Collaborative Learning Environment
Well-Woman and Maternity Care

Progress Report 2
May 1-July 31, 2010

by

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Project Support Team

July 31, 2010

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The CLE Project

Background

The Collaborative Learning Environment for Health Professionals in Well-Woman, Maternal and Newborn Child Clinics (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. While the focus of CLE is on community-based women's health and child health services, the learning will be adaptable to any community with a need for high quality, accessible, primary care.

The aim of this project is to develop, implement, and evaluate innovative approaches to enhancing the skills of health professionals so they may work together synergistically along with patients, their families, carers and communities to deliver the highest quality of care. Ultimately, primary health care facilities will have access to regional expertise, interprofessional competencies training tools, and change management strategies.

This project is expected to be of considerable significance to the future sustainable delivery of health care in all participating jurisdictions. Additional funding from a range of sources will be sought to enable the project to continue after the initial phase. The second phase would ideally extend another 24 months, during which time the successful sites would be fully evaluated and the resultant template for change could be extended to more sites, thereby confirming the successful process for sustainable change.

Introduction

The CLE project has begun to develop demonstration sites in Atlantic Canada and to promote partnerships among health professions, other health-care providers, employers, regulators and governments. 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 outcome is anticipated to be transferable models that promote high quality care by optimizing the knowledge and skills of all members of the health care team, while enhancing work life satisfaction, recruitment and retention. Over time, the sites will serve as centres of excellence. They will provide learning tools, resources, processes and models to facilitate replication of the successful interprofessional competency development and change management processes which support both post-licensure continuing education activities. It will also provide high quality clinical placements for students in a number of health disciplines. It is hoped that through future clinical placements budding health care practitioners will experience as the norm, the process and behaviours that promote collaborative practice.

Progress Reporting

This report will provide a summary of activities on this project and highlight accomplishments and challenges. The report is a compilation of brief monthly reports from leaders of the components of the CLE team. They are organized around the broad objectives of the workplan and support the progress reported against the work plan at the end of each quarter. Those components are:

1. Interprofessional Education (IPE)
2. Change Management, (CM)
3. Knowledge Transfer (KT) and Communications
4. Process Evaluation, and
5. Project Management and Support

The following narrative reports are organized so as to parallel the overall workplan categories and supplements the information reported on end of quarter CLE workplan progress reports. (Appendix A.1)

Progress to Date

Overview

Since April 1, 2010, the CLE Project Implementation and Evaluation Teams have been diligently working toward project goals and objectives. During the first quarter of 2010-2011, a number of activities have been undertaken to support the CLE initiative across the Region. As of July 31, 2010, there are four identified sites:

- St Martha's Hospital, a facility of the Guysborough Antigonish Straight Health Authority (GASHA) in Antigonish, Nova Scotia. http://www.erhb.ns.ca/Services/St_Martha/.
- Captain William Jackman Memorial Hospital Located in Labrador City West, a facility of the Labrador-Grenfell Regional Health Authority, in Newfoundland and Labrador; http://www.lghealth.ca
- Two Victorian Order of Nurses (VON) New Brunswick, "Health Baby and Me" program http://www.von.ca/branch/nb.html sites in Miramichi City and Kent County, New Brunswick.

Government Advisory Committees are either established or under development in all four provinces. The Advisory Committees in PEI and New Brunswick are reviewing reports of developments of the CLE Project (Departments of Health in those two provinces are unable to support implementation sites at provincial Health Authorities at this time). Lines of communication for knowledge transfer have been established.

Partnership Agreements (PAs) with participating sites have either been signed or are in process of being signed. The NS site is complete; the NL site PA is drafted; a PA for VON NB is pending ethics review of the project by VON Canada. NS and NL have identified clinical leads and site champions have been identified.

In NS, an initial survey assessed readiness for IP learning of clinicians and administrators in the Low Risk Obstetrical clinic. In addition, the Civility Respect and Engagement in the Workplace (CREW) program completed an assessment of the team skills of the site staff.

For the NL site, CLE staff developed and delivered a presentation on CLE to NL government representatives and administrators at the Labrador City facility. Staff also met clinicians at Captain William Jackman Memorial

Hospital and reviewed team based delivery of health services as well as IP benefits. Staff sent to clinicians a learning readiness survey.

CLE clinical Forms are in place and integrated with other work at NS site. Standard patient information and consents are being used at the site. It is planned that NL will adopt similar forms including the clinical call schedule for shared care.

Ethics review and approval is complete for the NS site. In NL and NB, applications for ethics review are in preparation.

Medium and long-term outcomes for the CLE project have been discussed with the Western and Northern HHR Forum (WNF) and the Atlantic Advisory Committee on HHR (AACHHR). WNF and AACHHR are currently working on the evaluation framework. An outcomes evaluation/framework meeting was held in BC in June 2010.

Project presentations have been made for a number of stakeholders including: the Midwifery Regulatory Council in NS, teleconference presentations in NL and the WNF. Letters have been sent to numerous professional and regulatory bodies throughout Atlantic Canada offering information and/or a presentation about the CLE. Follow up letters will be sent.

Identification of Competency and Interprofessional Learning (IPE)

Report 2: July 31, 2010 **Summary Progress Report**

To: CLE Implementation Team

From: Janet Davies and Kelly McKnight

Subject: Interprofessional Education

Objective: Design and assess methodologies for enhancing clinicians' competencies to support the inter-professional delivery of health-care providers.

