

# Challenges and opportunities of moving online IPE workshops co-facilitated with patients

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# The Montreal Model

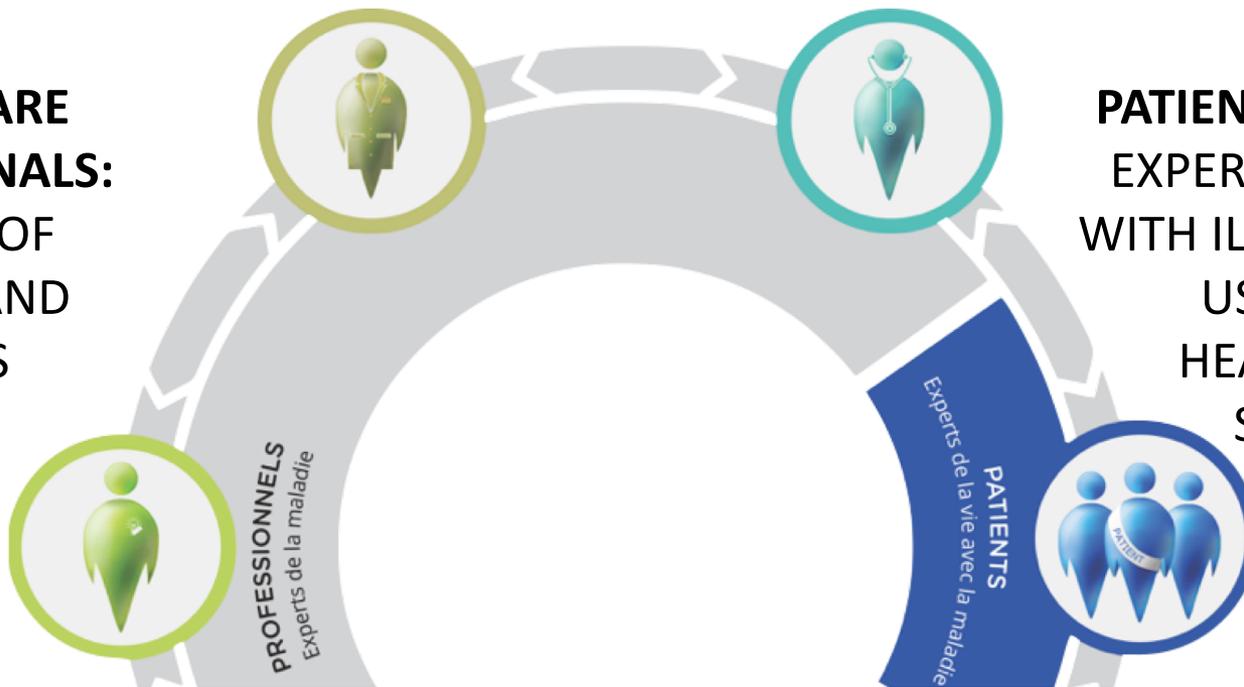
Karazivan P, Dumez V, Flora L et al. The Patient-as-partner approach in health care: a conceptual framework for a necessary transition. *Acad Med* 2015; 90(4):437-41. DOI: [10.1097/ACM.0000000000000603](https://doi.org/10.1097/ACM.0000000000000603)

Pomey, M., Flora, L., Karazivan, P., Dumez, V., Lebel, P., Vanier, M .. & Jouet, E. (2015). The Montreal Model: The Challenges of a Partnership Relationship between Patients and Healthcare Professionals. *Santé Publique, S(HS)*, 41-50. <https://doi.org/10.3917/spub.150.0041>

# PARTNERSHIP WITH PATIENTS AND THE PUBLIC

## A CULTURAL SHIFT...

**HEALTHCARE PROFESSIONALS:**  
EXPERTS OF DISEASE AND ILLNESS



**PATIENTS/FAMILIES:**  
EXPERTS OF LIVING WITH ILLNESS AND OF USING THE HEALTHCARE SYSTEM

*« It's time to integrate the patient into their care team and the citizen into their healthcare system »*

