Mentoring Primary Health Care Nurse Practitioner-Family Physician Dyads in Collaborative Palliative Care Practice

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on behalf of ….
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Lakehead University

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cancer care ontario | action cancer ontario
Funding

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Background

- Primary Health Care providers play a critical role in palliative/end-of-life (P/EOL) care
- Limited formal training of health care providers in P/EOL care
- Lack of local & regional relationships in the delivery of P/EOL care
- With establishment of FHT, limited understanding of collaborative practice
Purpose

To build regional supportive relationships between interprofessional primary health care teams (mentees) and palliative care experts (mentors) that would result in increased palliative care knowledge and skills, and enhanced interprofessional and intraprofessional collaborative practice for all involved.
Participants

- **Mentees**
  - IP Primary Health Care teams consisting of Family Physicians and Primary Health Care Nurse Practitioners
    - Total 35 mentees

- **Mentors**
  - IP Palliative Care teams consisting of Palliative Care Physicians, Advanced Practice Nurses, & Registered Nurses
    - Total 15 mentors
Overview of Initiative

- Mentor Workshop
- Regional workshops for mentees
- Resources
- Mentorship Phase
Mentor Workshop

- One day face-to-face orientation session for all mentors
  - Review of P/EOL learning materials (LEAP curriculum)
  - Learning module on the concepts of collaborative practice developed by D. Way and L. Jones
  - Discussion of mentorship and process for establishing a mentorship relationship
Mentee Workshop

- Regional educational workshops
  - Presented 10 Modules of the LEAP curriculum
  - Presented the Collaborative Practice Module
  - Discussed the mentoring phase
LEAP Curriculum

LEAP = Learning Essential Approaches to Palliative and End of Life Care

- Developed by the Pallium Project©
- Peer reviewed modular curriculum
- Supports reflective & evidence-based approach to learning P/EOL competencies in a group based multiprofessional environment
LEAP Modules

1. Creating Context
2. GI Problems
3. Pain Management
4. Respiratory Problems
5. Communication

6. Depression, anxiety & suffering
7. Grief & bereavement
8. Delirium
9. Palliative Sedation
10. Last Days & Hours

11. Working as a Team (replaced by Jones & Way Collaborative Practice module)
Collaborative Practice Module

This module used the Structured Collaborative Practice Model© as a framework to reflect on and discuss collaborative practice.
Collaborative Practice Module

Components included:

- Common definition for collaborative practice
- 7 Essential Elements for effective collaboration
- 10 Steps to collaboration
Resources

- LEAP binder
- Collaborative Practice Module
- CD: Supporting Interdisciplinary Practice
  Collaborative Practice Toolkit 2006
- 99 Common Questions (PC handbook for nurses)
- ‘Conversations on Caring’ and ‘Developing Spiritual Care’
Mentorship Phase

- For 8 weeks following mentee workshops
- Focus on P/EOL clinical practice and enhancement of collaborative practice
- Variety of mentorship activities offered - flexible
  - Tele-conferences & video-conferences
  - Face-to-face meetings (individual & organizational)
  - Shadowing opportunities
  - Online discussion forum (sagelink.ca)
  - Consultation
Overview of Interactions

The Mentors
- Palliative Care Physicians
- APNs & RNs with Palliative Care Expertise

The Mentees
- Family Physicians
- Primary Health Care Nurse Practitioners

Inter Professional  Intra Professional
Evaluation Design

- Qualitative and quantitative
- Pre, immediately Post, ‘long term’ Post (follow up at 2 months)
- Mentees & mentors
- Assessed:
  - Collaborative practice and self-assessed competencies
  - Clinical practice and P/EOL knowledge
  - Satisfaction with education component
  - Satisfaction with mentorship and collaborative practice experience
### Evaluation Design

<table>
<thead>
<tr>
<th>PRE</th>
<th>POST</th>
<th>FOLLOW UP</th>
</tr>
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<tbody>
<tr>
<td>IP Collaborative Survey</td>
<td></td>
<td>IP Collaborative Survey</td>
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<tr>
<td>P/EOL Education &amp; Practice questionnaire</td>
<td>LEAP Knowledge assessment</td>
<td>P/EOL Education &amp; Practice questionnaire</td>
</tr>
<tr>
<td>Inventory</td>
<td>LEAP Commitment to Change Contract</td>
<td>Inventory</td>
</tr>
<tr>
<td>CP Purpose and Benefits Pre program Reflective Exercise</td>
<td>Focus Groups</td>
<td></td>
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</tbody>
</table>
Evaluation Design

Recorded interactions (number/nature)

- Sagelink.ca
  - Online discussion
  - Posting and download of resources
  - Posting of Action Plans

- Activity logs (maintained by Mentors)
  - Emails, phone calls, meetings, etc.
# Results IP Collaborative Survey