Deliverable: Observational reports and research results

Activities:

- Delivery of education activities for CLE clarified at meeting with CREW staff; CREW system includes tools to support the development of inter-personal communications skills within a team. The tools focus on building 'respect' and 'civility' among team members, whose backgrounds (read professions) and priorities may be different.
- A CLE Project Implementation Framework (Appendix B.1) and
- The CLE Implementation Team has identified a protocol for data collection. (Appendix B.2)
- Collaborative Practice Assessment Tool (CPAT) chosen as the measurement tool
  (Appendix B.3)
- Permission gained from the Office of Interprofessional Education and Practice at Queens University to utilize the tool for the CLE Project.
- Data collection tool with guiding criteria for the research associate approved.

(Appendix B.4)

Upcoming Tasks:

- Training of Research Associate on data collection tool;
- Observational recording of team meetings at GASHA;
- Transfer of model to new sites;
- Preliminary analysis of observational recordings.

Issues:

- Decisions around implementation in New Brunswick.

Change Management, (CM)

Report 2: July 31, 2010 **Summary Progress Report**

To: CLE Implementation Team

From: Janet Everest and Janet Davies

Subject: Change Management

Objective: Describe change management processes needed to support, and resource implications of, inter-professional collaboration at each site.

Deliverable: Change Management Process

Activities:

- Analysis of findings of IP readiness Survey of clinicians and administrative staff at St Martha's, NS;
- Draft Change management framework designed (Appendix C.1)
- CREW program identified as vehicle to support IP skills development at NS site;

  A sample team profile for CREW is found in Appendix C.2
- Presentation of CREW to Administrative TEAM, St. Martha's hospital;
- MoreOB program identified as vehicle to deliver change management skills enhancement to staff at GASHA site.

Upcoming Tasks:

- Full Implementation of CREW at GASHA;
- Monitoring and reporting on progress;
- Introduction of CREW program in NL site.

Knowledge Transfer (KT) and Communications

Report 2: July 31, 2010 **Summary Progress Report**

To: CLE Implementation Team

From: Janet Davies

Subject: Summary Progress Report, KT and Communications

Objective: To inform government, and health care providers/ communities of the IP project

Deliverable: Standardized presentation and letters to discuss IP competencies and learning tools

Activities:

- Letters sent to the CEOs of various professional colleges and associations of health professions in NS, NB, PE and NL;
- Standard slide show utilized in follow-up meetings and presentations carried out with the Midwifery Regulatory Council in NS, teleconference presentations in NL and with the WNF working group for Evaluation Framework;
- Met with PEI government. PEI government is unable to support the identification of a site before March 2011.
- Met with VON NB. VON proposed CLE consider working with its program for vulnerable moms and moms-to-be; it identified two teams serving a bilingual population. Start up would be September.

Development of Evaluation

Report 2: July 31, 2010 **Summary**

Progress Report

To: CLE Implementation Team

From: Pat Saunders & Andrea Patchett

Subject: Summary Progress Report, Physician Pilot Evaluation

Deliverable: Process evaluation of CLE Pilot site: St. Martha's, GASHA. Model to be shared with Western Forum and transferred to other CLE project sites as they are identified.

Activities:

- Finalized process evaluation model;
- Meeting with evaluation team to review evaluation data collection plans;
- Finalized data collection tools for collection of Presage/contextual data at NS site;
- Developed ethics submission for NS site;
- Began work on ethics submissions for NB/VON and NL sites;
- Reviewed Western Forum evaluation plan for consistency with our plan- will make some minor revisions to our evaluation plan to mesh with theirs;
- Began scheduling interviews for collection of Presage/contextual site data at NS site.

Upcoming Tasks:

- Results of the Ethics submission from the Ethics Review Board at St. Martha's has been received and revisions are being made to provide clarifications as requested;
- NL and VON Ethics applications will be submitted by August 27, 2010;
- Collection of baseline and context data for each site will begin when respective ethics approvals are granted.

Issues:

Time constraints

Project Management and Administration

Report 2: July 31, 2010 **Summary**

Progress Report

To: CLE Implementation Team

From: Jennifer Murdoch & June MacDonald

Objective: Project Management and Administration of the CLE project

Deliverables: Overall project coordination, site development, time and cost management; quality management; team communication; human resources management; procurement management; risk management.

Activities:

- The project team activities have been supported;
- Experts have implemented approaches that address the four major project areas: IP Education; Change Management; Service Delivery and Evaluation;
- Administrative processes have supported the project team;
- Regular Implementation and Evaluation team meetings have been booked, facilitated and minutes and records of decisions disseminated and archived;
- Work is almost completed on a CLE web communication area that will include: a calendar, document publishing and archiving and forum posting areas, www.price-macdonald.com Login, CLE;
- A draft service agreement is prepared for review by Labrador West and a contract is under preparation for VON NB;
- Coordination and Communication activities with sites have been on-going
- Review and adjust tools/resources as needed.

Upcoming Tasks:

- Continue to support the project team in carrying out the activities of the project in all sites, including such administrative activities as: meeting management, team communication management, document tracking and archiving, progress reporting and presentations for AACHHR and Health Canada, cashflow tracking and preparation, translation, travel, payroll, purchasing, etc.

Issues:

- Short time lines around the facilitation of support and communications for inclusion of new sites in NL and NB.
- Time requirements for site development in NL and NB.

