

Teamwork must be taught



The Interprofessional Clinical Placement Project
2011-2012 Report



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UNIVERSITY
OF MANITOBA

Interprofessional
Education Initiative

The Interprofessional Clinical Placement Project

2011-2012 Report

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Executive Summary

Recognizing the need to embrace Interprofessional (IP) Education and Practice across the care continuum, the Winnipeg Regional Health authority (WRHA) has partnered with the University of Manitoba (U of M) since 2009 to offer interprofessional clinical placements (IP CP). WRHA clinical practice sites mentor IP teams of students from various academic units matched with clinical preceptors for their traditional uniprofessional placements. Students engage in IP education activities in addition to their traditional uniprofessional clinical placement learning. The concept of IP CP within U of M and WRHA has shown slow but steady growth.

Five clinical sites and 42 students from 8 different academic units had participated for the 2011-2012 IP CP. Following their IP clinical placement, the site leads and the students were invited to participate in an evaluation of their IP placement experiences. Four of the five site leads (80% response rate) responded to the evaluation. Only 8 of the 42 students (19 % response rate) responded to the evaluation.

The following clinical sites participated in 2011-2012: Concordia General Hospital (N2W- Acute Orthopedics), Deer Lodge Centre (3E-Rehab), Grace General Hospital (3N-Internal Medicine Teaching), Victoria General Hospital (Mature Women's Center), and St. Boniface General Hospital (8A-Palliative Care). All five sites that participated felt that their IP practice education experience was a success and would consider hosting IP placements in the future. Students also shared many unique insights about their IP placement experiences.

Learnings:

- *There has been growing interest in IP clinical placements over the years* – Although the number of students, sites, and academic units varied from 2010 – 2012, new sites and academic units have come on board and several sites continue to support IP placements every year.
- *IP clinical placement process has become more streamlined-* We have created a process for organizing IP clinical placements and have revised it over the years to improve efficiency. That being said, the process is time consuming and cumbersome. This underscores the need for investment in HSPNet (a software program that facilitates IP clinical placement).
- *Discrepancy in Expected versus Actual numbers of students placed* – There was some discrepancy between the expected and the actual number of students that participated in the 2011-2012 IP placements. This is an issue that needs to be addressed.



- *Sites seemed to appreciate the opportunity to decide when to run IP placements* – Unlike previous years, for the 2011-2012 academic years, sites were requested to choose when they would run their IP placements. This process allowed for discussions to take place within each team regarding concurrent and shared preceptorship.
- *Sites require different levels of support and guidance depending on their experience with hosting IP clinical placements* - Sites that come on board for the first time appear to need more support and guidance.
- *Imbalance of profession representation on IP CP site* – Overrepresentation of students from some academic units posed challenges for sites to engage all team members effectively as sole profession participants may have been intimidated by the experience.
- *Poor response rate in evaluations* - The low response rate from students to emailed evaluation surveys, and comments from a site and a student suggest the need to administer evaluations at the site. To the current evaluation questionnaires, sites could include questions more relevant to them.
- *Dissemination of IP materials prior to placement* – As a result of the feedback received, the need to provide clinical sites and students with concise and user – friendly IPE documents is apparent. This is to improve awareness and knowledge of IPE prior to placements. Although the students and clinical sites are referred to the IPE Toolkit on the IPE website as a potential resource, paging through a large document may be cumbersome and intimidating.

Overview:

Recognizing the need to embrace Interprofessional (IP) Education and Practice across the care continuum, the Winnipeg Regional Health authority (WRHA) has partnered with the University of Manitoba (U of M) since 2009 to offer interprofessional clinical placements (IP CP). WRHA clinical practice sites mentor IP teams of students from various academic units matched with clinical preceptors for their traditional uniprofessional placements. Students from various academic units engage in IP education activities in addition to their traditional uniprofessional clinical placement learning.

