Skills Building for Interprofessional Collaborative Practice

Update- Progress Report Q4
January1-March 31, 2011

by

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The CLE Project

Introduction

This report follows the progress of the Skills Building for Interprofessional Collaborative Practice project of the Atlantic Connection, as funded by Health Canada through the "Health Care Policy Contribution Program". The report is a compilation of monthly reports from team members responsible for specific components of the project. Updated information for each quarter is presented in a different colour, Q1-black, Q2-blue, **Q3-green,** and Q4-red. The complete report with updates provides a summary of activities of this project and highlights accomplishments and challenges experienced since the inception of the project to March 31, 2011.

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 project began with a focus on Well Woman and Newborn Child Clinics, however has expanded to include Home Care, Emergency Services and Administrative teams; all who will benefit from enhanced post-licensure, interprofessional change management and skills enhancement. The learning from this initiative** 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 has been received from Health Canada for the period of April 1, 2011-March 31, 2012 to continue this work. During the coming year four sites will be involved: the site in Antigonish, Nova Scotia will be supported and new sites implemented in Labrador City as well as an additional site added in New Brunswick. During this second phase sites will be fully evaluated to confirm the successful process for sustainable change.

The CLE project has developed demonstration sites in Atlantic Canada and has promoted 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. **Additionally, medical residents**

from a variety of disciplines will be interested in working in these innovative teams, hence improving recruitment of needed specialist to rural and remote areas that have been difficult to staff.

Progress Reporting

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 January 2011, the project team have been working to support and evaluate activities at the site in Antigonish¸ Nova Scotia and to identify needs and organize activities for the sites at Miramichi, New Brunswick and Labrador City, Newfoundland. A second VON site has been identified in New Brunswick and will be developed in 2011-2012**. The CLE Project Implementation and Evaluation Teams have been diligently working toward project goals and objectives. During the third quarter of 2010-2011, a number of activities have been undertaken to support the CLE initiative across the Region. As of December 31, 2010, there are five identified sites:**

- 2 sites at 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 a second **program for the provincial facilitators of VON NB Health Baby and Me is now confirmed.**

Government Advisory Committees have been established in all four provinces. The Advisory Committee in PE is reviewing reports of developments of the CLE Project (Department of Health in PE is unable to support a site at this time) Lines of communication for knowledge transfer have been established.

Partnership Agreements (PAs) with participating sites have been signed.

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.

After a number of discussions and meetings, the NL administration has decided to focus on the development of a brand new team, one that has not worked together in an interprofessional capacity before. This team will combine Home

Care and Emergency Services to produces a new interprofessional team that will address the unique issues of continuing care patients.

Until a firm commitment from Health Canada for the second phase of funding (scheduled to start April 1, 2011), this team in NL will not be able to start. This will be a huge disappointment to the Captain William Jackman Hospital and a lost opportunity for jurisdictions to learn about how a team of practitioners can assist in reducing unnecessary emergency visits and improve the quality of care for Home Care patients in rural and remote areas of Canada. At March 31, 2011 the team at the Captain William Jackman Hospital in Labrador City West is ready to move forward with their initiative.

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.

Ethics approval has been received for the NS site And the NL site. In NB, it has been deemed by VON Canada ethics that no review is required until the results of the needs analysis and the intervention plan is complete.

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 finalizing the evaluation framework. Meetings have occurred with the Evaluation team to discuss the framework and the indicators that will be included.

Identification of Competency and Interprofessional Learning (IPE)

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)
- An initial meeting and needs analysis was completed with the Advisory Committee for the "Healthy Baby and Me" program at Miramichi, NB. Preliminary feedback

- Indicates a perceived need for dealing with change and conflict management programs. Analysis is underway to identify content and best delivery modes for IPE activities.
- During the same period, work on IPE involved identification and assessment of self-directed training materials in terms of their application to the needs of clinicians and administrative staff in both Labrador and Miramichi.
- **The VON Healthy Baby and Me Miramichi site identified dealing with the stress of change and conflict management as two need areas that could help move their multidisciplinary team forward.**
- Planning for educational activities for the first VON Miramichi site was completed;
- AN initial training session for "Managing the Stress of Change" was carried out on February 25th. Evaluation feedback was positive. (Appendix) A request has been received from VON Miramichi, "Healthy Baby and Me" for additional training to be completed for VON Advisory Committee Members who missed the initial session prior to completion of the follow-up session in June of 2011.
- A conflict management trainer has been booked and dates for training are being identified.
- A second VON application that will include all Healthy Baby and Me facilitators from across New Brunswick will be coordinated out of a new site in Sussex New Brunswick.

