A Program to Enhance IPE in Pre- and Post-Licensure Health and Social Care Professional Education in Newfoundland and Labrador (NL)

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NL Context

- NL population (2016): 519,716
  - St. John’s: 205,955
  - 1.4 people/km²
- Two provincially funded post-secondary institutions
  - Memorial University (MUN)
  - College of the North Atlantic (CNA)
- Four regional health authorities
  - Eastern
  - Central
  - Western
  - Labrador-Grenfell
IPE at Memorial University: 2016/17

Physicians, Nurses, Pharmacists, Social Workers, Clinical Psychologists, Recreational Therapists, Health/Social Practitioners

**Practitioner Stage**
- Continuing Interprofessional Education - Regional Health Authority practicing teams

**Post-Grad Training Phase**
- Medical Resident Academic ½ day workshops
- Collaborator Observed Structured Clinical Encounter (COSCE)

**Clinical Novice Stage**
- IPPL: Interprofessional Practice-based Learning

**Pre-Clinical Stage**
- IPE Case-Based Modules x 3
  - Mental Health, HIV, HWBC
- IPE Skills Training x 8
  - Team Functioning x 2, Comm x 2, Conflict x 2, Practice x 2

Students from Medicine, Nursing, Pharmacy, Social Work, Clinical Psychology, Human Kinetics & Recreation, and Police Studies

Provincial Curriculum Blueprint and Evaluation Framework Project

Centre for Collaborative Health Professional Education

Memorial University
Purpose of Project

- Develop partnerships and conduct IPE needs/capacity assessments with post-secondary educational institutions, Regional Health Authorities, affiliated government departments (Health and Education), and community agencies that represent patient/client groups.

- Develop pre- and post-licensure IPE curriculum and evaluation plans that will:
  - meet partner IPE needs
  - build upon IPE capacity
  - educate and inform current and future health care workers across NL.
Timeline: Project Beginnings

May to Oct 2016
• Stakeholder consultations

Nov 2016 to Apr 2017
• Needs Assessment interviews and focus groups

Jan to Mar 2017
• Needs Assessment surveys

May to Jun 2017
• Data analyzed, Needs Assessment drafted
Needs Assessment

- Create partnerships with key stakeholders in various health and social care sectors
- Raise awareness about IPE/IPC
- Learn about the current state of IPE in the province, stakeholders’ knowledge of current IPE, and how it may be expanded in their sector
Methodology

- Mixed methods
  - Semi-structured interviews & focus groups
  - Telephone & online surveys
- Senior administrators were targeted
- Thematic analysis—coding frame created/applied
What did we ask?

- Perceived benefits and challenges of IPE/IPC
- Current and potential future IPE/IPC opportunities and resources that exist
- Current and potential evaluation of IPC
- Who should organize, facilitate, manage, and fund a provincial IPE curriculum and evaluation framework.
What did we ask?

- Potential for student placements in community agencies and the unique benefits/challenges of this
- Potential for IP student placements
- Existence of policies and mandates relating to IPE/IPC
- Perceived level of collaboration within teams in an organization
Results: Postsecondary (n=72)

- Nursing (WRSON, CNS, S of N)
- Pharmacy
- Occupational Therapy
- Physiotherapy
- Medicine
- Psychology
- Social Work
- Student Wellness and Counselling Centre
- Education
- Human Kinetics and Recreation
- Sociology (Police Studies)
- Health Science and Occupational Therapy (CNA)
Results: RHAs (n=34)

- Eastern Health
- Central Health
- Western Health
- Labrador-Grenfell Health
Results: Associations & Licensing Boards (n=7)

- NLMA
- NLASW
- PANL
- ARNNL
- CPSNL
Results: Community Agencies (n=5)

- Thrive – Community Youth Network
- Daybreak Parent Child Centre
- Autism Society NL
- Stella’s Circle
- Association for New Canadians
Results: Government of NL (n=2)

- Department of Health and Community Services
- No representation from Advanced Education Skills and Labour
Opportunities for IPE/IPC

- Creation of opportunities across spectrum of learning (undergrad to continuing education)
- Create an IPE course and experiential learning opportunities for students
- IPE practice placements would be beneficial to students
- Community agencies, rural locations provide unique opportunities for student practice placements
- Technology can help facilitate student IPE activities (i.e. HSPNet, videoconferencing)
Opportunities for IPE/IPC

- Faculty, supervisors need (more) explicit training to help them to teach interprofessionally
- Outreach, opportunities to learn exactly what IPE is (combat misconceptions, build capacity)
- Information sharing/communication amongst sectors
- Standardization of IPE/IPC
Benefits of IPE/IPC

- Awareness of own/others’ professional roles
- Improved team functioning/efficiency
- Improved patient care
- IPC is a reality of practice
- Job readiness
- Respect for other professions
- Positive cultural shift
Challenges for IPE/IPC

- Resources: time, curricula, schedules, personnel, space, financial, administration
- Stakeholder buy-in
- Stereotyping, hierarchies between professions
- Consistency in IPE experiences
- Supervisor training/teacher knowledge of IPE
- IPE structure/discipline involvement at Memorial
Challenges for IPE/IPC

- Systemic barriers (technology, funding models, political influences, info access policies)
- Limited academic programs in NL
- Bridge health and social care (wellness)
Evaluation and Assessment

- Indicators of successful IPE
- Accreditation standard/licensing requirement
- Tools for assessment and evaluation
- Practice setting assessment
- IPE is not evaluated or assessed
- Collaboration difficult to assess
IPE/IPC Structures

- Existing IPE programs/structures
- Student feedback (positive and negative)
- Meaningfulness
- Unstructured/Informal IPE/IPC
- Attachment with program coursework
- No IPE opportunities
- Policy documents and IPE/IPC resources
Provincial IPE Funding and Function

- Postsecondary institutions (CCHPE)
- New collaborative body
- Government
- RHAs
- Regulatory bodies/membership organizations
- Tuition/course fees
- Using current infrastructure
- Distributed cost sharing
Community Agency-Specific Themes

- Increased capacity to serve client populations
- Increased knowledge sharing
- Interprofessional collaborations
- Interdisciplinary staff
Timeline: Where We Are Now

- **June 2017**
  - Stakeholder Advisory Committee meetings

- **Jun to Sep 2017**
  - NA finalized

- **Sep to Oct 2017**
  - Curriculum blueprint/evaluation framework draft

- **Oct 2017**
  - Stakeholder Advisory Committee meetings
Recommendations

- Community Agencies—potential experiential learning sites
- Use technology to make IPE activities accessible
- Should be flexible—applied to various settings and adapted to specific needs/constraints of those settings
Recommendations

- Explore creation of IP experiential learning preparedness course
- Wider breadth of health and social care professional programs
- IPESAC—ensure momentum, curriculum implementation, and adherence across sectors
Recommendations

- Measure variables of team functioning
- Avoid duplication of efforts and keep costs low
- Patients/clients/families/communities—members of interprofessional care teams and in the evaluation of team functioning and provincial IPE success
Curriculum Blueprint Foundations

- Spiral curriculum—aligns with other curricula at MUN
- 6 CIHC Interprofessional Competencies (2010)
- Evidence based—literature and consultation process findings
- Draft presented to stakeholders in October for feedback and suggestions
- Finalized by May 2018