

THE LAUNCH OF AN INTERPROFESSIONAL COLLABORATIVE (IPC) TRAINING PROGRAM IN AN ARTHRITIS SETTING: THE JOURNEY UNCOVERED

THE ARTHRITIS PROGRAM (TAP)

- TAP has been a high-performance, patient-centred interprofessional team since its inception 20 years ago
- All health professionals use their full scope of practice collaboratively with others on the team
- All team members share their individual skills and participate in patient treatment decision-making
- The TAP team understands and trusts the capabilities of each other

RECENT TAP AWARDS AND GRANTS

- 2009 University of Toronto (U of T) Centre of Interprofessional Education – Inaugural Award of Merit for an Outstanding Team that Role Models Interprofessional Collaboration for Patient-Centred Learning
- 2009 Ontario Hospital Pharmacist Mentorship Award
- 2009 Outstanding Community Rheumatologist
- 2008 U of T Physiotherapy Team Recognition

BACKGROUND OF PROJECT

- Need arose to develop a formalized method of disseminating information on the TAP Model of Care
- December 2008 – TAP received a Canadian Initiative for Outcomes in Rheumatology Care (CIORA) grant to develop TAP Interprofessional Training Program (TAP IP)

FIVE PHASES TO THE PROCESS

- Interprofessional needs assessment – survey design
- Survey distribution and results review
- Design of the program
- Launch of the program
- Evaluation of the program

INTERPROFESSIONAL NEEDS ASSESSMENT SURVEY

- Nationwide distribution
- Large network groups targeted
- Accrual occurred between June and October 2009
- Participants were invited to “pass the survey on”

METHODS – DESIGNING THE SURVEY

- Measures included:
 - Demographics
 - Current and “dream” models of care
 - Self-rated knowledge and skills
 - Attitudes towards health care teams (Heinemann 1999)
 - Knowledge/previous exposure to IPC training
 - Readiness for IPC
 - Challenges/barriers to IPC

RESULTS

- Diverse models of rheumatology care were present in Canada
- 30% of teams were working in IPC model
- Respondents identified a greater need for IPC training than for clinical skills training related to rheumatology practice
- Many components seen as needed for effective IPC were missing from team functioning including mission, vision statements, IPC training
- 67% of respondents indicated they would like to participate in IPC training
- Majority of respondents chose mode of delivery to be online training with little face-to-face interaction (See Figure 1)

IDENTIFIED BARRIERS TO IPC

- Team conflict
- Lack of understanding of roles
- Fear of loss of professional identity
- Lack of medical directives to support roles
- Human resources
- Infrastructure of organization
- Limited physical space
- Time constraints
- Geographical distances
- Financial resources

GOALS OF THE TAP IPC PROGRAM

- To provide the needed framework and management structure to create and work in a program based on the TAP model of care
- To give professionals working on teams an opportunity to develop an expanded view of knowledge, skills and attitudes necessary for working within an interprofessional team
- To give professionals working within an interprofessional team the tools to deliver the critical competencies based on the TAP model of care in a chronic care disease management setting

THE CURRICULUM

- Four modules with three lessons per module delivered by both a curriculum facilitator and content expert
- Lessons within the modules will be customized to meet needs of the participants
- Cost = module/time-dependent
- Time commitment is dependent on customized curriculum

MODULE OUTLINE

- Building the case: creating an infrastructure for an interprofessional team
- Defining the team: creating an effective interprofessional patient-centred team
- Patient empowerment: teaching an adult learner
- Action-based research: applications of TAP IP tools to the home-based clinic

MODES OF PROGRAM DELIVERY

- Independent learning including reading and information gathering
- An online platform for participants to post issues, challenges and successes to promote group IP support community
- An asynchronous e-learning experience to support curriculum learning
- Face-to-face classroom or virtual support
- Action-based research project for application of training program to their home-based team (see Figure 2 and 3)

EVALUATION

- Goal of program is to show a change in candidates’ current IPC practice and team attitudes towards IPC
- Evaluation will be at initiation of program, upon program completion, six months post and 12 months post-program completion
- Evaluation will be both qualitative and quantitative