*- extract from the vision of the CEPPP*

# FROM BUILDING « FOR » to building « with » the patient



**PARTICIPATION  
IN CARE  
(CLINICAL LEVEL)**

**Patients  
Partners**

**IN  
GOVERNANCE**

- Quality
- Organization
- Health Policy

**IN  
RESEARCH**

**IN  
TEACHING**

**Statistics  
Data**

**Perceptions  
Opinions**

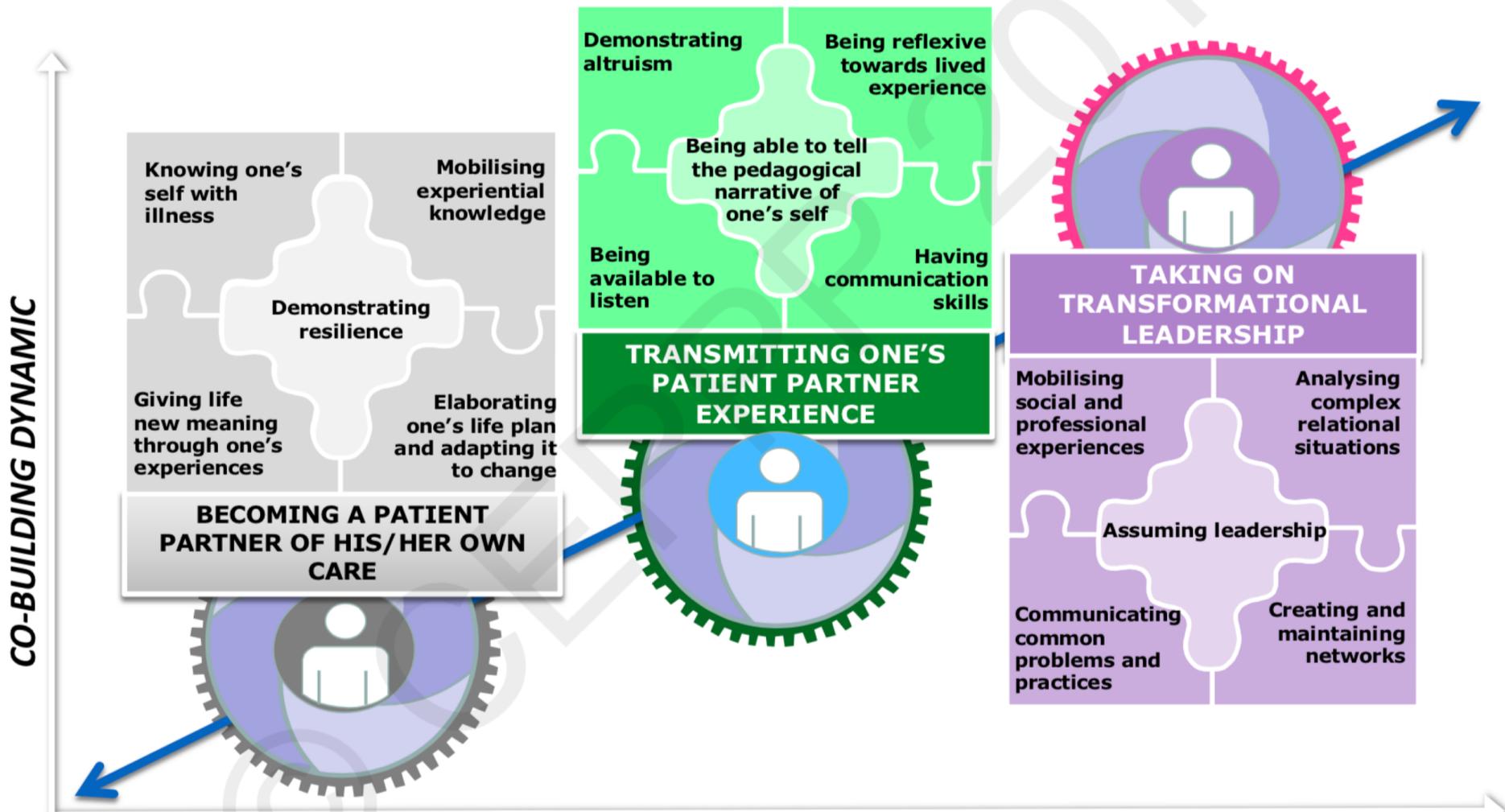
**Experiential  
knowledge**

**Patients as  
advisors**

**Patients as  
researchers**

**Patients as  
trainers**

# THE PATIENT COMPETENCY FRAMEWORK



# Competencies Development for Health Professionals and Patients

## Collaborative practice in partnership with patients and their families



Direction collaboration et partenariat patient (DCPP) et Comité interfacultaire opérationnel de formation à la collaboration en partenariat avec le patients (CIO-UdeM) (2019). **Competency Framework for Collaborative Practice and Patient Partnership in Health and Social Services**. Montréal, Québec: Université de Montréal. ISBN : 978-2-9815127-9-6 (Original french version 2016).