The concept of IP CP within U of M and WRHA has shown slow but steady growth. For the 2009-2010 academic year, 4 clinical sites and 29 students from 9 different academic units had participated. For the 2010-2011 academic year, 6 clinical sites and 65 students from 8 different academic units had participated. Most recently, 5 clinical sites and 42 students from 8 different academic units had participated for the 2011-2012 academic year. In any given academic year, all IP CP have occurred during January – March timeframe. For the 2011-2012 offering, 4 of the 5 clinical sites and 7 academic units had prior participation in IP clinical placement projects. Details regarding IP student participation by year, academic unit and clinical site, are outlined in Table 1.



Interprofessional Clinical Placement (IP CP) Process:

The interprofessional clinical placement working group (IP CP WG), with representation from WRHA, meets monthly to facilitate student placements. For the 2011-2012 academic year, 5 WRHA sites participated. The process and timeline for IP CP is as follows:

- **Identification and Recruitment of Sites:** April-May, 2011 – Immediately following the previous year’s IP CP offering the WRHA representative and the IPE coordinator met with site leads for a face-to-face debrief. In addition to obtaining their feedback on the experience, site leads were asked whether they would be interested in participating in the upcoming IP CP project. During the 2010-2011 debrief, 5 such site leads expressed interest to serve as IP CP sites for the 2011-2012 academic year.
- **Creation of IP CP Excel Spreadsheets:** April – May, 2011 – Academic clinical placement coordinators were advised to provide the IPE Research Assistant (RA) with clinical placement schedules for senior students in their academic unit. Placement schedules from the various academic units were combined to form a single spreadsheet.
- **Sending Summary Tables and Spreadsheets to Sites:** May – June, 2011 - The RA created site specific tables and spreadsheets. Tables outlined numbers of students by academic program, start and end dates of placements, the duration of placements, and the academic unit contact information. The spreadsheets showed placement schedule overlap for various academic units. The tables and spreadsheets were emailed to the 5 site leads. Site leads were asked to review the materials with their team and advise the RA of the team’s preferred dates for hosting IP teams of students.
- **Responses from sites:** June – July, 2011 – Four of the 5 sites expressed a continued interest in mentoring IP teams of students. As in previous years, all sites chose January – March 2012 as the most appropriate time frame to run IP placements at their facilities.
- **Placement Summaries:** August, 2011 - Placement summaries outlining the academic unit information and placement details, tailored for each site, were created by the RA, sent to the academic clinical placement coordinators for their approval, and subsequently sent to the four site leads for their approval. By this time, another site came on board. They were also provided with the information that was sent to the other participating sites. The sites were responsible for identifying, organizing, and training their IP mentor teams. As a resource, a toolkit on facilitation and participation in IP teams was made available to clinical teams and students in the IPE and WRHA websites.
- **Communiqué Tables:** Sept – Nov, 2011 - As it became available, student contact information for each academic unit was gathered and provided to each of the five sites in the form of a site specific Communiqué Table.
- **Orientation Session:** December, 2011 - Before the start of IP placements, students, site leads, academic placement coordinators and all others involved were invited to participate in an orientation session.



- **IP CP Offering:** Jan – March, 2012

Evaluation Methods:

In the first week of April, 2012, the site leads and the students that participated in IP placements were invited to participate in an evaluation of their IP placement experiences. A two page questionnaire containing 9 questions (see Appendix A) was emailed to the 5 site leads of participating teams. Similarly, a two page questionnaire containing 11 questions (see Appendix B) was emailed to all the students that participated. Sites and students who had not responded by a set date were followed up through reminder emails and/or phone calls.

IP Clinical Placement Outcomes:

Sites

The following clinical sites participated in 2011-2012: Concordia General Hospital (N2W- Acute Orthopedics), Deer Lodge Centre (3E-Rehab), Grace General Hospital (3N-Internal Medicine Teaching), Victoria General Hospital (Mature Women's Center), and St. Boniface General Hospital (8A-Palliative Care).

Student Team Composition

A total of 69 students from 10 different academic units were expected to be placed in IP placements across the five sites. This included students from programs outside of the U of M - the WRHA Dietetics Internship Program, Red River College Nursing Program, and the Speech Language Pathology program from the University of North Dakota. However, only 42 students from 8 different academic units remained actively involved for the duration of their placements. Refer to Table 2 for details.

