The Role(s) of Humility within Collaborative Practice & Research

- Key element of team-ness and interprofessionalism (and community engagement)
- Professional Humility
- Exercises

BASICS: COMMUNITY ENGAGEMENT



WHAT:

- the process of working collaboratively **with and through** (not *on* and/or "*for*") groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people

WHY:

- Health inequities have their roots in larger socioeconomic issues
  - lifestyles, behaviors, and the incidence of illness are all shaped by social and physical environments
  - Health issues are best addressed by engaging community partners who can bring their own perspectives and understandings of community life and health issues to a project
  - Approaches to health improvement must take into account the concerns of communities and be able to benefit diverse populations

Community Engagement is NOT:

- Simply gathering/using participants from the community for clinical and/or academic research or interventions
- Simply providing/sharing health-based information to communities
- *"Here's the intervention, we built this for you without your input!"*

https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf

KEY PRINCIPLES OF COMMUNITY ENGAGEMENT

Before starting a community engagement effort…

- **Be clear about the purposes or goals** of the engagement effort and the populations and/or communities you want to en
- **Become knowledgeable** about the community's culture, economic conditions, social networks, political and power structure norms and values, demographic trends, history, and experience with efforts by outside groups to engage it in various programs
  - Perceptions of those initiating the engagement activities

811 Know what's below. Call before you dig.

For engagement to occur it is necessary to…

- **Go to the community, establish relationships, build trust, work with the formal and informal leadership, and seek commitment** from community organizations and leaders to create processes for mobilizing the community
- **Remember and accept that collective self-determination is the responsibility and right of all people in a community.**
  - Just because an institution or organization introduces itself into the community does not mean that it automatically becomes part of the community.

For engagement to succeed…

- **Partnering with the community (mutual cooperation and responsibility)** is necessary to change and improve health
- **All aspects of community engagement must recognize and respect the diversity of the community**
  - Diversity may be related to economic, educational, employment, or health status as well as differences in culture, language, race, ethnicity, age, gender, sexual identity, mobility, literacy and personal interests
- Community engagement can only be sustained by **identifying and mobilizing community assets and strengths and by developing the community's capacity** and resources to make decisions and take action.
- Organizations that wish to engage a community as well as individuals seeking to effect change **must be prepared to release control of actions or interventions to the community and be flexible** enough to meet its changing needs
- Community collaboration **requires long-term commitment** by the engaging organization and its partners.

https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf

KEY STRATEGIES FOR EFFECTIVE COMMUNITY ENGAGEMENT

Secure Buy-In from Organizational Leadership

- Establishing a **phased-in approach to community engagement** with the **goal of learning**, including through pilot projects
- **Communicating the importance of engagement efforts to staff at all organizational levels**, including during leadership-level meetings and via organization-wide communications
- **Protecting time for organization staff** to devote to this work
- **Prioritizing employment of people with relevant lived experience** (e.g., in job descriptions and hiring practices)
- **Institutionalizing community feedback** into health care system policies and practices.

It is also important for health care leadership to **consider input without expectations;** decision makers need to be receptive to **suggestions from community members that may not necessarily align with organizational priorities**.

https://www.chcs.org/media/Community-Partnership-Pilot-Brief_3.2.21.pdf

KEY STRATEGIES FOR EFFECTIVE COMMUNITY ENGAGEMENT

Commit to Long-Term Relationship Building

- **Leveraging the influence and power of trusted community figures** → serve as starting point for understanding community needs and perceptions
  - leaders of community-based organizations, religious leaders, community organizers, or community volunteers
- Incorporate strategies to **develop truly collaborative (not one-sided) relationships** → set context for mutual benefit
  - Goal: community members and health care partners will find value through partnerships
- Other strategies to build trust with community members include:
  - Being clear about the goals and objectives of partnerships so that these efforts are mutually beneficial
  - Sharing decision-making power regarding use of health care resources
  - Making an explicit commitment to improving health equity

https://www.chcs.org/media/Community-Partnership-Pilot-Brief_3.2.21.pdf

KEY STRATEGIES FOR EFFECTIVE COMMUNITY ENGAGEMENT

Promote Transparency and Accountability

- Helps build **trust in the process and clear vision** for the purpose/potential of community contributions

