

**DEVELOPMENT OF A PROFESSIONAL PRACTICE FRAMEWORK  
FOR TORONTO PUBLIC HEALTH**

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**Final Report: CCHSE Fellowship**

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## Table of Contents

Key Messages.....	ii
Executive Summary.....	iii
Report.....	1
Reference List.....	26
<b>Appendices.....</b>	<b>27-53</b>
• Appendix 1 – Role Description for PPLs	
• Appendix 2 – Terms of Reference IPLN	
• Appendix 3 – Expression of Interests (3)	
a) Allied Health	
b) Dietetics	
c) Environmental Health	
• Appendix 4 – Email announcing PPLs	
• Appendix 5 – T.O. Health Announcement	
• Appendix 6 – Orientation Material for PPLs	
• Appendix 7 – January 17, 2006 Inaugural IPLN Meeting Agenda	
• Appendix 8 – IPLN Agendas	
a) February 15, 2006	
b) April 20, 2006	
• Appendix 9 – Logic Model	
• Appendix 10 – Data Forms (3 separate files)	
a) Confirming and Defining Professional Practice Issues	
b) Professional Practice Issue/Request Form	
c) Professional Practice Consultation Evaluation Form	
• Appendix 11 – Briefing Note Format	

## **Key Implications for Decision Makers**

The Intervention Project for the EXTRA fellowship was to determine whether an appropriate framework for professional practice could be developed for Toronto Public Health to foster open information and communication channels among professionals resulting in increased participation into decision-making. As a result of the project, the following key implications are important considerations in order for a professional practice structure to exist and thrive.

- Professional Practice needs to be well defined and understood by all professionals in the organization.
- A clear and shared vision for professional practice is imperative, including what it means to professionals and how it can benefit both the organization and the clients it serves. This vision should be consistent with the organizational vision, mission, and strategic directions.
- Each unique profession must have a collective understanding regarding the disciplines scope of practice, contributions to the organization and to client outcomes without creating discipline silos.
- Resources (fiscal and human) will be required in order to successfully implement and sustain a major organizational change of this magnitude.
- Link the organizational change initiative with an existing structure ensuring that a clear implementation and evaluation plan is in place.

## Executive Summary

This project addresses the question of defining the key elements of a framework for an integrated collaborative approach to decision-making on practice issues that are relevant to professionals from different disciplines who are employed at Toronto Public Health (TPH). There are approximately 1200 professionals' employed at TPH. Creating an environment defining and promoting high standards of practice and supporting professionals to exercise their specialized expertise and competence aligns well with two of the strategic directions in the new TPH 05-09 Strategic Plan.<sup>1</sup> These being:

“Be an innovative and effective public health organization”

“Be the public health workplace of choice”

As an important back-drop, there is a move at a national level under the Public Health Agency of Canada to create structures that embody all of professional practice. Development of a framework for professional practice will maintain TPH's reputation as a leader in innovative public health practice.

Professional practice issues are those that affect the practice of professionals as they conduct their day-to-day work. These can include such issues as the application of knowledge, skill, and judgement for practice, ethical behaviour to promote excellence in practice, the domains of practice, education, leadership, research/quality assurance, professional development, legislative standards/regulations, and student activities.

The objectives of this intervention project were to:

- critically appraise the relevant literature
- interview key informants in public health practice

- conduct an environmental scan of professional practice structures in the acute and public health sectors
- conduct focus groups with TPH staff from a variety of disciplines
- summarize key findings and recommendations for the TPH divisional management team

## **Findings**

The literature in this area is mainly theoretical or descriptive in nature; however, where empirical studies were available they were assessed. A total of 261 articles were retrieved and 79 were deemed relevant for inclusion in the project.

The environmental scan revealed that few public health units in Canada have professional practice frameworks or structures. Professional practice can be defined as those structures, processes and values, formal or informal that supports creating an environment which defines high standards of practice and provides opportunities for professionals to use their specialized expertise and competence. One health unit in Ontario, and a second in a regional government in Alberta were the exceptions. Professional practice frameworks are very prevalent in the acute care sector where collaboration among disciplines on patient care issues is essential.

Key informant interviews held with public health experts revealed that issues related to practice were deemed important, particularly where efficiencies and collaboration could occur among disciplines. Issues identified included communication, research, student activities, and professional development.

Focus groups with TPH staff supported the themes from the key informant interviews and outlined other considerations for a framework including flexibility, transparency, adequate resources, and the importance of including an evaluation component.

Both key informants and focus group participants outlined the benefits of addressing practice issues as: improved efficiencies and a coordinated and consistent approach to addressing interprofessional practice issues; better care to clients; increased knowledge about other disciplines and programs; decreasing the silos that exist between programs and disciplines; and, improved job satisfaction among staff including career development opportunities for front-line staff.

### **Recommendations**

Following analysis of the literature, key informant interviews and focus group analysis major thematic areas were clustered in relation to development of a professional practice framework. These areas included structural and operational considerations, governance and accountability models, position descriptions and outcome and evaluation. Several draft options depicting different frameworks were developed, and initial feedback from discipline specific directors was obtained on their preferred option. A final framework model was recommended to the Divisional Management Team (DMT) and the following recommendations were approved:

- establish 7 Professional Practice Leaders (PPLs) from the disciplines of Nursing, Medicine, Dentistry, Dental Hygiene, Dietetics, Environmental Health and Allied Health.
- PPLs to meet as the Interprofessional Practice Leaders Network (IPLN) to discuss cross-cutting issues that affect all regulated and non-regulated professionals at TPH.
- the IPLN will meet at least 6-8 times per year
- the Medical Officer of Health will chair the IPLN
- develop an evaluation plan for a one year pilot of the new PPL roles and the IPLN

Role descriptions for the PPLs and terms of reference for the IPLN have been developed (see Appendix 1 & 2). An orientation of PPLs took place in January 2006. The 1<sup>st</sup> meeting of the Interprofessional Practice Network was in January 2006.

## CONTEXT

The intervention project entitled, Development of a Professional Practice Framework for TPH was the intervention project, a requirement of the EXTRA fellowship.

Professional practice, which is the creation of an environment which defines and promotes high standards of practice and supports professionals to exercise their specialized expertise and competence, is extremely important within the health care arena. Each discipline brings a unique contribution to the practice setting.<sup>2</sup> Professional practice frameworks or structures are key elements in recruitment and retention of professional staff. Issues such as accountability, role clarity, and overlapping scopes of practice are central to the workforce and improve the quality of client care.<sup>3</sup> Employers share responsibility with professionals, professional associations and others for promoting environments that support quality professional practice.<sup>4</sup> Organizations that promote collaboration in professional practice frameworks benefit as productivity and effective use of personnel is maximized as professionals use their talents and skills in a co-operative and non-competitive way.<sup>5</sup> A key role of professional practice is to deal with changes that are occurring in health care. Staff at all levels need development opportunities for them to change paradigms, adopt new approaches, think creatively and proactively address the challenges ahead. This could lead to consistency in client care, quality across the system and using best practices in the organization.<sup>6</sup>

DMT is the central decision-making body at TPH. Managers and staff who work on various committees or operate in a project management capacity require DMT approval for endorsement of their work prior to dissemination across TPH. One of the main elements that can result from an organizational hierarchical decision-making structure with a central decision-making function is that many front-line staff are excluded from decision-making. As well processes and

transparency is not always apparent and understanding and communication are often fragmented. DMT has only limited opportunities to connect with staff around issues that affect their practice and these were often done through management staff or in brief interactions with front-line staff at town hall meetings that occur usually twice per year.

Public health nurses at TPH had identified a need to have a voice in decision-making as it related to their practice and a structure, the Nursing Practice Council (NPC) was established in 2002 to meet this need. As the NPC began to meet and hear from nurses they found that several of the issues that were raised were not specific only to nurses. The NPC felt strongly that another mechanism needed to be created whereby the practice needs and requests of other professional staff could be dealt with.

The dietitians at TPH also identified a need to meet with their members, and in 2005 DMT approved the establishment of the Dietetic Practice Council (DPC). The DPC would allow front-line dietitians to have a voice in the decision-making process as it relates to dietetic practice.

Within the Healthy Environment directorate at TPH establishment of a quality assurance team had occurred. The focus is on ensuring that environmental practice standards and mechanisms are in place that ensures safe and excellent practice for environmental health inspectors.

This intervention project thus began to work on how to increase other professional staffs' participation in the decision-making process. The developments of these structures within TPH from the largest groups of professionals were the main impetus for moving this intervention project forward. Staff increasingly wanted to take a lead role in decision-making as it relates to their practice. Central to the problem definition was the idea of creating a public health environment which promotes high standards of practice and supports professionals to exercise their specialized expertise and competence. There was an alignment with two of the new

strategic directions that had been approved by the Board of Health in the TPH 2005-09 Strategic Plan.<sup>7</sup> These being:

“Be an innovative and effective public health organization”

“Be the public health workplace of choice”

Some outcomes for this intervention project included working with professionals at TPH to develop structures or processes by which all professional groups could feel a sense of participation and empowerment, make decisions based on information from an interdisciplinary perspective, share professional goals and views that are unique to a discipline and increase personal accountability for care.<sup>8</sup> Establishment of these structures or processes for professional practice would allow clinicians to bring their perspective to the table and clearly articulate their contribution. If structures and processes are defined that enable staff to participate in decision-making the results would not only impact on staff satisfaction but also translate to satisfaction for the clients or populations that they serve. DMT could divest of some of the practice issues that can in part bog down their agenda, freeing them up to deal with more high level strategic issues that are affecting public health across Ontario and Canada.

Outcomes for the mechanisms that result would be staff satisfaction, input into decision-making or solving practice issues, a more open and transparent process for decision-making, excellent clinical performance and a work environment and culture that facilitates the development and growth of engaged, creative and productive individuals and teams.<sup>9</sup> In other words:

“If you build castles in the air, your work need not be lost: That is where they should be. Now put the foundations under them”<sup>10</sup>

## **IMPLICATIONS**

There are implications from this project for practicing public health professionals, public health administrators, professional associations and regulatory bodies.

### **Public Health Professionals**

The findings of the key informant interviews and focus groups with both front-line and management staff indicate a strong endorsement for structures that allow staff to have input into decision-making. Themes identified the “value-added” of a professional practice framework including efficiency, better client care, increase knowledge about discipline roles, job satisfaction and better communication among disciplines. A transparent process will enable all professionals to give voice to issues that affect their practice and allow them to offer creative strategies and solutions for resolution.

Based on the literature and responses to both the interviews and focus groups, the creation of new Professional Practice Leader roles was one method of supporting leadership opportunities for staff. Having staff develop the skills of collaboration, facilitation, system and critical thinking, are important prerequisites in order to assume more senior managerial positions in the organization.

There has been interest expressed from other public health organizations across Canada about this intervention project. The environmental scan across Canada found only two professional practice structures in place for public health practice, neither of which is similar to what is being proposed at TPH. One structure was found in a regional health authority in Alberta and includes both the acute and community sectors. The second structure in a public health unit in Ontario has established senior leadership designate roles at the management level. It is conceivable that if the pilot proves to have significant outcomes for TPH professionals and TPH as an organization

other public health agencies in Ontario or Canada may be interested in the establishment of similar frameworks.

