Collaborative Learning Environment
Well-Woman and Maternity Care

Progress Report
December 2009- April 2010

by

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Project Support Team

May 25, 2010

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Background

The Collaborative Learning 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 support by funding from Health Canada through the Primary Health Care Transition 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 to 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."*

At the Guysbourough Antigonish Straight Health Authority (GASHA) demonstration site in Nova Scotia, health professionals are beginning to participate in learning activities that support the attainment of inter-professional competencies, and change management processes to facilitate collaboration among providers. Sites in Prince Edward Island and Newfoundland are under negotiation and a New Brunswick site is being pursued. Individually and collectively, these project sites will provide practical information for decision-makers about the process, as well as the tools/resources needed, to implement and sustain exemplary patient centred, collaborative practice.

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, that supports both post-licensure continuing education activities as well as 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 to Date

January 2010 to April 30, 2010

This report will provide a summary of activities on this project and highlight accomplishments and challenges to date. This summary progress report is a compilation of brief reports from the five 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 March 31, 2010. 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 the March 31, 2010 CLE year end workplan progress report. (Appendix A)

Initial Set-Up

Project implementation was initially planned for December 2009. Because of the date of signing of the contribution agreement, work on the project did not begin until January, 2010. The delay generated a need to accelerate the time line and additional human resources were required to establish administrative processes and complete background research and scanning, to provide the project team with background information and best practice information to support planning. Unforeseen challenges with site identification and changes in previous commitments by sites further slowed the process. Therefore, this phase of the project has required more time and greater resourcing than identified on the initial workplan.

> ***Objectives slated for completion by March 31st either are completed or in stages of progress toward the goals, with anticipated completion by the end of the second quarter.***

By December 31, 2009 seven subject experts and a project management group had been recruited and were ready to start work on the CLE project. Work on the project began on January 05, 2010. Background research and literature reviews were immediately implemented and additional research staff added to expedite the research process, in preparation for the initial meeting of the CLE project team on January 15th, 2010. For reasons of practicality, the project members were organized into two teams, the Implementation Team and Evaluation Team, with cross-over team members to provide continuity. The Implementation Team was further divided into five sub-teams that would focus expertise on the critical components that contribute to the overall success of the project.

The Evaluation Team is charged with designing and carrying out the evaluative processes, collecting and analyzing data and liaising with the Western and

Northern forum for purposes of knowledge transfer and cooperation. The evaluation team includes experts in Health Human Resource Planning, Evaluation and a Midwife as subject matter expert in maternal child care. To allow for objectivity yet maintain appropriate communication, three project members are cross-over representatives on the Implementation Team.

The Implementation Team is charged with completing background research to discover best practice models to guide the implementation processes, to carry out needs assessment to identify requirements within sites and to design activities to address project objectives, based on the findings. This team includes experts on Interprofessional Education (IPE), Change Management, (CM); Knowledge Transfer (KT) and Communications; Process Evaluation, the AACHHR Project Manager and representatives of the project management and support group.

The teams have spent considerable time between January 15th and April 30th , 2010 (with weekly to bi-weekly meetings, face-face or by teleconference) on identifying best practices, assessing needs and choosing tools and processes to best meet the needs of the project and participants a the initial site at GASHA. Sites in the other Atlantic provinces are begin actively pursued including a sites in Labrador City, NL; Charlottetown PE and a Francophone site, hopefully in New Brunswick.

Identification of Competency and Interprofessional Learning (IPE)

Report 1, May 6, 2010 **Summary Progress Report**

To: CLE Implementation Team

From: Janet Davies & 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:

- Best practices have been researched and frameworks and models recommended to outline the CLE project,
- validated research tools have been reviewed,
- a needs analysis questionnaire designed, (Appendix B)
- needs assessment visit to GASHA was completed,
- We have defined the methodology for use among clinicians at the obstetrical clinic at St Martha's.

