

Disrupting Silos: Revamping a Practicum Course to Cultivate Interprofessional Learning

Author(s): Alex Tang, Gabriella Wong, Meg Wang, Sara Hamidi

Presenter: Alex Tang

Time: 1:00 – 2:00

Purpose:

A fourth-year level interprofessional collaboration practicum was launched in 2019 to prepare students to work in interdisciplinary settings. Students are placed in non-pharmacy practice settings and precepted by health care professionals from different disciplines. Feedback has consistently highlighted that two of six Canadian Interprofessional Health Collaborative interprofessional (IP) competencies (i.e., collaborative leadership and IP conflict resolution) were challenging to develop amongst students due to limited learning opportunities. In response, we redesigned the practicum to create learning activities that would constructively align with all six IP competencies. Two new learning activities were developed: a preceptor interview on collaborative leadership, and a conflict resolution roleplay scenario. Our study explored the short-term impact of the redesigned curriculum on student learning.

Methods:

At the end of practicum, five (out of six) students completed a 14-item post-pre questionnaire which was analyzed using descriptive analysis. All students participated in a focus group. Four (out of six) preceptors participated in a semi-structured interview or focus group. The transcripts were thematically analyzed with a constructivist, inductive approach using Braun and Clarke's method.

Results:

Students self-reported improvements in their IP competencies, with the greatest change in "Collaborative Leadership" and the least in "IP Conflict Resolution". From the transcripts, four themes were identified: 1) Quality of learning activities, 2) IP competencies, 3) Hidden curriculum, and 4) Preceptor experience.

Conclusion:

This practicum afforded students the opportunity to develop each IP competency to varying degrees. Future efforts could focus on preceptor development by creating peer-to-peer learning opportunities to connect preceptors across different sites.

Key Words: interprofessional, pharmacy, practicum

Developing a Rural and Indigenous Focused Blended Clerkship: The Northern Regional Integrated Clerkship

Work-in-Progress Presentation

Author(s): Sean B Maurice, Paul J Winwood, Maggie Watt, Andrea Gingerich, Sarah McCorquodale, and Kevin Eva

Presenter: Sean Maurice

Time: 1:00 – 2:00

The Northern Medical Program (NMP) is developing a new blended clerkship, the Northern Regional Integrated Clerkship (NRIC), in response to the UBC MD Undergraduate Program's (MDUP) social accountability mandate which is now an accreditation requirement.

1. A recent update to the MDUP social accountability statement emphasizes that rural and Indigenous peoples are priority populations.
2. The NMP is the most rural of the sites within the provincial (distributed) MDUP, and has a higher per capita population of Indigenous peoples within its region.

NRIC combines a 6-month longitudinal integrated clerkship in communities across the north, with a 6-month hospital rotational clerkship, to provide the best possible training of physicians for the needs of the north. This includes ensuring our learners are taught rural generalist medicine and experience longitudinal care in northern communities.

To ensure the success of this new model we've conducted extensive community consultation, and we're studying the learning and community immersion experiences of the first pilot of the NRIC with the support of the ESU, as well as research into the students' experiences of learning how to navigate overlapping relationships.

A lack of skill in setting boundaries within overlapping relationships appears to contribute to retention issues.³ Through the development and implementation of NRIC, we hope to produce more physicians with the skills and interest to succeed as rural generalists, serving rural and Indigenous populations in the north. In addition, we hope to gain insight into how to best prepare our learners for success in such experiences.

