

Collaborative Learning Environment Project (CLE)

Presented by: Jennifer Murdoch RN, RM, MHSc
Project Lead AACHHR



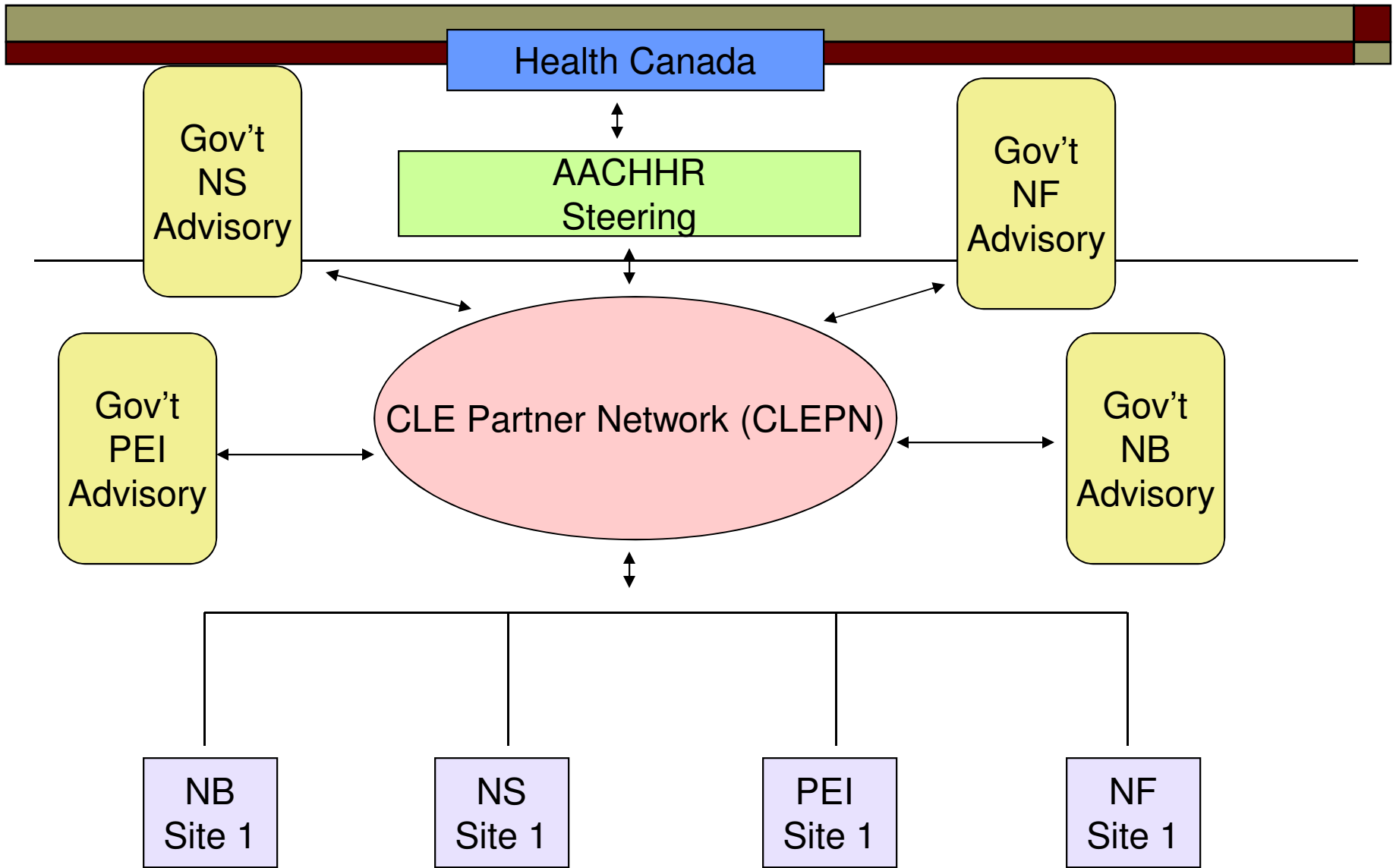
Overview of Presentation

- Background
- What is the CLE?
- Where we are now

What is the CLE?

