Connect Care

Post-Secondary Partners in Connect Care – Learner Education
6 Thinking Hats Summary – April 3rd (Edmonton) & April 5th (Calgary)

1) Discuss what 'shared accountability' between AHS and your organization for training academic learners in Connect Care means to you.

White (fact)	Yellow (positive)	Black (negative)	Red (feeling)	Green (creativity)
Accountability: For the most part the PSI's see practicum training as shared between the school and AHS. **Communication:** To be accountable, the schools will need more communication from AHS and then a strategy to communicate with their learners **Impact:** resources, people, money, time, infrastructure unknown at the time of the meeting (harder to commit accountability). Role/need for a change management approach **Information:** PSIs need more detail to make determinations on accountability (logistics, requirements, detailed	**Collaboration:** PSIs and AHS will figure this out together. Commitment to collaborate and appreciative of the effort made to inform as well as for future communication. Ability to chare resources to achieve a common goal. **Opportunity:** students as early adopters - change facilitators to support implementation/roll-out **Communication:** sharing vision	**Resources:** Access to (CC curriculum, training labs, practicums (concern that the latter 2 will be restricted during implementation). Increasing demands on already strained resources if no additional inputs Implementation: Multiple systems, processes, players, times and geographies impacted throughout implementation. -Training is taking place in the summer - PSI staff and students are out of session (not available Omissions/errors: What about out of province PSIs/students? Reliance on technology - back-ups (falls back to paper and will students know what to do?) Top-Down (enforced) approach: PSIs feel a lack of autonomy	Positive: Excitement, love, optimism (the system once implemented, AHS' commitment to working with the PSIs) Less Positive: Fear, anxiety, shock, overwhelmed, vulnerable	Opportunity: have the students trained ahead of time. -Remote access to Connect Care - train at the PSI and potential to integrate into curriculum -Working with AHS in a partnership -Increased patient safety -Share CTs (PSI/AHS) -Move training to all online (similar to eclinician)

timelines for PSI integration of training)				

2) Discuss the vision of providing Connect Care training at the academic institution by institution staff. What opportunities and challenges does this present?

White (fact)	Yellow (positive)	Black (negative)	Red (feeling)	Green (creativity)
Information (details): Length of training for PSI CTs? Qualifications of PSI CT? Where will the resources come from? Access to the system (IT) Dealing with attrition of CTs? AHS support once PSI practicum training implemented? What does AHS want from the SPI? How long will AHS train students? "How can we make this work?" Conclusion: The PSIs need more information	**Opportunity:** CC training at the PSI augments employability of their students and broadens their knowledge in other areas Opportunity for the PSIs to work together on practicum training Staff and students see/experience more accurate representation of actual practice Strengthening of relationship between SPI and AHS **Streamlining** - post implementation, far fewer CIS to deal with Correct access inconsistencies for students (harmonize and automate processes)	**Resources:** Staff, budget for additional staff, finding time in school schedule, access to/lack of IT labs, computers and compatibility with the new system **Consistency:** are all students trained equally? **Contingency:** What about the students that are unable to complete training or fail the EUPA? **Lack of autonomy:** not all students rotate through AHS. Are some excluded?	**Optimism/Confidence:** Opportunity - lead the way (PSIs are education experts - they can do this) **Fear/Anger/Frustration /Skepticism:** Increased workload (no increase in budget) Competition between PSIs for student placements Worry/Concern/Pressured How can they do this with other demands?	Educating around best practices, blended learning with accurate representation of simulation Support collaboration between disciplines/professions (at the PSIs and within AHS as well as between the schools) **Shared Resources:** Train the trainer (end users train end users) Roaming CT's - AHS and PSI share between PSI opens computer labs to AHS for CC training **IT:** -integration of placement software systems linking into AHS access platforms -Interest in exploring an educational approach that is not tied to the classroom (online CC

				preparation/ credentialing)

3 a) What actions & strategies would enable your organization to transition to this future state? A) Short Term (1 year)

White (fact)	Yellow (positive)	Black (negative)	Red (feeling)	Green (creativity)
Communication more, regular contact/communication from AHS and a central point of contact (chad) Who is the source of truth at AHS? **Information:** how long is the PSI CT program, qualifications, etc. **Specific Timelines** for enacting Practicum training at PSI (chad's note - looking to testing in wave 2 at the earliest) **Resources:** Curriculum, instructors, training times for instructors, IT access, infrastructure, etc.	**Collaboration:** Support, data sharing and mentoring provided by AHS Partnering with AHS to deliver CC training **Access:** More tools available and streamlined processes (IT access, MLL access and course availability)Partnering with AHS: **Support:** That AHS will be supporting student training in the next few waves	**Efficiency/consistency:** of training models - different CTs (PSI, AHS), different schools, teaching different types of students? Constraints of in class training **Rigor:** EUPA in determining competency CC curriculum (how was it created?, background, best practices, etc.) **Implementation:** Scale of the implementation - never been done before Timing of waves relative to student placements and SPI semesters **Workload:** even with curriculum and remote access, anticipated that increased workload for PSI to be significant	**Pressured/Tired:** How to get students trained for wave 1 (and subsequent waves) **Anxiety and Confusion:** lack of information - the unknown fueling fear **Excitement:** looking forward to the new technology and increased access	Centralized training centers (for both AHS staff and PSI students) Allow the PSI to schedule student training Access to CC via application on mobile device, devices that learners bring Credentialing senior year students to train junior year Engage with the learners directly - what will work for them? Coordinate student training around school breaks Integrate course catalogue in HSPnet and MLL (make it available to the PSI)

