

Excellence in Cancer Care

Oncology Education for Health Professionals

Partners for Interprofessional Cancer Education (PICE): Cultivating Communities of Practice



Partners for Interprofessional Cancer Education

Overview

Introduction

Review PICE Project

Results to Date

Challenges and Opportunities

Lessons Learned

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Introduction

Cancer Care Nova Scotia's
Interprofessional Core
Curriculum (ICC)

Pan Canadian Health Human
Resource Strategy

Interprofessional Education for
Collaborative Patient-Centered
Practice

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Goals

Cultivate a Community of Practice (CoP) among health care professionals who facilitate the Interprofessional Core Curriculum (ICC)

Improve collaborative patient-centered practice (CPCP) in Nova Scotia and Prince Edward Island

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Project Partners

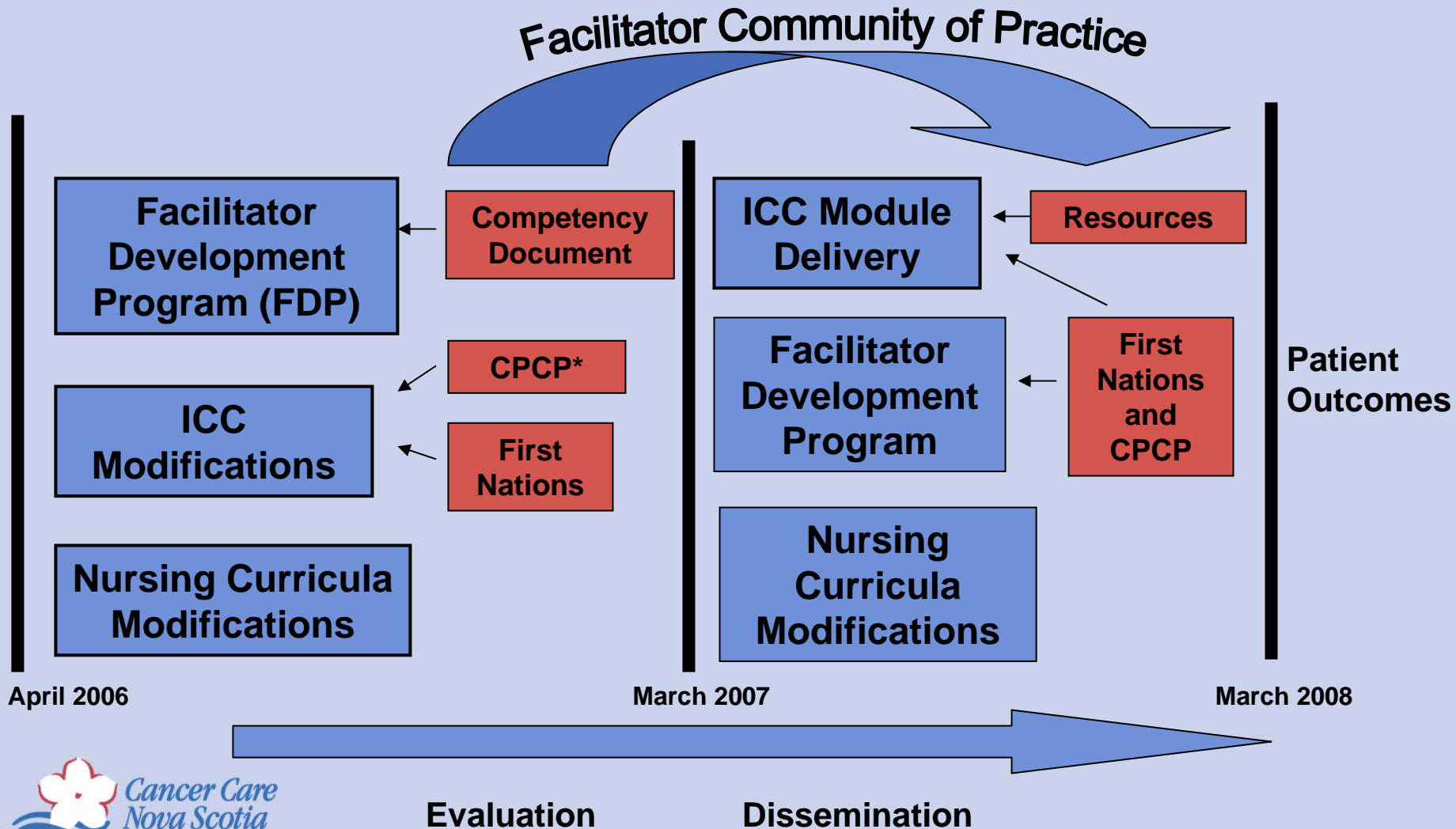
- *Cancer Care Nova Scotia (CCNS)*
- Registered Nurses Professional Development Centre
- Dalhousie University, Continuing Medical Education
- Dalhousie University, Division of Continuing Pharmacy Education
- NS District Health Authorities



