

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.

Concurrent Breakout Sessions G

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

Leading Change Collaboratively – Relevance within and beyond Interprofessional Practice

Author #1

Michelle Addison
St. Joseph's Care Group Northern Ontario School of Medicine

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.

G4 (90-minute Hands-on/Interactive Workshops; Presentation Level: Beginner)

Interprofessional Education: From Theory to Practice and from Practice to Theory

Author #1

Sarah Hean
School of Health & Social Care
Bournemouth University

Author #3

Liz Anderson
Department of Medical and Social Care Education
University of Leicester

Author #5

Phillip Clark
University of Rhode Island
Program in Gerontology

Author #7

Marilyn Hammick
School of Health & Social Care
Bournemouth University

Author #9

Ratie Mpofu
Faculty of Community and Health Sciences
University of the Western Cape

Author #2

Shelley Doucet
Department of Nursing & Health Sciences
University of New Brunswick Saint John

Author #4

Lesley Bainbridge
Faculty of Medicine
University of British Columbia

Author #6

Chris Green
School of Health and Human Sciences
University of Essex

Author #8

Simon Kitto
Faculty of Medicine
University of Toronto

Author #10

Cath O'Halloran
School of Human & Health Sciences
University of Huddersfield

Background: Theory in interprofessional education and clinical practice (IPECP) is essential and a toolbox of theory is available with potential to enhance this. The quality with which theory is applied remains limited however. Clinicians and educators would benefit from stronger integration of theory into practice. Theorists and researchers would also benefit from learning to apply their theoretical expertise in an interprofessional context.

Objectives: At the completion of this workshop participants will be able to:

- Describe theoretical underpinnings of their interprofessional curriculum, research, evaluation, and/or collaborative practice.
- Identify real life educational and clinical issues to which to apply new theoretical knowledge.
- Apply skills related to second order reflection, proposition development, theoretical quality and theory validation.

Teaching Methods:

1. Introduction by presenters on the processes of second order reflection and deriving theoretically informed questions. This will be supported by posters around the room illustrating IPECP questions derived from relevant theories (20 mins).
2. Small groups will discuss and identify interprofessional practice challenges they would like to understand better (through research) or believe could be influenced by IPE. They will then derive a series of theoretically informed questions to be addressed through research or curriculum design. They will draw on theories presented in the introduction and have the opportunity to question the presenters manning each theory poster. They will also develop hypothetical plans for collaboration between participants to work together in the future to test the theoretical propositions generated (45 mins).
3. Output of group work will be presented on posters with opportunity for viewing and questions from others (20 mins).
4. Presenters will summarize the discussion and conclude with opportunities to become engaged with the IN-2-Theory Network and make an announcement about an upcoming theory workshop funded through a Canadian Institutes of Health Research Planning Grant (5 mins).

G5 (90-minute Hands-on/Interactive Workshops; Presentation Level: Intermediate)

Launching Students Successfully into Collaborative Practice: An Interactive Interprofessional Workshop

Author #1

Sharla King
Health Sciences Education and Research Commons
University of Alberta

Author #3

Lu-Anne McFarlane
Department of Speech Language Pathology and Audiology
University of Alberta

Author #5

Mark Hall
Department of Physical Therapy
University of Alberta

Author #7

Heidi Bates
Agriculture, Food and Nutritional Sciences
University of Alberta

Author #9

Sheny Khera
Faculty of Medicine and Dentistry
University of Alberta

Author #2

Barb Norton
Department of Physical Therapy
University of Alberta

Author #4

Tara Hatch
Health Sciences Education and Research Commons
University of Alberta

Author #6

Ravina Sanghera
Faculty of Pharmacy and Pharmaceutical Sciences
University of Alberta

Author #8

Teresa Paslawski
Department of Speech Language Pathology and Audiology
University of Alberta

Author #10

Karen Peterson
Faculty of Nursing
University of Alberta

Background: The task of providing authentic interprofessional learning experiences for large numbers of health sciences students in multiple disciplines is often daunting and logistically complex. As a result, the teaching of interprofessional education (IPE) is often fragmented at large academic institutions. Nonetheless, educational institutions are charged with graduating health professionals who possess core interprofessional competencies.

Over a two-year period a collaboration of health science educators have developed, administered and refined an authentic three hour interprofessional "launch" to introduce over 800 first year students from eight disciplines to IPE within their first month of school. In small health teams, students are exposed to role clarification, collaboration, communication and reflection competencies while working on case studies and navigating stations hosted by patients, practitioner teams and regulatory colleges.

Objectives: By the end of this workshop, participants will:

1. Experience a 'mini-launch' session where role clarification and IP communication are emphasized;
2. Discover solutions and strategies for delivering large-scale IPE experiences;
3. Explore a provided tool kit of instructional resources used to deliver large-scale IPE experiences adaptable to other contexts.
4. Reflect on opportunities to build large-scale IPE in participants' own contexts.

Teaching methods: Active learning techniques will allow participants to learn by doing. The first 15 minutes will introduce our rationale and approach to overcoming the challenges of large-scale IPE events. Over a 60-minute period participants will experience a 'mini-launch' exploring their roles and the roles of other professions within a team. This activity will allow participants to experience an IPE event from the student perspective. The final 15 minutes, will highlight our instructional materials (i.e., promotional materials, faculty development, facilitator training and student handouts), discuss strategies for success and obtain feedback from participants.

