Interprofessional Continuing Education:

One Year Later

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In last year's contribution to *The Canadian Journal of CME*, I wrote about new initiatives at Dalhousie in interprofesional education (IPE). I am pleased to report on both the progress in these initiatives and on the lessons learned.

Our major initiative was the development of 10 interactive, evidence-based modules on cancer education for health-care professionals. Dalhousie's continuing medical education (CME) formed a partnership with the Registered Nursing Development Centre at our local academic teaching hospital and the Department of Continuing Education at the Dalhousie School of Pharmacy. The program was developed under a contract with Cancer Care Nova Scotia.

All 10 modules were piloted in Nova Scotia during the fall of 2005, and a comprehensive evaluation was conducted for each module and the overall program. Cancer Care Nova Scotia is now implementing these modules for health-care professionals throughout the province.

The project evaluation reviewed the development process, evaluation of the participants' reaction to the program, and a three-month, self-reported commitment to change. We were fortunate to be able to present this work at the 1st Interprofessional Education Conference in Toronto in May 2005.

When we developed the program, we felt there might be a need for some separation of the professionals for part of the content teaching. Response from the planning group and participants in the pilot indicated overwhelming support for the concept of learning together, and there was no need for separate components for each profession.

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The level of complexity in terms of arranging modules is significant. Details like setting the appropriate time for the sessions was complicated. Physicians and community-based pharmacists prefer evening educational sessions, while nurses prefer sessions

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during the day. We had to be careful to monitor the professional mix at the sessions, since nurses tended to sign up first, while pharmacists and physicians registered at the last minute.

Skilled facilitation is the key to a successful educational session. We kept the modules and workshops to an hour and a half to keep facilitators and participants focused on the key issues. The content of the modules was rich and case based. Each skilled facilitator was able to engage the participants in discussing issues of teamwork and interprofessional learning. The modules were delivered in small communities throughout Nova Scotia to hopefully work with pre-existing formal and informal teams.

With the success of this project, we have embarked on further initiatives. We are currently developing educational modules on chronic pain for family physicians, pharmacists and dentists for implementation in early 2006; on physician/pharmacist teamwork with a focus on antidepressants; and a Health Technology Assessment Symposium for physicians, pharmacists and health-care administrators, scheduled to run February 16 to February 18, 2006.

All these projects feature a comprehensive evaluation component to help us learn what aspects of these programs are effective. As in most CME research, effects of these programs on patient outcomes remain elusive and await the development of larger research programs that utilize population health, hospital and pharmacare data.

Our final new initiative is an Atlantic-wide initiative funded by Health Canada, titled "Building a Better Tomorrow." This project features the development of a number of teaching modules to facilitate team-based healthcare, including: Conflict resolution, team building and new developments in primary care.

The Dalhousie CME office has partnered with Memorial University of Newfoundland to develop the needs assessment and program evaluation for these programs. The module development is nearing completion and we look forward to evaluating these modules as they are delivered throughout Atlantic Canada for the next year.

With all this activity developing in IPE, we still remain cautious that it may not be the model for all physician or health professional education. We continue to develop and support a variety of traditional education programs, including our large conferences, community hospital programs and videoconference programs. We also continue to develop and co-sponsor half- or full-day programs with a specific educational focus for physicians. Academic detailing also continues to be one of the most popular and successful programs.

At Dalhousie, we continue to be optimistic about the role of IPE, but urge all schools to develop comprehensive evaluation programs for any programs they are involved in and to share the results of this research so we can all better understand the future role of this important and exciting educational activity.

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