- Health care entities and community members should **clearly state their goals for this work at start**
- Decide together what **methods should be in place for communicating** progress, decisions, pivot points, and timelines at every level of the community engagement process
  - and with all participating stakeholders
- **Co-creation of written governance structures and group charters**
  - outline the mission and objectives of partnership activities
- **Assess community partner satisfaction** with community engagement activities

How many of you have these strategies in pace for your IPE and IPCP activities with your team members from your and other health profession programs?

https://www.chcs.org/media/Community-Partnership-Pilot-Brief_3.2.21.pdf

KEY STRATEGIES FOR EFFECTIVE COMMUNITY ENGAGEMENT

Work Toward a Shared Vision

- **Engagement strategies** can support the shared development of health care delivery improvement initiatives and promote mutual understanding for timelines and anticipated outcomes
  - Ex: human-centered design,, participatory budgeting, and **community-based participatory research**

Patients, students, & those outside the clinical realm?

Hire Those with Lived Experience into Positions of Leadership

- Allows for **community members to have a permanent seat at the table** and ensures that **on-the-ground perspectives are considered** when establishing programs and services
- Supports a **more diverse and inclusive workforce** that allows for health care systems to better reflect the communities they serve
- **"lived experience":** knowledge or impressions individuals have because of living through a certain experience, condition, or life reality.
  - Leveraging this **firsthand expertise** to better understand community priorities is vital

"Us" vs "Them" & in/out group?

'Too often this work is viewed from a perspective of "us" versus "them," and thinking about communities in a siloed way reinforces systemic racism. This dynamic can be shifted by embedding those who have been disenfranchised by inequitable systems, such as racism, into decision-making processes.'

KEY STRATEGIES FOR EFFECTIVE COMMUNITY ENGAGEMENT

Use Consensus-Building to Create Shared Power

- Creating structures and policies that **encourage community members to feel free to share their experiences**
  - encourage a wide range of experiences and then work toward consensus
- Health care entities should consider not only soliciting input from the community, **but also inviting the community into the decision-making process to establish a commitment to shared power**
  - Community can be involved in determining the future course of action while holding the health care system accountable for action.

IP Faculty Development?

Support Training and Capacity-Building Activities for Community Members

- health care organizations can **support capacity-building opportunities** to help community members improve their leadership skills and facilitate productive and effective collaborations
  - Capacity-building opportunities can include training on key issues as well as communication, public speaking, and advocacy.
    - **Train-the-trainer approaches** allow community members to take ownership of the process, feel valued, and serve other members of their community

https://www.chcs.org/media/Community-Partnership-Pilot-Brief_3.2.21.pdf

KEY STRATEGIES FOR EFFECTIVE COMMUNITY ENGAGEMENT

Compensate Consumers in an Equitable Way

- Acknowledging the value of community members' time and expertise **through some form of compensation**
  - Health care organizations can pay people with lived experience in various ways, including hourly wages, honoraria, gift cards, as well as providing meals and/or childcare during meetings (do it early, do it often)
  - should be administered in a way that works for all involved

Develop Sustainability Structures

- **Need a sustainability plan** → a long-term vision for how this feedback will be incorporated and maintained This includes having
  - dedicated staff to oversee consumer engagement work
  - committing financial support to cover personnel time and consumer reimbursement

Occupational Status Hierarchies?

'When planning community engagement efforts, it is important to emphasize that these larger systems of inequity were not built in a day, so collaborating to dismantle them will not be done in one either. Setting this long-term expectation upfront will allow for the foundation of trust with the community to be built over time.'

https://www.chcs.org/media/Community-Partnership-Pilot-Brief_3.2.21.pdf

ADVANCING INTERPROFESSIONALISM IS A FORM OF COMMUNITY ENGAGEMENT

Strategies for Engaging and Integrating Community Perspectives

Health care organizations can use various strategies to elicit and integrate input from community members. These include:

- **Collective Impact**: A structured form of collaboration to gain commitment from individuals of different sectors to coalesce around a common agenda for solving a specific social problem at scale.
- **Community-Based Participatory Research**: A collaborative research approach that equitably involves multiple partners in the research process with an end goal of integrating community expertise into policy or social change benefiting the community members.
- **Consumer Advisory Boards**: Formal groups of patients brought together to provide input on how health care systems can better understand priority health issues and improve care delivery.
- **Human-Centered Design**: A problem-solving approach that involves the human/patient perspective in all steps of the problem identification and solving process.
- **Participatory Budgeting:** A process in which community members determine how to spend part of a public budget, giving community members a role in community spending decisions.
- **Patient-Centered Outcomes Measures**: Measurement that is driven by patients' expressed preferences, needs, and values that informs progress toward better health, better care, and lower costs.
- **Results-Based Accountability**: A strategy to help communities and organizations get beyond talking about problems to action. It uses an outcomes-based approach to assess how much was accomplished, how well it was accomplished, and whether people are better off.

