

In This Issue

e-HLbc Activities for 2008	1, 2
Practice Education in BC	1, 2
Editorial	3
Interprofessional Network of BC	3
An Interview with the CEO	4-5
BC Preceptor Development Initiative	5
Collaboration in First Nations' Health	6
Practice-relevant Nursing Research	7
Canadian Agency for Drugs and Technologies in Health	7
Nurse Practitioner Education Program Update	8

e-HLbc Activities for 2008

Electronic Health Library of BC

e-HLbc
Trusted Information meets Practice

By Jo Anne Newyear-Ramirez

e-HLbc ended 2007 with a number of significant accomplishments. Database use is increasing exponentially and content has grown with the addition of more titles from the licensed collections. In the coming year the e-HLbc Management team, along with BCAHC staff, are focusing e-HLbc efforts in several directions.

[cont'd on page 2](#)



Jo Anne Newyear-Ramirez demonstrates the e-HLbc service

The Second Milestone – Practice Education in BC

Practice
bc Education

By Grace Mickelson

In 2004 a Practice Education Summit was held and represents the first milestone towards a coordinated PE approach in BC. Currently finishing touches are underway towards the completion of the second milestone, BC's first ever practice education strategic plan. The planning process was launched a year ago by

the Operating and Practice Education Committees at a joint meeting held in January 2007. Members agreed that a strategic plan would be essential to sustain the forward momentum and innovation in practice education stimulated by PEIF and the Practice Makes Perfect conference.

To develop the plan, the Practice Education Committee held two full day workshops

in July and September 2007. These were facilitated by Louisa Marziali, *Knowledge Broker*. In November, a third workshop was held jointly with the Operating Committee and was facilitated by Val Embree, *Consultant*.

Practice Education Committee Co-chairs, Diane Clements (Northwest Community College) and Grace Mickelson (Provincial Health Services Authority),

[cont'd on page 2](#)

cont'd from page 1

e-HLbc Activities for 2008

e-HLbc has heard from its members that many are interested in considering new products in addition to the current core suite of resources. The core suite includes the Biomedical Reference Collection, CINAHL full-text, Medline, PsycINFO, PsycARTICLES, EBMR (Cochrane Collection) and the Lippincott Total Access Collection. As a result, in the coming year e-HLbc will solicit product suggestions from its membership and undergo trials and a product review process. The goal is to bring on board more health information content that will support and improve practice,

education and research across British Columbia.

Membership recruitment is also a top priority in the next year. One of the goals in the coming year is to establish an application process and fee structure to bring on new affiliate members. Two pilot memberships with the Physiotherapy Association of BC and the Massage Therapist's Association of BC are currently underway. These two pilot projects are bringing access to the core suite of health information resources to 2300 additional health professionals. Improving health outcomes and enhancing the quality of

care is a priority for e-HLbc. To achieve critical success with this goal, increasing health sector membership is the best path forward to facilitating access to up-to-date health information for all health professionals.

2008 is shaping up to be an exciting year for e-HLbc with many more activities in the planning stages. We look forward to new members, new products and more chances to foster cross-sectoral collaboration in the selection, acquisition and management of BC's e-library health information resources.

www.e-hlbc.ca

cont'd from page 1

The Second Milestone – Practice Education in BC

acknowledged the tremendous spirit of collaboration and the effort of members across the province who developed or provided input to the plan. "Because of member contributions, we feel confident that this plan is relevant for those involved

with practice education across the province. We also recognize that this strategy will continue to evolve, but it is an excellent first step to integrate our improvement efforts across the system."

The draft document, *Advancing Practice Education*

in British Columbia, builds on previous work and integrates findings of PEIF projects. BCAHC Operating Committee is currently considering the report recommendations.

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All healthcare facilities in BC are moving toward provision of completely smoke free buildings and grounds. Some health authorities beginning as early as March 1, 2008. If your education institution places students (and possibly instructors) in healthcare facilities, please advise your staff and students of this initiative. For more information please visit www2.news.gov.bc.ca.

EDITORIAL

Is Interprofessional Collaborative Patient-centred Practice Really Just Good Manners?

