

May 2004

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HOW THE ACADEMIC HEALTH SYSTEM IN BC WILL BE DIFFERENT BY FEBRUARY 2005

when current BCAHC strategic objectives for 2004/2005 are accomplished

At one of the first meetings of the BC Academic Health Council, one of the members challenged the group to tackle issues that will make a significant contribution to the academic health system in BC. The question posed at the time was: How will things be different?

Recently, Council approved a set of strategic objectives for 2004/2005. If successfully met, these objectives will contribute to outcomes as summarized on this page. These outcomes directly support quality in health care and health professional education.

Aligning E-Learning and E-Health

- There will be clarity and agreement about shared challenges and common solutions for information and communications technology in tele-health, health care, and education and key collaborative approaches to address them.
- Students and practicing health professionals in BC will have web-access to an inventory of available e-learning opportunities via an appropriate web portal.
- Opportunities and need for shared development and/or delivery of e-learning offerings will have been identified and certain strategies to pursue them will already be implemented.
- Decision-makers will have the information to assess the benefits of a provincial licensing strategy for e-library databases, accessible to students, faculty, practitioners and librarians across the Province.

Regional Academic Health Plans

- Progress will have been made in the development of regional academic health plans. These plans will focus on regional needs, desires, priorities and capacities, involving regional health authorities, regional educational institutions and provincial partners.

The Student Placement Challenge

- Realistic recommendations to address the student placement bottleneck will have been distributed, including steps for implementation. Following a successful 1-day forum, several measures will already be implemented.
- Provincial implementation of HSPnet as a student placement management tool will have progressed significantly. Reports based on HSPnet data will have demonstrated the benefit of HSPnet, and sustainability of HSPnet will have been facilitated through partnerships with out-of-province organizations.
- A framework for a collaborative and constructive working relationship between public and private educational institutions will be in place.

Academic Health Centres and Networks (AHCs, AHNs)

- Academic health leaders in BC will have easy access to the latest conclusions and recommendations from reviews and visioning exercises of AHCs and AHNs in the US, Canada, and around the world, including Canadian funding and governance models.
- New and established academic health organizations will share information using BCAHC's collaboration forum.
- Subject to successful funding applications, models for the integration of research, education and practice in community health environments will have been explored and applied to a few beacon sites.

Health Professional Education

- Educational strategies to meet health human resource needs will have been identified, including strategies for their implementation.
- An effective forum will exist for the exchange of information, for long range planning, and for development of input to decision and policy makers with respect to health professional education.
- Strategies to enhance interprofessional education to support collaborative practice will have been identified and partly implemented.
- A communication strategy will be in place, linking active participants in the health professional education community with information about each other, about initiatives, responsibilities, achievements and data.
- The status of aboriginal health provider education will have been identified, including recommendations for further attention, if required.

IRPbc - One Strategy for Interprofessional Education in BC

The Interprofessional Rural Program of BC (IRPbc) received significant recognition and accolades at the international conference “All Together Better Health II: Progress in Interprofessional Education and Collaborative Practice” hosted by the College of Health Disciplines, UBC on May 6-7, 2004 in Vancouver. With over 350 registrants from around the world, opening remarks were provided by Deputy Minister of Health, Penny Ballem, followed by a keynote address by the five Hazelton summer 2003 students (now graduates) from nursing, physical therapy, occupational therapy, speech language pathology and social work. These young people provided an incredibly powerful presentation about what they had learned from one another, and how this experience has helped shape them as they begin their professional practice.

Interprofessional education, which occurs when two or more professions learn from and about each other to improve collaboration and the quality of care, was one of the crucial discussion foci of the Conference. A second focus of the Conference centred on collabo-

The IRPbc was also featured through poster presentations at the Conference, which highlighted student and community perspectives. Check these out on the IPRbc website homepage at www.bcahc.ca/irpbc.

“In view of changing trends...changes must be made in the way health care providers are educated.”
 Roy Romanow, 2002, *Building on Values: the Future of Health Care in Canada*

rative practice - a critical skill for educators and health and human service providers in order to deal with the increasing complexity of today’s and tomorrow’s educational, health and social care contexts.

