



# Partnering with Practice Leadership Teams to Enhance a University Interprofessional Course

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**UNIVERSITY OF ALBERTA**  
**HEALTH SCIENCES COUNCIL**  
Health Sciences Education and Research Commons

# Background

- U Alberta, Edmonton, AB, Canada
- Health Sc Council, 12 pgms, IP Pathway
- IP Health Team Dev course (INT D 410)
- Mandatory, 1000+ students, early in pgms
- Multi-section, students in small IP teams
- **IP competencies:** communication, collaboration, role clarification, reflection, patient-centered care



# Streams

- Course run 20 yrs, common curriculum
- Challenge: engaging, relevant learning experiences, manage logistics
- Past 2 yrs – special sections or “streams”, exposure to particular practice contexts
- 2012: Cont Care, CAM, Priv Pract, Rural-Online, 18 reg
- 2013: + Bariatric, Immigrant/Refugee, Palliative, 12 reg
- Student stream preferences gathered prior; Stream requests exceed available seats

# Stream Dev Process

- Identify stream leadership teams; e.g. past instructors, students, researchers, orgs – passionate about practice area & education
- Written partnership agreement in place
- Core IPE curriculum provided by HSERC
- Course coordinator works with leadership teams, guide in stream dev/coordination
- Collaboration between institutions, between education & practice environments

# Continuing Care Stream

- Leadership team: CC research institute, non-profit CC society, public CC services org, U of A/post-secondary institutions
- Core facilitators: 3 RNs, LPN, Nutritionist, Human Ecologist
- Guest speakers: OT, RNs (different roles), LPN, MD, ethicist, nutritionist, social worker





# CC Stream Curriculum

- Small IP student teams - learn team processes, case studies, facilitated discussions
- Interaction with real CC teams, shared decision making, site visits, harm reduction workshop
- Guest speakers (e.g. dementia, ethics, sexuality)
- Team conferences/SPs - cases “June Carlson” & “Joshua Smith” wend their way through the CC spectrum
- Assessing persons with complex needs (PIECES = Physical, Intellectual, Emotion, Capabilities, Environment, and Social)













# CC Student Comments

- Roles of professionals/teams in CC more comprehensive than originally thought
- Learned many new things about different forms of CC
- Helpful to learn about CC issues such as sexuality, dementia, and harm reduction
- Learned that CC is ubiquitous in health care, plays a fundamental role in the management of many patients



# CAM Stream

- Leadership team: CAM research unit & faculty members from various disciplines
- Core facilitators: PT/Chiro, Nursing faculty, Med faculty, MPH; most have CAM exper
- Guest speakers: massage therapy, mindfulness meditation, acupuncture/traditional Chinese medicine, naturopathy, reiki, integrative medicine
- 1-day CAM Fair (short treatments): Acupuncture, Biofeedback, Massage Therapy, Mindfulness, Music Therapy, Naturopathy, Reiki, Yoga



# CAM Stream Curriculum

- 1-hour lectures: prevalence/reasons for CAM use, reliable evidence, ethics, referrals, products, practices
- Small IP student teams - learn team processes, case studies, facilitated discussions
- Visit/interview Natural Health Products vendor & CAM practitioner
- IP Team conferences: Role playing scenarios, conferences with standardized patients
- Individual and team written reflections







# CHIROPRACTIC

Chiropractic adjustment (spinal manipulation): a specific, precise directed movement applied within the anatomical range of motion to restore or enhance joint function.

**SCOPE OF PRACTICE:** To examine, diagnose and treat, through Chiropractic adjustment (spinal manipulation) or other natural means, to maintain and promote health and wellness. (C.A. 2008-09-7, s. 1-1.3.2008 (24-02))  
Chiropractors provide conservative management and treatment of neuromusculoskeletal conditions. Chiropractic assessments include case history, physical exam including palpation, orthopedic testing and range of motion testing, diagnostic imaging if appropriate, diagnostic rendering, treatment planning and specialist referral if necessary.

## PRIMARY CONTACT HEALTHCARE

- Regulated by the Health Professions Act and the Alberta College and Association of Chiropractors
- Chiropractors complete a minimum of seven years of post-secondary education including a 4-year academic program and must pass national board examinations prior to licensure.
- Chiropractors are primary contact providers for WCB and MVA patients. WCB reports 95% patient treatment satisfaction among injured workers and lower than average expenditures per claim. (WCB 2005 data)
- A 2006 Health Quality Council of Alberta survey reported a 90% patient satisfaction rate for Chiropractic services

## POINTS TO CONSIDER WHEN CHOOSING A CHIROPRACTOR

- Collaborates with other health care providers, co-ordinates with your family physician, refers to a specialist when appropriate
- Recommends therapeutic exercises, home care techniques and lifestyle modifications as treatment and as a preventative measure
- Diagnoses conditions with a physical examination and an interview, using X-rays only if clinically relevant. X-rays should not be done unless clinically justified.
- Communicates examination findings, a clear diagnosis, a clinically relevant treatment plan and any potential risks.

## RECENT RESEARCH

- The American College of Physicians Clinical Practice Guidelines for the Diagnosis and Treatment of Low Back Pain: Spinal Manipulation is to be considered for acute and sub-acute low back pain. (Chou et al. Diagnosis and Treatment of Low Back Pain: Spinal Manipulation. Annals of Internal Medicine. 2009)
- The Chiropractic Hospital Based Interventions Research Outcomes Study concluded that "temporary and significant improvement in condition-specific functioning" including chiropractic spinal manipulation was a treatment considered on the effectiveness of clinical practice guidelines in the medical and chiropractic settings. (Saini et al. Spine Journal. 2010)

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# Evaluation Methods

- Data on student & facilitator satisfaction gathered via online or written surveys, small group discussions
- Course coordinators & stream leadership teams collaborate on evaluation, including observation of classes during term
- Analysis includes comparisons of streams and traditional course sections



# Results

- Students & facilitators satisfied with streams; students engaged (visits, guests, sustainable projects); high facilitator retention, prefer over generic course
- 2012 pilot streams successful, all cont'd in 2013, some able to increase student caps
- 3 new streams for 2013 were successful
- All 7 streams running 2014, expand caps, 2-3 more new streams



# Conclusions

- By partnering with stream leadership teams we can provide more exposure to IP teams in practice environments, more authentic experiences than regular course
- Future plans to continue expanding the number of streams and to include students from other institutions/additional disciplines



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