



# Ontario Health Care Team Challenge

## 2009-2010 Student & Faculty Toolkit



Supported by:



**Office of Interprofessional Education and Practice**

**Integrating Health Sciences Across the Continuum**





## Health Care Team Challenge™ Toolkit Acknowledgements

Over the course of the last few years, students and faculty members have assisted in the development of the Ontario Health Care Team Challenge™ Toolkit. This is the time to acknowledge all of those who have contributed to making this toolkit possible.

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**National Health Science's Students' Association  
University of Western  
McMaster University  
Northern Ontario School of Medicine  
University of Ottawa  
Queens University**

*Please use this toolkit as a guide to organizing and learning about the Ontario version of the Health Care Team Challenge. This guide is to be used by both students and faculty.*

*Thank-you for your contributions!*

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*Compiled by Luciano Di Loreto (Hons) BSc, July 2008*

*Revised with Ontario IPE Faculty, July 2009*



## **A. What is the PURPOSE?**

It is clear that the Ministry of Health and Long Term Care has committed to advancing *interprofessional care* within Ontario.<sup>1</sup> Health care students must be equipped to work in teams collaboratively if they are to provide their patient/client s with what they expect; *best possible care*. The Ontario Health Care Team Challenge™ is an *interprofessional education* activity that promotes teamwork and collaboration amongst students. The design provides students with the opportunity to ‘*walk the talk*’ because as we all know *practice makes perfect*. Although this toolkit has been developed in Ontario, we hope that students from other provinces may use this as a guide to either run their own Health Care Team Challenge™ or toolkit.

## **B. What is INTERPROFESSIONAL EDUCATION?**

*"Occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care."*<sup>12</sup>

The goal of *Interprofessional education (IPE)* is to prepare health professional students with the values and core competencies necessary for collaborative interprofessional practice.

## **C. What is INTERPROFESSIONAL CARE?**

*"Interprofessional care (IPC) is the provision of comprehensive health services to patient/client s by multiple health caregivers who work collaboratively to deliver quality care within and across settings."*<sup>13</sup>

## **D. VALUES & CORE COMPETENCIES** <sup>4</sup>

Through the Health Care Team Challenge™ students will have the opportunity to gain exposure & immersion to IPE Values and Core competencies:

- *Behaviours & Attitudes*
  - Mutual respect
  - Openness to trust
  - Willingness to collaborate
- *Knowledge*
  - Roles of other health professions
- *Skills*
  - Communicating with others
  - Reflecting upon my role and others



*Student Leadership in IPE*

Students who apply these values and core competencies will exemplify student leadership in IPE.

*\*To be updated with CIHC competencies when they become available\**

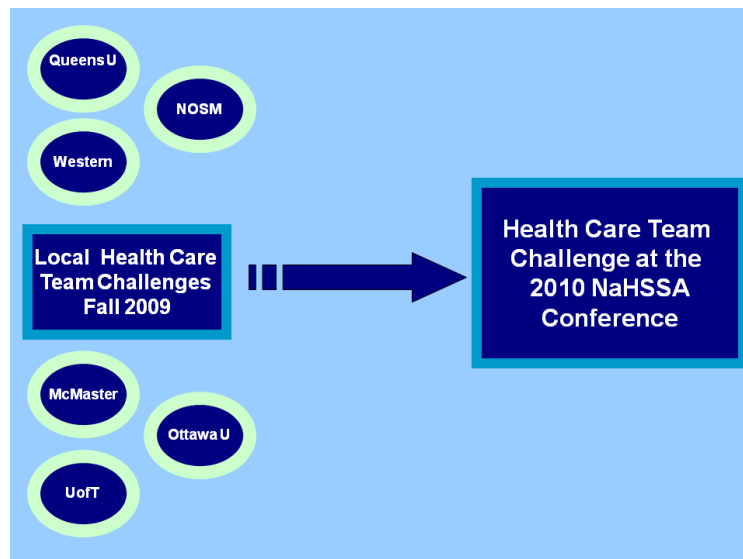


## **E. What is the HEALTH CARE TEAM CHALLENGE?**

A number of international competition-based challenges have been developed over the years. The University of British Columbia<sup>5</sup>, University of Queensland<sup>6</sup> and University of Victoria host the Health Care Team Challenge, while the University of Minnesota<sup>7</sup> hosts the CLARION competition. Although their structures and objectives may vary, all competitions share the same ultimate goals: to improve the health care system and deliver the highest quality of care for their patient/client s.