By Lesley Bainbridge

My interest in interprofessional collaborative practice stems back a long way to my days as a clinician. When working with the frail elderly, we had an amazing team comprising medicine, nursing, physical therapy, occupational therapy, social work, pharmacy, psychology, psychiatry, nutrition, music therapy, pastoral care, recreation and I'm sure there were more. We met formally and informally. We loved the residents. We had fun. We were all competent in our own professions and comfortable in our professional skins. And,



we were polite to each other. My mother always told me "good manners will take you anywhere" and in my life so far, she was right. So why do we think it's okay to shout at colleagues? To devalue their contributions? To fight over turf? To ignore family and "patient" involvement in the team? That's not good manners.

Today we are resurrecting an old concept. Interprofessional education for collaborative patient-centred care is all the rage. Governments, educators, CEOs, practitioners alike are beginning to know the words and to attribute meaning to them. Research is emerging

that suggests strongly that better collaboration and communication across professions improves patient safety, at times even saving lives. If we feel valued and respected by our colleagues, we're happier in our work and more likely to stay in our workplace and our professions. Hence a positive link to health human resource issues of recruitment and retention.

So while we need to develop interprofessional curricula, develop interprofessional practice sites, and support and reinforce collaborative patient-centred practice, maybe at the root of it all is plain good manners.

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Please feel free to send us other editorials, short submissions and announcements about issues related to healthcare provider education: bcahc@bcahc.ca

Interprofessional Network of BC Receives One-time Grant

By Lesley Bainbridge

In February 2008, In-BC received a generous one-time grant of \$335,000 from the BC Ministry of Health.

This funding will be used to:

- Sustain the IRPbc program which places interprofessional student

- teams in rural and remote BC communities.
- Conclude the activities of the first two years of In-BC by acknowledging the individuals and communities who have contributed to the network's success and incorporating lessons learned into planning for the future.

- Hold targeted stakeholder consultations to inform the development of a business case which will explore options for future resource and long-term sustainability.

www.in-bc.ca



AN INTERVIEW WITH THE CEO

Reflections on 2007 and Looking Ahead to 2008 and Beyond

By Alix Arndt and George Eisler

An interview was conducted with George Eisler on February 27, 2008.

Alix Arndt: What were the year's key accomplishments?

George Eisler: In 2007 two ongoing, long-term collaborative projects conducted under the auspices of BCAHC deserve mention due to their continued success. The Health Sciences Placement Network (HSPnet) has not only grown on a provincial level but has also expanded nationally. The Electronic Health Library of BC (e-HLbc) in its second year of implementation is a well managed and well coordinated project with excellent uptake by healthcare providers across the province. Both of these projects matured really well in 2007; supported by a collaborative forum, coordinated by expert consultants and lead by employees of BCAHC member organizations.

Another big accomplishment for 2007 was the Practice Makes Perfect (PMP) conference held in November 2007. A lot of work and time went into not only the event itself but around development of a provincial practice education strategy.

AA: What are you most proud of having accomplished in 2007?

GE: On a personal and professional level I'm really proud of the realization that we're not only working within a complex system but also the general growth in understanding of what it takes to be successful in solving the complex problems that arise out of it. I have seen not only my own individual maturation in this area but collective maturation as well.

Knowledge brokering has also taken shape this year. We now have a critical challenge for the future in sustaining this function.

We have set the stage for significant technological and methodological advances to enhance critical success factors for complex problem solving in complex environments, such as the ability to share information widely and to facilitate multi-stakeholder collaboration.

AA: What goals do you have for the BCAHC for 2008?

GE: The most important goal for the coming year is to have major stakeholders restate their agreement and commitment to the whole idea of this type of collaboration forum. Our co-chairs, Howard Waldner and Mary Ellen Purkis, as well representatives from the two ministries worked diligently toward a base agreement. This year it will be important for us to establish an updated

governance approach to accomplish the shared vision based on the experience of the first five years of operation.

AA: There are only two BCAHC type organizations in Canada at this time. How do you see the role of these types of organizations nationally as well as internationally and what example can the BCAHC serve in the development of these types of forums?

GE: I am more convinced than ever that the spirit of BCAHC is the right thing to pursue. Internationally, the partnerships across education and healthcare designed to address health human resource challenges are not unique. WHO has already established a partnership on a worldwide basis. Currently, collaboration regional forums exist in South America, Africa and Asia. In Canada these forums exist to an extent



although their national establishment is still a work in progress.

The concept of linking stakeholders involved in healthcare systems planning, human resources planning, and education planning is an international trend. While

BCAHC was very early off the starting block in this arena, it is becoming the norm. As such, we've served as an example for other provinces and are engaged in discussions with other provinces to build on lessons learned.

