

INTERPROFESSIONAL EDUCATION:

LESSONS LEARNED IN A CASE-BASED COLLABORATIVE MENTAL HEALTH PRACTICE MODULE OFFERED OVER SEVEN YEARS

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OBJECTIVES

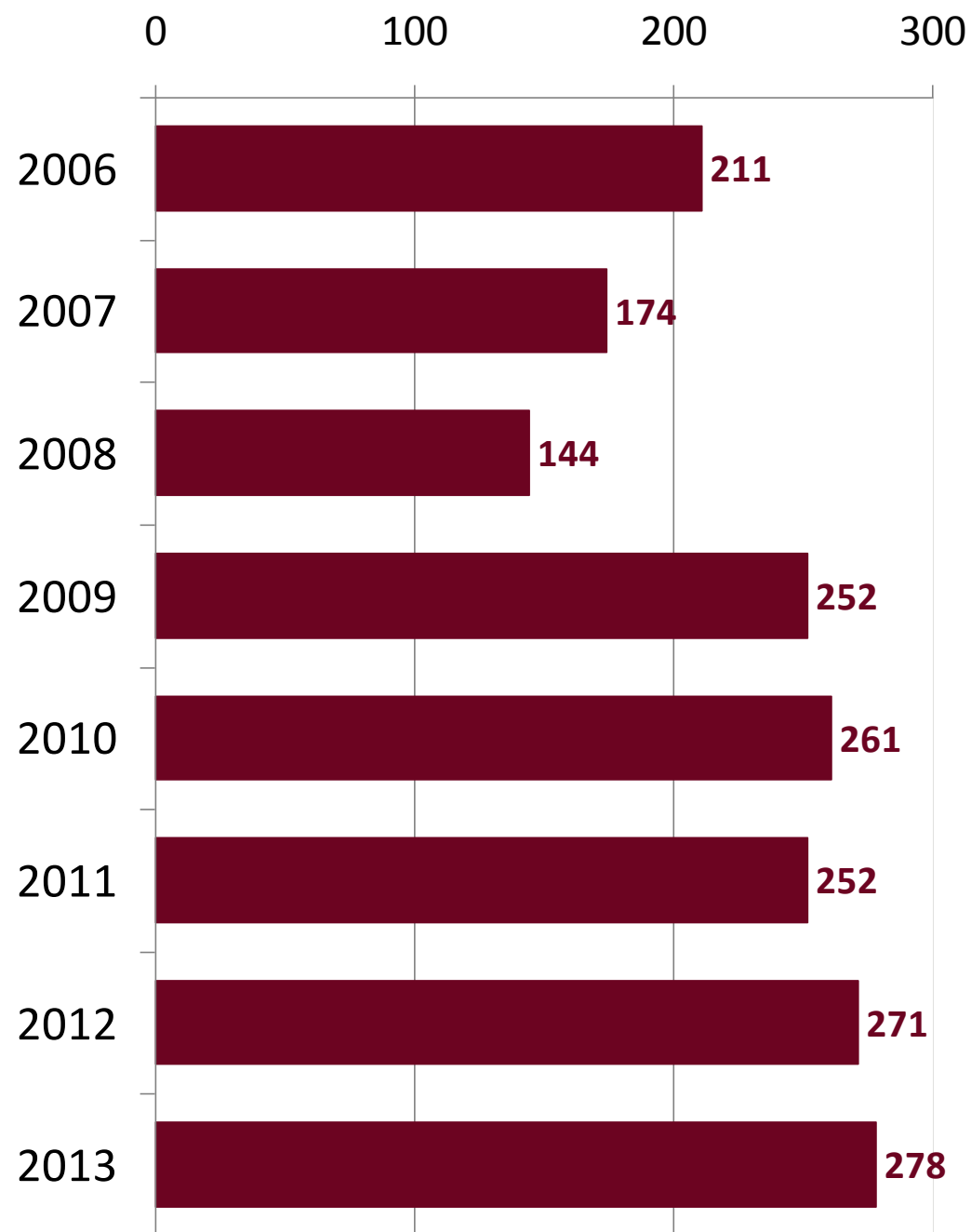
- **Describe the existing Collaborative Mental Health Practice Module**
- **Identify the impetus for and the changes made to the module over seven years**
- **Discuss the ongoing challenges to providing this IPE activity**