### **Public Health Administrators**

Public health administrators are those at the most senior levels in the organization who create the atmosphere where the professionals work. They will be central to listening and responding to the practice issues that surface from the PPLs. They also must be open to the new framework during the pilot year including the possible setbacks, and realize that anything new is not static but rather a dynamic process that is responding to both internal and external forces.

Being open to have staff participate in decision-making is key to open communication between front-line and senior levels of staff. Administration can benefit from the role of the PPLs to foster the collaboration and a two way dialogue about issues that may require an interdisciplinary opinion or alternatively pose challenges. The trust that can develop in the organization can ultimately lead to systematic changes in the workplace. Over time there may be a shift in thinking of management so as the ultimate decision-maker as it relates to practice issues.

### **Professional Associations and Regulated Bodies**

All regulated health care professionals practice under a self-regulatory concept and have legislation that guides their scope of practice. Introduction of a professional practice framework for public health should facilitate practitioners to link their practices to decision-making both individual and organizationally within their practice setting. As legislation is changed or shaped the professional practice structure and the introduction of PPLs to interpret and assist other professionals will be of added value. Currently the Regulated Health Professions Act (RHPA), the legislation that authorizes Ontario's regulatory health colleges to govern health professionals' is under review. Once the new legislation is passed the organization will have a responsibility to

ensure professionals they employ understand the implications and changes in the act and how this may impact their practice.

Key practice issues that surface from the professional associations such as the Registered Nurses Association, the Ontario Medical Association, College of Dieticians of Ontario and so forth will have a forum whereby they can connect with professionals at the local level for collaboration. A concrete example for all public health practitioners is the development of public health core competencies. This initiative is being led by the Ontario Public Health Association, the Public Health Agency of Canada and a number of other public health partners. Once finalized these competencies which transcend the boundaries of individual disciplines practice will be the basic building blocks for workforce development in public health. The PPLs will be in an excellent organizational position to ensure comprehensive and coordinated advancement for the many applications of the core competencies, as well as the strategic usage and application of the competencies to the practice environment.

## **APPROACH**

### **Methods**

The project had several phases including a review of the literature, key informant interviews, an environmental scan, and focus groups.

### **Literature Review**

Relevant articles were searched from CINAHL, Medline, Psyc INFO, CDSR, ACP Journal Club, DARE and CCTR databases using the search terms professional practice, professional practice models, interdisciplinary practice models, inter professional practice, collaboration, shared governance, accountability, practice leaders, leadership, and professionalism. Key article reference lists were assessed for potentially relevant titles. Select journals were also hand

searched from 2000-2004. A total of 261 articles were potentially relevant for retrieval. Of these, 79 were deemed relevant for inclusion in the project. Excluded articles were from acute hospital settings; addressed interdisciplinary teams related to patient care or discussed the role of the advanced practitioner in a clinical setting. The majority of the literature in this area is theoretical and/or descriptive in nature, however where empirical studies were available, they were assessed. The articles were reviewed to identify issues in relation to professional practice structures, processes or values. Once all articles were reviewed common issues that had emerged from the articles were summarized.

Following the EXTRA presentation by the fellow in February 2006, a suggestion was made to review some of the literature around voice vs. choice, procedural and social justice. A limited search was done using these key words and several articles were retrieved, and a summary of this literature is included in the relevant section of this report.

### **Key Informant Interviews and Environmental Scan**

Key informant interviews were conducted with public health directors at Toronto Public Health from the 5 main regulated disciplines of Nursing, Medicine, Environmental Health, Dentistry/Dental Hygiene and Dietetics.

Telephone and face to face interviews took place with key public health professionals from a variety of disciplines across Canada to elicit their opinions on professional practice structures, and collaboration among interdisciplinary practice, based on their experience in public health or health care generally. Contacts were asked what types of professional practice structures existed in their health unit or hospital and if they could forward any written information about these structures. Each contact was also asked if they could suggest others that would have relevant

information to share. Relevant organizations were also accessed (e.g. Professional Practice Network of Ontario, Community Health Nurses Interest Group).

An environmental scan of public health units and other acute care health care settings across Canada was conducted. Many hospitals do have professional practice structures, primarily with a focus on nurses. Where possible, contacts in health care settings emailed or mailed information about their professional practice structures. This resulted in an accumulation of grey literature that was reviewed for information and overlap with the research literature for structure and implementation options.

### **Focus Groups**

Six focus groups of approximately 60 TPH staff (regulated and non-regulated) from all disciplines were conducted to gain a perspective of the professional's views on how best to effectively deal with practice issues that have cross-cutting divisional implications. The focus groups were audio taped and the transcripts were then reviewed for themes. As each of the focus groups occurred similar themes emerged, thus confirming the themes. The themes identified in the focus group were consistent with what had been reported in the literature with respect to practice issues and professional practice structures.

## **RESULTS**

### **Results: Literature Review**

The majority of the literature in the area of professional practice is theoretical or descriptive in nature and will be categorized in the following headings: professional practice structures, authority/shared governance, magnet hospitals, leadership, collaboration, communication and empowerment. The results of the literature review enabled the fellow to synthesize the best available evidence for professional practice structures and processes. It was also useful to

identify different strategies for implementation and evaluation. A final section of literature looks at the area of voice vs. choice and the implications of this as it relates to increasing staffs' participation in decision-making.

### **Professional Practice Structures**

Davis<sup>11</sup> emphasized the need for organizational support as a necessary element in a professional practice structure. There is however, a lack of research and empirical evidence to demonstrate those key elements that should be in place in order for an interprofessional practice structure to be successful.<sup>12</sup>

A professional practice model delineates the organizational structure and process elements that enhance a disciplines control over the delivery of services and the environment in which services are delivered.<sup>13</sup> Professional practice models are a key element in recruitment and retention of professional staff. They address many issues such as accountability, role clarity, and overlapping scopes of practice.<sup>14</sup> Reorganization often focuses on clinical management with little emphasis on professional practice.<sup>15</sup>

Two Canadian papers describe professional practice structures in Canadian Hospitals (Toronto East General Hospital and Sunnybrook Health Science Centre). Both contain information on essential elements of the professional practice models described.<sup>16,17</sup> Although Canadian Hospitals were restructuring in the 1990's, it is important to distinguish Canadian information, as our health care system is vastly different than in the US. A professional practice network formed in Ontario in 1999 (Professional Practice Network of Ontario), to provide an interprofessional forum for communication and collaboration amongst leaders in professional practice. Matthews describes work done by the network to identify the essential elements of the ideal professional practice structure.<sup>18</sup>

Four research studies<sup>19,20,21,22</sup> focuses on the acute hospital sector demonstrate increased job satisfaction as a result of increased control over work environment. Change in organizational structure in these studies resulted in a positive impact on staff participation in decision making, productivity and cost. Organizations that promote collaboration in professional practice models can benefit as these structures foster maximum productivity and effective use of personnel as members utilize their talents and skills in a co-operative and non-competitive way.<sup>23</sup>

### **Authority/Shared Governance**

Clearly defined and appropriate levels of authority regarding professional practice related issues are essential.<sup>24,25,26</sup> The primary customer of professional practice structures is the practitioner, yet the formal authority may reside with operational areas of the organization. The challenge is in balancing the priorities. The principles of shared governance emphasize that professionals are individually accountable for their practice while management is responsible for creating a work environment that supports overall accountability in the organization for systems and processes that creates a quality work environment that supports professional practice.<sup>27</sup> Shared governance is described as a concept that reflects a set of principles with a theoretical context that gives form to a particular conceptual framework related to work, the workplace, and the worker.<sup>28</sup> This is a structural model in which nurses can express and manage their practice with a higher level of professional autonomy. Principles of shared governance include shared partnership, equity, accountability and ownership. Staff are members on key decision-making groups dealing with issues of practice, quality of care, personnel issues, staffing, education and evaluation.<sup>29</sup> Continuing application of the principles of shared governance is essential to sustain both autonomy and professional practice.<sup>30</sup>

Erickson's research suggests shared or collaborative governance is one of the structures that can facilitate communication and optimize staff participation in decision-making across disciplines and results in increased staff sense of empowerment. He demonstrated that shared governance can foster self growth and organizational development.<sup>31</sup> This research has been criticized by Porter O'Grady however noting that shared governance is a concept, not a theory. It reflects a set of principles, exemplifies a theoretical context, and gives form to a particular conceptual framework related to work, the workplace, and the worker. He therefore feels shared governance cannot itself be studied since, in truth, there is nothing there to study. He feels that shared governance really has no substance, does not stand alone, and does not represent an exacting or definable set of characteristics upon which any particular or disciplined research can be based. Coakley<sup>32</sup> responds stating that positive outcomes can be achieved when administrators use formally prescribed structures to achieve organizational goals.

### **Magnet Hospitals**

The label 'Magnet Hospital' originally was given to a group of U.S. hospitals that were able to successfully recruit and retain professional nurses during a national nursing shortage in the early 1980s. The American Academy of Nursing identified 41 hospitals that remained successful in recruiting and retaining nurses during these years. Studies of magnet hospitals illuminated the leadership characteristics and professional practice attributes of nurses within these organizations. Recent investigations within magnet hospitals document significant relationships between nursing and patient outcomes, including mortality and patient satisfaction. Research conducted within these Magnet hospitals produced a body of knowledge that illuminated the professional nursing practice of nurse administrators and staff members. Visibility and staff support were reported as important and effective traits of magnet hospital nurse leaders. Among

the most important elements of clinical nursing practice were autonomy within clinical practice, status within the organization, and collaboration. Participative management and support of professional development were traits shared in magnet hospital environments. These research findings describe the essential characteristics of professional nursing and the impact of nursing on patient and organizational outcomes.<sup>33</sup>

Nurses employed at Magnet hospitals experience enhanced job satisfaction due to greater access to empowerment structures within their practice setting. The research results reinforce the need to create work environments with supportive infrastructures. Organizational features such as decentralized decision-making and shared governance models increase nurses' control over their work environment.<sup>34</sup>

To date 65 Magnet hospitals exist and this number grows every year. Although more than 20 years old the Magnet hospital concept is as fresh and effective as ever, helping to meet nursing staff needs by increasing job satisfaction and providing the structure to provide quality care.<sup>35</sup>

### **Leadership**

The literature describes the emergence of new non-management leadership positions to support professional practice in healthcare organizations. These positions create roles for individuals in non-management leadership positions that are reflective of the mission, practice type and setting of different types of healthcare organizations.<sup>36</sup> Chan revealed these leadership positions were found in both academic and community facilities, but were significantly more prevalent in academic than community hospitals.<sup>37</sup>

Often called Professional Practice Leader's (PPL's), their role is to promote competent professional practice. They are seen as a resource, advocate, mentor, and responsible for professional development and monitoring evidence-based practice. Clinically focused, their

responsibilities cross program and service lines. In some cases PPLs are included in decisions related to human resources, quality management, research, professional development, and students. They represent their program's interests on organization-wide education and research committees.<sup>38,39</sup>

Sorrels-Jones describes the PPL's roles that convene meetings monthly with staff in that discipline ensuring all professionals have opportunity to meet regularly to maintain their own professional identity and relationships and to deal with discipline specific practice issues and standards.<sup>40</sup> The important roles of advanced practice leaders confirmed by Chan's study include: articulating a vision for the profession; enhancing the value and image of the profession, supporting professional practice and enhancing patient care.<sup>41</sup>

### **Collaboration**

Collaboration is typically described as a 'process which stresses joint involvement in intellectual activities.'<sup>42</sup> It is a co-operative venture based on shared power and authority. It is non hierarchical in nature and assumes power based on role or function. The positive impact of collaboration on patient outcomes is being recognized with increasing frequency.<sup>43</sup> Collaboration is a way of working, organizing and operating within a practice group or network in a manner that effectively utilizes the provider resources to deliver comprehensive primary healthcare in a cost efficient manner to best meet the needs of the specific population. Successful collaboration benefits patients, providers and the health care setting.<sup>44</sup>

Sorrels-Jones defines multidisciplinary practice as a collaborative process where members of different disciplines treat patients independently then share information. Interdisciplinary collaboration describes a deeper level of collaboration in which processes such as evaluation and development of a plan are done jointly, with different disciplines pooling knowledge.<sup>45</sup>

## **Communication**

Emphasis on communication is found in many articles that discuss success of interdisciplinary structures. Communication is the first step in developing effective collaboration.<sup>46</sup> Clearly defined formal communication lines regarding expectations for consultation and collaboration will ensure all stakeholders are involved in decision-making.<sup>47</sup> Clear communication lines amongst those involved in the structure will have an impact on the success of the interdisciplinary practice structure.<sup>48</sup> Communication will lead to understanding of the disciplines roles and responsibilities. This understanding is essential to collaboration on practice issues. Some authors have found an astonishing lack of understanding between disciplines about the practices of each other, stating that the “understanding of each others work was superficial.”<sup>49</sup> Clearly defined formal communication lines will ensure all stakeholders are informed, involved and aware of the decision-making process.