Summary

Although initially off to a slow start, initiative by program staff has supported the progress of the CLE project along the projected timelines to completion. All sites are anticipated to be operational and in various stages of development and evaluation by the end of September 2010. Objectives slated for completion by July 31 either are completed or in stages of progress toward the goals, a workplan report is included in Appendix A .1.

eport Q1, 2010-2011

	Outputs	Outcomes	Update Status	Anticipated Challenges	
s etc.	According to budget for 2009-10, all staff required will be in place	Staff will be hired and understand roles and responsibilities for work	COMPLETE	none anticipated	
HR	Review and Approval of final workplan	Finalization of key participants	COMPLETE	none anticipated	
sory t)	Letters of invitation to all committees (see org chart)	Capacity building for the initiative	NL site committee identified. NB VON sites committee under construction. PE site complete. NS site has had 3 full meetings.	ensuring appropriate government stakeholders are involved in each province	
ents sites	MOA's prepared as appropriate	Ensure clarity of roles and responsibilities in project	NS site Partnership Agreement (PA) signed and underway. NL site PA in DRAFT - ready for review. NB PA pending		
	Stakeholder group assembled to verify the work of the CLE project	Stakeholders will understand the role of this committee and be clear about their participation and commitment.	Letters drafted for each regulatory org in each of 4 provinces; awaiting advice from jurisdictional advisory committees about other stakeholders to be contacted	Availability of stakeholders	

	Travel to and from sites to assemble stakeholders, facilitators and champions between 3 and 4 times over the course of the 17 month project	Teleconference meeting with NL site in Labrador City West hospital. Site visit for more information scheduled for July 2010		
Framework for each site agreed to by CLEPT	Through meetings a framework based on agreed upon criteria, will be created outlining the indicators for effective, productive, collaborative learning environments	CLEPT (Steering Committee) identified two elements of National HHR Planning model [Education & Training as well as Management & Organization] as frame for CLE project. At NS site, specific activities within each of two elements are being defined. Similar action in NB once site is identified.	Challenges with collaboration on an agreed upon framework	
Common desired outcomes are developed, documented and agreed by partners.	This is an important step in defining what is wanted and expected for project sites. It will be a key outcome in identifying, monitoring and evaluating the overall performance of sites and the project.	Desired outcomes for implementation evaluation have been completed. Medium and long term outcomes have been discussed at the regional level (WNF and AACHHR)	The challenges will emerge based on the complexity of the project, its multiple partners and key stakeholders across multiple jurisdictions.	
Site Champions selected	Site Champions are key to the success of this initiative. They include senior managers/clinicians in the sites that have decision making powers regarding implementation and sustainability.	NL, NS both have clinical leads and site champions identified.	Selection of the right champions	

	Four teams in Atlantic Canada	Teams that will provide competency based well woman and maternal newborn care to the community. Teams that will learn together in a post-licensure interdisciplinary environment	Team completely launched in NS with all component parts of the project underway. NL close to launch - expected time, September 2010	Smooth implementation takes coordinated efforts from all partners.
nd KT				
ures	Collaborative structures and processes documented and agreed to by the project management Western/Northern Forum (WNF) will partner with AACHHR to develop the framework and evaluation for the CLE project.	Key in maximizing extension of the impact of the project to the WNF Through meetings between WNF and AACHHR a Regional framework and evaluation process will be created outlining the indicators for effective, productive, collaborative learning environments Stakeholders' level of agreement with various statements of practicality related to the competency-based HHR planning approach.	WNF and AACHHR working now on evaluation framework. Meeting with team in BC happened in June 2010 see above Meetings in place to discuss all evaluation framework and evaluation tools	None anticipated, but will be desirable. Not critical Challenges with collaboration on an agreed upon framework and evaluation

	Team will assess stakeholders' views of how effectively competency-based HHR planning identifies innovative staffing and continuing educational and training options and improved productivity through the development of specific indicators for community based primary well woman maternal newborn care.	Stakeholders' level of agreement with various statements of effectiveness of this planning approach in identifying innovative and viable HHR options. Travel to BC to meet with Eval/Framework team.	NS site has undergone their initial readiness for IP learning survey and the initial CREW assessment completed. NL has had their initial team readiness survey administered - -		
	Approved KT Plan documented	The development, documentation and approval of the KT Plan is an important deliverable that will facilitate extensive sharing of the learning and outcomes of this project	Project Lead has done presentations for Midwifery Regulatory Council in NS and teleconference presentation in NL. As well as presentation to the WNF at evaluation meeting. Letters have been sent to numerous professional and regulatory bodies throughout Atlantic Canada offering information and/or a presentation about the CLE. Follow up letters will occur.	Careful consideration has to be given to identifying and incorporating, where appropriate, existing KT Plans	J
T Plan	Ongoing evaluation of the KT Plan is included in the Evaluation Plan. Implementation of this plan will provide for data, analysis and corrective action where appropriate of the KT Plan.	The outcomes of this activity will be evidence of the evaluation process and the increasing effectiveness of the KT Plan.	Letter to the Partnership Network drafted and ready for distribution	The challenges will emerge based on the complexity of the project, its multiple partners and key stakeholders across multiple jurisdictions.	c

cy and Interprofessional					
man Care	Key Informant Interviews: Subjective and objective data to identify the needs of this population	A broader understanding of the scope and competencies required to assemble a CLE to meet the needs of this population.	Series of meetings in March at NS site to determine training needs as well as change management supports; in NB, once site selected, similar interaction planned	None	J
	Identify and survey health care providers in Canada charged with caring for well women and maternal newborn clientele.	Documented activities, scope and competencies of provider groups	Meetings with Society of Obstetricians and Gynaecologists of Canada regarding MCPCP outcomes and learning tools; series of meetings in March at NS site to determine training needs as well as change management supports; in NB, once site selected, similar travel and interaction planned	Ensuring a large enough and diverse enough sample. Maintaining momentum and interest of informants	F
	Four workshops will be delivered to stakeholders in each site	Stakeholders will understand the challenges to forming an interdisciplinary team and providing competency based services to women and their families. • effective communication,	CREW contracts have been signed for both NS and NL. NS has begun their process. NL will hopefully start in Sept 2010	Resistance to change and challenges with adopting this method of delivering care.	F

