

# **Interprofessional, and Interdisciplinary Research, Education at Dalhousie University**

**Grace Johnston**, School of Health Services Administration  
**Greta Rasmussen**, Coordinator, Tri-IPAAC and Seamless Care,  
**Paul McIntyre**, Medical Director, Palliative Care Integrated Service, and  
**Dalhousie University, Halifax, Nova Scotia, Canada**

## **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”

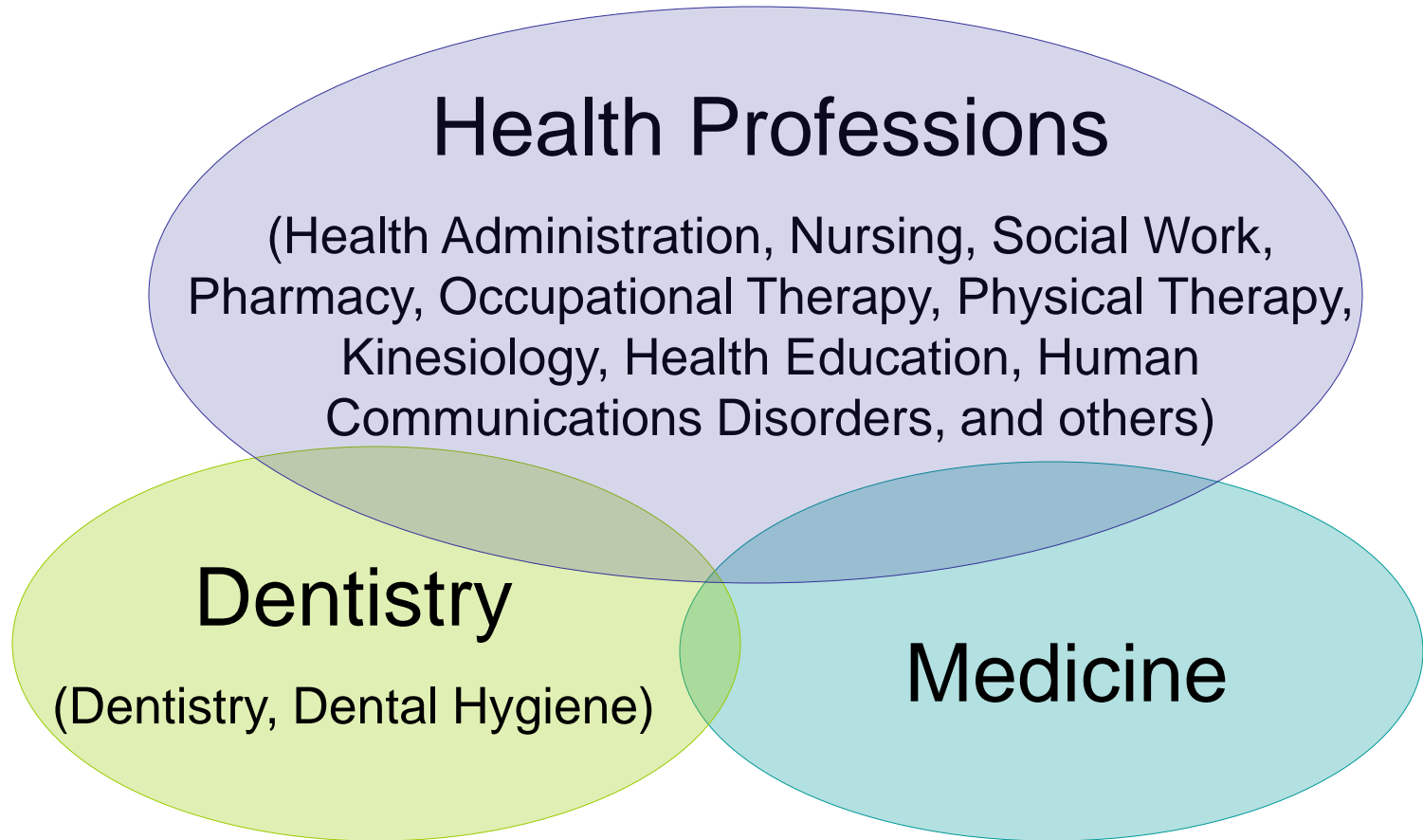
(Romanow, [major Canadian report], 2002)

