

Collaborative Learning Environment (CLE) Roundtable

Project Summary

The Collaborative Learning for Health Professionals (CLE) is a skills-building initiative with demonstration, research, and evaluation components. The CLE is a partnership among health professions, other providers, employers, regulators and governments. The CLE project is sponsored by the Atlantic Advisory Committee for Health Human Resources Planning (AACHHR), on behalf of its members, being the ministries of Health and of Education from the four provinces of New Brunswick, Newfoundland and Labrador, Nova Scotia and Prince Edward Island.

The project is offered through three sites in Atlantic Canada: a low risk birth centre clinic serving the GASHA Health District (Guysborough county, Antigonish county, and Strait area) in NS; the advisory committee to the Healthy Baby and Me Program in Miramichi NB; and the provincial facilitators for a province-wide community program offered by the VON-NB. Attached are one pagers describing each of the three sites.

Taken together, the experiences and learning at the project sites will provide practical information for decision-makers about the impacts of various processes to enhance teaming skills of post-licensure clinicians. The learnings will be adaptable to any community with a need for high quality, accessible, primary care. At the end of the CLE project, there will be deliverables such as learning tools, resources, and modules to facilitate replication of the successful interprofessional competency development and change management processes.

1. Project Objectives

The aim of the CLE project is to develop, implement and evaluate innovative approaches to enhancing the skills of health professionals to work together synergistically along with patients, their families, carers and communities to deliver the highest quality of care.

2. Project Implementation (Context, Methodology)

Geography is one of the key barriers to access to health services. The population of Atlantic Canada is dispersed in villages and rural areas, whose size cannot sustain full-service health facilities. Individuals must often travel to major centres for primary and specialized care. Enhancing the number of team-based care options in smaller centres will augment the quantity and quality of services that can be accessed outside of major centres. A particular challenge relates to maternal and newborn care. According to Statistics Canada, the birth rate in New Brunswick has grown continuously over the last several years. It is currently at 9.4 births per 1000 population. Newfoundland has 8.8 births per 1 000; Nova Scotia 9 births per 1000; and PEI, 10.2 per 1000 population. Approximately 85% of childbearing women are classified as low risk and thus could receive obstetrical care outside a tertiary facility. Facilitating collaboration among various

professionals working in community-based clinics could result in effective decentralization of quality maternal and newborn care.

CLE project involves partnering with the following: community-based health facilities; organizations that regulate health professions; health educators; and provincial departments of education and health and researchers. Information from these partners has contributed to the identification of community needs at each of the project sites.

Because of their role in assuring appropriate educational preparation for competency development, the regulatory bodies for health professionals have been engaged in the CLE project. Their involvement builds from the results of a 2009 Health Canada funded project to identify common principles for inter-professional competencies.

One of the elements of the workplan for the CLE project involved a joint activity with the Western and Northern Health Human Resources Planning Forum (the Forum) to develop an evaluation framework which will track progress and success of inter-professional collaborative delivery of health services.

At each of the sites, a needs assessment and environmental scan was done with clinicians and administrative staff to determine strengths and gaps in inter-professional competencies. The needs analysis took the form of a short questionnaire developed for the project; at the NS site there was also an environmental scan, a pretest of knowledge, and a culture assessment survey. At each site learning modules were developed to address specific gaps or issues identified in the needs assessments. Some of the modules are self-directed; others are workshop and classroom based. Case studies and role-playing are being used in some instances. Peer-led learning is also a technique that has been tested.

In addition change management processes have been identified at the NS site, building on existing practices such as weekly meetings and access to medical records.

3. Key Project Observations / Lessons Learned

The interim findings suggest that the factors, listed below, affect the implementation process:

- Presence or absence of active government support
- Introduction of new care providers/professionals into existing teams
- Presence or absence of champion institutional support
- Pre-existing institutional policies that may present barriers to full inter-professional collaboration
- Previous billing patterns and service delivery models
- Time constraints experienced by team members which may hinder activities to facilitate full IP collaboration
- Competing initiatives at the organization
- Constraints of physical space to support IP care service-delivery model and/or team activities

Interim findings also suggest that educational activities and team observation and feedback support further development of inter-professional competencies and identification of challenges.

Inter-professional educational interventions that have been identified during the review of findings as likely to be useful for promoting further CLE team development toward a shared-care collaborative service-delivery model include: the regular use of formal Case Reviews; review of intra- and inter-professional consistency of approach to care; and guidance/support for collaborative team development and adoption of inter-professional policy and clinical protocols.

4. Project Products

Learning modules, tools and resources, needs assessment materials.

5. Other key IPE/IPC activities in your region