

# Interprofessional Core Curriculum

## Background

In 2002 *Cancer Care Nova Scotia (CCNS)* conducted needs assessments that included physician specialists, family doctors, nurses, and pharmacists. In addition, interprofessional focus groups were conducted in each District Health Authority and Cancer Care Program in Nova Scotia. One outcome of these assessments and focus groups was a desire for further education in the areas of pain management, symptom management, and treatments and side effects. Consequently, a consortium consisting of Continuing Medical Education, Dalhousie University; Continuing Pharmacy Education, Dalhousie University; and the Registered Nurses Professional Development Centre, Halifax were contracted by CCNS to develop and pilot test 10 modules. In December 2003, contacts were made across Canada to determine if similar interprofessional projects existed. No programs were found that incorporated the design as proposed by CCNS. In January 2004, an extensive literature review and paper were completed in relation to interprofessional education to assist with the development of the project. Telephone interviews were conducted, in April 2004, with various individuals in the Districts to gather information pertaining to the implementation of the project.

In 2006 CCNS and its partners received Health Canada funding to modify the existing Interprofessional Core Curriculum (ICC) modules to better reflect collaborative patient-centred practice for cancer patients and their families. This project also supported the preparation of health professionals as interprofessional facilitators to deliver the modules in Nova Scotia, Prince Edward Island and Mi'kmaq communities.

The Registered Nurses Professional Development Centre, with input from the other *PICE* partners, provided leadership in modifying the content of the existing ICC modules.

The target audience for the program is community-based/primary care health professionals who care for patients with cancer and their families. Oncology specialists are not part of the target audience. Other criteria identified by CCNS for the module development included:

- Interactive design – case-based and skill practice
- Each module to be a maximum of 4 hours
- Based on sequenced and multifaceted interventions
- Interprofessional design with discipline-specific approaches as appropriate
- Face-to-face delivery
- Adaptable to Web-based delivery in the future
- Evidence-based content and modules
- Modules to be accredited by professional organizations
- Scheduling and logistics to meet participants' needs

Teams of three health professionals consisting of a nurse, physician, and pharmacist engaged in writing each of the 10 modules. The Education Advisory Group and the Curriculum Working Group of CCNS advised the Steering Committee in matters; such as, the objectives of the overall program, topics to be included in each module, and content in each module.

## Definitions

- **Interprofessional** – Each profession looks at the subject from the perspective of its own and other professions. (Harden, 1999)
- **Interprofessional Education** – An educational activity in which interaction takes place between learners from various professions, with the purposes of improving the health and well-being of their patients and of improving their working collaboration (adapted from Zwarenstein, Atkins, Barr, Hammick, Koppel, & Reeves, 1999).

## Interprofessional Core Curriculum Goal and Objectives

### Overall Goal

Health professionals are provided with the interprofessional community-based education program in pain management, symptom management, treatment and side effects that increases their knowledge and skills in working with patients with cancer and their families and which leads to changes in professional practice and ultimately improves health outcomes and patient/family satisfaction with their care.

### Objectives

- Develop shared and discipline-specific knowledge, skills, and attitudes, based on best evidence and best practice in each of the topic areas, building upon the knowledge and experience of health professionals.
- Develop common approaches among community-based/primary care health professionals to achieve excellence in care for patients with cancer and their families.
- Improve interprofessional collaboration, within and between communities of practice, through a better understanding of roles, responsibilities, and scopes of practice in caring for patients with cancer and their families.
- Increase awareness of and access to existing resources for patients with cancer and their families and for themselves as health professionals.
- Facilitate health professionals' engagement in reflective practice.

### Modules

The 10 modules developed are in the areas of pain management, symptom management, and treatment and side effects. More specifically, the modules are:

- Gastrointestinal Symptoms
- Management of Symptoms and Metabolic Imbalances
- Managing Psychosocial Responses
- Creating Therapeutic Conversations
- Chemotherapy and Side Effects
- Radiation Therapy and Side Effects
- Oncologic Emergencies
- Childhood Cancer: Early Recognition and Late Effects
- Pain Management: The Basics
- Pain Management: Building on the Basics

## **Philosophy of Interprofessional Education**

A sound educational program is based on a philosophy that guides its development, implementation, and evaluation. As patients with cancer and their families are ultimately the primary focus of the Interprofessional Core Curriculum, a very significant outcome is to strive to achieve excellent care for them. This program for community-based health professionals is designed to be interprofessional, with the belief that there are many positive benefits resulting from this approach as identified in literature.

