

**Interprofessional Education Curricula Models for  
Health Care Providers in Ontario**

**INTERPROFESSIONAL EDUCATION IN ONTARIO  
COLLEGE & UNIVERSITY SITE VISITS  
(FALL 2008 – WINTER 2009)**

**2009**

**6 of 6**

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## KEY FINDINGS

### ***IPE benefits identified include:***

- Promotes communication and collaboration amongst students
- Facilitates an appreciation of each other's discipline; Promotes awareness of scope of practice
- Breaks down barriers and avoids duplication
- Optimizes patient outcomes

### ***IPE challenges identified include:***

- Limited resources; Scheduling and space challenges for large numbers of students
- Limited IPE knowledge level and teaching skills of faculty
- Working in cultures often resistant to change; New creative solutions required to promote, implement , assess & evaluate IPE

### **Macro – EDUCATIONAL SYSTEM**

- Dedicated government IPE funding and support (colleges & universities)

### **Meso – INSTITUTIONAL FACTORS**

- Need for a strong IPE culture change within organizations towards sharing and collaboration of competencies with administrative support and dedicated resources
- Clarification of IPE language/terminology across and within institutions
- Use creative solutions for handling space, scheduling and student number challenges
- Develop robust partnerships (academic and clinical) in region; Identify academic and clinical champions
- Develop IPE projects that are health promotion based

### **CURRICULUM:**

- Develop curriculum collaboratively across institutions; use IPE work teams
- Incorporate IPE across the learning continuum from pre- to post-registration
- Introduce IPE early in curriculum e.g., role clarification; embed IPE into curriculum
- Emphasize curriculum process with a curricula and competency framework
- Use a variety of IPE experiences and training throughout the curriculum
- Include IPE components in all methods of assessment and evaluation
- Integrate IPE into work/practice environment

### **Micro – EDUCATOR/LEARNER FACTORS**

- Learning context
  - Clarify IPE terminology
  - Use a variety of embedded IPE experiences and education throughout the curriculum
  - Align the IPE experiences with curriculum objectives
- Faculty development
  - Learn IPE delivery skills e.g., mentoring and coaching skills
  - Encourage faculty collaboration and co-teaching
  - Recruit IPE champions
- Educator/Learner outcomes: core competencies
  - Learner activities linked to core competencies from pre-registration to post-registration
  - Learner activities integrated between academic and clinical placement settings
- Curriculum process and outcome assessments are used

## EXECUTIVE SUMMARY

In July 2007, Health Force Ontario published a visionary document entitled: Interprofessional Care: A Blueprint for Action in Ontario. The Blueprint was designed to provide direction for Interprofessional Practice in Ontario. Its intent was that with a collaborative, team-based approach to care, health care providers would be an enabler for improving patient care and meet the demands of the health care system's need for renewal and sustainability.

Interprofessional care (IPC) is defined as “the provision of comprehensive health services to patients by multiple health care providers who work collaboratively to deliver quality care within and across settings”<sup>1</sup>. Interprofessional Education (IPE) occurs when two or more professionals learn with, from and about each other to improve collaboration and the quality of care (CAIPE, 2002).

In 2007 Dr. Joshua Tepper, Assistant Deputy Minister, Health Human Resources Strategy Division, Ministry of Health and Long-Term Care, nominated 15 content experts from policy, education and clinical practice, regulation and organizational structures to the Interprofessional Care Strategic Implementation Committee (IPCSIC) to focus on implementation of IPC throughout the Province of Ontario. Two subcommittees were struck, one to look at interprofessional curriculum and one to address competencies related to IPC.

The interprofessional curriculum working group conducted scoping literature review of the pre-registration and post-registration curricula and recruited consultants to interview academic members from a cross-section of Colleges and Universities across Ontario who were involved with or interested in IPE.

To gain an in-depth understanding of what was taking place with IPE across the province of Ontario, three consultants interviewed academic experts from a cross section of Ontario Colleges and Universities during the fall of 2008 and winter of 2009. Almost every visited college and University with the exception of two had IPE integrated into their curriculum. Some had IPE competencies built into their curriculum through clinical practicum's, simulation labs and case studies. All had different and varied IPE experiences in promoting and implementing IPE. The main objective for these site visits was to learn about the IPE lessons learned e.g., what worked, what did not work, challenges and future directions.

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<sup>1</sup> HealthForceOntario, Interprofessional Care: A Blueprint for Action in Ontario”, July 2007, p. 7.

This report summarizes the key findings of 34 site visits with participating IPE academic sites as follows:

***IPE benefits identified include:***

- Promotes communication and collaboration amongst students
- Facilitates an appreciation of each other's discipline
- Promotes awareness of scope of practice
- Breaks down barriers and avoids duplication
- Optimizes patient outcomes

***IPE challenges identified include:***

- Limited resources
- Limited IPE knowledge level and teaching skills of faculty
- Scheduling and space challenges for large numbers of students
- Working in cultures often resistant to change
- New creative solutions required to promote, implement, assess & evaluate IPE

**Macro – EDUCATIONAL SYSTEM**

- Dedicated government IPE funding and support (colleges & universities)

**Meso – INSTITUTIONAL FACTORS**

- Promote strong IPE culture within organizations e.g., emphasize sharing and collaboration
- Clarification of language/terminology across and within institutions i.e., what is interprofessional, who does it (health professionals only or all health care providers); relational centred vs patient-centred care
- Encourage buy-in at all levels of administration
- Dedicate resources to IPE e.g., money, office, staff and faculty workload adjustments
- Use creative solutions for handling space, scheduling and student number challenges
- Develop robust partnerships (academic and clinical) in region
- Identify academic and clinical champions
- Develop IPE projects that are health promotion based
- CURRICULUM:
  - Develop curriculum collaboratively across institutions; use IPE work teams
  - Incorporate IPE across the learning continuum from pre- to post-registration
  - Incorporate IPE early in curriculum; embed IPE into curriculum rather than offering it as an add-on
  - Emphasize curriculum process
  - Use curriculum framework
  - Use a competency framework to guide i.e., use core competencies
  - Introduce role clarification early in the curriculum
  - Include IPE components in all methods of assessment e.g., academic credits tied into IPE course
  - Use a variety of IPE experiences and training throughout the curriculum