G6 (90-minute Hands-on/Interactive Workshops; Presentation Level: Advanced)

Sharing the Stage: Shared Decision Making, Applied Theatre, and Patient Centeredness

Author #1

Nananda Col
College of Osteopathic Medicine
University of New England

Author #2

Cathy Plourde
Add Verb/Westbrook College of Health Professions
University of New England

Background: IPE principals emphasize the patient as the center of the integrated team. Yet, even well-oiled interprofessional teams often neglect including the patient in shared decision making (SDM), the practice which can improve quality of care and patient outcomes. Patient participatory behaviors (active versus passive) are often assumed to predict patient preferences for decision making style, whereas they appear to be unrelated. In observing providers and patients communication behaviors, expert raters could not accurately predict patient preferences for participation in decision making beyond chance agreement. Helping patients be more active (asking questions, bringing up concerns, offering opinions) is not sufficient to help them participate in clinical decision-making (which requires information sharing, expressing preferences, and agreeing upon a plan).

Numerous studies confirm that health care professionals need training in SDM (including assessing patient's desired role in decision making), and training to help support patients be involved in decision making, and to constantly assess the patient's understanding of information transfer, decision-making processes, psychological implications, the patient's health concerns, preferences, and values.

This workshop will define Shared Decision-Making, and review measures of benefits and efficacy. Patient motivation and processing theory are discussed as variables affecting SDM's potential impact, and how patient and provider barriers may be shifted. Decision Aids, shown to improve quality of decisions, will be reviewed. The majority of this presentation will focus on using 9 skills that serve the SDM process.

Objectives: Participants will 1. Understand barrier to SDM; 2. Understand facilitator to SDM, and 3. Practice 9 shared decision-making skills.

Implications or teaching methods: The above aspects of Shared Decision making will be supplemented by readers theatre scripts that were created to specifically address skills, challenges, opportunities and short comings in the provider-patient exchange, with realistic complications such as "Diagnosis by Google", history with health and providers, values and/or cultural differences (active participation and observation/assessment, with facilitated discussion).

G7 (90-minute Symposia/Panel Presentations; Presentation Level: Intermediate)

An Interprofessional Team's Promotion to Improving Health Related Quality of Life for Children with Special Health Care Needs

Author #1

Cindy Dodds
College of Health Professions
Medical University Of South Carolina

Author #2

Carrie Cormack
College of Nursing
Medical University Of South Carolina

Author #3

Kimberly Kascak
Pattison's Academy of Comprehensive Education

Author #4

Kelly Anderson
Pattison's Academy of Comprehensive Education

Background/Rationale:

Children with Special Health Care Needs

In the United States, 13 to 18 percent of children have special health care needs, constituting approximately 9,360,000 children. Children with special health care needs (CSHCN) often are unable to walk, complete self care skills, and communicate receptively and/or expressively. Auditory and visual impairments are common as well. These children are often classified as levels IV and V on the Gross Motor Function, Manual Abilities, and Communication Function5 Classification Systems.

Health Related Quality of Life

Because of the number and severity of impairments and documented decreases in participation levels in CSHCN, health related quality of life (HRQL) is diminished. To enhance HRQL for CSHCN, an interprofessional team including physical therapists, occupational therapists, nurse practitioners, and special education teachers implemented a collaborative practice model within a school setting. Members of the team work collectively to address components of the International Classification of Functioning, Disability and Health. With reduction of impairments, improvements in activities and participation levels, control of environmental barriers, and taking into account the personal factors of families and CSHCN, positive growth in HRQL is supported.

Learning Objectives: Following this presentation, audience members will:

1. Describe the interprofessional (IP) collaboration created to improve the health related quality of life in children with special health care needs.
 - a. Portray the interprofessional team.
 - b. Define CSHCN.
 - c. Depict the settings.
2. Be knowledgeable concerning the IP team's collaborative interventions and outcomes.
3. Understand preliminary findings from data collection outcomes measured by the IP team.

Implications: This presentation will discuss the population and setting served as well as demonstrate methods used by the collaborative IP team to improve HRQL for CSHCN. The primary purpose of this presentation is to disseminate practice knowledge and experience in order for additional collaborative IP teams to enhance HRQL for CSHCN.

G8

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

Moving Beyond Lip Service: Faculty Development to Support Interprofessional Education and Practice

Author #1

Sarah Shrader
University of Kansas

Author #3

Les Hall
University of Missouri-Columbia

Author #5

Elena Umland
Thomas Jefferson University

Author #2

Mary Mauldin
Medical University of South Carolina

Author #4

Nancy Murphy
University of Washington

Background: A global call exists for increased faculty development efforts, specifically in interprofessional education and practice, in order to achieve interprofessional competencies and ultimately advance team-based collaborative healthcare. However, limited information is available in the literature regarding the implementation of interprofessional faculty development initiatives. While interprofessional faculty development is a topic of interest within national/international organizations, best practices at the local-university level are just beginning to emerge.

Methodology: This panel discussion will address (1) global recommendations for faculty development efforts and (2) diverse models at three universities. Panel members will share their contrasting processes for implementation and evaluation at their respective universities.

Objectives: After attending this panel discussion, the audience should be able to:

1. Discuss benefits and challenges of global initiatives currently promoting faculty development for interprofessional education.
2. Compare and contrast the benefits and challenges of the three universities' initiatives.
3. Identify strategies for implementation of faculty development initiatives within their home institution(s).

Details of the three faculty development programs will be provided with step-by-step strategies for implementation, pros/cons, and lessons learned. Assessment methods and results will be shared for each initiative, including the impact on interprofessional collaboration at their respective institutions.

Implications: Sharing various models of faculty development efforts is needed due to the limited data available in the literature. Participants will be provided with three models for faculty development to support interprofessional education and practice. Based on the information provided during the session and reflection on the benefits and challenges of the models presented, the audience will identify potential implementation strategies to meet their own institutional needs.

