



**Canadian Association of Allied Health Programs (CAAHP)  
Annual Meeting**

**June 3-4, 2005  
Rodd Parkhouse Inn  
Moncton, New Brunswick**

**Summary of Proceedings  
-Key Issues in Allied Health Education-**

The **Canadian Association of Allied Health Programs meeting** was interactive and attracted very interested participants representing a broad range of all allied health programs. The meeting was divided into two distinct segments: one dedicated to sharing and discussing issues that are meaningful to all of the programs and the formal annual general business meeting. The following major concepts and themes emerged from our discussions regarding issues of relevance and importance to all programs.

- Many participants felt that CAAHP's role in advocacy at the provincial/national level with partners should be a major priority
- There was considerable enthusiasm for **Knowledge Net** and the concept of ongoing dialogue and exchange of information
- There was support for a broader/inclusive definition of "**Allied Health**". CAAHP should expand its membership and outreach, to include the increasing number of allied health programs under development or well established in the college system (e.g. pharmacy technician, opticianry programs, health care aides, etc.)
- CAAHP should focus on keeping abreast of the trends in IPE and its integration into allied health programs. This could be a topic for a future forum.
- Clinical education and placement is experiencing significant change and CAAHP must focus on staying in tune with what new clinical education format and structure will evolve. This continues to be a major topic for exchange among all of the programs in the country.

**Topic 1: Simulation as Clinical Education – Efficacy and Research**

This session focused on the meaning and variety of approaches that are being used in simulation, and its role and potential to meet clinical education requirements. The following are some of the key concepts which emerged from the topic discussions.

- Programs have been doing rudimentary simulation for some time through the use of low tech and first generation of simulators
- The term 'simulation' needs to be more carefully defined. What do we mean and what is the nature of the activity that would be simulated?
- There is a need for guiding principles regarding the use of simulation. Can we produce a national set of guidelines that would serve all programs in the country?
- None of the programs are interested in replacing all of on-site clinical education components of a program. What proportion of any clinical program should be replaced by simulation and can we agree on this across similar programs?
- There was a desire and interest to explore new models, review existing models as well as to share the information.
- What is the reliability rating of our assessment processes? Can we come up with a new standard model of evaluation?
- There is a need for buy-in from practitioners, faculty, and administration to use simulation as an alternate to skill acquisition and later to competence.
- Simulation/simulators are costly and intensive equipment regarding staffing and time required. The question raised was how to manage simulation facilities and the accompanying curricula in restricted and limited budgets
- There is a critical need for faculty training in the use of simulation  
In the development of scenarios, guides, e.g. mock disaster film.
- There is need for research to look at the evidence-based data on the efficacy of simulation to skill acquisition, its effectiveness, level of error, etc. Support was expressed for the simulation research project that CAAHP is undertaking to address this issue.
- What are the implications for accreditation? Can it impact the criteria which have to be met by every program?
- There was an interest in exploring and sharing models of good practice – Canada/US/Britain.
- Concern was expressed regarding the potential impact on patient care/patient safety and the goal to diminish error and minimize risk if exposure to real patients was to be reduced.
- What is the impact on learning for students when simulation is used? Will this new or renewed methodology help programs to adapt to new types of learners (Nintendo generation - used to technology)?
- How will simulation address the needs of increasing numbers of second language learners?
- What implication will the use of simulation have on the level of student expectations, particularly when they are more accustomed to the use of technology in their lives as well as in their educational programs?
- There is a need to clearly delineate among the competencies that may be attained through simulation and those which must be attained in actual clinical

## **Topic 2: Degree as Entry-to-Practice**

This session was devoted to the type of degrees or degree partnerships being developed as well as the federal/provincial ETP process currently in place. Donna Mulholland, manager of the coordinating committee on Entry-to-Practice Credentials (CCETPC) secretariat was available as a resource during the discussion. The following key concepts emerged from the discussions.