Concordia (N2W) had 6 students representing 5 academic units. These were the Dietetics Internship Program, Nursing, Pharmacy, Respiratory Therapy and Social Work.



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Deer Lodge Centre (3E) had 14 students representing 6 academic units. These were the Dietetics Internship Program, Nursing (from Red River College), Occupational Therapy, Pharmacy, Speech Language Pathology (University of North Dakota), and Social Work.

Grace (3N) had 15 students representing 5 academic units. These were the Dietetics Internship Program, Medicine, Nursing, Occupational Therapy, and Respiratory Therapy.

St. Boniface (Palliative Care) had 3 students representing 3 academic units. These were Nursing, Occupational Therapy, and Pharmacy.

Victoria (Mature Women's Centre) had 4 students representing 3 academic units. These were Occupational Therapy, Respiratory Therapy and Social Work.

Expected vs Actual Numbers of Students Placed

For the most part, the expected numbers of students matched the actual numbers of students placed (Table 2). However, discrepancies included 2 medical students expected at Concordia (N2W) with 0 actually placed; 2 pharmacy students expected at Grace (3N) with 0 actually placed; 1 kinesiology student and 2 social work students expected at Victoria Hospital Mature Women's Centre with 0 and 1 (respectively) actually placed; no dietetic interns expected at Concordia (N2W), Deer Lodge (3E-Rehab) and Grace (3N) with 1 student actually placed at each site. St. Boniface (8A) was expecting 31 students with only 3 students actually placed.

Evaluation Results:

Sites

Four of the five site leads (80% response rate) participating in IP CP responded to the evaluation questionnaires. The site lead that did not respond had communicated some details regarding their IP placement experience to the WRHA representative and this information was included.



Each site provided a range of IP learning opportunities to their student teams as outlined in Table 3. All five sites that participated felt that their IP practice education experience was a success and indicated their willingness to participate in 2012-2013. With the exception of Victoria – Mature Women’s Centre, all of the sites provided their own IPE orientation to students, in addition to that offered by the U of M. That being said, sites would still prefer U of M to provide orientations to their students. Based on their experience with hosting IP placements, the sites shared some unique perspectives in response to the following questions:

What factors contributed to a successful IP practice education experience?

The following factors were identified as contributors to a successful IP placement.

- Support from senior management
- Support from preceptors/facilitators, discipline managers, educators, clinical supervisors
- Strong and supportive IP team
- Willingness of Nursing clinical manager to select a patient of the week every week
- Enthusiastic and motivated group of students

What factors created challenges to the IP practice education experience?

- Involving a mentoring team that does not practice IP collaboration but is “largely physician driven”
- Over-representation of students from some academic units posed challenges such as “intimidating sole discipline participants”
- IP experience had limited impact on the clinical site.
- Students from certain academic units lacked basic clinical skills such as chart review process, SMART goal etc.
- Rotations and call schedules for medicine and nursing students made it difficult to engage everyone in IP sessions.
- Lack of time to prepare IP orientation and presentation materials
- Difficulty to organize and arrange sessions with all students from different disciplines

How can U of M help improve future placements?

- Continue with sending student lists, and academic unit information
- Providing IPE training to facilitators who are interested – A webinar or video online would also be helpful



- Provide more information and training to students prior to their placements – There was a lack of knowledge in several key areas such as medical placement, team roles, chart review process, SMART goals etc. Some students showed up in sites without knowing that they would have IP placements.
- Greater alignment of placement dates among academic units
- Pre meet with sites to assist with organizing students from all involved academic units
- Continue to hold orientation session every year

How can WRHA help improve future placements?