Upcoming Tasks:

- The project staff will build on the current attributes and processes of the obstetrical clinic at St Martha's. In particular, the weekly meetings of clinic staff are a method for enhancing teamwork. During those meetings, the clinicians share developed insights and expertise about patients/clients. In addition, the clinicians make collective decisions to improve the delivery of services.

- To capitalize on that method, the CLE staff proposes to catalogue the processes and participation at these meetings; recognizing that new clinicians will join the clinic in the next few months, the cataloguing will identify the impacts, if any, of introducing new members to the discussions at the weekly meetings.
- To facilitate the data gathering, CLE staff proposes to link with the weekly meetings via video conferencing.
- The results of the cataloguing will be shared with the clinicians at two different dates: in August 2010 and December 2010.
- CLE staff will research best practices related to the utilization of team meetings to support collaboration; this research will be shared with the clinicians in October 2010.
- The impacts of information on best practices on the functioning of the weekly meetings will be observed and reported to the team in December 2010.
- To assist other facilities in implementing inter-professional collaboration, the CLE staff proposes to develop a descriptive text of the processes and methods created by the obstetrical clinic at St Martha's. This text will be shared with Health Canada and other settings

Change Management, (CM)

Report 1, May 6, 2010 **Summary Progress Report**

To: CLE Implementation Team

From: Janet Everest

Subject: Summary Progress Report, 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:

- The change management team participated in project Implementation Team meetings,
- attended initial meeting with MORE-OB and GASHA team regarding implementation of MORE-OB process,
- designed needs analysis questionnaire (Appendix C1)
- had contractual services approved and completed – COR&D Acadia University (Dr. Michael Leiter were developed as subject matter experts (SMEs), reviewed literature and practices resulting in inventory identify key constructs and challenges for change management in Interprofessional teams. Developed Draft Needs Assessment Questions and recommended process document. (Appendix C2);
- Identified the CREW (Civility, Respect and Engagement in the Workplace) program as a possible vehicle to support change management by providing a new, effective solution designed to improve workplace relationships within a work team. Dr. Michael Leiter, the Canadian Centre for Organizational Research and Development (COR&D), launched the

CREW initiative in 2008 in hospitals across Nova Scotia and Ontario. The implementation of the CREW Solution is now recognized as a major initiative in employee retention within the Canadian health care system. Further, the benefit of CREW is an identified evaluation process and is easily transferable to other sites; http://cord.acadiau.ca/ewc/

- completed recommendations for Project Implementation Team April 28th, facilitated initial conversation with COR&D regarding implementation of CREW and contact with GASHA to determine process to Project Implementation team for feedback in May 2010;
- Forwarded a request to Project Lead (Jennifer) to consult with St. Martha's concerning meeting to introduce CREW.

Upcoming Tasks:

- Meet with CLE site team St. Martha's and project participants to introduce the CREW process and determine implementation plan, data collection plan and activities.
- Negotiate terms of CREW implementation with COR&D.

Knowledge Transfer (KT) and Communications

Report 1, May 6, 2010 **Summary Progress Report**

To: CLE Implementation Team

From: Janet Davies & Janet Everest

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:

- Project staff developed a standard presentation about the CLE project and the role(s) of governments, site managers, and clinicians.(Appendix D)
- Letters are being finalized to the CEOs of various professional colleges and associations of health professions in NS. In the next month, we will make follow-up contact – probably by telephone – with each on the proposal to discuss the CLE project and in particular the IP competencies and learning tools.
- Similar letters are being finalized to CEOs of the professional associations and colleges in the other three provinces. Once site locations are confirmed, letters will be sent

Development of Evaluation

Report 1, May 6, 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:

- Participated in initial evaluation team meeting and implementation team meetings;
- reviewed IPE evaluation literature(including synthesis Reports from UK and CI) to identify challenges for evaluation of IPE projects- and assess models for designing a process evaluation framework for the CLE project- with a particular focus on process evaluation and post-graduate projects;
- reviewed and further developed all clinical documents which project lead, Jennifer Murdoch, indicated would be included as documents for site practitioners use;
- Identified the modified Brig's 3 P model –Presage/Process/Product –as best choice for CLE as it allows for analysis (rather than simple documentation and description) of the interactions between context, process and outcomes. It has the added advantage of having been used for process evaluation of IPE projects (Reeves and Freeth 2004, 2006) and is also easily transferrable to new sites.
- Called half day meeting, circulated background readings and materials. Meeting of Project Implementation Team facilitated by PMA to review the 3P model and discuss scope & focus of the CLE process evaluation;

Completed draft of process evaluation framework and questions and circulated to Project Implementation team for feedback;

- Completed identification of process evaluation data needs; identified data collection tools that need to be designed Andrea; data being collected by other team members that we need to review for content and level of detail/recording methods; and developed a data collection methods plan. *(to be circulated to Project Implementation Team later this week);*
- *f*orwarded a request to Project Lead (Jennifer) to consult with St. Martha's concerning confidentiality issues raised by IPE plan to attend and record observations of core clinical team chart review meetings;
- Meet with Gail Tomblin-Murphy to discuss scope of process evaluation and her plans for developing the Cluster Outcomes Evaluation.

Upcoming Tasks:

- Meet with CLE site team and project participants to introduce the process evaluation and review data collection plan and activities. Negotiate data collection methods with CLE site facilitator.
- Review the data collected by **IPE and CM needs assessments**: were all the questions in the RIPL tool asked and were all answers recorded by question for each core team member? Review CM needs assessment tool. Review Practitioner and Patient Surveys (designed by Jennifer)
- **When available** review and document methodology and data collection plans for measuring outcomes for IP intervention-observation/facilitation of Core Team chart/patient review meetings.
- **When available** review and document methodology and data collection plans for measuring outcomes for Change Management interventions.
- Design process evaluation presage and process data collection tools-interview schedules, pilot profile survey, CLE project and core clinical team member profile surveys.

- Begin collection of Presage and Process data from CLE site(s) and CLE Pilot Project members.
- Request that all **Project Implementation team members** provide detailed documentation of process/implementation activities they have undertaken on a monthly basis for purposes of ongoing documentation of process/implementation of the CLE Project. Do team members want a template for recording this information? If so one will provided asap.
- Follow up on confidentiality issue with Project Lead.

Issues:

- We will need to review the 'what' and 'how' of data collection being done for IPE and CM. **Need to review needs assessment data asap** in order to finish designing profile surveys.
- Because the project design of the **CLE Pilot Project is recursive**-that is interventions are not planned until after needs assessments have been conducted-- we do not yet have complete information on the activities, delivery plan or methods/metric/specific objectives of the IPE or CM components of the project. The framework of the process evaluation is therefore also recursive –some new evaluation questions are likely to be added as these components unfold.
- **Confidentiality** issues need to be clarified asap to insure that access to the core team meetings will be possible.
- Further discussion of the scope of the process evaluations at the other three sites is needed. These sites may be dissimilar enough from the St. Martha's site to require changes to data collection methods and tools. We have limited resources for the process evaluation and so will need to determine what the minimum data collection needs for process evaluation across sites are and how we will conduct these other process evaluations.

- **Presage data collection (to the extent as is determined feasible and necessary) at the new sites** should be done **asap** after they have been identified as CLE Project participants.

Project Management and Administration

Report 1, May 6, 2010 **Summary Progress Report**

To: CLE Implementation Team

From: June MacDonald & Jennifer Murdoch

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 has been assembled;
- Experts have begun work to research and plan approaches that address the four major project areas: IP Education; Change Management; Service Delivery and Evaluation;
- service contracts are in place with all consultants and with the Implementation site at GASHA;
- administrative processes, forms and reporting formats have been designed and implemented to support the work of the project team, facilitate team communication and to document time and costs;
- Regular Implementation and Evaluation team meetings have been booked, facilitated and minutes and records of decisions disseminated and archived;
- Work has begun 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.
- Environmental scanning has been undertaken to support the acquisition of knowledge and information from organizations like the CIHC and Health

