

A Collaborative Interprofessional Approach to Teaching Behavioural Arts and Sciences

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Disclosures

- Nil

Why Did You Come Today?

- What is the context you are coming from?
- What are you hoping to get from today's presentation?

Learning Objectives

- Describe the process and content of an interprofessionally developed and taught behavioural arts and sciences curriculum for family medicine residents
- Describe successes and challenges in implementing such a curriculum
- Discuss outcomes from the residents' and teachers' perspectives


Background

- Behavioural Sciences Curriculum mandatory component of family medicine resident training
- Relevant to family practice, focus on interviewing skills and doctor-patient relationship
- At WCH had been previously taught didactically in academic half days
 - not ideal for this type of curriculum

Background

- Then the time was ripe for change:
 - Presence of shared care psychiatry interested in resident teaching and development of the curriculum
 - Development of “Academic Family Health Team” with allied health interested and available for teaching

What We Did & How We Did It

- Early process  group process
- Problem formulation & parameters
- Principles & pedagogy
- Module process & content
- Evaluation

Early Process & Group Process

- Early process involved family physician PG Education Coordinator and consulting psychiatrist
- Group included: family physicians, psychiatrist, nurses & nurse practitioner, social workers, dietician, occupational therapist
- Leadership maximized efficiency while decisions were consensus-driven

Problem Formulation

Primary Care that is psychologically- and relationally-informed... ie skilled in providing individualized support re: life challenges

- Knowledge: of specific content areas (in context of life cycle, culture, etc)
- Skills: interviewing skills, building treatment alliance, brief therapeutic interactions
- Attitudes: interprofessional collaboration, self-reflection

Parameters

- Distilled into 8 modules x 2 years
- Friday afternoons
- Year 1 and Year 2 residents together
- Stable resident group
- Variety of teachers from multiple health professions

Principles & Pedagogy

- Case-based, common problems
- Interactive, in-session rehearsal
- Specific skills & resources
- Role modeling
- Reflective practice in-session
- Interprofessionally developed
- Interprofessionally taught – fidelity to design

Modules – Year 1

- Managing stress
- Motivational interviewing for lifestyle changes
- Substance abuse
- Adolescence
- Parenting
- Grief / bereavement
- Depression
- Attachment theory / “the difficult patient”

Example of a Module - Parenting

- Needs assessment; learning objectives
- Visitor from community agency re: resources
- Psychological theories of parenting
- Parent / patient perspective; Q & A
- “Food wars” with practical tools and handouts
- Parenting strategies; video & recommended books
- Role of medical team
- Reflective practice

Evaluation

- Quantitative and qualitative
- Module
 - Strengths & areas for improvement
 - Application to practice
 - Practical skills/strategies, relevant resources, interprofessional perspectives, opportunities for reflection
- Teacher
 - Enthusiasm, clarity, organization, listened with respect
 - Encouraged reflection, interactivity

Evaluation

- **What did you like most about this module?**
- **What would you do differently to improve this module in the future?**
- **I will now change how I do things by:**
- **I will learn more about:**
- **How well do you think this module provided you with: (1-not at all to 5-extremely well)**
- Relevant Local Resources 1 2 3 4 5
- Relevant Community Resources 1 2 3 4 5
- Interprofessional perspectives 1 2 3 4 5
- Opportunities for reflection 1 2 3 4 5
- New strategies for your practice 1 2 3 4 5

Evaluation-Quantitative

	Local Resources	Comm Resources	IP Perspective	Reflection	Practice Strategies
Adolescence	3.94	4	4	4.63	4.5
Dep/CBT	4.15	4.23	4.31	4.15	4.19
Grief	4.79	4.71	4.71	4.93	4.86
Motiv Inter/ DM	4.13	3.69	4.44	4.5	4.5
Stress/ Mindfulness	4	3.71	4.36	4.36	4.29
Subst. Abuse	4.08	4.08	4.25	4.08	4.33
Overall	4.17	4.06	4.34	4.46	4.45

Evaluations-"Liked Most"

- INTERACTIVE
- PRACTICAL
- RESOURCES
- CASE EXAMPLES

Evaluations-"Liked Most"

- Opportunities for Reflection
- Interprofessionally led
- Relevant to Primary care
- Various content areas
 - Choice of topics
 - Type II DM, abnormal grief reaction etc.