https://www.chcs.org/media/Community-Partnership-Pilot-Brief_3.2.21.pdf

KEY POINTS & QUESTIONS BEING ASKED: COMMUNITY PARTNERED RESEARCH

Community is on the team at EVERY STEP of the process

Bi-Directional, Co-Creative

- Not researcher-led, NOT hierarchical

"Experts in their own field, theorists in their own right"

- Value of lived experience as form of expertise

How (and how long) have you been a part of the community – and how do you plan on staying a part of the community

How are you thinking of de-centralizing power

What is the co-creation process

How will you navigate conflict

How will you work together to disseminate outcomes/findings

How will you de-centralize the budget and create budgeting structures that are equitable

KEY BARRIERS TO COMMUNITY ENGAGEMENT

Structural racism that has led to systemic power imbalances between health systems and the communities they serve

Status hierarchies and power dynamics

Uncertainty of how to incorporate the feedback provided

Cultural differences and limited **cultural humility**

lack of trust

absence of infrastructure to support these connections

deeply entrenched ways of operating at the health system level

Community as ambiguous term/concept

Community as "other" (social distance)

Community as something to be *worked on* not *worked with*

Community knowledge as "local knowledge" (i.e. not real)

Paternalistic and authoritarian nature of research practices

Community members as something that needs to be solved/fixed

Lack of **(Professional) Humility**

Lack of **Intellectual Humility**

- "Know before you dig"

ADVANCING INTERPROFESSIONALISM IS A FORM OF COMMUNITY ENGAGEMENT

MOVING FORWARD

Enhance representation in health professions education and within the health professions themselves

- Diversify your admissions committees, and diversify your Leadership
- Review your admissions criteria (test scores, volunteering, shadowing, etc.) as they relate to financial, social, cultural, and extracurricular capital
- Pressure Leadership/Administration → "Diversity Training" and one-off seminars/webinars ain't gonna cut it, folks.

Structural Competency → Stratification 101

- Before you can understanding social/structural determinants of health, you MUST understand the impact of sustained inequalities and inequities, the fundamentals of status and power

Does community-based research "count" for anything at your organization?

- Time/Effort, building networks and partnerships, actual authentic engagement → is this "service"?

Look to the social scientists

- Methods (PAR, phenomenology, etc.). Paradigms (interpretivist, constructionist), Community Based Participatory Research