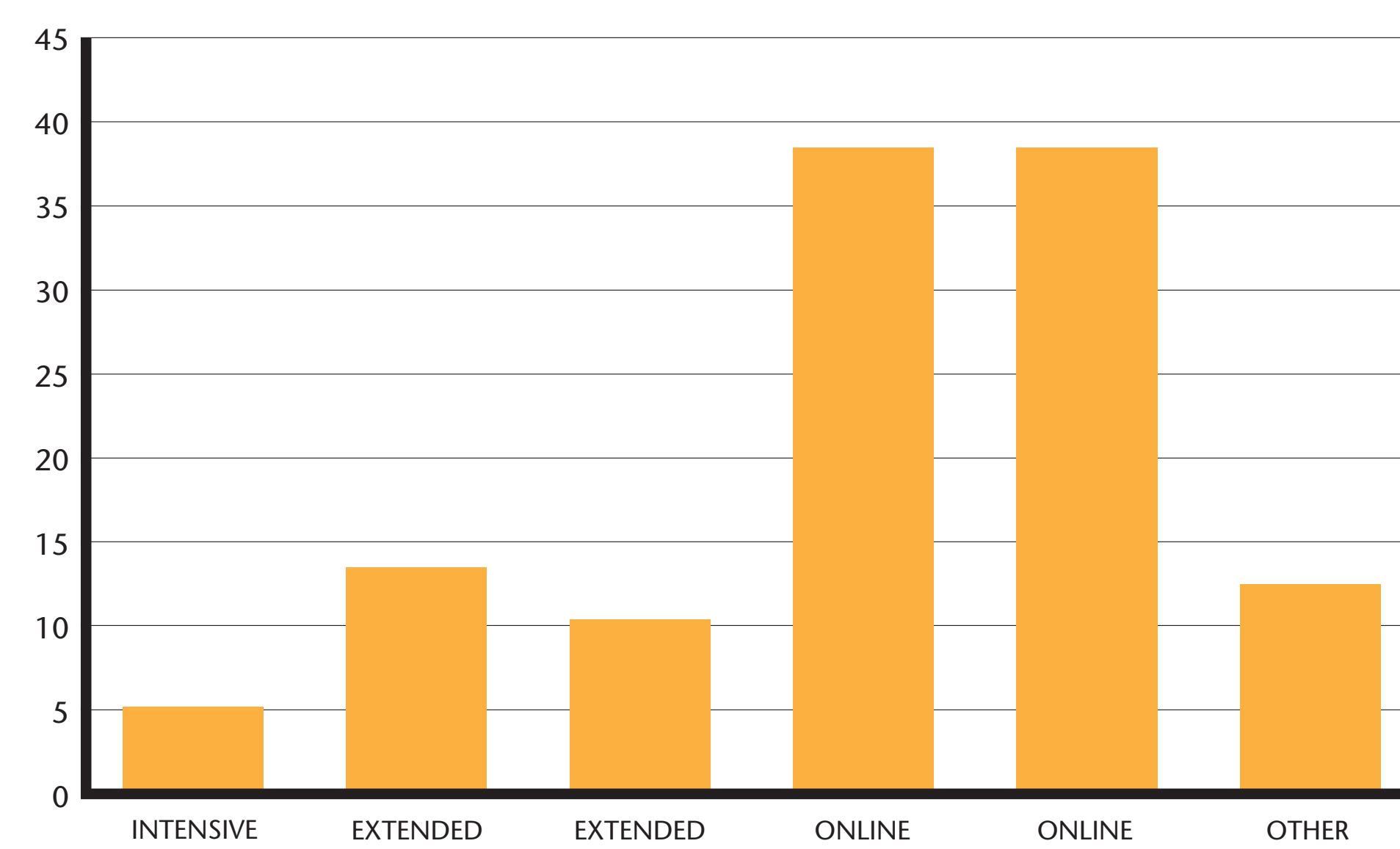
NEXT STEPS

- CIORA 2009 – Second grant received to launch a pilot of TAP IP – funding for participants and program evaluation and modification as needed
- Grant will be used for already formed interprofessional teams practicing in rheumatology
- TAP IPC has applications to all groups striving towards greater IPC, but especially those working in a chronic disease environment
- Academic applications of the TAP IP

FURTHER INFORMATION

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FIGURE 1 – What would be your preference for participation in an Interprofessional Patient-Centred Collaborative Model of Care training program? (%)