G9i (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

What's your TIPE? Building Interprofessional Practice in Rural New Zealand

Author #1

Lesley Gray
University of Otago Wellington

Author #3

Eileen McKinlay
University of Otago Wellington

Author #5

Patrick McHugh
University of Otago (Tairāwhiti Programme)

Author #2

Sue Pullon
University of Otago Wellington

Author #4

Peter Gallagher
University of Otago Wellington

Background: What: A three-year interprofessional education pilot, funded by Health Workforce New Zealand, based in the Tairāwhiti region commenced May 2012. Known as TIPE (Tairāwhiti Interprofessional Education), engaging final year degree students come from Eastern Institute of Technology (nursing) and University of Otago (dental, pharmacy, medical and physiotherapy in 2012, with dietetics joining in 2013). A six discipline teaching team and cultural advisor are supported by local community-based clinicians, hauora Māori advisory group, bi-institutional Education Operations Group and an Academic Support Team.

How: The students undertake clinical experience together and complete common assessments. Developing skills to teach interprofessionally and deliver facilitated experience-level clinical activities are key components of this project. An independent, prospective, mixed method evaluation will record the demography of the groups, programme costs and will measure 'before' and 'after' attitudes to interprofessional education, chronic care, and hauora Māori. Focus group data will be gathered from both students and teachers.

Early Findings: Finding common available curricula teaching time, ensuring prescribed requirements from each discipline are met and agreeing common assessment tasks are key challenges for this programme. Student experiences and recommendations for interprofessional learning will be discussed at CAB IV.

Relevance: Interprofessional education occurs when members from two or three professions associated with health or social service are engaged in learning with, from and about each other. This form of education is uncommon in New Zealand and yet offers particular advantages to chronic care management and rural health where input from a range of disciplines is required.

Learning Objectives of the oral presentation or poster:

1. Participants will acquire knowledge of the challenges facing rural New Zealand healthcare
2. Participants will develop a good understanding of how this particular programme is structured, and the challenges for the Academic Support Team
3. Participants will learn about student experiences and their recommendations for interprofessional learning

G9ii (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

Interprofessional Family Reviews: Collaborative Support with Community Health Workers

Author #1

Emily Akerson RN, MN, FNP-BC
Institute for Innovation in Health and Human Services
James Madison University

Author #2

Tim Schulte PsyD
Psychology
James Madison University

Author #3

Anne Stewart PhD
Psychology
James Madison University

Background: Healthy Families is an evidence-based national program model which provides education, resources and support for the most vulnerable first time parents through intensive home visiting. An interprofessional practice model is a successful, innovative, supportive, and cost effective way to achieve program and family goals. The risk profile for inclusion in Healthy Families matches risks for developing postpartum depression and other health and mental health issues for the child and parent. It is a voluntary, strength based program with the following goals:

- Achieve positive pregnancy, maternal and child health outcomes.
- Promote optimal child development.
- Encourage positive parenting.
- Prevent child abuse and neglect.

A monthly interprofessional family review (IPFR) was developed to discuss families who are struggling with health or mental health concerns. The IPFR is attended by an advance practice nurse, a clinical psychologist, and graduate level health professions students to offer consultation and staff development for home visitors in family goal planning and support strategies for vulnerable families. The IPFR provides access to interprofessional practice resources to optimize client health outcomes for the home visitor, a rich practice opportunity for faculty, and an inventive learning opportunity for students.

Objectives:

- Describe an innovative interprofessional practice model that supports community health workers in providing effective, evidence-based services for the most vulnerable first time parents in the community.
- Discuss strategies related to support for the role of the home visitor and optimize family outcomes.
- Identify how the IPFR model can enhance quality and reduce the cost of interprofessional practice through creative partnerships.

Implications: Strategies, tools and resources that have been developed by the interprofessional family review team will stimulate discussions among participants resulting in ideas that can be integrated into their own practice and program planning.

G9iii (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

Developing Interprofessional Community-based Placements: Turning Challenges and Barriers into Opportunities

Author #1

Sanne Kaas-Mason
Faculty of Community Services
Ryerson University

Author #2

Corinne Hart
Daphne Cockwell School of Nursing
Ryerson University

Background: Developing interprofessional placement opportunities is often fraught with structural, organizational and pedagogical challenges. It is often difficult, especially in community based contexts, to find common placement days for students across multiple programs, agencies that can accommodate interprofessional student groups and projects that can be adapted to an interprofessional lens. This presentation will enable participants to 1) learn about Ryerson University's process of developing interprofessional community based placements that integrated students in nursing, early childhood studies, child and youth care, social work and midwifery; 2) gain insight into strategies for addressing placement related barriers, and 3) consider how they might use Ryerson's successes and 'lessons learned' in their own contexts.

Methods: Working with a group of committed placement coordinators from a range of Schools in Ryerson's Faculty of Community Services, the project manager of RU Interprofessional, Ryerson's IPE initiative engaged in a process of increasing internal and community support for the development of interprofessional placements. This included developing creative strategies to overcome what initially appeared as insurmountable barriers. Strategies included regular meetings with placement coordinators and potential placement partners, and ongoing support of students, preceptors and faculty advisors once students were actively engaged in the placement.

Results: Initial results show that the development and maintenance of interprofessional placements requires both ongoing "stewardship" to support

students, faculty and placement partners and creative groupings of students. Results show that with this stewardship, all partners can have a positive interprofessional experience that supports student learning and meets disciplinary and placement needs.

Conclusions: What may initially be perceived as barriers or challenges can be transformed into opportunities for creative problem solving. Working to mitigate initial barriers greatly contributed to the ultimate successful development of unique interprofessional community-based placements.

G9iv (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

An Interprofessional Collaborative Practice Model of Care in an Academic Health Care Setting

Author #1

Cynthia Phillips
Manager, Interprofessional Practice & Education
Kingston General Hospital

Author #2

Anndale McTavish
Co-Chair, Patient and Family Advisory Council
Kingston General Hospital

Author #3

Marla Rosen
Patient Experience Advisor
Kingston General Hospital

Background: At Kingston General Hospital, our Interprofessional Collaborative Practice Model (ICPM) is characterized by collaborative practice among teams of professionals who are working together with patients and families to deliver patient- and family-centred care.

