



Collaborative Learning Environment Initiative

Common Briefing Note for Government Advisory Committee's

Fiscal year 2011-2012 Q1

In 2009, the Atlantic Advisory Committee for Health Human Resources developed a skills-building initiative to assess innovative approaches to enhancing the 'teaming' skills of health professionals. The initiative, Collaborative Learning Environment for Health Professionals (CLE) includes demonstration, research, and evaluation components. It is supported by funding from Health Canada through the Health Care Policy Contribution Fund.

The initiative 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 some data missing some disciplines), and fosters respect for the contributions of all disciplines."

CLE is expected to be of considerable significance to the implementation of team-based delivery of health services in all participating jurisdictions. 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 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 in interprofessional collaboration for post-licensure teams, interprofessional education and change management strategies. Specific outputs include 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.

At this point, CLE is being delivered in three sites: in Antigonish, Nova Scotia with a primary care perinatal clinic that included Midwives, Obstetricians, Nurses, Social Workers, Public Health nurses, Dieticians; CLE has expanded to include two community-based programs in New Brunswick. Each project site participates in data collection activities which include providing contextual information, participating in surveys and interviews. This data is used to identify challenges and supports for the introduction and implementation of interprofessional education activities for post-licensure practitioners and to contribute to the identification of effective strategies for supporting ongoing interprofessional skills development.

The experience at these sites supports findings described in the literature in regard to enabling factors for delivering collaborative or team-based care:

Presence of an executive who champions collaboration and team-based delivery of services;

Presence of manager /coordinator of IP team

Institutional policies, including administrative and records processes, that promote and support collaboration;

Availability of physical space to support interaction among team members and/or team activities

It is hoped that a fourth site can be implemented in Newfoundland and Labrador over the next seven months.

Below are the activities and timelines envisaged for CLE in 2011-12.

Proposed Activities for CLE Sites in Atlantic Canada

CLE Component	NL Needs Analysis and Possible Activities based on Previous CLE Experience	Advisory Cttee Miramichi HBM Activity	VON facilitators in New Brunswick Activity	St. Martha's possible activities based on previous CLE experience	Projected Outputs	Projected Outcomes
Inter-professional Education	<ol style="list-style-type: none"> 1. Analysis of IP competency level and team learning needs. 2. Learning programs to address identified IP competency gaps to be designed in Fall 2011 for delivery in Fall/Winter 2011. 3. Analysis of current policies to identify gaps/barriers to IPC 4. Policy development activities 	<ol style="list-style-type: none"> 1. October 2010 IP needs assessment identified two capacity gaps: stress management & conflict. 2. Second assessment of IP needs in December/ January to determine change in identified gaps. 	<ol style="list-style-type: none"> 1. Needs assessment on 10/06/11 2. Learning programs to address identified IP competency gaps to be designed in Summer 2011 for delivery in Fall 2011. 3. Second needs assessment in December/ January to determine change in identified gaps. 	<ol style="list-style-type: none"> 1. Analysis of current policies to identify gaps/barriers to IPC 2. Policy development activities 	<ol style="list-style-type: none"> 1. A new IP Policy that addresses an issue that is common among the team. 2. Continued identification of enablers and barriers to IPC 	<p>Demonstration of increased IP Competencies and enhanced seamless IP Collaboration in the team.</p>

Knowledge Transfer/ Communication	<ol style="list-style-type: none"> 1. Reports to NL Government Advisory Committee. 2. Coordinator participates in CLE tele-conferences Fall 2011 3. AD-Hoc communications with Stakeholders. 	<ol style="list-style-type: none"> 1. Presentations to NB Government Advisory Committee 2. Coordinator participates in CLE tele-conferences Fall 2011 3. Info sheet for partner organizations Summer 2011 	<ol style="list-style-type: none"> 1. Presentations to NB Government Advisory Committee 2. Coordinator participates in CLE tele-conferences Fall 2011 3. Info sheet for partner organizations Fall 2011 	<ol style="list-style-type: none"> 1. Reports to NS Government Advisory Committee. 2. AD-Hoc Communications with Stakeholders. 	<ol style="list-style-type: none"> 1. 3-4 meetings with government advisory committees. 2. Quarterly reports sent to government advisory committees in 4 provinces. 3. Information video, showcasing learnings of CLE 	Increased knowledge of the barriers and enablers to developing post-licensure IP teams.
Clinical Services	<ol style="list-style-type: none"> 1. Assessment of clinical tools including charting and records. 2. Activities to address gaps in tools 			<ol style="list-style-type: none"> 1. Assessment of value of clinical tools including charting and records. 2. Activities to address gaps in tools 	tools	seamless patient care
Change Management	<ol style="list-style-type: none"> 1. Analysis of needs for change management intervention based on CREW process. (Includes pre and post-test). 	<ol style="list-style-type: none"> 1. Stress mgt learning sessions delivered to 15 advisory cttee members in Spring 2011. 2. Group conflict 	<ol style="list-style-type: none"> 1. Hiring of site coordinator to facilitate implementation of CLE activities 	<ol style="list-style-type: none"> 1. Hiring of site coordinator to facilitate implementation of CLE activities. 	mechanisms and tools to cope with conflict and stress	IP teams will be able to quickly identify and manage conflicts and challenges

	2. Hiring of site coordinator to facilitate implementation of CLE activities	management capacity building on scheduled for Fall 2011.				
Process Evaluation	<ol style="list-style-type: none"> 1. Collection of contextual data. 2. Patient and Practitioner satisfaction survey 3. Cross-project / survey 4. Collection of Data including phone interviews -4 times 5. Analyse and Final Report 	<ol style="list-style-type: none"> 1. Needs assessment questionnaire 2. Cross-project / survey 3. Collection of Data including phone interviews -4 times 4. Analyse and Final Report 	<ol style="list-style-type: none"> 1. Needs assessment questionnaire 2. Cross-project / survey 3. Collection of Data including phone interviews -4 times 4. Analyse and Final Report 	<ol style="list-style-type: none"> 1. Collection of contextual data. 2. Patient and Practitioner satisfaction survey 3. Cross-project / survey 4. Collection of Data including phone interviews -4 times 5. Analyse and Final Report 	Outcomes measured and reported to Government Advisory Committees, CLE sites, Health Canada and shown on video.	Indicators and measures for future IP teams.