



Large TLEF Project – Final Report

Report Completion Date: (2018/08/15)

1. PROJECT OVERVIEW

1.1. General Information

Project Title:	Shared Decision Making: A toolkit for the health professions on collaborative leadership		
Principal Investigator:	Saraswathi Vedam		
Report Submitted By:	Lynsey Hamilton		
Project Initiation Date:	April, 2015	Project Completion Date:	July 31 th 2018

1.2. Project Summary

In partnership with students and faculty from health professional programs (including: medicine, nursing, midwifery, and genetic counselling), we have created a flexible online educational toolkit, which will enable learners to acquire core competencies that are essential for practice in a multi-disciplinary environment. The 5 modules provide learning activities related to interprofessional communication, collaboration, team functioning, conflict transformation, and patient-centered care. University-based, pre-clinical opportunities to acquire knowledge, skills, and attitudes in these areas are scarce.

Place of birth was chosen as the exemplar since this contentious topic can generate dialogue around an issue about which UBC students are known to hold strong and differing opinions (Stoll et al., 2009). The blended learning format reserves time for students to develop and practice skills face-to-face or by video conference. To facilitate uptake by learners from diverse programs, modules and materials will be accessible both via existing UBC courses and through a self-directed learning process.

The course was piloted with mixed cohorts of health discipline students 5 times to generate feedback from learners and help the team edit the content and format in an iterative process. To ensure widespread dissemination of the modules, the PI and team have also successfully promoted the course outside of UBC exploring opportunities to adapt for use in other jurisdictions or for continuing education for practicing maternity health professionals.

Team Members – (Please fill in the following table and include students, undergraduate or graduate, who participated in your project).

Name	Title/Affiliation	Responsibilities/Roles
Saraswathi Vedam	Associate Professor: Midwifery	Content creation
Courtney Broten	Graduate Student: Education	Content creation
Lynsey Hamilton	KT Specialist: Midwifery	Project management
Leah Timmerman	Student: Midwifery	Course development
Jessie Wang	Student: Medicine	Course development
Namsook Jahng	Education Consultant: CTLT	Instructional Design



Lucas Wright	Education Consultant: CTLT	Instructional Design
Sabrina Afroz	Student: Midwifery	Course development
Kelsey Martin	Student: Midwifery	Course development
Kathrin Stoll	Research Associate: Midwifery	Evaluation support
Misty Wasyluk	Clinical Faculty: Midwifery	Pilot Instructor
Sarah McCabe	Graduate Student: Education	Course development
Jessie Holbek	Student: Medicine	Environmental Scan
Alexnadria Marshall	Student: Midwifery	Environmental Scan
Tim Bateman	Education Technology Strategist	Project Management

Advisory Team Members:

- Dr. Christie Newton, Director, Interprofessional Education, Director, Continuing Professional Development and Community Partnerships, UBC Faculty of Medicine
- Jessica Holbeck, 2nd Year Student, UBC Medical Undergraduate Program
- Lauren Roope, 4th Year Student, UBC School of Nursing
- Emma Butt, 4th Year Student, UBC Midwifery Program
- Jessica Neufeld, 3rd Year Student, UBC Medical Undergraduate Program
- Jacquelyn Thorne, 3rd Year Student, UBC Midwifery Program
- Warren Koo, 1st year student, UBC Medical Undergraduate Program
- Alexandria Marshall, UBC School of Nursing Class of 2015
- Dr. Sarah Partridge, 3rd year Family Practice Resident
- Dr. Michelle Butler, Professor, Director, UBC Midwifery Program
- Dr. Patricia Janssen, Professor, MCH Program, UBC School of Population and Public Health
- Jenna Scott, MS, CGC, Co-Director Masters Program in Genetic Counselling
- Dr. Angela Towle, Senior Scholar, Centre for Health Education Scholarship
- Dr. Sarah Munro, PhD, Centre for Health Evaluation & Outcome Sciences
- Dr. Lisa Kane Low, Associate Professor, Nurse-Midwifery Education Program Coordinator, School of Nursing and Women's Studies, University of Michigan
- Dr. Wendy Hall, Professor, UBC School of Nursing

1.3. Courses Reached – Please fill in the following table with **past**, **current**, and **future** courses and sections (e.g. HIST 101, 002, 2017/2018, Sep) that have been/will be reached by your project, including courses not included in your original proposal (you may adapt this section to the context of your project as necessary).