Methods: Building upon the implementation of ICPM in inpatient units last year, the model of care was rolled out in ambulatory areas of the hospital in a staged fashion in each quarter of the past year. Clinical teams have been overwhelmingly receptive to adopting the new model after seeing the benefits of improved processes, team work, communication, collaboration and patient satisfaction on the inpatient units. There is an expectation that a culture of patient- and family-centred care, interprofessional collaborative practice and quality is embedded into every aspect of patient care delivery.

Results: ICPM is implemented on all clinical units of the hospital and we are seeing steady improvements to patient satisfaction, quality and efficiency. More than 850 staff from ambulatory care areas across the hospital participated in ICPM education sessions, bringing the total number of ICPM-trained staff to 2,053. In addition to providing valuable education, the sessions have provided a forum for interaction and collaboration between different members of the care team who are working together in new ways to identify opportunities to improve processes for the benefits of patients and families. Thirty month post-implementation results show improvements in quality of patient care and quality of work life.

Conclusion: In the coming year, our focus will shift from implementation to sustainability and continuous improvement of the model to anchor the changes arising from this approach within our organization.

Objectives: outline steps in redesigning a model of care; identify pre-implementation planning work required to redesign the model of care delivery; measure effectiveness of a patient- and family-centred model of care.

G10i (20-minute Oral Paper Presentations; Presentation Theme: Leadership)

Legislating Interprofessional Collaboration: Policy Analysis of Health Professional Regulatory Legislation

Author #1

Sandra Regan, RN, PhD
Arthur Labatt Family School of Nursing
Western University, London, ON

Author #2

Carole Orchard, RN, BSN, MEd, EdD
Coordinator of Interprofessional Education Initiatives
Western University, London, ON

Author #3

Hossein Khalili, BScN, MScN, PhD(C)
School of Nursing
Fanshawe College, London, ON

Author #4

Laura Brunton, MSc, PhD(c)
Health and Rehabilitation Sciences Program
Western University, London, ON

Author #5

Kate Leslie, RN, BScN, JD, PhD(c),
Arthur Labatt Family School of Nursing
Western University, London, ON

Background: Changes to Ontario's health professional regulatory system were initiated through various legislative amendments. Amendments to the Regulated Health Professions Act introduced a legislative obligation on health regulatory colleges to collaborate interprofessionally where they share controlled acts and to incorporate interprofessional collaboration (IPC) into their quality assurance (QA) programs.

Methods: The purpose of this policy analysis was to identify activities, strategies, and collaborations taking place pertaining to existing and anticipated legislative changes requiring promotion of IPC by health regulatory colleges. A mixed methods case study approach was utilized and the following activities were conducted to inform this policy analysis: 1) Content analysis of college documents pertaining to IPC (n=355 documents for all 21 colleges); 2) Interviews with representatives of colleges (n=14); and 3) Survey of college members (n=1995; 12 colleges).

Results: Health professional colleges are partnering on initiatives that will support better collaboration among their members and working on their respective internal processes to integrate IPC into standards, QA programs, and competencies. Colleges identified that barriers to IPC include outdated legislation and the policies in practice environments. Among college members responding to the survey (n= 1995), there was high agreement with statements that IPC is in the public interest, improves quality of care, and increases retention of health professionals. However, participants indicated that "turf" issues exist around some controlled acts (53%) and that restrictions were placed on some controlled acts by colleagues (50.4%).
Conclusions : While commitment to the ideal of IPC was evident in college documents, interviews, and among participants in the survey, barriers exist requiring further changes to legislation and policies in practice environments.

Learning Objectives: In this presentation the audience will

1. Learn about changes to health professional regulation in Ontario;
2. Explore regulatory perspectives on IPC; and
3. Reflect on the role of legislation in enabling IPC.

G10ii (20-minute Oral Paper Presentations; Presentation Theme: Leadership)

Facilitating Transformational Learning: A Case for Collaborative Change Leadership Programming for Interprofessional Education (IPE) and Interprofessional

Author #1

Jill Shaver
Collaborative Change Leadership Program, University of Toronto
Centre for IPE

Author #3

Catherine Creede
Collaborative Change Leadership Program, University of Toronto
Centre for IPE

Author #5

Ivy Oandasan
Associate Professor and Research Scholar, Dept. of Family and
Community Medicine, University of Toronto
College of Family Physicians of Canada, University of Toronto
Centre for IPE

Author #7

Maria Tassone
Senior Director, Health Professions and Interprofessional Care,
University Health Network Director, Centre for IPE, University
of Toronto Assistant Professor, Department of Physical Therapy,
Faculty of Medicine, University of Toronto
University Health Network and University of Toronto, Centre for
Interprofessional Education

Author #2

Paula Burns
Collaborative Change Leadership Program, University of Toronto
Centre for IPE

Author #4

Allia Karim
Collaborative Change Leadership Program, University of Toronto
Centre for IPE

Author #6

Kathryn Parker
Director Academic Affairs, Assistant Professor Department of Paediat-
rics University of Toronto
Holland Bloorview Kids Rehabilitation Hospital, University of Toronto
Centre for IPE

Author #8

Belinda Vilhena
University of Toronto Centre for IPE, University Health Network

Background/Rational: A leadership program was developed to reflect the identified needs of health professionals leading or involved in the advancement of IPE/IPC within their organizations. The purpose of the Program was to develop learners in a new way of leading change incorporating collaborative leadership, emergent change, and appreciative and generative approaches.

Learning Objectives:

1. Describe the approach to transformational learning in Collaborative Change Leadership Programming for IPE and IPC.
2. Explore the power of making explicit the "play within the play".
3. Explore the potential application of the approach to other leadership, professional and faculty development programs for IPE and IPC.