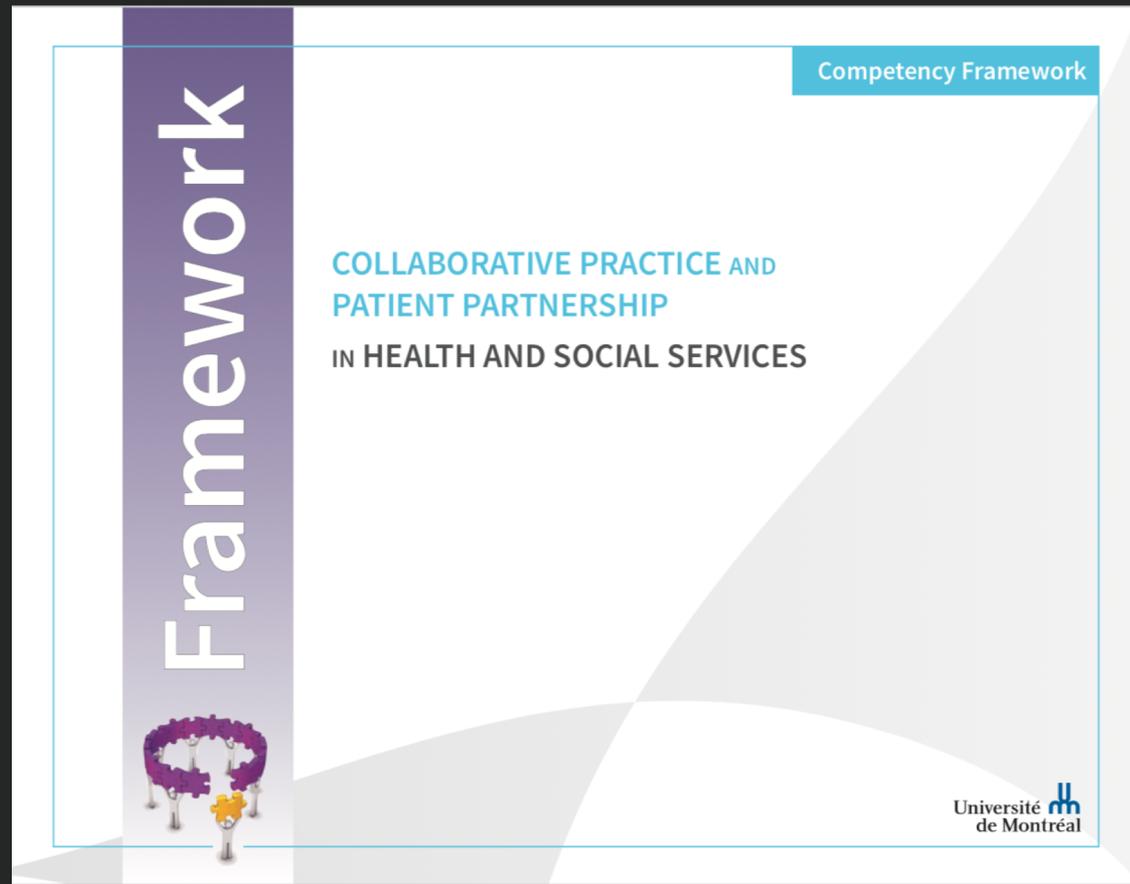
Inspired by:

Canadian Interprofessional Health Collaborative (2010). *A National Interprofessional Competency Framework*. 32 p. [On line] URL: <http://www.cihc.ca> (Accessed on 13-05-16)  
Royal College of Physicians and Surgeons of Canada (2005). *The CanMEDS Physician Competency Framework 2005*. [On line] URL : <http://www.royalcollege.ca/portal/page/portal/rc/canmeds/framework> (Accessed on 13-05-16)

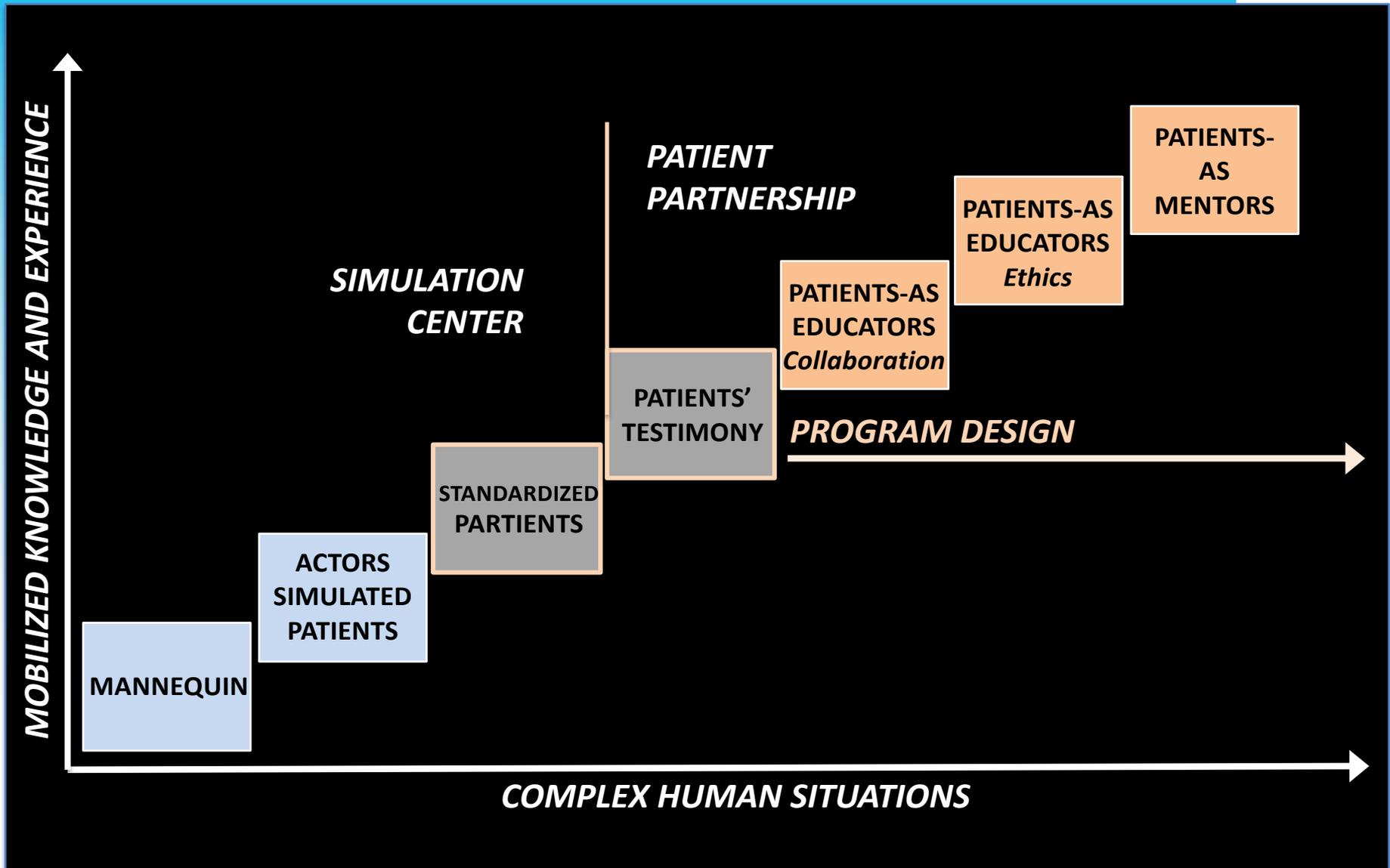
This document is available in its entirety in electronic format (PDF) on the website of the Centre of Excellence on Partnership with Patients and the Public:

<https://ceppp.ca/en/resources/>

Launched Oct 21<sup>st</sup>, 2019



# PATIENTS-AS-EDUCATORS FROM SIMULATION TO REAL CONTEXT



# UdeM IPE curriculum in a flash

Funded IPE curriculum  
with **credited** courses

Annual budget ~ **650 000 \$**



More than **4 500 students** from **13 programs** trained per year

**A strong support team**  
of five employees  
(administrative and pedagogical)



A unique innovative  
IPE  
curriculum



**Engagement of patient partners**  
in courses development, running  
and management

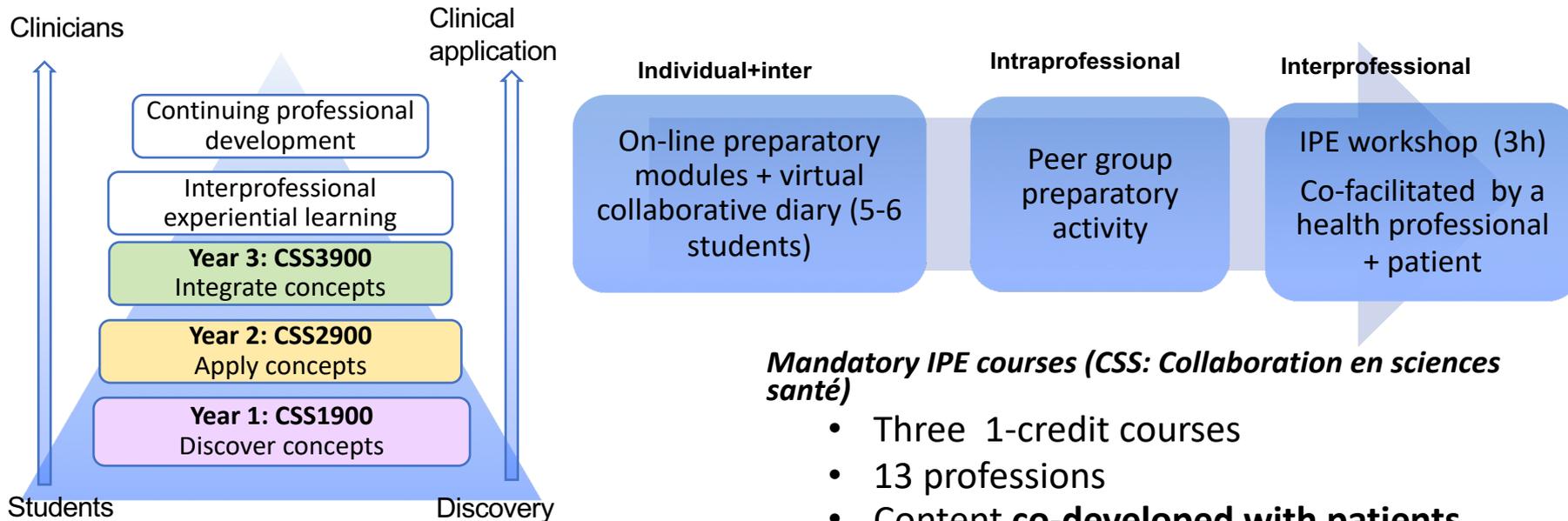
**Internationally and nationally recognized**  
for patient engagement in the courses and  
embedding of IPE courses in the curricula  
of 13 programs.