- Integrate IPE into work environment i.e., support IP education and IP care across the continuum (academics and clinical practice/workplace)
- Align the IPE experiences with curriculum objectives; have measurable objectives
- Stress assessment in addition to evaluation
- Use a variety of delivery methods: technology e.g., online courses, case studies, self-study projects; use different learning activities for different levels
- Involve student and patient/client reps in curriculum development

#### **Micro – EDUCATOR/LEARNER FACTORS**

- Learning context
  - A variety of embedded IPE experiences and education opportunities throughout the curriculum
  - IPE experiences aligned with curriculum objectives
- Faculty development
  - Learn IPE delivery skills e.g., mentoring and coaching skills
  - Faculty collaboration and co-teaching encouraged
  - IPE champions
- Educator/Learner outcomes: core competencies
  - Learner activities linked to core competencies from pre-registration to post-registration
  - Learner activities integrated between academic and clinical placement settings
  - Curriculum process and outcome assessments are used

In summary, there is a commitment from many organizations and faculty to integrate IPE in Ontario, including connecting to other organizations that offer health education to learn and exchange information. It was noted that the site visit participants were enthusiastic and expressed a strong belief and commitment to IPE. This was also demonstrated by the many IPE champions in these settings. This report is one step towards sharing the knowledge of IPE in the Province of Ontario with our academic institutions to ensure IPE is sustainable and beneficial to the future health care provider in the Province.

## OVERVIEW OF THE SITE VISITS

Interprofessional education is complex. To understand curricula development, between 2005-2008 the Health Canada's Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) Initiative surveyed 20 funded learning projects. Despite capturing rich IPE information, the limited space did not allow for a thorough understanding of the local context in Ontario academic institutions. To gain a deeper and richer understanding of the IPE curriculum development that was taking place across the province of Ontario, three consultants interviewed academic experts from a cross section of Ontario Colleges and Universities during the fall of 2008 and winter of 2009. All sites with the exception of two had IPE integrated into their curriculum. Some had IPE competencies built into their curriculum through clinical practica, simulation labs and case studies. All had different and varied experiences with IPE and some were further ahead than others. The main objective for these site visits was to learn about the IPE lessons learned e.g., what worked, what did not work, the benefits and challenges as well as future directions.

The visits included some or all of the following activities:

- Key informant interviews with those central to IPE activities at that institution.
- Small group interviews with faculty, administrators, and researchers involved in IPE curriculum development and implementation.
- A focus group with stakeholder groups (including students)
- Access to IPE curricula and resources used at the institution
- Visit to sites where IPE is being practiced

Visits varied depending on the status of IPE in that academic centre and the availability of IPE and IPC coordinators and leaders to be interviewed. Interviews and focus groups lasted anywhere from 60 to 90 minutes depending on the number of interviewees present.

## INTERVIEW FORMAT

An interview guide (**Appendix A**) with 20 questions was developed and tested. Potential academic sites were provided with project information and a letter of invitation to participate in this project. If interest in participating was expressed, the interview guide was forwarded to them.

In total 34 separate interviews and focus groups involving nine colleges and 12 universities were completed. All but two organizations were involved with IPE. The majority of the interviews were held with coordinators or IPE leaders at each institution, demonstrating that across Ontario faculty are being tasked with integrating IPE across health care programs.

Interviews were held in various formats such as one-on-one, focus group or teleconference and involved a site IPE coordinator or leader and one or two team members. All interviews began with introductory question requesting information related to the interviewee's background, position and length of time at the organization. The interviewers asked about the attending person's IPE role, attitudes and values, implementation issues, evaluation of IPE, and the perceived role of Government, both Provincial and Federal. The interview format also encouraged additional IPE information that participants felt were relevant. All interviewees were asked to share their vision for the future for IPE in Ontario.

The researchers attempted to reach all of the regulated health professions during the site visits. The predominant professional background represented by the IPE leader groups in Ontario was from the largest professional groups e.g., occupational therapy, physical therapy, medicine and nursing. There were interviews with participants with professional backgrounds based on college educational programs e.g., medical radiation technology, dental hygiene, optometry, chiropractic.

## LESSONS LEARNED – THE IPE EXPERIENCE

The site visit consultants sought to learn everything about the IPE lessons learned e.g., what worked, what did not work, IPE plans, challenges. A comprehensive list of academic sites visited and resources provided are found in **Appendix B** and **C**, respectively.

### St. Lawrence College, Kingston

Site Visit: August 22, 2008

Two interviews were held – one with the Associate Dean for the School of Health Sciences and one with the Coordinator of Baccalaureate Nursing Program. Even though this institution is not currently involved with IPE, they reported the following:

#### Perceived benefits:

- Better utilization of resources for people’s health in Ontario
- Increased value of the role of the Nurse Practitioner

#### Suggestions to improve implementation of IPE:

- Clarification of the terms “interprofessional “ and “multidisciplinary”
- Promotion of IPE e.g., more knowledge, awareness, and dedicated resource
- IPE implementation has to start from the top. There must be modeling at management level
- IPE “becomes integrated as a thread weaving through the undergraduate program”
- Patience; it takes time to change the culture of academic environments i.e., there is no “quick fix”
- Requires partnerships between the professionals, patient/client and family to avoid the “professional knows best” approach

**Website:** <http://www.sl.on.ca/index.aspx?iPageID=139&iMenuID=6&progId=350>

**George Brown College, Toronto**

Site Visits: September 22, 2008  
November 5, 2008

Three interviews were held with the Dean, Faculty of Community Services and Health Sciences, The Professor and Coordinator for Interprofessional Health Studies and the Associate Dean, Academic Faculty and Community Services and Health Sciences.

