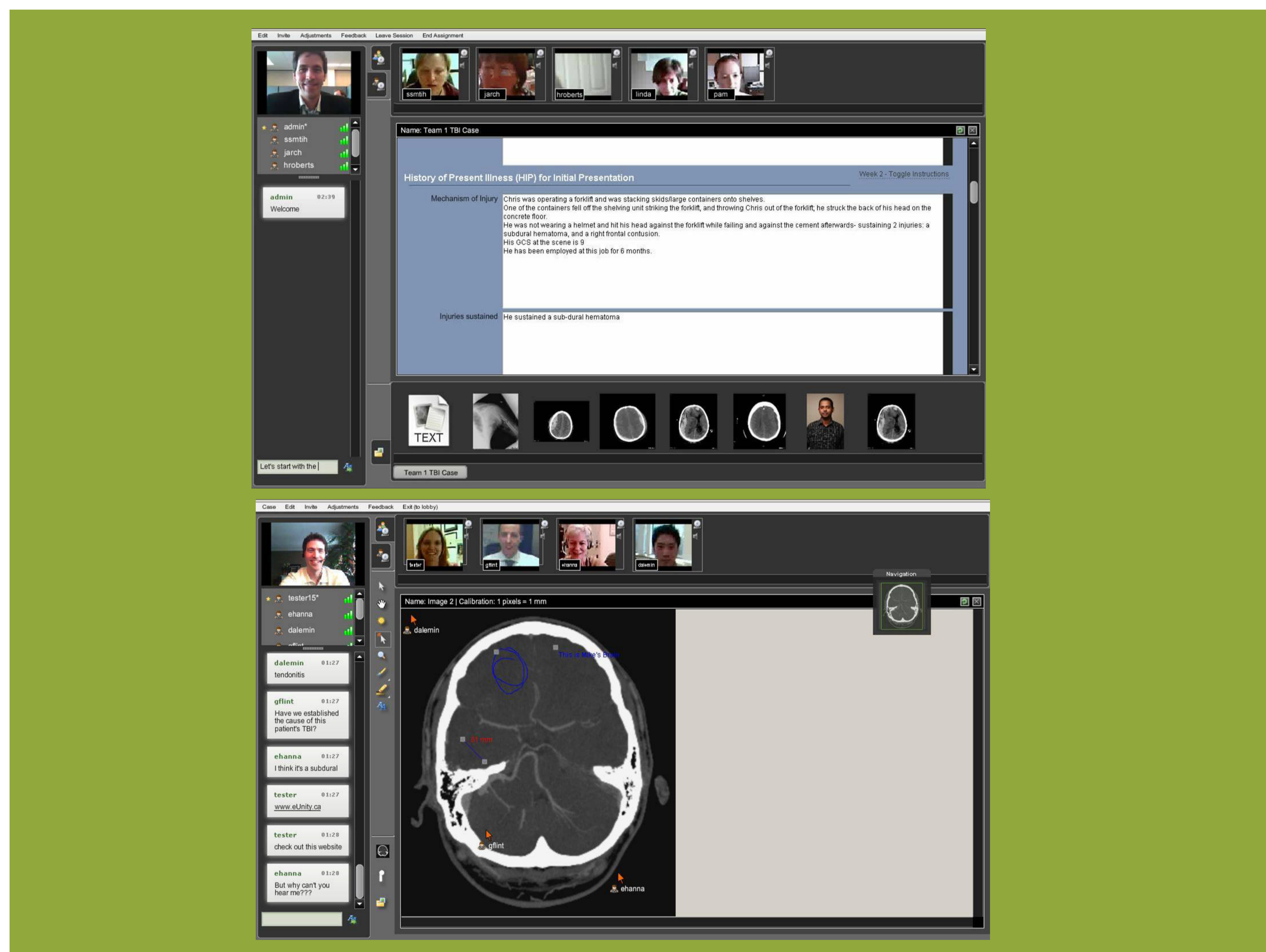


Hospital-based COLLABORATIVE ONLINE INTERPROFESSIONAL LEARNING (COIL) with a Social Determinants of Health (SDOH) Lens