- ❑ Funded by Health Canada – AACHHR Project
- ❑ A model to provide well woman, low-risk obstetrical community based shared-care to women and their families.
- ❑ Achieved by linking the unique skills and collaborative efforts of practitioners





**Skills-Building for Interprofessional Collaborative Practice
 in Community-Based Health Settings**
Organizational Chart



CLE Philosophy

- Continuity of Care
- Informed Choice
- Education and Research

Assumptions

of the CLE

- Needs specific to well woman and low-risk obstetrical clients/patients
 - Continuity of care across the continuum
 - Links to community services
 - Unique aspects of well woman, maternity care and birth
 - Cultural, ethics, psychosocial
 - Evidenced and research



Assumptions

about collaboration

- ❑ Interprofessional training and practice brings long-term benefit to learners and community
- ❑ Community practitioners benefit from program links that are strong and appropriate
- ❑ There is a need for a supportive and identified environment for all low-risk practitioners
- ❑ Working together reduces risk



Assumptions *for the system*

- Hospitals and other health care facilities who provide maternity services to the community have a strong commitment to ensure the partnerships between the community and the hospital are alive and strong.
- Maternal Newborn and Child and Ambulatory/Community health services are the best health services to support this initiative
- Eventually all low risk patient's will have the opportunity to access this program. Start as a





Components of the CLE

- ❑ Interprofessional Education
- ❑ Change Management
- ❑ Knowledge Transfer/Communication
- ❑ Evaluation

The CLE will....

1. Promote and demonstrate the benefits of interprofessional collaboration
2. Develop best practices for interprofessional low risk care
3. Create a demonstration of interprofessional shared – care to support the MORE OB program.





The CLE will...

4. Create the optimum group with the right number and right mix of health care professionals
5. Create evidence in interprofessional collaboration in both education and practice



Collaborative Learning Environment Benefits

- **Identify the competencies**
- **Align education programs**
- **Access to practicums/field placements**
- **Develop standards**
- **Enhanced data**
- **Support for healthy work environments**
- **Assess different models** of interprofessional practice.





CLE Expectations

- ❑ Increased access
- ❑ Improved client health outcomes and satisfaction
- ❑ Improved practitioner satisfaction
- ❑ Decrease attrition for practitioners
- ❑ Decreased readmission to hospital
- ❑ Improved risk management



Where we are now

- Confirming sites
- Developing Evaluation Framework
- Enhancing the project



IPE

- Best practices have been researched and frameworks and models recommended

- Validated research tools have been reviewed
 - RIPLS
 - CPAT

- Needs assessment



Change Management

- Therapeutic
 - CREW
- Practical
 - MOREOB
 - Service Delivery
- Physical
 - Administrative support



KTE

- Letters

- Atlantic Professional Associations and Regulatory Bodies

- Presentations

- MRC
- DAL
- WNF
- ANSM (pending)



CLE Service Delivery

- Common Charting tools
- Shared call
- Practitioner Satisfaction
- Patient Satisfaction

Call and Clinic Rotation - Week 1

	Prac. 1	Prac. 2	Prac. 3	Prac. 4	Prac. 5
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Call and Clinic Rotation - Week 4

	Prac. 1	Prac. 2	Prac. 3	Prac. 4
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Call and Clinic Rotation - Week 2

	Prac. 1	Prac. 2	Prac. 3	Prac. 4	Prac. 5
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Call and Clinic Rotation - Week 5

	Prac. 1	Prac. 2	Prac. 3	Prac. 4
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Call and Clinic Rotation - Week 3

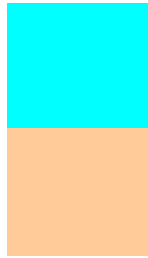
	Prac. 1	Prac. 2	Prac. 3	Prac. 4	Prac. 5
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

CLINIC
CALL

Time expectations

7 hours - 21 patients/day (20 min appts)

24 hour call start at 8:00am



CLINIC

CALL

from 8:30am to 5:00pm (with 2 - 30 min breaks and 60 min lunch)

one 24 hour call each 5 days - one weekend Saturday 8am to Monday 8am)





Evaluation

- Process Evaluation

- Medium and Long Term Evaluation
 - Development of Logic Model



Thank you

Questions?