- Continue with the partnership between U of M and WRHA. The support from both institutions also helps.
- More work should be done at the team level to educate front line staff about the opportunities of IPE. Although WRHA has embraced the concept of IPE through their collaborative care model, this has limited impact on the front line staff.
- Continue involving students from educational institutions other than the U of M
- Design PowerPoint presentations that sites can use for their orientation sessions
- Create evaluation forms for students based on site experience

Students

Only 8 of the 42 students (19 % response rate) participating in the IP CP responded to the survey. One of these surveys was not about an IP placement, so it was excluded from the analysis. St. Boniface- Palliative Care Unit had administered their own evaluation to students and provided copies of the two completed student surveys. It is unknown whether these 2 students also responded to the U of M evaluation questionnaire. Students also provided unique insights in response to the following questions:

What did you particularly like about this experience?

- The opportunity to engage with other professions
- Learn from different perspectives
- Learn to act as a member of IP teams
- Learn to present a care plan at multidisciplinary rounds
- Understand the roles and responsibilities of other professions and to know when to consult with them
- Discuss communication strategies with other professions



- Share findings with other professions
- Participate in a well-run program – Students appreciated the opportunity to participate in well managed programs that had collaborative approach to care planning, were receptive to student input, that involved families in care planning, and had a holistic view of the client.
- Learn to be more comfortable prioritizing patient issues collaboratively
- Learn about IP competencies
- Appreciate team functioning in relation to IP care planning

What would have enhanced your IP learning experience? (e.g. more information ahead of time, length or format of experience, student or mentor team composition)”

- *Integrating coursework with IP placement experience*– Although the student did not specify the course being referred to, it was pointed out that the online coursework was irrelevant to the placement experience. This feedback emphasizes the importance of ensuring the students are aware of and have knowledge in IPE prior to their placements. This is consistent with the preceptor feedbacks that suggests students need to be aware of and have a general understanding of IPE prior to their placements.
- *More flexibility in IP placement programs* – The student found the program highly structured and restrictive. Time allotted was also insufficient. Often the team would have to stop exactly when they thought they were making some progress due to the time allotted.
- *Finding the right balance for the length of the sessions and the duration of the experience* – There were comments that the experience could have been longer. A student commented that as soon as students became comfortable working with one another, the experience was over. However, another student found the time allotted (1 hour) for each meeting was too long to be away from the ward especially when one has a full patient load.
- *Create strategies to engage shift workers* - Doing shift work poses unique challenges for IP placements as students are not able to fully participate in sessions and IP programs are typically designed for those that work daytime Monday-Friday.
- *Doing evaluations with other students instead of independently* – The low response rate from students and this comment in particular suggests it may be better for sites to administer the evaluation questionnaires. Sites could add additional questions that are relevant to them and administer the evaluation questionnaires at the end of the IP placements to the student group.



- *Better facilitation of team meetings* – A student felt bullied when faults in the student’s profession were constantly being pointed out and criticized. As a result, the student felt less inclined to attend any other meetings. The student also felt the facilitator did not intervene strongly enough to discourage criticism and bullying.
- Learn with a larger group of students from different professions.
- Follow the same patient for two weeks in a row to follow up and to monitor progress.
- Scheduling for care planning when everyone involved is present.
- Involve and appreciate the role of spiritual care.
- A chance to shadow other IP teams at work
- More time to collect information from clients

Discussion:

- *There has been growing interest in IP clinical placements over the years* – Although the number of students, sites, and academic units varied from 2010 – 2012, new sites and academic units have come on board and several sites continue to support IP placements every year. The inclusion of health professional students from outside of the University of Manitoba (dietetic interns, nursing students from Red River Community College, and speech language pathology students from North Dakota) is particularly encouraging.
- *IP clinical placement process has become more streamlined-* We have created a process for organizing IP clinical placements and have revised it over the years to improve efficiency. That being said, the process is time consuming and cumbersome. Despite monthly IP CP working group meetings and the RA overseeing the process and being in regular contact with clinical placement coordinators and site leads, there continues to be considerable delay and miscommunication in response to requests for placement information. This underscores the need for investment in HSPNet (a software program that facilitates IP clinical placement). However, some IP CP working group members consider investment in HSPNet as a costly and cumbersome option.
- *Discrepancy in Expected versus Actual numbers of students placed* – There was some discrepancy between the expected and the actual number of students that participated in the 2011-2012 IP placements. The issue with St. Boniface (8A) deserves special comment where only 3 of an expected 31 students participated. Compared to the other sites participating in 2011-2012, St. Boniface (8A) was expected to accommodate the highest number of students which may have posed placement issues. It may be unreasonable to expect students doing their primary (core) placement (rotation) on one unit to be ‘catapulted’ onto another unit for an IP learning opportunity. St. Boniface (8A) has taken the initiative to develop its