Get involved with *your* community

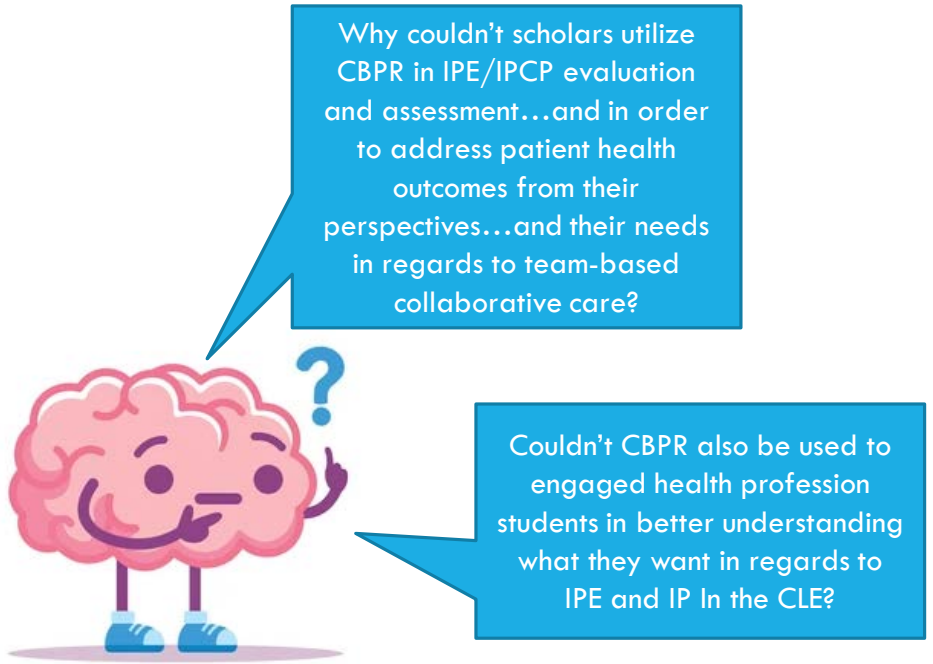
Humility Training

- Cultural Humility
- Intellectual Humility
- Professional Humility

MOVING FORWARD: COMMUNITY-BASED PARTICIPATORY RESEARCH (CBPR)

Collaborative approach to research → equitably involves all partners in the research process and recognizes the unique strengths that each brings

- begins with a research **topic of importance to the community** with the aim of **combining knowledge** and **action** for social change
  - to improve community (health and eliminate health disparities)
- Genuine Partnerships – co-learning
- Research efforts including capacity building → co-training
- Findings and knowledge should benefit all partners
- Long-term commitments to effective social change



Minkler, M. & Wallerstein, N. (Eds.). (2003). *Community based participatory research in health*. San Francisco: Jossey-Bass.

MOVING FORWARD: THE ROLE(S) OF HUMILITY

Healthcare has a humility problem → and it stalls interprofessionalism (and community engagement)

- Deeply embedded occupational status hierarchy
  - Tier-ing based upon socially constructed "value" for each health occupation/profession
- Persistent disconnect /socio-emotional distance between healthcare providers as well as with patients and their caregivers
  - Institutional and interpersonal factors → foster physical, emotional, and social distance
- Evidence of artifacts of anticipatory socialization
  - Health profession students coming to edu/training with stereotypes of *other* health professions
- Challenges to acknowledging and accepting value of each member of care delivery team

THE ROLE(S) OF HUMILITY IN INTERPROFESSIONALISM

Potential Negative Implications

- Health outcomes for patients
- Well-being for providers
- Lack if integration of IP values/norms
- Team-based collaborative care
- Organization's bottom-line

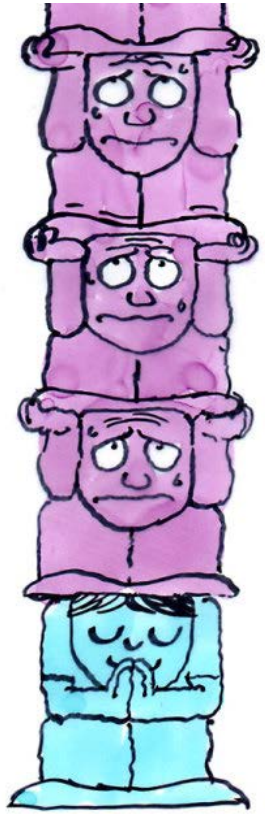
HUMILITY

How can we expect healthcare professionals to connect with patients, colleagues…and community, if they first don't ***see others as at least on the same level*** as themselves?

Need **new vehicle** to break through the embedded the occupational status hierarchy within healthcare delivery and break open the siloes of health professions education

NEED TO PROMOTE: Openness, connectivity, perspective, self and other awareness, mutual respect, appreciation of others' knowledge and abilities, sense part of something bigger

HUMILITY: BASICS



Philosophy, Theology, Psychology

Tangney (2000: 73) key elements of humility:

- accurate assessment of one's abilities and achievements
- ability to acknowledge one's mistakes, imperfections, gaps in knowledge, and limitations
- openness to new ideas, contradictory information, and advice
- keeping of one's abilities and accomplishments in perspective
- relatively low self-focus while recognizing that one is but one part of the larger universe
- appreciation of the value of all things, as well as others' contributions.

Peterson & Seligman (2004): process of self-evaluation that involves a non-defensiveness willingness to see oneself accurately (in regards to strengths and weakness), ability to transcend beyond self-focus, understand and view oneself from a broader perspective.

What about Humility & Social Status (i.e. race and gender)??

Michalec, B., Piemonte, N., & Hafferty, F. 2021. The Elephant in the Room: Examining the Connections between Humility and Social Status. Journal of Humanities and Social Science Studies. 3(4). https://al-kindipublisher.com/index.php/jhsss/article/view/1575

HUMILITY: CONCEPTUAL COUSINS

Can also think of Cultures of Professions

Cultural Humility (Tervalon & Murry-Garcia: 1998): "...a lifelong commitment to self-evaluation and critique, to redressing the power imbalances in the physician-patient [sic] dynamic, and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations."