***The Health Care Team Challenge™ is an interprofessional student team event. Each student team is provided the same case to work on, with the goal of developing a collaborative interprofessional patient/client-centered plan of management. On the day of the event, student teams present their plans to an audience of clinicians, academics, community members and students. Teams are judged on both the quality of the management plan and level of team collaboration. The winning team receives an award. The award is presented during an award ceremony and announced at a social gathering following the event.***

***By the fall of 2009, the objective is to have each academic health care institution below host their own annual local Challenge™. The winning student teams (or those students interested) will be invited to participate in a provincial HCTC™ challenge taking place at the National Health Sciences Students' Association Conference in the spring of 2010. All local challenge students are welcome to attend as audience members. As the Challenge™ gains popularity more NaHSSA (National Health Sciences Students' Association) will be invited to join.***



## **F. RATIONALE for proposed structure**

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### *Why the Health Care Team Challenge?*

The Health Care Team Challenge™ is a grassroots “social-demic” competition<sup>8</sup>. It is a fun, exciting and uncomplicated competition that allows students from different professions to interact and learn about one another in a non-classroom setting. The Challenge™ does not require months of preparation and/or research. It allows students to discuss their own profession and collaborate with others in order to develop an interprofessional care plan.

### *What is a Social-Demic Event?*

Often time’s events and initiatives, as key learning objectives, ignore the benefits and/or possibility of involving both social and academic components. The Health Care Team Challenge™ acts to build the bridge between the ‘social’ and ‘academic’ realms. This fusion has been coined and hereby noted as social-demics. Students believe that this type of learning method is beneficial and unlike the repetitive learning techniques offered in school. Social-demic events, such as the Health Care Team Challenge™, will provide a unique vehicle for students to socialize and learn simultaneously.<sup>9</sup>

Please see UBC and Queensland Health Care Team Challenge™ videos.

UBC: <http://www.chd.ubc.ca/HCTC™/2007> OR <http://www.chd.ubc.ca/HCTC™/2008>

Queensland: <http://www.uq.edu.au/health/index.html?page=58993>

## **G. PARTICIPANTS**

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### **National Health Sciences Students’ Association Chapters Participating**

- ❖ University of Western
- ❖ University of Ottawa
- ❖ University of Toronto
- ❖ Northern Ontario School of Medicine
- ❖ McMaster University
- ❖ Queen’s University

## **H. What is the NATIONAL HEALTH SCIENCES STUDENTS’ ASSOCIATION?**

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The National Health Sciences Students’ Association (NaHSSA) was established in 2005 and is the first national interprofessional student association in the world. NaHSSA is a network of local university and college-based chapters and students that promote interprofessional education and collaborative practice within Canada. NaHSSA enables students to advocate for and learn from this form of education through social networking and leadership opportunities.<sup>10</sup>



## **I. Why Should STUDENTS PARTICIPATE?**

### ***Goals & Objectives***

- ❖ Provide the *best possible* patient/client care
- ❖ Develop an understanding about where *your own* profession 'fits' into the healthcare team
- ❖ Develop an understanding about how *other* professions can be included in the team
- ❖ Become competent with common healthcare *regulatory issues*
- ❖ Learn how to resolve complex healthcare circumstances
- ❖ Increase patient/client safety
- ❖ *Enhance* IPE Student leadership
- ❖ *Strengthen* competencies necessary for collaborative practice (See CIHC website - <https://www.cihc.ca/>)<sup>11</sup>
- ❖ Increase trust, dispel stereotypes, improve attitudes
- ❖ *Build* relationships and networks
- ❖ Practice offering the best possible healthcare as a team... *Practice makes perfect!*
- ❖ Chance to win a scholarship
- ❖ Have FUN while LEARNING!

