

# Driving from the start - collaborative learning and practice in a new hospital

Sue Alexander<sup>1</sup>, Katrine Nehyba<sup>2</sup>, Khye Davey<sup>3</sup>

1 Sue Alexander, Allied Health Education Director, Fiona Stanley Hospital, PO Locked bag 100 Palmyra DC WA, 6961, [susan.alexander@health.wa.gov.au](mailto:susan.alexander@health.wa.gov.au)

2 Katrine Nehyba, Allied Health Educator, Fiona Stanley Hospital, PO Locked bag 100 Palmyra DC WA, 6961, [katrine.nehyba@health.wa.gov.au](mailto:katrine.nehyba@health.wa.gov.au)

3 Khye Davey, Allied Health Educator, Fiona Stanley Hospital, PO Locked bag 100 Palmyra DC WA, 6961, [khye.davey@health.wa.gov.au](mailto:khye.davey@health.wa.gov.au)

## Background

Fiona Stanley Hospital (FSH), Perth's newest quaternary hospital, identifies 'Working in Partnership' as a key pillar of the Allied Health (AH) vision and values. A strategy to support and nurture collaborative practice was required for the AH staff cohort of over 300 new or transferring staff from eleven different professions.

## Methods

A 4-tiered integrated Collaborative Practice Education Program (CPEP) was developed. The program delivered 1) interprofessional hospital induction and orientation 2) allied health service, 'super-user' and local induction, 3) interprofessional leadership training and 4) AH team based, interprofessional education and coaching. AH staff completed an education and skills audit and The Modified Index of Interdisciplinary Collaboration (MIIC)<sup>1</sup> on commencement. The MIIC provided a de-facto baseline measure of self-reported attitudes to collaborative practice.

## Results

Gross analysis of the staff skills audit identifies a high level of experience, post-graduate education and training across AH. MIIC measures indicate all staff groups, except Allied Health Assistants, rate themselves highly across all aspects of collaborative behaviour. Preliminary feedback on the CPEP indicates a generally positive response to the hospital and AH orientation programs and team based education and coaching. Responses to the interprofessional leadership program are less positive.

Further analysis of the staff skills audit, evaluation of the CPEP and the impact on practice is due in September 2015.

## Discussion

Creating an effective, collaborative workforce from a diverse group of staff transitioning from traditional, department based AH organisational structures to a collaborative matrix service model, requires a response that addresses and acknowledges the skills, knowledge and attitudes that staff bring to the organisation. Preliminary results indicate that despite high levels of experience, education and a self-assessed competence in interprofessional practice, staff value the opportunity to engage in the CPEP. Measurement of the impact of the program on practice and service quality is ongoing.

## Reference

1. Oliver, DP, Wittenberg-Lyles, EM, Day, M (2007) Measuring interdisciplinary perspectives of collaboration on hospice teams. *American Journal of Palliative Care*, 24,49-53