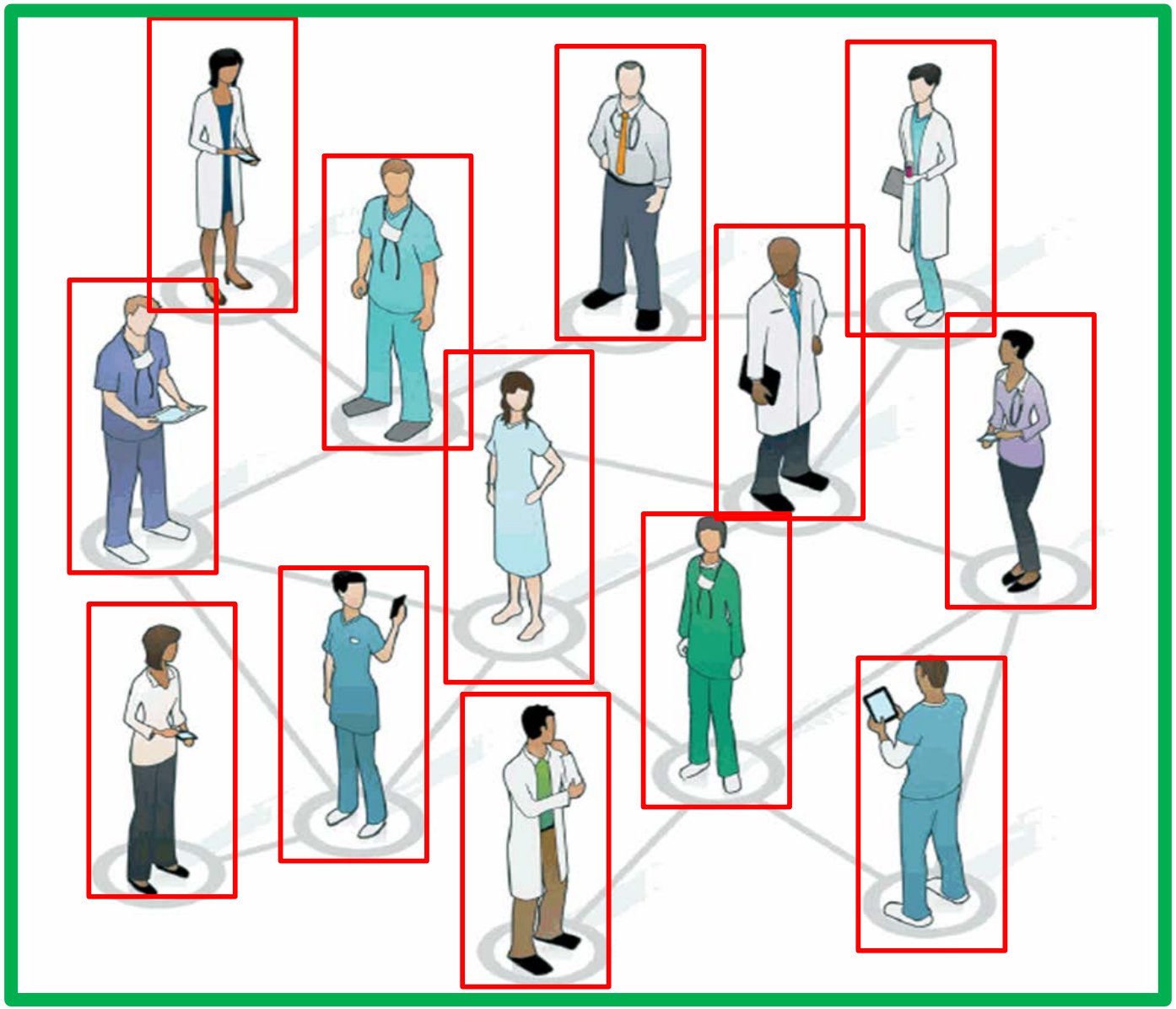
Can think of this through Boundary Work and/or COR lens

Intellectual Humility (Davis et al., 2014) "...involves a.) having an accurate view of one's intellectual strengths and limitations and b.) the ability to negotiate ideas in a fair and inoffensive manner."