## **J. SCHOLARSHIPS and AWARDS**

### *Student Team Scholarship*

- ❖ A panel of judges will choose a winner based on the quality of the management plan and level of collaboration.
- ❖ 1<sup>st</sup> place student team will receive a team prize

### *Interprofessional 'Collaboration in Practice' Award*

- ❖ This award recognizes an interprofessional team who demonstrates excellent collaboration in practice. This team works collaboratively, as appropriate, to assess, plan, provide care/intervention and make decisions to optimize client/ patient/client /family health outcomes and improve quality of care.
- ❖ In order to be eligible, a team must consist of at least four or more professions.
- ❖ Teams may be nominated or apply by completing the Interprofessional 'Collaboration in Practice' Award application located on the website.

## **K. Local HEALTH CARE TEAM CHALLENGE™ Composition?**

- ❖ Each NaHSSA chapter at the following six institutions/regions (University of Western, University of Toronto, Queens University, Ottawa University, Northern Ontario School of Medicine and McMaster University) can run an annual local HCTC™.
- ❖ IPE faculty at each institution will assist and support their NaHSSA chapter to run a local HCTC™.
- ❖ There will be a minimum of two and a maximum of three teams per local HCTC™
- ❖ Teams will be composed of five to six students maximum
- ❖ Each team will be assigned one faculty mentor
- ❖ A clinical case scenario will be provided to each team 3-4 weeks prior to the event



- ❖ The clinical case is to be *provided* or *developed* by each institution (please see section T for an example of a case). If you wish to receive a case, please email [ontario.hctc@gmail.com](mailto:ontario.hctc@gmail.com)
- ❖ Students will meet 1-3 weeks ahead a time to read the toolkit and discuss the clinical case scenario
- ❖ Faculty mentors will be invited to meet with the teams at this time

## **L. How does the LOCAL HCTC™ work?**

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- ❖ On the day of the event, two to three teams will be positioned at the front of the room.
- ❖ An introduction on the HCTC™ will be delivered by the master of ceremonies (please email [ontario.hctc@gmail.com](mailto:ontario.hctc@gmail.com) for the a HCTC™ introduction PowerPoint)
- ❖ After the introduction, the first part of the clinical case will be read aloud by an audience member, team member or MC.
- ❖ The first question pertaining to part 1 of the clinical case will be read aloud
- ❖ All question(s) will be directed to understanding how the team will work together to manage the case (See section 'T' below)
- ❖ The teams will have 5 minutes to discuss the question privately
- ❖ During this time, the audience members will be placed into teams of 5-6 students and will discuss the first question of the case
- ❖ Once the discussion time is up, each team will have a maximum of 5 minutes to answer the question.
- ❖ Teams will be notified once there are 30 seconds remaining.
- ❖ After the question is answered by each team, the audience members will have 5 minutes to critique the responses provided by each team
- ❖ A microphone will be located on the audience floor to address the teams
- ❖ The audience members can provide feedback and suggestions in regards to the team answer.
- ❖ After the audience members have provided feedback, the second part of the clinical case will be read aloud. Like above, question 2 will be read aloud and each team will have 5 minutes to discuss their answers and so forth (see above)
- ❖ After the question period is complete the judges and/or audience members will convene/vote and pick a winner
- ❖ Awards will be provided at a social event following the Challenge™

#	Timeline of Local HCTC™ (based on 3 teams)	Time
1	Introduction of the local HCTC™:	5-10 Minutes
		<b>5-10 Minutes</b>
2	Read Part 1 of the Clinical Case	3 Minutes
3	Read Question 1	2 Minutes
4	Teams/Audience to Discuss Case Privately	5 Minutes
5	5 Minutes for each team to address audience	15 Minutes
6	5 minute audience critique session	5 minutes
		<b>30 Minutes</b>
	Repeat #2-6 for Part 2 and Part 3 of the Clinical Case	<b>60 Minutes</b>
	<b>LOCAL CHALLENGE</b>	<b>2 HOURS TOTAL</b>

\*The case, number of questions and/or teams may be reduced. This will reduce the time needed to run a local HCTC™.