Educational strategy based on **best practices** and supported by  
**educational technologies**

**Quality** of educational material and **online tools**.

# IPE TEACHING IN COLLABORATION WITH PATIENT-AS-EDUCATORS



## **Mandatory IPE courses (CSS: Collaboration en sciences santé)**

- Three 1-credit courses
- 13 professions
- Content **co-developed with patients**
- Workshops **co-facilitated by health professionals and patients**

## **Academic year 2018-2019**

**CSS1900:** 1443 students; 39 patients; 39 health professionals

**CSS2900:** 1559 students; 80 patients; 80 health professionals

**CSS3900:** 1444 students; 82 patients; 74 health professionals

Raynault A, Lebel P, Brault I, Vanier MC & Flora L (July 2020): How interprofessional teams of students mobilized collaborative practice competencies and the patient partnership approach in a hybrid IPE course, Journal of Interprofessional Care. <https://doi.org/10.1080/13561820.2020.1783217>

Vanier MC, Dumez V, Drouin E, Brault I, MacDonal SA, Boucher A, Fernandez N, Levert MJ et al. **Partners in Interprofessional Education: Integrating Patients-as-Trainers.** **Dans:** Fulmer, T & Gaines, M. Partnering with Patients, Families, and Communities to Link Interprofessional Practice and Education. Proceedings of a conference sponsored by the Josiah Macy Jr. Foundation in April 2014; New York: Josiah Macy Jr. Foundation; 2014. Pp 73-84.

[https://macyfoundation.org/assets/reports/publications/jmf\\_partneringwithpfc.pdf](https://macyfoundation.org/assets/reports/publications/jmf_partneringwithpfc.pdf)

# UdeM IPE Workshops Pre-COVID

All co-facilitated by a Healthcare/social services provider and a patient

CSS1900	CSS2900	CSS3900
4 groups of 10 students, face-to face in a classroom	1 group of 10 students, face-to face in a small teamwork room	
3-hour workshop Same time for all - evening	3-hour workshop AM or PM	
<p>Examples of patient partnership from interview by students with a relative</p> <p>Work settings and roles of different professions</p> <p>Portrait of 2 patients and their needs from info available to the different professions</p> <ul style="list-style-type: none"> <li>✓ Elderly man</li> <li>✓ Pregnant woman</li> </ul>	<p>Case study created in team of 5 students illustrating their professional roles and patient partnership</p> <p>Include issues of overlapping roles and communication</p> <p>Write 2 SMART objectives with the point of view of the patients</p>	<p>Interprofessional Intervention Plan (IIP) in team of 5 students:</p> <p>1- Preparing hospital discharge for an elderly patient recovering from a stroke and newly diabetic</p> <p>2- Same patients 6 months after his return home</p>

## MARCH 2020 : MAJOR CHALLENGES

- We learned **March 13th** that UdeM campus was on lockdown, **for 2 weeks ... !**
- Our CSS2900 **March 25th IPE workshop** could not be held face-to-face
- CSS2900 was a mandatory course in 11 curriculum that semester
- We wished to maintain an IPE learning experience for the students ...without changing the date
- How could we make it when most of our clinicians co-facilitators had to prioritized duties in their practice setting during this new challenging pandemic ?

# NO CHOICE BUT TO ADAPT



Opportunities to learn and develop new roles and competencies for our co-facilitators

**Annus Horribilis ?**



## MARCH 2020 : QUICK ADAPTATION

- Digesting the news
- Assessing virtual options: Zoom ? Teams ? Other ?
- Back to the learning objectives: how can we meet them differently ?
- Setting priorities
  - ✓ Maintaining a patient-partner contribution
  - ✓ Defining a realistic contribution
  - ✓ Maintaining student's competency development with high quality collaborative educational activities
  - ✓ Avoid overwhelming professors who already had major adaptations to implement in their own program
- 2/3 of the cours activites were already completed
  - IPE workshop was the conclusion of the course
- How can we build on the work already completed by the students during the semester ?

## PATIENTS WERE KEY TO SOLVE OUR PROBLEM

Delays were too short to organize zoom live discussions co-facilitated by providers and patients

Transformation in an autonomous IPE workshop in the existing virtual teams of 5 students who already had started writing their 2-page case-study

Written assignment to produce and deposit on the course platform

Providers cofacilitators were not available because of pandemic related high demands

**More pedagogical responsibilities were given to the patients**

**Written feed-back was provided by patients on the team assignment**

## WRITTEN ASSIGNMENT

1. Finish writing case study that must: 1) give a complete portrait of the patient and his/her life project and needs ; 2) illustrate professional roles of team members
2. Write 2 SMART intervention objectives from the point of view of the patient.
  - ✓ Explain why those objectives were prioritized and general actions the professionals could take to help the patient to meet these objectives
3. Reflect on this question: What is the importance of teamwork within healthcare and social services team in the context of COVID-19 pandemic and what is the role of the population ?
4. Highlight an interesting contribution to the discussion for each team members of your team
5. Identify something that could be improved if you were to do that IPE workshop a second time

## HOW WE DID IT

1. Select the most experienced and technology savvy patients
2. Train patients to provide written feedback to students
3. Extract 300 assignments and dispatch to 30 patients-as-trainers
4. Send assignments to patients by e-mails
5. Patients provided written feedback using a grid in a Word document
6. Patients supported by patients mentors (and professors if needed)
7. Written feed back deposited on the course platform
8. Students wrote individual suggestion for improvement of their team assignment directly on the course platform
9. Evaluation of individual students reflexion by the professor of the program

