

# Initiative News

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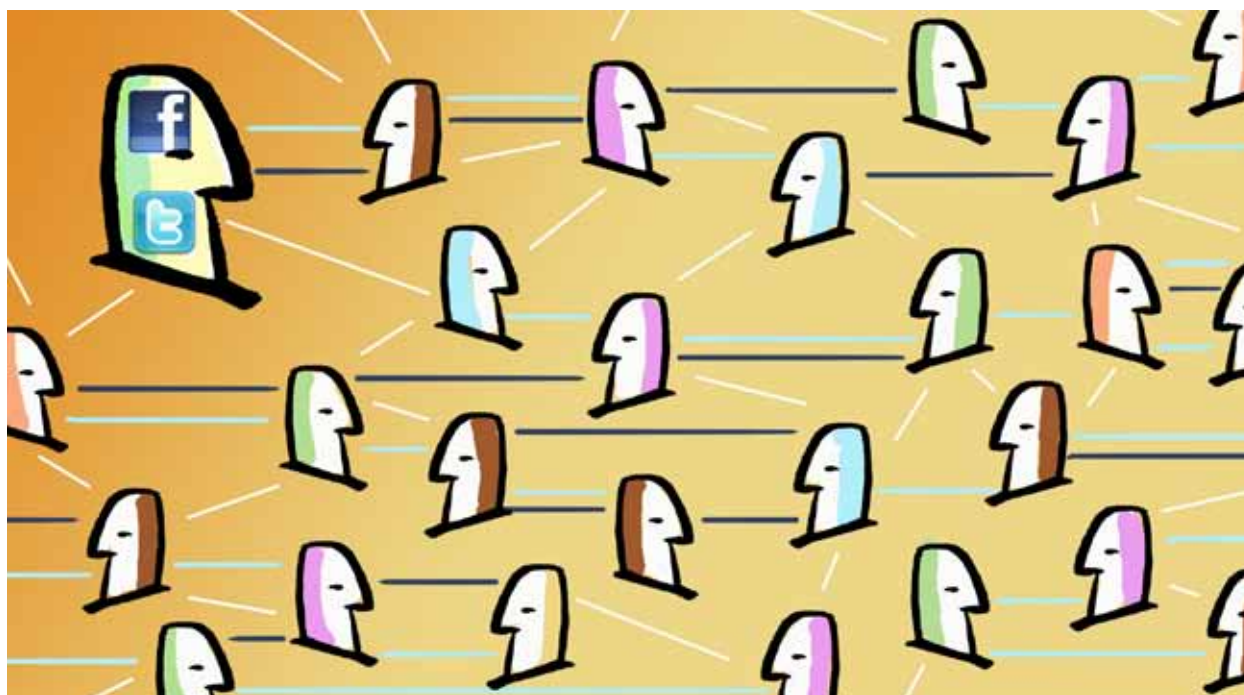


Illustration: Craig Terison

**“... already beginning to spread the word about the work of the Initiative to those who may otherwise be unaware of the good work going on.”**

## Update on the Initiative’s Social Media Programs:

In the spring 2011 issue of “Initiative News” an article highlighted the importance of using social media in healthcare organizations/programs. The article provided an anticipated launch of social media in late spring. We are happy to report that the Initiative has made good on its promise! The Initiative now has a Twitter feed and a Facebook page that, while in their infant stages, are already beginning to spread the word about the work of the Initiative to those who may otherwise be unaware of the good work going on.

Over the last few months the goal has been to not only get these social media programs up and running but to begin the process of using them to connect to a broader community of people who care about interprofessional education, collaborative practice and person-centred care. The network of people who care about the issues that the Initiative both promotes and works towards solving is vast with still yet untapped potential.

From a strategic point of view, social media programs all work together coupled with the website to draw attention to as well as generate interest in the Initiative. Social media programs

promote the website, which in turn highlight articles related to interprofessional education, collaborative practice and person-centred care. The ability to send these links out showcases the role of the Initiative as a trusted leader and a reliable source of information. Over time social media becomes more than about sharing information, it becomes a conversation when those ‘following’ can come to the Initiative to answer questions about the topic, or when the Initiative can lead a discussion on a topic. This conversation takes time to occur, but it is precisely what is required to unlock the true potential of social media.

The Initiative will continue to develop and nurture social media programs throughout the summer and into the fall and looks forward to tapping into the vast potential that social media has to offer. Stay tuned for more updates. In the meantime, go find us on Twitter and look for us on Facebook. We invite each of you, our closest colleagues and advisors, to join the conversation.