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.
- Choosing or designing learning modules and modes of delivery for Labrador and Miramichi.

- **Booking trainers and identifying training dates for Managing the Stress of Change and Conflict.**
- Completion of stress management training for VON, Healthy Baby and Me Advisory Committee at the Miramichi site;
- Implementation of conflict management training at Miramichi;
- Needs analysis for the provincial facilitators;
- Development of training modules and activities for the facilitators group.
- Identification of IPE needs and processes for Labrador site.

Issues:

- **Decisions around implementation of second VON site in New Brunswick;**
- **Decisions on additional funding for 2011-2012.**
- A request has been received from a VON community partner, the Public Health Nursing Office, for additional stress management training sessions for 26 of their staff members as part of the Miramichi initiative. The CLE team will need to determine if this is an appropriate treatment in relation to the objectives of the project and respond to the request.
- Finding appropriate and sustainable processes for electronic implementation of IPE at the Lab West site.

Change Management, (CM)

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. Appendix A;
- Initial meeting with St. Martha's Hospital Leadership and Erika d'Eon CREW lead for the Centre for Organizational Research and Development; (COR&D), http://cord.acadiau.ca/team.html, to discuss target participant group, facilitator and process. (Aug 10). Facilitator identified as Debbie Cotton, Dr. Hillyard co-facilitator;
- Target group identified as Senior Leaders, Midwifery Implementation Committee;
- Facilitator training and Activity Plan discussed. Facilitator Training commenced. Meeting between D. Cotton and Erika d'Eon, crew lead for COR&D in September at Acadia;

- D. Cotton participated in the CREW midpoint meeting September 16th. Backup facilitator; identified and orientation with D. Cotton commenced. (September);
- AN electronic survey was distributed to the management and clinical teams on August 5, 2010;
- Deadline extended from August 13th to unknown pending ethics approval;
- As of A30 responses received, 4 were from administrative staff.
- A contract has been signed with Michael Leiter and Associates to extend the CREW application piloted in Antigonish to the Labrador City site;

Upcoming Tasks

- Full Implementation of CREW at GASHA;
- Monitoring and reporting on progress;
- Introduction of CREW program in NL site.
- Implementation of the Needs Analysis for CREW at the Labrador City site;
- Identification and training of a CREW champion at the Labrador City site;
- Organizing implementation of the CREW program at the Lab West site.
- Follow-up evaluation with the CREW implementation at GASHA in Nova Scotia;
- Addition of the CREW report to the process evaluation.

- **Issues:**
- Clarifying the perimeters of the Senior Leadership Group not Clinical Staff as participants;
- Frequency of meeting schedule (every two months) and attendance could be an issue;
- Development of 6-month activity plan still in progress;
- Weekly teleconferences with COR&D Lead for support/updates;

- Jan Hanifen, Nurse Manager has championed the CREW project as lead in survey distribution and monitoring.
- **CREW contracted to begin change management work with Newfoundland site in spring of 2011.**
- **Awaiting decisions on continued funding to support further implementation in NL.**
- Finding appropriate, cost effective and sustainable processes for implementation of CREW at the more remote Lab West site.

Knowledge Transfer (KT) and Communications

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 PE government. PE 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;
- A presentation was made to the Healthy Baby and Me Advisory Committee in Miramichi;
- Awaiting identification of a second site in New Brunswick by VON NB;
- **Stress of Change and Conflict Management identified by VON NB Health Baby and Me Steering Committee at Miramichi as greatest team development needs as they move toward a more integrated Multidisciplinary approach to guiding the program for the area.**
- **Training programs to address identified needs and dates for sessions are currently being pursued.**
- **Slide show for**

Development of Evaluation

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.
- July, 2010. Modified service delivery documents for NL ethics submission. Also, modified service delivery documents for GASHA ethics resubmission
- Ethics submission for NL completed and delivered to NL ethics contact.
- Provided information stemming from questions from ethics committee, and resubmitted to GASHA ethics contact.
- Ongoing collection of Presage/contextual information. Met with key informant Rebecca Attenborough at RCP.
- Work on developing logic model for Process evaluation that meshes with Western and Northern Forum.
- Outlined rationale for continuing CLE Process Evaluation beyond the pilot period