Methods: The Program, which included five 2-day sessions delivered over 11 months, was collaboratively developed through emergent design. The design, development, delivery and content of the program were aligned and included action learning, critical reflection, role modeling and coaching. The utilization-focused program evaluation, using methods of journaling, reflection, session evaluations and post-course interviews (three to six months) included: PROCESS, aimed at course improvement and understanding unintended outcomes; EFFECTIVENESS, to assess quality and significance of course outcomes; SUSTAINABILITY, to determine how the course's outcomes are successfully institutionalized over time.

Results: The 54 participants gained enhanced collaborative change leadership skills and practices and experienced both personal and professional transformation. A total of 23 interprofessional initiatives were undertaken across the province to strengthen collaboration in point-of-care teams and organizations, to support new structures and processes for IPC, and to create more effective processes for mentorship and preceptorship with healthcare students in clinical placements.

Conclusions: The success of the Program was greatly attributed to the alignment of content, design, and delivery. The generative and appreciative approach, emergent design, adaptation in the moment to meet the needs of participants, and modeling of collaborative change leadership enhanced the ability of participants to apply their learning.

G10iii (20-minute Oral Paper Presentations; Presentation Theme: Leadership)

A National Educator's Group: Leadership Through Development of an Interprofessional Interprovincial Collaboration

Author #1

Dean Dickinson
OTA Program Advisor, Occupational Therapist Assistant and Physiotherapist Assistant Program
Humber Institute of Technology & Advanced Learning

Author #2

Grace Torrance
Coordinator and Instructor, Therapist Assistant Program
Medicine Hat College

Author #3

Laura Collins
Project Coordinator
Ryerson University

Background: The Canadian Occupational Therapist and Physical Therapist Assistant Educators Council (COPEC) is a demonstration of the effective development of an interprovincial interprofessional collaboration. COPEC is a group of college educators (Occupational Therapists and Physical Therapists) from across Canada who began meeting to discuss commonalities in the education and practice of Occupational Therapist Assistants (OTA) and Physical Therapist Assistants (PTA) in Canada. This session will explain how:

1. Educational programs with common goals can utilize the pillars of interprofessional collaboration and interprofessional practice in their development and ongoing initiatives
2. Collaboration of educational programs across Canada leads to a stronger educational basis for program graduates and therefore healthcare delivery in Canada
3. Small groups of educators collectively have a stronger voice and influence in professional education and practise

Methods: Historically, COPEC began a number of years ago as an interest group of educators looking for others to discuss common issues with. Over time, the group developed terms of reference, a functioning executive and began working collaboratively with other groups on common issues. Examples of this include accreditation for OTA/PTA programs, and competency profiles, both working

collaboratively with outside stakeholder groups and sharing of educational resources within COPEC itself. Further collaborative activities are now being discussed.

Results: COPEC has evolved over time and now is taking a leadership role within Occupational Therapist Assistant and Physical Therapist Assistant Practice and Education in Canada.

Conclusions: Non-regulated health care workers in Canada are a vital component of the health care system and the development of education programs that educate these workers is vital to health care delivery. The educator group for these workers is best served when it models and functions as an interprofessional collaborative Canadian entity.

G10iv (20-minute Oral Paper Presentations; Presentation Theme: Leadership)

Understanding the Leadership Roles of Interprofessional Team Members

Author #1

Deborah DiazGranados, MS, PhD
School of Medicine
Virginia Commonwealth University

Author #2

Moshe Feldman, PhD
School of Medicine
Virginia Commonwealth University

Author #3

Alan W. Dow, MD, MSHA
School of Medicine
Virginia Commonwealth University

Background: Education professionals are being challenged to implement interventions that target the improvement of interprofessional collaborations. However, the question still remains how to develop an intervention that adds to the understanding of roles and responsibilities of all healthcare professions involved in the patient care plan as well as improving their ability to effectively collaborate. A critical issue is understanding the role of the leader of these interprofessional teams. In order to address interprofessional collaboration and interdiscipline knowledge of roles and responsibilities a virtual case program was developed to evaluate how leadership emerged in interdisciplinary teams. Data were analyzed based on communication information to assess how leadership emerged.

Methodology: A virtual case program was implemented in the Fall of 2012 to students in social work, medicine, nursing and pharmacy. Data were collected via the virtual case system as well as survey data taken at several points in time before and after they engaged in a patient care plan for 6 weeks. Currently 40 teams have completed the case with a plan to enroll an additional 40 teams in the Spring of 2013.

Results: Analyses that will determine emergent leadership roles and the type of leadership roles taken by team members will be conducted. In particular, an assessment between taskwork leadership and teamwork leadership will be conducted in order to determine if particular healthcare professionals are consistently emerging in those specific leadership roles.

Conclusions: An interprofessional collaborative project is an effective way to improve interprofessional collaboration and role understanding of other healthcare professionals. Lessons learned and formal results of the virtual case will be discussed as well as directions for future research and program development.

- Understand the influence of leadership on interprofessional collaboration.
- Explore the role of leadership within interprofessional collaborations.
- Recognize the benefits to understanding leadership on educational programs.