COLLABORATIVE MENTAL HEALTH MODULE

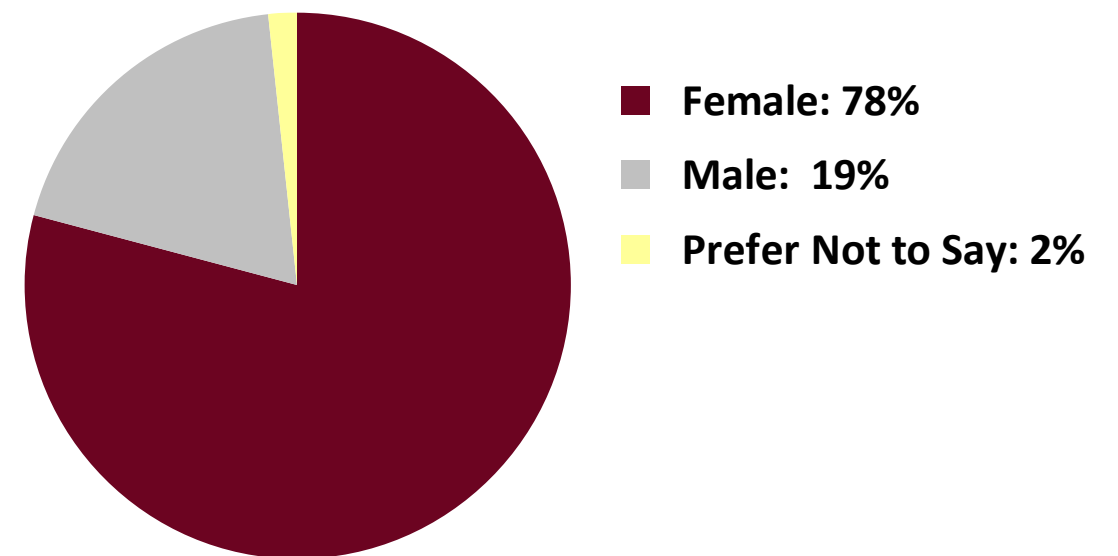
- **Started in 2006**
- **Case based, blended learning**
 - Combines online and face-to-face learning
- **Students involved:**
 - 2nd year medicine
 - 3rd year nursing
 - 4th year pharmacy
 - 5th year social work
 - 1st year PsyD program

