

INTER AND INTRAPROFESSIONAL EDUCATION IN POSTGRADUATE MEDICAL EDUCATION: DEVELOPING A CULTURE OF COLLABORATION

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WORKSHOP OVERVIEW

13:00 – 13:15	Welcome, introductions, and expectations
13:15 – 13:30 intraprofession	The rationale and evidence for inter and nal collaboration.
	Highlights from the PGME report (environmental scan)
13:30 – 13:50	Small group discussions: barriers and facilitators
13:50 – 14:00	Report back on discussion highlights
14:00 – 14:40	World Café – 2 rounds
14:40 – 14:55 and	Each group host/hostess to highlight their discussions deliverables.
14:55 – 15:00	Wrap up and take home messages.

RATIONALE - IPC

- IPC linked to improved patient outcomes and patient safety
- IPC linked to improved patient and provider satisfaction
- IPC linked to system innovation
- Canada-wide support through HHR planning
- Primary care renewal
- Chronic disease management models

RATIONALE - IPE

- Health Canada funded IECPCP initiative
- FMEC Undergraduate recommendations included the importance of Inter and Intraprofessional education
- CanMeds articulates competencies in the Collaborator role

PGME

Attribution/Conflict of Interest

The FMEC PG Environmental Scan was funded by Health Canada and managed by a consortium of the Association of Faculties of Medicine of Canada (AFMC), the College of Family Physicians of Canada (CFPC), le Collège des médecins du Québec (CMQ) and the Royal College of Physicians and Surgeons of Canada (RCPSC), with the AFMC acting as the project secretariat.

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ENVIRONMENTAL SCAN PROCESS

- Advisory panel
- Literature review:
 - Peer reviewed
 - Grey literature
- Interviews
 - Qualitative analysis

THE QUESTIONS....

How do we ensure that the future physicians in Canada have the competencies to work with each other and with other health professionals?

- Does the literature help?
- Are there examples to learn from?

THE EVIDENCE (??)

- Most articles refer to the "undergraduate" experience for interprofessional education
 - Classroom experiences
 - Clinical experiences
- The few articles that refer to intraprofessional education refer to CPD
 - Referral/Consultation

SCAN OF CONFERENCE ABSTRACTS

- A number of presentations and workshops have been given on interprofessional education in UGE
- Few in PGE
- Fewer in intraprofessional education

INTERVIEWS

8 semi-structured interviews with medical educators across Canada

- Exploration of:
 - examples
 - -success factors
 - -on-going challenges

PGME REPORT HIGHLIGHTS

Findings/key messages:

- Pockets of innovation do exist, but there is no common plan or approach and little if any sharing within and across university
 PGME programs.
- As with undergraduate medical education, the hidden curriculum plays a powerful role in either reinforcing or undermining the importance of intra and interprofessional relationships in PGME (e.g. role models).
- Support from senior leadership and champions is critical to successful integration of intra and interprofessional education into PGME.

PGME REPORT HIGHLIGHTS

Suggestions for action:

- 1. Complete an inventory of intra and interprofessional learning and assessment strategies across the country using program directors and medical residents as the key informants.
- 2. Describe a learning pathway for medical residents that builds on undergraduate training and is anchored in a clinically relevant context.
- 3. Examine the concept of the hidden curriculum and explicitly identify and teach around hidden messages and negative role modeling that undermine collaborative relationships.
- 4. Invest in faculty development for clinical and academic teachers.
- 5. Explore funding models for intra and intrerprofessional education that align with new practice models.
- 6. Develop and test learning and assessment strategies related to collaboration for medical residents.
- 7. Create a national tool kit of learning objectives, strategies and assessment tools for use in all medical education residency programs.
- 8. Engage in research and scholarship to examine the effectiveness of inter and intraprofessional education on practice patterns and behaviours among medical residents.

PGME REPORT HIGHLIGHTS

Examples:

- Phased learning
- A tool kit for the collaborator role through the RCPSC CanMeds office
- Faculty development workshops on the collaborator role
- Post Graduate Core Education on the collaborator role with five separate units on intra and interprofessional collaboration, teams, conflict and roles and responsibilities
- A series of interactive and case-based World Cafes open to all professions
- Linking the medical expert role o the collaborator role by facilitating intraprofessional case discussions across medical specialties.
- Wellness sessions and interprofessional teaching and clinical rounds and case reviews, led by medical residents and other health care providers in various settings
- Academic half days devoted to intra and interprofessional collaboration
- Training medical residents to facilitate collaboration for senior medical students
- Learning journals as a method of self-reflection on collaboration.

TASK 1

Small group discussions: barriers and facilitators related to inter and intraprofessional learning in post graduate medical education

- pedagogical barriers and facilitators
- system barriers and facilitators
- success factors

TASK 2

Question 1 – Building on examples shared from the environmental scan, personal experience, and or the draft exit enabling competencies (level 2), outline 2 educational strategies for engaging medical residents in learning about and practicing the collaborator role. Include learning objectives.

Question 2 – Describe 4 to 6 assessment criteria and related assessment tools for determining how well medical residents collaborate with medical colleagues and with colleagues from other professions.

WHERE TO NOW?

- 1. Results of discussions to be posted to the AFMC electronic Community of Practice related to inter and intraprofessional collaboration.
- 2. ? A Blog or wiki for sharing progress and ideas.
- 3. ? Research partnerships
- 4. ? Reprise at next ICRE meeting to measure progress.
- 5. ?Other