Table D: Mentee Inter Professional Collaboration Survey Results

<table>
<thead>
<tr>
<th>Domain</th>
<th>Time</th>
<th>N</th>
<th>Mean (SD) Range</th>
<th>Paired T-test, P value (n=15)</th>
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</thead>
<tbody>
<tr>
<td>Attitudes Toward Health Care Teams</td>
<td>Pre</td>
<td>33</td>
<td>57.00 (7.37) 34-69</td>
<td></td>
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<tr>
<td></td>
<td>Post</td>
<td>15</td>
<td>60.27 (7.07) 48-70</td>
<td></td>
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<tr>
<td>Current Knowledge and Skills</td>
<td>Pre</td>
<td>33</td>
<td>52.76 (10.29) 30-74</td>
<td>0.985, p = ns</td>
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<tr>
<td></td>
<td>Post</td>
<td>15</td>
<td>56.60 (16.33) 14-77</td>
<td></td>
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<tr>
<td>Extent of Current Collaboration</td>
<td>Pre</td>
<td>33</td>
<td>42.48 (12.71) 0-56</td>
<td>1.870, p = ns</td>
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<tr>
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<td>Post</td>
<td>15</td>
<td>52.27 (15.15) 0-63</td>
<td></td>
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<tr>
<td>Provider Satisfaction with Collaboration</td>
<td>Pre</td>
<td>33</td>
<td>56.00 (18.60) 0-77</td>
<td>2.186, p = 0.049</td>
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<tr>
<td></td>
<td>Post</td>
<td>15</td>
<td>57.13 (17.19) 0-70</td>
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</table>

Mentees reported significant increase in attitudes toward health care teams and satisfaction with overall collaboration with palliative care mentors.
### Results P/EOL Knowledge

<table>
<thead>
<tr>
<th>Assessment Time</th>
<th>N</th>
<th>Mean (SD)</th>
<th>T value</th>
<th>df</th>
<th>P (2 tailed) value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre LEAP</td>
<td>24</td>
<td>7.25 (2.49)</td>
<td>7.778</td>
<td>23</td>
<td>p=0.0000</td>
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<tr>
<td>Post LEAP</td>
<td>24</td>
<td>11.25 (2.19)</td>
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Mean Change 4.000

Significant increase in P/EOL knowledge for the mentees.
Focus Groups

- Semi-structured and facilitated
- 3 Mentee groups – 15 participants
  - One group per each site
  - Kingston face-to-face; others by telephone
  - 7 MDs; 8 Nurses

- 2 Mentor groups – 11 participants
  - One group with only Kingston mentors
  - Other group mix of mentors from all three sites
  - 6 MDs; 5 Nurses
Focus Groups – LEAP COURSE

- Perceived as greatest benefit
- Development/enhancement of relationships
- Gain knowledge about P/EOL resources & share experiences
- Used knowledge to make changes in access to & quality of P/EOL care
- Forum to generate and increase enthusiasm about P/EOL care development
Focus Groups – Mentorship Relationship

- Not enough time to fully develop but mentees felt comfortable contacting mentors in future
- Mentees and mentors hoped mentorship relationship would continue as means to enhance P/EOL care delivery
- Focus between mentees & mentors was more on P/EOL care than collaborative practice but mentors felt their CP was enhanced by experience
Focus Groups - Interactions

- Tele- & video-conferences very useful
- Online discussion not well used
- Mentees felt written LEAP resources met their needs
- Shadowing: mentee shadowing mentor & mentor shadowing mentee
- Face-to-face meetings (individual & organizational)
- Emails and telephone contact (general and consultative)
Focus Groups - Characteristics/Contributions

Characteristics of **Mentors** that support Mentee learning/Mentor contributions
- Approachable, accessible, open, proactive
- Knowledgeable, honest, enthusiastic & share their experiences

Contributions of **Mentees**/ Characteristics of **Mentees** most supportive of their learning
- Enthusiastic, open and engaged in learning
- Open, committed and motivated
Evaluation Summary

Although numbers were small, data suggested:

- Increased primary care providers’ knowledge in provision of P/EOL care
- Improved understanding and strengthening of collaborative practice
- Development of mentor-mentee relationships provided a foundation for future improvement of the quality of local/regional P/EOL care resources
- Enthusiasm to work collaboratively to improve P/EOL care for patients
Lessons Learned

- Limited timeline & time of year e.g. summer months resulted in conflicts with schedules and availability – others interested not able to participate; mentoring phase limited
- Too many evaluation tools: ‘survey fatigue’
- Collaborative practice module needed more integration into the LEAP modules
Lessons Learned

- Requires time to develop mentorship relationships and translate learning into practice
- Need a more ‘formalized’ mentorship phase but retain flexibility
- Incorporate other members of the primary care team
Next Steps

- Mentoring Interprofessional Primary Health Care Teams in Collaborative Palliative Care Practice
  Ministry of Health and Long-Term Care (HealthForceOntario 2008 – 2009)

- Mentoring Interprofessional Primary Health Care Teams in Collaborative Palliative Care Practice – Building Capacity
  Ministry of Health and Long-Term Care (HealthForceOntario 2009 – 2010)