STUDENT ATTENDEES

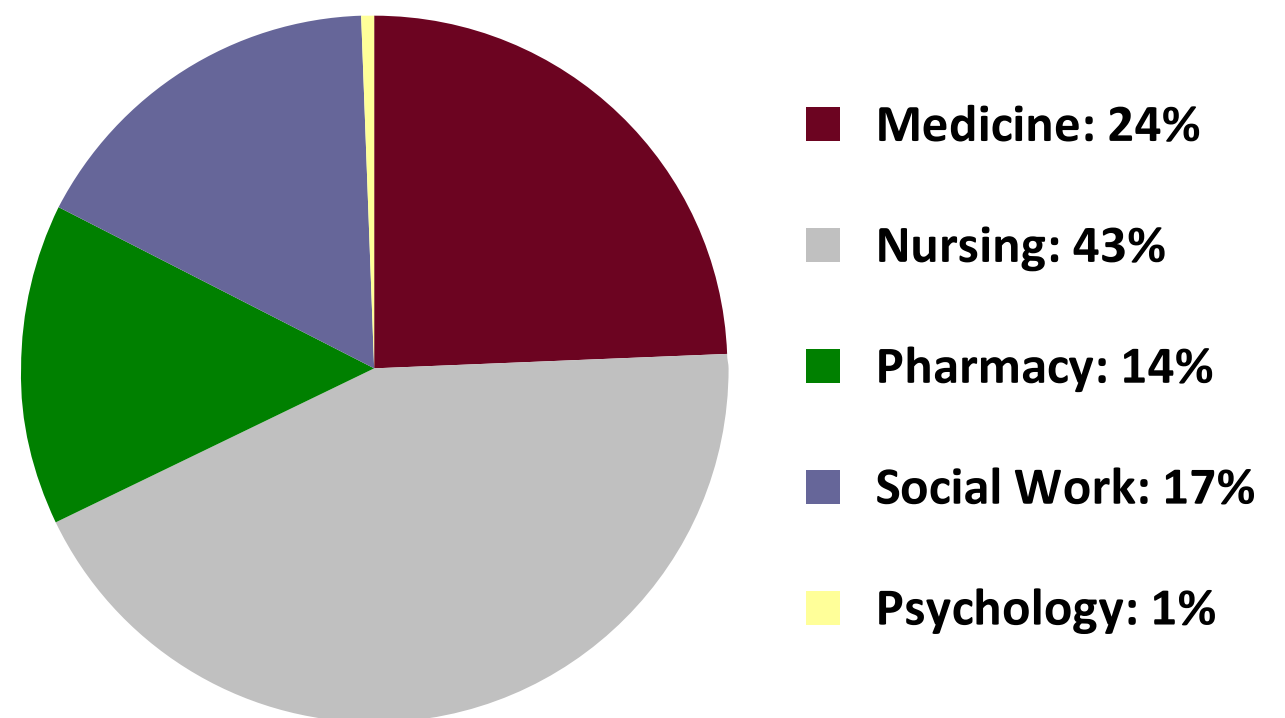
Overall Attendance by Year



Overall Student Gender



Overall Student Profession



COLLABORATIVE MENTAL HEALTH MODULE

Facilitators involved

- Faculty and practitioners from the professions

Standardized patients

- From Memorial University's standardized patient program

GOALS OF MODULE

- Identify and describe the role of the their professions in collaborative management of individuals with depression
- Identify and discuss the role of other professions in collaborative management of individuals with depression
- Identify the importance of interprofessional team work in the provision of health care for individuals with depression



GOALS OF MODULE

- Work collaboratively to develop an interprofessional care plan for an individual with depression
- Recognize the value of the roles of other health professionals in an interprofessional team approach
- Describe the important characteristics of a patient / client-centered approach to interprofessional teamwork for individuals with depression



EVALUATION

- **Student evaluations**
 - Respondent characteristics
 - Student satisfaction
 - Open-ended questions assessing likes/dislikes and learning objectives
- **Facilitator evaluations**
 - Based on observations of small group dynamics and functioning
- **Standardized patients**
 - Based on interactions with small group

MENTAL HEALTH MODULE BLENDED LEARNING MODEL IN 2006 & 2007

**Before Face-to-face
(1 week)**



E-Learning Component (1 – 2 hours)

- Self-learning tutorial
- Case study
- Online discussion

**Face-to-Face Learning Activities
Evening time slot (19:00 – 21:30)**



Facilitated Small- group Learning: (1.5 hours)

- Case study
- Interprofessional care plan formulation

Moderated Interprofessional Panel Discussion: (1 hour)

**Curricular
Development Team
& Invited Panel**

FEEDBACK

- **Positives**

- Involvement of four disciplines
- Quality of small group interaction
- Case incorporated all professions

- **Negatives**

- Material in each module was overly repetitive
- Students felt panelists put participants on the spot
- Online component difficult to navigate

INTERPROFESSIONAL TEAM BRAINSTORMING SESSION

- Move the session within class hours
- Decrease or remove the online component
- Model a real-life interprofessional team meeting
 - Written case
 - Video
 - Standardized patient
 - Interprofessional or uniprofessional interaction
- Panel discussion

MODULE BLENDED LEARNING MODEL: 2008 TO PRESENT

**Before Face-to-face
(1 week)**



Online Component

- Conceptual Knowledge
- Self-Study

**Face-to-Face Learning Activities
Daytime time slot (09:00 – 11:30)**



Uniprofessional Small-Group (1 hour)