G11i (20-minute Oral Paper Presentations; Presentation Theme: Curriculum & Patient)

Designing for the Future: Introduction of a Transdisciplinary First Year

Author #1

Dr Joan Maclean
Senior Healthcare Lecturer
University of Leeds

Author #2

Anne-Marie Henshaw
Midwifery Lecturer
University of Leeds

Background: Research over the last fifty years indicates that effective interprofessional education (IPE) is essential for collaborative practice at local and global levels (WHO 2010). This presentation describes staged development of a Transdisciplinary First Year (TFY) curriculum, and conveys results of an evaluation of students' attitudes to interprofessional learning, and to other professions. Principal drivers included international impetus for IPE to improve collaboration, quality and safety of care, the University's strategic aim to improve graduate employability, and the School's ability to deliver research-led teaching to multiprofessional student groups

Methods: The project is set in a multidisciplinary, research-active faculty; the TFY comprises "common learning", "learning in common" (O'Halloran et al. 2006) and profession-specific content. Two IPL modules have been introduced to seven undergraduate programmes including nursing, midwifery and clinical physiology. In 2012/13 up to 400 students will access the transdisciplinary content. A study to compare attitudes of groups undertaking 'old' uniprofessional and 'new' interprofessional modules has been carried out. Two instruments - the 'Readiness for Interprofessional Learning' questionnaire (Parsell and Bligh 1999) and the 'Attitudes to Health Professionals' questionnaire (Lindqvist et al 2005) were administered at the start of Years One and Two.

Results: First year data demonstrated statistically significant differences in attitude scores by way of several variables, including programme group, age, and previous experience of the health sector. Second year data, due for collection in October 2012, will allow comparison by way of exposure, or not, to the IPL modules. Learning objectives: Delegates attending this presentation will be able to:

- Recognise the drivers for interprofessional education in the UK.
- Understand the structural curriculum work undertaken to add IPL to a range of health professional programmes, and connect with their own experience.
- Listen to, and critically question, the results of a study of students' attitudes to IPL.

G11ii (20-minute Oral Paper Presentations; Presentation Theme: Curriculum & Patient)

Interprofessional Consensus on Pain Management Competencies for Pre-licensure Health Care Providers

Author #1

Ian J. Koebner, MSc., MAOM, L.Ac
 Research Associate and Clinical Instructor, Department of Anesthesiology and Pain Medicine
 University of California, Davis School of Medicine

Author #2

Molly Courtenay, Ph.D, MSc, BSc, Cert. Ed
 Visiting Professor
 Betty Irene School of Nursing, University of California Davis

Author #3

Scott M. Fishman, MD
 Professor and Chief, Division of Pain Medicine
 University of California, Davis School of Medicine

Author #4

Heather M. Young, Ph.D., R.N., F.A.A.N.
 Associate Vice Chancellor for Nursing, UC Davis & Dean and Professor,
 Betty Irene Moore School of Nursing at UC Davis
 University of California Davis, Health Systems

Author #5

Ellyn Arwood, EdD
 Professor
 University of Portland School of Education

Author #6

Roger Chou, MD
 Associate Professor of Medicine and Medical Informatics & Clinical Epidemiology
 Oregon Health & Science University

Author #7

Keela Herr, Ph.D, RN, AGSF, FAAN
 Professor, Associate Dean, Co-Director, John A. Hartford Center for Geriatric Nursing Excellence
 University of Iowa, College of Nursing

Author #8

Judy Watt-Watson, RN, MSc, Ph.D
 Professor Emerita
 University of Toronto Lawrence S. Bloomberg Faculty of Nursing

Author #9

Beth Murinson, MD, Ph.D
 Assistant Professor of Neurology
 Johns Hopkins School of Medicine

Author #10

Jennifer Mongoven, MPH
 Program Manager
 University of California Davis, Health Systems

Learning Objectives:

1. Describe how pain management is represented in pre-licensure curricula and how this contrasts with the prevalence and burden of pain

2. Demonstrate knowledge of the iterative process that led to an interprofessional consensus on pain management competencies for pre-licensure health care providers
3. Demonstrate an understanding of the domains and pain management competencies that arose from the interprofessional consensus

Rationale: Pain management competencies that ensure pre-licensure healthcare students graduate with the skills, knowledge and values necessary to care for patients in pain are inadequate. The lack of pain management content in pre-licensure healthcare curricula sharply contrasts with the prevalence and impact of pain.

Methods: The principal investigators recruited an interprofessional Executive Committee (EC), comprised of internationally recognized experts in education science, consensus building and pain management. The EC reviewed the literature to identify, summarize, and analyze themes in existing pain management competencies and curriculum. Through an iterative process, involving 5 conference calls and biweekly email exchanges, the EC drafted a set of pain management competencies and domains. The EC identified an interprofessional Competency Advisory Committee (CAC), comprising 30 international leaders involved in pain management to review the draft domains and competencies. Consensus between EC and CAC members on core pain management competencies for pre-licensure health care providers was reached during a facilitated two-day structured summit.

Results: The EC and CAC reached an interprofessional consensus on pain management competencies for pre-licensure education across health professions. The competencies are structured within four interdependent domains: The multidimensional nature of pain, pain assessment and measurement, management of pain, and clinical conditions.

Conclusion : This project defined core competencies in pain management for pre-licensure health care providers through an interprofessional consensus process. These competencies will serve as a foundation for embedding pain management education across professions.

G11iii (20-minute Oral Paper Presentations; Presentation Theme: Curriculum & Patient)

Interprofessional Health Care Course: Lessons Learned

Author #1

Dr. Eric L. Johnson
University of North Dakota School of Medicine and Health Sciences
Department of Family and Community Medicine

Author #2

Dr. Gwen Halaas
University of North Dakota School of Medicine and Health Sciences
Academic and Faculty Affairs

Author #3

Mary Amundson
University of North Dakota School of Medicine and Health Sciences
Department of Family and Community Medicine

Objectives:

1. Demonstrate to the audience how this particular course was developed to enhance student education in an interprofessional group setting to improve communication.
2. Provide evidence that communication and the roles of the various team members are enhanced through this course.
3. Identify needed areas to increase interprofessional student interaction.