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Manitoba  
Interprofessional  
Education Initiative.**

# Students' Corner:



**“The recognition of the role of students led to the establishment of several IHI chapters and communities around the world.”**

**It** is with great pleasure that I bring greetings from the 2011/2012 Manitoba Health Science Students' Association (MaHSSA) Council. I am delighted to be able to use this issue to highlight one of MaHSSA's ongoing initiatives, the Institute for Healthcare Improvement (IHI), Manitoba Chapter.

The IHI is a not-for-profit organization based in Cambridge, Massachusetts. The IHI strives to promote change by identifying and testing new models of care with patients and healthcare professionals to ensure best and safe practices. Students have been identified as a critical partner in this process. The recognition of the role of students led to the establishment of several IHI chapters and communities around the world. The Manitoba Chapter, currently led by second year medical students and co-leads Alex Thielmann and Bria Sharkey, serves as an interprofessional group for students that affects positive change in healthcare. Chapters are presently represented in over 40 countries. A critical component of student chapters is the IHI Open School for Health Professions, an interprofessional global community of students and faculty

that provides online resources and tools to promote and build the skills required to ensure safe practices.

Activities of the Manitoba IHI chapter to date include:

- The World Health Organization (WHO) Checklist project which involved medical and nursing student participants placed in pairs to observe operating room safety practices in Winnipeg Regional Health Authority (WRHA) hospitals. Results of the study were published in an article in 2009 (Haynes et al. A Surgical Checklist to Reduce Morbidity and Mortality in a Global Population. N Engl J Med 22009; 360:491-499) and presented to the WHRA leadership in 2010.
- The promotion of the Open School courses to students in the 12 health disciplines.
- The Nightmare /NightCare event involving the University of Manitoba Faculties of Medicine and Nursing. Student feedback was very positive, particularly with respect to the experiences students had interacting with their colleagues. This event not only provided a safe learning environment, but also helped students to build caregiver empathy and develop collaborative skills

prior to entering their respective formal clinical experiences.

The Manitoba IHI Chapter would like to acknowledge the support given by the Initiative and thank all of the faculty and students for their hard work and participation in events this year. Plans for the future include: adding students in new disciplines, continual promotion of the IHI Open School courses and efforts to ensure the incorporation of practical interprofessional learning into standard curriculum.

For more information about MaHSSA or the IHI, I encourage you to visit our website at [www.umanitoba.ca/programs/interprofessional/learners/mahssa.html](http://www.umanitoba.ca/programs/interprofessional/learners/mahssa.html) or send us an email at [mahssa1@gmail.com](mailto:mahssa1@gmail.com).

Best Regards,  
Omolayo Famuyide  
MaHSSA President



# Interview



Christine Ateah

**“ ... it’s been very exciting to observe how more and more faculty become involved in IPE activities. The enthusiasm for IPE continues to grow...”**

## **Interview with IPE Liaison Member Christine Ateah:**

### **1. Why is Interprofessional Education (IPE) important to you on a personal level?**

I have always been interested in learning with from and about other professions. In addition to my Bachelor of Nursing, I completed a Master in Education and an interdisciplinary PhD which both involved learning with students from many professional backgrounds. My primary research interests are focused on parenting, prevention of child abuse, and parent education which are interprofessional in nature. In 2006 I started to work with my colleague, Judy Anderson (who was Associate Dean, Faculty of Medicine at the time), on IPE focused work. In 2007, at which time I was the Associate Dean, Undergraduate Programs in the Faculty of Nursing, we were presented with an opportunity to participate in the Interprofessional Education Collaborative Patient Centred Practice (IECPCP) Initiative. My fields of study, and the fact that nurses so often work with other disciplines and professions, made it feel right for me to move towards more work in the area of IPE. Additionally, because IPE and practice

contribute to patient centred care as well as quality and safety, it makes intuitive good sense to me.