## **Empowerment**

Battle Haugh<sup>50</sup> discusses power and opportunity in public health nursing environments. She describes how Kanter’s structural theory of power in organizations provided the foundation for a research project. Kanter describes that employees who look for recognition outside of their own organization may develop more conservative, rigid approaches to their jobs and disengage from the organization. She goes on to say that a disempowered work environment encourages the development of negative behaviours. She feels that flexibility and innovation are key factors for quality assurance in community health environments. Other issues that can foster empowering professional staff include opening information and communication channels and professional development opportunities. She stresses that if the organization fails to foster innovation and self-confidence, the quality of service delivery may be at risk.<sup>51</sup>

Evidence suggests that providing greater decision-making latitude for nurses' decreases turnover.<sup>52</sup> A study of nurses in Ontario found that workplace empowerment strongly predicted lower job strain and job satisfaction.<sup>53</sup>

### **Voice vs. Choice**

Participation in procedural justice research is divided into two categories. The one that is of importance to this intervention project is that of the form of participation given to individuals. These forms are the "voice", also known as process control, and the "choice" also known as decision control. The majority of research in the area of procedural justice has focused on voice. Voice is defined as the ability for an individual to contribute their opinion in the decision-making process, but not to have control over the decision. The choice refers to the individual's ability to have control over a decision at some point during the process, without having to state their reasons for the decision.<sup>54</sup>

There is also evidence that shows that voice affects a variety of organizational attitudes and behaviors, and appears to promote positive attitudes towards tasks, goals and lead to better performance.<sup>55,56</sup>

Other research in this area highlights the fact that people feel more fairly treated if they are allowed to participate in the resolution of their problems and conflicts by presenting their solutions about what should be done. As well, participation effects are enhanced when people feel that their comments are having an instrumental influence on the outcomes of disputes. As well, even if people feel they have no influence on the decisions being made, they value the opportunity to express themselves to decision-makers.<sup>57,58,59</sup>

## **Results: Key Informant Interviews and Environmental Scan**

Several key themes emerged from the key informant interviews with the directors at TPH.

Professional practice issues were seen as important areas to address. All directors indicated that resources would be dedicated to support work in this area. The value for addressing practice issues that were cross-cutting included increased communication, decreased silos and an understanding and synergy among professionals (both regulated and non-regulated). The directors felt that any professional practice structure should include both front-line and management staff as this would increase buy-in. The value added in terms of interaction among professionals would be seen in relation to professional development, research and students. They also identified a need for clear terms of reference and an understanding of role and structure to support professional practice issues.

The external key informants that were interviewed all identified that professional practice was an important area for public health to focus given how this has unfolded in the acute hospital environment. As public health professionals have a long history of working collaboratively on many issues, it appeared to be a natural evolution. They also saw value for similar issues that were identified by the directors including professional development particularly as it relates to larger system changes (ie: Public Health competencies and changes to the Regulated Health Professions Act).

The environmental scan showed that few public health units in Canada have professional practice structures. Simcoe County District Health Unit has Senior Discipline Leadership designate roles at the management level. Their roles include identifying and accessing cross program/discipline educational opportunities; exposing students to all disciplines in public

health; new staff orientation; and, increasing cross agency understanding of the preparation and skill of the various professions.

Calgary Health region established a regional professional practice council in the fall of 2004. It is a multidisciplinary council of professionals covered under Alberta's Health Professions Act (regulated professionals). This council will work with the Nursing Practice Council and the Medical Advisory Board to address interprofessional practice issues, policies that arise from all the regions, operational departments and service areas, including public health services.

Responsibility of the discipline members include providing ongoing communication to their discipline staff, ensuring colleagues are consulted on issues and concerns and bringing issues forward to meetings.

### **Results: Focus Groups**

Communication problems were strongly identified as an important professional practice issue in all focus groups. A lack of knowledge of roles and responsibilities of other staff and a sense of lack of contact with other disciplines exists. Other issues identified included students (how we manage them, and how we organize their learning about other disciplines), professional development across disciplines, and consistent policies.

Some quotes that reflect the thoughts of focus group participants include:

“You would get to see the bigger picture instead of working in your own silo-helps you understand gaps and adjust service delivery to fill the gaps. It helps with policy and procedure development. There would be more alignment and clearer messages to the community.

Cross-fertilization of ideas makes people get pumped up, think beyond silos.”

“We need a structured approach-what are the issues that are out there? Have a process to identify the issue. Tell us what the practice issues are that affect practice and that

they would like to discuss with other disciplines.”

“Front-line staff needs to be involved at the table where they can bring issues in confidence and put them forward. Their perspective is important.”

“Transparency is important. If we are supposed to be representing people, they need to be able to see why decisions are made.”

Focus group members expressed that the value in addressing cross-cutting practice issues included improved efficiency, better care to clients and community, increased knowledge about other disciplines and programs and improved job satisfaction among staff. They also recognized that resources would need to be allocated to this collaboration and felt that those staff who were participating in an interdisciplinary structure should be interested, knowledgeable and be able to represent their discipline well. They identified key elements of any structure should be: a) inclusive of all disciplines and all levels of staff, b) transparent, c) flexible, d) supported by the senior organizational team in vision and resources and e) able to be evaluated in terms of value to the organization and the professionals.

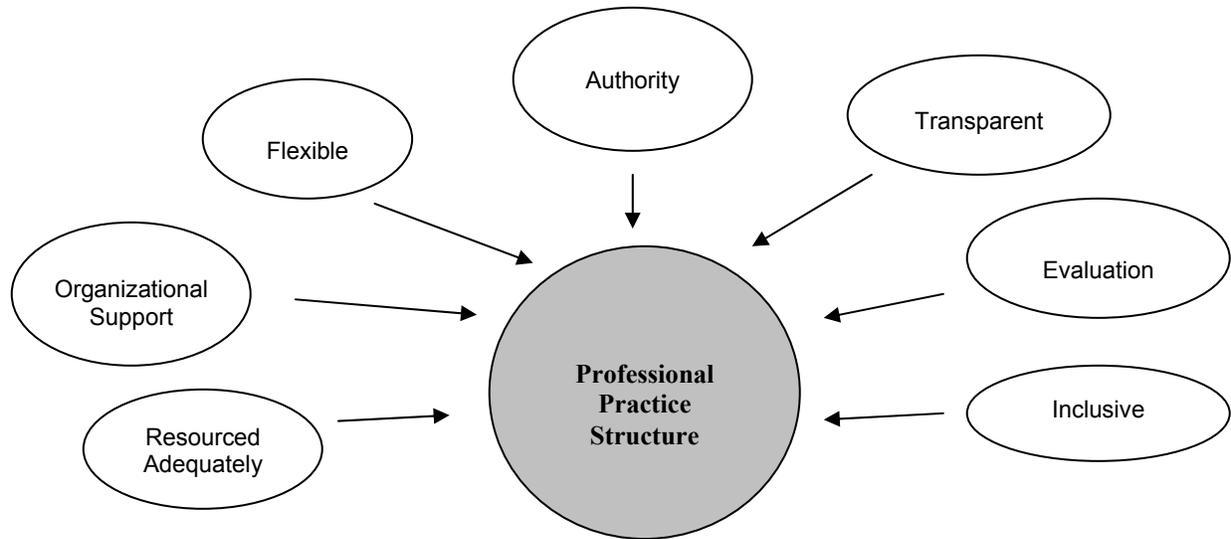
### **Implementation Plan**

Following the analysis of all the evidence and the results of the focus group and environmental scan there were key elements that should be included in a framework to address practice issues. Fundamental elements would include authority, transparency, flexibility, organizational support, inclusivity, and evaluation. Structural elements such as resource implications and staffing were highlighted in the literature and were highly dependent on the size of the organization, and the numbers of professionals employed who were regulated or non-regulated.

The synthesis and examination of the evidence resulted in the development of a conceptual model for professional practice at TPH. The model should be a) supported by the senior

