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# The Skills to Work Together

Strengthening Interprofessional Collaboration in Diabetic Foot Care



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The Future Skills Centre – Centre des Compétences futures (FSC-CCF) is a forward-thinking centre for research and collaboration dedicated to preparing Canadians for employment success. We believe Canadians should feel confident about the skills they have to succeed in a changing workforce. As a pan-Canadian community, we are collaborating to rigorously identify, test, measure, and share innovative approaches to assessing and developing the skills Canadians need to thrive in the days and years ahead.

The Future Skills Centre was founded by a consortium whose members are Toronto Metropolitan University, Blueprint, and The Conference Board of Canada.

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This project was conducted by The Conference Board of Canada in collaboration with Diabetes Action Canada and the Program for Health System and Technology Evaluation on behalf of the University Health Network.

# Key findings

- A workforce skilled in social and emotional competencies is needed for delivering coordinated, accessible, and patient-centered diabetic foot care.
- No individual healthcare practitioner possesses all the skills necessary to offer optimal diabetic foot care. This makes having formal or informal interprofessional teams of healthcare practitioners a necessity.
- Effective interprofessional collaboration requires strong leadership, dynamic interpersonal skills, and dedicated cultural competencies.
- Leadership skills are critical for establishing and maintaining teams and achieving a shared vision of integrated diabetic foot care.
- Interpersonal skills enable networks of practitioners to constructively work together and with patients.
- Practitioners with cultural competency skills are essential to address patients' experiences of discrimination in diabetes care and improve health outcomes in underserved and marginalized populations.



# Toward integrated and patient-centered care

Canadians at risk of developing diabetic foot ulcers currently need to navigate complex pathways to find effective, affordable, timely, and culturally responsive care. There is often limited communication and coordination between their healthcare practitioners, and a lack of continuity between different sectors of the health and care ecosystem.

Transforming healthcare toward a value-based approach involving interprofessional teams will better integrate providers and services. This transformation can also make meaningful improvements in outcomes for patients. Which skills do healthcare professionals in Canada need to build effective teams and work collaboratively to support patients living with diabetes?

In 2022–23, The Conference Board of Canada, Diabetes Action Canada, and the Program for Health System and Technology Evaluation at the University Health Network collaborated on a diabetic foot care study. Specifically, the research explored issues and opportunities associated with the ongoing implementation of foot and wound care pathways in Ontario.<sup>1</sup> We obtained input from 37 people through patient and clinical site forums. The forums included two patient focus groups and one clinical site questionnaire followed by a facilitated discussion with healthcare professional representatives from three participating hospital sites.

In this briefing, we present findings related to the practitioner skill profiles important for delivering diabetic foot care and advancing system transformation.

A key theme arising from the forum discussions was the need for a further skilled workforce to deliver a more integrated, patient-centered model of care for diabetic foot care and lower limb preservation. This is needed given the complexity of diabetes and the variety of supports required for preventive care, ongoing monitoring and management, and treatment.

<sup>1</sup> Conference Board of Canada, *The, Diabetic Foot Care and Lower Limb Preservation*.

Patient participants said there were too few practitioners who have the skills and knowledge to assess and treat foot complications and prevent ulceration. Further, no individual healthcare practitioner has, or can be expected to possess, all the skills necessary to offer optimal diabetic foot care.

## Overcoming gaps in care coordination and skills requires interprofessional collaboration.

Healthcare practitioners have had to become effective at building makeshift networks of interprofessional teams to support patients, given the current lack of a formal, organized, and coordinated system.

Interprofessional teams include different health professionals (e.g., family physicians, nurses, dietitians, pharmacists, chiropractors and podiatrists) who work together to manage diabetes care, provide services, and make referrals.<sup>2</sup> Having greater collaboration among interprofessional team members enables the sharing of education and resources. This results in more practitioners and teams with the skills and knowledge to assess and treat foot complications and prevent ulceration.



<sup>2</sup> Szafran and others, "Interprofessional Collaboration in Diabetes Care."



# Effective collaboration requires softer skills

Developing and reinforcing key social and emotional skills among practitioners will support the delivery of higher degrees of interprofessional care that patients seek.<sup>3</sup> Building a health workforce equipped with strong leadership, dynamic interpersonal skills, and cultural awareness is essential.

These qualities foster effective collaboration, support existing informal networks, and are crucial for forming the structured interprofessional teams needed for transformative system changes.

Healthcare professionals who seek to improve the quality of care for patients can invest in developing their social and emotional skills.