**Perceived benefits of IPE include:**

- A cultural change within the academic organizations towards sharing and collaboration of competencies rather than a silo approach
- A sustainable health care system that depends on collaboration and team work
- Prepared students with skills and attitudes necessary to function well in the work environment

**IPE implementation steps completed:**

- Alignment of organizational structure and systems including space requirements to successfully deliver IPE curricula
- Development of a framework for IPE, objectives, learning activities and have six curriculum components
- Development of academic courses e.g., Collaboration – The future of health care and learning to care together

**Lessons Learned :**

- Include colleges in broader Ministry funded research
- Persistence is essential, on both the provincial and federal level, especially for colleges as everything is focused on universities
- Dedicate resources to IPE
- Support of administration is essential e.g., direct reporting to college president, having a IPE coordinator
- Address “program ownership issues”
- To work collaboratively with other professions requires exposure, integration and mastery. This needs to be accomplished in a variety of experiences and skills training throughout the curriculum from level one
- Incorporate professions that colleges will not necessarily educate themselves e.g., medical students; develop placement partnerships
- Need for IPE faculty development for skill sets needed to feel comfortable in an interprofessional environment

**Website:** <http://www.georgebrown.ca/healthsciences/ipe.aspx>

### Northern Ontario School of Medicine, Lakehead University, Thunder Bay

Site Visits: October 20, 2008  
October 21, 2008

There were 9 interviews held with twelve faculty – Director of Health Sciences and Interprofessional Education; Manager of Community Based Learning; Acting Director and Coordinator of Undergraduate studies, Faculty in the School of Nursing and School of Kinesiology; the Interprofessional Lead for IPE, the Coordinator for Interdisciplinary Palliative Care Program, Interim Associate Director, Director for Centre for Clinical Ethics, Communications Consultant, and a Professor in the School of Social Work.

#### Perceived benefits of IPE include:

- Provides students an opportunity to look at the similarities and differences amongst the different disciplines that provide care
- Communication, collaboration between students of different disciplines

#### IPE implementation steps completed:

- A number of IPE courses offered at NOSM e.g., Northern Interprofessional Centre for Health Education (NICHE), Students Partnering in Interprofessional Care and Education (SPICE) & Facilitating Leadership in Interprofessional Care (FLIC)
- Medical school has a fourth year elective course for students in Masters Public Health, undergraduate in nursing, social work and kinesiology students in outdoor education
- On-line courses, case studies are available
- Have had student IP modules since 1999 for clinical placements – students are engaged in case based tutorials during their clinical hours, placements last 4 to 6 weeks and provide students opportunity to gain firsthand knowledge of IPE

#### Lessons Learned :

- Involve community partners; focus on community learning sessions
- Challenging to work with many partners, but this is new and necessary process
- Work closely with hospital partners to promote, develop and sustain IPE initiatives
- Provide orientation training e.g., facilitation skills to all facilitators
- Ensure experiences are in alignment with curriculum objectives; objectives measurable
- Need for core IPE standard curriculum content; more involvement across faculties
- Be willing to let go of learning objectives that you feel you “must” teach in your own way
- Earlier IPE exposure e.g., orientation, first year; students experience collaboration; less chance for professional silos
- Use technology e.g., WebCT, Wikis for on-line courses
- Need to work in groups and journal to show reflective practice
- Teaching IPE requires faculty collaboration and even co-teaching. This can lead to wonderful modelling
- Discussing and analyzing real IP research data has been an effective IPE experience

#### Suggestions:

- Set up IPE learning path from pre-registration to post graduate
- Set up the conditions for evaluating so that so that you know more about what you are achieving
- Make IPE more explicit; the term IPE refers to “professionals” and does not include everyone who provides care and service to the patient and family

**Website:** [http://www.normed.ca/education/general.aspx?id=522&ekmense=c580fa7b\\_36\\_0\\_522\\_10](http://www.normed.ca/education/general.aspx?id=522&ekmense=c580fa7b_36_0_522_10)

**Confederation College, Thunder Bay (in partnership with NOSM)**

Site Visit: October 20, 2008

Interviews held with: Professor responsible for IPE.

**Perceived benefits of IPE include:**

- This was not directly discussed

**IPE implementation steps completed:**

- Part of NICHE
- Developed IPE courses for students in dental hygiene, dental assistants, developmental social work, law and security, radiation technology, social service worker, paramedics, police foundation, nursing, therapeutic recreation, and child and youth workers
- Learn by scenarios and videos that will be divided into 1st and 2nd year activities

**Lessons Learned :**

- Important to gather as much information from others at the very beginning of an IPE initiative
- Start from wherever you are and take small steps
- Think outside of the box to resolve issues such as distance
- Include core IP competencies such as respect, collaboration and shared decision making in the curriculum
- Faculty development workshops are essential for those who will be teaching the course or modules

**Website:** <http://www.confederationc.on.ca/>

**Laurentian University, Sudbury (includes Northern Ontario School of Medicine (NOSM) East Campus)**

Site Visit: October 20, 2008 by teleconference & face-to-face

Interviews held with: Director of Midwifery Program, Associate Professor and Graduate Programs & Coordinator, Coordinator of Community Learning Sessions; Associate Professor and Graduate Program Coordinator (MSc Human Kinesiology), Acting Coordinator BScKin program and Kinesiology internship program; faculty of Faculty, BScN and Practical Nursing (PN) Programs.