## Patient's Feedback grid

In the case study:	Yes	No
Main health issue, life context and patient life project (desires, aspirations) are described; Patient's needs, fears and concerns about his/her health are highlighted.		
• Patient's needs are prioritized		
• Impact of health issue on patient's life project is discussed		
• Actions asked to the case-study patient are realistic considering his/her life context and life project.		
At least one element of role overlap between care and services providers is presented Efforts of the different providers to collaborate is obvious.		
• Providers' roles and tasks are presented in a realistic way		
• A negotiation between the different providers for the overlapping roles is suggested or described		
An element of potential conflict and an issue in communication are included and discussed. Un élément de conflit potentiel et d'enjeux de communication;		
• Potential conflict situation between providers is obvious.		
• Communication issue between providers is obvious.		
An issue of therapeutic education to the patient or his/her care is included		

## Patient's Feedback grid

Objectives are ...	Yes	No
Really objectives of the patient		
Specific and linked to a patient's need identified in the cas study		
Possible to attain from the point of view of the patient and hi/her life context		
Time frame specified. For example, Within the next 2 weeks ...		
Realistic considering providers work setting, patient life contexte and life project.		
Measurable, i.e. objective specifies how providers and patients will be able to know the objective is attained.		

### Global feedback (300 words)

# We survived



# Thankful students

- Activity was maintained at the planned date
- Flexibility was provided
- Tasks were relevant
- Patient's feedback was constructive and useful

# Lessons learned and opportunities created

## Lessons

Technological competencies also necessary for patients

Access to communication technology may restrict patients involvement

Patients supported themselves as a group in this new task

Patients really liked having the case study in advance and suggested to to the same even for live IPE workshops

## Opportunities

Developing new role for patients (structure written feedback)

Developing new competencies for patients

Expand number of potential patients for cofacilitation in upcoming IPE workshops by lifting geographical barriers

# Time to plan Academic year 2020-21

Back to live co-facilitated workshops

## CONDITIONS

Maintain the vision despite the virtual format and the technological challenges

- ✓ Real interaction between participants and with cofacilitators
- ✓ Keep the rich learning from patients experiential knowledge

New content on collaborative practice and patient partnership in the context of palliative care was already in development

- ✓ May to October 2020

## CHALLENGES

1. Ensure secure login to institutionnal ZOOM account
  - ✓ Creation of Zoom meeting links by the University IT services
  - ✓ Decision not to use breakout rooms since many cofacilitators without an institutional account and could not be defined as host or co-host in advance
2. Train co-facilitators both on new content AND new virtual format
3. Getting everybody ready for online live Workshop
  - ✓ Enhance co-facilitators technological competencies
  - ✓ Downloading Zoom app
  - ✓ Creating an account
4. On D-day
  - ✓ Check for co-facilitators presence
  - ✓ Support cofacilitators and students with connexion troubles

## FALL 2020 – First live online workshop

Decision made to limit number of co-facilitators to experiment with more technology savvy co-facilitators

Duration of workshop reduced from 3h to 2 h

- ✓ To maintain students focus
- ✓ To decrease the number of different co-facilitators needed

Students tasks were adjusted

- ✓ Interdisciplinary Intervention Plan (IIP) was produced before by a team of 5 students and presented during the workshop to another team of 5 students
- ✓ IIP were improved by teams considering feedback received by the other team and cofacilitators.

Patient had to adapt to bringing-up deep feelings related to their experience on a screen rather than face-to-face

3 successive workshops co-facilitated by the same tandem of co-facilitators

- ✓ 8h-10 ; 10h30-12h30 ; 13h30-15h30
- ✓ 58 health care/social services providers / 58 patients-as-trainers

Mandatory paid on line training session for co-facilitators prior to the workshop

# NOVEMBER 2020 – CSS3900 IPE WORKSHOP

## LESSONS LEARNED

### **Pedagogical**

- Additional source of stress but not overwhelming if good support provided to co-facilitators
- Despite virtual constraints :
  - Interesting interactives discussions possible
  - Safe pedagogical environment was provided both for students and patients
- Participation more difficult for some students more shy
- More difficult for co-facilitators to engage less involved students

