Interprofessional, and Interdisciplinary Research, Education at Dalhousie University

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Palliative Care Examples

AUPHA
June 24, 2006
Outline

Interprofessional (IP) and Interdisciplinary Learning Programs at Dalhousie University

1. Tri-IPAAC – 5 interprofessional learning (IPL) modules
2. Student-driven activities by association of health students
3. Seamless Care – clinic-based interprofessional education
5. Integrated Research Training

Brainstorming Ideas on Developing and Critiquing Interprofessional Learning using
- Roger’s Diffusion Theory
- Competencies
Why we need Interprofessional Learning

“...In view of...changing trends, corresponding changes must be made in the way health care providers are educated and trained. If health care providers are expected to work together and share expertise in a team environment, it makes sense that their education and training should prepare them for this type of working arrangement” (Romanow, [major Canadian report], 2002)
History at Dalhousie University

1980s: Variety of formats
1990s: Grass-roots in Faculty of Health Professions
1995/1996: Major readiness study
1997/1998: Think-tank by three health faculties to create TriIPAAC, which over time developed five two-hour IP modules now required for all health professional students across years of entry-to-practice education; support by 3 Deans and Academic VP has been critical

**Tri-IPAAC** - Funded 1997—present by university: Tri-Faculty Interprofessional Academic Advisory Committee

**Health Professions**

(Health Administration, Nursing, Social Work, Pharmacy, Occupational Therapy, Physical Therapy, Kinesiology, Health Education, Human Communications Disorders, and others)

**Dentistry**

(Dentistry, Dental Hygiene)

**Medicine**

Purposes of Tri-IPAAC IPL

Learning together to work together. Sharing and applying knowledge, skills, and conceptual frameworks to prepare students for future collaborative practice.

www.dal.ca/ipl

Budget

Approximately $50,000 per year for part time co-ordinator, secretarial support, supplies, room rental, etc.
Policies

Problem based learning which addresses complex health care issues: teamwork, diversity, disability, family violence, and palliative care

Student participation is mandatory, scheduled annually in calendar, supersedes all other regularly scheduled classes

Faculty collaborate to plan IP learning, write cases, and facilitate in proportion to number of students attending

Purpose is not to have many different types of health professions students together in an a large lecture room for cost-efficient content delivery eg anatomy, ethics, statistics
Modules

Required in entry level to each profession, eg MHSA, MSc (HCD), BScN, medical and dental students, BSW - gives mixture of ages and experience levels

Small group case analysis and discussion, and
Plenary Panel presentations

Massive mobilization of students
~ 900 students in each module; ~ 3900 students per year

Modules are 2 hours each x 5 modules across the years of students programs (2 intro; 1 intermediate; 2 advanced)
Palliative Care IP Module

**Case**: Person dying of cancer, perspective of various caregivers


**Questions include**: How might your discipline contribute? How can team function be improved?

**Panel**: bereaved family member, family physician, nurse, volunteer, social worker, occupational therapy, dentist, physiotherapist, palliative care physician
IP Module
Placement in
MHSA Curriculum

First Year

Teamwork*  October
Disability$  November
Diversity*  January

Second Year

Palliative Care+  September
Family Violence+  February

Course to which module is linked:
* Management  $ Economics  + Senior Seminar
Learning Site

Large banquet type room with space for panel

40 round tables with 7-9 students each

Random assignment of students to interprofessional groups

2 to 3 successive sessions of module on one afternoon to accommodate >800 students
Multiple Forms of Communication with Students and Faculty

- Academic calendar; Website
- Student Welcome letter to each module
- Pre-module reading - posted online
  - Session overview; Roles within group
  - Case based group work tasks
- Introductory Plenary; handouts
- Reflective Exercise
- Concluding Interactive Plenary
- Feedback form from students and facilitators
Indicators of Success

Student Attendance

Module evaluation by students – open-ended questions on what worked well and what could be improved (in past tried Likert scale questions and pre-post assessments)

Post module reflective submissions submitted by students to course instructors associated with each module in each professional academic unit

Facilitator and panelist feedback

Ongoing (continuous quality improvement) review at Tri-IPAAC meetings throughout academic year, and reflections leading to further IP development and refinement at annual retreat each May

Senior university management and field support
Two New Interprofessional Developments

2005: Formation of Canadian health sciences student association with Dalhousie University branch, ie student driven interprofessional activities