October:

- **Began attending team meetings at St. Martha's Hospital October 15, 2010;**
- **Practitioner consents distributed for signatures;**
- **Patient information document being distributed by midwives and clinic nurse;**

November:

- **Attendance at team meetings going well. Booking telephone interviews with practitioners to begin in December;**
- **Review of potential process evaluation plans for NL site;**

- **Review of WNF process evaluation and identification of useful overlaps with our process evaluation**

December:

- **Attendance at team meetings continuing. Six site visits to observe team have been made;**
- **Process evaluation: Telephone interviews (nine individual interviews) conducted with most practitioners and site administrators at GASHA site;**
- **Began presentation for CLE meeting in January to review process evaluation.**

January to March, 2011: Interim review of CLE Process Evaluation Data:

In March 2011 an interim review of process evaluation data collected to date was conducted. The objectives of the interim review were to:

1) Identify the presage/contextual factors relevant to implementation of the CLE project;

2) Assess the progress of, and any barriers to, ongoing implementation of the CLE model and

3) To inform goal setting for further CLE activity at project sites.

The interim findings suggest that the Contextual factors, listed below, we predicted would be salient for implementation of the CLE project at individual sites were indeed relevant and affect the implementation process:

- 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 CLE initiated Change Management activities – CREW- and educational activities- MOReOB and team observation and feedback-- have both supported further development of inter-professional competencies and identification of areas where the CLE clinical team at GASHA has encountered 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.

The results of the interim evaluation, particularly findings from the Presage/ contextual factors and identification of educational tools likely to be useful, will be used to inform early implementation activities at the Labrador City CLE 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.
- Phase 2 of NL project will need to be submitted

- Once initial needs assessment and IP plan has been determined, review NB/VON project plans and submit PHASE 2 activities to VON Ethics CMT if necessary
- Complete collection of Presage
- contextual information for GASHA site
- Collect Presage/contextual information for NL site as soon as Ethics Approval has been granted
- Review data collection needs for NB/VON sites.
- Review WNF evaluation models and CLE Models with CLE Evaluation team.
- **Continue to attend and record team meetings at St. Martha's Hospital. Continue to provide coded service delivery forms;**
- **Continue to observe team meetings and begin telephone interviews next month;**
- **Prepare ethics amendment to cover activities when plans is completed;**
- **May begin some presage data collection-e.g. site profile data;**
- **Jennifer Murdoch, Andrea Patchett & Pat Saunders to make site visit in January to address concerns re: paperwork volume and postpartum information collection;**
- **Ongoing collection of presage and process /implementation data ;**
- **January Presentation --process evaluation-discuss NB/NL sites – scope of process evaluation; review of data collected to date and process evaluation questions; review of areas of overlap between WNF and CLE process evaluations;**
- **Feb-Attendance at 1st NL Gov. Advisory Group meeting.**
- Identification of presage and process /implementation data for CLE site in Lab City and New Brunswick VON sites;
- Identify data collection tools and processes for New w Brunswick and NL;

Issues:

- Time constraints.
- **Could not record first team meeting as some team members had not been informed of Andrea's attendance. Observed first meeting. Concern expressed by practitioners re: volume of paper work. Andrea will supply service delivery forms for now to ease work;**
- **No final plans as yet for NL site therefore ethics amendment has not been done;**
- **NL Presage process evaluation data has not begun as plans are not finalized;**
- **Concern re: volume of paperwork continues to be of some concern. Also collection of postpartum information is challenging at this time;**
- **Scope/nature of Collection of process data for NB and NL not settled.**
- Identifying data collection processes at the remote site in Lab city and ensuring consistency of data between sites.

Project Management/ Clinical Applications[1]

Summary Progress Report

To: CLE Implementation Team

From: Jennifer Murdoch & June MacDonald

Objective: Project Management and Clinical Applications for CLE

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

[1] Project management and clinical applications more accurately reflects the work of PMA and J. Murdoch as project leader.

Activities:

- The project team activities have been supported;
- Experts continue to identify approaches that address the four major project areas: IP Education; Change Management; Service Delivery and Evaluation;
- Identification of competencies, both clinical and administrative, that are necessary for a variety of community based care.