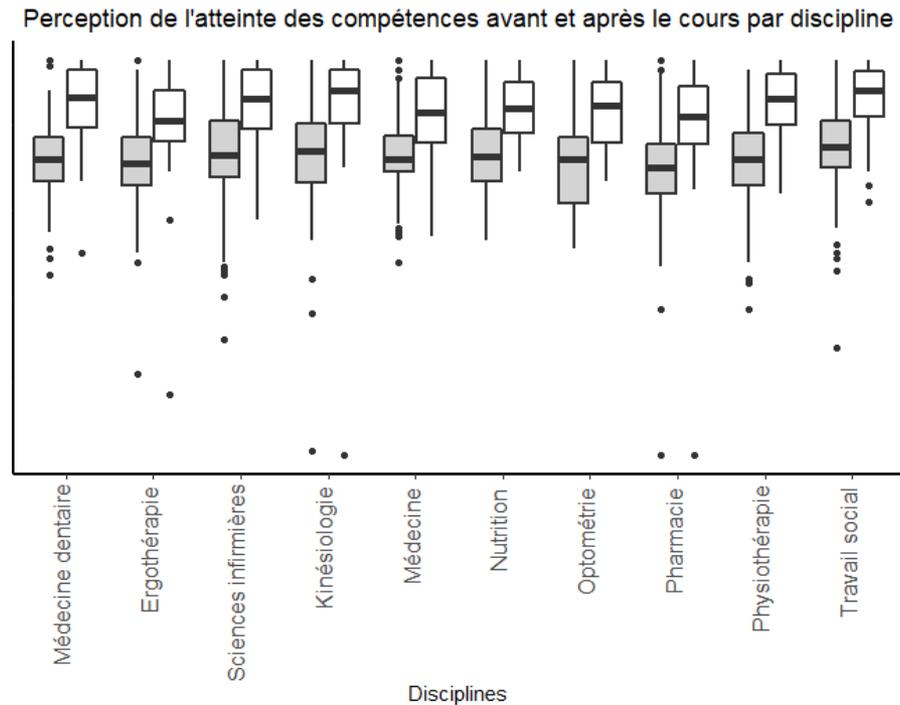
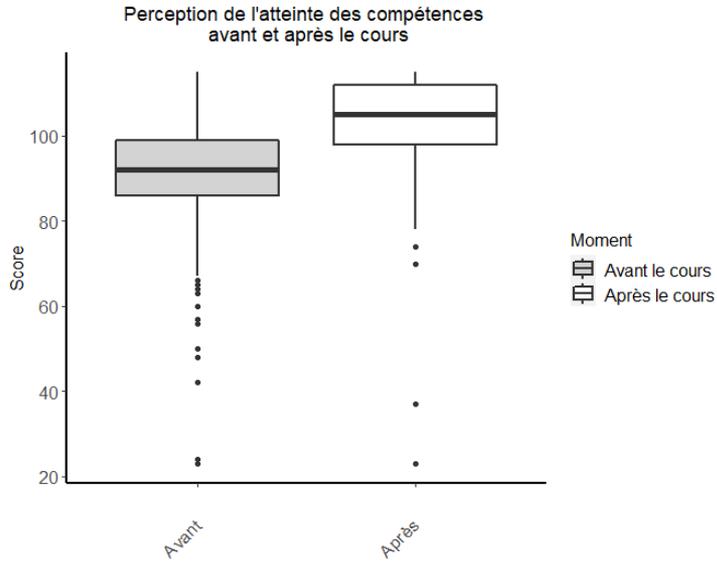
### **Organizational**

- On D-day Zoom linked worked well despite connecting issues for a few co-facilitators that were solved by the support team.
- It was decided for next course that welcoming session would be optional and students would be ask to notify the support team if there was no facilitator in their room 15 min

## ICCAS – Interprofessional Collaborative Competencies Attainment Survey (MacDonald et al. U Ottawa) 2014, revised in 2018

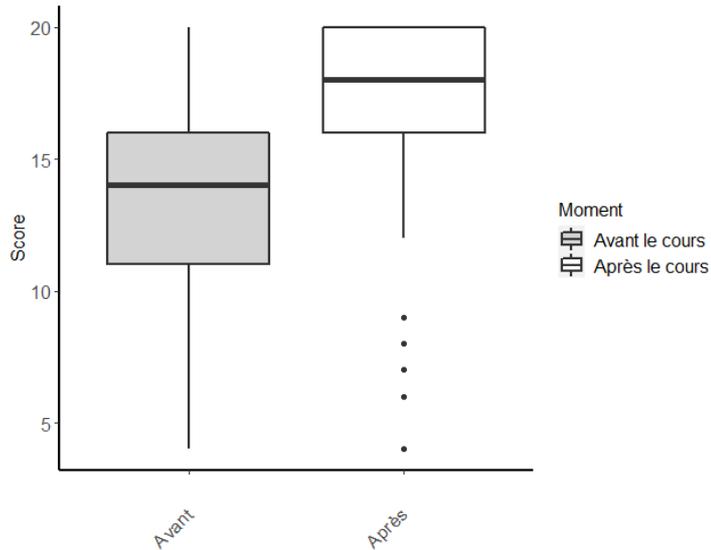
- Sentences added, with permission, in 2 separate sections to cover 2 extra competencies from UdeM competency framework
- Completed at the end of the course
- Students self-assess competencies before the course (restrospectively) and after the course
- Ordinal scale (0 to 5) – 1 (poor) 2 (fair) 3 (Good) 4 (very good) 5 (excellent)
- 23 sentences covering 9 competencies,
- Maximum score = 115 (pre or post course)
- 4 extra sentences related to palliative care added for CSS3900 Fall-20
- 1379 students from 10 professions completed the mandatory questionnaire