The messages from the Conference are timely. Health Canada’s initiative on Interprofessional Education for Collaborative Patient-Centred Practice is in the process of developing a vision and strategies for across Canada. Dr. John Gilbert, Principal of the College of Health Disciplines, UBC and Chair of the IRPbc Implementation Team, represents British Columbia on the National Expert Committee. There is significant acknowledgement that interprofessional education and collaborative patient-centred practice are fundamental to improved patient safety, improved recruitment and retention of health care providers, improved satisfaction among patients and health care providers, and decreased waiting times.

(From left to right) Hugh Barr, the UK grandfather of interprofessional education; Lesley Bainbridge, Conference Co-Chair; John Gilbert, Convenor of the Conference; Grant Charles, Conference Co-Chair.



Community, faculty and implementation team representatives at the IRPbc poster presentation

The IRPbc provides a valuable opportunity to test many of the concepts around interprofessional learning. Its framework and partnerships are established. The five communities – Bella Coola, Hazelton, Port McNeill, Trail and Fort St. John – have demonstrated significant leadership and are enthusiastic about continuing. Currently an IRPbc Evaluation Working Group is completing the evaluation to date and compiling lessons learned – for other rural placements for students, for other interprofessional opportunities (e.g. in primary care or tertiary settings), and for sustaining the IRPbc.

The IRPbc is an excellent beginning in our province. However, there is growing recognition that interprofessional education is an essential component in the education of every health professional and that we must foster greater interaction across students in various health professional programs. Further discussions on opportunities and strategies for BC will be underway with our health and education partners and through the BCAHC committees.



The community of Hazelton-one of the 18 panels of IRPbc’s poster presentation at the Conference

This summer, the IRPbc will have 24 students, representing 9 professions and 3 educational institutions, in the four communities of Bella Coola, Hazelton, Port McNeill and Trail.

Activity Updates from BCAHC Standing Committees

1. **A** web-based polling process of the representatives of **BCAHC** member organizations has resulted in a set of approved **strategic objectives** for 2004/2005. The objectives will be achieved through action plans of three standing committees.
2. An initial working group has been established to review the synergies and opportunities for collaboration between tele-health as well as other e-health initiatives and **e-learning**. Group members liaise with BC Campus, BC Net, Tele-Health Steering Committee, Health CIO Council, educational institutions and education departments in the health authorities.
3. A small working group is being assembled to tackle the business case development for a provincial **e-health library licensing** strategy.
4. Recommendations from several studies and the BCAHC survey on **student placement opportunities** have been assembled. The results of other studies will be added as they become available. The third week in October 2004 has tentatively been scheduled for a provincial workshop to review the recommendations and establish concrete strategies. A small working group has been assembled to prepare the agenda and format for the workshop.
5. A consultation process between **private organizations** involved in health occupation education and BCAHC's Practice Education Committee has resulted in a set of **guidelines and principles** which will be brought forward for further consideration to the BCAHC Operating Committee at its meeting on June 18, 2004.

6. The recommendations arising out of several major recent studies of **Academic Health Centres** were summarized and submitted to Ms. Judy Kirk, who is facilitating a consultation project for UBC and the Vancouver teaching hospitals.
7. **HSPnet** implementation is progressing strongly with very encouraging feedback from users. Potential partnerships with out-of-province participants have the potential to spread operational and enhancement costs over a broader membership base, contributing to system quality and providing a platform for further funding applications. The first partnership may be established over the coming summer.
8. The linking of **planning - education - recruitment** for health professionals as a collaborative process involving major stakeholders is a key strategic objective. Discussions about an optimal working relationship between those major stakeholders are continuing.
9. Efforts to find ways to sustain **IRPbc** are continuing. With the strong encouragement from students and the communities involved, the implementation committee is diligently exploring opportunities to position and evolve **interprofessional education** as an ongoing initiative with the health professional education environment.
10. Successful province-wide collaboration requires energy, resources and support. BCAHC's **web-based collaboration** platforms are receiving increasing attention as we improve our capacity to take full advantage of available features.



New Members on Council and Operating Committee

Welcome to new members on BC Academic Health Council:

- Arlene Paton, Director of Public Institutions Branch, Ministry of Advanced Education
- Marvin Krank, Acting Vice President (Academic), Okanagan University College

Welcome to the new member on BCAHC Operating Committee:

- Christine Massey, Manager of Strategic Initiatives & Planning, Public Institutions Branch, Ministry of Advanced Education

Thanks to the departing members of the Council:

- Jim Soles, Assistant Deputy Minister, Ministry of Advanced Education
- Peter Ricketts, VP-Academic, Okanagan University College

Acknowledgement of Microsoft Canada

We wish to acknowledge and thank Catherine McKinnon, Canadian Healthcare Account Manager of Microsoft Canada Co., for the generous donation of Microsoft products and licenses.