The establishment of these

organizations nationally and internationally demonstrates that the world is learning the value of: having a clear purpose, sharing information and engaging stakeholders. That is the way to go.

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BC Preceptor Development Initiative Aims for Sustainability

By Bev Holmes and Jag Sandhu

Like all Practice Education Innovation Fund (PEIF) projects, the BC Preceptor Development Initiative is due to wrap up at the end of March. But the initiative's steering committee – a team of post-secondary and health sector educators from across BC – is determined not to let the results of their work simply sit on a shelf in a final report.

“We've learned many valuable lessons during this initiative's implementation,” says co-chair Tracy Hoot, a nurse educator at Thompson Rivers University. “One of them is that preceptor development cannot occur in fits and starts as it has in the past – it must be ongoing to make a difference.”

The goal of the Preceptor Development Initiative was to explore new and innovative ways to provide education and support to health preceptors (experienced practitioners who provide role support and learning experiences to students and new staff). Three projects were undertaken as part of the initiative:

- E-tips for Practice Education, an online course to improve preceptor skills
- An internship program that uses a “coach approach” to develop preceptor competencies
- Regional forums offering skill development and networking

The initiative's steering committee met last month to discuss how best to ensure the sustainability of the three projects once they finish this spring.

“Practice education in BC has historically been uncoordinated and uneven,” says Rosemin Kassam, associate professor in UBC's Faculty of Pharmaceutical Sciences, who co-chairs the steering committee with Tracy Hoot. “Our initiative shows that dedicated, ongoing infrastructure and funding can make a difference.”

To ensure sustainability for E-tips, the program's working group is exploring options for hosting on health authority Intranet sites. The forums – rated highly by attendees for educational development – will ideally continue annually

in each health authority. The third program – preceptor internship – was delivered once at Children's Hospital and is now being implemented through the Provincial Health Services Authority for agency staff. The internship working group hopes to offer the program to other health authorities in future.

Ideally, says Tracy Hoot, these preliminary thoughts on sustainability will become part of a larger discussion on the future of practice education in BC overall. “We're pleased that the BC Academic Health Council's practice education committee has taken on the task of developing a strategic plan for the province,” she says.

The Preceptor Development Initiative steering committee is working on recommendations based on its experiences over the past year. Results of the initiative's evaluation will appear in the next issue of AH Collaborations.

www.preceptordevelopment.org



Collaboration in First Nations' Health through Interprofessional Training and Community Engagement

By Sandra Jarvis-Selinger,
Elizabeth Stacy and Katherine
Wisener

The Aboriginal Health Elective (AHE) was developed to offer health sciences students an interprofessional, practice-based course that provides hands-on experience working with Aboriginal patients and community members. The Elective placed teams of interprofessional students (medicine, pharmacy, nursing, social work, etc.) in a BC Aboriginal community for four weeks, where they worked with Aboriginal community health professionals as part of their educational training. This course addressed the lack of education in Aboriginal health by recognizing Aboriginal community health professionals as experts in their field, and provided students real life experience working in an Aboriginal community.

After receiving a small amount of seed funding through the Health Canada Primary Healthcare Transition Fund, further funding was secured in December 2005 through the BCAHC Practice Education Innovation Fund

If you are part of an aboriginal health education initiative and would like to submit, please email bcahc@bcahc.ca.



Interprofessional students in the community interacting with community members

and the UBC Teaching and Learning Enhancement Fund.

In the summer of 2006, UBC's Division of Continuing Professional Development and Knowledge Translation (CPD-KT) collaborated with community and university partners to implement a pilot course in two BC Aboriginal communities. Meaningful engagement with the Aboriginal communities created a partnership where both UBC and the communities were active curriculum developers.

The AHE is an educational success story about interprofessional education, cross-cultural learning, preparing future health professionals for respectful and appropriate engagement of patients, as well as appropriate methods of community engagement and community-university partnerships.

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Canadian Agency for Drugs and Technologies in Health

By Ann Vosilla

The Canadian Agency for Drugs and Technologies in Health is an independent, not-for-profit agency that provides federal, provincial and territorial healthcare decision makers with credible, impartial advice and information about the effectiveness and efficiency of drugs and other health technologies. CADTH is a significant contributor to Canada's healthcare system.