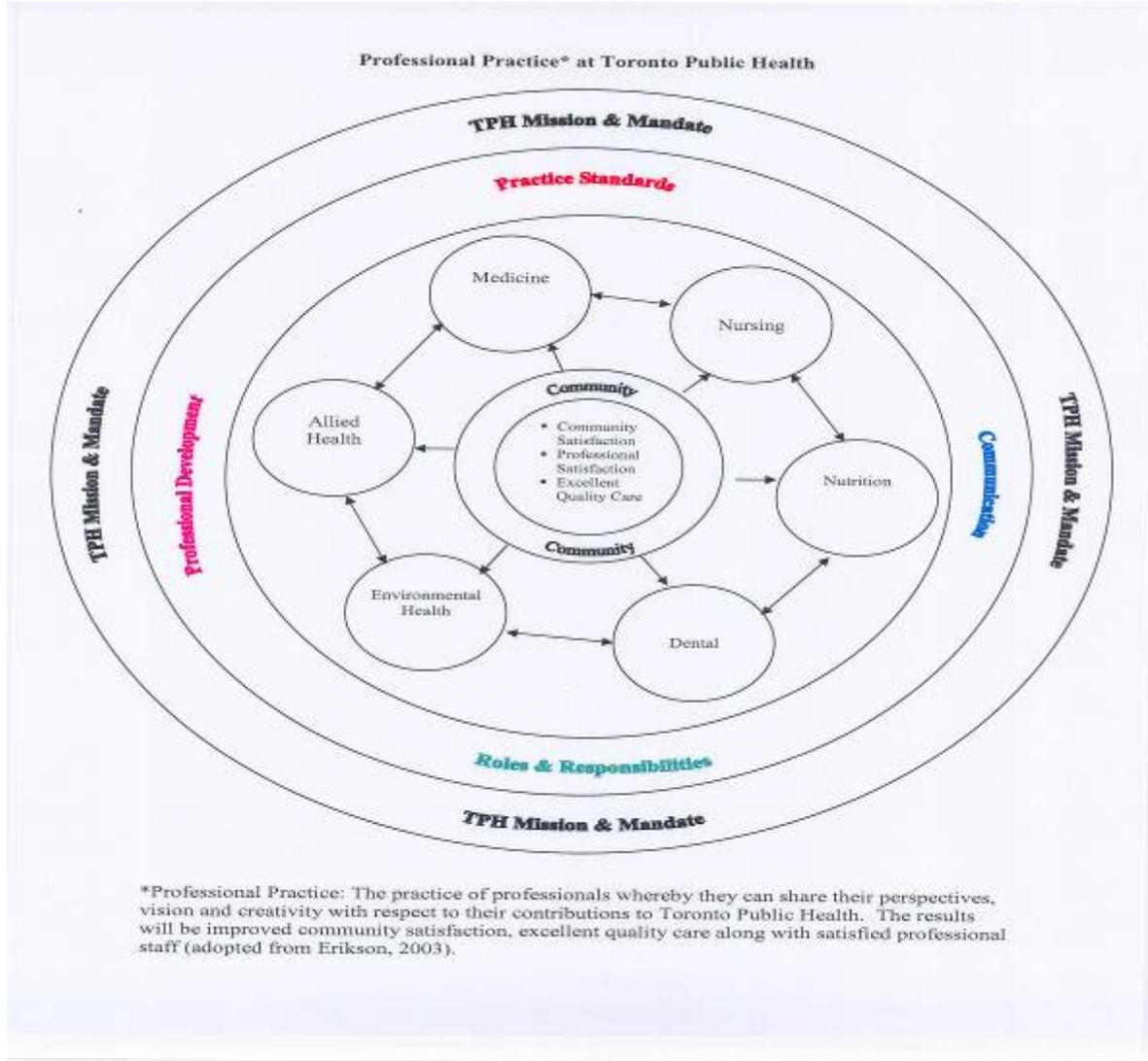
organizational leaders at TPH, b) inclusive of all disciplines, c) transparent, d) resourced adequately, e) given some lines of authority (see Figure 1).

**Figure 1: Conceptual Model**



As well a pictorial diagram of what professional practice means for TPH was developed (see Figure 2). This includes the definition of professional practice as well as the various cross-cutting practice issues that the professional practice structure will be responsible for.

**Figure 2: Professional Practice at Toronto Public Health**



Several different professional practice frameworks could be operationalized for TPH. It was felt that the discipline-specific directors interviewed during the initial stages of the project should provide initial feedback to begin the decision-making for one preferred professional practice framework. The options were presented to them for comments and ranking (see Figure 3).

**Figure 3: Professional Practice Frameworks**

**Model 1: Practice Leader Framework**

Structure and Staff Involvement	Pro's	Con's
<ul style="list-style-type: none"> <li>• Practice leader position is developed for each discipline, including at least one for the non-regulated health professionals. This could be done proportionately to number of FTEs (appointed or elected position). Practice leaders meet regularly (bimonthly, 4x a year) to address interdisciplinary practice issues.</li> <li>• Staff who is representing their discipline on councils (ie Nursing) could assume these practice leader roles.</li> <li>• Director(s) from Divisional Management Team (DMT) to be a part of the group but as a non-decision-making member (similar to the Staff Recognition Committee).</li> <li>• Key attributes of practice leaders are knowledgeable and expert in their practice, visionary, visibility, enthusiastic and excellent communicators.</li> <li>• Adhoc workgroups could be formed to work on issues (similar to Staff Recognition Committee).</li> </ul>	<ul style="list-style-type: none"> <li>• A consistent team of practice leaders would be in place to interface with TPH staff and provide leadership.</li> <li>• Opportunity for career development for TPH staff.</li> <li>• Provides a coordinated and consistent approach to address interdisciplinary practice issues.</li> <li>• Issues that are cross-cutting can be identified, prioritized by practice leader group to address in a given year.</li> <li>• Staff know who to direct inquiries to with respect to practice issues.</li> <li>• Increases communication amongst professional staff.</li> <li>• Gives TPH staff a voice in practice issues and improves satisfaction of staff.</li> <li>• May lead to retention of staff if they anticipate that issues of practice are being dealt with effectively.</li> </ul>	<ul style="list-style-type: none"> <li>• Not all disciplines will be represented as the non-regulated professionals are quite diverse.</li> <li>• May be difficult for staff to communicate effectively with all staff in their discipline or practice area.</li> <li>• Initially time consuming to identify issues, prioritize those to work on.</li> <li>• Potential for practice issues to be confused with administration or program issues.</li> </ul>

**Model 2: Issue Specific Framework**

Structure and Staff Involvement	Pro's	Con's
<ul style="list-style-type: none"> <li>• Assemble an interdisciplinary group to address practice issues (similar to the model that existed to organize World Youth Day or West Nile Virus).</li> <li>• Only disciplines that are affected by the issue would be involved in the team.</li> <li>• Planning &amp; Policy staff to coordinate.</li> <li>• May not involve front-line staff in the discussion.</li> <li>• Group would disband after the action on the issue was complete.</li> <li>• Issues would come from staff to the Coordinator of Professional Practice in the Planning &amp; Policy, Professional Practice Team.</li> <li>• Management would identify those individuals who need to form the team to address the issue.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff at TPH is familiar with this model as it is used to work on program issues.</li> <li>• Flexible in structure.</li> <li>• Increase in communication between disciplines that identify the issue.</li> <li>• Timely &amp; efficient as only issues are addressed as they arise.</li> </ul>	<ul style="list-style-type: none"> <li>• Authority is within only one directorate (Planning &amp; Policy).</li> <li>• Time consuming to coordinate.</li> <li>• May not get representatives from front-line staff.</li> <li>• Difficult to identify the needs of all disciplines related to an issue.</li> <li>• Strategies identified may affect uninvolved disciplines.</li> <li>• Inconsistent approach for each issue.</li> </ul>

**Model 3: Interdisciplinary Council Framework**

Structure and Staff Involvement	Pro's	Con's
<ul style="list-style-type: none"> <li>• An interdisciplinary (appointed or elected) group meets on a regular basis to address professional practice issues.</li> <li>• Authority remains with this group around issues that do not have resource implications.</li> <li>• Recommendations that have resource implications go to DMT.</li> <li>• Where professional practice groups currently exist (nursing, medicine and nutrition) a council representative would be chosen/elected to sit on the interdisciplinary council model (proportional to # of FTEs on staff). Non-regulated health professionals would have to elect/choose a representative.</li> <li>• One or Two representatives from DMT would be present on Council as non-voting members and to link with DMT.</li> <li>• All levels of staff should be represented (staff, manager, director) on the council.</li> </ul>	<ul style="list-style-type: none"> <li>• Consistent group that staff know and can be in contact with.</li> <li>• The group would be inclusive of all regulated and non-regulated health professionals at TPH.</li> <li>• As all levels of staff would be represented on the Council.</li> <li>• Provides a consistent approach to address interdisciplinary practice issues.</li> <li>• Identifies shared and unique competencies within disciplines.</li> <li>• Increase in communication between disciplines.</li> <li>• Staff satisfaction may increase.</li> </ul>	<ul style="list-style-type: none"> <li>• Could be seen as bureaucratic and not effective in solving issues timely and efficiently.</li> <li>• Communication with all regulated and non-regulated health professionals may be problematic due to size and varied job classification of non-regulated professionals.</li> <li>• Not all disciplines of the non-regulated professionals would be represented effectively in the council due to the diverse nature of this group.</li> </ul>

**Model 4: Inter-Office Council Framework**

Structure and Staff Involvement	Pro's	Con's
<ul style="list-style-type: none"> <li>• Offices across the city meet on an adhoc basis x 4 yearly to raise and discuss and raise practice issues.</li> <li>• Each office to appoint/elect staff representatives from the staff represented at that office.</li> <li>• Representatives from each office across the city meet approximately x 4 yearly discuss interdisciplinary practice issues at an interoffice council and determine a workplan to address these.</li> <li>• Adhoc workgroups could be struck to work on specific issues.</li> <li>• Would need to have some linkages with DMT (either having manager report issues forward or DMT representative attending meeting).</li> </ul>	<ul style="list-style-type: none"> <li>• Office representatives are a consistent team whom staff know and can communicate with.</li> <li>• All staff at the office can participate in the discussion of practice issues.</li> <li>• Office issues may surface which can be addressed easily and efficiently by a specific office. Similar issues across offices can be addressed efficiently.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff representatives may not represent a good cross section of regulated and non-regulated health professionals.</li> <li>• Infrequent meetings mean issues may not be raised or dealt with in a time sensitive way.</li> </ul>

There was consistency in the rankings that were received. The only area that was inconsistent related to governance and accountability. The directors were split on this issue. Several felt that the ultimate decision-making should be left with DMT. Others were happy to consider the option that a new structure could be given decision-making powers for practice issues. In the end it was determined that DMT should continue to be the final authority but that whatever structure was

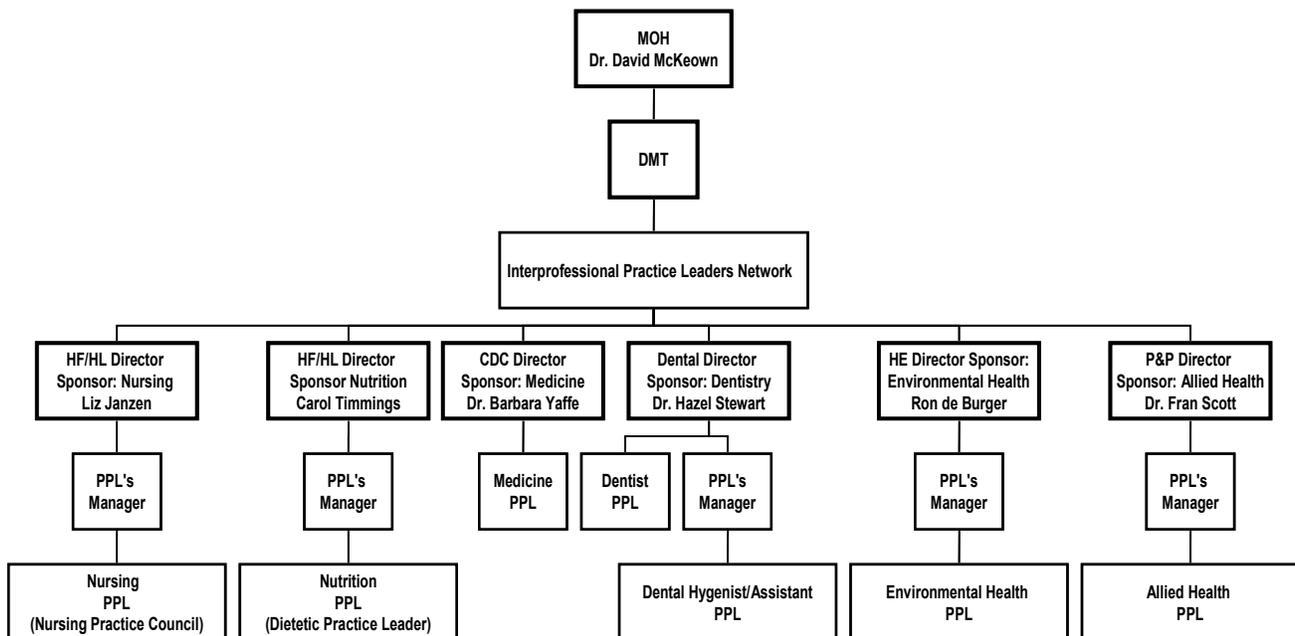
established could strongly recommend to DMT their preferred recommendations or options on practice issues.