Heather MacNeill MD, BSc (PT), FRCPC, Elizabeth Hanna, MHS, CALPSO, Scott Reeves, PhD, Susan Himel, MES



WHY COIL

Collaborative Online Interprofessional Learning (COIL) Workshops were developed in 2009 to address three areas currently lacking in most clinical and medical education:

1. To promote interprofessional practice;
2. To learn about complex chronic disease (CCD); and
3. To learn how CCD affects the socially vulnerable

The premise is that a deeper understanding of individual living conditions and social vulnerabilities (e.g. education, lack of adequate or affordable housing and social support, income, employment, being a recent immigrant, etc.) will improve a team's ability to work with these patients and better support their recovery.

Traumatic Brain Injury (TBI) and Diabetes were selected as the COIL subject areas because of their heightened effects on the socially vulnerable.

WHAT WE DID

COIL's goal was to combine the benefits of Interprofessional Education (IPE) and E-learning, while minimizing barriers to both.

Interprofessional team members piloted software specially designed for collaboration on tasks that enabled, reinforced and enhanced independent online study.

A 'build-a-case' technique was adapted to an online application and software was especially developed for this purpose.

Participants had to become part of a virtual learning community in order to collaborate effectively with each other and the material.

Facilitated synchronous online sessions provided participants the opportunity to collaborate on building a case together, and to learn about teamwork, complex chronic disease and the socially vulnerable.

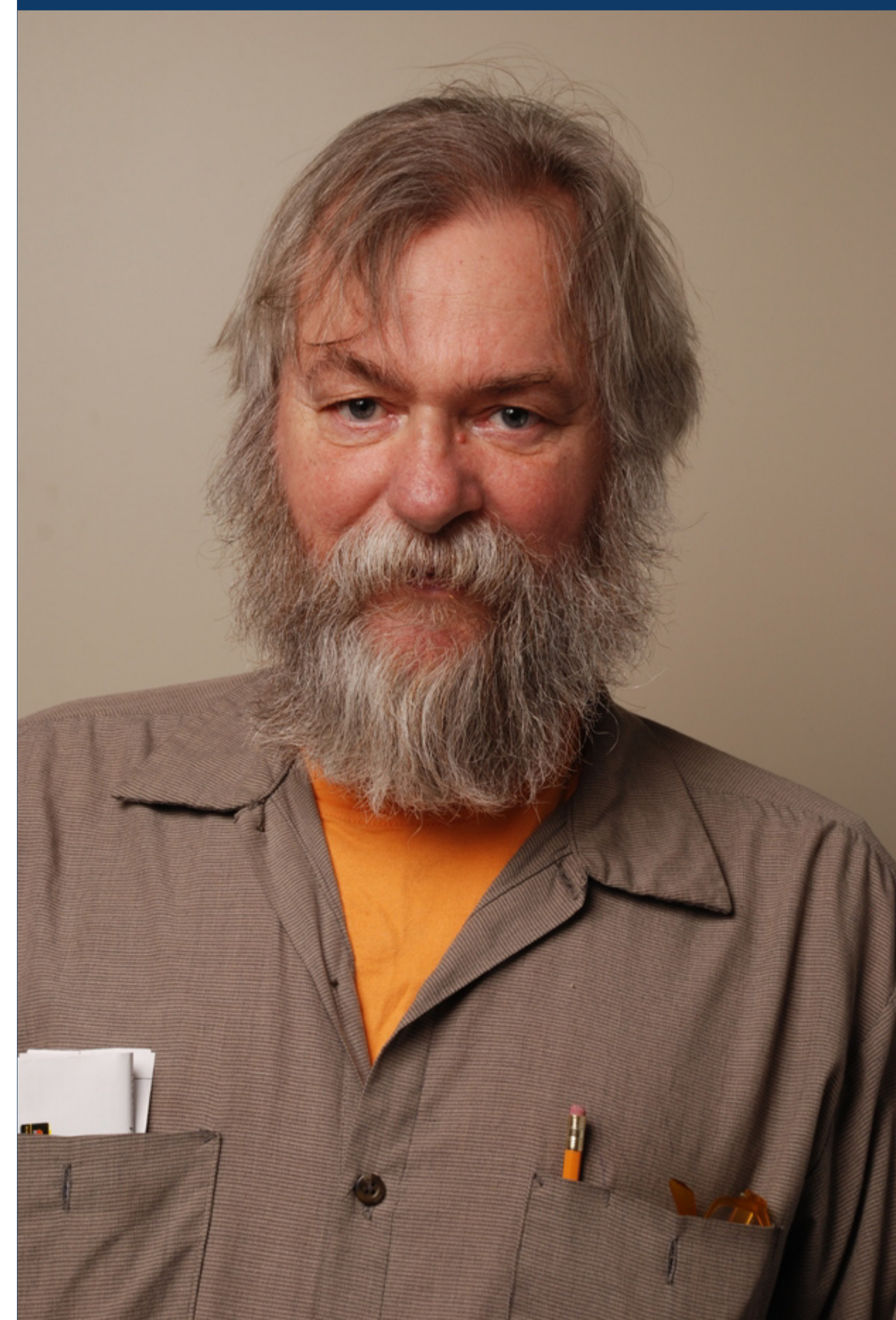
Teams of 6-8 interprofessional participants entered a "virtual classroom" weekly in a synchronous fashion to learn "with, from and about" each other through content creation.