- 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;
- The CLE web communication area includes: a calendar, document publishing and archiving and forum posting areas, www.price-macdonald.com .This website is used as a shared and consistent mechanism for all project team members.
- A draft service agreement is prepared for review by Labrador West and a contract is complete for VON NB;
- Coordination and Communication activities with sites have been on-going
- Review and adjust tools/resources as needed.
- **Project leader assisted to revise GASHA Ethics to meet with committees comments;**
- **Revised clinical forms to align with existing forms at GASHA;**
- **Clinical site in NL is confirmed to start – pending funding from Health Canada.**
- Discussions held with Health Canada and funding secured for a second year of CLE;
- Meetings held with CLE Implementation Team and data and information from IP team at GASHA consolidated;

- Four teleconferences held with Administrative and Clinical Lead for the NL site and Home Care and Emergency team identified;
- Long–term and Medium evaluation outcomes identified and a framework to position evaluation of overall health, system, and provider outcomes of the CLE project completed.

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, background research, document tracking and archiving, progress reporting and presentations for AACHHR and Health Canada, cashflow tracking and preparation, translation, travel, payroll, purchasing, etc.
- Awaiting the amendment for CLE 2011-2012 to be sent to Health Care Sector Council;
- Preparing for presentation of interim findings to team at GASHA in April, 2011;
- Finalizing the team inn NL
- Reconnecting with the WNF Evaluation team and determining next steps and a way in which we can develop a framework that will suit both regions CLE work.

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.
- **Pending funding approval from Health Canada.**
- Funding is less than half of what was received last year, however project can be maintained with these monies;
- Data not altogether favourable regarding access to services in a consistent manner across all team members;

- Identifications of ways in which to address team needs in NL and determining best IP educational methods to ameliorate them.
- This project was meant to be a joint project with WNF. However, a number of changes and other internal issues with the WNF caused a breakdown in this partnership. Therefore, only the AACHHR group developed the framework.

Summary

Program staff has successfully supported the progress of the CLE project along the projected timelines to completion. All sites are operational and in various stages of development and ready for the evaluation by the end of March 2011. Objectives slated for completion by January 2011 either are completed or in progress toward the goals, a workplan report is included in Appendix A .1.

The CLE team continues to develop, implement and evaluate activities aimed at increasing interprofessional competencies with four distinct sites, each with its unique needs and challenges. Data is continuously collected and analyzed to inform the process and learning around the process of development of interprofessional competencies in teams at various stages of development and with different focuses.

Appendix A

A.1: More OB

Jim Ruiter, from More OB has asked to participate in the following forum:

Atlantic Health Quality & Patient Safety Learning Exchange

Dear Sir, Madam.

My name is Jim Ruiter, I am the manager of the MOREob Program, a highly successful Canadian Obstetric Patient Safety Program. We are the longest running and largest CUSP (Comprehensive Unit based patient Safety Program) in the world with over 10,000 participants and nearly 250 hospitals in Canada and the US. Our data is overwhelming, I include some details for your information.
I was wondering if you might think that there be a fit for a presentation of our Program at your upcoming event: "Atlantic Health Quality & Patient Safety Learning Exchange". In Atlantic Canada we have a small number of teams involved in the Program at St Martha's in Antigonish and in Corner Brook.
I would love the opportunity to discuss this with you further. As an FYI if you will be in the area, I will be presenting the Program and its impact at the upcoming meeting of the Ontario Hospitals Association in Toronto in March.

Continued training at Antigonish is successful.

Appendix A

A.2 Updated Workplan Report Q4, 2010-2011

September 2010 - December 2010 3rd Quarter				
Planned Activities	**Outputs**	**Outcomes**	**Update Status**	
Initial Set Up				
Hire all project staff/researchers/facilitators etc.	According to budget for 2009-10, all staff required will be in place	Staff will be hired and understand roles and responsibilites for work	COMPLETE	none
Planned Activities	Review and Approval of final workplan	Finalization of key participants	COMPLETE	none
Establish Jurisdictional Advisory Committees x4 (see org chart)	Letters of invitation to all committees (see org chart)	Capacity building for the initiative	COMPLETE	none
Develop Partnership Agreements (MOAs) as appropriate for all sites and partners	MOA's prepared as appropriate	Ensure clarity of roles and responsibilities in project	COMPLETE	none
Assemble CLE Project Team (CLEPT)	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.	COMPLETE	none
		Travel to and from sites to assemble stakeholders, facilitators and champions between 3 and 4 times over the course of the 17 month project	COMPLETE	n/a
Site Development				