- own internal IP CP process and accompanying communication documents.
- *Sites seemed to appreciate the opportunity to decide when to run IP placements* – Unlike previous years, for the 2011-2012 academic years, sites were requested to choose when they would run their IP placements. This process allowed for discussions to take place within each team regarding concurrent and shared preceptorship.
 - *Sites require different levels of support and guidance depending on their experience with hosting IP clinical placements* - Sites that come on board for the first time appear to need more support and guidance. Some clinical sites also commented that they would need more assistance with the provision of IP training for their preceptors, and hosting orientation sessions for students.
 - *Imbalance of profession representation on IP CP sites* – Overrepresentation of students from academic units posed challenges for sites to engage all team members effectively as sole discipline participants may have been intimidated by the experience.
 - *Poor response rate in evaluations* - The low response rate from students to emailed evaluation surveys, and comments from a site and a student suggest the need to administer evaluations at the site. To the current evaluation questionnaires, sites could include questions more relevant to them.
 - *Dissemination of IP materials prior to placement* – As a result of the feedback received, the need to provide clinical sites and students with concise and user – friendly IPE documents is apparent. This is to improve awareness and knowledge of IPE prior to placements. Although the students and clinical sites are referred to the IPE Toolkit on the IPE website as a potential resource, paging through a large document may be cumbersome and intimidating.



Table 1**Tabulation of IP CP student participation by year**

Units	Jan-Mar, 2010	Jan – Mar, 2011	Jan – Mar, 2012	Total
Grace – 3N Internal Medicine		24 Medicine (3) Respiratory Therapy (8) Physical Therapy (2) Occupational Therapy (1) Pharmacy (1) Nursing (9)	15 Reg. dietician (1) Medicine (4) Nursing (8) Occupational Therapy (1) Respiratory Therapy (1)	39 Medicine (7) Respiratory Therapy (9) Physical Therapy (2) Occupational Therapy (2) Pharmacy (1) Nursing (17) Reg. Dietician (1)
St. Boniface - 8A Palliative Care	4 Medicine (1) Social Work (1) Nursing (1) Reg. Dietician (1)	22 Physical Therapy(1) Pharmacy (1) Social Work (1) Nursing (19)	3 Nursing (1) Occupational Therapy (1) Pharmacy (1)	29 Medicine (1) Social Work (2) Nursing (21) Reg. Dietician (1) Physical Therapy (1) Pharmacy (2) Occupational Therapy (1)



Units	Jan-Mar, 2010	Jan – Mar, 2011	Jan – Mar, 2012	Total
Concordia – N2W Acute Orthopedics	11 Medicine (2) Respiratory Therapy (3) Occupational Therapy (1) Pharmacy (1) Social Work (1) Nursing (2) Reg. Dietician (1)	11 Respiratory Therapy (4) Physical Therapy (2) Occupational Therapy (2) Pharmacy (1) Nursing (1) Physician Assistant (1)	6 Reg. Dietician (1) Nursing (2) Pharmacy (1) Respiratory Therapy (1) Social Work (1)	28 Medicine (2) Respiratory Therapy (8) Occupational Therapy (3) Pharmacy (3) Social Work (2) Nursing (5) Reg. Dietician (2) Physician Assistant (1) Physical Therapy (2)
HSC – Internal Medicine	22 Medicine (2) Respiratory Therapy (4) Pharmacy (1) Social Work (2) Nursing (2) Reg. Dietician (1) Dentistry (5) Dental Hygiene (5)			22 Medicine (2) Respiratory Therapy (4) Pharmacy (1) Social Work (2) Nursing (2) Reg. Dietician (1) Dentistry (5) Dental Hygiene (5)