### **2. One of Christine’s current positions is the IPE Coordinator for the Faculty of Nursing. Please tell us a bit about how this position came about and what type of work you do.**

I’m fortunate in that as part of my workload I get some teaching release time to work specifically on the IPE Coordinator role. Although I’m still primarily focused on research and teaching, as noted, I do have allotted time to focus on IPE. The role developed primarily out of the IECPCP project on which I was involved. As the nursing lead on our project I was often asked to participate on IP related committees or to be a nursing representative for variety of other projects that were developing. I spoke with our Dean, Dr. Dauna Crooks, who was very supportive toward IPE activities, and suggested that it might be beneficial for the Faculty of Nursing to have a designated person to represent nursing on IPE initiatives. Out of this a job description was developed and the role took shape. In the IPE Coordinator role I am the primary contact in our faculty for any IP initiative. I provide regular

reports to our Faculty Council and I get other faculty members involved in IP initiatives. I also help to coordinate student IPE activities, such as those in clinical practice, and I participate in seminars and faculty development. Recently, it’s been very exciting to observe how more and more faculty become involved in IPE activities. The enthusiasm for IPE continues to grow and I’m so pleased to see this!

### **3. How did the Faculty of Nursing come to be focused on IPE? Why is it important to the Faculty?**

As I’ve noted, the nursing profession works naturally towards interprofessional practice since we work with other disciplines all the time. What I think is particularly interesting is that no one ever says ‘Why IPE?’. ..No one questions the fundamentals of it. Of course coordination is difficult, students have busy schedules, faculty members are busy but at the end of the day no one questions the importance of IPE. I think it is progressing in a very positive way with increasing numbers of faculty members from many disciplines becoming involved.

*(continued on page 4)*



# Interview

(continued)



**“It would be great to see patients recognizing that they see a difference in the way in which health professionals practice and that they are able to acknowledge the positive changes that it makes in their lives.”**

#### **4. What IPE activities/events etc does the Faculty of Nursing lead?**

The most recent is the Nightmare/Night-Care event (also featured in this newsletter). We’ve done the event three or four times as a uniprofessional event. This year the Faculty of Medicine heard about it and asked to be involved. It turned into a really great event that included both medical and nursing students and faculty members. We also have developed specific IP objectives for our Introduction to Nursing and Leadership courses. This includes IP related content and readings. The Faculty of Nursing takes in 240 students annually. We don’t have a single cohort of students and often there are four or five sections led by up to four instructors. The coordinated focus on IPE has really helped us to focus our efforts. I should note as well that we’re developing a brand new undergraduate nursing curriculum. I sit on the curriculum committee as IPE Coordinator for the Faculty of Nursing to help ensure that IPE becomes a permanent part of the curriculum. Additionally I co-chair the Faculty Development sub group of the Initiative’s IPE Liaison Committee (my colleague Laura MacDonald is the other co-chair). Together we work to coordinate IPE faculty development in an IPE manner. I

am grateful that my position has given me allocated time to do this work.

#### **5. Where would you like IPE to ‘be’ in five years first at the University of Manitoba and across Canada?**

Currently we have thirteen participating academic units in the Initiative. In five years I’d like to see all students in all disciplines engaging in IPE as a permanent part of a well-established and levelled curricula involving both classroom and clinical practice experiences. I’d like to see potentially more disciplines involved in the Initiative as well. I’d love to see our work fully developed and just happening naturally. Realistically I would like to see that there is no need for an IPE Coordinator because it simply just happens.

Beyond the education piece, I’d love to ensure that our graduating students can move to a clinical setting in which the “real world” supports their IPE teachings. I want the gains we’ve made in IPE to translate to and be duplicated in the practice environment. In terms of Canada-wide, I would love to see the above happen in all health programs across the country with support in the clinical area as well. It would be great to see patients recognizing that they see

a difference in the way in which health professionals practice and that they are able to acknowledge the positive changes that it makes in their lives.

#### **6. What else should our readers know?**

It’s so rewarding to see how many faculty members are getting involved in IPE type initiatives. A colleague of mine recently agreed to be the patient safety representative for the Faculty of Nursing on a simulation project. Another has agreed to be the representative for the student-run WISH clinic. Yet another, one of the lab instructors, submitted a poster abstract for Collaborating Across Borders III (coming up this November) about the Nightmare/Night care event that was accepted. It is particularly rewarding for me because none of these people had been previously engaged in IPE work until recently. Their engagement has come through the work that we have done. I find it so personally rewarding that the focus on IPE continues to grow.