Develop Site Framework	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	COMPLETE	will be complete March 2011	
Confirm selection criteria and desired outcomes for Practice Sites	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.	COMPLETE	none anticipated	Dec-10
Select Site Champions	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.	COMPLETE	none anticipated	Dec-10
Launching the Team	Four teams in Atlantic Canada	Teams that will provide competency based well woman and maternal newborn care to the community.	COMPLETE	funding approved - none anticipated	Dec-10
		Teams that will learn together in	COMPLETE	none anticipated	Jan-11

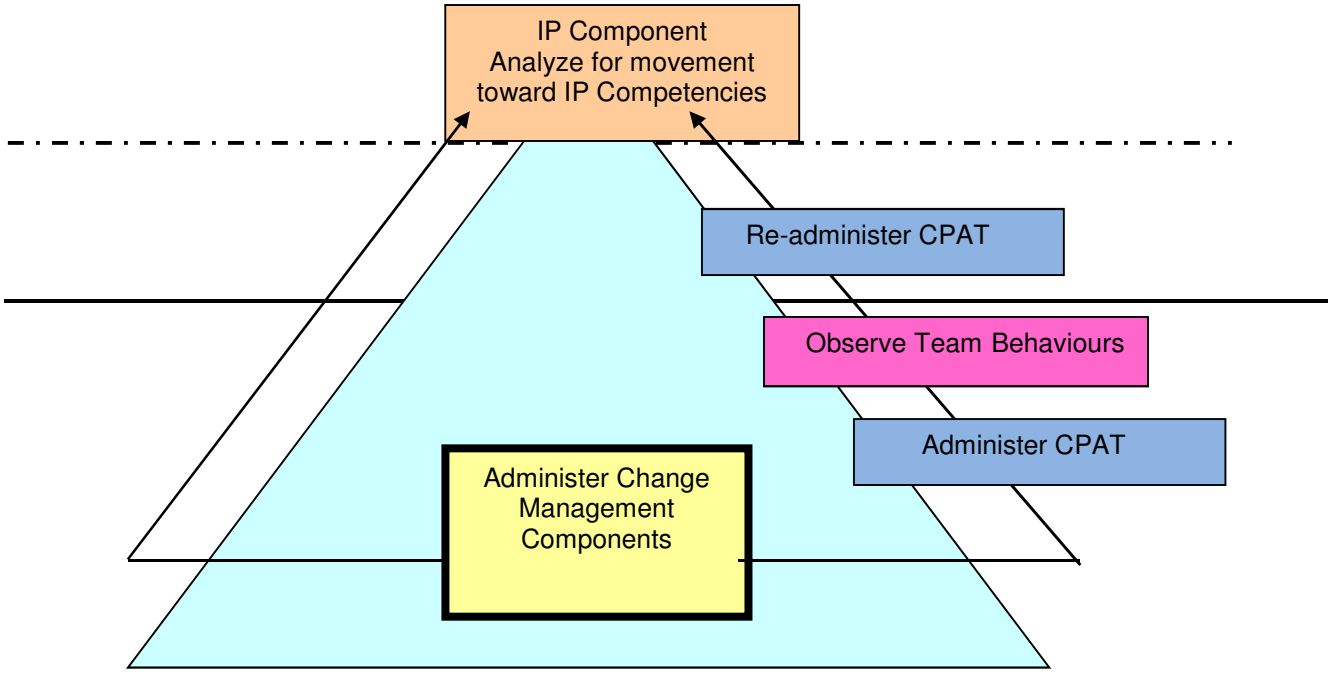
		a post-licensure interdisciplinary environment			Jan-11
Development of Evaluation and KT					
Develop collaborative structures and processes with Western Northern Forum (WNF)	Collaborative structures and processes documented and agreed to by the project management	Key in maximizing extension of the impact of the project to the WNF	COMPLETE	none anticipated	Dec-10
Framework and Evaluation	Western/Northern Forum (WNF) will partner with AACHHR to develop the framework and evaluation for the CLE project.	Through meetings between WNF and AACHHR a Regional framework and evaluation process will be created outlining the indicators for effective, productive, collaborative learning environments	COMPLETE	see above	Nov. 2010
		Stakeholders' level of agreement with various statements of practicality related to the competency-based HHR planning approach.	see above	see above	Nov. 2010
	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	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.	Complete	none anticipated	Oct. 2010

