

Virtual interprofessional practice: Clinicians' and Clients' perspectives as team members

Ruheena Sangrar, Yolanda Cheung, Yoonji Kim, & Sylvia Langlois

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Disclaimer

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Introduction

- Client/ family-centered approaches highlight service recipients' important role as active collaborators on health teams, particularly when directing their own care. (Szafran et al., 2018)
- Health and social service providers/ clinicians also play an important role in facilitating client/ family participation on health teams, whether face-to-face or virtually. (Ingles et al., 2023)
- Client/ family participation on virtual teams can be centered via:
 1. virtual workflow processes/ frameworks
 2. 'webside manner' guidelines for facilitating the "how" of team interactions
 3. virtual patient support personnel (Teles et al., 2023)
- Factors influencing service recipient engagement and participation on interprofessional teams, when using virtual platforms, are not well understood.

Research Questions

- 1. What are service recipients' and service providers' perspectives of active participation in interprofessional teams on virtual platforms?*
- 2. How have service recipients been purposefully engaged as central members of these teams?*

Method

Study Design: Interpretive Description (Thorne, 2016)

Participants:

1. Service Recipients: Clients or their family members (18+ years) of virtual services from at least two health professionals on the same care team
2. Service Providers: Health and social care providers on interprofessional teams that have offered virtual services at least 5 times in the past 3 years

Guiding Frameworks:

- National Interprofessional Competency Framework (CIHC, 2010)
- Stanford Virtual Health Clinical Process Model (Srinivasan et al., 2020)

Data Collection: 45 – 60-minute semi-structured interviews conducted via Zoom between April – May 2023.

Data Analysis: Data integrated from all participants using critical thematic analysis (Lawless & Chen, 2019)

Participant Characteristics

Table 1. Service Recipient Characteristics (n = 4)

Type of service recipient [n]	
Family member/ Caregiver	4
Client	0
Caregiver relationship [n]	
Mother	3
Father	1
Caregiver's highest level of education [n]	
Post-Secondary	2
Graduate	2
Annual household income (n = 3) [n]	
105,000 – 235,000 CAD	3
Family member race [n]	
Mixed Race	2
White	2

Table 2. Service Provider Characteristics (n = 13)

Self-identified gender [n]	
Woman	12
Man	1
Health or Social Care Profession [n]	
Occupational Therapist	9
Physiotherapist	2
Rehabilitation Assistant	1
Nurse Practitioner	1
Years of practice experience [mean (SD)]	17.3 (8.5)
Primary client population [n]	
Adult/ Older Adult	6
Pediatric	7

Preliminary Findings: Key Themes

1. Essential technical capabilities

1.1. Adaptable IP team roles

1.2. Agency and privilege

1.3. Intentional interactions for team functioning

2. Virtual care is about “effectiveness and efficiency”

2.1. Making healthcare ecological

2.2. “Laying out ground rules”

2.3. Service options promote equity

3. Participation through inclusivity

3.1. Establishing and sustaining spaces of inclusion

3.2. Parameters of client-centered practice

3.3. Innovating and evolving virtual services

Theme 1: Essential technical capability

1.1. Adaptable IP team roles

1.2. Agency and privilege

1.3. Intentional interactions for team functioning

*...but the physio didn't need to see the home pieces but needed to see the motor pieces, so she would be virtual with me, I would be in home with the family, and **she would just walk me through what she wanted to see.** (service provider)*

Theme 1: Essential technical capability

1.1. Adaptable IP team roles

1.2. Agency and privilege

1.3. Intentional interactions for team functioning

It was on me to figure it out ... what I needed to do to make it the best experience. There were no tips or suggestions or anything like that, not even a - I'm thinking of a physician visit - there wasn't even a, 'have this available' or, 'be prepared to give us this information'. (family member)

Theme 1: Essential technical capability

1.1. Adaptable IP team roles

1.2. Agency and privilege

1.3. Intentional interactions for team functioning

*I think more of **our organizational culture**, so that didn't change just because we shifted to virtual care. So, we've always had a **culture of collaboration, innovation, client and family centeredness**. So, I think, having that foundation and the support and the continual messaging from our leaders that rolled into virtual care. (service provider)*

Theme 2: Virtual care is about “effectiveness and efficiency”

2.1. Making healthcare ecological

2.2. “Laying out ground rules”

2.3. Service options promote equity

*The aim is to be able **to see them actually ‘doing’ at home** to confirm that what we give them to do as a long-term self-management strategy is actually capable and carried out in a safe way. (service provider)*