**Perceived benefits of IPE include:**

- Collaboration, teamwork, communication and knowledge of IPE
- Students enjoy simulation

**IPE implementation steps completed:**

- HealthForceOntario funded project: “Learn Together, Practice Together”
- Interdisciplinary Health Education project at NOSM East Campus Host a variety of options to integrate IPE into curriculum e.g., IMPACT HEALTH DAY, Adventures for Health activities, proposal to develop a post-graduate 1 year program in IP Northern/Rural Healthcare
- Starts during first week of school and continues throughout curriculum
- IP shared teaching occurs: Some teaching in the midwifery program is done by other professionals e.g., medicine and midwifery faculty teach medical students

**Lessons Learned :**

- Buy-in across the university varies
- Definition of IP varies e.g., Medicine is less integrated into campus activities; Medicine does have an IPE component but defines IP differently e.g., refers to different medical disciplines rather than interprofessional; Need buy in at all levels to make IPE work; Academic credit must be tied to IPE otherwise students and faculty would not see it as essential
- NOSM is “separate” from the other health professional schools/programs, though there is an IPE coordinator in medicine
- An general IPE office would be helpful
- Scheduling, physical distance between campus buildings and size of facilities are IP activity challenges
- Important to start early for true impact to integrate IPE
- Introduce IP at all levels, all with different activities at different levels
- Technology can facilitate IPE – can use web CT, DVD case scenarios
- Have graduate student research seminars with cross attendance that is geared for others to attend and learn about other’s scopes
- Once students attend IPE events such as orientation they see the benefit from the start
- Look for opportunities for interaction amongst students from different programs within existing courses
- IPE components added in almost every exam that assess IP competencies e.g., communication
- Essential elements of IPE include collaboration, teamwork, communication, IP knowledge, skills, attitudes/respect, faculty development, teaching resources, leadership, institutional support, coordination, organization
- Need for faculty development
- Embed IPE into the curriculum so that it is not perceived as an add-on
- Current clinical practitioners informed about IPE; this will avoid conflict between classroom and practice

**Website:** [http://www.laurentian.ca/Laurentian/Home/Laurentian+Homepage.htm?Laurentian\\_Lang=en-CA](http://www.laurentian.ca/Laurentian/Home/Laurentian+Homepage.htm?Laurentian_Lang=en-CA)

### Nipissing University, North Bay (in partnership with NOSM)

Site Visit: October 22, 2008

Interview Held with: Dean of Applied and Professional Studies

**Perceived benefits of IPE include:**

- Not addressed

**IPE implementation steps completed:**

- In partnerships with other programs we can integrate IPE into learning
- Part of NICHE project and NOSM; IP components have always been in the curriculum but has increased with the NICHE project in partnership with NOSM
- Nipissing U and Canadore College are on the same campus and partner in IPE with the practical nursing, BScN and Respiratory therapy programs; partnerships with front line clinical managers
- Use case studies and simulation labs to demonstrate the value of IPE
- Nursing has been able to work closely with Respiratory Therapy
- Evaluation is built in to the simulations and case studies

**Lessons Learned :**

- Make sure student knows the definitions of IP care
- Involve patients

**Suggestions:**

- Structural/organizational change needed
- Policy development and raising IPE awareness and policies to a provincial level is necessary
- A more multi-institutional perspective would be helpful with institutions working collaboratively
- Involve various institutions (hospitals, colleges, universities, community agencies) to develop curriculum guidelines collaboratively
- A curriculum framework includes a continuum from undergraduate to post licensure (with questions on licensing exams about IP practice)

**Website:** <http://www.nipissingu.ca/nursing/>

**Canadore College, North Bay (in partnership with NOSM)**

Site Visit: Teleconference, October 22, 2008

Interview Held with: Interview held with: Faculty from the BScN and Practical Nursing Programs

**Perceived benefits of IPE include:**

- Collaboration, teamwork, communication and knowledge of IPE

**IPE implementation steps completed:**

- Funding from HFO project (“Learn Together, Practice Together”) facilitates IPE for nursing and respiratory therapy students to gain an appreciation of IPE
- Academic affiliation with NOSM
- Students enjoy simulation labs; no mark assigned but credited with hours towards clinical practicum

**Lessons Learned :**

- Need for faculty development: e.g., lunch and learn; funding for conferences for faculty, steering committee (to include clinical sites/agencies, hospitals).
- Engage stakeholders especially where IP collaboration happens well; Have them showcase examples of IP practice
- Embed IPE into the curriculum so that it is not perceived as an add-on
- Integration between education and practice: Ideal IP care but this does not always happen; educational faculty have knowledge of IPE but clinical faculty in practice settings less so
- Introduce IPE curriculum gradually then build on it
- Place emphasis on those who can be champions

**Website:** <http://www.canadorec.on.ca/ProgramInfo/FullTime/HealthSciences/Index.cfm>

## Collège Boréal, Sudbury

Site Visit: Teleconference, October 22, 2008

Interview Held with: Professor in School of Nursing

### Perceived benefits of IPE include:

- IP facilitates the potential to work together to address patient challenges
- Group discussions help with decision making
- Great to have input from all professions for best care of the patient; to achieve the patient's

### IPE implementation steps completed:

- IPE not formally identified but reported that Teaching is multiprofessional/disciplinary in that various professions teach in the programs (eg. a physiotherapist teaches pre-science students).

### Lessons Learned :

- Mixed IP student groups (PN, BScN, paramedics) have been tried in simulation labs but there are challenges to this (e.g., paramedics have the patient on the floor rather than the bed!) In practice PNs and BScNs have to work together so the clinical setting is optimal for IP learning.

### Suggestions:

- Students need to be very clear and confident about their own profession, role and responsibilities before they are mixed and asked to work together with other professions. Without this, students may be confused about their own roles.
- It may be possible to mix students in basic science courses but the numbers have to be manageable.
- Once individual professional roles are crystallized students may then be brought together. IPE may be best introduced in third and fourth years (e.g., IP opportunities arise in courses using case studies dealing with ethics).