Identification of education opportunities	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	underway in NL	none anticipated	ongoing
Leverage Educational Curriculum as currently developed by CIHC	Scan of health programs with well woman and maternal newborn curriculum across Atlantic Canada	Listing of programs	COMPLETE	none anticipated	Mar-11
Identify learning and support needs for each practice site	Interdisciplinary continuing education curriculum. On-site teaching component Workshops. continuing educational curriculum" is identified as an output; this type of work has already 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	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 clinicans	COMPLETE	Ethics approved	Dec-10
Apply for ethics approval required	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.	Complete	None anticipated.	Oct. 2010

	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.	COMPLETE	none anticipated	
					Dec-10
April 1, 2010- March 31,2011					
Full operation					
Evaluation					
Development of Clinical Forms	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	Ethics approved	Dec-10
Educating Public to access the team	All consents, interdisciplinary forms and documents for use in the CLE	Packaged and validated forms – translated into French	see above	see above	Oct. 2010
Sites continue operation	Public and other professional marketing information	Information, including pamphlets, community discussions, forums and workshops to help communities understand the benefit of accessing the CLE. Also education to provider groups to understand fully the benefits of working and learning in an interdisciplinary team.	New materials and updated letters to be produced	none anticipated	Dec-10

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:

_____

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).			

	Yes	No	Comments
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	**Yes**	**No**	**Comments**
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

B.5 Feedback Stress Management Training - Miramichi

Summary of Course Feedback-CLE IP Education Module Stress Control through Lifestyle Management

We welcome your comments about the time you have spent training with us. Please complete the following details so that we can continue to offer the best service possible. Pass them to your instructor at the end of the course.

Name: Eight Attendees/Seven Responses

Email: _____

Course Title: _____

Trainer's Name: _____

Course Date: _____

Feedback	Poor	Average	Good	Excellent
Were the topics covered in sufficient detail?	___	___	_4__	__3_
Was the content suited to your requirements?	___	___	_3__	_4__
How easy was the course to understand?	___	___	___	_7__
Would you recommend this course to others?	___	___	_1__	_6__
Was the trainer prepared?				
How well conducted was the training?	___	___	___	_7__
How well paced was the delivery of information?	___	___	_1__	_6__
How effectively did the trainer deliver the course material?	___	___	_1__	_6__
Facilities				
Were the standard of the training rooms as you expected?	___	___	_7__	___
Was the standard of the equipment satisfactory?	___	___	_4__	_3__
Were you satisfied with the refreshment facilities?	___	___	___	_7__