<sup>3</sup> Giammarco, Higham, and McKean, *The Future Is Social and Emotional*.

## Skill Set 1 – leadership

### Why is this skill set needed?

Leadership is needed at multiple levels. These levels include:

- establishing a system-wide vision for the coordination of diabetes care;
- implementing evidence-based models of integrated, interprofessional care at the clinic level;
- developing shared care plans and goals for patients when working on an interprofessional team.

Within any of these efforts, the negotiation and collaboration process can be hindered by differing views, backgrounds, and education. To help any team work collaboratively and cooperatively,<sup>4</sup> leaders require the skills to use open, effective communication, provide guidance, and act with integrity and empathy.

Transforming health systems toward a more integrated model of care brings new demands, such as implementation and use of data information systems. Having change management skills enables practitioners to seek appropriate supports and embrace changes with curiosity – thereby strengthening resiliency and adaptability.

### What does this skill set look like for diabetic foot care and limb preservation professionals?

Leadership will be fundamental in guiding transformation toward a more integrated, interprofessional, and coordinated approach to diabetes care. Leaders must use their voice to ensure the implementation of any new model lessens patients' load in coordinating their care, serves to appropriately match patient care needs to practitioners or teams, and improves accessibility for patients.<sup>5</sup>

Practitioners with strong collaborative leadership skills support shared decision-making while also remaining accountable for their own actions, responsibilities, and professional roles.<sup>6</sup>

Information systems, tools, and technologies facilitate change management and interprofessional care in several ways. These include:

- providing timely reminders;
- identifying relevant sub-populations for proactive care (e.g., decision support);
- facilitating patient as well as system planning (e.g., benchmarking or audit and feedback);
- communicating information with patients and other practitioners.<sup>7</sup>

<sup>5</sup> Public Health Agency of Canada, *Informing a Framework for Diabetes in Canada*.

<sup>6</sup> Canadian Interprofessional Health Collaborative, *A National Interprofessional Competency Framework*.

<sup>7</sup> Diabetes Canada Clinical Practice Guidelines Expert Committee and others, "Organization of Diabetes Care"; Interprofessional Education Collaborative, *Core Competencies for Interprofessional Collaborative Practice*.

<sup>4</sup> van Dongen and others, "Developing Interprofessional Care Plans in Chronic Care."



## Skill Set 2 – interpersonal skills

### Why is this skill set needed?

Interpersonal skills are necessary for interprofessional collaboration, requiring knowledge of other professionals' roles and responsibilities, and how to access and support the coordination of their services. Clear communication between practitioners and with patients avoids gaps, redundancies, and errors that impact effectiveness and efficiency of care delivery. Working collaboratively involves being able to consider multiple perspectives and work positively and constructively through disagreements.

### What does this skill set look like for diabetic foot care and limb preservation professionals?

- Teamwork involves establishing role clarity, which enables individuals and teams to work to their full capacity by allowing more appropriate use of practitioners and more equitable distribution of the workload.<sup>8</sup>
- Knowing team members' knowledge and skills allows practitioners to develop confidence and trust in each member and the team. This enables more efficient assessment and effective planning to address the healthcare needs of patients.<sup>9</sup>
- Skills in identifying and addressing conflicts can prevent inefficiencies, confusion, and tensions in care delivery. Conflicts that may arise include disagreements in accountabilities, perceptions of workload, role ambiguities, and differing approaches/philosophies to care.
- Collaborative communication supports a team approach to promoting and maintaining health and preventing and treating disease. This includes effective use of information and communication technology to improve interprofessional patient-centered care.<sup>10</sup>
- Frequent updates and reciprocal communication between members of the interprofessional team helps mitigate concerns. These concerns include the potential for inconsistent or conflicting advice from different professionals that can confuse patients, erode trust, and adversely influence patient satisfaction and care quality.<sup>11</sup>

8 Canadian Interprofessional Health Collaborative, *A National Interprofessional Competency Framework*.

9 Torti and others, "Interprofessional Care of Patients With Type 2 Diabetes"; Canadian Interprofessional Health Collaborative, *A National Interprofessional Competency Framework*; Interprofessional Education Collaborative, *Core Competencies for Interprofessional Collaborative Practice*.