- A variety of degree partnerships programs were described ranging from a centralized process in Quebec, to joint degree/diplomas, to numerous university-colleges granting degrees independently.
- All programs would find it helpful if we had a template to use, containing the key principles of a good articulation agreement.
- There was interest in looking at the implications for workload, and financial issues as well as a common understanding of the scope of time required for the development and delivery of any degree program
- Prior to a degree program starting, all responsibilities, roles and goals of administering a degree/diploma program need to be clearly articulated.
- The degree program must be student-focused.
- Can a college which has little experience in doing research establish a research culture? Can colleges support the development of scholarship and research key criteria in degree programs?
- How should colleges respond to the pressure from students to have a pathway to a degree credential when an institution may not be developing a given degree program?
- Colleges by their very raison d'être have a greater interest in applied research
- The health care system and governments are demanding (in some jurisdictions) a diploma exit parallel to degree development.
- The ETP process must be clarified in operational terms. For further clarification go to [www.hc-sc.gc.ca/english/care/credentials/index.html](http://www.hc-sc.gc.ca/english/care/credentials/index.html)
- What is the role of professions and national associations in dictating/directing degree development?
- Can the degree credential be implemented at the same time as shortages in the health care system are being addressed?
- Degree programs are costly in terms of student fees and the time to develop the program as well as the length of programs which are inevitably longer. The extra time involved in implementing and running a collaborative program must be a consideration in the planning.
- Students need options/choices of diploma, degree and a clear delineation of career pathways

## **Topic 3: Clinical Placement Capacity**

The discussion centered on the capacity, availability, training and critical issues currently involved in clinical education and placement. Dr. Moira Grant, the research associate with CSMLS was available as a resource for the discussion. The following concerns and concepts were expressed.

- Capacity is more of an issue in the more populous provinces
- The concern for limited placement spots is provoking competition with public and private institutions
- Allied health programs should lobby to have funders accept clinical placements à la medical model
- There seems to be a differentiation of funding models between French and English colleges in New Brunswick and a standardized approach in Quebec.
- Medical Diagnostics and Paramedic programs were singled out in all provinces as having an acute concern regarding placement and preceptorship assignments
- Discipline specific clinics are sometimes the only source for placement and tend to be very costly.
- Use of private placements is a challenge especially in terms of familiarity with placement supervision and costs involved.
- Some programs expressed interest in international sites
- There was a need expressed to prepare students in clinical placement to appreciate and be able to differentiate between the needs of a rural vs. urban setting
- Clinical education and placement is being impacted by legislation/regulation/liability and impact on workload, with variations in each jurisdiction.
- It is essential to get employers on board regarding the issue of clinical placement. In addition programs should be sensitizing employers to improving clinical staff selection and clinical payments directly to facilities in order to enhance the clinical experience for students.
- Are there implications for accreditation if placements are outside the country?
- With the demographics of the allied health workforce, the system is experiencing the loss of departmental, clinical knowledge and memory. How should the system plan for continuity and depth of knowledge in clinical settings in all of the allied health professions?
- The training of clinical faculty and instructors is a vital need and a concern in very busy hospital and clinical settings.
- How much clinical time is needed to achieve competence and how is it that differing lengths in programs achieve similar results? What is the optimum length of hands-on clinical?

#### Contracts

- There is no standardization of clinical contracts except in Quebec and Saskatchewan.
- Many hospital and clinics want to modify contracts specifically because of liability issues. This is also the case with in-college, in-house clinics.

#### Funding/Payments

- There is an urgent need for additional dollars/budgets, e.g. PEIF in BC special grants to research clinical and other key issues.

- The system of clinical payments is varied depending on the profession, province and payment scheme. There is not any standard by program or province.
- Some provinces are organizing programs and clinical facilities regionally and rationalizing programs and funding accordingly.

### **Some Solutions/Suggestions**

- The use of HspNet for a nationally coordinated and approved placement tracing system was suggested.
- The increased use of technology such as WebCT, a PDA electronic management system or blackboard as possible methods for tracking and communicating with students and clinical instructors.
- Maximize clinical places by staggering program starts
- One approach may be to do block placements in clinical settings vs. integrated placement
- Research best practice models for use by all programs.
- Vary clinical schedules to run later afternoon and evening is an option for maximizing clinical spots (except in Manitoba)
- Develop national preceptor orientation/training to address the shortages
- Share information on best practices with all allied health programs
- Bring private colleges on side so we can exchange and share information
- Develop innovative clinical simulation on campus and use the off-site settings for the proportion designated as essential
- Take into consideration cost to students in time and money, as clinical schedules become more challenging.