Website: <http://www.boreal.on.ca/index.asp?l=e>

**Michener Institute, Toronto**

Site Visit: November 4, 2008

Interview Held with: Director Centre for Learning and Innovation, Chair Laboratory Medicine, Chair Advanced Imaging and Chair Primary and Critical Care

**Perceived benefits of IPE include:**

- Students need to be prepared to work in IPE environment when they graduate from our program

**IPE implementation steps completed:**

- Developed a competency framework & developed competencies for IPE
- Initiative started in 2005 with a team that was looking into IP collaboration opportunities across the world
- Use reflective journaling, presentations, and group work
- In 2008 IPE explicitly brought into the clinical practice area with simulation
- An annual Clinical Educators' day is organized.
- Have developed a collaboration certificate for clinical educators
- Interprofessional placements are being developed
- Developed a partnership with the University of Toronto involving medical students and radiation science students from Michener; standardized patients are contracted from the University of Toronto

**Lessons Learned :**

- Have a competency framework to guide interprofessional practice
- Support learning IPE in curriculum

**Website:** [www.michener.ca](http://www.michener.ca) and <http://www.michener.ca/lrc/ipe.php>

**Georgian College, Barrie**

Site Visit: December 3, 2008

Interview held with: Interprofessional Facilitator and Faculty Member Dental Programs, Dean of Health Sciences, VP Academic, Faculty Development, Centre for Teaching and Learning, Health Science Librarian, Library Director, Professor Pre Health Certificate program, Opticianary Student

**Perceived benefits of IPE include:**

- Promotes role awareness and understanding of scope of practice
- Leads to valuing and appreciating each other
- Increases collaboration
- Students learn from each other
- Students are more prepared for the realities of the workforce
- Students gain interpersonal skills that can be applied in the job setting more readily

**IPE implementation steps completed:**

- IPE is a mandate of the college and all programs must consider IPE in their curricula
- IP Group under the leadership of the IPE Coordinator is working on core competencies for IP practice for the college. Core competency work is being done in conjunction with the U. of Toronto and core competencies are being adapted to suit Georgian College.
- Awareness raising of IPE has resulted in faculty being keen and supportive and IPE has been a focus in meetings over the last 2 years
- All health science programs housed in one building
- Use collaboration and teamwork within classes in the pre-health science courses
- Use simulation labs and collaborative care clinics to promote IPE
- Academic and clinical partnerships well developed in region

**Lessons Learned :**

- Cultural shift needs to occur: the system infrastructure (Healthcare and College) regarding reliability and accountability to encourage incentives for all involved; trust with team decisions
- Key IPE elements: Valuing others, respect, preparation for working together; positive interdependence on the work team; equality and individual accountability; experiential learning/practice; feedback and debriefing; collaboration; understanding each other's scopes of practice
- Challenging to accommodate student numbers, scheduling of students and faculty workloads
- Have a competency framework to guide interprofessional practice
- IPE can be introduced in first year; IPE should manifest in core courses that are offered to a range of programs; scenarios should be added based on all scopes of practice
- Students need to know their own discipline well but also recognize shared roles, respect for boundaries and value and respect for other disciplines

**Website:** <http://www.georgianc.on.ca/>

**McMaster University, Hamilton**

Site Visit: December 8, 2008

Interview held with: Director of Program for IP Practice, Education and Research, and the Faculty lead  
For Program for Interprofessional Practice, Education and Research (PIPER)

**Perceived benefits of IPE include:**

- Clinical sites do see IPE as changing the way they communicate and work; having an impact on students

**IPE implementation steps completed:**

- IPE office developed in 2007; supported by IPE Advisory Committee
- Always had a strong IPE culture; PIPER has been successful in obtaining funding for IPE projects; the Problem Based Learning (PBL) approach facilitates IPE
- PIPER is now working on Team OSCEs
- Faculty Development workshops offered by PIPER
- Developed competencies and make them mandatory; All of the Health Science programs have accepted this plan but not yet mandatory for Nursing students; Medical School is supportive but timetabling is a huge issue; program will be mandatory for new students
- development of IPE clinical placements; identifying champions within a site; help site reframe IPE in a way that integrates with their work environment

**Lessons Learned :**

- Engage nursing, medicine, physiotherapy, occupational therapy and midwifery
- Have IPE curriculum and students participate in minimum of 3 IPE events
- Promote strong IPE culture
- Timetabling a challenge; initially work around by offering choice and flexibility in participation at extracurricular events; move towards common protective times in the curriculum
- Take pride in educational innovation and risk taking; provide a variety of IPE activities varying in complexity and length
- Identify IPE clinical champions within clinical sites
- Integrate IPE into work environment; need to be sensitive to their diversity, stages of readiness and need for autonomy
- Have an interprofessional student council (IPSC) to collaborate

**Website:** <http://fhs.mcmaster.ca/ipe/index.htm>

**Mohawk College, Hamilton**

Site visit: December 8, 2008

Interview held with: Acting Associate Dean, BScN Program, School of Health Sciences

**Perceived benefits of IPE include:**

- Provides joint perspectives

**IPE implementation steps completed:**

- Have a learning resource centre with high fidelity simulation laboratory, clinical practice laboratory, activity of daily living apartment, nursing station, number of models, audio visual resources and clinical skills equipment for students and faculty to use to enhance experiences with IPE
- IPE as part of their curriculum; classes are taught together
- BScN program is fully integrated across 3 sites: Mohawk College, McMaster University and Conestoga College; Students receive their degree from McMaster University; new BScN curriculum builds IPE into all 4 years
- Partnerships with the clinical sites, liaison committees and Program Advisory Committees
- Champions in the workplace to promote IPE
- Developed an IPE funding proposal which looks at developing opportunities for groups to work together within Mohawk along with professionals from their largest clinical partner

