

opment of a team-building course for students from a variety of medical science disciplines.

Deb Gordon, vice president and chief operating officer for the University of Alberta Hospital, said despite enthusiasm for the team-building concept, there was a recognition that too few health care professionals were comfortable working as part of a larger multidisciplinary unit. As a result, many patients were being forced to waste time travelling from facility to facility, to see several different specialists, instead of being able to see everyone they need in 1 facility. "We realized that our health care professionals were not trained to work in this kind of team model. And they weren't trained to work with the kind of approach needed in this kind of ambulatory setting."

Vice Provost Jane Drummond says the University of Alberta's Health Sciences Council, which represents the deans of 8 medical science departments, decided early to commit to the team-building philosophy by requiring students in 14 disciplines to take the course as part of basic curriculum.

Drummond says the clinic will be the physical embodiment of the team-building philosophy. Ultimately, the university plans to establish a masters program in health science education, so that graduates can teach the team-building concept elsewhere. "It's taking the team-building concept to the next level."

The clinic also represents a significant enhancement of resources for health services in northern and central Alberta. Once open, it will create space for 140 additional beds at the University of Alberta Hospital and Stollery Children's Hospital after outpatient care and teaching facilities are transferred to the new facility.

The government is also providing funding so that 800 additional health sciences students can study under the interdisciplinary model.

The facility itself will be divided into 2 main buildings. The north building will house the clinical facilities; the south building will be dedicated to education. Students will have access to the latest educational technology, including classrooms outfitted with the latest simulation technology and research laboratories.

Students will learn by following actual

multidisciplinary teams working in the ambulatory clinic, and by studying and responding to various scenarios in the simulation facilities, Drummond says.

An important difference between team-building philosophy and more traditional medical sciences education is that the multidisciplinary teams learn as much from the students as each student learns from the team, Drummond says. Students from different streams of medical science bring a different mindset and academic background to patient care problems and end up producing new and improved solutions.

"This is not just sitting in a classroom with all the other disciplines," she adds. "When a student is placed with an interdisciplinary team, the student will be teaching the team as much as any of the professors." — Dan Lett, Winnipeg, Man.

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Elderly face longer bed wait times in hospitals

Older and sicker patients may be subject to longer wait times within hospital emergency departments before they are admitted and transferred to an acute care bed, according to a report by the Canadian Institute for Health Information.

Overall, the report indicated that

there are significant variations in the length of time that patients wait for hospital beds after being admitted. In 2005, roughly one-half of patients waited 1.7 hours or less after being admitted, with about 10% being transferred immediately to acute care beds. The remainder waited much longer, with 10% waiting 15.1 hours or more.

Some 4% waited more than 24 hours for an acute care bed, according to the report, entitled *Large Variations in How long Admitted Patients Wait in Emergency Rooms for Hospital Beds*.

Those patients "tended to be older and have multiple health problems," the report says. Along with age, other factors associated with longer waits include "urgency of treatment needs of patient, need for hospitalization, hospital size and type, patient health status, time of day, day of week, and month of year," says Canadian Institute for Health Information Director of Research and Indicator Development Greg Webster.

"Older patients tend to have more health problems and different types of health problems which may influence the length of time they spend in emergency departments [Figure 1]," Webster adds. "It is important to note that a patient who spent a longer time in the [emergency department] may have been seen by a physician early in their visit and subsequently required diagnostic tests or observation before their visit was completed." — Shawna Lessard, Ottawa, Ont.

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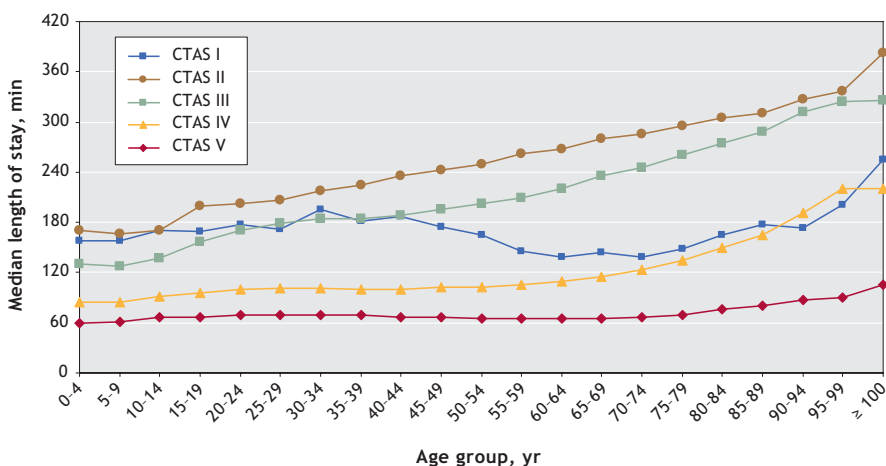


Figure 1: As age of patients visiting emergency wards increases, so does length of stay.