

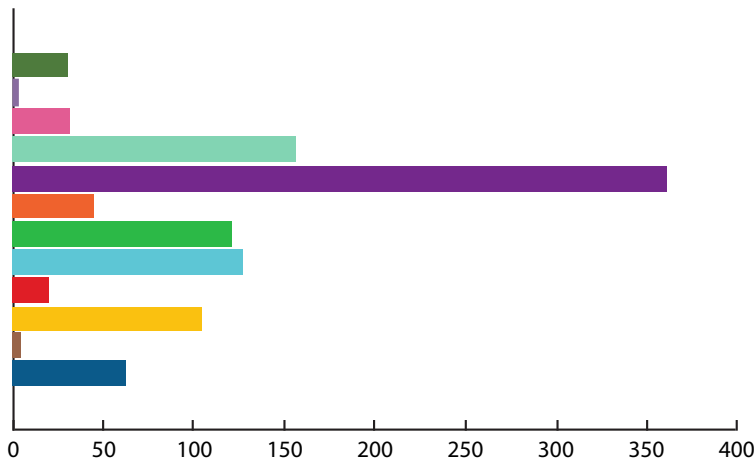
# INT D 410: AT A GLANCE

## WINTER 2016

### Student numbers by discipline



1071 students from 12 different health science disciplines were enrolled in the INT D 410 Winter 2016 course.



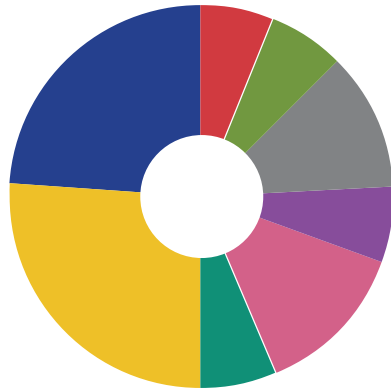
Dentistry	31
Human Ecology	2
Medical Laboratory Science	32
Medicine	157
Nursing	362
Nutrition	45
Occupational Therapy	122
Pharmacy	128
Physical Education & Recreation	20
Physical Therapy	105
Radiation Therapy	5
Speech-Language Pathology	62

### Student numbers by stream



Of the 1071 students:

- 31% choose the traditional pathway.
- 52% picked one of the 7 specialized streams.
- 16% choose the Essentials of Collaborative Practice (ECP) pilot course.



Bariatric Health Care	47
Immigrant and Refugee Health Care	47
Online/Distance Education	85
Palliative Care	47
Pediatric & Family Practice	96
Vulnerable Populations	47
Collaborative Leadership	192
Essentials of Collaborative Practice [ECP]	176
Traditional Pathway	334

The specialized streams gave students experience in interprofessional health team development in these particular contexts. ECP offered students the ability to spread the course across the fall and winter terms.

### Highlights

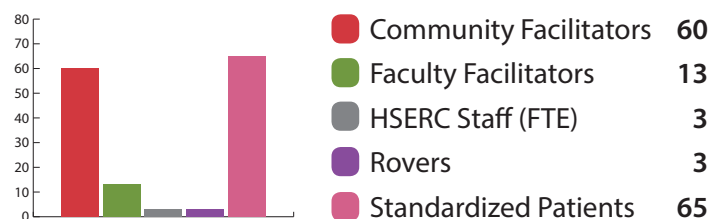


- 176 ECP students participated in 17 experiential learning sessions held over 8 weeks in the fall term, of these 26 students connected with a real patient and 18 encountered Standardized Patients.
- 549 students practiced collaborative skills and gained an understanding of the patient experience by participating in a course-based simulation day.
- 11 Standardized Patients played 3 roles and encountered 549 students during 56 simulation rounds as part of a course-based simulation day.
- Over 100 students from various disciplines participated in the Poverty Sim, a simulated month in the life of a family living in poverty, as part of a collaboration with the United Way.

### Who helped make this happen



Over 140 individuals came together to make INT D 410 an authentic and supportive learning experience.



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## WINTER 2016

### Universal Student Ratings of Instruction



<span style="color: yellow;">■</span> Traditional <span style="color: green;">■</span> Streams <span style="color: blue;">■</span> Essentials of Collaborative Practice (pilot course)	2016		
The goals and objectives of the course were clear.	4.0	3.8	3.4
I acquired new knowledge and skills for effective interprofessional collaboration.	4.1	4.0	3.8
I increased my ability to communicate with other professionals in planning care.	4.1	4.0	3.9
I increased my ability to communicate effectively with patients/clients in planning care.	3.9	3.8	3.5
I deepened my understanding of my own professional role.	3.8	3.5	3.0
I deepened my understanding of the roles of other health professionals.	4.2	4.1	3.8
I acquired new knowledge and skills for reflection on interprofessional team process.	4.0	3.9	3.8
I gained more insight into my own strengths and weaknesses as a team member.	4.1	4.0	3.8
I learned to identify essential behaviors which make a team effective.	4.0	4.0	3.8
I deepened my understanding of patient centered care in an interprofessional context.	4.1	4.0	3.8
The workload was appropriate for a 3 credit course.	4.0	4.0	3.9
This course provided a foundation for further interprofessional learning in clinical/community settings.	3.9	3.8	3.6
The course provided a variety of learning opportunities that increased my understanding of the importance of interprofessional teams.	3.9	3.8	3.6
I am motivated to learn more about these subject areas.	3.5	3.6	3.2
I am motivated to work in an interprofessional way when I enter the workforce.	4.2	4.2	4.1
In-class time used effectively.	3.4	3.4	2.3
The small group facilitator treated students with respect.	4.6	4.4	4.2
This facilitator provided a good role model for interaction with a team.	4.4	4.2	3.9
Overall, the small group facilitator was excellent.	4.4	4.2	3.8

### Student feedback



The experience of being placed on a team with students from different disciplines was very valuable because it allowed us the opportunity to develop respect for each other's scope of practice early on in our training.

The Poverty Simulation was not only fun and a great way to meet other people, but it also gave me insight into the day to day lives of those living in poverty and I think I am better able to empathize with them.

I loved the patient simulated disclosure of error and TOSCEs. I found them to be extremely valuable as they were the first time I had ever had the opportunity to counsel a "real" patient and work as part of a health care team to deal with their problems.

I really enjoyed learning all of the different roles that make up a team. I can see myself utilizing those roles in my future medical practice.

I really enjoyed the practical applications of interdisciplinary teamwork.

I think that being placed on a team with other healthcare students was beneficial in that we got to build relationships with other disciplines and learn about them. My group in particular was very diverse and it was beneficial to learn more about each of the different professions.