Units	Jan-Mar, 2010	Jan – Mar, 2011	Jan – Mar, 2012	Total
Deer Lodge – 3E Rehab			14 Reg. Dietician (1) Nursing (8) Occupational Therapy (1) Pharmacy (2) Speech Language Pathology (1) Social Work (1)	14 Re. Dietician (1) Occupational Therapy (1) Nursing (8) Pharmacy (2) Speech Language Pathology (1) Social Work (1)
Victoria – Mature Women’s Centre		3 Physical Therapy (1) Pharmacy (1) Social Work (1)	4 Occupational Therapy (2) Respiratory Therapy(1) Social Work (1)	7 Physical Therapy (1) Pharmacy (1) Social Work (2) Respiratory Therapy (1) Occupational Therapy (2)



Units	Jan-Mar, 2010	Jan – Mar, 2011	Jan – Mar, 2012	Total
St. Boniface- Geriatric Day Hospital	7 Medicine (1) Physical Therapy (2) Occupational Therapy (1) Social Work (1) Nursing (1) Clinical Health Psychology (1)			7 Medicine (1) Physical Therapy (2) Occupational Therapy (1) Social Work (1) Nursing (1) Clinical Health Psychology (1)
Homecare Stroke Program		4 Physical Therapy (3) Pharmacy (1)		4 Physical Therapy (3) Pharmacy (1)
Victoria – Riverpark Gardens		Physical Therapy (1)		1 Physical Therapy
Total	29	65	42	



Table 2
Tabulation of student participation in 2011-2012 IPCP

	Expected Vs. Actual #s	DH	RD	K&R	MD	Nursing	OT	Rx	RT	SLP (UND)	SW	TOTAL
Concordia N2W	Expected	0	0	0	2	2	0	1	1	0	0	6
	Actual	0	1	0	0	2	0	1	1	0	1	6
Deer Lodge – 3E Rehab	Expected	1	0	0	0	0	1	2	0	1	1	6
	Actual	0	1	0	0	8 from RRC	1	2	0	1	1	14
Grace - 3N	Expected	0	0	0	4	8	0	2	1	0	0	15
	Actual	0	1	0	4	8	1	0	1	0	0	15
St. Boniface - 8A	Expected	0	0	0	8	17	1	1	5	0	2	31
	Actual	0	0	0	0	1	1	1	0	0	0	3
Victoria - MWC	Expected	0	0	1	0	0	1	2	1	0	2	7
	Actual	0	0	0	0	0	2	0	1	0	1	4
TOTAL	Expected											69
	Actual											42

Legend:

DH	RD	K&R	MD	OT	PT	Rx	RT	SLP (UND)	SW
Dental Hygiene	Dietetics Internship Program	Kinesiology & Recreation Management	Medicine	Occupational Therapy	Physical Therapy	Pharmacy	Respiratory Therapy	Speech Language Pathology (University of North Dakota)	Social Work



Table 3 Format of IP learning opportunities offered by site

Site Name	Dates of IP Practice Experience	IP learning opportunities	Orientation offered? If yes, what was it?	Offer orientation next year?
Concordia - N2W	Jan 23 – Feb 24, 2012 (4 weeks)	Unknown	Unknown	Unknown
Deer Lodge – 3E Rehab	Jan 16 – Feb 22, 2012 (4 weeks approx.)	Patient of the ‘week’ assessment	Yes. <ul style="list-style-type: none"> ▪ Written orientation for preceptors ▪ 10 mts. orientation for unit ▪ 30 mts. meet & greet for students 	Yes
		IP competency of the ‘week’ (OR ‘day’ OR ‘month’)		
		Facilitated team debriefing sessions		
		Participation in a team meeting to develop a patient shared care plan		
Grace - 3N Internal Medicine	Jan 12 – Mar 22, 2012 (10 weeks)	Patient of the ‘week’ assessment	Yes. <ul style="list-style-type: none"> ▪ First meeting was used as a meet & greet, to discuss project and set goals 	Yes
		IP competency of the ‘week’ (OR ‘day’ OR ‘month’)		
St. Boniface – 8A Palliative Care	Jan 12 – Feb 29, 2012 (7 weeks approx.)	Patient of the ‘week’ assessment	Yes. <ul style="list-style-type: none"> ▪ A brief session was offered. ▪ Relied more on U of M orientation which was attended by majority of the students. 	Yes
		IP competency of the ‘week’ (OR ‘day’ OR ‘month’)		
		Facilitated team debriefing sessions		
		Participation in a team meeting to develop a patient shared care plan		
		IP team case presentation of shared care plan		