Course	Section	Academic Year	Term (Summer/Fall/Winter)
MED 411 / FLEX		2017/2018	
NURS 333		2017/2018	
NURS 422		2017/2018	
MIDW 110		2017/2018	
MIDW 205		2017/2018	
MIDW 305		2017/2018	



MIDW 307		2017/2018	
MIDW 430		2017/2018	

2. OUTPUTS AND/OR PRODUCTS

2.1. Please **list** project outputs and/or products (e.g. resources, infrastructure, new courses/programs). Indicate the current location of such products and provide a URL if applicable.

Product(s)/Achievement(s):	Location:
Online course with 5 modules with IPE Passport credits	edX / Canvas
Person-Centred Decision Making Model	www.birthplacelab.org
Instructor Guide	UBC workspace

2.2. **Item(s) Not Met** – Please list intended project outputs and/or products that were not attained and the reason(s) for this.

Item(s) Not Met:	Reason:

3. PROJECT IMPACT

3.1. **What were you hoping to change or where were you hoping to see an impact with this project?** – Please list the intended benefits of the project for students, TAs, instructors and/or community members.

1. We hoped to see students demonstrate improved knowledge of and increased interest in the role and scope of practice of other health professional groups. The group discussion boards on this topic were always filled with lively conversation about how little each group knew about another and how helpful they found these discussions.
2. We hoped that students would begin to understand and appreciate care that is responsive to the diverse needs and priorities of the BC childbearing population
3. We wanted to give students concrete tools to facilitate a person-centered decision making process.
4. We hoped to stimulate acquisition of skills and competencies that support interprofessional collaboration, teamwork, and conflict management. We theorized that if students feel more confident in managing conversations, team dynamics and conflicts in their future professional roles, they will also ensure that patient centred care remained at the forefront of all interprofessional interactions. The results of the evaluations from the pilot indicate that students did see an increase in their knowledge and confidence in the skills the course covered.

On the BC context for care:

*“All of us in our group were surprised to see the geographic distribution of birth care facilities in BC. There are large areas of BC that have **little to no health care facilities** for births. We also commented on how difficult it may be for women who have to travel **far distances** away from their communities to give birth.”*

“I can't imagine how scary it would be to leave your family and hometown to have a baby in a system and city that is unfamiliar to you”

On Professional Roles:

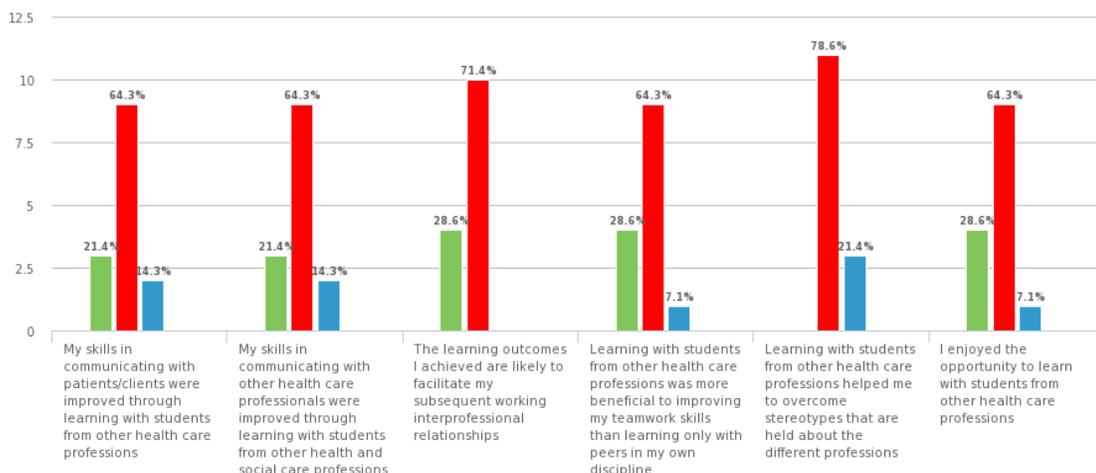
“I hadn't realized that some family physicians can perform surgeries, including cesarean section and circumcision.”