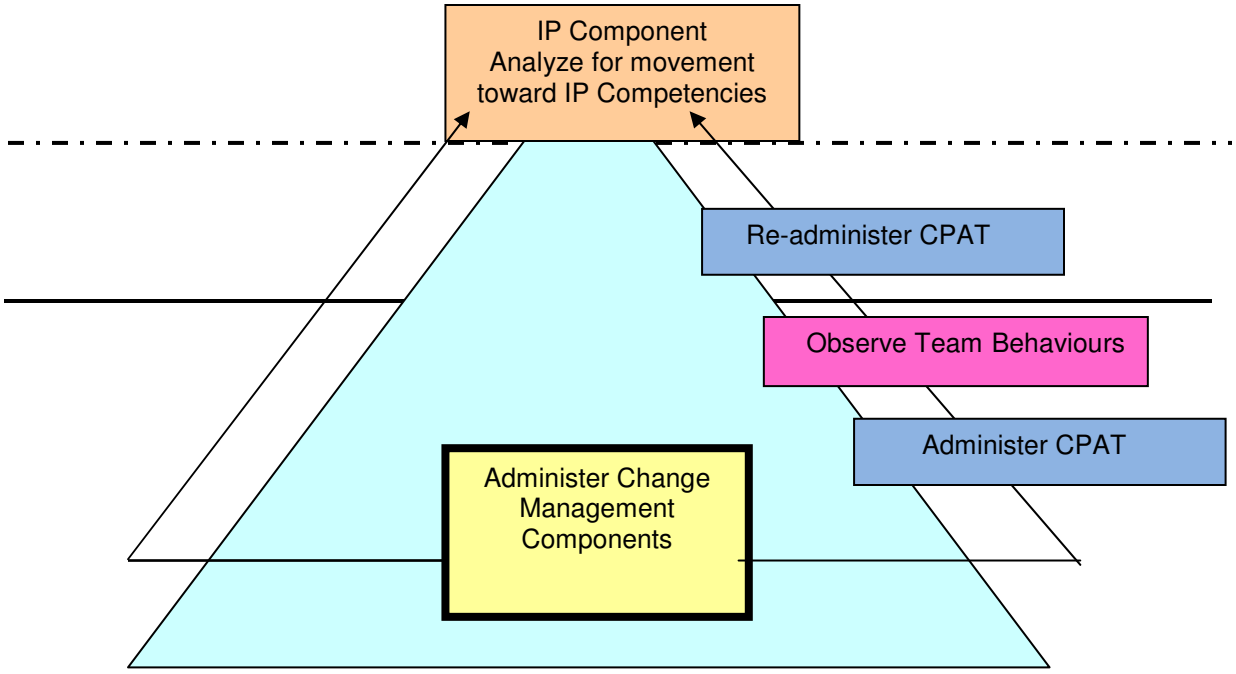
ng and		• full and active executive support, • employee involvement, • organizational planning and analysis and • widespread perceived need for the change and uptake of the model	COMPLETE		
	Best practices of interdisciplinary/multidisciplinary community based clinics along with training components offered	A broader understanding of the types of clinical practice and continuing education among community based primary care clinics	Assessment underway of learning tools and resources to identify match with needs of clinicians at sites	None	
ulum HC	Scan of health programs with well woman and maternal newborn curriculum across Atlantic Canada	Listing of programs	Needs assessment has revealed that observation at clinical team meetings will be critical to establish level of IP competency of team. Recommendations will follow	None	
	Interdisciplinary continuing education curriculum. On-site teaching component Workshops. continuing educational curriculum" is identified as an output; this type of work has already	Work will be developed and adapted from the competency framework created through the CIHC project. Travel to NB and NS sites to meet with educators and clinicians	series of meetings in March to determine training needs as well as change management supports; in NB, once site selected, similar travel and interaction planned	Agreement among all clinicians	

needs	been done through the IECPCP projects and shouldn't need to be re-invented; need to leverage on what already exists e.g. CIHC competency framework				
quired	Site-specific IP needs assessment undertaken, documented and approved by all partners for implementation.	This activity will provide the basis for the IP interventions to be undertaken in each site. Work will build on lessons learned and materials from CIHC and UBC Women's Health Collaborative Maternal Newborn Clinic.	Ethics complete in NS, awaiting final word on revisions. NL underway. NB VON underway	None anticipated.	
	Ethics approval application written and submitted	It is unclear at this stage if this step will be required. If it is required, it will be essential to undertake as soon as possible.	Discussions underway with regional health authority on ethics approval process	Potentially a serious challenge if necessary but not an impediment to the project overall.	
1					