Canada;

- Opportunities to link with relevant conferences such as the Canadian College of Health Service Executives (CCHSE) annual conference, and conferences organized by national health research organizations and national health profession associations regarding productivity, collaborative practice and IP learning and service delivery have been explored;
- Literature reviews have been carried out to identify best practices around:
    - exemplary patient-centred, collaborative practice models;
    - learning models that promote high quality care;
    - promising and best practices for sustainable delivery of health care teams and systems within the primary care sector;
    - Practices for well woman care in a primary care model.
- Coordination and Communication activities with sites have been on-going
- Support has been provided in the development of letters of invitation, site partnership agreements, templates for communication and in development of presentations and speakers notes;
- Assisted in the drafting and development of Terms of Reference;
- Supported development of the CLE organizational chart, reviewed and altered as required;
- Explored, summarized and analyzed MOReOB for the purposes of implementing in GASHA site;
- Supported development of tools/resources needed to implement and sustain service delivery and IPE.
- Review and adjust tools/resources as needed.
- Assisting in the change management processes that will be implemented at each site to facilitate collaboration among providers and administrative personnel at the site.

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 PE, NL and possible NB.

APPENDICES

Appendix A: 2009-2010 Workplan Progress Report

CLE Progress Report Q4, 09-10

December 2009 to March 31 2011					
Planned Activities	**Outputs**	**Outcomes**	**Status**	**Anticipated Challenges**	**Time Frames**
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 anticipated	Dec-09
Present overall plan to AACHHR and present workplan	Review and Approval of final workplan	Finalization of key participants	COMPLETE	none anticipated	Dec-09
Establish Jurisdictional Advisory Committees x4 (see org chart)	Letters of invitation to all committees (see org chart)	Capacity building for the initiative	E-mail correspondance with AACHHR; letters developed and sent to schedule meetings for 3 of 4 jurisdictional advisory cttees; electronic and telephone correspondance inviting individuals to participate in project steering committee, evaluation committee, education team, and change management team. 4 meetings occured	ensuring appropriate government stakeholders are involved in each province	Dec-09
Develop Partnership Agreements (MOAs) as appropriate for all sites and partners	MOA's prepared as appropriate	Ensure clarity of roles and responsibilities in project	NS site identified; on-going meetings with admin and clinicians to develop MOA; in NB, MOA will be developed once site selected		Dec-09
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.	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	Dec-09

CLE Q4, 2009-2010

		Travel to and from sites to assemble stakeholders, facilitators and champions between 3 and 4 times over the course of the 17 month project	On-going meetings with admin and clinicians at NS site to discuss project; 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		Dec-09
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	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	
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.	For NS site on-going meetings with admin and clinicians to articulate outcomes and expectations as part of MOA; in NB, outcomes will be defined site selected	The challenges will emerge based on the complexity of the project, its multiple partners and key stakeholders across multiple jurisdictions.	Dec-09
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.	NS site has identified clinical lead; expect management table champion to be named soon	Selection of the right cl	Dec-09

Launching the Team	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	NS site named; NB site under review	Smooth implementation takes coordinated efforts from all partners.	Jan-10
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 FOR ATLANTIC; WNF NOT READY	None anticipated, but will be desireable. Not critical	Jan-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 FOR ATLANTIC; WNF NOT READY	Challenges with collaboration on an agreed upon framework and evaluation	
		Stakeholders' level of agreement with various statements of practicality related to the competency-based HHR planning approach.	Meetings in place to discuss all evaluation framework and evaluation tools		Jan-10
	Team will assess stakeholders' views of how effectively competency-based HHR planning identifies innovative staffing and continuing	Stakeholders' level of agreement with various statements of effectiveness of this planning approach in identifying innovative and viable	Interviews for readiness underway including change management, service delivery, and IP education		

	educational and training options and improved productivity through the development of specific indicators for community based primary well woman maternal newborn care.	HHR options. Travel to BC to meet with Eval/Framework team.			
Develop KT plan including in collaboration with AACHHR	Approved KT Plan documented Ongoing evaluation of the KT Plan is included in the Evaluation Plan.	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	UNDERWAY	Careful consideration has to be given to identifying and incorporating, where appropriate, existing KT Plans The challenges will emerge based on the complexity of the project, its multiple partners and key stakeholders across multiple jurisdictions.	Jan-10
Monitor, review and refine KT Plan as requir	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		ongoing
Identification of Competency and Interprofessional Learning					
Determine Needs of Well Woman Care and Maternal Newborn 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	
Assessing competencies	Identify and survey health care providers in Canada charged	Documented activities, scope and competencies of provider	Meetings with Society of	Ensuring a large enough and diverse	Jan-10

	with caring for well women and maternal newborn clientele.	groups	Meetings with Society of Obstetricians and Gynocologists 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	enough sample. Maintaining momentum and interest of informants	Feb-10
Change Management and Leadership	Four workshops will be delivered to stakeholders in each site	Stakeholders will understand the challenges to forming an interdisciplinary team and	series of meetings in March to determine training needs as well as change management	Resistance to change and challenges with adopting this method	Feb-10
Scan of clinical and continuing and trainee educational practice					
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	Assessment underway of learning tools and resources to identify match with needs of clinicians at sites	None	Feb-10
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	Assessment underway of learning tools and resources to identify match with needs of clinicians at sites	None	Feb-10

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		Agreement among all clinicians	
					Mar-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.	In late March meetings at NS site to determine training needs as well as change management supports; in NB, once site selected, similar travel and interaction planned	None anticipated.	
					Mar-10
	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 impedement to the project overall.	
					Mar-10
April 1, 2010- March 31,2011					
Full operation					
Evaluation					

CLE Q4, 2009-2010

CLE Progress Report Q4, 09-10

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	Underway for two sites in Gasha	None	April 2010to March 2
Educating Public to access the team	All consents, interdisciplinary forms and documents for use in the CLE	Packaged and validated forms – translated into French	Clinical Forms in place and	Agreement among stakeholders regarding the content	Apr-10
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.	Information pamphlets, patient information consent complete	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.	May-10
Submit end of Phase One Project Report and Updated Guidelines on how to develop sustainable CLEs that create capacity for collaborative practice and enhanced patient care.	delivery of clinical services continues	clients are accessing services in the interprofessional team while clinicians continue to learn together.	Two sites in NS, NF and PEI considering sites currently for well-woman care. Connection between Reproductive Care Program in these provinces has been made	ensuring effective and appropriate learning continues within the team and that practitioners continue to be engaged in the project.	May 2010 to March
	Phase One Report and Updated Guidelines on how to develop sustainable CLEs completed and submitted to Health Canada.	One Report in English and French	Underway for two sites in Gasha	None anticipated	Mar-11

CLE Q4, 2009-2010

Appendix B: Needs Assessment Questions

Attitudes to Multi-Professional Learning

This questionnaire is designed to test the attitudes of health professionals towards the topic of multi-professional learning. For the purposes of the questionnaire, multi-professional learning is defined as mixed health professional groups attending the same learning events with common content.

Please respond to the following questions by placi[X] cross in one box for each question to indicate the extent to which you agree or disagree with each statement.

	1 strongly disagree	2 disagree	3 neutral	4 agree	5 strongly agree
Teamwork and Collaboration					
1. Learning with other health care professionals will help me be a more effective member of a health care team.	☐	☐	☐	☐	☐
2. For small group learning to work, health care professionals need to trust and respect each other.	☐	☐	☐	☐	☐
3. Team-working skills are essential for all health care professionals to learn.	☐	☐	☐	☐	☐
4. Shared learning will help me understand my own limitations.	☐	☐	☐	☐	☐

5.	Patients ultimately benefit if health care professionals work together to solve patient problems.	☐	☐	☐	☐	☐
6.	Shared learning with other health care professionals will increase my ability to understand clinical problems.	☐	☐	☐	☐	☐
7.	Learning with healthcare students from other disciplines before qualification would improve relationships after qualification.	☐	☐	☐	☐	☐
8.	Communication skills should be learned with other health care professionals.	☐	☐	☐	☐	☐
9.	Shared learning will help me to think positively about other health care professionals.	☐	☐	☐	☐	☐
10.	Shared learning with other health care professionals will help me to communicate better with patients and other professionals.	☐	☐	☐	☐	☐
11.	I would welcome the opportunity to work on small-group projects with other health care professionals.	☐	☐	☐	☐	☐
12.	Shared learning helps to clarify the nature of patient problems.	☐	☐	☐	☐	☐
13.	Shared learning before qualification would help healthcare professionals become better team workers.	☐	☐	☐	☐	☐

	1 strongly disagree	2 disagree	3 neutral	4 agree	5 strongly agree
14. Clinical problem-solving skills should only be learned with professionals from my own discipline.	☐	☐	☐	☐	☐
15. The function of nurses and therapists is mainly to provide support for doctors.	☐	☐	☐	☐	☐
16. There is little overlap between my role and that of other health care professionals.	☐	☐	☐	☐	☐
17. I would feel uncomfortable if another health care professional knew more about a topic than I did.	☐	☐	☐	☐	☐
18. I have to acquire much more knowledge and skills than other health care professionals.	☐	☐	☐	☐	☐

	1 strongly disagree	2 disagree	3 neutral	4 agree	5 strongly agree
22. Thinking about the patient as a person is important in getting treatment right.	☐	☐	☐	☐	☐
23. In my profession one needs skills in interacting and cooperating with patients.	☐	☐	☐	☐	☐

Patient Centredness

	1 strongly disagree	2 disagree	3 neutral	4 agree	5 strongly agree
19. I like to understand the patient's side of the problem.	☐	☐	☐	☐	☐
20. Establishing trust with my patients is important to me.	☐	☐	☐	☐	☐
21. I try to communicate compassion to my patients.	☐	☐	☐	☐	☐

Appendix C1: Draft Needs Assessment Questions

Draft Needs Assessment Questions Change Management

Recommended Process:

1. Needs Assessment – Focus Group and/or Interviews
2. Pre-Assessment – to set benchmark to enable measures of specific change
3. Intervention – change process
4. Post- Assessment, with specific evaluation questions, based on benchmark to enable measures of specific change

Needs Assessment

The organization is interested in Skills Building for Interprofessional Collaborative Practice in Community-Based Health Settings. We would like to get an opportunity to determine the necessary factors to be in place in order for the change to be successful and sustainable.

We are interested in how to support the Interprofessional teams as they transition into an enhanced Interprofessional collaborative practice.

Questions

1. What do you know about the anticipated change initiative?
2. What would you like to know about the anticipated change, that you don't currently know?
3. What are the possible outcomes and opportunities that you anticipate from the change?
4. What could keep this initiative from succeeding?
5. What needs to be in place to ensure the initiative succeeds?

6. In what ways are you involved in preparing for and implementing significant changes at your setting? Can you describe a specific example?
7. What challenges do you anticipate for you in implementing the change?
8. What strategies do you think are required to implement the change?
9. Please describe a situation – an educational, training, mentoring, or on-the-job experience, which you believe was an example of successful change?
10. What would be the most useful resource(s) – knowledge, personnel, information etc – that could help you champion the anticipated change?
11. In general, people anticipate change in their worklife with a mixture of pleasure and anxiety. What do you think is the predominant mood for you at this point?