# 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 TrilPAAC, 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

***Johnston G, Banks S. (2000) Interprofessional Learning Modules at Dalhousie University. Journal of Health Administration Education 18(4):1-21***

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



**Johnston G, Ryding H, Campbell L. (2003) Evolution of Interprofessional Learning: the “From Family Violence to Health” Module. *Journal of Canadian Dental Association* 69(10):649 (Abridged), 10-15(E-paper)**

# **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/ipi](http://www.dal.ca/ipi)

## **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

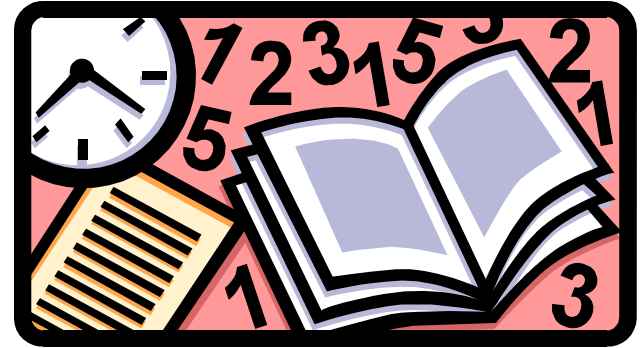
**Case:** Person dying of cancer, perspective of various caregivers

[http://ipl.dal.ca/pc/PC\\_pre\\_reading2005.pdf](http://ipl.dal.ca/pc/PC_pre_reading2005.pdf)

**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

**2005:** Federally funded pilot projects of clinic based collaborative practice education: Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative - <http://www.eicp-acis.ca/en/> eg “Seamless Care” at Dalhousie University

# 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
- 1<sup>st</sup> Annual: 2005, Whistler, BC
- 2<sup>nd</sup> 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
- Université de Montréal
- Memorial University