## **M. ONTARIO Health Care Team Challenge™ Team Composition**

- ❖ As of now, a total of six student teams will be invited to compete in the Challenge™
- ❖ Each team will represent one particular institution/region from Ontario
- ❖ The institutions/regions include: University of Western, University of Toronto, Queens University, Ottawa University, Northern Ontario School of Medicine and McMaster University.
- ❖ Ideally, all teams will be represented at the Ontario HCTC™. If not, a minimum of three teams and a maximum of six teams will be required in order to run the event.
- ❖ Teams MUST be composed of a minimum of five and maximum of six students
- ❖ Students will be selected by a process devised by the institution/NaHSSA chapter/student organizing group.
- ❖ No more than two students from any one health care profession can join the same team.
- ❖ Each student must be enrolled at a health service program at an academic institution.
- ❖ Student teams are NOT allowed to contact the Judges regarding any aspects of the Health Care Team Challenge™
- ❖ A team MUST have at least four students participate in the event.
- ❖ Once registered no replacement students are allowed to enroll.
- ❖ In order to register your team please contact [vpchapterdevelopment@nahssa.ca](mailto:vpchapterdevelopment@nahssa.ca)
- ❖ Since this is the first year that the provincial level HCTC™ will run at the NaHSSA conference, the breakdown of the event will not be provided until a later date.
- ❖ Students MUST have fun!



## **N. For STUDENT TEAMS**

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The ONTARIO Health Care Team Challenge™ has been designed by students for students! Here is your chance to get involved and make a difference. You will need to keep in mind a few items in order to get the most out of participating.

- ❖ Read through the toolkit thoroughly!
- ❖ Review the judging criteria that will be used to evaluate team responses
- ❖ Start early (as soon as the clinical case scenario becomes available, two weeks prior to the event)
- ❖ Get to know your team members
- ❖ Schedule a time to meet/teleconference with your faculty mentor as a team. Take advantage of the opportunity to work with a faculty mentor. They have plenty of experience and can definitely guide your team in the right direction.
- ❖ Anticipate questions you may be asked from the Panel of Judges
- ❖ Create and practice team responses to these questions
- ❖ Most importantly ENJOY THE EXPERIENCE!

## **O. For FACULTY MENTORS**

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Faculty mentors are faculty leaders from various health care professions with honorium. The role of the faculty mentor is to provide advice and/or suggestions to student teams as they work on their interprofessional plan of management. Student teams will have the opportunity to meet with their faculty mentor as soon as the clinical case scenario has been distributed two weeks prior to the event. Students are expected to derive their *own* plan of management, but **MUST** meet at least once with their faculty mentor to confirm that they are on the right track. Faculty mentors can contribute to their team by:

- ❖ *Meeting/teleconference with the student team to review the toolkit package.*
- ❖ *Providing students with available resources including:*
  - Relevant literature, personal contacts, advice, etc.
- ❖ *Offering comments, suggestions and feedback two weeks prior to the event*
- ❖ *Help orient student teams to collaborative practice*
- ❖ *Encourage the team to enjoy the experience*

## **P. Faculty LEADS**

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- ❖ One to two faculty members will be assigned as contact leads for each NaHSSA chapter / institution.
- ❖ Each contact will be in charge of supporting their local/regional NaHSSA chapter.
- ❖ The faculty lead will help to ensure that the local challenge takes place annually and that a student team and/or interested students are sent to participate in the provincial challenge.
- ❖ The faculty lead will act as a liaison between the local HCTC™ and provincial conference organizers (NaHSSA conference provincial organizers). As of the 2009-2010 year, this contact is NaHSSA's VP Chapter Development (Luciano Di Loreto).
- ❖ The faculty lead will help to ensure that the local HCTC™ will follow a similar structure as the provincial challenge



## **Q. TIMELINE**

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- ❖ The local challenges will take place in the FALL. No later than the December break.
- ❖ The provincial challenge will be schedule to take place during the NaHSSA Conference in the SPRING. No later than May.

## **R. JUDGING CRITERIA**

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Judges will use the following headings to evaluate team performance.

