VANCOUVER ISLAND UNIVERSITY | Faculty of Health and Human Services

Interprofessional Education (IPE)

An HHS VIU Initiative

1. Reasons for the IPE initiative and Strategic Alignment

1.1 Purpose: To build a collaborative professional care culture through IPE scholarship.

Supporting Research: Health leaders, including the World Health Organization (2010), the Canadian Interprofessional Health Collaborative (2010), and the Cochrane Review (Reeves, 2013) promote that collaborative practice betters health outcomes. It is believed that being a collaborative health professional is a learned behavior which can be gained through engagement in purposeful, planned learning opportunities. A World Health Organization guideline (2011) regarding transforming and scaling up health professional education includes IPE as an important strategy to improve collaborative care, with the caveat that better evidence of the methods and impact of IPE is needed.

The VIU HHS IPE initiative offers a forum for many faculty and students to pursue their passion and commitment in IPE, aiding them to ensure such learning opportunities are embedded in respective curricula. According to Boyer (1997), IPE scholarship includes: discovery (build new knowledge through traditional research); Integration (interpret the use of knowledge across disciplines); Application/Service (aid professions and society to address issues and problems); Teaching (study teaching models and practices to achieve optimal learning). Similarly, four areas of scholarship are identified by Glassick (2000) including: Discovery (generating new knowledge through investigations); Education (application of shared knowledge, development of innovative teaching and evaluation methods reported through external publication and presentation); Integration (giving meaning to isolated facts, providing perspective, connecting within and across disciplines); Application and Translation (the use of knowledge to problems of consequence).

Initiatives (whether based in research, pedagogy and curriculum design, activities, practice, etc.) should align to the strategic priorities of the University as proposed in the Academic and Strategic plan. Key areas within VIU and HHS include:

A. Inspiring Minds through innovative and quality teaching

One of the key principles of IPE is using innovative and creative adult teaching principles to enlighten, challenge and inspire a generation of future health practitioners to make a cultural shift in how they think and behave when working with colleagues to ensure best patient/client care.

B. Driving Discovery through applied research excellence and scholarship

A key ingredient within the IPE initiative will align with the HHS strategic priorities. It will include deliverables that are aimed towards building a program of scholarship that will make a substantial contribution to the local IPE and collaborative care education agendas.

C. Creating Pathways to Indigenous and International achievement

The IPE initiative prioritizes respect, trust, and cultural safety and competence among all students, faculty, administration, and practicing health professionals. Creating culturally safe learning and practice environments will make an important contribution to promoting Interprofessional collaboration. The IPE initiatives will develop a plan to ensure Indigenous and international students, faculty, staff and community members play a meaningful role in the development and implementation of IPE within HHS and the university.

D. Building Community that creates an outstanding learning and working environment

The IPE initiative will make a significant contribution to creating an outstanding learning and working environment and ensuring a safe environment where students, faculty, staff and administration create respectful and trusting relationships by teaching and practicing Interprofessional collaboration. This requires a cultural shift based on the foundational principles of collaborative care including trust, respect, and open communication.

E. Forging Connections to foster high impact community engagement

Interprofessional education and collaborative care are based on the assumption that team-based care promotes safer care with improved patient/client outcomes and improved career satisfaction resulting in enhanced recruitment and retention of excellent professional staff. Strong partnerships with the health promotion and health care institutions are critical to the success of IPE since our students, staff and faculty interact regularly throughout their training and careers in multiple clinical and community settings on Vancouver Island through distributed education initiatives.