The Interprofessional Health Care Course was developed on the University of North Dakota Campus in response to several reports that emphasized the need for an improvement in the delivery of health care and how students were being trained. The course objectives include: apply knowledge and perspectives of health professions in team discussions about patient/client care situations; apply group skills in case management approaches; demonstrate patient/client-centered approaches in decision-making as an interprofessional team; demonstrate ability to reflect about team experiences and feedback; and identify sources of potential error and consequences to health care delivery.

Methods: The course was modeled after the Medical School's successful Patient Centered Learning curriculum but modified for a one evening a week course involving students from nine disciplines. TeamSTEPPS, developed by the Department of Defense's Patient Safety Program collaborating with the Agency for Healthcare Research and Quality, was incorporated in 2010 to teach specific communication skills. Course evaluations have been conducted since the class began in 2006.

Results/Conclusions: Since 2006, 1,996 students have participated in the course. The TeamSTEPPS model was used throughout the course which students found to be a valuable way to communicate with other professions. The overall satisfaction in the course shows the nursing students with the highest degree of satisfaction while the lowest level of satisfaction was among medical students. We have learned that although TeamSTEPPS was used, more interprofessional student interaction could have been promoted.

G11iv (20-minute Oral Paper Presentations; Presentation Theme: Curriculum & Patient)

Engaging Patients/Clients in the Development of Interprofessional Education (IPE) Learning Activities: Examples from an HIV Program

Author #1

Sylvia Langlois
Centre for Interprofessional Education; Occupational Science and
Occupational Therapy
University of Toronto

Author #3

Harlon Davey

Author #5

Eileen McKee
Factor-Inwentash Faculty of Social Work
University of Toronto

Author #2

Sharon Gabison
Department of Physical Therapy
University of Toronto

Author #4

Joanne Louis
Lawrence S. Bloomberg Faculty of Nursing
University of Toronto

Background: Chronic health conditions pose a significant challenge for North American health care systems. An estimated 65,000 Canadians and approximately 1.4 million Americans live with the sequelae of HIV infection (PHAC, 2010; CDC, 2009). Quality health care of these individuals and significant others/family members involves a collaborative approach to the management of the complexity of disease and resulting challenges. Interprofessional learning activities are an ideal learning strategy for students to work collaboratively to consider presenting challenges. Although faculty may work collaboratively to create learning opportunities, they do not necessarily focus on the informed voice of the patient/client. This presentation will highlight an example of benefits of engaging the client/patient in the development and evaluation process.

Objectives:

1. To consider how the patient/client can be more fully integrated in education of health science students
2. To discuss how the patient/client voice can inform development of learning activities
3. To review how health science student development of underlying values and ethics, as well as communication and collaboration skills are developed through the described HIV educational learning opportunity

Methods: An elective learning activity that focuses on the facilitation of patient/client empowerment within the context of HIV/AIDS was developed for students from the health science professions. The interprofessional session engaged students in the lived experiences of patients/clients through the use of Reader's Theatre and case-based discussions.

Results: Global rating scales reflecting student self-assessment of achievement of IPE core competencies, evaluation data, as well as student and facilitator focus group results will be highlighted. The presentation will also focus on how the engagement of the patient/client affected the process.

Conclusion: The involvement of consumers of the healthcare system in the planning process of interprofessional learning activities results in a more patient/client-centred educational process.

G12i (20-minute Oral Paper Presentations; Presentation Theme: Continuing Professional Development)

Embedding Transformational Learning Theory into Practice: Outcomes of a 5 Year Study Measuring the Impact of ehpic™ –University of Toronto's IPE Faculty

Author #1

Ivy Oandasan
University of Toronto
Department of Family & Community Medicine

Author #3

Donna Romano
Department of Psychiatry
Mount Sinai Hospital

Author #5

Susan Wagner
Department of Speech Language Pathology
University of Toronto

Author #2

Mandy Lowe
Centre for Interprofessional Education
University of Toronto

Author #4

Belinda Vilhena
Centre for Interprofessional Education
University of Toronto

Author #6

Michal Yeshayahu
Department of Family & Community Medicine
University of Toronto

Background: the "Educating Health Professionals for Interprofessional Care" ehpic™ course has been provided to health and practice educators across the world for almost a decade. Led by faculty from the University of Toronto, over 800 participants in countries such as Canada, the US, Denmark and Saudi Arabia have benefited from this faculty development course. This presentation aims to share findings from one of the first longitudinal studies conducted on an IPE faculty development course.

Objective: To determine both the short term and long term impacts of the ehpic course on its participants.

Methods: A two part study was conducted. Phase 1 –Content analysis on the daily evaluations submitted from participants attending the ehpic course across 5 years. Phase 2 – Semi-structured interviews with grounded theory analysis conducted on transcripts from a purposeful sample of 28 participants over this same time period. Results: Using the modified Kirkpatrick Framework, this study provides evidence of impact through its evaluations related to satisfaction of learning (Level 1); Attainment of knowledge and skills related to IPE (Level 2); Change in behavior in self, professional, educator, leader (Level 3) and organizational change related to IPE/IPC (Level 4). Discussion: Our findings contribute to the body of literature related to recommending specific effective teaching methodologies for faculty development and the introduction of the importance of transformational learning theory to influence long-term behavioral change.

By the end of the presentation, participants will:

1. Be familiar with the ehpic Faculty Development Leadership Course offered at the University of Toronto
2. Recognize key teaching strategies effective for faculty development
3. Reflect upon the importance of transformational learning theory on advancing behavioral change in faculty development

G12ii (20-minute Oral Paper Presentations; Presentation Theme: Continuing Professional Development)

Designing Interprofessional Education Learning Activities from Interprofessional Continuing Education Programs: On-Line Experiences Focused on HIV and Rehabilitation

Author #1

Susan J. Wagner
Department of Speech-Language Pathology, Faculty of Medicine
University of Toronto

Author #2

Sylvia Langlois
Centre for Interprofessional Education and Department of Occupational Science and Occupational Therapy, Faculty of Medicine
University of Toronto

Background: On-line learning is a flexible and valuable educational format that enables acquisition of core competencies required for interprofessional education (IPE) and interprofessional collaboration. Programs in continuing education are a valuable resource in developing IPE offerings. An innovative IPE learning activity, focused on human immunodeficiency virus (HIV) and rehabilitation, was designed as an elective for an IPE curriculum from one such resource.