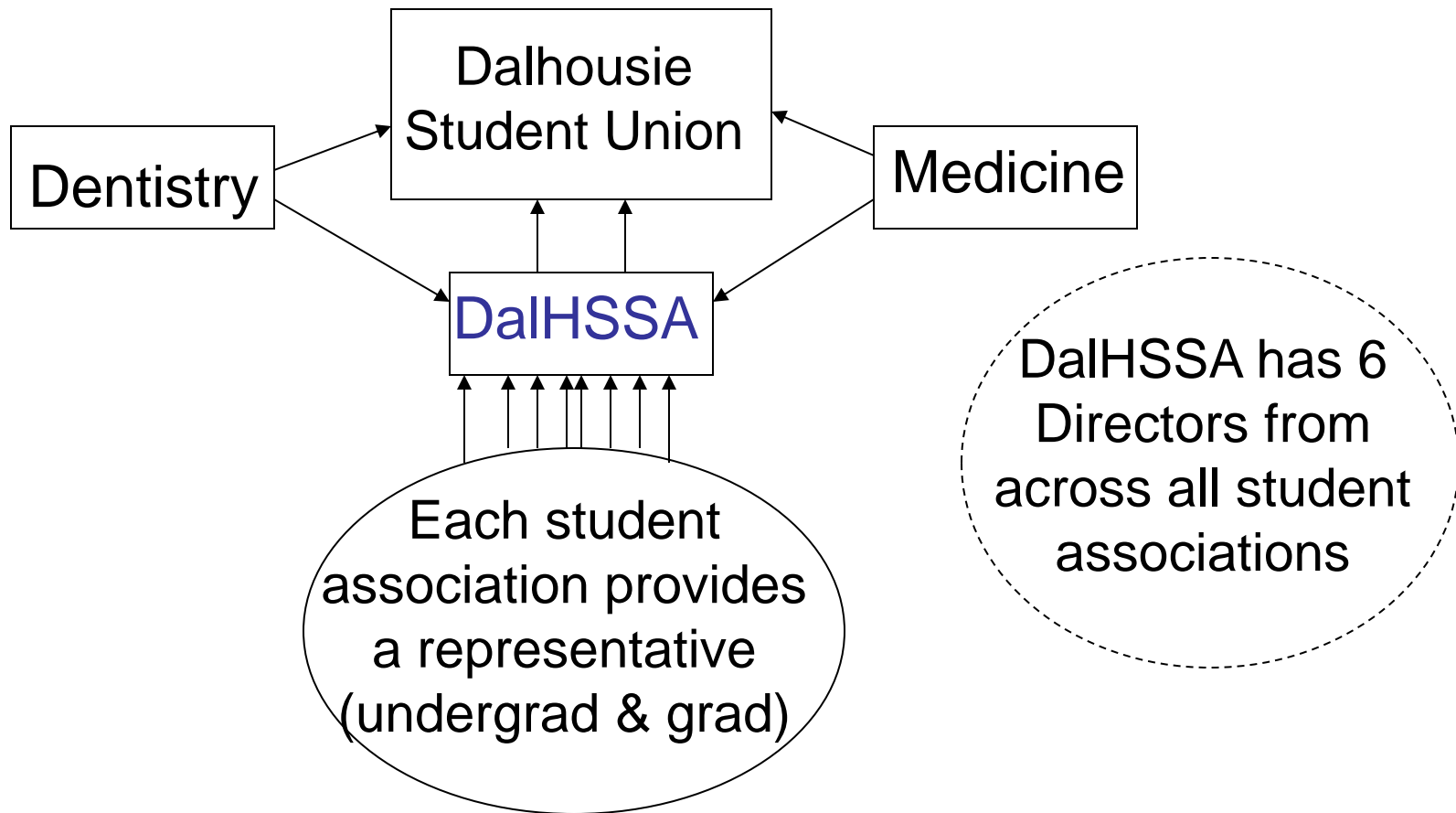
# Health Professional Students Involved

- 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



# **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](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](http://www.dal.ca/seamless)