CADTH's reviews follow rigorous scientific processes, providing unbiased and relevant information through three core programs:

- Health Technology Assessment
- Common Drug Review
- Canadian Optimal Medication and Prescribing Utilization Service

Working closely with key stakeholders in provincial and territorial jurisdictions, the local CADTH Liaison Officer builds partnerships across

Canada, supporting local decision makers and educators in accessing and using evidence-based information and resources.

For more information, visit www.cadth.ca or contact your local BC Liaison Officer: Ann Vosilla at annv@cadth.ca. Next Symposium is BEYOND THE EVIDENCE: Making Tough Decisions, which will take place on April 27-29, 2008, at the Westin Hotel in Edmonton, AB. You can request an invitation by contacting symposium@cadth.ca

7

New Initiative to Support Practice-relevant Nursing Research

By Ashleigh Young

A new research initiative focused on the role of nurses in BC's health system has been launched with \$8 million of funding from the Ministry of Health and the support of the Michael Smith Foundation for Health Research (MSFHR). The Nursing Research Initiative (NRI) recognizes the pivotal position of nurses within the healthcare system and is designed to support practice relevant research.

"It's no secret that BC faces an extreme shortage of nurses, and NRI will help address this situation by identifying and funding practice-relevant research on much-needed system

changes and innovations in nursing practice," says Dr. Lynn Stevenson, chief of professional practice and nursing for Vancouver Island Health Authority, who co-chairs the initiative. "Recognizing that nurses are part of a larger practice community, our focus is the role of nursing within this context."

The activities of the NRI are guided by an advisory council broadly representative of the nursing profession, with members from the nursing practice, policy and academic communities. These leaders bring a wide range of nursing practice and research expertise, and will be active participants in an initiative that seeks to achieve

significant benefits for nurses, patients and for the health system overall.

"Strengthening BC's position as a locus for world-class nursing research and development, and as a hub for innovation in nursing practice, is an important part of ensuring excellence in patient care," says Dr. Pam Ratner, a professor at the University of BC's School of Nursing, who co-chairs the initiative with Dr. Stevenson. "I look forward to working with the Council and advancing its mission to secure better health outcomes for British Columbians and a high quality work life for nurses."

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Nurse Practitioner Education Program Update

By Elaine Butler

The Universities of British Columbia (UBC), Northern British Columbia (UNBC) and Victoria (UVic) all offer graduate level educational programs preparatory to registration as a Family Nurse Practitioner (FNP) in British Columbia. Nurse Practitioner students are competent baccalaureate-prepared registered nurses, with several years of experience in various fields of clinical practice. At the graduate level, they make the transition to a significantly expanded scope of practice through both graduate level coursework and actively mentored clinical practice experiences.

When the province launched the first of these programs in 2003, supporting the primary care challenge

was its first priority, and so BC's programs have focused on family (i.e. all ages, primary care) rather than acute/specialty NP programming. The advent of these programs coincided with medical school expansion with the result that there was a considerable level of strain on clinical training capacity in primary care around the province. Although there are now 60 registered NPs in the province, many are new practitioners, and the programs continue to need to rely on Family Physicians as a primary source of expert clinical training.

The three NP programs are working collaboratively to coordinate practice placement experiences for their FNP students throughout the academic year and through the summer months. Toward this end, each school has created a different schedule as to balance the volume of clinical training within the system and permit various combinations of on-site and distributive learning. Although most clinical placements are two to five days per week, from two to four months in duration, many involve coordination of shorter blocks of time working within clinicians' office schedules and other teaching commitments, and accommodating brief opportunities within specialty practices to meet specific program requirements.

The nursing schools all provide affiliation agreements supportive of the practice involved as well as ongoing active communication link with a clinical coordinator. NP students are all experienced registered nurses so they are familiar with clinical practice, although new to the specific scope of the primary care practitioner.

Accepting an NP student may require some initial commitment of additional time and focus, we hear from our Family Physician colleagues that these experienced learners rapidly bring advantage to a practice and become an asset in delivering patient care. Students quickly progress from working closely with the physician to being able to support the demands of the day as they gain experience within this new role. Many clinicians also report an inherent value in engaging in a vibrant interdisciplinary training experience, bringing expert registered nursing practice into the expanded scope of diagnosing and treating common conditions.

Further information about the Scope of Practice for Nurse Practitioners (Family) in British Columbia is available from the College of Registered Nurses of BC website at: www.crnbc.ca/downloads/424.pdf

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