To foster the concept of interprofessional education, sessions use interactive activities and evidence-based learning methods.

Knowledge and experience of the various health professionals participating in the sessions is a critical piece in working with adult learners. There is an emphasis on shared learning, with the awareness that certain aspects of the curriculum may be more suitably delivered as discipline-specific. Content is evidenced-based, realizing that evidence is not limited to traditional science, but that there needs to be a balance in what is accepted as evidence (Clarke, 1999). Modules reflect real work situations in order to enhance learning. Providing opportunities to reflect on one's practice is an important element incorporated within this educational program, as it is designed to engage participants in thinking about their practice and how they would incorporate changes. It is recognized that system changes are necessary to support changes in practice.

## **Benefits of Interprofessional Education**

In the literature various benefits of interprofessional education are identified and include the following:

- Improved communication among health professionals
- Improvements in the health and well being of patients
- An increased understanding of the role of other health professionals in the care continuum
- Improvements in working practices and the delivery of patient care
- An increased motivation to collaborate more effectively

## **Collaborative Patient-Centred Practice**

The ICC modules will be facilitated with the aim of promoting the participants to consider the use of interprofessional collaborative-centred practice. Collaborative patient-centred practice is:

“An interprofessional process of communication and decision making that enables the separate and shared knowledge and skills of health care providers to synergistically influence the client/patient care provided.” (Way and Jones, 2000, as cited in Health Canada, 2004) “It is designed to promote the active participation of each discipline in patient care. It enhances patient and family centred goals and values, provides mechanisms for continuous communication among caregivers, optimizes staff participation in clinical decision making within and across disciplines, and fosters respect for disciplinary contributions of all professionals.” (Health Canada, 2003 as cited in Health Canada, 2004)

In collaborative practice there is no hierarchy and the contribution of each member of the team is based on knowledge or expertise contributed to the practice. The components of interprofessional collaborative patient-centred practice include:

- A common group of patients.
- Common patient centered goals and a shared commitment to meeting these goals. The team members and the patients/ families are active in designing, defining, developing and achieving goals. Division of labor is organized around common goals, with each member contributing his or her expertise as needed. Each professional takes responsibility for successes and failures.
- Individual team members are knowledgeable about their own professional roles and can distinguish between their roles and their collaborating professionals' roles and use them appropriately.
- Providers share responsibility for patient care. Roles are flexible, based on the patient situation and on the goal of service rather than the professional perspective.
- Team members possess areas of overlapping competencies and share responsibilities for patient care.
- Outcomes and goals are regularly re-evaluated
- There is no substitution of one health professional for another and health human resources are used appropriately.
- Patients can choose their health care provider.
- A mechanism of communication is in place.

In an interprofessional collaborative centred practice, team members demonstrate the following attributes:

- Willingness to work together in a non-hierarchical manner to promote the sharing of knowledge in a way that improves patient outcomes.
- Value active role of patient/family in identifying needs and outcomes.
- Value equality between professionals. Values participation, fairness, freedom of expression and interdependence, openness, risk-taking, integrity and trust.
- Uses good communication skills including assertiveness, conflict resolution, and negotiation skills to share patient information and knowledge.
- Value the unique contributions of all team members.
- Demonstrate autonomy and competence in ones professional role.
- Knowledgeable of other's roles.
- Trust and respect other's professional competencies.
- Explore overlapping responsibilities and renegotiates role assignments.
- Share responsibility in joint decision-making regarding patient outcomes.
- Value that cooperation and coordination promotes more effective and efficient use of human resources as it is impossible for one professional to meet all the complex needs of patients.
- Verbalize that collaboration is the most effective means to promote quality patient care.
- Innovative and tolerant of change.
- Promote collaboration and interprofessional education.
- Reflect on the team's working relationship and participates in discussions with team in order to improve the relationship so it becomes more effective.

## **Case-Based Learning**

As previously stated, CCNS identified the use of a case-based method for the delivery of the 10 modules. A case study is “an analysis of an incident or situation in which characters and relationships are described, factual or hypothetical events transpire, and problems need to be resolved or solved” (DeYoung, 2003, p. 150). By providing an opportunity to focus on the unique and overlapping knowledge and skill of the various disciplines, case studies are an appropriate methodology to approach interprofessional education. Decision-making and discussion points can be highlighted to specifically address the learning outcomes established for the modules.