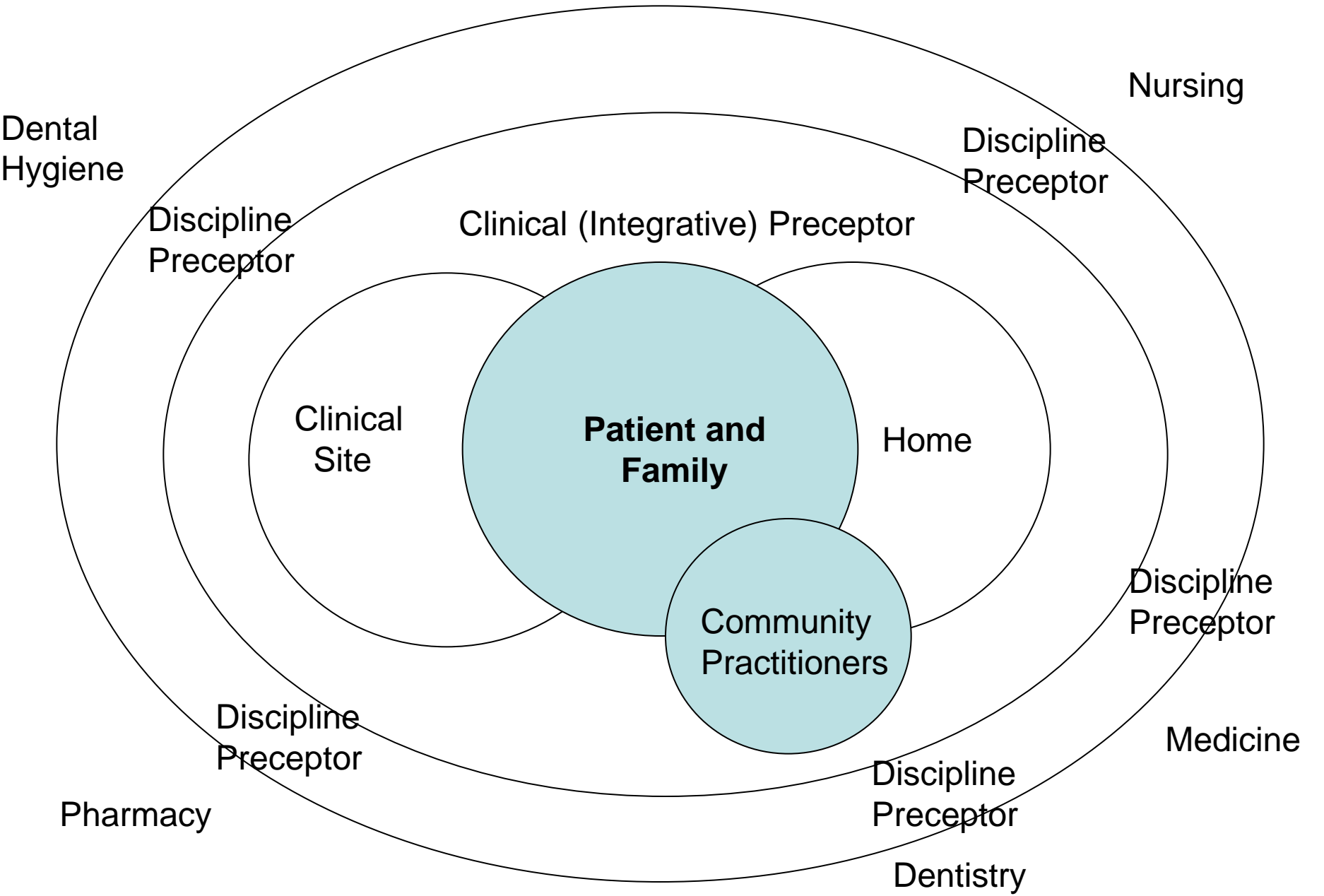
# **Example:**

## **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



# Data Collection Methods

	Pre-intervention	Inter-vention	Post-Intervention	3-Month Post
Students	Surveys: Readiness & Self-Efficacy	Group Reflective Exercise; Obser- vations; Audio recording of team meetings	Surveys: Readiness & Self-Efficacy Focus Groups	Surveys: Readiness & Self-Efficacy
Preceptors	Surveys: Readiness & Self-Efficacy		Surveys: Readiness & Self-Efficacy Focus Groups	Surveys: Readiness & Self-Efficacy
Patients	Self-Efficacy Survey	--	Self-Efficacy Survey; Interview	Self-Efficacy Survey; Interview

# Evaluation Plan (\*Kirkpatrick Model)

<b>Element*</b>	<b>Student/ Learner</b>	<b>Faculty/ Preceptor</b>	<b>Patient</b>
Reaction	Reflective Ex Focus Grp	Reflective Ex Focus Grp	Semi- structure Interview
Modification of Attitudes	RIPLS	RIPLS	--
Knowledge & Skill Modif	Self-efficacy (IPL)	Self-eff (IPL) Knowledge	Self-efficacy (self-mgmt)
Behavioural Change	SYMLOG team scan	SYMLOG (team scan)	Semi- structure Interview