### **Research:**

- How much clinical time is sufficient for skill development in clinical training?
- Develop and explore data regarding length of time in clinical and the correlation between placement and time to competence



**CANADIAN ASSOCIATION OF ALLIED HEALTH PROGRAMS (CAAHP)  
ANNUAL GENERAL MEETING**

**Date:** Saturday, June 4, 2005  
**Time:** 9:00 – 10:15 a.m.  
**Location:** Rodd Parkhouse Inn, 434 Main Street  
Park House Room  
Moncton, New Brunswick

**AGENDA**

**1.0 Call to Order**

The President called the meeting to order.

**2.0 Additions/Changes to the Agenda**

An update from Paul Brennan on ACCC initiatives was added to the agenda.

**3.0 Approval of Minutes from CAAHP March 28, 2004 AGM (attached)**

**MOTION: Moved to approve the Minutes of the CAAHP AGM of March 28, 2004.**

**Moved by Betty Brown, seconded by Larry Kustra**

**Carried**

**4.0 President's Report (J. Layne)**

During 2004-05, the Board pursued a number of strategic priorities identified by the membership, all of which focused on keeping informed about trends and issues in allied health education. One of the Association's major priorities was to develop the capacity to conduct applied research into issues impacting allied health education. To this end, a Collaborative Forum on Allied Health was established in October 2004, representing an historic and significant collaboration of educational leaders, accrediting bodies and national professional associations, all with a desire to address common challenges facing

allied health. Rae Gropper will share more detailed information on the progress of the research initiatives under agenda item 7. Two topics were prioritized at the October 2004 Forum and have since evolved into research proposals under development: 'Simulation and its Efficacy as a Clinical Tool' and the Health Careers Promotion Website.

The second priority was to enhance the existing CAAHP website, and particularly, ease of access to it. To this end, the Association engaged technical expertise in website development and now has a website that is readily accessible and user-friendly. Relevant information on key national allied health issues and other CAAHP news will be posted as it becomes available. Members are invited to check out the CAAHP website at: <http://www.caahp.ca>.

Over the past year, we have worked to develop our membership base and hope that this year's campaign will broaden our base of member institutions and disciplines. Monica Reilly will report on this under agenda item 5.

Special thanks to Monica Reilly, who will be relinquishing her position on the board as she is leaving Michener Institute to take on a secondment position as a Policy Researcher for the Association of Colleges of Applied Arts and Technology of Ontario (ACAATO). Monica will, however, continue her involvement as chair of the research committee for the Simulation Proposal.

CAAHP is on solid financial footing. Larry Kustra will present the financial report under agenda item 6.

Thanks to CMA and ACCC for their continuing support of CAAHP activities.

## **5.0 Membership Report (M. Reilly)**

There are 31 institutional members and 1 affiliate member for a total of 32 CAAHP members. The procedure for processing CAAHP membership applications and renewals will be changed from submitting them to the Membership Chair initially to sending them directly to the Treasurer so that payments can be processed more efficiently. The Treasurer will send confirmed members' names to the Membership Chair.

CAAHP now has a readily accessible website. The collaborative forum on allied health is strong. We hope to increase the number of affiliate members, as well as institutional members. Any professional association that could benefit from membership (e.g. paramedics) should be invited to join. Members are encouraged to visit the website ([www.caahp.ca](http://www.caahp.ca)) and to promote CAAHP to both professions and institutions that have not yet joined. Names of new professions and new member institutions can be added to existing lists..