- Preparation of Profession-specific Interview Questions
- Interview SP

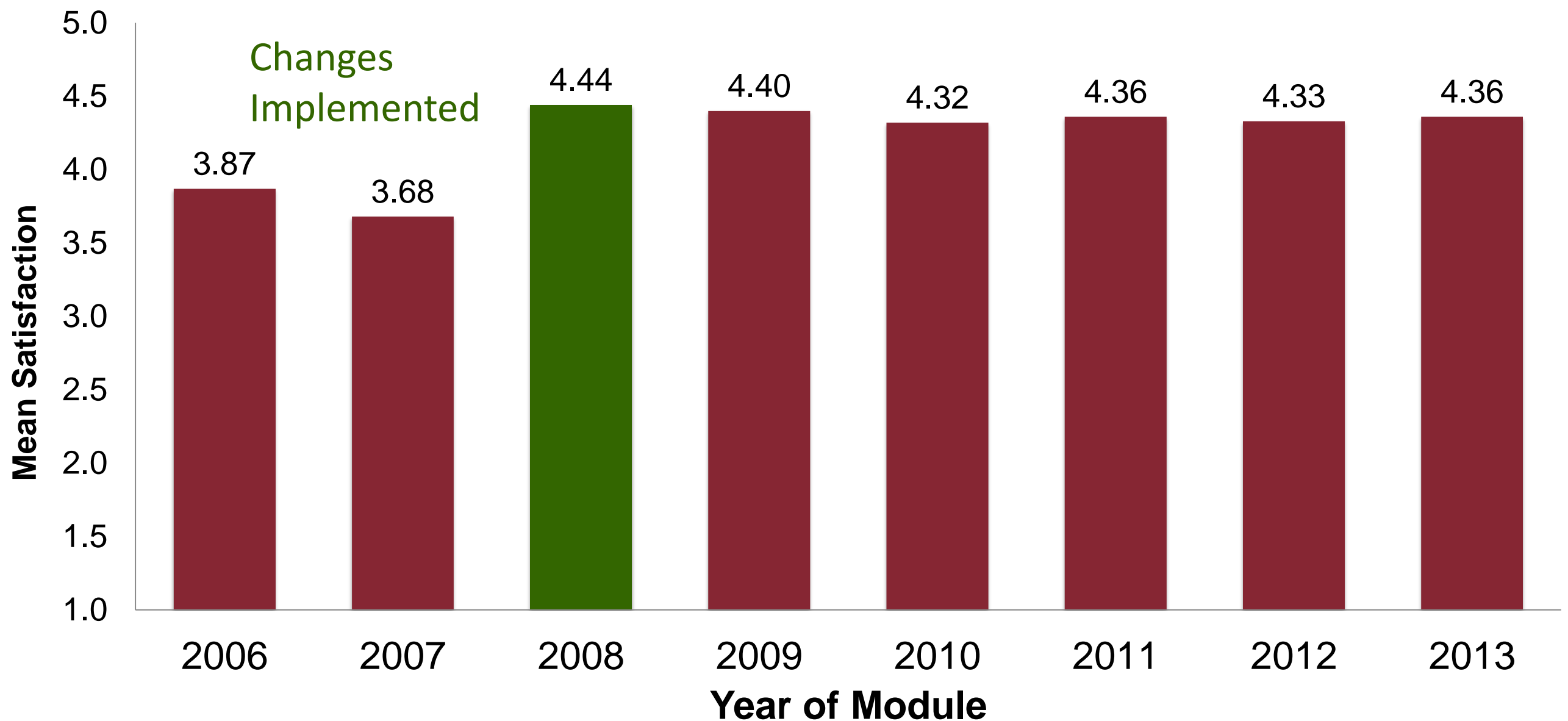
Interprofessional Small-Group (1 hour)

- Present Profession-specific issues
- Formulate inter-professional care plan
- Facilitated discussion of collaborative process