# **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)

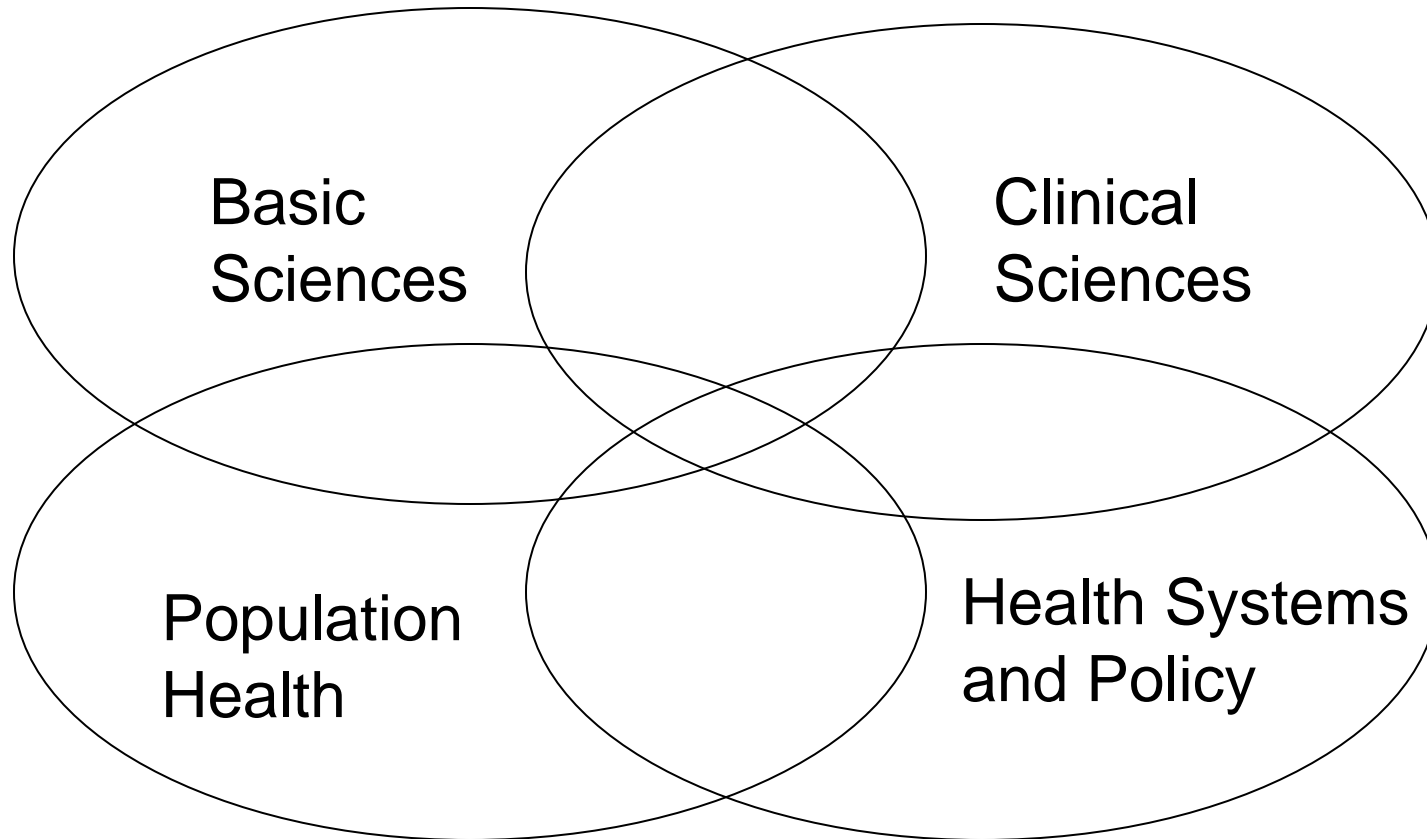
## **3 Dalhousie University Examples:**

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



# **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**

Trialability	
Advantage	
Compatibility	
Observability	
Simplicity	

# Interprofessional Competencies

Basic	
Intermediate	
Advanced	