

CONTEXT

- A focus of primary health care reform has been a shift to teams of providers delivering comprehensive services.
- The College of Family Physicians of Canada Vision Statement on Interprofessional Care recommends:
 - Access to a primary care setting including a family physician, registered nurse or nurse practitioner;

 - Other complementary health professionals based on needs of community; • Each professional working within their own scope of practice and personally acquired skills and knowledge;
 - Health care will support adequate human resources and funding to support the vision.
- Currently, there are limited opportunities for students to participate in interprofessional education (IPE) experiences in the primary health care setting. In 2014, the Faculty of Health Professions at Dalhousie University offered opportunities to submit proposals for IPE mini-course development. An IPE minicourse is a short (6-9 hours) self-contained module focusing on a topic that is inherently interprofessional in nature and that is offered to supplement IPE experiences embedded in the curricula of individual programs.

OBJECTIVE

This project describes the development and student evaluation of a pilot mini-course for interprofessional collaboration in Family Medicine.

METHODS

Course Development:

- Approval for mini-course development was received in July 2014.
- The course development team consisted of faculty members from Medicine, Pharmacy, Nursing and Social Work. A Family Medicine resident also participated in the development of the course for their academic research project.
- Key concepts were identified (i.e. role definition, interprofessional communication, collaboration, primary health care), and learning methods (i.e. online audio presentations, readings, and discussion groups and high contextual fidelity simulation) were chosen and developed. The course was offered in March 2015.
- 5 teams of undergraduate students from medicine, nursing, pharmacy and social work were recruited to participate in the pilot.

Outcomes Measures:

- Students were e-mailed a feedback survey at the end of the course to evaluate student satisfaction and experiences.
- Survey content was analyzed and key themes were identified.

Interprofessional Collaboration in Family Medicine Simulation: Experience with a Pilot Mini-Course

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RESULTS

Course Description:

A six hour 3 week mini-course was developed using a variety of online and face to face activities. See Table 1 for a brief description of the main components of the course.

Table 1: Course description

Online work (2hrs) – Online Course Learning Management System (Week1) Introductory audio presentation and pre-readings related to collaboration and primary health care • Brief video snap shots of health professionals describing their roles at Dalhousie

> Family Medicine Introductory discussion board activity in assigned teams

1st meeting (1.5hrs) – On site at Dalhousie Family Medicine (Week 2)

- Welcome and introduction
- Ice breaker in teams
- start to prepare for simulated patient interview.

2nd meeting (2hrs) – On Site at Dalhousie Family Medicine (Week3)

- problems
- Team development of shared care plan
- •Small group debrief of simulated patient interaction health care

Final online reflective exercise and course evaluation (0.5 hrs)

Course Evaluation:

- 18 students completed the course, 17 submitted feedback.
- Respondents agreed or strongly agreed:
- other providers (95%)
- More confidence in (95%), and a stronger commitment to, practicing interprofessionally (90%)
- and working through case as a team

• Role play scenario by course faculty for modeling of good/bad collaboration

Introduction to simulated patient case. Teams review online patient chart to

• Introduction to primary health care lecture – Capital Health Primary Health Care • Teams interview simulated patient actor to identify chief complaint and main

• Large group debrief of barriers and facilitators for collaboration in primary

• Better understanding of their professional role (85%) and how they might work with

Participants indicated that they most liked: the case, simulated patient interaction,

Course Evaluation:

Sample respondent quotes:

"Actually having a simulated patient scenario allowed me to better understand how the different professions would actually overlap when caring for a patient."

"I feel this IPE session highlighted the different roles that are fulfilled by the represented health professions and gave a real world example of how they could all work together from their different scopes of practice to best address the needs of the patient."

"I have a better understanding of other health profession roles and some services that they are able to provide to my patients, but I didn't necessarily feel like they understood my role. This experience was eye opening to the challenges of collaboration."

"I feel like this experience really opened a door and took away much of the intimidation of collaborating with other professionals in an environment like this."

Recommendations for the future:

- Initial case details released before the first face to face meeting,
- More in person team time to discuss the case before the interview, and
- care.

This IPE course was developed to provide an opportunity for health care professional students to learn about interprofessional collaboration in the primary health care setting. Student evaluations indicated that the course was well received and was successful in fostering competencies and commitment to interprofessional collaboration.

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RESULTS

- Students made the following key recommendations for future course changes:
- More time spent discussing barriers and strategies to collaboration in primary health

KEY LEARNING

Involving different health care providers in course development effectively contributed to the learning design and applicability of the course materials. Presence of facilitators from each profession at the on site meetings was helpful for the learners to connect with their provider role within the practice setting. Holding the session within the office setting, the simulated patient interaction and time for preparation before on site learning activities enhanced student engagement. Student recruitment was facilitated by IPE requirements for some programs. In order to have sustainability of these types of educational opportunities, there is a need for Faculty departmental support, as well as central support for students registration, tracking and certificate dissemination.

CONCLUSION