Summary

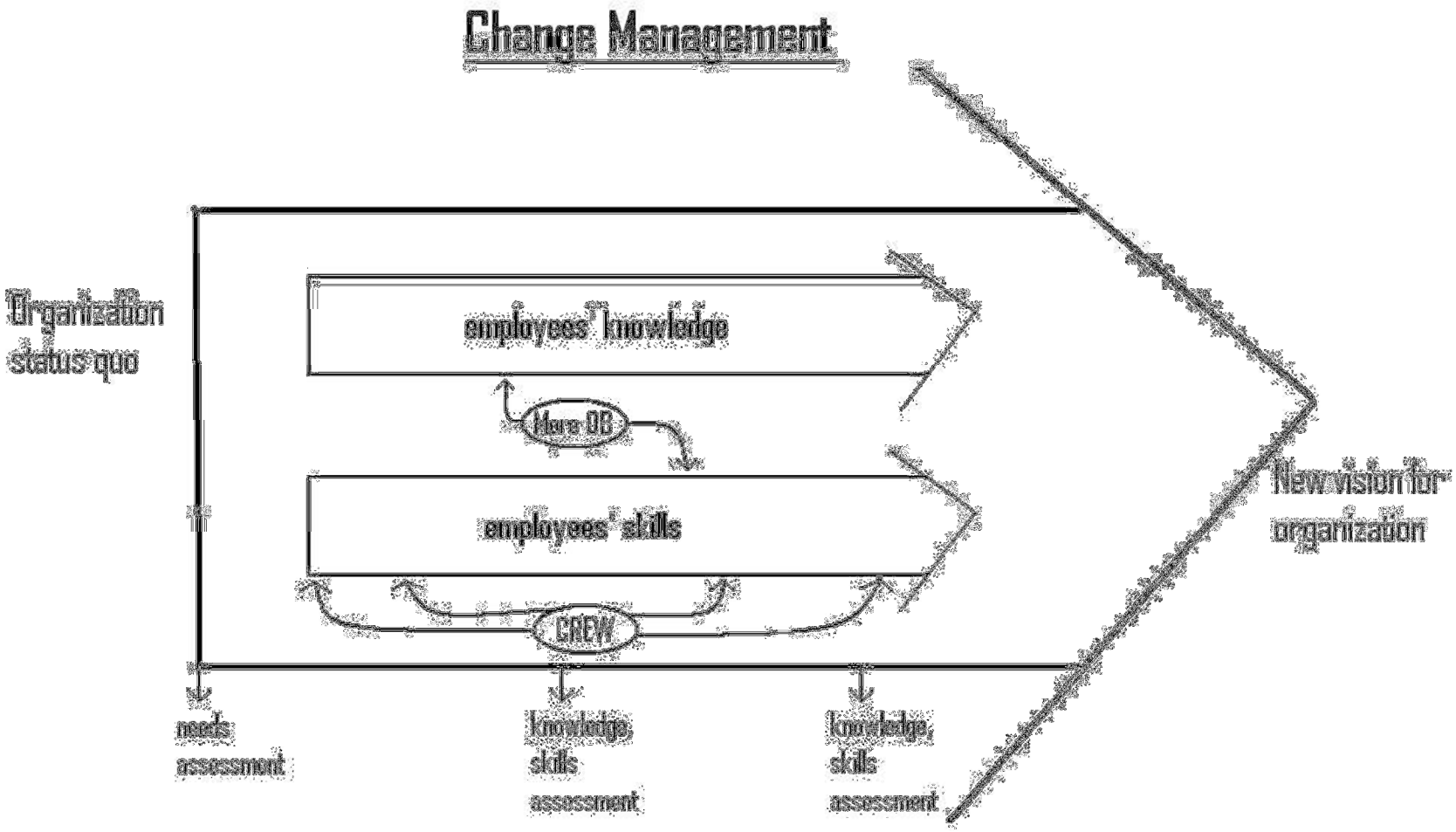
What, if anything, would you have improved on the course?