ns	Begin data collection for overall CLE. Compile data for Process Evaluation of project.	Data to evaluate the effectiveness of this type of team. Potential travel to BC to verify evaluation process. Process evaluation to determine best practices in assembling teams	Clinical Forms in place and integrated with other work	None	A 2
ne	All consents, interdisciplinary forms and documents for use in the CLE	Packaged and validated forms – translated into French	Standard patient information and consents being used in NS site. NL will adopt	Agreement among stakeholders regarding the content	A
	Public and other professional marketing information	Information, including pamphlets, community discussions, forums and workshops to help communities understand the benefit of accessing the CLE. In addition, education to provider groups to understand fully the benefits of working and learning in an interdisciplinary team.	Operating with new clinical call schedule in GASHA for shared care. NL will be adopting the new call operation	Convincing the community to access this type of care and compelling health care providers and trainees to access this type of continuing education and clinical training opportunities.	M
	delivery of clinical services continues	Clients are accessing services in the interprofessional team while clinicians continue to learn together.	All clients are being referred to the GASHA clinic. NL will be referring all clients to the newly formed clinic through a central intake located at the Public Health Clinic	Ensuring effective and appropriate learning continues within the team and that practitioners continue to be engaged in the project.	M 2
oject es on CLEs	Phase One Report and Updated Guidelines on how to develop sustainable CLEs completed and submitted to Health Canada.	One Report in English and French		None anticipated	M

Appendix B

B.1 Sample Site Implementation Map for CLE



Change Management Components:

1. Therapeutic – i.e. CREW
2. Practical – i.e. MOReOB and Service Delivery
3. Physical – i.e. Administrative Support

Process:

- CPAT tool will be administered;
- The 3 Change Management pieces are interventions to develop an enhanced IP team;
- CREW, MOReOB and Service Delivery will all collect information throughout the project;
- 2 times a month approximately, an observer will use the IP Collection Tools to document and tract observable IP behaviours;
- At the end of the project, these documentations will be analyzed in concert with the documentation collected from the Change Management pieces;
- CPAT Tool will be re-administered;
- Results will be compared to initial test and analyzed for change;
- Recommendations will be generated for the final report.

B.2 Interprofessional Education Protocol

PROJECT: AACHHR COLLABORATIVE LEARNING ENVIRONMENT PROJECT

COMPONENT: INTERPROFESSIONAL EDUCATION

Part 1: Needs Assessment:

The clinical team will complete the Readiness for Inter-professional Learning (RIPL) survey and results will be combined to assess current levels of Inter-professional competencies.

The RIPL was developed to assess readiness for learning and has been used primarily in educational settings.

The aim is to help teams and researchers identify interprofessional development needs and corresponding educational interventions.

Results will be aggregated to create an understanding of overall team functioning as well as to protect anonymity.

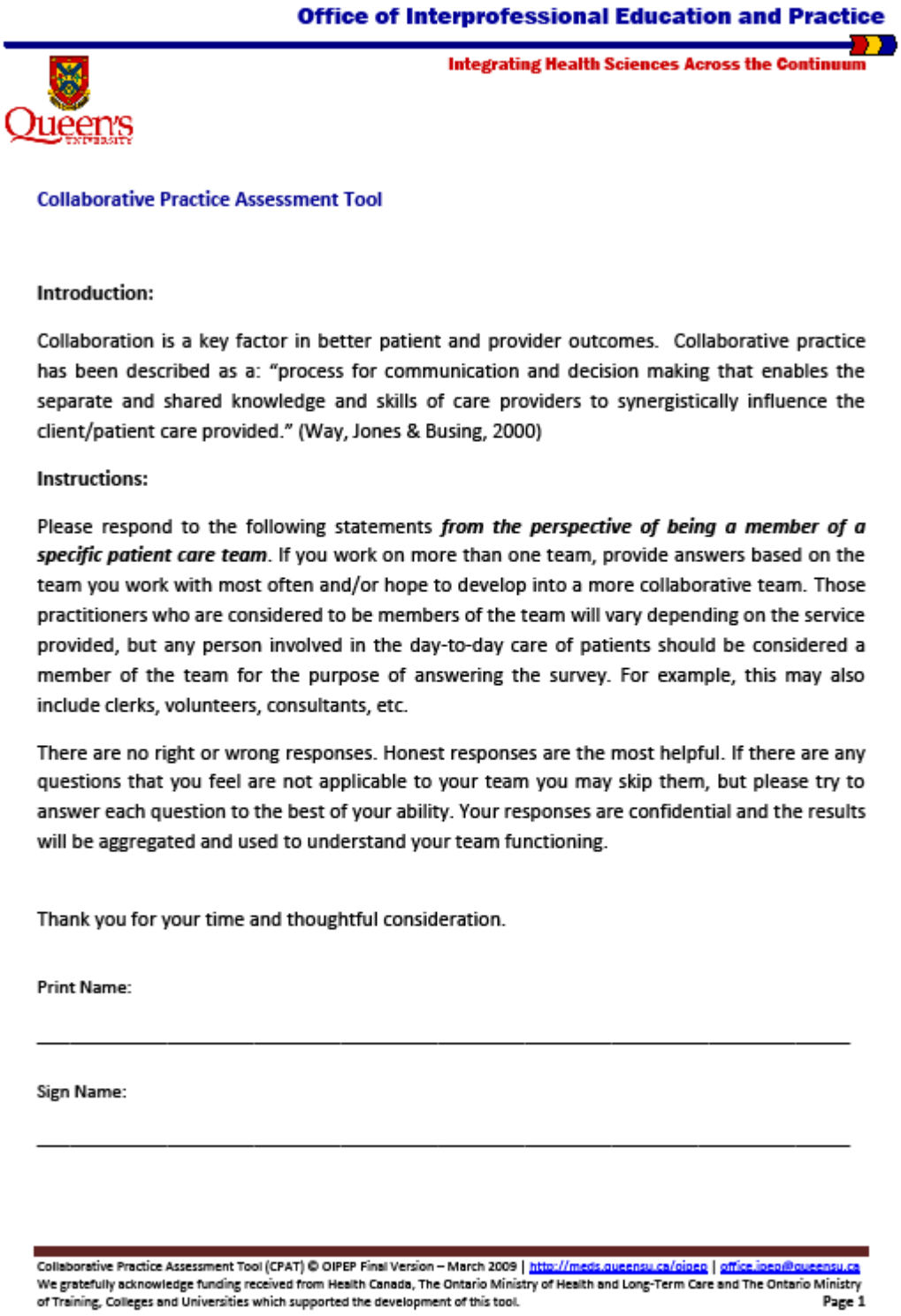
Part II: Team Observation:

CLE Researchers will observe clinical meetings and notate the findings on a chart that is comprised of 11 overarching statements. They include:

1. The particular skills and expertise of individual members are acknowledged by others on team;
2. With regard to each patient care plan, team members are clear about who is responsible for delivering which aspects ;
3. Team member s share responsibility for logistics and discussions of team meetings (chairing, creating agenda, recording decisions, facilitating participation);
4. Team members include the patient/client and family in decisions about care plan;
5. Team members advocate for the patient/client;
6. Each team member shares accountability for team decisions and outcomes;
7. Team members communicate the results of their analysis of patient and provide their expertise;
8. Conflicts are addressed directly during the meetings;
9. All members of the team attend team meetings regularly;
10. All members of the team participate in discussions at team meetings;
11. Team interaction exhibits inter-personal respect.

These overarching statements are in turn linked to the Interprofessional Facilitator Competencies that have been developed by CIHC.

B.3 CPAT Tool



Office of Interprofessional Education and Practice

Integrating Health Sciences Across the Continuum

Queen's University

Collaborative Practice Assessment Tool

Introduction:

Collaboration is a key factor in better patient and provider outcomes. Collaborative practice has been described as a: "process for communication and decision making that enables the separate and shared knowledge and skills of care providers to synergistically influence the client/patient care provided." (Way, Jones & Busing, 2000)

Instructions:

Please respond to the following statements ***from the perspective of being a member of a specific patient care team***. If you work on more than one team, provide answers based on the team you work with most often and/or hope to develop into a more collaborative team. Those practitioners who are considered to be members of the team will vary depending on the service provided, but any person involved in the day-to-day care of patients should be considered a member of the team for the purpose of answering the survey. For example, this may also include clerks, volunteers, consultants, etc.

There are no right or wrong responses. Honest responses are the most helpful. If there are any questions that you feel are not applicable to your team you may skip them, but please try to answer each question to the best of your ability. Your responses are confidential and the results will be aggregated and used to understand your team functioning.

Thank you for your time and thoughtful consideration.

Print Name:

_____

Sign Name:

_____

Collaborative Practice Assessment Tool (CPAT) © OIPEP Final Version – March 2009 | http://meds.queensu.ca/oipep | office.oipep@queensu.ca

We gratefully acknowledge funding received from Health Canada, The Ontario Ministry of Health and Long-Term Care and The Ontario Ministry of Training, Colleges and Universities which supported the development of this tool. Page 1

B.4 IPE Data Collection Tools

IP Team Behaviours	Yes	No	Comments
1. The particular skills and expertise of individual members are acknowledged by others on team			
2. With regard to each patient care plan, team members are clear about who is responsible for delivering which aspects			
3. Team members share responsibility for logistics and discussions of team meetings (chairing, creating agenda, recording decisions, facilitating participation).			

4. Team members include the patient/client and family in decisions about care plan	**Yes**	**No**	**Comments**
5. Team members advocate for the patient/client			
6. Each team member shares accountability for team decisions and outcomes			
7. Team members communicate the results of their analysis of patient and provide their expertise			
8. Conflicts are addressed directly during the	**Yes**	**No**	**Comments**

meetings			
9. All members of the team attend team meetings regularly			
10. All members of the team participate in discussions at team meetings			
11. Team interaction exhibits inter-personal respect			