**MOTION: Moved to adopt the membership report.**

**Kurt Davis, Renée Kenny**

**Carried.**

There is a committee of VPs of cégeps working on human resource issues in the health areas. Benoit Pagé indicated that there would be a meeting of the Directors of Studies of Cégeps offering allied health programs organized in the fall on 2005 in Montreal. Colleagues from Montreal and other parts of the province would be invited. This could be an opportunity to host a fall CAHP meeting as well as to profile the organization to our Quebec colleagues.

#### **6.0 Treasurer's Report (L. Kustra)**

CAAHP started the fiscal year 2004-05 with a surplus of \$14,492.03: \$15,533 in membership fees was collected, giving the organization a total of \$23,206.75 in cash at the end of the year.

**MOTION: Moved to accept the Treasurer's Report.**

**Moved by Lorie Shekter-Wolfson, Seconded by Monica Reilly.**

**Carried.**

#### **7.0 Collaborative Forum on Allied Health – Update (R. Gropper)**

The invitational meeting was hosted by CMA and sponsored by CAAHP and ACCC. The purpose of the meeting was to follow up on recommendations made at the previous two annual 'Forums' which had requested CAAHP and its affiliates to look into the possibilities of engaging in some research as well as forging a partnerships to do so. The goal of this affiliation was to include educators, professions, an accrediting body as well as the ACCC, with a view to working more closely with these primary participants in the development and evolution of excellence in allied health programs through research. The general intent and commitment was to serve education as well as the health care system in any project which was to emerge from these discussions.

The following organizations were present: CAMRT-The Canadian Association of Medical Radiation Technologist, CSMLS- The Canadian Association of Medical Laboratory Sciences, CSDMS- The Canadian Association of Diagnostic Medical Sonographers, CAAHP- The Canadian Association of Allied Health Programs, ACCC – The Association of Canadian Community Colleges and CMA Conjoint Accreditation.

To enhance our discussion two guests were invited to explain to us how to seek funding as well to inform us regarding what government was doing in the area of allied health research. Francine Anne Roy, manager, health Human Resources spoke on behalf the Canadian Institutes for Health Information (CIHI) and David Moore, Senior Consultant, Nursing and Allied Health and Paramedics represented the Health Human Resources Strategies Division of Health Canada. (David Moore has since moved to HRSDC as

Senior Manager of Health Human Resources Strategy in the Human Resources Directorate of the Workplace Skills' Branch.)

The mandate and purpose of the proposed Collaborative Forum was discussed and participants expressed strong interest in working together to serve both the programs and the professions. ACCC & CAAHP were particularly interested in being a part of a partnership where issues involving technological changes, HR shortages and clinical education issues could be explored and information circulated into the system to better serve the programs. The professions present through their boards, had previously agreed to join the group and to work collaboratively. The resulting consensus was to form "**A Collaborative Forum on Allied Health Programs**" which would identify topics for further review, research and exploration. This collaborative group (a working title) agreed to:

- Establish a structure that would help us to proceed to seek funding for research
- Collectively apply for funding
- To move forward quickly and to prioritize two research topics

The group reviewed the topics that had been identified at previous plenary forums and listed at the meeting and added a number of suggestions from the day's discussions. There was also agreement that expert researchers would be required to develop the 'research questions' to be proposed. The following topics were prioritized for research :

- **Clinical Simulation-** its value and efficacy in clinical education
- **Website Development** for the **recruitment and retention** of allied health professionals

A steering committee was convened and two committees were struck for the two topics. There was also agreement that Rae Gropper as a consultant would coordinate both committees.

To date the following has been done:

- The Simulation Research committee chaired by Monica Reilly has met a number of times and has drafted a preliminary version of the proposal. The members of the committee are Richard Lauzon CAMRT, Vicki Leblanc University of Toronto, Nicole Harnett University of Toronto, and Lorraine Ramsay The Michener Institute, Katharine Parker the Michener Institute. Draft I is currently being reviewed both by ACCC and Rae Gropper and will be completed for submission by the end of June. Two radiological technology programs have volunteered to participate in the study and they are located at NAIT in Edmonton and at the Michener Institute, in Toronto.
- The Website Development Project was chaired by Kurt Davis, CSMLS and the first draft of the proposal was completed with input from his committee consisting of Sandra Mayer, CSDMS, Connie Gerwing SIAST and Rae Gropper. The final version is being reviewed by IT ( information technology) at the ACCC and is scheduled for submission by end of July.