1.2 Background and Current Situation

HHS VIU formally embarked on integrating IPE into curricula 8 years ago. In 2008 a group of faculty and staff began a tradition of focusing on Interprofessional roles among different programs and bringing faculty and students together to share this information. The following year the theme continued with an expansion of participating programs and in addition to role differentiation and sharing, students and faculty engaged in team building exercises. In subsequent years students from different programs were assigned seating at tables to simulate interdisciplinary teams. Each table was provided with scenarios that presented problems that were best solved by various skills and abilities from multidisciplinary perspectives. Each solution was different based on the discipline/profession available to analyze and work with others on the presenting problem. The event evolved along this theme until 2012 when a few more activities were added and an emphasis was placed upon the social determinants of health to establish a common foundations for each of the student groups to problem solve. Over the years the committee changed to include students from various programs. In the last few years the faculty attendance became sporadic and the Dean's office carried the bulk of the planning, booking, preparation, and organization. HHS's simulation coordinator took on a leadership role for the day's activities in 2013 and 14. In 2014 a presenter and facilitator on IPE attended the event and provided the developmental progress of the UVIC and UBC IPE program. It was useful for faculty to become aware of IPE from a broader perspective and to reflect on the different models that are being used to foster IPE at educational institutions. Students were more interested in simulated IPE activities.

The IPE event was held annually within the first few weeks of March in order to encourage attendance by the majority of HHS programs. Scheduling was a challenge and there was usually several programs

that could not attend, particularly our BCGEU programs which do not necessarily begin and end on the same dates as the academic calendar. Booking space for such a large group was also a challenge and had to be done a year in advance. The costs of the rental space and lunch for up to 100 people was paid for by the Faculty. The event was evaluated each year by those in attendance and the feedback gathered was incorporated into the following years planning.

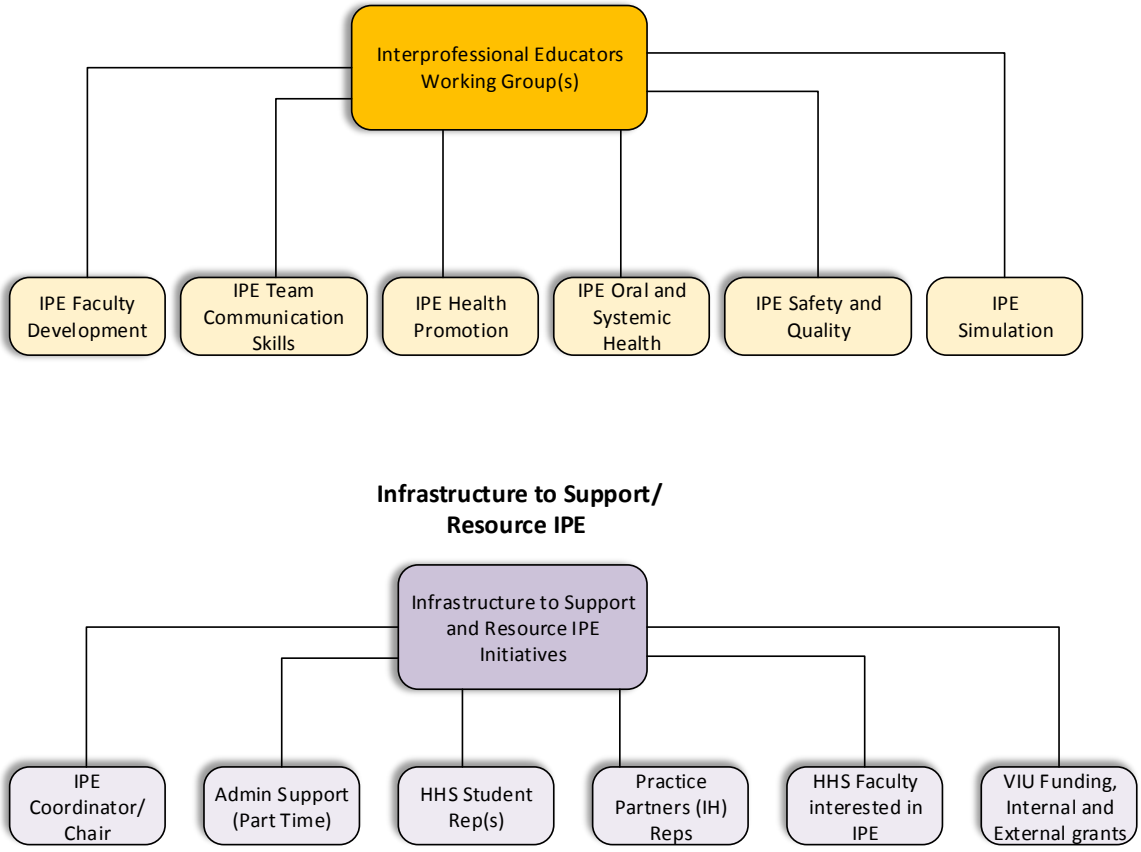
Although everyone conceptually agrees on the importance of IPE and the feedback from attending students and faculty was largely positive, no grant money was sought by HHS to explore the impact of IPE on students' capacity to work together. Other research projects on IPE have reported the potential for pre-licensure classroom-based and practice-based IPE curricula to impact students' capacity to work together and to decrease stereotyping of others professions (Anderson, 2011; Ateah, 2011; Grymonpre, 2010). In line with this the evaluation feedback identified a common vision of building a collaborative care culture and an imbedded IPE undergraduate curriculum. Some suggestions were for a common course (i.e., communication, pharmacology, research methods) and for a shared practice experience across a few programs.

Critical at the time was that the IPE initiative was supposed to receive direction and leadership from a steering committee comprised of the faculty and students of the 11 participating HHS programs. In reality few people consistently attended meetings and the Dean's office recognized the platform for IPE needed to be re-visited. The event was cancelled in 2015 and the committee was dissolved. Later in 2015 a faculty member was identified by the Dean's office to explore IPE interest and alternatives with faculty members. This initiative did not take flight for a number of reasons and the concept of IPE within HHS is currently being reflected upon and re-designed to establish viability and sustainability. To this end, this document was developed by the HHS Associate Dean in the spring of 2016. It serves as a draft a proposal for IPE options and capacity building.

The HHS IPE Initiative has much to celebrate as evidenced in the commitment faculty have made to setting aside time for an annual IPE day and the continued intentions to develop IPE courses. Examples of success incorporating cross program initiatives include the development of an IPE Simulation day with BSN, HCA and LPN, dental student class presentations in BSN classes, and dental services and teaching for Child and Youth Care groups attending our HHS Outreach Centre.

The overall mission of the IPE Initiative is to graduate health professionals who are educated to work in collaborative Interprofessional team environments to achieve optimum person and family-centered health. To this end, a type of framework to guide the development of IPE is required (D'Amour and Oandasan, 2005). It seems appropriate to have a steering committee comprised of representatives from all the HHS programs (nursing, social work, child and youth care, dental hygiene, etc.). At a minimum, all health programs would be represented (BSN, LPN, HCA, DH, and DA). It also seems appropriate to have an IPE Chair/Coordinator, and several specific interest working groups. This structure would help formalize an administrative plan to build an IPE culture in HHS. The suggested structure is conceptualized as below:

Figure 1: IPE Structure and Resourcing



1.3 Key processes to meet the challenges and opportunities of building an IPE culture in HHS.

1. Identify a core of experts/scholars in IPE and collaborative care to come together to strengthen the IPE culture and to develop a longitudinal curriculum in collaborative care and education;
2. Create an infrastructure based on collaborative leadership, enabling all faculty in the HHS to promote, create and implement Interprofessional Learning Outcomes (IPLOs) in different settings/contexts;
3. Create opportunities for Interprofessional education scholarship for all faculty and students in HHS.

1.4 Challenges

Identifying the structure is an invaluable step in initiating an Interprofessional culture at VIU HHS but several factors create a challenge in the aforementioned models sustainability. For example, a lack of dedicated time available to the limited number of faculty champions, intense workload and frequent program/faculty meetings, lack of base/operational funds to support a cumbersome structure, and potential burn-out of the faculty. It is likely that the HHS Faculty would benefit from conceiving a new model for IPE with a focus on creativity and innovation by all faculty in a "bottom-up manner" at various levels (i.e., simple exposure to other groups in shared classes, increasing mastery in a shared work in practice setting) in multiple contexts/settings, a model with a strong core of experts in IPE who are responsible to the HHS for curricular development in collaborative care and building capacity for

facilitation of IPE. Further, HHS would benefit from a strong applied research and scholarship focus on methods and outcomes of IPE.

1.5 Stakeholders and Partners

Stakeholders in HHS include all students, faculty members and staff in HHS interested in IPE, and its family of related concepts such as Interprofessional practice (IPP), Interprofessional Collaboration (IPC), Interprofessional Competencies (IPCo), and Interprofessional Capabilities (IPCa). All are relevant to the HHS Faculty.

The IPE initiative(s) must amiably co-exist with the current HHS platforms of faculty scholarship, development and continuing professional development as well as the platforms of Indigenous health, global/international health, and student success and services.

Other stakeholders at VIU include:

1. Student Affairs
2. Information Services and Technology (IT)
3. Centre for the Innovation and Excellence in Teaching and Learning (CIEL)

Partners (external to VIU) include:

1. Vancouver Island Health (IHA) across Vancouver Island,
2. Provincial and National professional education accrediting agencies,
3. Provincial health organizations,
4. BC Health, and
5. Professional licensing and regulatory bodies

1.6 Options and Recommendation

A. Guiding Principles

Over the last few years, IPE implementation has used the following guiding principles. These guiding principles are still seen as appropriate and critical for the sustainability of IPE at HHS, VIU.

- Continue to build momentum and progress established by the HHS IPE Initiative
- Use the definitions of IPE and collaborative care that were adopted by the HHS IPE Initiative in building a strong relationship of collaboration
- Use the Canadian Interprofessional Health Collaborative (CIHC) Competency Framework (2010) and the 6 competencies for collaborative care that were adopted by the VIU IPE Initiative (See Appendix A)
- Ensure that the process developed for IPE is grounded in theory and evidence-based educational research and scholarship.
- Recognize that the models for IPE are evolving at the local, national and international levels and it is important to remain current and informed.
- Recognize that VIU has 3 campuses and that all programs must respect and work to minimize the impact of the geographic separation.
- Recognize that other faculties at VIU must be included in IPE where appropriate including science, education, business, social sciences, arts, and others.

1.7 Process for developing direction

Faculty feedback and student evaluations over the past 8 years, have revealed particular themes within the IPE Initiative.

Key themes include:

1. identify a core of experts/scholars in IPE and collaborative care to come together to strengthen the IPE culture and to develop a longitudinal curriculum in collaborative care;
2. create an infrastructure based on collaborative leadership, enabling all faculty in HHS and other Faculties at VIU to promote, create and implement IPE learning outcomes in different learning contexts;
3. create opportunities for educational scholarship for all faculty and students in HHS to support IPE development, innovation, and meet accreditation standards (i.e., BSN, Dental Hygiene, and BSW all have professional requirements for IPE competencies and capabilities).

All previous IPE work has been invaluable in initiating an Interprofessional culture in the HHS Faculty but it is not sustainable in its current form because of many factors such as lack of collective vision and dedicated time and funds to create IPE opportunities and sustainability. It is concluded that the HHS would benefit from conceiving a new model for IPE with a focus on creativity and innovation by all faculty in a "bottom-up manner" related to teaching and learning, a model with a strong core of experts in IPE who are responsible to the HHS Faculty for curricular development in collaborative care and building capacity for facilitation of IPE. Further, the HHS IPE framework would benefit from a strong scholarship (student and faculty) focus with clear IPE methods and outcomes. A recommended process to encourage and support IPE scholarship is briefly outlined in Appendix B.

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Appendix

Appendix A

Interprofessional Competencies- A Framework for Teaching and Learning

Canadian Interprofessional Health Collaborative (CIHC)

There are different concepts focusing on the term "Interprofessional"- i.e., Interprofessional Competency, Interprofessional Collaboration, Interprofessional Education, Interprofessional Practice…)

When we speak of "Interprofessional Competencies'" this includes a framework adopted by the CIHC Competency Framework incorporating 6 broad categories (Bainbridge, 2010). These include: role clarification, client centered care, team functioning, collaborative leadership, effective Interprofessional communication, and Interprofessional conflict resolution.

Example- Role Clarification: Clearly articulating and describing your own professional role and that of others….

To make these areas explicit in our teaching/learning activities it is important to identify how each of the competency areas listed above are woven into our own professional competencies and to be open and receptive to learn how this is played out in other roles. A few questions to begin to explore this are: What are the competencies we hope to foster as Interprofessional learners and practitioners? What are the criteria within each of the competencies can we use to measure our growth and development in particular Interprofessional competencies?

Below each of the main competency areas are expanded upon to foster your understanding of each. This list is not intended to be exhaustive and there may be other Interprofessional competencies that may be added.

Competency: Role Clarification:

Learners/practitioners understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and achieve patient/client/family and community goals

Criteria:

- support the participation of patients/clients, their families, and/or community representatives as integral partners alongside with healthcare personnel
- share information with patients/clients (or family and community) in a respectful manner and in such a way that it is understandable, encourages discussion, and enhances participation in decision-making
- ensure that appropriate education and support is provided to patients/clients, family members and others involved with care or service
- listen respectfully to the expressed needs of all parties in shaping and delivering care or services

Competency: Patient / Client / Family / Community-Centered Care:
Learners/practitioners seek out, integrate and value, as a partner, the input, and the engagement of the patient/client/family/community in designing and implementing care/services.

Criteria:

- support the participation of patients/clients, their families, and/or community representatives as integral partners alongside with healthcare personnel
- share information with patients/clients (or family and community) in a respectful manner and in such a way that it is understandable, encourages discussion, and enhances participation in decision-making
- ensure that appropriate education and support is provided to patients/clients, family members and others involved with care or service
- listen respectfully to the expressed needs of all parties in shaping and delivering care or services

Competency: Team Functioning:
Learners/practitioners understand the principles of team work dynamics and group/team processes to enable effective Interprofessional collaboration

Criteria:

- understand the process of team development
- develop a set of principles for working together that respects the ethical values of members
- effectively facilitate discussions and interactions among team members
- participate, and be respectful of all members' participation, in collaborative decision-making
- regularly reflect on their functioning with team learners/ practitioners and patients/ clients families
- establish and maintain effective and healthy working relationships with learners/practitioners, patients/clients, and families, whether or not a formalized team exists
- respect team ethics, including confidentiality, resource allocation, and professionalism

Competency: Collaborative Leadership:
Learners/practitioners understand and can apply leadership principles that support a collaborative practice model.

Criteria:

- work with others to enable effective patient/client outcomes
- support advancement of interdependent working relationships among all participants
- support facilitation of effective team processes
- support facilitation of effective decision making
- support establishment of a climate for collaborative practice among all participants
- support co-creation of a climate for shared leadership and collaborative practice
- support application of collaborative decision-making principles
- support integration of the principles of continuous quality improvement to work processes and outcomes

Competency: Effective Interprofessional Communication:

Learners/practitioners from different professions communicate with each other in a collaborative, responsive and responsible.

Criteria:

- establish team work communication principles
- actively listen to other team members including patients/clients/families
- communicate to ensure common understanding of care decisions
- develop trusting relationships with patients/clients/families and other team members
- effectively use information and communication technology to improve Interprofessional patient/client/community centered care

Competency: Interprofessional Conflict Resolution:

Learners/practitioners actively engage self and others, including the client/patient/family, by positively and constructively addressing disagreements as they arise.

Criteria:

- value the potential positive nature of conflict
- recognize the potential for conflict to occur and taking constructive steps to address it
- identify common situations that are likely to lead to disagreements or conflicts, including role ambiguity, power gradients, and differences in goals
- know and understand strategies to deal with conflict
- set guidelines for addressing disagreements
- effectively work to address and resolve disagreements, including analyzing the causes of conflict and working to reach an acceptable solution
- establish a safe environment in which to express diverse opinions
- develop a level of consensus among those with differing views; allowing all members to feel their viewpoints have been heard no matter what the outcome

Appendix B

Interprofessional Education Initiative- Request for Proposals (RFP) from faculty

Submission Deadline: Month/Day/Year | Funding Period: September 1, Year – March 31, Year

Background

The Program for Interprofessional Education, Practice, and Research in the Faculty of Health and Human Services is to develop, promote and evaluate Interprofessional education (IPE) activities for health and human services professional students. Educational leaders within the faculty have endorsed the decision that all students graduating from health and human services programs will demonstrate the following competencies or capabilities:

1. Describe their own professional roles and responsibilities and the general scope of practice of other health and human services professionals to peers, colleagues and patients/clients.
2. Know how to involve other professions in patient/client care appropriate to their roles, responsibilities and competence.
3. Collaborate with other professions to establish common goals, provide care for individuals and caregivers, and facilitate shared decision-making, problem-solving and conflict resolution.
4. Contribute to team effectiveness by sharing information, listening attentively, respecting others' opinions, demonstrating flexibility, using a common language, providing feedback to others, and responding to feedback from others.

In keeping with the philosophy of self-directed small group problem-based learning, students will be able to choose educational activities from a "menu" of activities which are most relevant to their interests. Students will be expected to complete at least one activity from EACH of the following levels: exposure, immersion, and mastery. Examples of these activities are outlined below:

Exposure

These activities are primarily knowledge based relating to the first 2 competencies. The activities will focus on "describing roles and responsibilities" and "demonstrating awareness". Activities will be of shorter term duration. Examples include: shadowing experiences in the clinical setting, special event seminars or "lunch and learn" sessions.

Immersion

These activities are typically of longer duration and require higher levels of interaction between the health professional students. All 4 competencies may be addressed through these activities. Students will be required to collaborate with other health professional students, make decisions and solve problems together. Examples include tutorial courses, Communication Skills Labs, e-learning modules or workshops.

Mastery

This is the most integrative group of activities. Students will use their Interprofessional knowledge and skills in a team environment. Typically this will be of longer duration. Students will build relationships in a team environment and be actively engaged in team decision-making around patient/client care. Examples include experiences in a clinical environment.

Guidelines for Submission

The purpose of this call for proposals is to support the development of new IPE activities by faculty which will enable students to achieve the competencies noted above. The actual proposal should not exceed four double-spaced, typewritten pages. The format should include one-inch margins, double-spaced, Times Roman 12 point font. Sections should include, but are not limited to: Title of Proposed Project, Abstract or Summary, Main Objective(s), Specific Goals, Relevance to IPE, Methods, Evaluation, Budget (with justification) and Plans for Sustainability. (Please note, project sustainability is a key component in the selection criteria).

In a separate cover letter, applications from interested faculty should include: name, title, contact information, any complementary sources of funding and relevance of this project to your scholarship.

In order to be eligible for consideration, proposals:

- Must include students from at least 2 health or human services professions
- Must state specifically which IPE competencies will be addressed in the event
- Must provide an opportunity for students to interact and share perspectives through dialogue and/or discussion
- Must include an evaluation component
- Must not have appendices

It is anticipated that 3-4 projects will be funded annually, for up to a total of $2,000 each. Successful applicants will be expected to submit a summary of the results of the work supported by the grant to the Dean's office no later than March 15, Year. In addition, upon the completion of your project, we would encourage you to present your findings at one VIU Education Symposium session, i.e., lunch and learn series, Faculty forum, INSIGHT, student orientation/research days, etc.

Proposals should be sent to Kathryn Oldham, Kathryn.Oldham@viu.ca no later than 4:00 pm on Month/Day/Year.