Two interprofessional facilitators joined them online to support the discussion.

Auditory and visual social cues that are so important in IPE, and often lost in text chat formats, were enabled by the use of webcams and audio streaming.

Each week, the team built a fictitious socially vulnerable patient together, linked to the information learned that week in the self-directed learning portion and to a guided narrative based template.

Participants were able to upload images or use those provided to them in the "virtual library" to enhance the richness of their case. These images could be mutually navigated together with the use of broadcasted cursors, paintbrushes, measurements, text-box insertion, etc.



EXAMPLES OF PILOT PROJECT LEARNING

The value of conversations across the continuum of care (e.g. between team members in Acute and Rehab settings) led to increased understanding; but also challenged participants' views of interprofessional collaboration (versus 'cooperation').

The limitless possibilities in case construction were somewhat overwhelming, mirroring the 'real life' complexity of patients' lives.

MOVING FORWARD

Long term vision is to expand participants to include community providers, as well as increase the involvement of people and their families living with these conditions.

We need to frame the complexity of the cases in terms of their learning needs and supply sufficient structure to keep the case building task manageable, while acknowledging that the complexity exists.

WHAT WE FOUND

Analysis of qualitative and quantitative data supports use of this method, but suggests strong facilitation and excellent technical support are essential for success. The integration of diverse patient stories was also very positively received. They helped to illustrate the myriad of vulnerabilities that compound the effects of complex chronic disease. COIL is an effective platform for IPE as part of an overall health promoting hospital strategy to improve patient care for our socially vulnerable patients with complex conditions.

WHERE WE ARE GOING

E-learning has shown to be a powerful way to provide anywhere, anytime learning. Bridgepoint Health's COIL model demonstrates an approach that provides interactive collaboration between diverse participants and groups. It adds the dimension of addressing how an individual's socio-economic circumstances can affect their health in the course of their treatment and rehabilitation.

The COIL model will help reduce inequities related to lack of knowledge about treating patients with lower socio-economic status (SES). COIL can potentially be adapted and used by other organizations to learn collaboratively about complex chronic disease and SDOH to improve outcomes and to potentially reduce preventable hospitalizations that are higher in low SES populations. A full roll out of the pilot-informed COIL Workshops is set for January 2011.

For more information, contact dmin@bridgepointhealth.ca

BRIDGEPOINTHEALTH.CA



Generously funded through the HSBC Educational Curriculum Program