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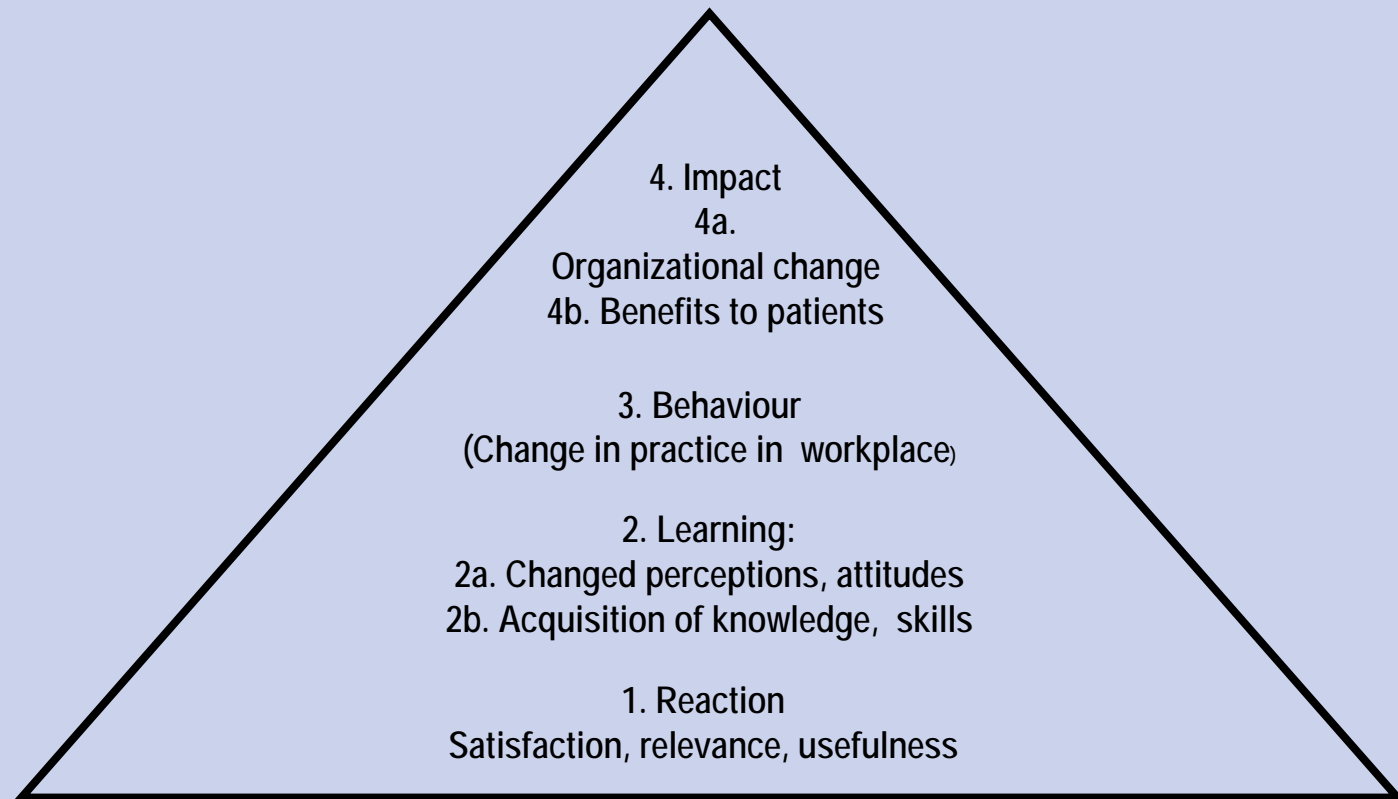
- Project Partners**
- IWK Health Centre
 - Prince Edward Island, Department of Health
 - St. Francis Xavier University (St. FXU), School of Nursing
 - Union of Nova Scotia Indians
 - Confederacy of Mainland Mi'kmaq
 - Seniors' Secretariat

