REPORT

Project Showcase Meeting – CIHC Eastern Region

January 28–29, 2008

Halifax, Nova Scotia

Canadian Interprofessional Health Collaborative
Consortium pancanadien pour l'interprofessionnalisme en santé

Hosted by the Canadian Interprofessional Health Collaborative

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INTRODUCTION

On January 28 – 29th, 2008, the Canadian Interprofessional Health Collaborative hosted the third and final regional forum in Halifax, Nova Scotia. Similar to the first two sessions (Western Region – September 2007, Ontario Region – November 2007), the focus of the forum was to link together representatives and champions from the IECPCP projects, share outcomes and learnings, network with colleagues and decision-makers, and discuss possibilities for future discussion and collaboration. The CIHC Eastern Region includes Newfoundland, Nova Scotia, Prince Edward Island, New Brunswick and Quebec.

Unfortunately, the weather across Eastern Canada was uncooperative, and nearly half of the expected delegates were unable to attend. This provided a challenge to meeting organizers and attendees. Thanks to the quick thinking of Hope Beanlands, Brenda Sawatzky-Girling and John Gilbert, the meeting managed to continue seamlessly, despite a constantly changing agenda.

THE FLUID AGENDA

On Monday evening, attendees had an opportunity to hear from Dr. John Gilbert, CIHC Project Lead, and Sue Beardall, Senior Policy Advisor with Health Canada's Office of Nursing Policy. Organizers had planned to lead attendees through a series of poster presentations. Each project was asked to bring a poster about their project, and have one person on hand to lead small groups in discussion and dialogue about the goals, objectives and outcomes of the project. However, due to weather issues, many projects were unable to attend with their posters, and in order to fill time in a productive and meaningful way, John Gilbert asked the CIHC Communications Director to lead attendees through a presentation on plain language and communications that had been shared with NaHSSA students the week before.

On Tuesday morning, with slightly higher attendance, each project in the Eastern Region had an opportunity to share one significant finding or outcome from their project with the rest of the audience. These sessions provided representatives to hear what others were doing across the region, and represented the first time the region had come together to discuss successes and outcomes.

For the rest of Tuesday, attendees participated in a "World Café" session, led by Hope Beanlands. Participants had an opportunity to talk about the future of IP and how to move the agenda forward.

Some of the highlights of this discussion included:

1. On 'how to shift culture' towards IP, participants identified the need to make the case that IP increases safety and access, improves outcomes, costs less and empowers patients (the 'so what' response). This requires a certain amount of looking back and where we've come from and how we got here (the 'why' response). And most importantly, participants recognized the need to just do it – that students change the collaborative practice team and the collaborative practice team changes the students (this is the how)

2. One group drew a picture (hard to replicate here) where an umbrella represented IP culture, the ribs of the umbrella represented policymakers, patients, professionals, students, mobility, home support, education, patient empowerment, literacy programs, etc. The person holding the umbrella represented the Canadian identity (multiple multicultural identities). The rain represented the naysayers. The arm of the umbrella represented patients. The ground, the necessary grounding of our Canadian identity and IP culture and the nub/tip of the umbrella is the goal (shared vision of care).

   This group suggested a number of things we can do to achieve our goal:

   - acknowledge good and bad duplication, and build from the good
   - Use the language heard at the conference upon returning to workplaces
   - Model values in individual and group practice

- Develop an accountability structure that sets a requirement for IP language and behavior
- Provide Intergenerational workshops that include students, professionals, support staff, patients, etc, as learners in the same setting.

3. One group highlighted three key areas that need to shift to enable IP culture to grow. These shifts are a) in the attitudes of students/educators/healthcare professionals/patients, b) in living the values and ethics and c) in taking ownership and recognizing that change comes from a personal
4. One group noted that we consistently use education to change attitudes and this is actually the least effective approach. They recommended the use of structural change and peer pressure, citing smoking as an example of a social situation that has radically changed as a result of public health policy and social pressure on smokers. They suggested a structural change in practice (administration and accreditation standards) and education (change in criteria, tenure and promotion). As well this group recommended the development of common competencies with cross-faculty education (for example, nurses or social workers might assume responsibility for teaching/supervising/evaluating relational skills/evaluation therapeutic communication of physicians.)

Other ideas discussed included:

- Have patients ask for/push the need for interprofessional buy-in as a way to reduce turf wars.
- Hold more continuing education events, particularly for professions that have no continuing education requirements.
- Remember to educate those already in practice concurrently with those who are new to a profession or field.
- Recognize that the patient needs to be at the centre.
- Develop a better and clearer understanding of what IP is, and ensure the language is accessible to everyone.
- Build linkages with regulatory bodies and use them to implement IP competency.
- Move IPE to a more central place – not just an add on and ensure interprofessional courses are more than just theoretical.
- Draw on our own narratives to examine what could have been done better.
- Hire leaders as educators, and consider how leaders are formed/fostered/educated and created.
- Reconcile individual professional identity with the team/common identity (good).

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SUMMARY

The Eastern Region meeting was quite different from the two meetings held previously in the Western Region and Ontario. Where the first two meetings focused on building an entity based on collaborating regionally, the Eastern Region is just at the early stages of learning more about colleagues throughout the region. Discussion about future collaboration and meetings did not arise until the closing remarks.

Nevertheless, participants and attendees of the Eastern Region meeting expressed an interest in future meetings of a similar nature (perhaps when weather wouldn't be an issue). CIHC Steering Committee members representing each province) agreed to lead the next steps. Participants will follow up and plan for future collaborations and connections, where outcomes and successes can be shared, and the network of projects and champions further strengthened in the Eastern Region. Despite the weather challenges, the discussion and outcomes of the Eastern Region meeting were quite positive.

The meeting agenda and presentations are posted on the CIHC website:
http://www.cihc.ca/announcements/events_archive.html

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