Our next steps include a teleconference of the steering committee by the end of June, determining the date of the next full meeting of the Collaborative Forum members,

circulation of the two proposals to the participants of the Collaborative Forum as well as the CAAHP executive for their input and suggestions. The revised versions of each of the proposals will then be submitted for funding.

Watch our website for further updates and information on the progress of our proposals.

We are optimistic about funding of the two proposals.

## **8.0 Nomination Committee Report and Election of Board Members for 2005-06**

**E. Hughes**

Betty Brown filled a position that became vacant during the past year. An election for the two vacant board positions was held. Andy Basi and Lori Shekter-Wolfson were elected to fill these vacancies out of a slate of three candidates.

Moved by Larry Kustra; seconded by Lori Shekter-Wolfson

## **9.0 ACCC Update**

Sean Hinton, Knowledge Net Coordinator, presented a description of the Knowledge Net and its potential use for affinity groups. There was considerable enthusiasm for Knowledge Net's applicability for CAAHP and continuing communication avenues and among all members.

Paul Brennan, Director, Corporate and Community Relations, ACCC, reported on the proposed new ACCC governance structure whereby the regional representation of five constituency groups (community, administration, faculty, students and staff) for six regions would be replaced by a Board of twelve members consisting of two CEOs from each region. It was agreed that this new structure would allow for a more efficient operation and enhanced advocacy power with the federal government. The voting delegates at the ACCC Annual General Meeting on Sunday will make a decision on adopting the new proposed governance structure.

In the fall of 2005, ACCC will be holding a meeting of the heads of affinity groups. They will also be holding a half-day meeting of health groups to discuss the notion of an overall health affinity group, including the practical nurses, the RN group, the continuing care and the social workers group.

ACCC will be meeting with Michael Decter, Chair, Health Council of Canada, in the next few months. A meeting will be held with Health Canada or Statistics Canada on gathering better data to predict HR supply and skills shortages. Allied Health is an area that has never had a sectoral analysis. It is time that Allied Health had a voice with Statistics Canada and HRSDC.

The Canadian Council on Learning has created the following Knowledge Centers:

- The Work and Learning Knowledge Centre, located in Toronto, will be having a Work and Learning Development Conference in Toronto, June 22-23, 2005, to help identify research priorities and to provide input to creating the network..
- The Early Childhood Learning Knowledge Centre will be located in Montréal.
- The Adult Learning Knowledge Centre will be located in Halifax.
- The Aboriginal Learning Knowledge Centre will be located in Saskatchewan and will represent the Prairies, Northwest Territories, and Nunavut.
- The Health and Learning Knowledge Centre will be located in Vancouver and will represent BC and the Yukon. This Centre will be holding a Health and Learning Development Conference in Vancouver, June 5-7, 2005, to help identify research priorities and to provide input to creating the network.

#### **10.0 Priorities for 2005-06 (All)**

Two major issues emerged from the discussion of priorities for 2005-06.

CAAHP should reinforce its efforts as an advocacy group on all possible fronts. The suggestion was made that CAAHP monitor and respond to every opportunity to profile and support the needs of allied health education (ex. with governments, professions, commissions, the Council of Health as well as the Council on Learning, etc.)

CAAHP should dedicate time this year to revisiting its name and the concomitant definition of who should belong. It was viewed as important to extend invitations to dental technology programs, paramedics, opticianry programs, etc. This discussion can be set up electronically on the CAAHP website or on the new Knowledge Net.

CAAHP needs to develop a stronger branding image and a better marketing presence in the colleges, with governments and with the professions. We can use the CAAHP website as an electronic forum and resource base for educators.

#### **11.0 Date and Location of the Next Meeting (All)**

To ensure maximum efficiency, it was decided to piggyback the CAAHP Meetings with the ACCC Conference or other meetings.

#### **12.0 Adjournment**

There being no further business, there was a motion to adjourn.