**Lessons Learned :**

- Have an IPE vision (with core competencies as part of the curriculum for each program)
- Space, student numbers, individual program needs and funding are all challenges
- Need to educate their faculty about teaching with an IPE approach

**Website:** <http://www.mohawkcollege.ca/calendar/healthSciences.html>

**University of Western Ontario, London**

Site Visit: December 9, 2008

Interview held with: Associate Professor and Coordinator of IP Education, Research Initiatives, Faculty Of Health Sciences, Project Coordinator of OIPHER, Research Coordinator of OIPHER, Facilitator of OIPHER, and a Practice Facilitator

**Perceived benefits of IPE include:**

- Not discussed

**IPE implementation steps completed:**

- Multiple initiatives for IPE offered at UWO
- CIPHER-MH - Consortium for Interprofessional Education and Research in Mental Health  
*<http://www.ipe.uwo.ca/Administration/cipher.html>*
- Clinical placements with an IPE focus offered to students: see  
*<http://www.ipe.uwo.ca/Administration/practice.html>*; case studies, team development modules & teaching materials available
- "Interprofessional Health Teams: Preparing Future Practitioners" Project
- Online Preceptor Program
- Interprofessional Health Care Learning Labs Project
- Offering a 2.5 day Faculty Development Workshop (IPE Teaching Certificate Course) by IP group
- London Interprofessional Healthcare Students' Association; UWO students including students from Fanshawe College also

**Lessons Learned :**

- A "hub" is needed as a central location for IPE
- Many IPE activities determined by talking to people, determining needs at events such as the "IPE Breakfast of Champions", inviting interested people from UWO, Fanshawe and other community agencies, affiliates and partners
- Partnerships formed throughout London and SW Ontario sometimes through "back door" connections and individual and team consultations such as the stroke education group (stretching to Windsor) and with the geriatric group of SW Ontario
- Scheduling challenges with programs that differ in length
- Pre-professional students in BHSc, Kinesiology, pre-social work, pre-med need their own course for beginning exposure to IPE before entering into professional courses

**Website:** *<http://www.ipe.uwo.ca/>*

**Fanshawe College, London**

Site visit: December 9, 2008

Interview held with: Chair, School of Health Sciences, the Coordinator simulated clinical learning, Faculty of Health Sciences and Human Services, and the Dean, Faculty of Health And Human Services, Year 1 Coordinator Collaborative BScN Program, Coordinator Practical Nursing, Faculty from Medical Radiation Technology Program, Coordinator of Respiratory Therapy, and the Chair of School of Human Services

**Perceived benefits of IPE include:**

- Not discussed

**IPE implementation steps completed:**

- IPE Simulation Project: funded through UWO IPE curriculum innovation funds. Fanshawe group wrote and videotaped a scenario, for students in BScN, Practical Nursing (PN), Respiratory Therapy (RT) and Pharmacy technician
- Work closely with UWO
- Identify IPE settings to promote IPE in practice
- Have fostered IPE opportunities in Mental Health
- Host education days for Medical Radiation Technology students with other disciplines to learn from each other

**Lessons Learned :**

- Need to find the time and people to implement IPE
- Need methods to address scheduling and time pressures with large numbers of students
- Faculty Development for teaching interprofessionally
- The need to understand education AND IP practice

**Website:** <http://www.fanshawec.ca/EN/health/12064/programs.asp>

**University of Ontario Institute of Technology (UOIT), Oshawa**

Site Visit: January 9, 2009

Interview held with: Nursing Lecturer, Dean of Health Sciences, Research Assistant, Research Associate, Nursing Faculty, Associate Professor Faculty of Health Sciences, Interim Dean School of Health and Community Services and a few students

**Perceived benefits of IPE include:**

- Students come to see the benefits of learning about other disciplines

**IPE implementation steps completed:**

- Number of programs involved in IPE – BScN, Medical Laboratory, BHSc, Bachelor of Applied Health Sciences
- Courses taught collaboratively to students – anatomy, physiology, ethics, pathology

**Lessons Learned :**

- Have core IPE competencies for students
- Address IPE competencies through scenarios in cross disciplinary classes
- New University (2003) - programs able to start together; timetabling designed with IPE in mind; no need to retrofit
- Faculty comfortable with mixing disciplines and facilitating group learning
- Student numbers, individual program needs, time for planning, community are challenges
- In -hospital or workplace education sessions are needed to promote change in practice

**Website:** <http://www.uoit.ca/hetru/home.html>

### Trent University/Fleming School of Nursing, Peterborough

Site Visit: January 27, 2009

Interview held with: Coordinator of Nursing Program, Coordinator of student placement, first year Coordinator, 2<sup>nd</sup> and 4<sup>th</sup> year coordinator, and a family physician

#### Perceived benefits of IPE include:

- The community placement work increases students' knowledge of community needs, of other professional roles, develops contacts and fosters advocacy for clients.
- Students develop knowledge of resources available in the community to help their clients.
- The community learns more about the nursing profession

#### IPE implementation steps completed:

- IPE incorporated into the current BScN program in the form of Community Placements. A new curriculum to start in September 2009 will have planned IPE components
- An advocacy and political action course in 4<sup>th</sup> year enables students to liaise with community groups and policy makers
- Interdisciplinary programming with other programs (health and non-health)

#### Lessons Learned :

- Incorporate IPE into curriculum and clinical placements
- Have some IPE activities in all years either in an academic course or in their placements
- Develop robust partnerships with the community e.g., FHTs
- Have IPE projects that are health promotion based

Website: <http://www.trentu.ca/nursing/>

**University of Toronto, Toronto**

Site Visit: February 2, 2009

Interview held with: Director of OIPE and Associate Professor, Faculty Lead for Curriculum and Placements OIPE, Faculty Lead for Assessment of OIPE