# Initiative Updates:



Welcome to **Maria James!**

The Initiative is very pleased to have Maria join the team as a Research Technician. Maria holds an M.Sc in Family Social Sciences and has received numerous awards including:

- o Manitoba Graduate Scholarship 2007-2009
- o Shastri Indo-Canadian Institute Student Excellence Award 2008

o Manitoba Family Year Legacy Scholarship 2008, Department of Family Social Sciences

o Dr. E Feniak Award for Excellence in Technical Writing 2007, Canadian Home Economics Foundation

We look forward to working with Maria. You can learn more about her background by going to:

[http://umanitoba.ca/faculties/graduate\\_studies/acclaim/mos/591.html](http://umanitoba.ca/faculties/graduate_studies/acclaim/mos/591.html)

• Numerous updates are made to the Initiative website frequently. Recently biographies and photos for the Steering Committee and the IPE Liaison Advisory Committee have been added. You may view these bios by going to: <http://umanitoba.ca/programs/interprofessional/people/index.html>

• Congratulations to **Tuula Heinonen, Donald Wotton, and Elizabeth Ready** for organizing and facilitating a pilot IP case study session in health promotion. Held on March 15, 2011, the objective of the session was to enrich students' knowledge about what each healthcare profession offers through collaborative work on case situations and to learn about communication, professional roles and care planning in relation to health promotion. A total of twenty-three students from social work, nutrition, physical therapy, nursing and kinesiology participated. Students loved the experience saying, "This was 1000 times better than anything we could learn in a textbook." Feedback from both

students and facilitators will inform a larger interprofessional education (IPE) event scheduled for March 14, 2012. A more detailed report about the March 2011 event is currently being prepared and will be ready by the fall of 2011.



## • The Nightmare/NightCare

IPE event took place starting in the evening of Friday February 4, 2011 and lasted until the morning of Saturday February 5, 2011. Thirty-five nursing and medical students had the opportunity to either experience being a patient or were asked to practice their respective professional skills in an interprofessional and collaborative manner during "night shift." This provided a valuable opportunity not only for interprofessional education and collaborative practice, but also allowed those participating to better understand the patient perspective. Thank-you to Faculty of Nursing members Christine Ateah, Marlee Enns, Wanda Falk, Barb Goodwin, Theresa Bowser and Nicole Harder as well as nursing students Elvin Forte and Andrea Farrell. Thank you as well to Heather Dean and Rob Brown, our colleagues in the Faculty of Medicine, and students Alex Thielmann and Bria Sharkey. Each of these individuals worked very hard to make this event a wonderful success. We are also pleased to announce that the event garnered media coverage from The Winnipeg Free Press, CBC, The Bulletin and the Faculty of Nursing Student newsletter.



• **Ruby Grymonpre** has been invited to speak at a Plenary Session at Collaborating Across Borders III coming up in November 2011. The session, titled "IPE/IPC Pedagogic Approaches" chaired by Dr. John Gilbert, will include Baldwin DeWitt, Amy Blue and Ruby Grymonpre as panelists. If you are attending the conference, we encourage you to attend the session. A link to the Collaborating Across Borders III website can be found in the Links and Resources section of

this newsletter.



## Links and Resources:

1. The University of Manitoba Interprofessional Education Initiative: [www.umanitoba.ca/programs/interprofessional/](http://www.umanitoba.ca/programs/interprofessional/)
2. The Manitoba Health Science Students' Association (MaHSSA): [www.umanitoba.ca/programs/interprofessional/learners/mahssa.html](http://www.umanitoba.ca/programs/interprofessional/learners/mahssa.html)
3. Winnipeg Interprofessional Student-Run Health Clinic (WISH): <http://wish.med.umanitoba.ca/index.html>
4. Winnipeg Regional Health Authority (WRHA): [www.wrha.mb.ca](http://www.wrha.mb.ca)
5. University of Toronto Centre for Interprofessional Education: [www.ipe.utoronto.ca/](http://www.ipe.utoronto.ca/)
6. Canadian Interprofessional Health Collaborative (CIHC): [www.cihc.ca](http://www.cihc.ca)
7. CIHC ResearchNet: [www.cihc.ca/researchnet](http://www.cihc.ca/researchnet)
8. The Western Canadian Interprofessional Health Collaborative: [www.cihc.ca/wcihc](http://www.cihc.ca/wcihc)
9. National Health Science Students' Association (NaHSSA): <http://www.nahssa.ca>
10. Collaborating Across Borders III: [www.cabarizona2011.org/](http://www.cabarizona2011.org/)
11. Biography of Christine Ateah: <http://umanitoba.ca/programs/interprofessional/people/503.html>
12. The Institute for Healthcare Improvement (IHI): [www.ihc.org/Pages/default.aspx](http://www.ihc.org/Pages/default.aspx)

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We encourage you to send us your stories, or ideas for stories, for our next newsletter. Please email [IPE\\_initiative@umanitoba.ca](mailto:IPE_initiative@umanitoba.ca).



*Teamwork must be taught*