Evaluations-“Needs Improvement”

- Tended to be quite specific to each module
- A lot of comments about role plays
 - “more structure”
- More opportunities to practice skills learned
- Shorter
- Keep it practical
- Additional content
 - “More DSM criteria”, “other substances”

Evaluations-"Change in Practice"

- Incorporating practical tools for assessment and counselling
 - Utilizing various motivational interviewing & CBT tools
 - Open Ended questions
 - Active Listening
- Mobilizing resources

Evaluations-"Change in Practice"

- Survey Monkey question 6-12 months later:

Please provide one clinical example where you applied something that you learned as part of the Behavioural Sciences curriculum?

- Very low response rate
- All answers: motivational interviewing/smoking cessation

Modules – Year 2

- CBT
- Eating disorders
- Sexual health
- Reproductive issues (eg infertility, unwanted pregnancy)
- Attachment/difficult patient (repeat)
- Unique interviewing situations (eg multiperson interviews, working with translators)

Lessons Applied in Year 2

- Following a similar framework
- 6 modules
- Interprofessional development of each module
- Interprofessional teaching within & across modules
- Stable group of residents & trainees
- Early recruitment of teachers
- Preparation of incoming teachers

Your turn...Think-Pair-Share

- What elements of this do / don't apply in your setting?
 - What would the barriers and facilitators be?
- OR**
- Based on your own experience what would you recommend to us?
 - eg What do you see as the strengths & areas for improvement? What would you do differently / the same?

Our Reflections

Strengths, Challenges, Future Directions

Strengths

- Very well received by the resident group
 - Asking for more
 - Seemed to meet many of their learning objectives
 - Their friends have been asking about it
 - High levels of satisfaction as demonstrated by the evaluations
- High levels of resident engagement and participation in the modules

Strengths

- Focus in primary care
 - Generalist approach to problems
- Modelling interprofessional collaboration
- Evolving curriculum in response to resident feedback
- Use of the family practice portal

Strengths

- Improved interprofessional relationships and practice with the family practice unit
 - Increased morale among IP staff
 - Improved IP collaboration among staff in family practice
 - Forum for different professionals to showcase their strengths
 - Specifically among those participating in the curriculum development

Challenges

- **Time and scheduling**
- Trying to create and maintain a cohesive teaching group
 - Institutional support e.g. for time spent
- Clarity of roles between those developing modules and those facilitating modules

Challenges

- Creating a cohesive and stable learning group
 - Post call, vacation, switched rotations etc., administrator inexperience
 - May have impacted reflective component
- Some modules heavily revised midway through year
 - More time spent by those developing those modules
 - Inconsistency between content for different groups of learners

Future Directions

- Educational Research
 - Impact on leaders/educators
 - Impact on residents/educational impact
 - Impact on patient care
 - Effectiveness overall

Future Directions

- Expanding interprofessional component
 - Module development groups (not just facilitators) now interprofessional
 - Strong possibility for interprofessional participants this upcoming academic year
 - ?Opportunities for intraprofessional involvement
 - Local peds, psychiatry, geriatrics from within Family Health Team

Future Directions

- Continued focus on feasible implementation
 - Larger groups of developers, smaller groups of facilitators
 - Scheduling flexibility (fewer modules)
 - Should be easier now that first round of all modules have been developed

Future Directions

- Expanded use of the portal for communication and dissemination
- Patient involvement/input
 - Module development
 - Teaching
 - Input into “what they would want their health care provider to know”

Final Reflections...Think-Pair-Share

- What will you take home from today's presentation?
- What will you do differently as a result of this presentation?
- Any feedback about this presentation itself (process/content)?

Questions?? Comments??

Resources – Contact Us!

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