**Perceived benefits of IPE include:**

- IPE promotes interpersonal skills

**IPE implementation steps completed:**

- Strong focus on IPE
- Large student base (1200) to integrate IPE into their new 2009 curriculum
- Faculty dedicated to IPE
- Core learning activities have been in curriculum for several years
- Four Core learning activities are essential for all students and there will then be a menu of elective activities for students to choose from to make up their portfolio of IPE learning activities
- Learning activities assigned a point system – portfolio development

**Lessons Learned :**

- An early environmental scan was helpful in illuminating what was already happening and where “Relational centered” is a better term than “patient centered”
- Start with a framework
- Have IPE competencies; operationalize for use by individual programs; make competencies meet requirements of employers, professional and accreditation organizations
- Emphasize curriculum process along with content
- Guidelines should contain key lessons learned and key principles
- More collaboration and recognition of other disciplines
- Use of the term “health-care providers” rather than professionals includes workers who may not be formally considered to be “professional” (importance of language)
- Concept of coaching as being more intensive than supervision and mentorship should be considered as a means of helping students achieve competencies
- Faculty recognition e.g., workload assessment is important
- Consider having a patient/consumer advisory group; patients prefer to be part of the team
- Stress need for assessment (in addition to evaluation)
- Need for Champions within the university and in the clinical sites, patient client interest, student involvement, government funding

**Website:** <http://ipe.utoronto.ca/>

**Queen's University, Kingston**

Site Visit: April 15, 2009

Interview held with: Coordinator of Office of Interprofessional Education and Practice and the Director  
Of the Office of Interprofessional Education and Practice (OIPEP)

**Perceived benefits of IPE include:**

- Students learn to see the patient as a whole person beyond their illness

**IPE implementation steps completed:**

- Framework for Interprofessional Education endorsed by the Health Sciences' Faculty Board
- IPE is a huge focus for the Health Sciences Students' Association
- A number of IPE initiatives in the form of workshops and simulation labs, clinical placements, research projects, forum series
- Partnerships developed or developing across institutions and sites of care

**Lessons Learned :**

- IPE is an explicit priority
- Early socialization to IPE
- IPE delivered longitudinally and developmentally across the curriculum
- Have IPE champions
- IPE requires a new way of teaching: Teaching and modelling; faculty teachers gain new insights, new perspectives on their role
- Integrate IPE and IP care (classroom to clinical practice)
- Speak with the students about the "why" of interprofessional collaboration-the value of working together
- Curriculum content for students relevant to all disciplines
- Have simulation labs and workshops to promote integration of IPE
- Use a variety of resources such as on-line, video and resource binders
- Essential IPE elements include: patient centred focus; modelling inter-professional collaboration; providing clinical experience; reflection

**Website:** <http://meds.queensu.ca/oipep/>

### Academic Health Council Steering Committee – Champlain Region

#### 1. University of St Paul, Ottawa

Site Visit: April 16, 2009

#### 2. University of Ottawa, Ottawa

Site Visit: April 17, 2009

1. Interview held with: Assistant Professor in the Faculty of Human Services and the Assistant Dean of Continuing Medical Education
2. Interview held with: Professor from the School of Occupational Therapy and Professor from School of Nursing

#### Perceived benefits of IPE include:

- Promotes consultation and collaboration
- Students learn about IPE
- Appreciate roles of others
- Promotes appreciation and respect and inter-related culture; value of learning together
- Increases understanding of contribution of others
- Less opportunity to be territorial, better functioning team
- Avoid duplication
- Opportunity to define roles and scopes of practice (e.g., there are misunderstandings re: spiritual care)
- Breaks down barriers
- Better allocation of resources
- Promotes holistic care
- Optimizes patient outcome

#### IPE implementation steps completed:

- Dean of Medicine (University of Ottawa) supportive
- Dean of Health Sciences supportive of IPE
- The University has been promoting IP collaboration instead of always working in silos
- Funding for IPE - available through VP Academic
- Student funding available for IPE initiatives
- IPE is a focus of the Academic Council
- Champions have developed among IPE facilitators in the clinical settings; PP practice now moving forward e.g., Winchester hospital has started having IP rounds

#### Lessons Learned :

- Educational, administrative and cultural silos have impeded the promotion of IPE
- Elements of IPE include: trust; collaboration; communication; respect for others working toward same goal; faculty development; avoiding hierarchy; recognition that each professional group is there for the clients; value of learning together –learn to know people as people first, not just professional stereotype
- Issue of modeling – faculty practice what they teach
- A small group of students are so focused on learning about their own profession that it is difficult for them to think beyond that
- The students in the rural IP placement are very keen and “get” IP practice

Website: <http://www.ahc-cas.ca/index-e.php>

## CONCLUDING REMARKS

In summary there was much information obtained from conducting thirty four interviews.

Highlights include:

- The majority of academic institutions have implemented some elements of IPE
- IPE champions are enthusiastic and strongly committed
- Preparing a compendium or catalogue to share with educational institution what others are doing with permission would be beneficial

## APPENDIX A

### INTERVIEW GUIDE

#### Interviewee Questions

#### INTRODUCTION

#### PURPOSE

#### Questions:

1. Please tell us a bit about yourself: what you do, your position, etc.

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

INSTITUTION \_\_\_\_\_

RESPONSIBILITIES (related to IPE)

\_\_\_\_\_

\_\_\_\_\_

2. Tell us about your experience and involvement in Interprofessionalism (IP) and IP Education (IPE). (give examples)

#### ATTITUDES AND VALUES

3. In your view, what are some of the actual and potential benefits of IPE?
4. Does your institution act to promote IPE in any way? Please describe how they do so?
5. (*If applicable*) How do you think the students view IPE?
6. What do you consider to be the essential *elements* of IPE?