Owing to this generosity, we have been able to (1) upgrade our 7 local user stations to MS Office 2003; (2) upgrade to Windows Server 2003; and (3) stock MS SQL Server 2000, Office Sharepoint Portal Server 2003 and associated CALS and connector licenses (to be installed when enhancements are scheduled for **AH CENTRE** in 05/06).

Since September 2003, and with the expertise of Habaneros Consulting, BCAHC has successfully launched 17 communities of practice with Microsoft's Sharepoint product. More than 150 users are now effectively collaborating in the communities and sharing information, documents,

surveys, calendars, announcements, issues, discussion threads and more.

Over the coming year you will see BCAHC "TAKING IT LIVE" in **AH MEETING** with Microsoft's Live Meeting (PPlaceware) and increasing its use and number of collaboration team sites in **AH CENTRE** with Microsoft's Sharepoint.

BCAHC Overcomes Barriers to Collaboration

ANYTHING IS POSSIBLE WHEN YOU TAKE IT LIVE!



Did you know – we are now using less effort to schedule a live meeting than it once took to reserve a conference room? BCAHC is putting web-conferencing to work by using Microsoft's Live Meeting platform to host team and committee meetings and activate working groups.

Our virtual conference rooms have been used for meetings as small as two or for auditorium sessions of 50 or more participants from around the Province.

BCAHC is already seeing one of its key objectives being achieved.

This strategic objective was to overcome barriers to collaboration (time and distance) and to provide the BC Academic Health Council membership with access to technology and training that would facilitate broad and distributed participation across BC's academic health community. Our goal was to create a reliable collaboration platform to allow our committees and members to meet interactively and productively. Their testimonials are an encouraging signal.

Since February we have:

- Trained 4 members of the Secretariat of BCAHC as administrators
- Created a branding for our meeting entry site: www.placeware.com/cc/bcahc
- Hosted 7 presenter training sessions, providing skills for holding live meetings to 43 of the Council's key users
- Organized and hosted a demonstration on April 30, 2004 to build awareness and show the effectiveness of this web-conferencing solution (thanks to **Susanna Gilbert**)

"It was fun. I enjoyed seeing some of the interactive elements (whiteboard, chat, email to presenter, active web pages, voting, etc.). My impression was that...advanced preparation would be required in order to move things along efficiently...but obviously well worth it in terms of time and travel savings, convenience and accessibility." Kathy Plett, Library Director, College of New Caledonia

- Created an "AH Meeting" intranet site to provide information on live meetings (thanks to **Cecilia Liu**)
- Provided technical assistance to more than 60 members who are now able to easily join a virtual meeting room (thanks to **Sherry Lipp**).

"That was awesome to be able to access the live meeting! I felt much more a part of the whole thing, knowing what you were all looking at, etc."
Lorinda Andersen, Director of Patient Care, Bella Coola General Hospital

While we enjoy having you join us in our physical boardroom, we invite you to check out how we are hosting dynamic meetings in real time.

Please visit the **AH MEETING** section on our website to learn more about this web-conferencing solution.

"It is a useful addition to conference calls."
Diana Herbst, Health Programs Special Advisor, Ministry of Advanced Education

Live Meeting is enabling BCAHC to:

- Increase team collaboration;
- Enhance communications;
- Enrich conferencing calls;
- Enroll our committee members as advocates; and
- **TAKE IT LIVE!**

"Particularly useful was the demonstration of the interactivity of the program, allowing conversations to take place 'behind the scenes', and enabling actual work on documents together in real time. This conferencing alternative could be very valuable in our widely distributed Family Practice Postgraduate Education program. The trick will be to find the best way to handle what the new technology has to offer, and use it when and where it is most effective." Peter Newbery, Director, Post Graduate Programs, Department of Family Practice, University of British Columbia

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AH-Collaborations is a monthly publication of BCAHC that highlights the collaboration activities within the academic health community of B.C.

For comments or story ideas, or to be added or removed from the mailing list, please send an e-mail to newsletter@bcahc.ca.