10 Interprofessional Education Collaborative, *Core Competencies for Interprofessional Collaborative Practice*.

11 Torti and others, "Interprofessional Care of Patients With Type 2 Diabetes."

## Skill Set 3 – cultural competence

### Why is this skill set needed?

Patients and practitioners recognize that patient self-advocacy is an essential part of the current care pathway. Additionally, patients' participation in their own care is fundamental in transformation toward more patient-centered models. Practitioners need to be able to build rapport with patients and ensure patients' voices are heard. Patients emphasized a perceived lack of empathy, respect, and understanding from practitioners, as well as insufficient cultural competencies to address the systemic stigmatization, discrimination, and racism in diabetes care. Further, interprofessional collaboration requires practitioners to accommodate other professionals' diverse views, knowledge, perspectives, and backgrounds.

### What does this skill set look like for diabetic foot care and limb preservation professionals?

- A collaborative interprofessional practice involves safe and effective working relationships with other professionals (whether or not a formalized team exists). Respectful inclusion of patients, families, or communities is also essential.
- Having resources and training available so all practitioners can engage in sensitivity, safety, and anti-racism training. Education on the downstream effects of broad social, political, and economic structures impacting patients should also be included.<sup>12</sup>

- Having practitioners who are confident in leading culturally sensitive conversations and ensuring patients feel respected and valued improves patient satisfaction and health outcomes. Patients exhibit greater treatment adherence when they trust their practitioners and feel free from judgement or discrimination.<sup>13</sup>
- Having cultural awareness and displaying professional values/ethics mitigates feelings of exclusion, prevents discrimination, and reduces inequities.<sup>14</sup>
- Creating learning environments centred on inclusion, diversity, equity, accessibility, and social justice can impact the system by promoting greater representation of, and collaboration with, historically marginalized health and social care practitioners. In turn, the health workforce is better prepared to care for all patients and enhance health outcomes for populations underserved in health and social care.<sup>15</sup>
- Interprofessional teams can harness the skills of certain practitioners to provide and support patient education. Not all practitioners feel they have the time or skillset to do this, so sharing these responsibilities ensures patients' needs are better met and their voices are heard.<sup>16</sup>

12 Lackie and others, *The Transformative Power of Inclusion, Diversity, Equity, Accessibility, and Social Justice*; Public Health Agency of Canada, *Informing a Framework for Diabetes in Canada*.

13 Lackie and others, *The Transformative Power of Inclusion, Diversity, Equity, Accessibility, and Social Justice*.

14 Lackie and others, *The Transformative Power of Inclusion, Diversity, Equity, Accessibility, and Social Justice*; Public Health Agency of Canada, *Informing a Framework for Diabetes in Canada*.

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16 Torti and others, "Interprofessional Care of Patients With Type 2 Diabetes."

# Collaboration for patient-centered care

Participants in the patient and clinical site forums voiced the need for a workforce better able to deliver integrated, patient-centered care. Interprofessional collaboration aims to improve patient and practitioner experience, optimize the delivery of services, and improve patient outcomes.<sup>17</sup>

But the skills professionals need to be effective team members and empathetic clinicians require continuous learning and development. Social and emotional skills are crucial in developing an effective workforce.

<sup>17</sup> Diabetes Canada Clinical Practice Guidelines Expert Committee and others, "Organization of Diabetes Care."



## Appendix A

# Methodology

This report sought to describe the skills and competencies required for interprofessional teams to provide diabetic foot care and limb preservation (DFCLP) to patients living with diabetes.

We conducted a secondary analysis of the findings in the report *Diabetic Foot Care and Lower Limb Preservation: Evolving a Value-Based Healthcare Initiative in Ontario*.<sup>1</sup> We focused on discussion of skills important to a) delivering the diabetic foot care and limb preservation pathway and b) supporting a value-based healthcare provincial initiative.

In addition, we conducted targeted reviews for academic and grey literature from the last 10 years that described:

- interprofessional competency frameworks applied in healthcare delivery in general, as well as specifically in Canada and for diabetes
- interprofessional skills for delivering patient-centred, integrated, diabetes care

Using Google Scholar and Google, we identified 21 relevant articles and reports. We extracted information about the names and descriptions of each skill and competency found in the literature search, as well as made note of how they relate to each other.

We assigned the skill-related quotations and mentions from the report to the competencies and descriptions found in the published literature. These groupings enabled us to identify and organize the findings into three broad themes: leadership, interpersonal skills, and cultural competence.

<sup>1</sup> Conference Board of Canada, The, *Diabetic Foot Care and Lower Limb Preservation: Evolving a Value-Based Healthcare Initiative in Ontario*.

## Appendix B

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