1. *CACMS Standards and Elements. Committee on Accreditation of Canadian Medical Schools. Feb 2022.* <https://cacms-cafmc.ca/wp-content/uploads/2022/12/CACMS-Standards-and-Elements-AY-2023-2024.pdf>

2. *Social Responsibility and Accountability of the UBC MD Undergraduate Program; A Renewal of Our Social Responsibility and Accountability Commitment. Faculty of Medicine, UBC. Mar 25, 2021.* https://med-fom-ugrad.sites.olt.ubc.ca/files/2021/06/SRA-MDUP_March-2021.final_.pdf

3. *Gingerich A, Simpson C, Roots R, Maurice SB. 2024. "Juggle the different hats we wear": Enacted strategies for negotiating boundaries in overlapping relationships.*

Transforming Learning and Care: UBC's Pediatric Student-Led Clinic Initiative

Work-in-Progress Presentation

Author(s): Angelina Woof and Kiersten McMaster

Presenter: Kiersten McMaster

Time: 1:00 – 2:00

The Ministry of Health, Health Employers Association of BC, and Health Sciences Association recognize a critical shortage of health science professionals, affecting early intervention therapy (EIT) services for children with complex disabilities in British Columbia. This issue is worsened by vacancies in community-based care. To address this, the province is expanding seats in the UBC Physical Therapy program. The UBC Department of Physical Therapy and BCCFA (BC Centre for Ability) have launched a student-led clinic to support clinical training for new graduates, aiming to fill service gaps using a collaborative learning model.

Launched in November 2023, the Pediatric Student-Led Clinic addresses pediatric care gaps in Metro Vancouver. It improves healthcare access for children and families while providing valuable learning experiences for students. The clinic rotates between BCCFA regional locations and UBC, offering services such as transition planning, home exercise programs, community connections, and multidisciplinary team collaboration. Emphasizing a family-centered and sustainable approach, the clinic aims for long-term community impact.

The inaugural clinic exceeded expectations, increasing services, reducing waitlists, and positively impacting families and students. Students reported transformative experiences and newfound interest in pediatric care, demonstrating the clinic's success in fostering passion and dedication.

Learning Objectives:

1. **Understand the Shortage:** Recognize the critical shortage of health science professionals in British Columbia, especially in early intervention therapy for children with complex disabilities, worsened by vacancies in community-based care.
2. **Learn Strategic Responses:** Identify the measures addressing this shortage, including expanding seats in the UBC Physical Therapy program and launching the Pediatric Student-Led Clinic by UBC and BCCFA to fill service gaps collaboratively.
3. **Assess Outcomes and Benefits:** Evaluate the Pediatric Student-Led Clinic's impact on increasing healthcare access, reducing waitlists, and providing transformative learning experiences for students, fostering dedication to pediatric care.

Improving Placement Capacity, Staff Recruitment and Patient Care with Collaborative Placement Models

Author(s): Caitlin Williams, Sandra Squire, Angelina Woof

Presenter: Caitlin Williams

Time: 1:00 – 2:00

This is an update on the work we presented last year at the CHES Celebration of Scholarship on Building Placement Capacity with Collaborative Placement Models which we have now completed.

In 2023, the UBC Department of Physical Therapy collaborated with Vancouver Coastal Health (VCH) to introduce a 4:1 student to preceptor placement model in acute care to accommodate physiotherapy students needing cardiopulmonary practice hours.

The pilots were well-received, as evidenced by positive survey feedback from students and preceptors, and significant objective data. Objective data indicated a >50% increase in physiotherapy occasions of services, 58% more placements at VCH compared to the previous year, and a 67% increase in new graduate hires at VCH.

Challenges included students feeling they had insufficient 1:1 time with preceptors, and Preceptors' having difficulty managing diverse student capabilities.

This successful pilot suggests the feasibility of implementing the model in acute care settings, with positive outcomes for participants. Changes to enhance placement experience could involve improving student orientation, providing additional support for preceptors, and implementing specific patient outcome measures. The insights and resources derived from this initiative are currently being consolidated into a toolkit for other practice settings interested in adopting the model.

Learning Objectives:

1. Describe the outcomes of implementing a 4:1 student placement model in acute care
2. Identify the challenges associated with a 4:1 student model and potential strategies to address them

Keywords: clinical education, physical therapy, acute care