Partners for Interprofessional Cancer Education

Interprofessional Facilitator Competencies

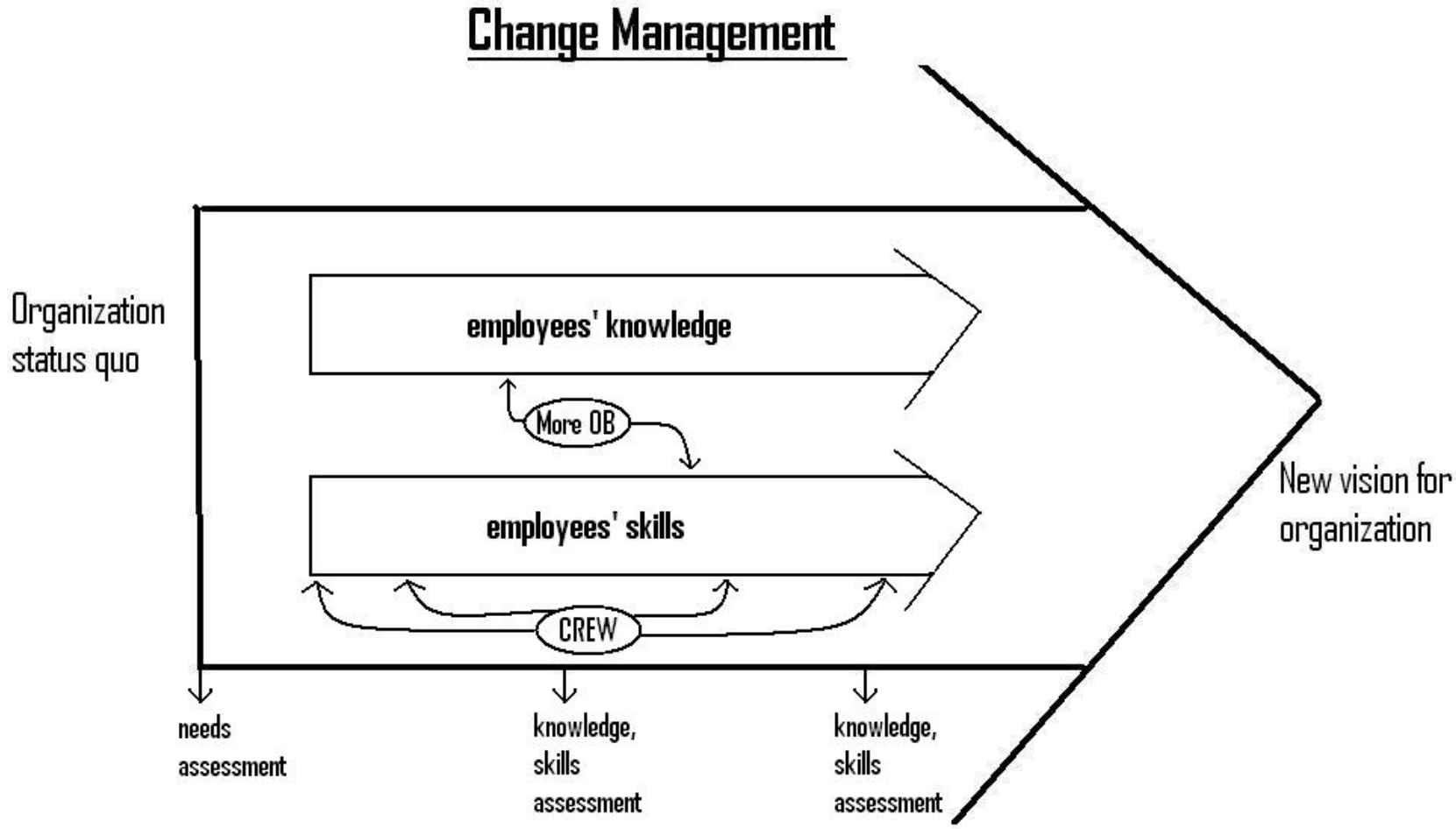
COMPETENCY DOCUMENT

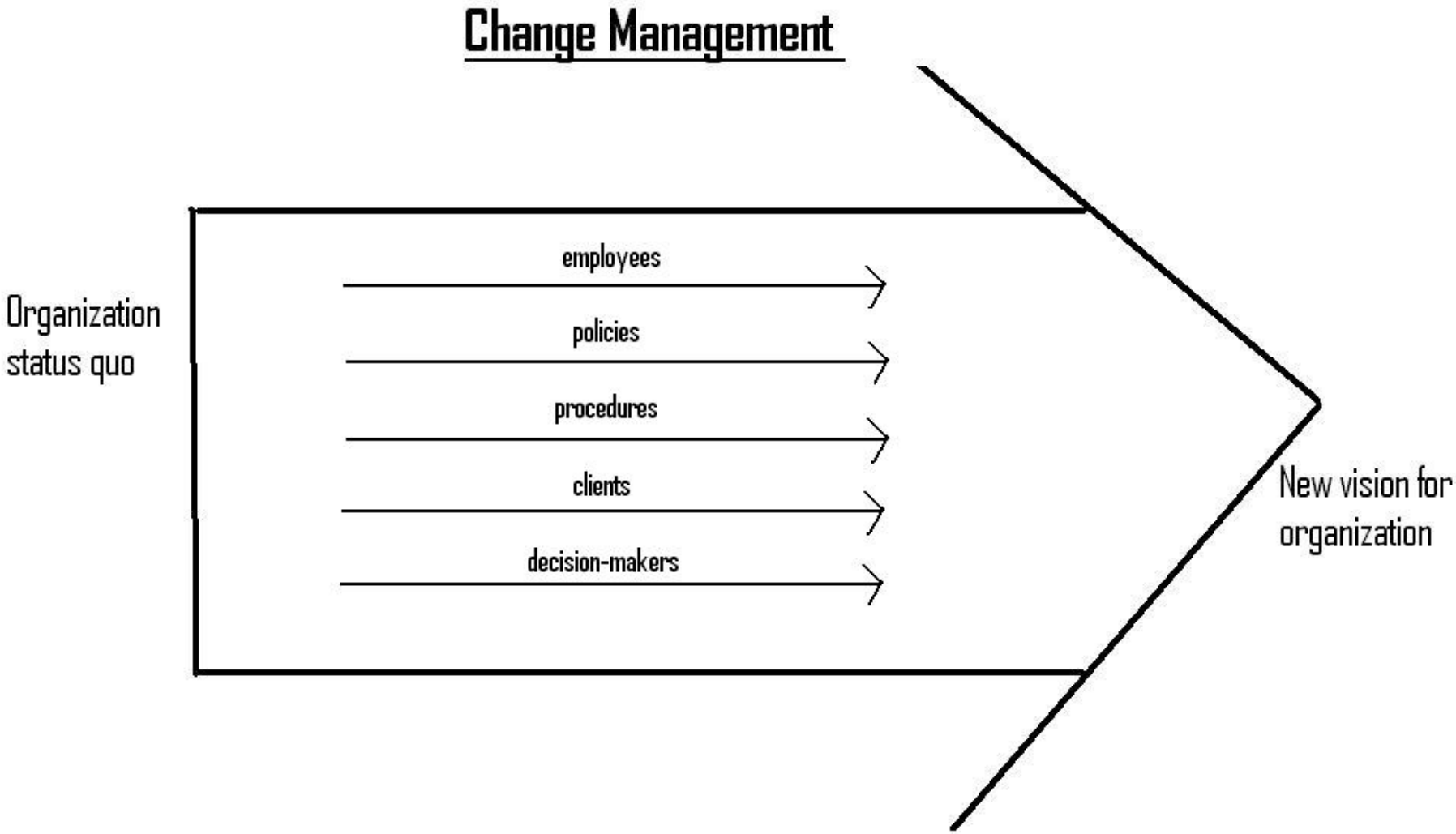
These competencies have been developed for health professionals who, as a portion of their practice, care for patients/families experiencing cancer and who want to take an active role in fostering interprofessional collaboration. The Interprofessional Facilitator Development workshop, facilitation of the Interprofessional Core Curriculum (ICC) modules and clinical practice will provide the opportunities for participants to achieve the proficiency level of Advanced Beginner. An Advanced Beginner has the required knowledge, skills and prior exposure/experience required for the performance of the three competency areas: Interprofessional Facilitation, Collaborative Patient-Centred Practice, and Cultural Sensitivity and Safety.