Learning Objectives

1. Describe an innovative on-line IPE learning activity on HIV and rehabilitation
2. Recognize the benefits and challenges of repurposing continuing education programs for IPE
3. Determine key learning to develop similar sessions in participants' own contexts

Methods: An on-line interprofessional continuing education program on HIV and rehabilitation, developed by the Canadian Working Group on HIV and Rehabilitation, was purchased and used as the content to design an on-line IPE learning activity. The program consisted of seven modules for rehabilitation clinicians. The modules were placed on a Blackboard learning platform and students from 11 health science programs were invited to participate over four - six weeks. This involved weekly asynchronous review of modules and participation in a discussion board for groups of 10 - 25 students and two facilitators. Guiding questions were created for each module that would promote interprofessional learning across the health sciences. Students responses were supported by the facilitators who encouraged interaction among group members. Students thus increased their knowledge of HIV and rehabilitation and developed key IPE core competencies.

Results: Student learning during this learning activity, assessed utilizing global rating scales based on IPE core competencies, revealed that students' perception of competencies improved over the sessions. Evaluation results indicated positive feedback regarding the learning opportunity regarding both the HIV content and the interprofessional learning.

Conclusions: On-line continuing education programs can successfully be redesigned with minimal time and resources to become IPE learning activities.

G12iii (20-minute Oral Paper Presentations; Presentation Theme: Continuing Professional Development)

Faculty Development Pilot Program for IPE and Collaborative Practice: Lessons Learned

Author #1

Brenda Zierler
University of Washington

Author #2

Les Hall
University of Missouri

Background: An interprofessional (IP) faculty development (FD) program funded by the Macy Foundation was developed and piloted with faculty teams from eight academic health centers (AHCs) in the U.S. The primary goals of this "proof of concept" one-year project were to: (1) Assemble an initial compendium of curricular tools for use in teaching team-based competencies in an IP setting; (2) Pilot a FD program in team-based care with a small group of committed AHCs, using the IP curriculum and guidance from IPE thought leaders; and (3) Use results from evaluation of this experience to produce a roadmap for broader FD programs in the future.

Methods: Over a one-year period, teams from eight AHCs participated in two (in-person) three-day courses, monthly coaching sessions via teleconferencing and online educational toolkits. To date, four AHCs successfully adopted IP content and strategies from the FD program.

Results: Lessons learned to date: faculty find experiential learning which immerses them in the content they will teach very valuable; organizational cultural and contextual elements greatly influence local adoption of new IPE and clinical practices (additional outcomes will be added when final evaluation is completed). The project ends February 2013 and the evaluation will be completed by June 1, 2013.

Conclusions: Faculty of all health professions must be prepared to engage learners in understanding IPE competencies and incorporating them into clinical care. Experience gained and lessons learned from this project are being consolidated, to lay the groundwork for additional FD projects in team-based care.

Learning Objectives:

1. Discuss the exportability of a FD program across seven AHCs.
2. Describe strategies utilized to address cultural and contextual influences affecting adoption of the FD program.
3. Discuss lessons learned from a pilot FD program and outline next steps for scaling up the program.

G12iv (20-minute Oral Paper Presentations; Presentation Theme: Continuing Professional Development)

Faculty Development in Interprofessional (IP) Team-based Care: End of Grant Qualitative Evaluation

Author #1

Erin Abu-Rish
University of Washington

Author #3

Les Hall
University of Missouri

Author #5

Amy Blue
Medical University of South Carolina

Author #7

Mandy Jones
University of Kentucky

Author #9

Cathy Catlett
University of Kentucky

Author #2

Brenda Zierler
University of Washington

Author #4

Andrea Pfeifle
University of Kentucky

Author #6

Eric Johnson
University of North Dakota

Author #8

James Ballard
University of Kentucky

Author #10

David Rudy
University of Kentucky

Background: We will describe the qualitative evaluation of a one-year faculty development program aimed at enhancing skills in planning and facilitating interprofessional team-based care. The project is funded by the Josiah Macy Jr. Foundation and led by the University of Missouri and the University of Washington. Six schools are participating: Columbia University (New York), Medical University of South Carolina, University of Kentucky, University of North Dakota, University of Virginia, and University of Indiana.

Learning Objectives:

1. Discuss faculty and administrator perceptions of the program—including plans for continued involvement in IP education and faculty development.
2. Describe elements of the program perceived to present barriers and/or facilitate progress.
3. Summarize themes for improvement of faculty development programs.

Methods: Faculty and their respective department and program administrators who participated in in-person conferences at the beginning and end of the grant period (end of grant conference scheduled for February 2013) will be contacted requesting voluntary participation in a formatted interview lasting approximately 45 minutes (no longer than one hour) (estimated n=15-20 faculty). The interviews will focus on the experience of participating in this grant project and the degree to which it facilitated leading change in IPE and delivery of IP education. Interviews will be transcribed and transcripts analyzed for themes.

Results: We anticipate being able to synthesize a greater understanding of what elements of the program were most helpful, barriers to achieving goals, contextual elements that facilitated or mitigated success, reflections on lessons learned, suggestions for future faculty development efforts, and plans for ongoing involvement in IPE and faculty development.

Conclusion: Qualitative interviews will provide rich information about the similarities and differences in the experiences across the participating universities. This feedback will help to determine what elements of this program were successful and to identify and synthesize recommendations for ongoing program improvement.