A final report with a recommended option for a framework was sent to all members of DMT for their consideration. The new framework recommended a Professional Practice Leader (PPL) structure with role descriptions for PPLs (See Appendix 1). Six PPL roles would be instituted for the regulated health disciplines and 1 PPL for the non-regulated professionals. Allocation of full time employee(s) (FTEs) equivalent was suggested by a proportional representation to the number of FTEs in each discipline. For those disciplines where a council already exists (e.g., Nursing Practice Council) and where members have already been selected by meeting specific criteria, a discussion and selection for the PPL could take place at the council. Similarly where groups of staff meet regularly (e.g., Associate Medical Officers of Health) a representative who meets the PPL criteria could be identified. Also recommended was the formation of the IPLN with terms of reference included (see Appendix 2). The IPLN would consist of all PPLs, the Manager of Professional Practice, the Professional Practice Consultant, and a member of DMT. The IPLN would meet regularly to discuss and collaborate on issues that are cross-cutting as well as support professionals at TPH to incorporate evidence-based practice, maintain competency and create systems and processes to enhance interprofessional practice and development. Many of the practice issues that were raised during the key informant interviews and focus groups would be used as a starting point for the discussions. Included in the document was a decision-making diagram (see Figure 4) and an overall implementation plan. Other recommendations included approving backfill of PPLs FTE requirements and confirmation of director sponsors role in decision-making with respect to each PPL. It was also recommended that the structure be

implemented as a pilot project for a one year period with a formal evaluation completed at the end of the pilot.

Prior to the DMT meeting the EXTRA fellow had individual meetings with all members of DMT to determine if there were any substantive issues with respect to the proposed option.

**Figure 4: Decision Making Document for Professional Practice (PP) Framework**



All recommendations were endorsed by DMT with some changes to the terms of reference for the IPLN. Specifically DMT wanted to include what would not be in scope for the IPLN. As well it was determined that the formal chair of the IPLN should be the Medical Officer of Health (MOH), Dr. David McKeown. This is a fundamental key step in moving this project forward in TPH. Staff can see that there is organizational commitment from the highest level at TPH. As well the MOH will hear first-hand about practice issues that are of concern to his staff. TPH staff heard about the endorsement of the structure in the newsletter 'T.O. Health' and at the December town hall meetings.

Implementation plans commenced in November 2005 with expression of interests for the PPLs for Dietetics, Allied Health and Environmental Health (see Appendix 3). The PPLs for Nursing, Medicine, Dentistry and Dental Hygiene were appointed. An announcement of the new PPLs was sent to all TPH staff via the internet (see Appendix 4). Picture, biographies, and contact information of all PPLs will be included in the May issue of T.O. Health (see Appendix 5). An orientation meeting for all PPLs occurred on January 11, 2006 (see Appendix 6) and the 1<sup>st</sup> meeting of the IPLN was January 17<sup>th</sup>, 2006 (see Appendix 7).

There have been 3 meetings of the IPLN to date. Prior to the meeting the Professional Practice Consultant, Manager, Professional Practice and the IPLN chair meet to discuss agenda items and issues to be discussed (see Appendix 8). The PPLs have been working on together to plan the evaluation for the pilot. As such a logic model has been developed which includes key indicators which will be measured (see Appendix 9). In order for PPLs to capture data pertaining to practice issues several documentation forms have also been developed (see Appendix 10). An important discussion that ensued at the second IPLN meeting was how to prioritize issues to be brought to the meetings. It was decided that PPLs would use a briefing note format to document issues to be brought to meetings (see Appendix 11). The briefing note would be circulated to the members of the IPLN prior to the meeting for information so they would be prepared to discuss the issue at the meeting. To date there have been 6 practice issues that have been raised at the IPLN. These are communication, understanding of professional roles and responsibilities, OPHA competencies, dress guideline, professional designation on business cards, and professional development needs of staff.

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## APPENDIX 1

### *Professional Practice Leader Roles and Responsibilities Description*

#### **Background**

Toronto Public Health (TPH) recognizes the importance of being a public health employer leader in ensuring the work environment is poised to address issues that affect the practice of professionals within its employee. In so doing, the development of Professional Practice Leaders (PPLs) will contribute to this vision and utilize the skill and knowledge of professionals at TPH.

Designating PPLs from all professional groups governed by the Regulated Health Professionals Act (RHPA) as well as other professions hired by TPH is one way to ensure TPH's work environment embodies professional practice.

#### **Responsibilities**

1. Maintain, monitor and communicate current knowledge of professional standards to TPH staff.
2. Provide leadership and support related to discipline specific practice issues, education, research and professional development opportunities.
3. Maintain awareness of legislative practices or regulations that impact on discipline specific practices at TPH and assist in the development of policies and procedures.
4. Contribute a discipline perspective to DMT and HR with respect to decision-making and discussions specific to practice issues.
5. Link with discipline professionals to identify interprofessional issues. Prioritize issues and develop strategies which can be employed across TPH (i.e. policies and procedures).
6. Liaise with other PPLs to develop and implement professional practice opportunities in the areas of research, education and professional development.
7. Contribute to quality assurance and accountability mechanisms for TPH in consultation with staff and management.
8. Contribute to mentoring and role modelling of TPH staff.
9. Advance research, education and evidence-based practice at TPH.
10. Maintain awareness of external initiatives that may impact professional practice at Toronto Public Health
11. Liaise with external professional practice professionals to provide Toronto Public Health perspective.

#### **Positions**

Professional practice leader (PPL) roles will be supported where there are regulated and non-regulated health professionals. The percentage of full time equivalent will be assessed based on the numbers of staff within the discipline at TPH. All PPLs will meet as a network to discuss cross-cutting professional practice issues. (See Terms of Reference for Interprofessional Practice Network).

**Time commitment has been determined by**

Nursing	0.5 FTE
Medicine	0.25 FTE
Dental (dentist)	0.25 FTE
Dental (dental hygienists/assistant)	0.25 FTE
Nutrition	0.5 FTE
Environmental Health	0.5 FTE
Allied Health Group (Epidemiologists, family home visitors, health educators, etc.)	0.5 FTE

*Selection of PPLs***Process**

For those disciplines where a council already exists (e.g., Nursing Practice Council) and where members have already been selected by meeting specific criteria, a discussion and selection for the PPL can take place at the council. Similarly where groups of staff meet regularly (e.g., AMOHs/MOHs) a representative who meets the PPL criteria will need to be identified.

Discussion will need to ensue with the manager/director to ensure support for the resource implications.

For other disciplines an expression of interest should be posted by the responsible Director (i.e.: Dental director for dental PPLs and P & P Director for Allied Health Group). The respective director and the professional practice manager can interview interested staff.

**Criteria for selection of PPLs**

- Designation in the regulated college where appropriate (e.g., nursing, dentistry, nutrition, medicine)
- Team player with good communication skills
- Interest in professional practice issues
- Systems thinker and capacity to envision the big picture
- Depth and breadth of knowledge in public health practice and/or discipline specific practice
- Ability to appreciate and be sensitive to varied perspectives on issues
- Demonstrated critical thinking and facilitation skills
- Full time employee with at least one year of working experience in TPH
- Understanding and knowledge of legislative issues that impact on the specific discipline and public health practice

*Term*

Pilot PPLs for a period of 1 year.

Approved by IPLN – January 2006

## APPENDIX 2

### Terms of Reference: Interprofessional Practice Leader Network

#### Mandate

The Interprofessional Practice Leader Network (IPLN) is an interdisciplinary group of all TPH Professional Practice Leaders (PPLs). They support professionals to incorporate evidence-based practice, maintain their competency and/or create systems and processes to enhance interprofessional practice and development in Toronto Public Health (TPH). By involving front-line staff in decision-making related to practice issues, TPH can contribute to employee's quality of work life and contribute to the creation of a healthy workplace.

#### Responsibilities of Network

1. Provide an interprofessional forum where practice issues that have divisional implications are discussed/examined.
2. Make recommendations to DMT with regards to divisional policies and procedures, scope of practice, quality assurance, research, evaluation and professional development issues that affect interprofessional practice at TPH.
3. Lead the development of strategies to support interprofessional research, education and professional development opportunities at TPH. (Consult appropriate programs and management where appropriate)
4. Identify, promote and recommend appropriate quality, assurance standards that support interprofessional practice across TPH.
5. Monitor changes in public health practice and legislation that may affect interprofessional practice at TPH.
6. Enhance collaboration on practice initiatives among professionals and programs within TPH.
7. Liaise with external organizations related to interdisciplinary practice issues.

***The following are NOT in the scope of IPLN. They are within the scope of Management and/or are being addressed through other established mechanisms.***

- Collective Agreement/union issues
- Human Resources Issues
- Occupational Health and Safety
- Conflicts of Interest
- Interpersonal issues
- Role clarification for job titles (e.g. nutritionist vs. dietitian)
- Complaints about Toronto Public Health Professionals
- Budget
- Continuing Education about program-related information
- Communication about program-specific information
- Networking and Informal Sharing
- Recruitment and Retention Issues

## **Chair**

MOH - Dr. McKeown.

## **Accountability**

The network reports to DMT through the Chair.

## **Decision-Making**

Consensus is the preferred method.

## **Frequency of Meetings**

- Six to a maximum of eight meetings in the first year (re-evaluate mandate after one year).
- Meetings will be 3.5 hours including travel time.

## **Time Commitment**

- Minimum of 6 meetings to a maximum of 8 meetings annually.
- Short term work group time commitment depending on work projects.

## **Membership**

- *Medical officer of Health will Chair meetings. This chair reports to DMT on behalf of Network and is a non-voting member of the IPLN. This position could rotate annually pending evaluation.*
- All PPLs (7 in total from Nursing, Medicine, Dietetics, Environmental Health, Dental (2), Allied Health).
- Manager Professional Practice.
- Consultant Professional Practice.
- Ad-hoc participation of disciplines as requested by Network.

## **Term**

- Pilot the Network for a period of 1 year.

## **Quality Assurance**

- Evaluation at the end of the 1<sup>st</sup> year.

Approved by IPLN – January 2006

## APPENDIX 3a

Expression of Interest (Internal)  
Professional Practice Leader – Allied Health  
.5 FTE (one year pilot)

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### **Eligibility to Apply:**

- This is a restricted competition, limited to staff in the Public Health Division who meet the qualifications of this position as stated below

### **Background Information:**

The Divisional Management Team (DMT) at Toronto Public Health (TPH) approved a divisional mechanism for interdisciplinary professional practice for Toronto Public Health (TPH), including the implementation of Professional Practice Leaders (PPLs) and an Interprofessional Practice Leader Network (IPLN). The Professional Practice Leader – Allied Health interfaces with all non-regulated and regulated professional staff related to practice issues in the broad fields of epidemiology, research, home visitors, social work, health educators, program evaluators, etc. The PPL will also represent the allied health staff on the IPLN and bring forward practice issues that cut across program and service areas.