- ❖ **Major Case Issues**
  - How well did the team highlight the major issues presented in the case and negotiate care priorities.
- ❖ **Creativity & Originality**
  - How well did the team '*think outside the box*' in...
    - Developing ways of working interprofessionally?
    - Developing ways to provide better patient/client care?
    - Developing ways to improve the health care system?
- ❖ **Collaboration**
  - Did the team collaborate as appropriate, to assess, plan, provide care/intervention and make decisions to optimize client/ patient/client /family health outcomes and improve quality of care?
- ❖ **Feasibility**
  - How feasible is the team's plan of management?
  - Could the responses be implemented?
- ❖ **Presentation Approach**
  - Did all student members contribute equally to the responses?
  - Were the students respectful, professional, and poise to answer questions?
  - Did the students go over their allotted team time to respond?
- ❖ **Behaviours & Attitudes**
  - Did the team exemplify mutual respect for one another?
  - Was the team open and trusting of one another?
  - Did the team exemplify willingness to collaborate?
- ❖ **Knowledge**
  - Did the team learn about the roles of other health professions?
- ❖ **Skills**
  - Did the team communicate effectively with others and share decision making?

## **S. Panel of JUDGES**

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- ❖ 1) Patient/client
  - The patient/client may be incorporated into the case.
- ❖ 2) Dignitary
  - Ministry of Health
- ❖ 3) IPE Faculty Leader
- ❖ 4) International IPE Leader

\* 4 total = 1 patient/client, 1 dignitary



## T. EVALUATION Breakdown

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The Panel of Judges will use the following evaluation breakdown to assess team performance.

**Student Team Name:**

**Student Team Score:**

Evaluation Breakdown	Never	Rarely	Sometimes	Mostly	Always
Team highlights the major issues of the clinical case scenario into their responses	1	2	3	4	5
Responses demonstrate a thorough understanding of clinical case scenario issues	1	2	3	4	5
Responses are creative & original	1	2	3	4	5
Team responses highlight opportunities for collaboration between health care professions	1	2	3	4	5
Team responses are reasonable and defended with evidence	1	2	3	4	5
Each student member contributes equally to the response	1	2	3	4	5
Questions are answered professionally	1	2	3	4	5
Questions are answered within the time allotted period of time	1	2	3	4	5



## **U. SAMPLE CASE**

This case was provided by the University of British Columbia Health Care Team Challenge.<sup>12</sup>

# **2006 HCTC case Shelly Moran, a gymnast with problems**



## **PART 1:**

### **PREAMBLE**

Shelly Moran is a seventeen-year-old, first year university student. She lives with her parents in Richmond. Her parents both work in the service industry and they put in long hours to provide the best for Shelly. Her parents are pleased that she was awarded a scholarship that will allow her to combine a university education with her love of sports.

Shelly is a National Team gymnast and trains with Ms. Kara Belolyi, B.Sc., FLSSM, Director, Training and Competition, Westside Gymnastics Club.

Shelly has been training every day for two hours in the morning and four hours in the evening with her coach. As well, she is putting in an extra hour, three days a week, at the University gym, doing low resistance - high-repeat work with weights, and a 30 minute, high-cadence spin on the exer-cycle

### **SITUATION**

At her mother's insistence, Shelly reluctantly makes an appointment with the team at the clinic. Her mother is concerned about her daughter's health. She feels that Shelly has become obsessed with her training, seems to be losing weight, taking many pain medications, isn't sleeping enough, and has become quite withdrawn from her family and friends. Shelly's mother had spoken with the coach about these concerns but Ms. Belolyi insisted that this is normal for Shelly's level of training. Shelly is annoyed at her mother for speaking to her coach and for insisting that she attend the clinic. She is also upset that this



appointment is late in the afternoon, as the coach did not want her to miss her evening training session.

Shelly says she fell during last evening's practice. She has a very sore right shoulder and a large, tender bruise on the side of her face midway between her right eye and ear. She says her jaw 'is out of joint', as it clicks when she chews, and she seems to be speaking awkwardly. During the interview she starts to cry and explains that she is hoping to represent Canada at the World Cup circuit; she is sure that this injury will ruin her chances to compete. The selection for World Cup competitors is in six months and her coach thinks that, at 17 years old, this is Shelly's last chance at "going to the Worlds".

Shelly is a slim, athletic woman who stands 1.6 meters (5'3") and weighs 50 kilograms (110 lbs); this is a reduction of 3 kilograms since her last visit. She has a body mass index (BMI) of 19.5. Shelly looks tired and is obviously troubled by her jaw and shoulder.

As the visit is ending Shelly adds that she is finding it hard to balance training with her academic load. She asks for a medical note as she has a chemistry lab report due the next day.