When confronted with changing design and/or delivery of the ICC modules and/or difficulty with a competency, the Advanced Beginner will manage these challenges through reflection, discussion with colleagues and/or consultation with program developers/project manager.

Authors: Valerie Banfield & Kelly Lackie, Faculty RN-PDC

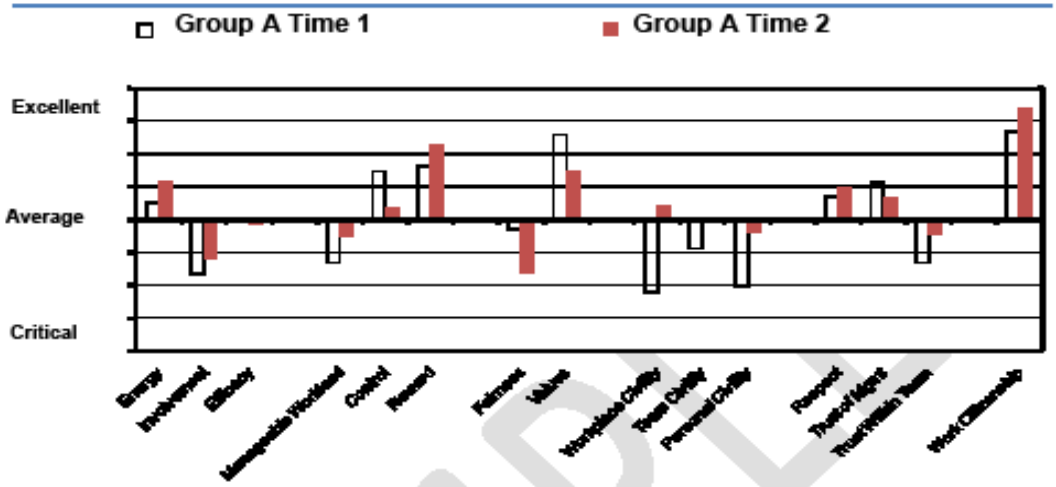
Appendix C C.1: Draft Change Management




Change Management
Organization status quo
employees
policies
procedures
clients
decision-makers
New vision for organization

C. 2 CREW Profile Unit

Unit Profile



Number of Responses: XX;
Percent Return: XX%

Key

- The bars on this graph represent the *unit's* profile.
- The first eight values (***energy, involvement, efficacy, manageable workload, control, reward, fairness,*** and ***values***) are compared to a midline, called "Average" on the graph, which represents an international average.
- The last seven values on the graph (***workplace civility, team civility, personal civility, respect, trust of management, trust within team,*** and ***work citizenship***) are also compared to a midline, referred to as "Average" on the graph, which represents the average of all of the participants in this study.

This profile shows a unit whose workplace community has improved considerably during the past six months. Hard work of the participants has paid off with improvements in their overall scores. Congratulations to all to have contributed to this hard earned success.

Special attention should be paid to ***Workplace Civility***, ***Team Civility***, and ***Personal Civility***; all of the improvements made in these areas indicate growing awareness of civility in the work community. The members of this unit have certainly benefitted from a civility intervention to enhance the quality of their workplace relationships and improve work engagement. Continued efforts in this area should yield even more positive results.

Some areas remain in negative range: ***Fairness*** may require attention in the future.

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