### **Roles and Responsibilities:**

1. Maintain, monitor and communicate current knowledge of professional standards for allied health staff.
2. Provide leadership and support related to discipline specific practice issues, education, research and professional development opportunities.
3. Maintain awareness of legislative practices or regulations that impact on discipline specific practices at TPH and assist in the development of policies and procedures.
4. Contribute a discipline perspective to DMT and HR with respect to decision-making and discussions specific to practice issues.
5. Link with discipline professionals to identify inter-professional issues. Prioritize issues and develop strategies which can be employed across TPH (i.e. policies and procedures).
6. Liaise with other Professional Practice Leaders to develop and implement professional practice opportunities in the areas of research, education and professional development.
7. Contribute to quality assurance and accountability mechanisms for TPH in consultation with staff and management.
8. Contribute to mentoring and role modelling of allied health staff.
9. Advance research, education and evidence-based practice at TPH.

### **Key Qualifications:**

- Professional with an Allied Health background
- Full time employee with at least one year of working experience at TPH
- Team player with good communication skills
- Interest in professional practice issues
- Systems thinker and capacity to envision the big picture
- Depth and breadth of knowledge in public health practice and/or discipline specific practice
- Ability to appreciate and be sensitive to varied perspectives on issues
- Demonstrated critical thinking and facilitation skills
- Understanding and knowledge of legislative issues that impact on the specific discipline and public health practice
- Excellent interpersonal skills with the ability to establish and maintain good working relations with colleagues
- Demonstrated ability to work effectively in multi-disciplinary teams

### **Notes:**

- This position will require a matrix style of management where the successful candidate will report to their current Manager, with a link to the Manager, Professional Practice
- The time commitment to this assignment is 0.5 FTE for the one year pilot. Because this opportunity is only temporary, please be advised that if you are selected, your assignment to this position will be subject to your manager and director's approval, as will be determined within the context of the operational needs within your present work area.
- Applicants are required to demonstrate in their applications that their qualifications for the position match those specified. The selection process for this assignment will consist of an interview.

### **How to Apply for this Opportunity:**

Interested candidates should forward or fax a resume or letter of interest (containing a brief description of skills and experience) by **October 11<sup>th</sup>, 2005** to **Maureen Cava, Manager, Professional Practice, Toronto Public Health, 277 Victoria Street, 9<sup>th</sup> floor, Toronto, Ontario M5B 1W2. Phone: (416) 338-2296, Fax: (416) 338-8787, E-mail: [mcava@toronto.ca](mailto:mcava@toronto.ca)**

## APPENDIX 3b

Expression of Interest (Internal)  
Professional Practice Leader – Dietetics  
.5 FTE (one year pilot)

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### **Eligibility to Apply:**

- This is a restricted competition, limited to staff in the Public Health Division who meet the qualifications of this position as stated below

### **Background Information:**

The Divisional Management Team (DMT) at Toronto Public Health (TPH) approved a divisional mechanism for interdisciplinary professional practice for Toronto Public Health (TPH), including the implementation of a Dietetic Practice Council. The Professional Practice Leader – Dietetics supports the implementation of the Dietetic Practice Council as well as the implementation of the Interprofessional Practice Leader Network. The position focuses primarily on professional practice issues in the field of dietetics that cut across program and service areas.

### **Roles and Responsibilities:**

1. Maintain, monitor and communicate current knowledge of professional standards to dietetic staff.
2. Provide leadership and support related to discipline specific practice issues, education, research and professional development opportunities.
3. Maintain awareness of legislative practices or regulations that impact on discipline specific practices at TPH and assist in the development of policies and procedures.
4. Contribute a discipline perspective to DMT and HR with respect to decision-making and discussions specific to practice issues.
5. Link with discipline professionals to identify inter-professional issues. Prioritize issues and develop strategies which can be employed across TPH (i.e. policies and procedures).
6. Liaise with other Professional Practice Leaders to develop and implement professional practice opportunities in the areas of research, education and professional development.
7. Contribute to quality assurance and accountability mechanisms for TPH in consultation with staff and management.
8. Contribute to mentoring and role modelling of dietetic staff.
9. Advance research, education and evidence-based practice at TPH.

### **Key Qualifications:**

- Licensed as a Registered Dietitian with the College of Dietitians of Ontario
  - Full time employee with at least 2 years experience in dietetic practice at Toronto Public Health
  - Team player with good communication skills
  - Interest in professional practice issues
  - Systems thinker and capacity to envision the big picture
  - Depth and breadth of knowledge in public health practice and/or discipline specific practice
  - Ability to appreciate and be sensitive to varied perspectives on issues
  - Demonstrated critical thinking and facilitation skills
  - Understanding and knowledge of legislative issues that impact on the specific discipline and public health practice
- 
- Excellent interpersonal skills with the ability to establish and maintain good working relations with colleagues
  - Demonstrated ability to work effectively in multi-disciplinary teams

### **Notes:**

- This position will require a matrix style of management where the successful candidate will report to their existing manager but will also report to the Senior Dietitian and the Manager of Professional Practice
- The time commitment to this assignment is 0.5 FTE for a temporary one-year term. Because this opportunity is only temporary, please be advised that if you are selected, your assignment to this position will be subject to your manager and director's approval, as will be determined within the context of the operational needs within your present work area.
- Applicants are required to demonstrate in their applications that their qualifications for the position match those specified. The selection process for this assignment will consist of an interview.

### **How to Apply for this Opportunity:**

Interested candidates should forward or fax a resume or letter of interest (containing a brief description of skills and experience) by **October 11th, 2005** to **Maureen Cava, Manager, Professional Practice, Toronto Public Health, 277 Victoria Street, 9<sup>th</sup> floor, Toronto, Ontario M5B 1W2. Phone: (416) 338-2296, Fax: (416) 338-8787, E-mail: [mcava@toronto.ca](mailto:mcava@toronto.ca)**

## APPENDIX 3c

Expression of Interest (Internal)  
Professional Practice Leader – Environmental Health  
.5 FTE (one year pilot)

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### Eligibility to Apply:

- This is a restricted competition, limited to staff in the Public Health Division who meet the qualifications of this position as stated below

### Background Information:

The Divisional Management Team (DMT) at Toronto Public Health (TPH) approved a divisional mechanism for interdisciplinary professional practice for Toronto Public Health (TPH), including the implementation of Professional Practice Leaders (PPLs) and an Interprofessional Practice Leader Network (IPLN). The Professional Practice Leader – Environmental Health interfaces with environmental staff related to practice issues in the field of environmental health. The PPL will also represent the environmental health staff on the IPLN and bring forward practice issues that cut across program and service areas.

### Roles and Responsibilities:

1. Maintain, monitor and communicate current knowledge of professional standards to Healthy Environment staff.
2. Provide leadership and support related to discipline specific practice issues, education, research and professional development opportunities.
3. Maintain awareness of legislative practices or regulations that impact on discipline specific practices at TPH and assist in the development of policies and procedures.
4. Contribute a discipline perspective to DMT and HR with respect to decision-making and discussions specific to practice issues.
5. Link with discipline professionals to identify inter-professional issues. Prioritize issues and develop strategies which can be employed across TPH (i.e. policies and procedures).
6. Liaise with other Professional Practice Leaders to develop and implement professional practice opportunities in the areas of research, education and professional development.
7. Contribute to quality assurance and accountability mechanisms for TPH in consultation with staff and management.
8. Contribute to mentoring and role modelling of Healthy Environment staff.
9. Advance research, education and evidence-based practice at TPH.

### **Key Qualifications:**

- Current Certificate in Public Health Inspection (Canada)
- Full time employee with at least one year of working experience at TPH
- Team player with good communication skills
- Interest in professional practice issues
- Systems thinker and capacity to envision the big picture
- Depth and breadth of knowledge in public health practice and/or discipline specific practice
- Ability to appreciate and be sensitive to varied perspectives on issues
- Demonstrated critical thinking and facilitation skills
- Understanding and knowledge of legislative issues that impact on the specific discipline and public health practice
- Excellent interpersonal skills with the ability to establish and maintain good working relations with colleagues
- Demonstrated ability to work effectively in multi-disciplinary teams

### **Notes:**

- This position will require a matrix style of management where the successful candidate will report to the Manager, Quality Assurance Environmental Health, with a link to the Manager, Professional Practice
- The time commitment to this assignment is 0.5 FTE for the one year pilot. Because this opportunity is only temporary, please be advised that if you are selected, your assignment to this position will be subject to your manager and director's approval, as will be determined within the context of the operational needs within your present work area.
- Applicants are required to demonstrate in their applications that their qualifications for the position match those specified. The selection process for this assignment will consist of an interview.

### **How to Apply for this Opportunity:**

Interested candidates should forward or fax a resume or letter of interest (containing a brief description of skills and experience) by **October 11th, 2005** to **Maureen Cava, Manager, Professional Practice, Toronto Public Health, 277 Victoria Street, 9<sup>th</sup> floor, Toronto, Ontario M5B 1W2. Phone: (416) 338-2296, Fax: (416) 338-8787, E-mail: [mcava@toronto.ca](mailto:mcava@toronto.ca)**

## APPENDIX 4

To: All Health Professionals at Toronto Public Health (TPH)

From: Dr. David McKeown

I am pleased to announce the launch of an innovative professional practice initiative. I have agreed to act as chair of a TPH Interprofessional Practice Leaders' Network (IPLN) and to begin a process that will focus on building a work environment that promotes excellence in standards of practice and supports professional staff in their specialized expertise and competencies. We are planning to improve communication and collaboration on professional practice issues through an intranet page where information will be shared on an ongoing basis. Please check the ["What's Happening"](#) section of our TPH intranet home page and join with me in welcoming this effort to promote excellence in professional practice at TPH.

Dr. David McKeown  
Medical Officer of Health  
Toronto Public Health  
277 Victoria Street, 5th Floor  
Toronto, Ontario M5B 1W2  
Tel: 416-338-7820  
Fax: 416-392-0713  
M5B 1W2

Toronto Public Health home page: [What's Happening....](#)

### **Interprofessional Practice Leaders' Network**

A new professional practice structure is unfolding at TPH. Its focus is to create an environment which promotes and defines high standards of practice and supports professionals to exercise their specialized expertise and competence. Take a moment to [learn about](#) this innovative initiative.

## APPENDIX 5

### **A New Professional Practice structure for Toronto Public Health: The Interprofessional Practice leaders network (IPLN)**

A new professional practice structure is unfolding at TPH. Its focus is to create an environment which promotes and defines high standards of practice and supports professionals to exercise their specialized expertise and competence. This innovative and integrated approach for discussing practice issues within and between disciplines will enhance communication, collaboration, and effectiveness at Toronto Public Health. The new IPLN will be chaired by Dr David McKeown and include new Professional Practice Leaders (see below), the Professional Practice Manager (Maureen Cava), and Consultant (Katie Dilworth).

The Professional Practice Leaders (PPLs) are from the disciplines of Medicine, Nursing, Nutrition, Dental, Dental Assistant/Hygienist, Environmental Health and Allied Health. The Allied health group includes a wide range of health professionals at Toronto Public Health. PPLs will provide leadership within, and on behalf of TPH on practice issues such as standards, research, education, and professional development. They will prioritize issues, develop strategies which can be employed across TPH (i.e. policies and procedures), and contribute their discipline perspective to DMT, HR and the IPLN.