Annual National Interprofessional Student Conference

• Sponsored by Health Canada and University of British Columbia (UBC)
• First National Student Conference of its kind
• 64 students - 20 universities - 14 faculties
• Primary goal
  To establish a National Health Sciences Student Association
• 1st Annual: 2005, Whistler, BC
• 2nd Annual: 2006, UBC
Canadian Universities

- University of Victoria
- University of British Columbia
- Simon Fraser University
- University of Alberta
- University of Calgary
- University of Saskatchewan
- University of Manitoba
- McMaster University
- University of Ottawa

- Dalhousie University
- University of Toronto
- University of Western Ontario
- Queen’s University
- University of Waterloo
- Laval University
- Sherbrooke University
- McGill University
- Universite de Montreal
- Memorial University
Health Professional Students Involved

- Nursing
- Medicine
- Pharmacy
- Science
- Social work
- Medical Lab Science
- Law
- Physiotherapy
- Dentistry
- Dental Hygiene
- Communication science and disorders
- Nutrition
- Communications
- Optometry
- Occupational Therapy

**Question:** to what extent will Health Services Administration Students be included and be influential?
Dalhousie University Health Sciences Student Association
Ratified Spring 2006; $2000 provided by Health Canada to each university HSSA formed

Dalhousie Student Union

Dentistry

Medicine

DalHSSA

Each student association provides a representative (undergrad & grad)

DalHSSA has 6 Directors from across all student associations
Seamless Care: new clinic based, pilot projects in Interprofessional Education

Funded through Health Canada
‘Interprofessional Education for Collaborative Patient-Centred Practice’
Three-year, $1.058-million pilot project
Across 3 health Faculties, 5 academic programs, and 5 clinical sites

http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/interprof/index_e.html
Goal of “Seamless Care”

To prepare health professional students to become competent collaborative practitioners by creating an innovative model of care for patients with key health conditions who are transitioning from acute care to the community

www.dal.ca/seamless
Example: Palliative Care Clinical Site

5-member student team (1 each from Dentistry, Dental Hygiene, Medicine, Nursing, Pharmacy) work together over an 8-week period to help patient/family learn to self-manage chronic health to transition from acute care to home or other continuing care

Supervised by clinical preceptors (2 physicians and 1 nurse practitioner)
The Seamless Care Environment

- Clinical (Integrative) Preceptor
- Patient and Family
- Clinical Site
- Community Practitioners
- Home
- Dental Hygiene
- Discipline Preceptor
- Medicine
- Pharmacy
- Nursing
- Discipline Preceptor
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<td>Surveys: Readiness &amp; Self-Efficacy</td>
<td>Group Reflective Exercise; Observations; Audio recording of team meetings</td>
<td>Surveys: Readiness &amp; Self-Efficacy Focus Groups</td>
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<td>Surveys: Readiness &amp; Self-Efficacy Focus Groups</td>
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<td>Self-Efficacy Survey</td>
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<td>Self-Efficacy Survey; Interview</td>
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<td>Student/Learner</td>
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<td>Reaction</td>
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<td>Modification of Attitudes</td>
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<td>Knowledge &amp; Skill Modif</td>
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Expected Outcomes

Self-efficacy of students and faculty in interprofessional learning
Self-efficacy of patients with regard to self-management
Understanding of patient needs during transition period
Understanding of faculty and student IP development
**Integrated Research Training Networks**

Funding of past 5 years by Canadian Institutes for Health Research (CIHR)

3 Dalhousie University Examples:
- Dalhousie Cancer Research Program (DCRP)
- New Emerging Teams (NET) for End of Life and Palliative Care Research
- Interdisciplinary Capacity Enhancement (ICE) for research to provide equitable access to care for vulnerable populations
Goal: Integrating CIHR Pillars

- Basic Sciences
- Clinical Sciences
- Population Health
- Health Systems and Policy
Example of an Integrated Research Learning Session: When Cancer cannot be Cured

Objectives: 1) introduce trainees to cutting edge research relevant to end-of-life within a real world context  
2) enable understanding and communication among interdependencies of research disciplines

Panelists: Pharmacology; Health and Human Performance; Health Law; Psychologist

Pre-reading and Case Study: Person dying of cancer

Questions: What needs is Betty likely to have? Where would you get information to address Betty’s questions? What information would you expect to be available to clinicians, patients and families on end-of-life? How can various forms of research contribute to end-of-life care?
Interprofessional, and Interdisciplinary Research, Education: Development and Critique - using Roger’s Diffusion Theory framework

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## Interprofessional Competencies

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