# CSS3900 - Global collaborative competency

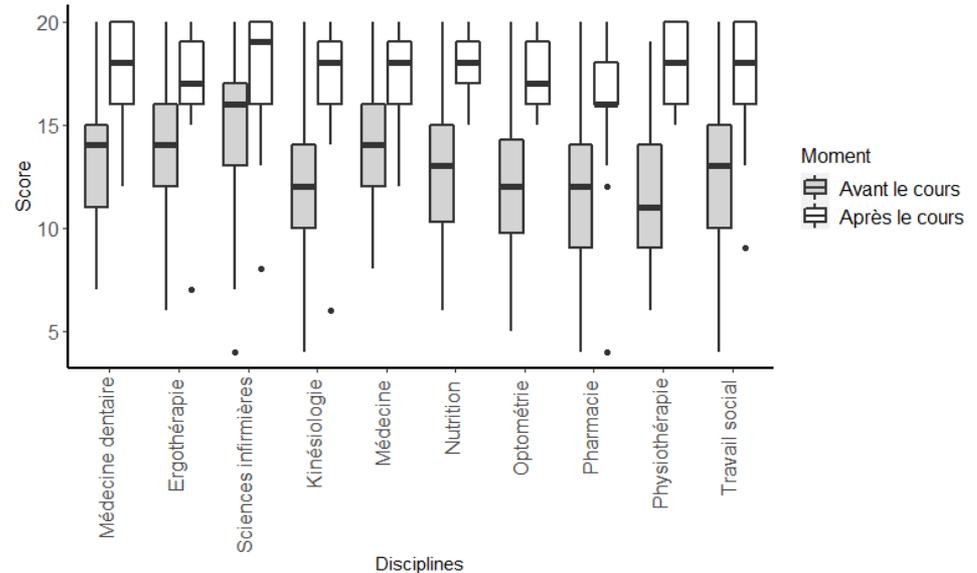


# CSS3900 – Palliative care competency

Perception de l'atteinte des compétences en soins palliatifs avant et après le cours



Perception de l'atteinte des compétences en soins palliatifs avant et après le cours par discipline



1. Understand **concepts** and objectives of **palliative and end of life care** ;
2. Understand **contributions of other healthcare and social services providers** and importance of interprofessional teams in palliative care;
3. **Apply notions** of interprofessional collaboration and patient partnership to **accompany a patient** in context of palliative care ;
4. Recognize the **role of culture and spiritual needs** in the patient's end of life experience.

## Satisfaction questionnaire CSS3900

Completed by 1262 students

Comments added by 687 students

- *« I appreciate you made that course possible despite the exceptional pandemic context. Thank you very much ! »*
- *« I greatly appreciated the topic of palliative care since this topic receives little coverage in my own program ».*
- *« What I like most about this course is learning from real life experience of the cofacilitators, both patients and providers. »*

## FEBRUARY 2021 – CSS1900 IPE WORKSHOP

### Challenges

Go from face-to-face classroom of 40 students to 84 virtual groups of 20 students

Extra numbers of co-facilitators required meant many of them had never before cofacilitated this specific course

Use of breakout rooms for some part of the workshop was required to maximize interaction

- ✓ Ensure that at least half of the cofacilitators would have access to Zoom institutional account in order to be pre-identified as host
- ✓ Train cofacilitators to use more advanced functions of Zoom platform

## FEBRUARY 2021 – CSS1900 IPE WORKSHOP

### Opportunities

- ✓ Development of technological competencies transferable by cofacilitators in their other professional or personal activities
- ✓ Increase number of potential cofacilitators
  - Alleviate geographical barriers
  - No traveling/commuting -> decreased energy demands to patients

### Lessons learned

- ✓ Technologic responsibilities created anxiety in many cofacilitators
- ✓ Individual or small group training about Zoom should be offered on top of the general training and support for those less familiar with the platform
- ✓ Some providers co-facilitators were concerned to be less « available for » or « focused on » their pedagogical role during the workshop because of their responsibility to manage time and breakout rooms

## Upcoming CSS2900 IPE workshop MARCH 24th, 2021

- We will keep a similar format as February CSS1900 workshop
- A significant portion of the cofacilitators will be more technologically confident since they already cofacilitated successfully the February workshop
- We could observe a higher level of confidence of the cofacilitators during the preparatory training

# Discussion

## SOME DIFFICULT CHOICES

Patients unable to use technology efficiently or without proper access had to be excluded

Decreasing the duration of the workshop required to cut or shorten some of the usual pedagogical activities included in the workshop

## KEY SUCCESS FACTORS

IPE courses were already in hybrid format -> Allowed quick transformation to a format entirely online

Trust within the educational leaders team and with the cofacilitators

Dedicated educators and patients

Dedicated support team (5 employees) fully engaged in a shared project and thinking in solution mode

Wide existing network of patients partners involved with Université de Montréal

Cofacilitators' training and accompanying for this new role

## WHAT COULD BE IMPROVED ?

### IPE workshop

- ✓ Duration: increase to 2,5h or back to 3 hours ?
- ✓ Content: revisit some tasks/activities ? Especially for CSS1900

### Intradisciplinary preparation

- ✓ Ongoing project of enriching intradisciplinary large group preparation by involving a patient in the classroom with the specific program professor
- ✓ Tandem created with a professor and a patient who will follow the students cohort and become a resource for the program

### Organization

- ✓ Increase technological support individuals at peak connection time at the beginning of the workshop

## WHAT WILL REMAIN after COVID ?

To early to tell 😊

Developing competencies for interprofessional online meetings will probably be important in the post COVID era

- ✓ some remote working/meetings will likely remain in health & social services
  - To facilitate participation of all members when geographically spread-out
  - Because less time consuming

3rd year course IPE workshop could be considered to remain online to develop those competencies

- ✓ Students more familiar with the structure and expectations of the course by then
- ✓ Some students of some programs are in remote clerkship in 3rd year and it would facilitate their participation