### **Professional Practice Leaders**

<p><b>PPL Dietetics:</b></p> <p>Tara has worked since 1994 as a HBP Dietitian, a Nutritionist and now as a Consultant, Nutrition Promotion. Tara would like to “facilitate the development of Dietetic Practice Council for Toronto Public Health, and promote excellence in dietetic practice across the organization.” She hopes to “be able to represent all dietitians, be able to help bridge the communication gap and bring common issues to the table for resolution in a leadership role.”</p>	<p><b>Tara Brown</b></p>	<p><b>338-7456</b></p>
<p><b>PPL Nursing:</b></p> <p>Katie has worked in Community Health Nursing and Public Health since 1979. She holds dual responsibility as both the Professional Practice Consultant, and the PPL for Nursing. Katie hopes “the increased communication and collaboration will improve our capacity to strengthen professional practice.” She feels “successful collaboration although difficult, is achievable. It is reliant on shared accountability and responsibility, cooperation and communication.”</p>	<p><b>Katie Dilworth</b></p>	<p><b>338-0907</b></p>
<p><b>PPL Allied Health:</b></p> <p>Romilla has 14 years experience working in multidisciplinary teams on health promotion projects. Her goal is to work towards a work environment where all staff embraces excellence in professional practice. “As a PPL, I want to clearly represent the opinions and concerns of Allied Health staff with an aim to finding solutions and providing an environment that allows them to maximally utilize their skills.”</p>	<p><b>Romilla Gupta</b></p>	<p><b>338-7948</b></p>

<b>PPL Medicine:</b>	<b>Dr. Elizabeth Rea</b>	<b>338-5655</b>
Elizabeth has worked in public health for 11 years, largely in communicable disease and currently in the TB program. She is an Associate Program Director of Community Medicine Residency at U of T, as well as teaches in the Faculty of Medicine: Public Health Sciences at U of T. “What appeals to me about the IPLN is its interdisciplinary nature. I hope the IPLN will be able to ratchet the bar higher for all of us.”		
<b>PPL Dental:</b>	<b>Dr. Joel Rosenbloom</b>	<b>338-3563</b>
Joel has worked in community dentistry since 1983 as a dentist, and dental educator in Canada and Mozambique, and is now a TPH Dental Manager. His goal is to increase the awareness of the scope of professional practice. “I see the IPLN operating as a forum for the exchange of ideas, knowledge and experiences which can be harnessed in a problem solving capacity in addressing cross cutting issues.”		
<b>PPL Dental Hygiene/assistants:</b>	<b>Brenda Stahl-Quinlan</b>	<b>338-7402</b>
Brenda has worked in public health for 22 years as both a Hygienist and Supervisor. She feels “the increased communication and collaboration in professional practice will remind us of the essential multidisciplinary approach to health protection and promotion, and will strengthen professional practice at TPH.” She would like to increase understanding of staff of external changes affecting professional practice.		
<b>PPL Environmental Health:</b>	<b>Tino Serapiglia</b>	<b>338-1646</b>
Tino has field experience, and has worked in committees and special projects at both the municipal and federal levels. His goal is to be able to affect positive and effective change in the way that public health services are developed and delivered to local communities. Tino “believes in the public health profession, and that a supportive working and learning environment will ultimately serve to help successfully accomplish the intended outcomes and facilitate CQI.”		

Please feel free to call your PPL or Katie Dilworth: Professional Practice Consultant with questions, concerns or practice issues. For more information check the Professional Practice Intranet site: [http://insideto.toronto.ca/health/planning/p\\_pgp\\_education.htm](http://insideto.toronto.ca/health/planning/p_pgp_education.htm)

## APPENDIX 6

### PPL Orientation Session - Agenda

Jan 11 2005, 9-12 am

City Hall, Meeting Room 'A' (2nd floor, 'A' street reception)

1. Introductions All
  - a. Background info: Some or all of:
    - 1) Relevant experience to be a PPL?
    - 2) Your vision for the role PPLs at TPH?
    - 3) What would you like to accomplish as a PPL?
    - 4) How do you see the IPLN improving professional practice TPH?
    - 5) What do you see as the key elements to successful collaboration?
  - b. Bio piece for TO Health *Deadline Wed Jan 14<sup>th</sup> sample Bio* Katie
2. EXTRA intervention project: Katie
  - a. What is EXTRA
  - b. The internal environment at TPH
  - c. External environment
  - d. The EXTRA intervention project at TPH
  - e. A new practice model for Toronto Public Health
3. Practice issues Katie
  - a. What are practice issues *(Sample practice issue activity - Maureen)*
  - b. What's in and what's out of scope
  - c. Professional Practice Decision Tree *Handouts: Decision Tree, Consultation form*
  - d. Emerging issues from the EXTRA project
4. Professional Practice Leaders: PPLs Maureen
  - a. Roles and responsibilities
  - b. Our customers
  - c. Decision making *Handout: Decision making chart*
  - d. Internal and external support
  - e. Collaborative relationships: Sugar or spice? *(Power sharing activity Katie)*
5. Communication strategies Brainstorming All
  - a. With our respective disciplines
  - b. With each other
  - c. TO Health
  - d. Website
6. IPLN evaluation strategy *Handout: Tracking form* Maureen
7. Next steps
8. Next meeting Jan 17 – Inaugural IPLN meeting

## APPENDIX 7

### Interprofessional Practice Leaders Network Agenda

Tuesday, January 17, 2006  
Time 10-12 am  
Location 277 Victoria St  
Room 503

1. Introductions
2. Approval of Agenda
3. Business arising
  - a. Comments from MOH about the new IPLN/PPL structure for TPH
  - b. IPLN Terms of Reference
  - c. IPLN ground rules
  - d. Interprofessional practice issues
    - i. Discussion of issues
      1. How to prioritize
      2. In-between meetings
      3. Briefing note sent ahead of time
    - ii. Training needs from respective disciplines
    - iii. External environment knowledge - Invitation to Carla Troy (PHAC)
4. New business
  - a. Follow up from issues raised at the PPL orientation
    - i. Communication issues
      1. Letter from Dr. McKeown
      2. TO health article
      3. Larger communication piece for PPLs and their staff
      4. Communication Distribution
5. Other
6. Next Meeting (Mar 27 2:30-4:30)

## APPENDIX 8a

### Interprofessional Practice Leaders Network Agenda

Tuesday, February 15, 2006  
Time 10-12 am  
Location 277 Victoria St  
Room 503

Guests: Carol Timmings (arrival time to be determined), Carla Troy (PHAC) (unconfirmed)

- |  |             |
|--|-------------|
| 7. Introductions   | All         |
| 8. Review of Agenda  | All         |
| 9. Draft minutes of Jan 17 <sup>th</sup> 2006                            | All         |
| 10. Business Arising   |             |
| a. Comments from MOH about the new IPLN/PPL structure for TPH            | Dr. McKeown |
| b. Communications Update   | Katie       |
| c. Approval: revised Terms of Reference                                  | All         |
| d. Evaluation IPLN   |             |
| i. Program Logic Model, evaluation indicators                            | Katie       |
| ii. Documentation  | Katie       |
| e. Professional development needs from disciplines                       | All         |
| 11. Emerging Issues  |             |
| i. OPHA Consultation sessions.   | Tino        |
| 1. Core competencies, OPHA consultation strategy (Guest: Carol Timmings) |             |
| ii. Communication re TPH professional services                           | Tara        |
| 12. Knowledge enhancement  |             |
| i. PHAC Initiatives: Workforce development                               | Carla Troy  |
| 13. Other  |             |
| 8. Next Meeting: Confirm dates   |             |

## APPENDIX 8b

### Interprofessional Practice Leaders Network DRAFT Agenda

Tuesday April 20 2006, 2-4:00

City Hall in the **EAST** tower, 4th floor, Corporate Services Board Room (left off the elevator)

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**Guests** Carla Troy, PHAC 2-3:00 pm

- |  |               |
|--|---------------|
| 14. Discussion with Carla Troy re: PHAC and Core competencies initiative | All           |
| 15. Standing Business  |               |
| a. Review of agenda  | All           |
| b. Approval of draft minutes of Feb 15th 2006                            | All           |
| 16. Business arising   |               |
| a. Issue follow up   |               |
| i. Communication   | Tara/Katie    |
| ii. Core competencies  | All           |
| iii. Understanding of Professional roles and responsibilities            | All           |
| b. Practice issues (Briefing notes to follow)                            |               |
| i. Professional development needs  | All           |
| ii. Dress Code   | Katie         |
| iii. Professional designation/education on business Cards                | All           |
| c. Evaluation IPLN   |               |
| i. Program Logic Model, evaluation methods                               | Katie/Tino    |
| d. Dietetic Practice Council update                                      | Defer         |
| 17. Emerging issues  |               |
| a. Issues arising  |               |
| i. Policy review (Documentation, Email Complementary therapies)          | Katie         |
| ii. Harm Reduction   | Katie         |
| iii. Suicide prevention  | Katie         |
| b. Information sharing   |               |
| i. CNO publication response  | Katie         |
| ii. Nursing week   | Katie/Maureen |
| 7. Next Meeting:   |               |
| June 12, 277 Victoria St. (Room 505), 2 - 4 p.m.                         |               |
| August 22, 277 Victoria St. (Room 504), 10 - 12 p.m.                     |               |
| October 24, 277 Victoria St. (8th Floor Boardroom), 2 - 4 p.m.           |               |
| December 12, 277 Victoria St. (Room 505), 2 - 4 p.m.                     |               |

**APPENDIX 9 – Draft IPLN Logic Model**  
 March 6, 2006

Version 3

**Goal:** To strive for excellence in professional practice at Toronto Public Health.

**Target population:** Primary: TPH health professionals at all levels. Secondary: External health professionals.

**Long term objectives:** 1. To increase discipline specific and interdisciplinary leadership to health professionals at Toronto Public Health. 2. To increase collaboration amongst interdisciplinary health professionals at Toronto Public Health. 3. To support TPH health professionals to incorporate evidenced based practice. 4. To maintain professional competency in professional practice.