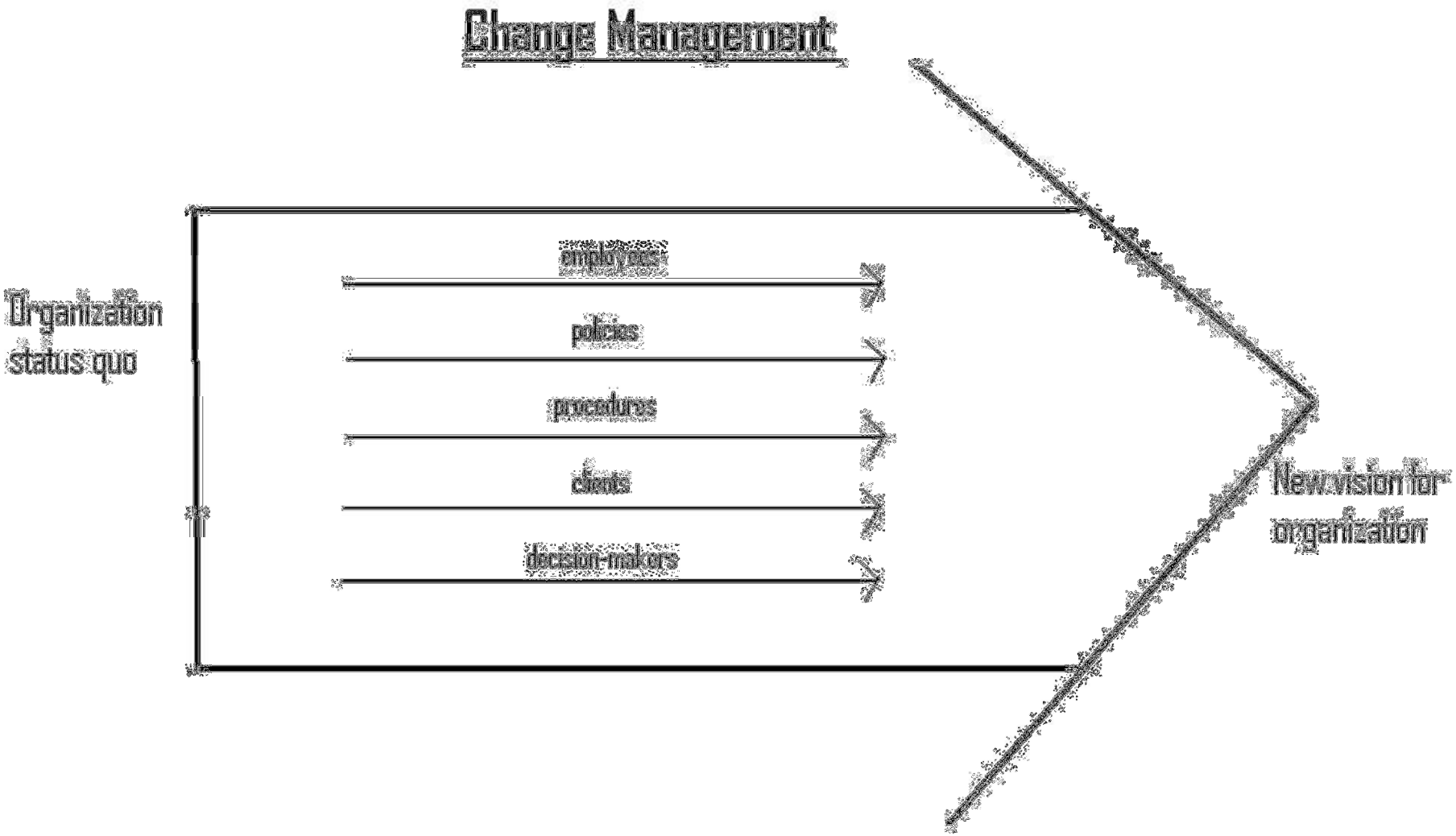
- June did an excellent job- enjoyed everything! The temperature of the room was an issue and I think a change of venue as suggested is a good idea.
- As you mentioned- the relaxation would have been better if we could have lain on the floor.
- I really enjoyed the day it was great!
- Room noisy, but acceptable, ½ day would have been OK.
- Better acoustics in room Out of facilitator's control)

Further Comments?

Is there anything else you'd like us to know?
Looking forward to our nest session!
Thank you!
Well done, very relaxing!
Thank you!

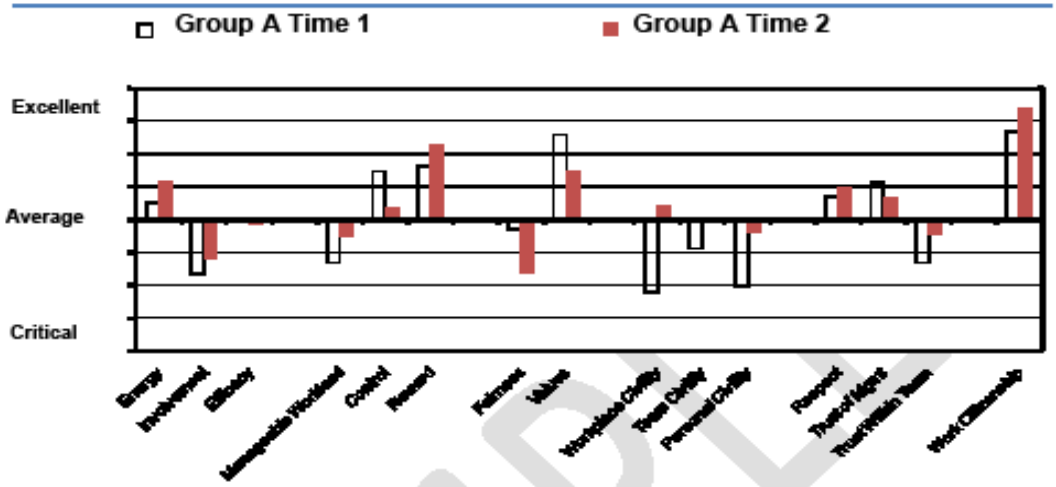
Appendix C C.1: Draft Change Management




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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