



Collaborative Learning Environment Initiative

**2010-11 Report
to Government Advisory Committee
and AACHHR**

The CLE Project

Overview

This update provides a summary of activities on this project and highlights accomplishments and challenges for the 2010-2011 fiscal year. The report is a compilation of brief monthly reports from leaders of the components of the CLE team.

Background

The Collaborative Learning Environment for Health Professionals (CLE) is a skills-building initiative with demonstration, research, and evaluation components and is supported by funding from Health Canada through the Health Care Policy Contribution Fund. The initiative will develop, implement, and evaluate innovative approaches to enhancing the skills of health professionals. The outputs of the initiative will be transferable learning models, strategies and tools that promote high quality care by optimizing the knowledge and skills needed for working collaboratively in delivering health services. As defined in the literature, there are long-term outcomes of implementing team-based care at the patient level (improved access to services), at the provider level (enhanced work life satisfaction), as well as at the system level (greater efficiencies, and better recruitment and retention).

The project supports the definition of collaboration developed by Health Canada:

“Collaborative patient-centred practice is designed to promote the active participation of each discipline in providing quality patient care. It enhances patient and family-centred goals and values, provides mechanisms for continuous communication among care givers, optimizes staff participation in clinical decision making (within and across disciplines), and fosters respect for the contributions of all disciplines.”

The project began in Antigonish, NS and has expanded to include community-based programs in NB. The learning from this initiative will be pertinent to organizations interested in enhancing the skills of their staff to deliver team-based health services. The deliverables from this initiative include expertise, training tools, and change management strategies.

This initiative is expected to be of considerable significance to the future sustainable delivery of health services in all participating jurisdictions.

CLE Highlights for 2010-11

Across the Region, two sites are active:

- since June 2010, CLE activities have been underway at the low risk obstetrical unit of St Martha's Hospital, a facility of the Guysborough Antigonish Straight Health Authority (GASHA) in Antigonish, Nova Scotia.
- Following an October 2010 needs assessment CLE has delivered a training session on managing change to the members of the Advisory Committee of the "Health Baby and Me" program in Miramichi City, Several sessions on conflict resolution are scheduled for 2011-12.

Negotiations are underway related to establishing a site with eleven Victoria Order of Nurses program facilitators working across the province of New Brunswick.

Ethics approvals were sought for each of the sites.

Government Advisory Committees were established in NL and NS provinces.

Meetings with the Western and Northern HHR Forum (WNF) and the Atlantic Advisory Committee on HHR (AACHHR) to discuss evaluation indicators and processes for medium- and long-term outcomes and for the CLE project.

The NL Government Advisory committee suggested several potential sites for implementing CLE in that province. After several months of negotiation and meetings, CLE was advised that the clinicians and administrators at the potential sites were unable to agree on implementation of team-based delivery.

Deliverables

- A CLE Project Implementation Framework
- Protocol for data collection.
- Collaborative Practice Assessment Tool (CPAT) chosen as the measurement tool (see Appendix) for needs analysis. Permission gained from the Office of Interprofessional Education and Practice at Queens University to utilize the tool for the CLE Project.
- Letters to the CEOs of various professional colleges and associations of health professions in NS, NB, PE and NL;

- Presentations for the Midwifery Regulatory Council in NS, PEI officials, NB officials, NL Advisory Committee, Wabush-Labrador hospital, and the Western Northern Forum;
- process evaluation model;
- Data collection tools for Presage/contextual data;
- Ethics submission for NS site;
- Ethics submissions for NB sites;
- Ethics submission for potential NL site.
- Logic model for Process evaluation that meshes with Western and Northern Forum.
- Identification of competencies, clinical and administrative, necessary for team-based delivery.
- Regular Implementation and Evaluation team meetings have been booked, facilitated and minutes and records of decisions disseminated and archived;
- Web shared communication mechanisms including calendar, document publishing and archiving and forum posting areas, Service agreements for all sites have been signed.
- In NS, based on the results of the CLE needs assessment, a learning program was designed for clinicians and administrators in the Low Risk Obstetrical clinic. The program included the implementation of two formal skills building activities: the MOReOB program (see Appendix); and the Civility Respect and Engagement in the Workplace (CREW) program. (see Appendix) In addition, CLE implemented several informal skills building approaches: participation at weekly team meetings; interaction with administrative staff.
- Project updates have been delivered to the Atlantic Advisory Committee for Health Human Resources (AACHHR).