Theme 2: Virtual care is about “effectiveness and efficiency”

2.1. Making healthcare ecological

2.2. “Laying out ground rules”

2.3. Service options promote equity

*What is special about virtual is that **we absolutely need to have a family member involved with our vulnerable patients to operate the equipment, and we absolutely need to have a family member involved with anything hands on because I can't physically.***
(service provider)

Theme 2: Virtual care is about “effectiveness and efficiency”

2.1. Making healthcare ecological

2.2. “Laying out ground rules”

2.3. Service options promote equity

*...we were able to allow people into our program who otherwise maybe couldn't have come into our program, **due to transportation issues.** (service provider)*

Theme 3: Participation through inclusivity

3.1. Establishing and sustaining spaces of inclusion

3.2. Parameters of client-centered practice

3.3. Innovating and evolving virtual services

*So, our admin team would reach out to the client originally and book them in and I think **give a little explanation that they'll receive a video link to join and all that stuff.** (service provider)*

Theme 3: Participation through inclusivity

3.1. Establishing and sustaining spaces of inclusion

3.2. Parameters of client-centered practice

3.3. Innovating and evolving virtual services

I was the one having to prompt her to focus to answer the question. "Okay, what do you think, honey?", trying to get her to engage... she was distractable and not really interested in being on a video call...so, I had to be there, because otherwise she would have just wandered away from the iPad, or lost focus, or not just not participated very well. (family member)

Theme 3: Participation through inclusivity

3.1. Establishing and sustaining spaces of inclusion

3.2. Parameters of client-centered practice

3.3. Innovating and evolving virtual services

*I had people with family members, you know, from the States, you know they have a son or daughter who's in the State, but **couldn't get here, and I can bring them in on a meeting virtually, it was fantastic.***
(service provider)

Discussion

- Virtual platforms may enhance service access and equity but require the adoption of new roles and responsibilities by clients and clinicians.
- Service providers' "websiteside manner" can be influenced by service delivery models, frequency of virtual interactions, and interprofessional team dynamics.
- Interprofessional teams make efforts towards client/ family *inclusion* but enhancing their *belonging* may further promote their active participation.
- Further research is needed on context-specific variations in service recipients' active participation in interprofessional teams using virtual platforms.

Conclusion and Implication

To be able to foster service recipients' ability to participate as team members in the virtual space, service providers should consider:

1. Meeting clients where they are at (e.g., digital literacy, access to technology)
2. Tailoring resources and support for engaging in virtual service delivery
3. Intentional strategies to foster collaborative relationships on virtual platforms
4. Ongoing clarification about each team members' roles and responsibilities

References

- Canadian Interprofessional Health Collaborative (CIHC) (2010). *A national interprofessional framework*. Vancouver, BC. Retrieved from <https://phabc.org/wp-content/uploads/2015/07/CIHC-National-Interprofessional-Competency-Framework.pdf>
- Ingels, D. J., Zajac, S. A., Kilcullen, M. P., Bisbey, T. M., & Salas, E. (2022). Interprofessional teamwork in healthcare: Observations and the road ahead. *Journal of Interprofessional Care*, 37(3), 338 – 345. <https://doi.org/10.1080/13561820.2022.2090526>
- Lawless, B., & Chen, Y. (2019). Developing a method of critical thematic analysis for qualitative communication inquiry. *Howard Journal of Communications*, 30(1), 92 – 106. <https://10.1080/10646175.2018.1439423>
- Srinivasan, M., Phadke, A., Zulman, D., et al. (2020). Enhancing patient engagement during virtual care: A conceptual model and rapid implementation at an academic medical centre. *NEJM Catalyst*. <https://10.1056/CAT.20.0262>
- Szafran, O., Kennett, S. L., Bell, N. R., & Green, L. (2018). Patients' perceptions of team-based care in family practice: access, benefits and team roles. *Journal of Primary Health Care*, 10(3), 248 – 257. <https://doi.org/10.1071/HC18018>
- Teles, S., Crudo, V., Langlois, S., & Sangrar, R. (2023). Enabling patients as partners on virtual teams: A scoping review. *Journal of Patient Experience*, 10. <https://10.1177/23743735231177205>
- Thorne, S. (2016). *Interpretive Description: Qualitative Research for Applied Practice*. New York, NY: Routledge. <https://doi.org/10.4324/9781315545196>

Thank you

Author contact information

r.sangrar@utoronto.ca

s.langlois@utoronto.ca