“I wonder if the fee-for-service model that most GP's work under poses additional barriers for GP's wanting to provide home births.”

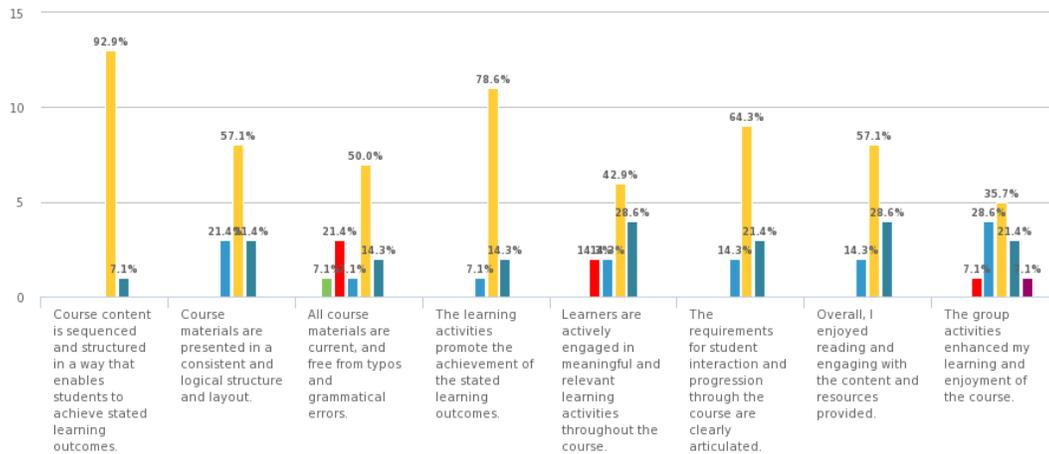
Were these changes/impacts achieved? How do you know they occurred? – To what extent were intended benefits achieved or not achieved? What evaluation strategies were used? How was data collected and analyzed? You are encouraged to include copies of data collection tools (e.g. surveys and interview protocols) as well as graphical representations of data and/or scenarios or quotes to represent and illustrate key themes.

The student participants were asked to complete embedded surveys (hosted on UBC platforms, Fluid Surveys and Qualtrics) pre- and post-course to demonstrate their knowledge of and confidence in the topics presented. Additionally the discussion boards were monitored to understand students self-awareness in their learnings. There were also evaluation surveys from the modules that we used to revise the course content and format between pilots to ensure the best learning experience for the students.

From the 5 pilots we hosted we got feedback from over 40 students from 5 courses (medicine, midwifery, nursing, genetic counselling and physiotherapy):



Graph showing evaluation of Interprofessional Collaboration learning outcomes.



Graph showing evaluation of Course Content and Materials

Previous pilots were overseen by team members, but the most recent pilot was run by a Midwifery Clinical Faculty member who was not previously a member of the team developing the course. This allowed us to understand the needs of an external course instructor and work with them to improve the Instructor Guide that we had developed so that as the course is taken up across UBC and further afield we have confidence that Instructors will be able to run this interprofessional course without additional support from our team.

3.2. Dissemination – Please provide a list of past and upcoming scholarly activities (e.g. publications, presentations, invited talks, etc.) in which you or anyone from your team have shared information regarding this project.

Posters:

- TLEF Poster Showcase, 2017
- BC Support Unit Conference, 2017
- TLEF Poster Showcase, 2018

Presentations:

- 4th Northern Perinatal Conference, Northern Health Authority and First Nations Health Authority, 2016
- University of California, San Francisco, Visiting Scholar presentation, 2018
- Canadian Association for Midwifery Education, 2017
- International Normal Labour and Birth Research Conference, 2018



4. TEACHING PRACTICES – Please indicate if **your** teaching practices or those of **others** have changed as a result of your project. If so, in what ways? Do you see these changes as sustainable over time? Why or why not?