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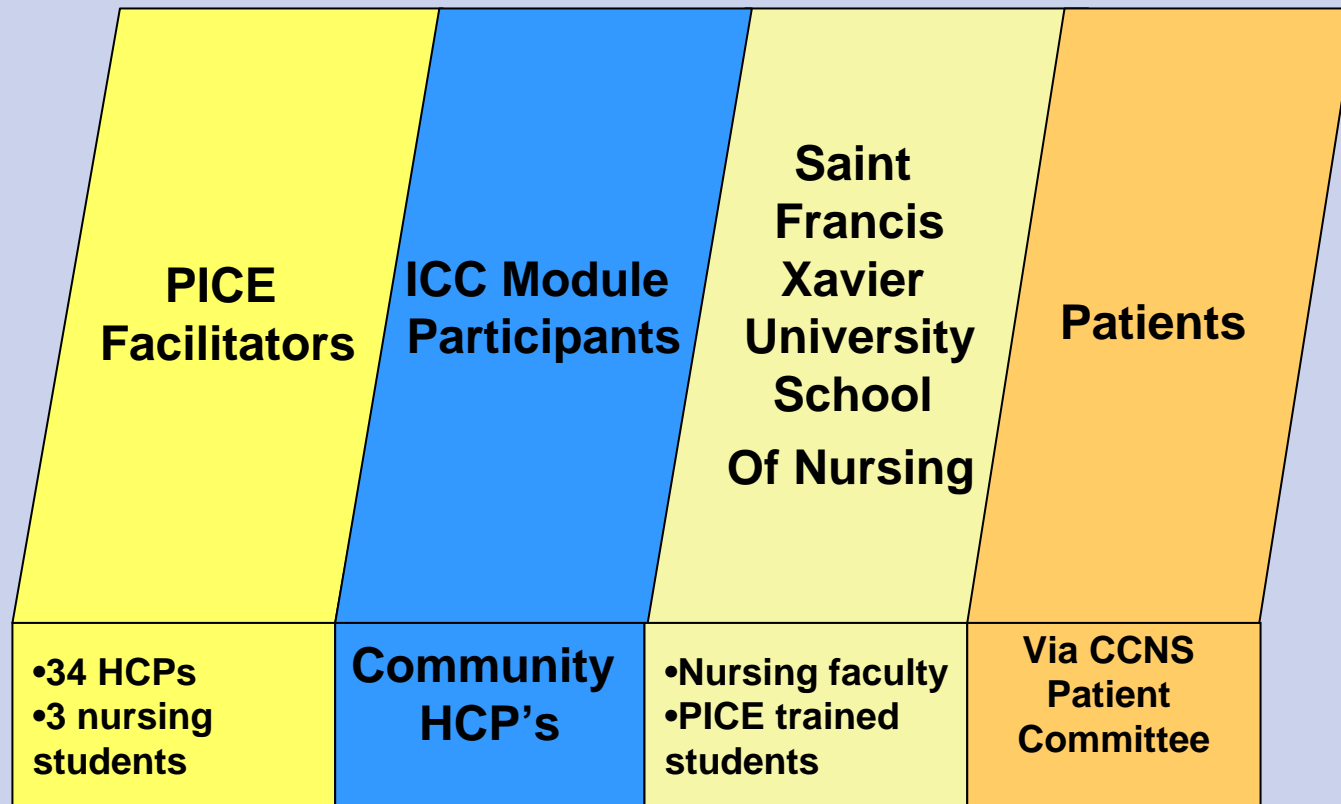
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Evaluation Framework



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Research Components



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PICE Facilitators: Research Questions		Tools
1.	What is the impact of the Facilitator Development Program (FDP) and related activities on facilitators':	
a)	perceptions, values and self-efficacy toward IPE, and on perceived barriers to its use and practice?	<ul style="list-style-type: none"> •Questionnaires, IP scales •Focus groups
b)	demonstrated and perceived IP facilitation skills, behaviours, and facilitator competencies?	<ul style="list-style-type: none"> •Pre, post, follow-up •IP facilitation skills scale (self, ICC part's, observer) •Focus groups, interviews
c)	movement toward a community of practice	<ul style="list-style-type: none"> •Focus groups •CoP survey tool •Activity on web-site
d)	facilitation of culturally sensitive learning?	<ul style="list-style-type: none"> •Focus groups, interviews
2.	What are the factors influencing all of the above?	<ul style="list-style-type: none"> •Focus groups, interviews •Correlation analyses

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Results

Evaluation Tool	N	Key Results
Facilitator Pre-Questionnaire	37	<p>No prior <u>experience</u> with:</p> <ul style="list-style-type: none"> Describing the rationale for IPE (50%) Facilitating the sharing of each others' professional role & scope of practice (38%) <p>Low perceived skill level</p> <ul style="list-style-type: none"> Describing the rationale for IPE (29%) Emphasizing the value of shared responsibility in IP decision making (29%)
Facilitator Post-Questionnaire	37	<ul style="list-style-type: none"> Incorporate specific IPE activities & exercises taught at the FDP – 66% Increase the interaction & involvement of participants – 34%

Approach

Interprofessional Facilitation Scale

Based on competency document.

Examples:

There was adequate time for interacting with other health professionals

An interprofessional approach was used
Role and responsibilities of other professionals and how they can work together was discussed

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Results

PICE Facilitators: Interprofessional Facilitation Skills Scale

Evaluation Tool	N	Key Results
ICC Facilitator Evaluation	9 facilitators reporting from 5 ICC sessions	Facilitators indicated they were confident of their ability to use an interprofessional approach (mean=3.56).
Participant ICC Evaluations	196 participants of 10 ICC sessions	Community-based participants agreed the IPE components of the ICC sessions were valuable but it is important to balance the clinical content with the IPE content

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Challenges

Changing behaviour

How do we change a culture that is based on hierarchal/organizational structure towards a collaborative structure?

What can we do to address and help remove barriers that prevent collaborative practice?

What can we do to support the required cultural shift?

Sustainability

What can we do collectively to sustain these programs?

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Challenges

Measuring patient satisfaction

We know that working collaboratively is beneficial to the patients and families. But:

How do we include the patient perspective?

How can we prove that working collaboratively improves patient outcomes? Without this evidence how do we move the policy agenda forward?

Policy Changes

How can we influence and support policy change?

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Opportunities Strengthening collaborative care among cancer care health professionals

Applying this model to:
Other health problems
Pre and post education opportunities

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Lessons Learned

Clarifying expectations and paying attention to details

Orienting and giving voice to new partners

Developing processes and working relationships

Respecting cultural differences

Communicating effectively

Contacts

Anne Murray, Co-Chair PICE
Provincial Manager
Education and Patient Navigation
Cancer Care Nova Scotia
902 473-3781
anne.murray@ccns.nshealth.ca

Andrea Hilchie-Pye, Project Manager
Partners for Interprofessional Cancer
Education,
Cancer Care Nova Scotia
902 473-6090
andrea.hilchie-pye@ccns.nshealth.ca

Donna Denney, Co-Chair, PICE
Nursing Policy Advisor
NS Department of Health
902 424-5881
denneydt@gov.ns.ca

Joan Sargent, Principle Researcher/Evaluator, PICE
Director Program Development and Evaluation, CME
Associate Professor, DME
Continuing Medical Education, Faculty of Medicine
Dalhousie University
902 494-1995
Joan.sargeant@dal.ca



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THANK YOU

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