INTENSIVE 2 to 3 weeks full-time
EXTENDED Option A 2 to 3 weeks per month (weekends) over a 4 to 6 month period
EXTENDED Option B 2 to 3 days per month (1 weekday plus weekend) over 4 to 6 months
ONLINE PROGRAM Option A Pre and post “in person” 3 day session
ONLINE PROGRAM Option B In combination with video conferencing/education sessions
OTHER (Please specify)

FIGURE 2 – Online Community

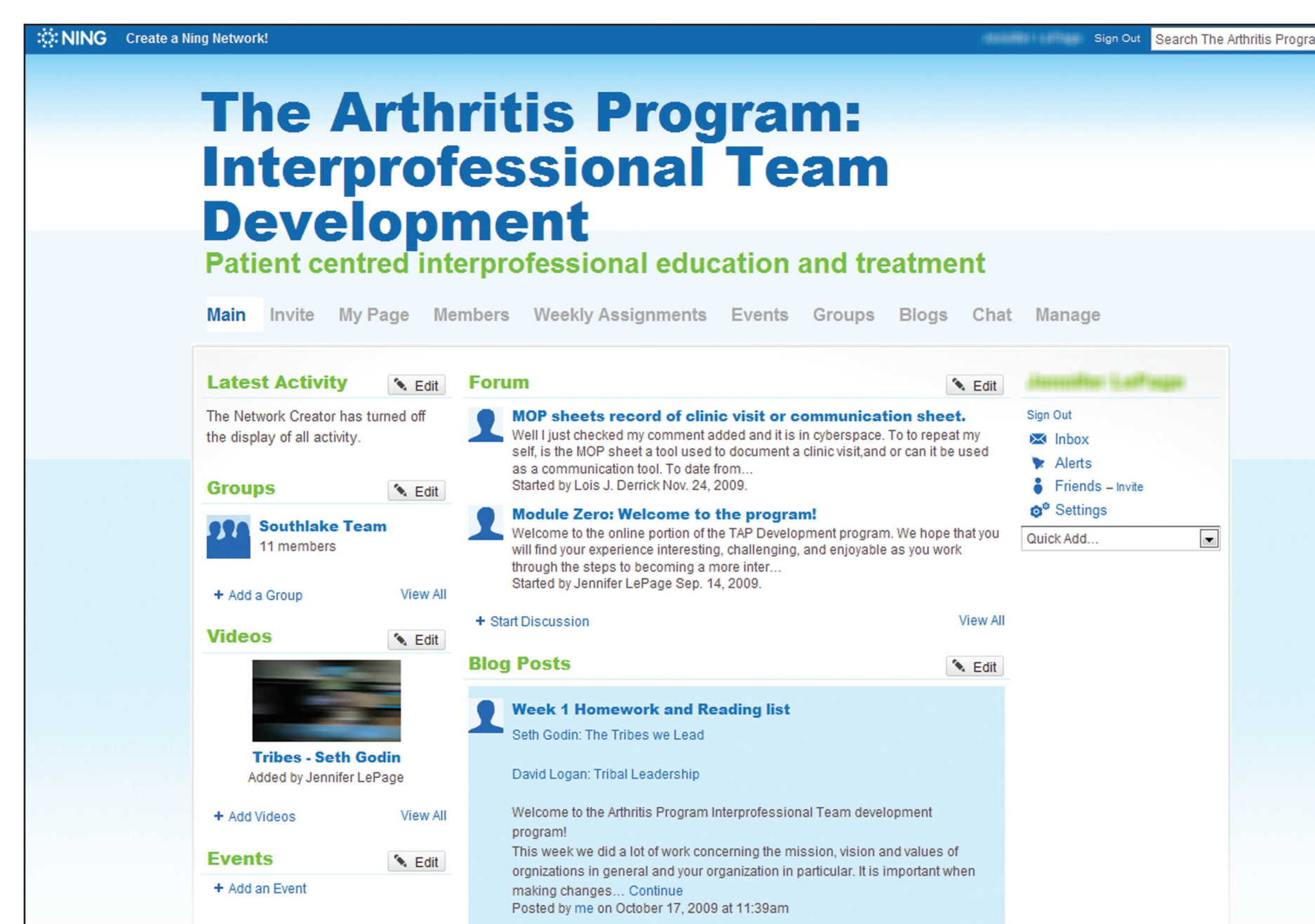


FIGURE 3 – E-Learning