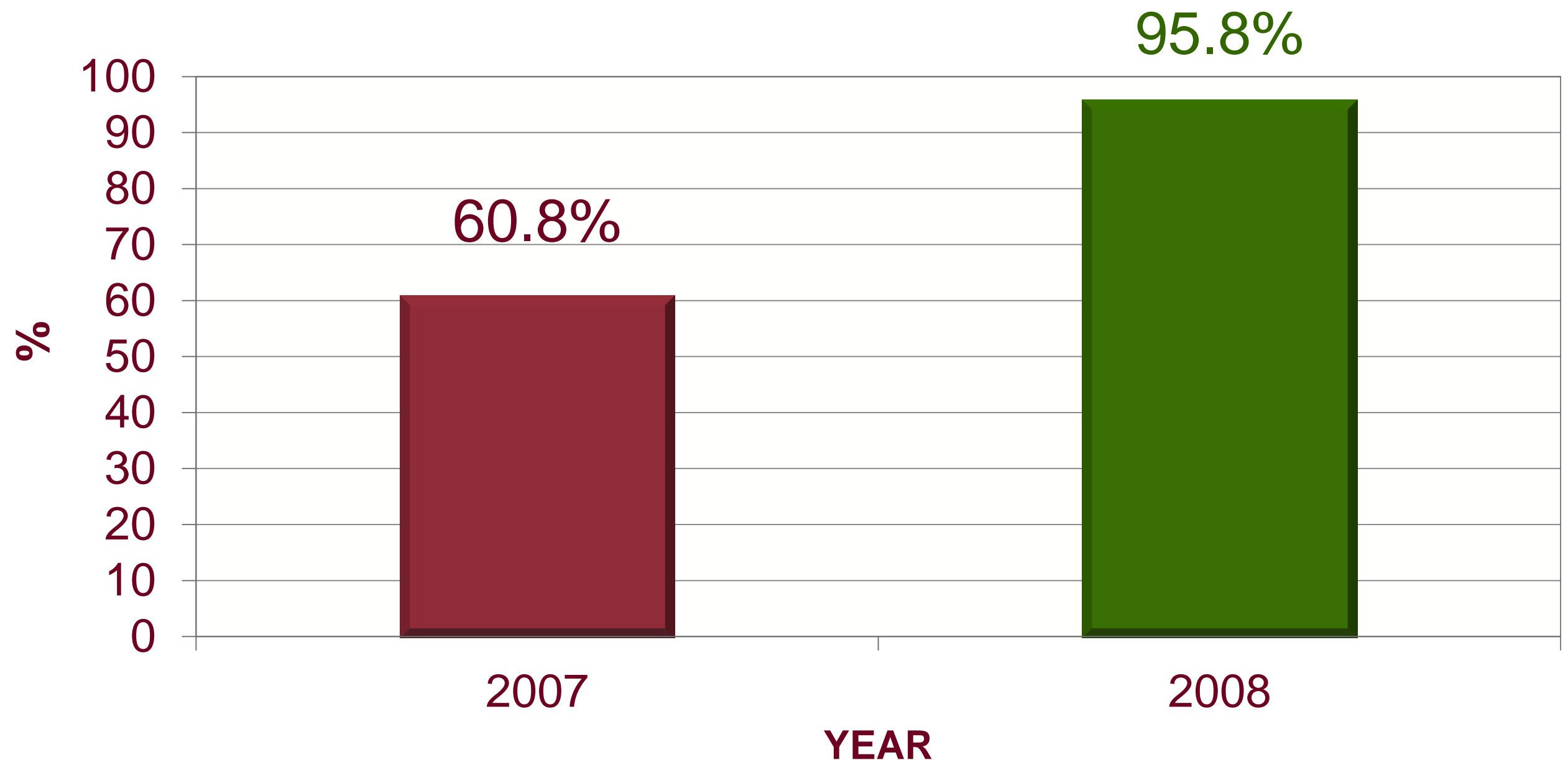
WHAT THIS REQUIRES

- **A case that is relevant to all professions**
- **A case that is adaptable**
 - Either gender of standardized patient
 - To the addition of other professional disciplines
- **Facilities and supports**
 - Around 25 facilitators, 25 standardized patients, 25 rooms!
- **Facilitator training**
- **Constant assessment and revision**

OUTCOME – MEAN SATISFACTION SCORES BY YEAR



I WOULD RECOMMEND THIS MODULE TO OTHER LEARNERS



WHAT THE STUDENTS SAY

“The case was realistic, we got to interact, discuss and describe the scenario within our own roles before moving to interdisciplinary. Learned roles of other professions.”

“I liked how the standardized patient gave out different information to the nursing students, medical students, pharmacy students and social work students. This really emphasized the importance of an interdisciplinary team in filling the gaps that are missed by some professions.”

STUDENT RESPONSE THEMES

- **Positives**

- Learned about professional roles
- Standardized patient interaction
- Uniprofessional and interprofessional groups
- No online component

- **Negatives**

- Logistics (finding rooms, parking, etc.)
- Would like more time
- Bring standardized patients back for the discussion
- Add more disciplines

FACILITATOR FEEDBACK

- **Positives**

- Training session was effective
- Case study was appropriate
- Felt group interactions went well

- **Negatives**

- More time needed
- Finding rooms

STANDARDIZED PATIENT FEEDBACK



- Very positive, felt students were appropriate
- Can be challenging to be interviewed by a group
- Sometimes interviews missed important components, such as family history

ONGOING CHALLENGES

- Adapting facilitator training to every new issue
- Different approaches to mental health conceptualizations between disciplines
- Scheduling for all disciplines
- Booking all the rooms, facilitators and standardized patients
- Evaluations: how much? How often?
- Ongoing meetings, assessment and adaptation by the interprofessional team

WHAT WE LEARNED

Listen to the feedback

- Students like simulation,
- Derive meaning from interprofessional contact
- They prefer face-to-face to online learning

Be ambitious

- We never thought we'd pull it off!

Be adaptable

- Put the principles of IPE to work in the development of IPE modules