Site Name	Dates of IP Practice Experience	IP learning opportunities	Orientation offered? If yes, what was it?	Offer orientation next year?
		Other – Offered an opportunity for a potential facilitator to observe and shadow the IP placement experience. This was well received. This is a strategy being used to expand this form of education throughout the facility over time.		
Victoria - MWC	Oct 2011 – March 2012 (5 months)	Patient of the ‘week’ assessment	No	Unsure
		Facilitated team debriefing sessions		
		Observation/shadowing with a team member from a different discipline		
		Participation in a team meeting to develop a patient shared care plan		
		IP team case presentation of shared care plan		



Appendix A

Evaluation of 2011-2012 Interprofessional (IP) Practice Education Experience (for clinical sites)

Facility Name:

Unit/Ward:

Site Lead Name:

Dates of IP Practice Education Experience:

Academic unit	# of Students Who Participated
Clinical Nutrition	
Medicine	
Nursing	
Occupational Therapy	
Pharmacy	
Physical Therapy	
Respiratory Therapy	
Social Work	
Speech Language Pathology	
Spiritual care	
Other	

Overall, do you and your team feel the IP practice education experience was a success this year? Yes No
 Please explain.

What factors contributed to a successful IP practice education experience?

What factors created challenges to the IP practice education experience?

Did you offer an orientation session(s) this year for students? Yes No

Based on your experience this year, will you plan to offer an orientation session next year?

Yes No

What IP learning opportunities/experiences did you offer to students? Please check all that apply
Patient of the 'week' assessment

- IP competency of the 'week' (OR 'day' OR 'month')
- Facilitated team debriefing sessions
- Observation/shadowing with a team member from a different discipline
- Participation in a team meeting to develop a patient shared care plan
- IP team case presentation of shared care plan
- Participation in an educational team meeting/workshop
- Other (please specify) _____

How can the U of M IPE Initiative help to improve future placements?

How can the WRHA help to improve future placements?

Any further comments?

Appendix B

Feedback on the 2011- 2012 Interprofessional (IP) Practice Education Experience (for students)

- a. What professional program are you currently enrolled in? -----
- b. Please specify the clinical unit where you participated in the IP practice education learning activity (ies):-----
- c. Was the clinical unit offering the IP practice education experience the primary practice site for your placement? Yes No
- d. How many days/weeks were you on the clinical unit offering the IP practice education experience?-----
- e. Please indicate the number of IP learning activities that you participated in by the format of the activity: (check all that apply)

- Patient of the 'week' assessment
- IP competency of the 'week' (OR 'day' OR 'month')
- Facilitated team debriefing sessions
- Observation/shadowing with a team member from a different discipline
- Participation in a team meeting to develop a patient shared care plan
- IP team case presentation of shared care plan
- Participation in an educational team meeting/workshop
- Other (please specify) _____

- f. Did you have the opportunity to spend time with other students? Yes No

- g. If Yes, please indicate how many students and which disciplines they came from:

- h. What did you particularly like about this experience?

i. What would have enhanced your IP learning experience? (e.g. more information ahead of time, length or format of experience, student or mentor team composition)

j. Did you encounter any obstacles or challenges with this experience?

Yes No

If yes, please explain

k. Additional comments? (if any)