**Teams A & B:**  
**Question 1**

**Rank potential issues, and provide the rationale and significance for ranking. What are the key components of management strategies that your team can put together?**

**Part 2:**

A fractured facial bone and a second degree AC joint separation were confirmed on radiographs. Several tooth fractures were also identified, and incidentally, Shelly was found to have an unusual amount of tooth wear. Shelly's injuries are improving since she began following the team's advice.

Kim, Shelly's training partner, has e-mailed at Shelly's mother's request. Kim's e-mail describes Shelly's recurrent injuries and failing performance in spite of extensive training. Kim also notes that the coach is extremely demanding and Shelly appears stressed.

**Teams A & B:**  
**Question 2**

**What are the team's immediate concerns now, and what are your management strategies?**

**Part 3:**

Two months later Shelly has returned, this time complaining of sore legs. The coach has told her that it is muscle fatigue and has instructed her to ice her calves, and take three Ibuprofen (400 mg) three times a day. She has tried this for a week without improvement in her calves and she has developed a stomach ache; but she is convinced she will get better if she continues with the Ibuprofen and "trains through the pain". Again she is here at her mother's insistence and again she requests a medical note, this time to postpone her physics final.

Shelly looks pale and tired; she now

weighs 46 kilograms (BMI = 14). She has



many signs of an eating disorder. She dismisses any concerns about her diet and explains that she always loses weight during exams, especially when training. Examination of Shelly's lower legs reveals tenderness along the anterior medial tibia bilaterally/ 'shin splints'.

**Teams A & B:**  
**Question 3**

**What are your team's immediate concerns and how would you advise Shelly?**

**Continued:**

Two months later Shelly books an urgent appointment with the team. She is clearly in a panic. She had recently started dating another gymnast from the club. With all the stress of training and university Shelly "went a little further than planned" last night. She hasn't had any periods for a few months, which she says is normal as she has been training so much, but she doesn't know if she could be pregnant. A pregnancy test done in clinic is negative.

Another month has passed. Shelly has followed some of the team's advice regarding diet, contraception, stress management and social support. She is still training hard but her weight has stabilized. The team feels they are actually getting somewhere with helping Shelly manage her health. Another e-mail is received, this one is from Shelly's coach:

*To whom it may concern:*

*I am Shelly Moran's gymnastics coach. She has asked me to contact you. I do not appreciate other people interfering with my clients, especially giving them advice on training. I am a certified coach with extensive National and Olympic experience. I know how to train athletes and how to treat their injuries. Shelly has an opportunity to compete against the top gymnasts in the world. She understands this requires hard work and much sacrifice. I can make Shelly's greatest dreams come true, you cannot, so please stop dispensing advice on issues that you are not qualified to deal with.*

**How does your team respond? Explain the rationale.**

**Epilogue:**

The month after the final Canadian squad was chosen, Shelly returns to the clinic. The coach did not support her bid to go to the Worlds this year. Shelly doesn't say much except she thanks the team for sticking with her. She is happy with her healthier lifestyle and she is confident that she can complete her university year with a 'B' average. She might even try to make the National team next year.




**V. Student CHECK OFF LIST for the provincial challenge**

- Complete & submit the Student Team Registration Form
- Receive confirmation of team entrance into the provincial challenge from NaHSSA
- Booking of travel and accommodation (Please contact your IPE Office)
- Clinical case scenario received
- Faculty mentor contact information provided
- Schedule a time to meet/teleconference with your faculty mentor
- Attend the HCTC at the NaHSSA Conference

**W. Team Registration Form**

Please submit this before \_\_\_\_\_ TBD \_\_\_\_\_ to: [vpchapterdevelopment@nahssa.ca](mailto:vpchapterdevelopment@nahssa.ca)

Teams can be submitted via email, or mail.

	<b>Team Member Names</b>	<b>Signatures</b>	<b>Health Care Profession</b>	<b>Local/Region Representing</b>
<b>Example</b>	John Smith		Nursing	University of Western
Member 1				
Member 2				
Member 3				
Member 4				
Member 5				
Member 6				



## References

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**Front Picture:** Thank you Canadian Memorial Chiropractic College Interprofessional Education Council for donating the front cover photograph.