#### IMPLEMENTATION ISSUES

7. Has your institution implemented any IPE elements into its curricula? If not, does it have plans? Please explain.
8. (*If relevant*) What institutional partners do you have for IPE and what role do they play in designing, organizing/coordinating IPE experiences?
9. What are (or have been) some of the barriers/challenges (or perceived barriers) to implementing IPE within your curriculum?

10. What are some of the gaps in IPE programs, and how can they be filled? (*In your own institution and in others*)
11. Do you think IPE should be part of the core curriculum? (If appropriate) How does one integrate IP into an existing curriculum? At what level should IPE be introduced?
12. What are some of the facilitators you have experienced or would like to see?
13. Would you be willing to share any of your curricula or resources with us, or direct us to a person or place who could?
14. Can you direct us to other people, sites, institutions, (etc.) where IPE is promoted?

#### **EVALUATION OF IPE**

15. How would you define or evaluate “success” in IPE?
16. (*If relevant*) Have you evaluated your experiences in IPE or are you aware of any tools being used at the moment?

#### **ROLE OF GOVERNMENT**

17. In what ways, that you know of, has the provincial government contributed to the “success” of IPE in Ontario?
18. What role should the federal or provincial governments play in promoting IPE, if any?

#### **SUMMARY**

19. What would be your *vision* of IPE in the future? (*for your institution and for Ontario*)
20. Is there anything else you would like to add that would be pertinent to this interview?

## APPENDIX B

### List of Web sites

#### Academic Health Council

Web site: <http://www.ahc-cas.ca/index-e.php>

#### Boreal College

Web site: <http://www.borealc.on.ca/index.asp?l=e>

#### Canadore College

Website: <http://www.canadorec.on.ca/index.cf>

#### Confederation College

Website: Confederation College (<http://www.confederationc.on.ca/>)

#### Fanshawe College

Website: <http://www.fanshawec.ca/EN/health/12064/programs.asp>

#### George Brown College

GB & IPE Website: <http://www.georgebrown.ca/healthsciences/ipe.aspx>

#### Georgian College

Web site: <http://www.georgianc.on.ca/academics/programs/index.php?catid=4#4>

#### Laurentian University

Website: [http://www.laurentian.ca/Laurentian/Home/Laurentian+Homepage.htm?Laurentian\\_Lang=en-CA](http://www.laurentian.ca/Laurentian/Home/Laurentian+Homepage.htm?Laurentian_Lang=en-CA)

#### McMaster University

Website: PIPER <http://fhs.mcmaster.ca/ipe/index.htm>

#### Michener Institute

Web site: [www.michener.ca](http://www.michener.ca) & <http://www.michener.ca/lrc/ipe.php>

#### Mohawk College

Website: <http://www.mohawkcollege.ca/calendar/healthSciences.html>

#### Nipissing University

Website: <http://www.nipissingu.ca/facultiesdepartments.asp>

#### NOSM Lakehead University

Website: [http://www.normed.ca/education/general.aspx?id=522&ekmense=c580fa7b\\_36\\_0\\_522\\_10](http://www.normed.ca/education/general.aspx?id=522&ekmense=c580fa7b_36_0_522_10)

#### For Bioethics

Website: <http://bioethics.lakeheadu.ca/news/?ns=6>

#### Queen's University

Website: <http://meds.queensu.ca/oipep>

**St Lawrence College**

**Website:** <http://www.sl.on.ca/index.aspx?iPageID=139&iMenuID=6&progId=350>

**Trent University**

**Website:** <http://www.trentu.ca/nursing/>

**University of Ontario Institute for Technology**

**Website:** <http://www.uoit.ca/hetru/home.html>

**University of Toronto**

**Website:** <http://www.ipe.utoronto.ca>

**University of Western Ontario**

**Website:** <http://www.ipe.uwo.ca/>

## APPENDIX C

### ADDITIONAL RESOURCES

#### At George Brown College:

Health Sciences Web site: <http://www.georgebrown.ca/centres/HS/index.aspx>

IPE web site: <http://www.georgebrown.ca/healthsciences/ipe.aspx>

Brochure: A Vision of the Future of Health Sciences Education in Canada

#### At Northern School of Medicine at Lakehead University:

- CLS Report
- CLS Student Handbook
- CLS Overview
- CLS best practice criteria
- CLS Facilitator Handbook
- CLS Curriculum Overview
- Principles of Community Learning Sessions
- Lakehead University, Thunder Bay:
- Interdisciplinary Care in Dementia Studies
- Interdisciplinary Care Palliative Care Certificate Program
- CERAH (Centre for Education and Research on Aging and Health) Program Description
- Northern Ontario School of Medicine (NOSM) Community Learning Sessions Facilitator Handbook
- A brief overview of the curriculum at the Northern Ontario School of Medicine

#### University of Toronto:

Booklets on:

- Interprofessional Education: Here to Stay
- The SCRIPT programme
- Catalyzing and sustaining communities of collaboration around interprofessional care
- Building on the foundations of interprofessional education in Toronto
- Info on Web content Link: [www.ipe.utoronto.ca](http://www.ipe.utoronto.ca)
- IPE Preceptorship Development Project
- Advancing the interprofessional education curriculum 2009 – stepping up for collaboration – text document and power point slides
- Interprofessional development: multimedia toolkit and order form
- Milestones in implementing interprofessional education at the University of Toronto: May 2008

**Queen's University - sample of initiatives**

- Extensive curriculum including
- IP student orientation
- Intimate partner violence workshop
- Intellectual disabilities day
- Interprofessional collaboration session
- Learning about Patient Safety through an interprofessional lens on-line module
- [http://meds.queensu.ca/courses/assets/modules/patient\\_safety/index.html](http://meds.queensu.ca/courses/assets/modules/patient_safety/index.html) (public access)
- interprofessional education on-line module <http://www.collaborativecurriculum.ca/> (public access)
- multiple publications