Feedback below from three instructors who were engaged in piloting:

“As a result of this project I have significantly changed my teaching practices by becoming more skilled at designing online courses. The mentorship that I received from the Instructional Designers at CTLT helped me to learn how to design online courses using backwards design. I now feel more comfortable with online educational platforms like edX. I understand the best practices for online education and design and I know how to evaluate if an online course is an effective learning tool for students. I particularly enjoyed the team approach to education design and believe that in the future I would never consider designing a course without input and feedback from a variety of people. I really enjoyed having students work with me on this project and they helped me to develop a course that we all feel very proud of.”

“In this, my first venture teaching in an online course, the interactions between myself as the educator and the learners looked different from what I was used to. In this course, learners wished to communicate and receive support through direct, one-on-one emails or Skype rather than just through mass emails or generic posts online. Even in an online course, learners need to feel supported and heard. Going forward, the strategies I have learned about communicating with learners in an online course setting will be brought to bear upon communication with all of my learners, be they in an online course or in person.”

“Both in education and clinical practice there is a growing awareness of the strengths of interdisciplinary care-for the team as well as for the families receiving care. This curriculum fosters and upholds a high standard for inter-disciplinary excellence regarding communication and shared decision making and fosters inter-disciplinary learning regarding the participants’ professions as they relate to team functioning.

An example here would be a Medical Genetics Student who undertook the DSD TLEF and then by chance had a two day inter-disciplinary placement at a Midwifery clinic afterwards and was also able to observe a birth! This student who primarily sees abnormal in their chosen field now has a concrete experience to connect them with normal birth as well. So to reflect further, I am seeing growing interest in other professions seeking learning opportunities with Midwives as well as more inter-disciplinary practitioners working with Midwifery students. As Midwifery students continue to enter placements well prepared and with skilled communication they are able to participate in enjoyable and engaging placements which may promote on-going learning opportunities for future Midwifery students. In this sense I would say there is an immeasurable level of sustainability.”

5. PROJECT SUSTAINMENT – Please describe the sustainment strategy for the project components. How will this be sustained and potentially expanded (e.g. over the next five years). What challenges do you foresee for achieving the expected long-term impacts listed above?

The team has been promoting the development of this course at local, national and international events over the past 2 years. These presentations have generated a lot of interest, from other institutions in Canada to government leaders and health authorities, to Interprofessional collaborative networks of health professional educators in the United States. Our team has continued to engage with interested parties and is in discussions

to explore the opportunity to make adaptations to become a continuing professional development course here in British Columbia.

We are also actively engaged in adapting the course for the US context. We have partnered with a group of clinical instructors from obstetrics, nursing, and midwifery at the University of California San Francisco, and they are helping to take the content to a static platform and from there create a new US version. This content can then be taken up by different institutions to upload to their own platforms as needed.

Currently here at UBC the course is held on edX but we are also in the process of moving to Canvas which has replaced Connect as the primary learning platform for online courses at UBC. By having the course on a variety of platforms as well as on a static platform that is accessible to interested partners we hope to ensure that the course can be expanded as an offering to other universities across Canada and the US.

The course has been approved for IPE Passport credits for students, the Passport system is an entry point for students from all of the Health Professional Programs, so we prioritized our participation in Passport above individual program integration. First and foremost, Passport calls for opportunities that (1) involve learners from two or more professions, (2) include interactivity, and (3) make interprofessional learning explicit through learning objectives communicated to students. Our toolkit set out to commit to each of these qualities from the outset. By achieving the approval of the IPE Passport system, we have established a baseline of credibility and a simple starting point with each of the Health Professional Programs.

The PI has investigated how to offer the pilots of the modules through the FLEX system. Now that the modules have been fully developed we will submit an application for ongoing inclusion in the annual listing offered by Medical Department Undergraduate Education Committee (MDUEC). The team has also built a teaching guide for faculty which will delineate applicability to existing curriculum and self-directed learning opportunities.

Finally the team created a novel, evidence-based person-centred decision making tool that is freely accessible on our website:

