

practice environments. Students optionally indicate stream preferences prior to the course. Several traditional sections of the course are also still offered.

**Methods:** Data on student satisfaction was gathered via online and written surveys. Section facilitators provided feedback via surveys and small group discussions. Course coordinators and stream leadership teams collaborate on the evaluation, including observation of classes throughout the term. Analysis includes comparisons of streams and traditional course sections.

**Results:** Stream requests exceed available seats, indicating high student interest. Students and facilitators are very satisfied with the streams and generally prefer them over the generic course.

**Conclusions:** The 2012 pilot was a success and was expanded with 3 new streams for 2013 and some streams increasing student caps. Plans are to continue expanding the number of streams and to include students from other institutions/additional disciplines. By partnering with the stream leadership teams, it is possible to provide more in-depth exposure to particular practice environments and more authentic experiences than is possible with the traditional course.

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# Concurrent Breakout Sessions F

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**F1** (90-minute Hands-on/Interactive Workshops; Presentation Level: Beginner)

## Facilitating Case-based Interprofessional Education

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**Background/Rationale:** IPE is an important strategy to improve teamwork and communication, crucial skills in the preparation of health care providers for the changing needs of society for health care delivery. Unfortunately, the logistics of matching calendars and curricula across several programs are often so complex that IPE initiatives may falter very early in the development process. Selected strategies may be helpful in overcoming these obstacles.

Case-based education is a highly effective strategy in the health professions, allowing learners to readily connect and apply lessons learned to realistic clinical scenarios. Design of cases for interprofessional education requires careful planning to ensure adequate understanding and engagement of all learner groups. Done well, case exercises can facilitate learning about different health professions as well as clinical content. This workshop will provide participants with an understanding of the scope of potential uses of cases for interprofessional education. Key aspects in case design will be covered, and participants will be guided in designing cases appropriate to the learners at their home institutions. Discussion will address the many logistical and political obstacles encountered in developing and implementing interprofessional education programs. Strategies will be generated for overcoming these.

The extracurricular Interprofessional Case Conference will be described as a relatively easy and low-cost way of introducing IPE activities, and to generate enthusiasm and interest to facilitate expansion into the required curriculum. Strategies for case design to ensure engagement of all involved learner types will be discussed.

**Learning Objectives:** By the end of this session, participants will be able to:

1. Describe at least 3 models for interprofessional educational activities with health professions learners.
2. Discuss common obstacles to implementation of interprofessional learning activities, and identify strategies to address them.
3. Design a clinical case for use with at least 3 disciplines of health professions learners

## F2 (90-minute Hands-on/Interactive Workshops; Presentation Level: Intermediate)

### Involving Patients in Interprofessional Collaborative Practice Education for Health Sciences Students

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#### Author #8

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**Background:** Every patient will become his own caregiver at some point of his disease. As clinicians, it is our responsibility to ensure they become proficient caregivers. As educators, we must train future health professionals to integrate patients in their own care process, adapt to the different patients and create a real partnership with them. Patient involvement is crucial to better meet their needs and cope with growing burden of chronic diseases. University de Montreal (UdeM) envisioned a patient partner-in-care who feels part of the healthcare team and progressively assumes, at his own rhythm, his caregiver role, according to his abilities, values and life project.

Patients became key partners in our IPE curriculum and were involved all steps of courses planning. We believe participation of patients in education must go beyond simulation or role play. Properly selected and trained patients can be paired with teachers and become co-trainers, helping students to understand their world and experiences. We have successfully run 2 pilot projects and are now expanding patient participation in our IPE curriculum. Over the last two years, our selected patients have co-trained more than 3000 health sciences students from 10 different disciplines on the concepts of partnership in care and collaborative practices.

#### Objectives :

1. Understand concepts of patient partner-in-care and patient-as-trainer.
2. Reflect on ways to involve patients in IPE training programs.
3. Share tips with presenters to ensure success of patient involvement in teaching.

**Teaching Methods:** Workshop will be co-lead by a patient, physician, nurse and pharmacist and divided as follows: 15 minutes presentation of concepts of patient partner-in-care and patient-as-trainer, 30 minutes interactive discussion exploring ways to involve patients in IPE programs, 15 minutes presentation of UdeM pilot projects of patients' involvement as co-trainers and 30 minutes open discussion exploring pitfalls and key success factors for such initiatives.

## F3 (90-minute Hands-on/Interactive Workshops; Presentation Level: Intermediate)

### Using the IP-COMPASS Tool to Build a Learning Culture in Your Organization

#### Author #1

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Holland Bloorview Kids Rehabilitation Hospital

#### Author #2

Ivy Oandasan  
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IP-COMPASS (Interprofessional Collaborative Organization Map and Preparedness Assessment)<sup>1</sup> provides a tool for understanding organizational culture as it relates to interprofessional education. It is a guided self-assessment framework for organizations interested in or provides intentional interprofessional learning activities for students. Born from primary and secondary research on successful interprofessional learning, the framework provides a structured process to help providers of IPE understand the types of organizational values, structures, processes, practices and behaviours that, when aligned, can create an environment that is conducive to interprofessional learning. By strengthening these things, organizations can help to grow a generation of health care professionals who understand and value collaboration as a key to the delivery of quality care. If organizations are to truly embed interprofessional collaboration and education into the fabric of their culture, the COMPASS tool may also be used by leaders within an organization to facilitate their development as, what Peter Senge calls a "learning organization". Senge describes such an organization as one where "people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together." (1990)

This workshop will provide participants with a brief overview of the IP COMPASS tool and of Senge's work on learning organizations. Participants will apply the COMPASS tool to their organizational context. By the end of this workshop, participants will be able to:

1. Describe the primary concepts of Senge's Learning Organization.
2. Determine how the IP COMPASS tool can be applied within their context to aid in their development as a learning organization for IPC/IPE.
3. Describe the utility of the tool and recommend how this tool can be transported to other learning environments.

## F4 (90-minute Hands-on/Interactive Workshops; Presentation Level: Beginner)

### Conflict in Interprofessional Life: Educating Students for What Lies Ahead

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#### Author #3

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#### Author #10

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**Background/Rationale:** The University of Toronto developed a competency-based longitudinal IPE curriculum for 11 of its health science professional programs (i.e., dentistry, kinesiology and physical education, medical radiation sciences, medicine, nursing, occupational therapy, pharmacy, physician assistant, physical therapy, social work and speech-language pathology) that is integrated within the uniprofessional curricula of each faculty/department. Conflict in Interprofessional Life was developed and implemented for over 1400 advanced health science students as a three-hour core learning activity in this curriculum. This innovative session is designed to reveal conflict as a natural part of working life, a professional responsibility to address and essential to the smooth functioning of interprofessional teams. Along with knowledge and attitudes, students develop skills and behaviours in dealing with conflict through an interactive experiential component.

**Objectives:**

1. Describe an innovative interprofessional conflict educational session
2. Demonstrate strategies for dealing with conflict
3. Explain perspectives on and strategies for further developing an IPE conflict educational session that participants may apply to their own contexts

**Teaching Methods:** Participants will discover the conflict learning activity through a unique immersive experience that places them in the role of learner. In this way, they will go through what the students themselves encounter and learn about this interprofessional learning activity simultaneously. The immersion opportunity will enable key facets of the session to be experienced with a focus on the opportunity to practice dealing with conflict themselves. A brief introductory overview of conflict and interprofessional conflict, including strategies and a tool for dealing with it, will be followed by a small group interactive experiential component centred on a discharge scenario. Participants will then complete the competency-based global rating scale self-assessment. Following this, a debrief and fulsome sharing of experiences and strategies that would further enhance the interprofessional education of students in participants own contexts will be conducted.

## F5 (90-minute Hands-on/Interactive Workshops; Presentation Level: Intermediate)

### Using Quantitative and Qualitative Approaches to Assessing Interprofessional Competencies: Moving Beyond Attitudes

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**Author #6**

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**Background:** As emphasis on interprofessional education (IPE) within the health professions increases, so does the need to use meaningful methods to report individual and program-level outcomes in relationship to established collaborative practice competencies. Survey instruments are commonly used to describe attitudes associated with IPE. However, tools describing outcomes associated with interprofessional communication, teamwork, and role clarification are less well-established and may require both quantitative and qualitative assessment approaches. This session will provide participants with sufficient background and information to include quantitative and qualitative methods in the evaluation of IPE learning outcomes at individual and program levels.

**Objectives:**

1. Describe the strengths, weaknesses, and limitations of selected survey instruments commonly used in IPE evaluation.
2. Discuss the need and rationale for using both quantitative and qualitative approaches to individual and program evaluation, including strengths and weaknesses of each specific to IPE.
3. Consider ways to include both quantitative and qualitative approaches to individual and program level evaluation of IPE

**Audience Interaction:** Following the session introduction (10 minutes), attendees will be divided into small groups. Each small group will identify metrics for one of four Interprofessional Collaborative Practice Competency domains and identify quantitative and qualitative approaches that could be used to describe individual and/or program level outcomes (25 minutes). Small groups will report back to the larger group (25 minutes). Then, presenters will share their experiences with qualitative and quantitative evaluation methods at their institution, including use of commonly used instruments (20 minutes). Ten minutes will be reserved for a summary of the workshop and concluding remarks, which will focus on what participants learned that they can take back to their respective institutions.

**Implications:** This session will provide attendees with sufficient background and information to develop interprofessional education evaluation plans at the individual and program level that include quantitative and qualitative approaches.

## F6 (90-minute Symposia/Panel Presentations; Presentation Level: Intermediate)

### COMptime: Competencies for Collaborative Healthcare -- Putting Creativity into IPE Curriculum

**Author #1**

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**Background:** The University of New England's Center for Excellence in Interprofessional Education was met with a challenge of how to serve diverse health professions within a shared curriculum addressing interprofessional competencies. A graduate level online series called COMptime: Competencies for Collaborative Healthcare when completed, will not only reach across 4 UNE colleges, but will also be available on the web as a dynamic and engaging introduction to interprofessional education and practice. An inclusive advisory committee supported the development team (scriptwriting, curriculum, video production, instructional design, graphics), affectionately dubbed the "Mod Squad". Centering around the IPEC core competency domains (roles & responsibilities, communication, teamwork, and values & ethics, and the Canadian competency of collaborative leadership), COMptime embodies collaborative and safety-focused practice and patient-centeredness. The series utilizes a continuing case scenario following a patient for six months of care. The learners step in and out of the case to apply knowledge gained through didactic content, critical thinking and affective learning. Dynamic software allows for universal basics to be covered as well as discipline-specific enrichment through the use of hyperlinks, video and downloadable documents.

**Objectives:**

1. Identify strategies to engage key stakeholders;
2. Consider the arc of the collaborative process; and
3. Recognize and demonstrate the role of the arts and media as tools for interprofessional education.

**Implications:** The story of the making of COMptime, as told by different members of the development team offers insight into the benefits of using performance and the arts for health education. The session additionally highlights a process of building faculty interest, consensus, IPE buy-in, and commitment to transforming curriculum and the learning culture.

## F7 (90-minute Symposia/Panel Presentations; Presentation Level: Intermediate)

### Collaborative Leadership: Successes and Challenges of an International Rehabilitation Partnership

**Author #1**

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**Author #3**

Joan Ferguson  
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**Author #5**

Nicky Brooks  
SickKids International

**Author #2**

Nawal Al Haddad  
Hamad Medical Corporation

**Author #4**

Andrea Tsuji  
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**Author #6**

Nicole Thomson  
Holland Bloorview Kids Rehabilitation Hospital

**Background:** Collaborative partnerships are the cornerstone for successful healthcare consulting across international borders. While the principles of collaborative leadership (including shared decision-making, trust and respect) are important to ensure successful international partnerships, so too are cultural considerations. A case study will be used to frame the panel presentation

and interactive discussion. The case study is based on a multi-year partnership between Hamad Medical Corporation (Qatar) and SickKids International/Holland Bloorview Kids Rehabilitation Hospital (Canada). The overall objective of the joint initiative is to develop a strategy to reorganize paediatric rehabilitation services within the context of an interprofessional framework and an integrated continuum. The successes and challenges of this international rehabilitation partnership will be discussed by a panel of participants from Qatar and Canada.

**Objectives:** The purpose of the panel presentation is to provide the audience with different perspectives related to the experience of developing an international collaborative partnership. More specifically, the audience will have the opportunity to engage in interactive discussion on topics that impact the success of developing international partnerships. Topics will include cultural considerations and assumptions, diverse infrastructure and healthcare systems, and the skills, attributes and essential competencies of an interprofessional team.

**The Learning Objectives are to:**

1. Provide a foundation of knowledge and skills for healthcare professionals who wish to engage in international healthcare consulting;
2. Explore cultural considerations when engaging in collaborative partnerships across international borders;
3. Share different perspectives regarding the successes and challenges of an international rehabilitation partnership.

**Implications:** As the number of North American hospitals providing consultation services internationally continues to grow, it is ever more important to consider the principles of collaborative leadership in light of cultural contexts.

## F8i (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

### ARCTIC: Appreciating Roles and Collaboration to Improve Care

**Author #1**

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**Author #2**

Susan Sutherland  
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**Background:** The complexity of care required to address the needs of patients with head and neck cancer requires interprofessional collaboration. Using the compelling narrative of a patient's journey through cancer treatment in our center, our goal was to engage health sciences students to discover the importance of interprofessional care for complex patients, while delivering content on head and neck cancer care and providing training/experience in IPE facilitation to a diverse group of health sciences' clinicians.

**Methods:** Prior to the student learning activity, a facilitator workshop highlighting small group IP learning using a co-facilitation model was held. Thirty eight students from 10 health disciplines participated in a three hour workshop which included interactive presentations and facilitated small and large group activities. The Interdisciplinary Education Perception Scale (IEPS) was administered before and after the workshop to examine change in students' attitudes and perceptions about IPE. Qualitative participant and facilitator feedback regarding the session was obtained using a structured questionnaire and debriefing sessions with each group.

**Results:** The analysis of 38 paired questionnaires showed an overall improvement of scores on the IEPS (paired  $t = 4.82$ ;  $p < 0.0001$ ). Separate analysis of individual items showed improved scores on all items but one, for which there was no change. For nine, the improvement was statistically significant. Session feedback from students and facilitators was positive.

**Conclusions:** Combining case-based methods with interprofessional learning in the clinical setting allows students to develop an appreciation for the complex needs of head and neck cancer patients and the need for collaboration to improve patient outcomes.

**Learning Objectives:**

1. Understand methods used to overcome challenges in providing meaningful IPE for diverse professions in an academic health sciences centre
2. Recognize the value of combining case-based and interprofessional learning in the clinical setting
3. Appreciate the need for effective training for IPE co-facilitators

## **F8ii** (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

### **Interprofessional Suitcase Clinic: Integrative Behavioral Health and Primary Care for Homeless Individuals**

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**Author #2**

Anne Stewart  
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James Madison University

**Author #3**

Holly Brear  
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James Madison University

**Background/Rationale:** Homelessness and health care are intimately interwoven. Poor health is both a cause and a result of homelessness. Health care is even more of a problem for people who are already homeless. Homeless people are three to six times more likely to become ill than housed people. Homelessness precludes good nutrition, good personal hygiene, and basic first aid, adding to the complex health needs of homeless people. Many homeless people who are ill and need treatment do not receive medical or behavioral health care. Barriers to health care include lack of knowledge about where to get treated, lack of access to transportation, and lack of identification (Whitbeck, 2009). Psychological barriers also exist, such as untreated chronic mental health problems, embarrassment, and feeling self-consciousness about living on the streets. An interprofessional model of integrative behavioral health and primary care for the homeless population will be discussed. An exciting collaboration between a university mental health training clinic and community health center created interprofessional teams with representation from students and practitioners from clinical psychology, clinical mental health counseling, and nurse practitioners. Counselors and psychologists teamed with nurse practitioners to review health and behavioral health needs for homeless individuals identified through the "suitcase clinic," a portable clinic. Integrated behavioral health and primary care is then provided on-site for these individuals. Ongoing integrative care has resulted in positive health improvements for patients.

**Objectives::**

1. To describe an interprofessional collaborative practice model to provide effective behavioral health and primary care for homeless persons
2. To provide an interprofessional care team experience for graduate students, faculty, and practitioners
3. To explore ways to adapt the model to other disciplines, settings, and organizations serving homeless persons

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## **F8iii** (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

### **Supporting Interprofessional Collaboration through an Innovative Professional Practice Model**

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Kim Krog  
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Discipline specific leadership within professional practice structures were introduced to address health care professionals' concerns regarding loss of professional identity and the erosion of professional standards within program management structures in the early 1990's. Many hospitals in Canada maintain this traditional model of professional practice which may not necessarily promote interprofessional collaboration. Even today with traditional professional practice structures in place, it is well known that the implementation of interprofessional practice in healthcare is variable and slow to non-existent (CHSRF,2005). In 2012, Holland Bloorview Kids Rehabilitation Hospital, Canada's largest kids pediatric rehabilitation hospital, introduced a new model of Professional Practice that embraced new Collaborative Leadership roles. Each collaborative leader was assigned a cluster of professions for which they would have overall accountability for practice. The philosophical underpinnings of this model are very different from those that generated the need for the traditional discipline-specific professional practice leadership model.

**Method:** Based on a Case study review of meeting minutes, internal presentations, and a 2009 external review of the professional practice structure at Holland Bloorview, a thematic analysis was done in order to understand the drivers for the need to change the professional practice model which eventually nurtured the genesis of a new collaborative practice model.

**Results:** Seven key drivers emerged from the case study that provided the context for the need to shift from current discipline specific professional practice leadership models to a more Collaborative professional practice model. These drivers and the new model will be discussed.

**Conclusion:** A critical re-examination of professional practice structures is required in order to meet the needs of a collaborative healthcare environment.

#### Learning Objectives:

1. Understand the context for the emergence of professional practice structures
2. Understand seven key drivers creating the need to change present structures
3. Learn about an innovative collaborative practice structure

## F8iv (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

### Can Preparation of Clinical Teachers in Interprofessional Collaboration Concepts and Competencies Impact on their Teaching of Students in Practice Settings?

#### Author #1

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**Background/Rationale:** The challenge of providing interprofessional student placements within health agencies is impacted by financial exigencies within education institutions. Can a shift in focus to clinical teachers' skills development in supporting interprofessional learning with multidisciplinary students, provide equivalent outcomes? At Western University an Interprofessional Clinical Teaching Workshop was held in the past 3 Septembers. Participants were from a variety of health professions; all provided student clinical supervision. The workshop's purpose was to assist teachers in guiding and assessing students for effective collaborative teamwork within practice settings.

**Methods:** A total of 129 clinical educators participated in three workshops. All were asked to complete two instruments (Assessment of Interprofessional Team Collaboration Scale<sup>1</sup>; Interprofessional Socialization & Valuing Scale<sup>2</sup>) prior to workshops. A further assessment using the above instruments is in process to determine the impact of this learning on their teaching at 1.5, 1 year and 6 months post workshop. Open-ended questions about their application of learning will be reported.

**Methodology:** A cross-sectional pre- post-test intervention design was used to determine clinical educators' preparation effectiveness to seek out interprofessional learning opportunities for their students. Data were also obtained from feedback forms at workshops conclusion.

**Results:** Approximately 50% of participants completed the ISVS and AITCS for both 2011 (n=20) and 2012 (n=23) with only 17% in 2010. Overall participants scored below cut-off scores, in all but one of the instrument sub-scales (cooperation). Post-test results will be shared at the presentation.

**Conclusions:** Does providing clinical educators with IPE learning result in changes in their teaching towards IPC competence in their students? Findings will provide insight into this question.

**Learning Objectives:**

1. Explore impact on clinical teaching of a formal workshop for clinical teachers;
2. Discuss implications of findings for future IPE implementation in practice settings;
3. Discuss application in using standardized instruments to assess such changes.

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**F9i** (20-minute Oral Paper Presentations; Presentation Theme: Partnership/Community & Leadership)

**Enhancing Interprofessional Education with Health Sciences Students through Academic and Rural Community Partnerships**

**Author #1**

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**Author #4**

Dr Tom Smith Windsor  
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**Background:** The health sciences colleges (Medicine, Nursing, Pharmacy and Nutrition,, Physical Therapy), University of Saskatchewan developed a Regional Interprofessional Team (RIT) to explore interprofessional learning opportunities for students within central Saskatchewan. Integrating the unique 'sense of place' or rurality of Saskatchewan the team developed a model that provided interprofessional experiences that also enhanced student's knowledge of rural health and practice. The learner will be able to describe the development of the academic community partnership model, describe the strengths and limitations of the implementation and maintenance of the partnership model, and identify methods of evaluation used for the students, faculty, and community partners.

**Methods:** The model consisted of a partnership between a rural community and the RIT for the purpose of engaging students in interprofessional , collaborative clinical reasoning and decision making as it relates to the rural context. An Interprofessional (IP) project lead was recruited from the rural community to develop, facilitate, and evaluate IP learning experiences. Emphasis was placed on integrating the CIHC competencies within all experiences. The RIT mentored the IP lead in meeting the goals for the educational experience.

**Results:** Twenty students and preceptors met on several occasions to participate in interprofessional activities that met the educational and community goals. Preceptors agreed that strategies such as using a shared calendar contributed to the identification of health sciences students within the community and to their ability to collaborate in providing IP experiences for these students. Students were very enthusiastic in participating in IP activities and reported that in addition to gaining an understanding of rural health and practice, the IP activities were useful in role clarification and understanding team work.

**Conclusions:** The success of this IP project was a result of effective leadership, communication, and collaboration at the academic and community levels. The project provided evidence of the strengths of the development of a RIT to focus on IP projects that meet the needs of the participating community, health sciences colleges, and students while also considering resources and sustainability.

## F9ii (20-minute Oral Paper Presentations; Presentation Theme: Partnership/Community & Leadership)

### Transforming Future Leaders in Geriatrics: An Interprofessional Student Internship

#### Author #1

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Baycrest

#### Author #3

Raquel Meyer  
Baycrest

#### Author #5

Paul Katz  
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#### Author #2

Lisa Sokoloff  
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#### Author #4

Jennifer Reguindin  
Baycrest

#### Author #6

Jurgis Karuza  
Baycrest

#### Learner Objectives:

1. Understand the Baycrest Centre for Learning, Research and Innovation (LRI) Summer Internship
2. Describe the benefits and challenges of introducing interprofessional education and care to students
3. Identify lessons learned engaging students in interprofessional geriatric care

**Background:** The Baycrest Centre LRI in Long-Term Care is a 5-year Ministry initiative to enhance the quality of seniors' care in Ontario. A 10-week internship fostered future leaders in interprofessional geriatric care via didactic and experiential learning related to key geriatric topics and resident care. Undergraduate students from varied disciplines were eager to learn about the care of the elderly but had limited exposure to interprofessional education and care (IPE/C).

**Methods:** A series of workshops introduced IPE/C concepts and the link to effective teamwork. Using interactive methods (e.g., quizzes, games), students applied the concepts to cases based on interactions with residents and staff. Between workshops, interns observed and recorded clinical examples of interprofessional collaboration. These observations informed the final workshop discussion. Interns took away tangible tools in their interprofessional toolbox. An overall workshop evaluation was completed.

**Results:** The feedback was overwhelmingly positive and 50% of the students applied IPE/C concepts during their internship. Comments included: "The IPE session...helped reinforce particular concepts such as teamwork, communication, and collaboration" "I really liked the IPE sessions. It's good to examine how groups function and the positives and negatives of the dynamics within the group. It is extremely useful in our practice and in our lives in general." "The IPE/C observation is going well because when you're in meetings or rounds you see the different professions interacting...see the different personalities and interactions discussed in the seminars."

**Conclusions:** Engaging students and introducing IPE/C concepts early helped prepare students as future leaders in interprofessional geriatric care.

## F9iii (20-minute Oral Paper Presentations; Presentation Theme: Partnership/Community & Leadership)

### Setting the Groundwork for IPE with an All-day Orientation Program

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#### Author #3

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#### Author #2

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**Background/Rationale:** Placing students in interprofessional teams can be disorienting, and teamwork often demands that students maintain engagement despite infrequent meetings. To address these challenges, we developed an interprofessional orientation to set the groundwork for our longitudinal IPE curriculum. Over seven years, our orientation has expanded from a half- to full-day of activities to meet the orientation's learning outcomes.

**Methods/Methodology:** The student/course schedules from 7 health professions programs are coordinated to be free for one day of program coursework. Pre-orientation surveys, large group activities, facilitated small group activities and team work time are used through the course of the day to address the following student outcomes:

- 1) Describe how effective teamwork contributes to health care
- 2) Identify barriers to collaboration among health care professionals
- 3) List the characteristics that will make you a part of a successful team

All activities center on team work and are subsequently deconstructed and related to the health profession setting. Additional activities include student senate sponsored all-student pancake breakfast, health and wellness center sponsored lunch and all-campus welcome party.

**Results:** Over 650 students participate in the orientation day. Nearly 50 facilitators are needed for the small group sessions. Pre-orientation surveys indicate that students have varying perceptions of each profession's health care responsibilities. Students positively rate the orientation day's ability to meet the objectives, and express satisfaction with the learning activities. Facilitators from IPE activities later in the IPE curriculum report greater cohesiveness with IPE teams.

**Conclusion:** The interprofessional orientation day meets its objectives and serves as an appropriate launching pad for the longitudinal interprofessional education curriculum.

**Learning Objectives:**

1. Describe the evolution of IPE orientation day
2. Identify potential outcomes for a single IPE orientation
3. Discuss options for managing IPE activities in large group settings

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## F9iv (20-minute Oral Paper Presentations; Presentation Theme: Partnership/Community & Leadership)

### **Intradisciplinary Interprofessional Collaboration in Physiotherapy: The Quebec Professional Model Taught at Laval**

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**Rationale/Objectives:** The province of Quebec has its distinct professional model that includes different levels of education and responsibility to respond the growing health care needs of the population. To prepare the future physiotherapists to collaborate with the physiotherapy technicians, the physiotherapy program at Laval University has organized a special activity in partnership with the college program managers. This training session gathers the graduating students from both institutions to realize a variety of learning activities.

This presentation aims to bring to the participants a knowledge of a new training program for intradisciplinary partnership, to understand the Quebec professional model.

**Methodology:** The training day commences with an introduction from our regulatory college. This is followed by information from each program director regarding the content of their respective curriculum. After, three teams from different contexts of practice discuss their daily collaborative partnership. Afterwards, the students are divided into small groups to discuss the management of some cases. The training day concluded with an opportunity for questions and a summary of highlights.

**Results:** Every participant filled up a questionnaire of satisfaction and all the results and comments were compiled and analyzed at the post-mortem meeting of the organizers.

The participants' level of satisfaction was high for the students and the organizers. The physiotherapy students appreciated the practical aspects that clarified everyone's role. The technician students appreciated being better known and their contribution recognized.

**Conclusion:** After two years and the positive outcomes, we can conclude that this activity is an important element of our interprofessional education curriculum and a key element in promoting awareness of everyone's role in this INTRA-disciplinary collaboration.

## F10i (20-minute Oral Paper Presentations; Presentation Theme: Simulation/Technology & Curriculum)

### Teaching Quality Improvement and Patient Safety in an Inter-Professional Setting

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**Rationale:** Senior medical and PharmD students were paired at the University of Iowa hospitals & Clinics (UIHC) and the Iowa City VA Healthcare System (IC VAHS) in order to: (1) foster inter-professional teamwork, (2) recognize systems-based problems, (3) utilize process improvement tools, and (4) develop a practice improvement plan.

**Methods:** Student teams were provided with a database of medication "near misses" from each respective hospital. Using the database, they were then asked to analyze an event problem and develop a plan for improvement. Instruction regarding the Institute of Healthcare Improvement (IHI) Model for Improvement, the Institute of Medicine Aims for Quality, and the basics of a plan-do-study-act (PDSA) cycle was provided by using both the IHI Open School modules and mini-didactic lectures. Student pairs then presented their plans at a monthly interdisciplinary conference. Following generalized discussion, an action plan was developed and forwarded to hospital administrators and leaders.

**Results:** A total of 39 conferences were held over a period of 2 years. In order to avoid duplication of topics, a searchable blog provided information about topics, action plans, and problem resolution. During the last academic year, a total of 32 distinct systems-based problems were addressed. Updates or resolution to the action plans were available in 14 out of 32 problems, 44% of the time. Selected examples of action plan updates included Pharmacy & Therapeutics Committee submissions at the IC VAHS, improvements in the electronic medical record at UIHC, improvements in inter-professional communication, shared knowledge about important resources, and improvements in workflows.

**Conclusions:** In conclusion, quality improvement and patient safety projects can be successfully completed by inter-professional students with little to no formal training in process improvement. In addition, the interdisciplinary nature of the project fostered improved inter-professional communication, interaction, and mutual respect.

## F10ii (20-minute Oral Paper Presentations; Presentation Theme: Simulation/Technology & Curriculum)

### Early Engagement of Students in Interprofessional Collaboration

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**Background:** Facilitation of interprofessional education activities (IPE) is acknowledged as an essential part of self-directed and participatory learning. Little is known about the facilitation strategies that promote meaningful learning during IPE with the descriptive literature focusing exclusively on self-reports. A first study of student-facilitator interactions in IPE suggested that attention be paid to enabling student driven interactions. As a result, substantive changes in our teaching activities were made.

**Methods:** All didactic information on interprofessional collaboration was delivered in an online module. Forty-four working groups that included 616 first year students from five different healthcare professions viewed a case presentation and role played the contribution of their profession to the care of the patient and family within their group. Students also acted as observers and reported on the nature of the process and exchanges that took place. Facilitators encouraged interactions and refrained from directing the discussions. At the end of the session, facilitators elicited students' reactions to the format and content of the learning activity. Each student received an online evaluation.

**Results:** Educators expressed greater satisfaction with the role play than with other approaches used in the past due to facilitation of student self-direction and engagement. Preliminary student evaluations indicate greater satisfaction and engagement in the role play activity than reported by previous student cohorts using case discussions.

**Conclusions:** Pedagogical methods that enable students to take responsibility during encounters were valued. Contact time should be reserved for the exchange and discussion of ideas between students as didactic content can be delivered effectively online.

**Learning Objectives:** Educators will:

1. Reexamine the proportion of contact time that is allotted for student interaction
2. Consider using role plays even with students with no clinical experience
3. See the potential for the use of interactive approaches for addressing complex clinical issues in IPE

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## F10iii (20-minute Oral Paper Presentations; Presentation Theme: Simulation/Technology & Curriculum)

### Facilitating Interprofessional Learning: What do we Really Know About It?

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**Background:** With the growing complexity in managing multiple disease and illness related problems, increased attention is being paid to the importance of interprofessional education (IPE) in preparing students for working collaboratively with professionals from other disciplines. Educational activities for mixed groups of health professional students are increasing, and facilitation of learning in interprofessional student groups is now acknowledged as an essential part of successful interprofessional learning activities. However, little is known about the strategies used by facilitators with students from different disciplines, and how they promote learning.

**Methods:** Using data obtained through a secondary analysis of audio-video tapes taken as part of a large study of interprofessional education and interprofessional practice, this study used a qualitative descriptive approach to identify the pedagogical strategies and behaviours of facilitators participating in seven different learning activities with health care students from five different disciplines. The data captured student reactions and behaviours and provided insight into the dynamics of the interprofessional encounters.

**Results:** The findings showed that facilitating groups involved a complex interchange of three types of interaction between facilitators and students: facilitator-controlled interaction, facilitator-driven interaction and student-driven interactions.

**Conclusions:** The findings also suggest that faculty development programs should assist facilitators to re-examine teaching approaches and encourage students to assume the responsibility for discussing issues and collaborating with others in all their interprofessional contacts. Continuity and stability in faculty development activities will better prepare clinical educators and young professionals to become interprofessional champions.

**Learning Objectives:** Educators involved in IPE will:

1. Recognize three types of group facilitation strategies used in IPE education
2. Appreciate the contribution of audio-video tapes as a tool for interprofessional pedagogy
3. Understand the importance of relinquishing control during IPE learning activities.

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## **F10iv** (20-minute Oral Paper Presentations; Presentation Theme: Simulation/Technology & Curriculum)

### **Initiating the Interprofessional Culture for the 1st Year Health Professions Students**

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Successful interprofessional education in the health professions must be integrated throughout the curriculum and within the clinical experiences and rotations of the students. Although logistics appear to trump most interprofessional initiatives, it can be done with planning focused on long-term sustainability. Students need to be introduced to the interprofessional core competencies at the beginning of their academic programs. This oral presentation will provide an overview for the Center for Interprofessional Education and Practice (CIPEP) at Nova Southeastern University's College of Osteopathic Medicine to create a sustainable and interactive culture of interprofessional learning and practice for students, faculty, and community adjunct faculty. Assessment results from the past two years of student experiences and faculty development programs in Year I and Year II of this new curricular environment will be presented.

The presentation will: 1) Examine learning strategies for curricular integration; 2) Discuss the difference between faculty and administrative "buy in"; 3) Describe the role of "mission inclusion"; and 4) Discuss the findings from student and faculty attitude and knowledge assessments from over 800 participants.

The importance of linking interprofessional education to long-term improved patient outcomes is the real challenge as curricular changes are made. From its findings, this presentation focuses on the importance of linking this academic cultural change/enhancement to the needs of a new health care delivery system working in the context of patient-centered, coordinated, and comprehensive primary care that is closely aligned with public health and access through technology. Concurrent with active student learning, faculty development for both on and off campus faculty is essential. Continuing professional education needs to be part of the total cultural sustainability plan.

## F11i (20-minute Oral Paper Presentations; Presentation Theme: Simulation/Technology & Curriculum)

### An Online Interprofessional Case Conference for Students at the Medical University of South Carolina (MUSC): Description, Evaluation, and Strategies Learned

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#### Objectives:

1. Describe the case conference activity including assessment and technology strategies.
2. Discuss implications of both qualitative feedback and results from quantitative assessment.
3. Identify elements of the activity that promoted interprofessional, patient-centered collaboration.

**Background:** For students engaged in clinical rotations off campus or enrolled in online programs, development of interprofessional clinical learning activities is challenging due to limited opportunity for face-to-face meetings with other learners. Following the successful pilot of an interprofessional case conference on campus, we adapted this method to an online, synchronous patient case discussion for off campus students.

**Methods:** Students from four MUSC programs on clinical rotations or enrolled in the university's online Doctor of Nursing Practice (DNP) program were given a patient case to review prior to the initial two-hour case conference (1 of 2 meetings). An orientation was conducted with students to familiarize them with the technology prior to the online conference. Groups of 3-4 students and 2-3 faculty facilitators met synchronously online for students to discuss their profession's role in the care of a complex patient case. One week later, these groups reconvened for students to share their own patient case, seek expert knowledge of the other students for their care of the patient, and for all to discuss clinical experiences with each other.

**Results:** Students were asked to complete an evaluation of the interprofessional case conference experience, including Likert scale questions and a reflective piece. Students rated the experience positively and these results affirm continuation of this learning opportunity. Based on feedback, slight adjustments will be made prior to the next planned pilot in February 2013.

**Conclusion:** The results support our efforts to establish online synchronous opportunities for students in remote locations to engage in interprofessional clinical learning. This experience provides an example for other institutions interested in interprofessional activities for off campus learners.

## F11ii (20-minute Oral Paper Presentations; Presentation Theme: Simulation/Technology & Curriculum)

### The Role of Health Information Technology (HIT) and Interprofessional Practice (IPP)

#### Author #1

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**Background/Rationale:** Major shifts in healthcare today are calling for the ability to transform practice with health information technology (HIT). Never has there been more of an opportunity for practice and informatics to collaborate on innovative strategies to incorporate interprofessional practice (IPP) in multiple healthcare settings. It is critical to designed HIT systems that support an interprofessional design to decrease fragmentation and duplication which impact cost and quality.

**Methods/Methodology:** A brief historical overview with lessons from the past on health information technology followed by a major focus on current events that are opening the doors for innovation and collaborative models to demonstrate quality outcomes supported by evidence-based practice. While the American Recovery and Reinvestment Act (ARRA) and Meaningful Use criteria are specific to the U.S., there are many lessons that will be learned and applied globally as hospitals and providers strive to meet new criteria that must be based on evidence-based practice to meet the defined measures.

**Results:** Concrete examples of integrating interprofessional evidence-based practice within the electronic health record will be shared. Outcomes from a diverse international consortium will be explored to expose innovative strategies when implementing HIT and IPP together.

**Conclusions:** Achieving IPP will not be possible without a strategy to integrate IPP principles and competencies into HIT selections, implementations and optimizations.

## F11iii (20-minute Oral Paper Presentations; Presentation Theme: Simulation/Technology & Curriculum)

### Interprofessional Education - Enhancing Interprofessional Learning through Online Media

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#### Author #4

Professor Darrell Crawford  
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#### Learning Objectives

1. Identify and analyse barriers to interprofessional education in large higher education institutions.
2. Develop strategies to overcome the actual and perceived barriers using online media.
3. Determine the effectiveness of online interprofessional case study modules on the attitudes and perceptions of health professional students.

**Background:** In 2010-2012, The University of Queensland/Greenslopes Clinical School developed and implemented an interprofessional (IP) education curriculum consisting of case studies, role plays and simulated ward rounds. The case study activity was extended by incorporating an online component using Scenario Based Learning interactive (SBLi). Five modules were developed; integrating content information from the case studies, questioning activities, critical thinking exercises, reflective practice exercises, and links to additional resources.

**Methodology:** A mixed method design was used to evaluate the IP curriculum. The Readiness for Interprofessional Learning Scale (RIPLS) and the Interdisciplinary Education Preception Scale (IEPS) were used to collect survey data. Qualitative data was also collected using open-ended questions. All students participating in the IP curriculum activities completed the survey pre and post their participation in the activities. This facilitated comparison between students who did and did not access the SBLi modules.

**Results:** Of the 108 students participating in the broader IP program, 29 students participated in the online module activity; a participation rate of 27%. Results from the RIPLS demonstrated students using the online modules scored higher positive results in three of the four subscales, when compared with non-participating students. Greater positive results were also identified with the IEPS, with participating students exhibiting larger effect in all subscales. Qualitative feedback indicates the modules provided opportunities to reinforce and extend learning, and as a valued source of additional information and resources.

**Conclusion:** Online case study modules used in conjunction with face to face activities can enhance student interprofessional learning experiences.

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## F11iv (20-minute Oral Paper Presentations; Presentation Theme: Simulation/Technology & Curriculum)

### Transitioning Single Day Interprofessional Education Activities Into 4-Week Mini-Courses Through Technology and Blended Learning

**Author #1**

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**Author #2**

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**Author #3**

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University of Arizona

**Background/Rationale:** Interprofessional Education & Practice (IPEP) hosts four large-scale IPE learning activities each year. Since 2006, these single-day activities included supplemental learning materials that were emailed to students, which allowed for no way to track student completion of the material or student engagement. Additionally, student comments on activity evaluations indicated they felt a certain disconnect with their IP team because they had no team interaction prior to the activity or post-activity.

**Methodology:** Online course sites were created for activities using the university's Learning Management System (LMS). Any student participating in an activity was given access to the course site two weeks prior to the live portion of the activity, and the site remained open for two weeks post live activity. Existing student learning materials were complemented with optional readings, videos and discussion boards. An online team ice-breaker gave students a chance to meet the IP team they would work with during the live activity. Conditional releases were applied to learning materials to ensure student completion. An IPEP Certificate of Completion was awarded to students as an incentive for completing required course components.

**Results:** Course site statistics showed that students were regularly engaging with learning material and their IP teams before and after the live activity. In the most recent mini-course, 100% of students logged into the site before the live activity, 86% of students engaged with all required learning material and 95% engaged with their IP team online in the ice-breaker discussion.

**Conclusions:** Blending a live IPE activity with pre/post online learning has the potential to increase both student engagement and learning. Using an LMS for IPE activities allows for easy tracking of students and their interaction with learning materials, as well as the ability to reinforce and incentivize completion of supplemental learning materials.

## F12i (20-minute Oral Paper Presentations; Presentation Theme: Patient & Curriculum)

### Patient Satisfaction with the Interprofessional Teaching Clinic: A Quality Improvement Project

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**Background:** Third year medical students at our institution participate in the Interprofessional Teaching Clinic (IPTC) as part of their Family Medicine clerkship. Patient care is provided by interprofessional teams consisting of senior medical, nursing, and pharmacy students. Patient satisfaction with this training model is unknown.

Our goal was to assess the patients' perception and satisfaction with this IPE training model. For example, we asked patients to rate their responses to the following questions:

- All the students in the room introduced themselves to me and explained their roles.
- I felt that having a team of students improved my care.
- I like being seen by one student, but more than one student is too many.

Patient responses to the questions above allowed us to better understand what it is like to be seen by a team of learners.

**Methods:** A 14-item survey was developed using a 5-point Likert scale. Patients were asked to complete the paper survey after their encounter in the IPTC. Fifty surveys were completed and collected over a two-week period out of a total of 100 patient encounters. Responses were compared by question, and correlated with overall satisfaction.

**Results:** Overall patient satisfaction was high with 90% of patients stating they were either very or completely satisfied with their clinic visit. 80% of respondents agreed that the interprofessional team improved their care. 25% of respondents, however, agreed that more than one student is too many. Patient satisfaction was positively correlated with the patient's perception that the students introduced themselves.

**Conclusion:** The majority of respondents reported satisfaction with their care.

#### Objectives:

1. Review the relationship between academic medicine and patient perceptions of care.
2. Describe IPTC logistics and challenges to patient-centered care.
3. Develop ways to optimize IPE without compromising patient care.

## F12ii (20-minute Oral Paper Presentations; Presentation Theme: Patient & Curriculum)

### Exploring Attitudes of Canadian Radiation Oncologists , Radiation Therapists and Physicists towards Interprofessional Teaching and Learning

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**Background:** Due to emerging new theory of education and the potential benefits of IPE learning and its' positive effects on patient care, the purpose of this study was to further investigate the attitudes of Canadian radiation oncology professionals regarding IP teaching and IPE.

**Objectives:** To assess the attitudes of Canadian radiation oncologists, radiation therapists, physicists towards IP teaching and learning and towards working in health care teams.

**Methods:** An Interprofessional Education Perspective Questionnaire (IEPQ) was developed, piloted and distributed nationally among Canadian radiation oncologists, radiation therapists and physicists using survey monkey.

**Results:** Two hundred and twenty one respondents (24% physicists, 18% radiation oncologists and 56% radiation therapists and 3.2% other) participated in the survey. Eighty one percent reported that IPE/IPE was occurring in their centers. All respondents supported IPE/IPE concept and 86 % have been actively participating in them. One third completed additional IPE training. Eighty percent declared that individuals in their profession must work together with people in other professions, and 76% have been working well with other professions. Sixty percent responded that IPE/IPC better utilizes resources. Sixty six percent felt that their students are learning new knowledge, attitudes and skills through an IPE. Fifty seven percent identified that team approach permits health professionals to meet the needs of patients , their families and caregivers. Sixty five percent showed that IPE has increased mutual respect and confidence between different health professionals and sixty percent responded that IPE has lead to more IP research collaborations.

**Conclusion:** Majority participants support IP teaching and the learning and team environment indicating that IPE promotes mutual respect and makes the environment better for the patients. However, certain professions are more open to IPC. Several suggestions how to improve IPE/IPC were provided. The detailed analysis of the survey results will be presented at the conference.

## F12iii (20-minute Oral Paper Presentations; Presentation Theme: Patient & Curriculum)

### Managing Patient Care: How do Team Processes Differ Across Contexts?

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The different contexts across which teams provide care have been hypothesized to lead to patterns of collaboration based on the setting. Each context may require different processes of work, communication, and team function. In order to examine this variation, we analyzed team behaviors across three contrasting settings using a theory-driven coding scheme based on organizational science.

Health care professionals on the same team from three settings (inpatient rehabilitation, acute inpatient, and a code team) were selected to assure variation of the urgency and degree of hierarchical authority. These teams were interviewed utilizing a structured

interview guide that asked three team members from different professions how they interacted around a specific patient to specify goals, monitor team progress, resolve conflicts, make decisions, communicate, and address patient safety. Completed interviews have been transcribed and a preliminary qualitative content analysis has been conducted based on a team process taxonomy with identification of themes.

Interprofessional teams from two settings have been interviewed to date. The mean age of participants was 34.5 years (SD±8.7). Team process themes identified from the rehabilitation team were strategy formulation (31.4%), conflict management (21.3%), and back-up behavior (14.6%). For the acute care team, themes identified were back-up behavior (21.2%), coordination (15.7%), and systems monitoring (14.1%). With a small sample size limiting power, survey results indicated that rehabilitation and acute care teams showed a non-significant trend towards operating on a different level of urgency ( $p=0.05$ ) and structured authority ( $p=0.12$ ).

Team processes and behavioral markers did differ across contexts. When planning clinical/educational initiatives, education/organizational leaders should understand the team processes of the contexts of interest and organize training that supports desired performance in those settings.

#### Learning Objectives:

1. Recognize context shapes team behavior.
2. Identify variety of team process behaviors that occur during teamwork.
3. Describe how context-specific team behaviors should shape educational and clinical training.

## F12iv (20-minute Oral Paper Presentations; Presentation Theme: Patient & Curriculum)

### Developing an Interprofessional Care Framework to Strengthen Patient Experiences and Outcome

#### Author #1

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#### Author #2

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#### Author #3

Joy Richards  
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**Background/Rationale:** Despite the development of robust IPE frameworks over the past decade, less emphasis has been placed on interprofessional care (IPC). The objective of this project was to surface best practices to guide the development of an IPC framework in a large, urban, multi-site hospital. The ultimate aim was to establish a framework for all clinical programs and professions to achieve improved health outcomes for patients across the continuum.

#### Objectives:

1. Describe key environmental scan findings on IPC frameworks
2. Discuss key strategies for engagement of stakeholders
3. Explore potential elements of a successful IPC framework in health care

**Methods/Methodology:** The environmental scan consisted of two components: (1) a literature review of published English-language articles identified through Medline and Health Business using the text words 'framework,' care model,' 'organizational model,' and 'interprofessional' and grey literature accessed via an Internet search and through sources identified by experts; and (2) twelve interviews with key informants who were leading IPC in their organization.

**Results:** There was a dearth of empirical literature on IPC frameworks and much confusion existed regarding terms such as model of care, framework and patient care model. Key informant interviews point to the fact that while organizations are experimenting with IPC frameworks, few have been tested. Although a definitive IPC framework was not identified, the essential elements of patient-centredness, team values, and collaborative approaches were noted. An emerging definition of an IPC framework was thus developed.

**Conclusions:** Few best practices to guide the development of an IPC framework in the practice setting exist. The emerging definition of an IPC framework surfaced through this project provided a critical opportunity to engage stakeholders in the next phase to determine the framework elements that can enable the best of care for patients.

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# Concurrent Breakout Sessions G

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**G3** (90-minute Hands-on/Interactive Workshops; Presentation Level: Intermediate)

## Leading Change Collaboratively – Relevance within and beyond Interprofessional Practice

### Author #1

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**Background:** St. Joseph's Care Group (Thunder Bay, ON) is structured in a program management model consisting of interprofessional health care teams. Recognizing the value of Interprofessional Practice (IPP), shared decision making and team leadership, an innovative quality improvement project, titled the Collaborative Leadership Initiative (CLI) was created. Through the CLI, health care professionals and their managers worked with facilitators, using an Appreciative Inquiry and emergent change approach, to collaboratively lead meaningful and sustainable change to further enhance IPP within their respective teams.

Formal evaluation of the Collaborative Leadership Initiative revealed outcomes of improved client-centred care, team function and processes, staff satisfaction, and IPP and collaborative leadership sustainability. Also identified in the data were critical success factors needed to successfully lead collaborative change.

**Objective:** At the end of this workshop, participants will have:

1. Gained an understanding of the Collaborative Leadership Initiative, from the purpose and design to the outcomes and lessons learned.
2. Discussed the benefits of and opportunities for collaboration within and beyond Interprofessional Practice.
3. Explored critical success factors and effective strategies when leading change collaboratively.

**Teaching Methods:** The presenter will create a tangible and meaningful experience for participants by sharing engaging stories from the Collaborative Leadership Initiative and by providing opportunities for participants to reflect on their own personal experiences and consider the potential within their own organizations for leading change collaboratively. Incorporating principles of adult learning, the audience will be active participants in this workshop. Examples include paired interviews, group activities and discussion, reflection, and a parting challenge, to explore themes around collaboration, interprofessional education and practice, and leading change.

**Workshop Interactivity:** An Appreciative Inquiry approach will be used to enable participants to consider their personal experiences, examine their own work environment, and identify and explore opportunities for leading change collaboratively within their own organizations. These key experiential and interactive learning moments will be woven throughout the workshop and will be reinforced by relating the activities to tangible examples from the Collaborative Leadership Initiative. Paired interviews, group activities and discussion, reflection and a parting challenge will all be incorporated into the workshop to ensure a high level of engaging participant interaction.