Appendix C2: Key Constructs and Potential Assessment Scales

Potential Assessment Scales — Permission to use scales must be obtained where appropriate

Section		Measure	Key Constructs	Outcome	Author	# Items in Survey
I Organizational Environment	Self Evaulation	Areas of Worklife Scale (AWLS)	Workload Control Rewards Community Fairness Values	Work Environment: Workload Control Rewards Community Fairness Values	Leiter & Maslach, 2002	21
		Intention to Quit	Intention to Quit	Outcomes: Retention	Kelloway, et al., 1999	3
		Organizational Commitment Questionnaire (OCQ)	Organizational Commitment	Outcomes: Retention	Meyer & Allen, 1991	2
		Siegrists's ERI Respect Items	Respect	Work Environment: Fairness	Siegrist	3
		Supervisor Evaluation	Supvisor Evaluation	Supervisor Evaluation	Leiter & Maslach, 2000	3
	Relationships with Others	Organizational Citizenship Behaviour (OCB)	Altruism Conscientiousness Sportsmanship Courtesy Civic Virtue	Work Environment: Community - Civility - Fairness	Podsakoff, et al., 1990	24
		Conditions of Work Effectiveness Questionnaire II (CWEQ-II)	Opportunity Information Support Resources Work Setting/Job Activities Empowerment	Work Environment: Empowerment Control	Laschinger, et al., 2001	12
		Trust Scale	Trust	Work Environment: Fairness	Cook & Wall, 1980	6
		Satisfaction questions	Satisfaction with: Coworkers, Supervisor, Compensation, Job	Satisfaction	Day, 2007	5
II Relationship with Work		Maslach Burnout Inventory General Scale (MBI)	Energy Involvement Efficacy	Burnout/Engagement	Maslach, Jackson & Leiter, 1996	16
		Utrecht Work Engagement Scale	Vigor Dedication Absorption	Burnout/Engagement	Schaufeli, et. al., 2002	4

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Potential Assessment Scales Permission to use scales must be obtained where appropriate

Section		Measure	Key Constructs	Outcome	Author	# Items in Survey
		Rudeness Rationales Scale	Rudeness justified Others are too fragile Civility policy a nuisance	Work Environment: Community - Civility - Fairness	Leiter et al., 2008	9
		Personal Risk Scale	Health Risks	Outcomes: Employee Health: Physical	Leiter, 1996	9
		Personal Risk Scale	Abuse, Assault, Incivility	Outcomes: Employee Health: Physical Community - Civility - Fairness Supervisor, Coworker, Patient levels	Leiter, 1996	12
III Social Environment		Mental Health Index (MHI-5)	Mental Health	Outcomes: Employee Health: Mental	Ware & Sherbourne, 1992	5
		Workplace Incivility Scale (Supervisor, Co-worker) Modified to include: Self evaluation	Workplace Incivility Supervisor Co-workers Self	Work Environment: Civility Levels: Supervisor Coworker Self	Cortina, et al., 2001	15
		CREW	Civility	Work Environment: Community - Civility - Fairness	VHA-CREW, 2004	8
		Leader-Member Exchange (LMX7)	Supervisor Satisfaction	Supervisor	Graen & Uhl-Bien, 1995;	4
IV Safety	Safety Climate	Group Level Safety Climate Scale	Group Level Safety Climate	Group Level Safety	Zohar & Luria, 2004	3
		Organizational-level Safety Climate Scale	Organizational-level Safety Climate	Organizational-Level Safety	Zohar & Luria, 2004	3

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Section		Measure	Key Constructs	Outcome	Author	# Items in Survey
	Risk Perception	Risk Perception Scale	Prevalence Severity Control Risk Training Self-compliance with Safety standards Coworker compliance with safety standards Frequency of injuries Frequency of near misses	Risk Assessment	Leiter, 1996	18
V Knowledge Transfer	Organizational Knowledge Transfer Culture	Organizational knowledge transfer	Organizational KT	Organizational Knowledge Transfer Culture	Leiter, Day, Harvie & Shaughnessy, 2007	5
	Personal Knowledge Transfer Activity	Personal Knowledge Transfer	Personal KT	Personal Knowledge Transfer Activity	Leiter, Day, Harvie & Shaughnessy, 2007	6

Appendix D: Standardized CLE Presentation