3 b) What actions & strategies would enable your organization to transition to this future state? B) Long Term (3 years)				
White (fact)	**Yellow (positive)**	**Black (negative)**	**Red (feeling)**	**Green (creativity)**
Communication: more, regular contact/communication from AHS and a central point of contact (chad) **Information:** access to in class training schedule AHS curriculum (note - a case may be made here enabling access to MLL and the role assignment web form to the PSIs) Specific Timelines for enacting Practicum training at PSI **Resources:** Curriculum, instructors, training times for instructors, IT access, infrastructure, etc.	Communication at present and going forward AHS taking on training for initial waves	**Resource Constraints:** Limited lead time to implement practicum training at PSIs (rationale to outline tentative strategy for PSIs on this) Add to workload burden Many schools do not have computer labs anymore Inflexibility with model presented (no BYOD, limited learning options) **Quality/Rigor:** Of the curriculum and testing	**Positive:** Happiness, satisfaction, gratitude, inspired, excited **Less positive:** Bitter, uncertain	Connect Care training as a credential (note: risks outlined by U of L on micro credentialing as a revenue source for the PSIs) Increased availability of eLearning

4 a) What models do you envision for student practicum preparation in Connect Care?

White (fact)	Yellow (positive)	Black (negative)	Red (feeling)	Green (creativity)
Information: FAQ, Newsletter, Central intake (questions), support center. Defined timelines for student education Defined expectations for the PSIs Plan for students that fail EUPA	**Supportive:** AHS supporting the PSI (note the need for a support desk/email - share CC learning email with schools?) Possibility of Sandbox access "early "engagement with AHS Doing away with a paper based system Work readiness for students Streamlining access and improving consistency Simplified processes (once connect care is in place)	**Scheduling issues:** availability, what if missed?, training refresh, duplicative training, failed EUPA and next steps. **Support:** If PSIs providing training, they need AHS support available (24 hour IT support?) **Communication:** Has been strained in the past between AHS and PSIs **Autonomy:** AHS setting process - is this the best model to educate?	Uncertainty, fear, feel loss of power, disorganized, confused	Call center support for PSIs providing practicum training (IT, curriculum, MLL, etc.) Utilizing technology to deliver online training: WebEx, MLL, Skype Add scheduling flexibility (evening ,weekends) Increased reliance on online learning material vs in class Leveraging the trained to train others (train the trainer) Specificity of training for students (less training so revisit the possibility of student training tracks) Leverage Epic's success (what had worked in the past) increased access to e-learning and having learners coordinate education on their own time

4 b) What specific supports would your organization require from AHS to achieve these models?				
White (fact)	**Yellow (positive)**	**Black (negative)**	**Red (feeling)**	**Green (creativity)**
Access: to the CC sandbox/playground, Course Curriculum **Training:** AHS providing training to students and instructors in the initial waves with blended models being available later on Training equipment, space	**Opportunity:** For PSI to build their own curriculum Learn from other implementations/collaborations Collaborate with AHS on securing placements for students	Plan for rural training/access What are AHS' expectations Resources: (see comments above) Quality/Rigor: Of the curriculum and testing	Optimism, excitement Competitiveness, Cynicism, pressured	Just in time training for students faculty (instructors) Apply CC "savings" toward training Utilizing technology to deliver online training: WebEx, MLL, Skype Leave CC "credentialing" to the student to coordinate on their own Work with Regulatory Colleges and Ministries to petition for more resources

BRILLIANT	BOTHERING	BURNING
*Collaboration between PSI and AHS *Remote IT Access to CC Sandbox/Playground	*Resources: cost of implementation, time, space, money, capacity, timelines *continuation of being able to attain practicum placements (also drawn from several emails from PSIs)	*What does Connect Care actually look like (when can they see it, when can they get access?) *HSPnet leveraging (integration as a data feed) - mentioned in both Edmonton and Calgary so added

Notes:
The information presented above has been themed from the information collected 6 Thinking Hats collaborative problem solving activities conducted in Calgary and Edmonton with AHS post-secondary partners that we able to participate in the events.
Information provided in these sessions has also added to an iterative FAQ document that will be made available shortly