PROFESSIONAL HUMILITY

The consistent ability and willingness to:

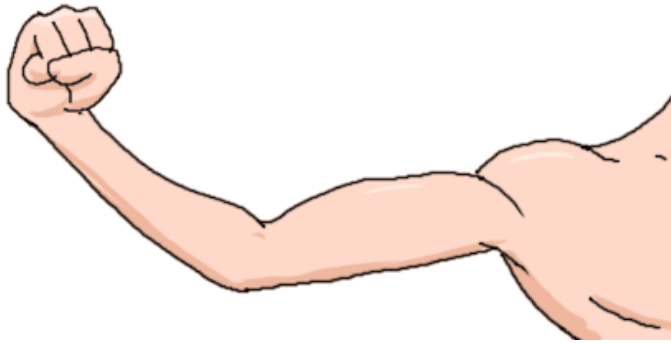
- a.) evaluate, account for, and respond to the occupational status hierarchy within health professions (and beyond)
- b.) understand the strengths and limitations of one's own profession
- c.) accept and acknowledge the qualities, skills, knowledge, and aptitudes of other health professions and healthcare team members (including patients and caregivers) in decision-making and care delivery processes



***Beyond trait-humility*, specific to PROFESSIONS**
Key ingredient to interprofessionalism, patient-centeredness, and promoting team-ness in healthcare delivery


Intellectual Humility
Cultural Humility
Professional Humility

BUILD YOUR "HUMILITY MUSCLES"



Here are seven fundamental socially -oriented, yet meditative practices you can do on a daily basis

- primarily for those of privileged and socially perceived higher status, they are worthwhile "workouts" for everyone:

Listen mindfully – give the gift of your attention

Reflect on and express gratitude towards others

Acknowledge your own privilege and status

Ask for help when you need it

Be open to feedback

Embrace vulnerability publicly

Acknowledge our innate interpersonal connectedness

I-TEAM by design™

Interprofessional Training in Empathy, Affect and Mindfulness

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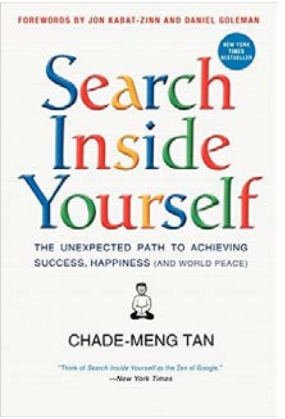
https://closler.org/connecting-with-patients/moving-from-empathy-to-humility
https://www.youtube.com/watch?v=61dsARQXuGE

Michalec, Barret, Julie Schneider, & Michael Mackenzie. 2021. "Teaching Empathy in an Interprofessional Setting with a Focus on Decategorization: Introducing I-TEAM." *Journal of Interprofessional Education & Practice*. 22: 1-11.

EXERCISE: LISTENING



Break off into pairs: the Speaker and the Listener (will switch)

- Would prefer pair not same Department

Speaker: this will be a monologue – you get to speak uninterrupted for 3 minutes

- The entire 3 minutes below to you – if you run out of things to say you can sit in silence until you are ready to speak again (the Listener will be ready to listen)

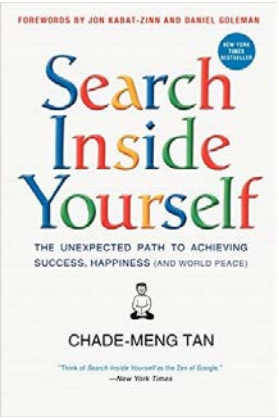
Listener: your job is to listen

- When you listen give your full attention to the speaker – you may NOT ask questions or interrupt for the 3 minutes
- You may acknowledge with facial expressions by nodding your head, or by the (very) occasional "I see" or "I understand" - try not to over acknowledge
- If you find your full attention wandering away – just very gently bring it back to the speaker
- Given the gift of your attention

Possible Topics:

Your day
Something you struggled with recently
Something that you enjoyed recently
This program
Something you do for fun
Pet

EXERCISE: BUILDING & ASSUMING TRUST



Three Assumptions:

- Assume that everyone on the practice "team" is there to serve the great good (Common Goal)….until proven otherwise
- Given the above assumption, we therefore assume that none of us has any hidden agenda….until proven otherwise
- Given the above assumption, we therefore assume that we are all reasonable even when we disagree….until proven otherwise

THANK YOU!

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