Component	Collaboration	Research/Professional Development	Issue Resolution	Professional practice improvement	Policy/System Development/ Analysis
<b>Short-term Objectives:</b>	<ol style="list-style-type: none"> <li>To increase awareness and knowledge about the IPLN and PPLs to Health Professionals at TPH.</li> <li>To increase collaboration between health professionals as it relates to professional practice.</li> <li>To improve communication between stakeholders.</li> </ol>	<ol style="list-style-type: none"> <li>To increase health professionals understanding of professional practice issues.</li> <li>To increase research/ professional development activities related to professional practice issues.</li> </ol>	<ol style="list-style-type: none"> <li>To increase the number of professional practice issues resolved effectively.</li> <li>To increase stakeholder satisfaction with the resolution of professional practice issues.</li> <li>To increase quality assurance systems that support professional practice.</li> </ol>	<ol style="list-style-type: none"> <li>To increase the identification of organizational supports within/outside TPH which impact on practice.</li> <li>To increase effective responses to practice or legislative initiatives within/outside TPH which impact on professional practice.</li> <li>To increase DMT's awareness of the potential practice and legislation changes which impact professional practice within Toronto Public Health.</li> </ol>	<ol style="list-style-type: none"> <li>To increase the consistency of use of TPH policies as they relate to professional practice.</li> <li>To increase the number of issues/trends analysed proactively for their impact on professional practice.</li> <li>To increase effective response to practice issues</li> </ol>
<b>Activities</b>	<ul style="list-style-type: none"> <li>To develop collaboration ground rules for IPLN</li> <li>To develop a communication strategy for staff such as:                             <ul style="list-style-type: none"> <li>Website changes</li> <li>Memo from MoH</li> <li>Newsletters</li> <li>Staff meetings</li> <li>New employee orientation (NEO)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>To provide information to staff re professional practice issues through:                             <ul style="list-style-type: none"> <li>Newsletters</li> <li>Websites</li> <li>Staff meetings</li> <li>Consultations</li> </ul> </li> <li>To develop research/professional development activities related to interdisciplinary needs.</li> <li>To liaise with education co-ordinators at Toronto Public Health.</li> <li>To provide information to new staff at New Employee Orientation (NEO)</li> <li>To consult with appropriate programs and management as required</li> </ul>	<ul style="list-style-type: none"> <li>To consult on practice issues.</li> <li>To establish consistent guidelines for resolution.</li> <li>(e.g. Decision tree, priority setting, issue resolution methods, documentation).</li> <li>To consult/ research practice issues in a timely manner.</li> <li>To respond to health professionals raising issues related to progress toward resolution.</li> <li>To consult with Quality assurance systems as required</li> </ul>	<ul style="list-style-type: none"> <li>To identify and respond to initiatives within/outside TPH which impact on professional practice.</li> <li>To develop a decision tree to facilitate appropriate consultation with professional practice.</li> <li>To document identified issues.</li> <li>To determine plan of action.</li> <li>Recommend system changes as appropriate.</li> <li>To document emerging themes/trends.</li> <li>To share emerging themes/trends as they arise with the senior nurse.</li> <li>Document amount of time spent responding to identified issues.</li> </ul>	<ul style="list-style-type: none"> <li>To identify/ensure development of best practice guidelines/standards.</li> <li>To advocate for appropriate resources (both HR and equipment).</li> <li>To analyse policies to ensure consistency with Regulatory College standards</li> <li>To collaborate to ensure consistency of policies across divisions.</li> <li>To develop mechanism to ensure practice related recommendations from coroner inquiries and other commissions are implemented.</li> </ul>
<b>Indicators</b>	<ul style="list-style-type: none"> <li># of ground rules made</li> <li># of website changes made</li> <li># of memos from MOH</li> <li># of Newsletters</li> <li># of staff meetings attended</li> <li># of e-mail messages sent</li> <li># of presentations at NEO</li> </ul>	<ul style="list-style-type: none"> <li># of times practice issues are discussed:                             <ul style="list-style-type: none"> <li>on website</li> <li>at staff meetings</li> <li>during consultations</li> <li>in newsletters</li> <li>in professional development activities</li> </ul> </li> <li># of meetings with education co-ordinators</li> <li># of presentations at NEO</li> <li>Amount of time spent on professional development</li> </ul>	<ul style="list-style-type: none"> <li># of issues identified</li> <li># of issues referred elsewhere</li> <li># of practice issues resolved</li> <li># of stakeholders satisfied with the issue resolution</li> <li>Amount of time spent resolving issues</li> </ul>	<ul style="list-style-type: none"> <li># of organizational supports identified</li> <li># of responses to internal/external initiatives that impact on practice</li> <li># of system change solutions identified by DMT that impact professional practice</li> <li>Amount of time spent on Consultation/collaboration</li> </ul>	<ul style="list-style-type: none"> <li># of staff indicating awareness of interdisciplinary policies at TPH</li> <li># of issues/ trends analyzed</li> <li>Amount of time spent on policy development/ analysis</li> </ul>

## APPENDIX 10a

### Confirming and Defining Professional Practice Issues (DRAFT 04/20/06)

Toronto Public Health professionals are held accountable and responsible for making decisions and performing duties with integrity that are consistent with competent, effective, and ethical practice. In doing so, professionals may occasionally face diverse and complex practice issues that impact on the undertaking of their roles and responsibilities and the delivery of services. In the broadest sense, professional practice influences human well being and encompasses the capacity of individuals to reach their potential in a positive and supportive working environment. The following framework has been developed as a guide to help Professional Practice Leaders (PPL) consistently identify, confirm, and define issues in any context of practice.

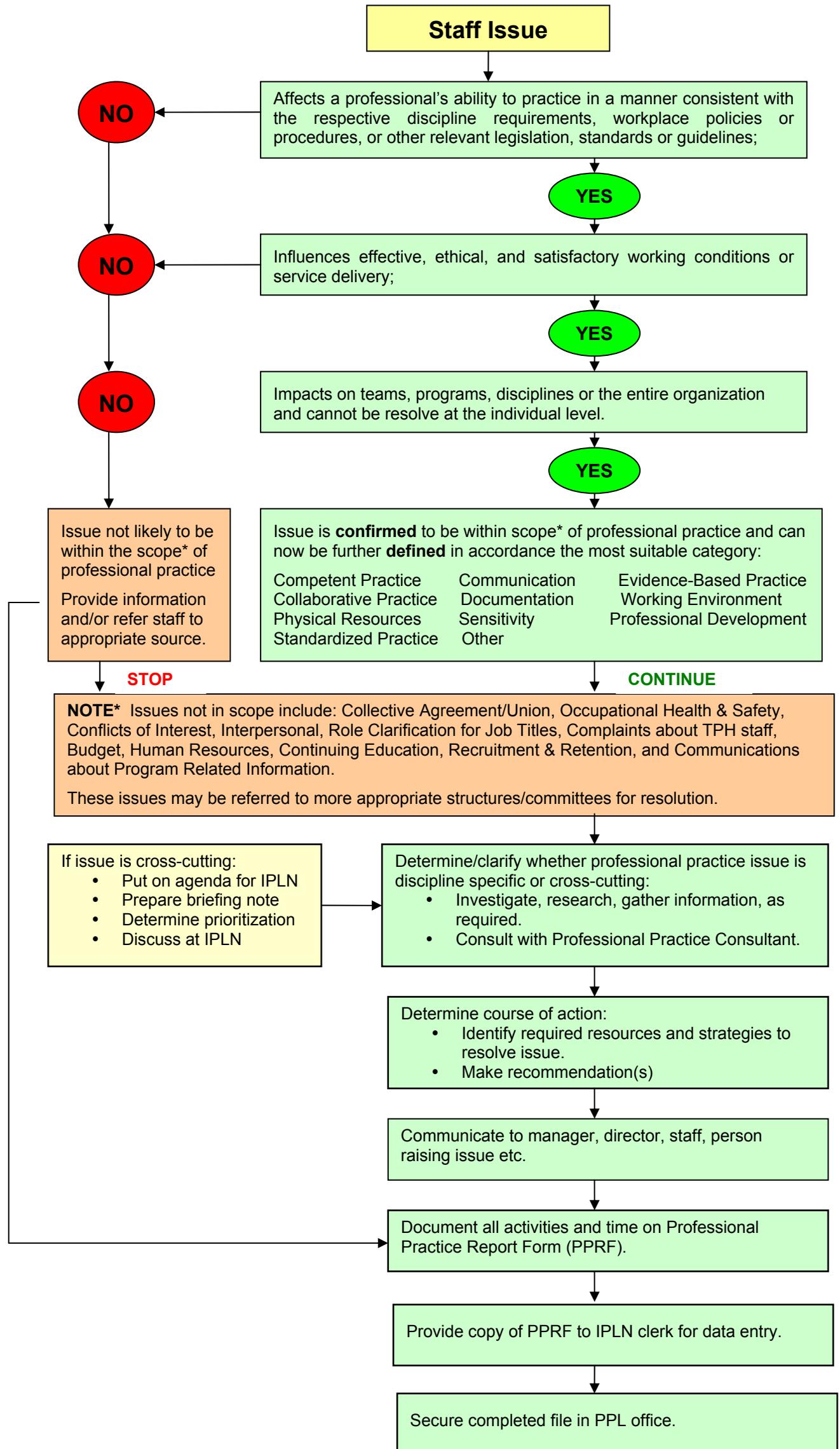
In general, a professional practice issue is any problem or situation that:

- (1) Affects a professional's ability to practice in a manner consistent with the respective discipline requirements, workplace policies or procedures, or other relevant legislation, standards and guidelines;
- (2) Influences effective, ethical, legal and satisfactory working conditions or service delivery;
- (3) Impacts on teams, programs, disciplines or the entire organization and cannot be resolved at the individual level (i.e. requires a systematic approach).

More specifically, a professional practice issue is one that impacts on professionals in one or more of the following categories of practice:

- Competent Practice - having and using the skills, knowledge, experience and understanding, necessary to accomplish established roles and responsibilities
- Collaborative Practice - identifying, supporting and engaging in working or learning partnerships or utilizing resources to advance collaborative practice
- Evidence-Based Practice - understanding, disseminating, applying or conducting evidence-based information or approaches to practice
- Standardized Practice - having comprehensive and consistent policies, procedures, standards and guidelines that provide clear direction for practice.
- Communication - achieving clear, concise, complete, and accurate information in a consistent and timely manner.
- Documentation - having proper forms that allow clear, concise, and accurate completion in a timely and user friendly manner
- Professional Development - engaging in on-going professional development opportunities for staff, students, interns, and residents
- Physical Resources - having adequate equipment and supplies to perform assigned duties and responsibilities.
- Working Environment - having a positive, supportive, and respectful workplace that is conducive to staff and client satisfaction.
- Sensitivity - demonstrating cultural and ethical competency and inclusiveness in advancing working conditions or service delivery.
- Other - any other problem or situation that meets the general professional practice issue criteria, as initially determined by the PPL and agreed to by the IPLN.

# Flow Chart for Confirming a Professional Practice Issue





This form is intended to assess the staff level of satisfaction with the process of resolution of practice issues.

***For each of the following statements, please check the box that best describes your level of agreement:***

1. "I feel my professional practice issue was properly addressed."

Do not agree at all

Agree to a moderate extent

Agree to a great extent

2. "I feel my professional practice issue was addressed in a timely manner. "

Do not agree at all

Agree to a moderate extent

Agree to a great extent

3. "Overall, I was satisfied with the professional practice consultation process. "

Do not agree at all

Agree to a moderate extent

Agree to a great extent

4. What was one positive aspect of the professional practice consultation process? None

5. What was one challenging aspect of the professional practice consultation process? None

6. Additional Comments... None

Dr. David McKeown  
Medical Officer of Health

Public Health  
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dmckeown@toronto.ca  
www.toronto.ca/health

## APPENDIX 11

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### **TITLE: INTERPROFESSIONAL PRACTICE LEADER NETWORK**

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**Issue:** State the Professional Practice Issue to be addressed in the briefing note

**Background:** List all background information that you have on the issue being raised. This information can come from the person raising the issue, evidence sources, grey literature or other material.

**Key Point(s):** List any key points that need to be highlighted for the issue.

**Questions:** List any significant questions that you as the PPL wish to raise in the context of the issue that has been identified.

**Options:** Highlight the potential options to address the practice issue. List pros and cons to each option identified.

**Recommendation:** List preferred recommendation

**Prepared by:** Name of PPL bringing issue forward

**Date:** Date briefing note prepared