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To support its distributed community-engaged learning model, NOSM has well developed distance education and learning systems that support learners and more than 1,300 community Faculty who are engaged in various aspects of the clinical and academic curricula. NOSM is a founding member, and the only Canadian medical school currently a member of THENet (Training for Health Equity Network), a global movement committed to transforming health professions education to improve health equity.

When UofT invited Canadian universities across the country to join a partnership to respond to the IOM Request for Proposal, NOSM recognized an opportunity to contribute its expertise in education embedded in community engagement and social accountability and contribute to health education reform.

2. PROJECT PARTICIPANTS

The Dean of Medicine, Dr. Roger Strasser, appointed site co-leads, who established their team to provide research, administrative and financial support to the project. The co-leads of each university were members of the National Steering Committee, which had oversight and drove the implementation of the CIHLC activities. The NOSM team is listed below.

Name	Position	Term
Sue Berry	Co-lead	2011 - 2013
David Marsh	Co-lead	2011 - 2015
Marion Briggs	Co-lead	2014 - 2015
Karim Remtulla	Research Associate	2012 - 2012
Laurel O’Gorman	Research Associate	2012 - 2013
Dan Burrell	Financial Analyst	2012 - 2015
Mark Facca	Financial Analyst	2012 - 2015

3. KEY LEADERSHIP ACTIVITIES AND OUTCOMES

NOSM brought its expertise in health education grounded in social accountability and community engagement to the CHILC project and incorporated these concepts into the curricular design and delivery of the “proof of concept” Collaborative Change Leadership (CCL) Program, conducted jointly with the University Health Network. In addition, NOSM created a toolkit that supports change initiatives to consider and embed socially accountable community engagement principles and practices in the design and execution of the projects. NOSM Faculty were also involved in several of the project’s publications.

A. IOM Participation - Leadership and Influence

The IOM’s sponsorship of the CIHLC provided an opportunity to showcase the strength and innovation of the Canadian health and education systems to an international forum. The CIHLC was successful in illustrating Canada’s leadership in Interprofessional Education (IPE) through the catalyzation of Canadian content at the IOM’s public workshops, attended internationally through videoconference, in IOM publications and on the IOM website.

While attending workshops in Washington at the outset of the project, NOSM attended CIHLC led discussions with the other three innovation collaboratives from South Africa, India and Uganda, about their IPE initiatives. These meetings provided valuable forums for the four countries to share and learn from each other about the implementation of related projects that addressed the Lancet Commission recommendations.

Dr. David Marsh and Ms. Sue Berry, along with the other CIHLC leads, attended the bi-annual IOM Forum workshops held in Washington between August 2012 and October 2014. Through workshop activities and networking with academic experts, health professionals, and international policy leaders, opportunities to discuss and further the dialogue about issues related to IPE and practice were realized.

The CIHLC contributed to the design of the first “World Café” symposium held at the IOM workshop on IPE Assessment in October 2013. Dr. Marsh facilitated a round table discussion at that time.

The CIHLC had the opportunity to present a Canadian perspective on IPE to a committee tasked with measurement of the impact of IPE. This provided international exposure of Canadian advancement in IPE and contributed to the study which in turn informed the work of the Global Forum.

As a ripple effect of its international presence as an IOM selected project, the CIHLC leads brought new perspectives and national input to other events. One such event was the UofT sponsored Summit on Interprofessional Education (IPE) linked to Interprofessional Practice (IPP).

B. Summit on Interprofessional Education - Interprofessional Practice

The CIHLC, together with four UofT and Academic Health Science programs utilized their complementary and collective strengths and expertise to sponsor and finance a Summit that was held in Toronto on December 2, 2014. This was aligned to a key recommendation of the Lancet Report *“Academic summits could be considered to engage the support of the wider university leadership as a crucial factor for success of reform efforts in schools and departments that are directly responsible for health professional education”*.

The Summit entitled *“Reaching the Summit: Leading the Way from Interprofessional Education to Practice”*, stimulated a dialogue on IPE and explored strategic opportunities to align with Interprofessional Practice. It was conceived, led and hosted by Dr. Sarita Verma, in her then positions of Deputy Dean, Faculty of Medicine and Associate Vice Provost, Health Professions Education at the University of Toronto. Dr. Briggs was engaged in the planning and co-facilitation of the group that addressed ‘Enabling the Leadership to Transform Interprofessional Practice’.

The Summit was attended by over 150 guests from all health disciplines, affiliated hospitals, and from many academic health science centres across Canada, including senior hospital and Ministry of Health and Long-Term Care leadership. The program for the day included opening remarks from the Deputy Minister, Ontario Ministry of Health and Long-Term Care, Dr. Robert Bell, and the keynote address was delivered by Dr. George E. Thibault, the President and CEO of the Josiah Macy Jr. Foundation, which promotes change in health professions education.

The Summit concluded that IPE and IPP can play a significant role in mitigating many of the challenges faced by health systems and move forward towards strengthened health systems, and ultimately, improved health outcomes.

The key recommendations were a call for action to university and hospital policy-makers, decision makers, educators, health workers, community leaders and curricular leads to take action and move towards embedding IPE and IPP in all of their programs and services. These included a range of innovative solutions from program design and integration of a “network”, to comprehensive evaluation frameworks on impact of new curricula and emerging practices, to enabling and enhancing leadership to advocate for and support IPE and IPP as priority investments, and to aligning lifelong learning and professional development for comprehensive faculty and staff development in teaching and evaluating IPE and IPP.

C. Foundational Research Activities

At the outset of the project, the CIHLC conducted foundational research to inform project direction and the education program design, delivery and evaluation.

NOSM began its research through a literature review of how leadership and/or collaborative leadership was represented in the evidence around Community Engaged Medical Education (CEME). This focus was included in a broader study already underway at NOSM, known as CEMESTR (Community Engaged Medical Education Systematic Review). The study outcomes provided an evidence base for social accountability and community engagement in the context of a leadership curriculum. This was subsequently implemented in the CIHLC proof of concept program.



The CIHLC researchers participated in studying the evidence around community-engaged medical education (CEME) and its key dimensions through the Community Engaged Medical Education Systematic Review (CEMESTR) project. CEMESTR's systematic literature search and realist review process was completed and approximately 800 relevant articles were identified. Approximately 40 international experts participated in the review process. The study aimed to identify the ways in which different relationships between medical education programs and communities impact educational and health outcomes. Articles that directly or indirectly addressed issues around collaborative leadership were extracted for further analysis in the context of this project.

Distinctions between “community-based”, “community-oriented” and “community-engaged” education were mapped to the activities described in the literature. However, there was little consistency in how various authors used or applied these terms. It was observed that “community-based” activities (for example) often paid little or no attention to how communities benefited from the engagement, whereas “community-oriented” and “community-engaged” programs tended to represent the communities’ interests more equitably with those of the educational institution. The research identified a need for a fourth dimension – that of “community service” to focus clearly on how the community benefits from their relationship with an educational institution. While not represented in the literature, one might reasonably imagine similar distinctions could be useful to describe and distinguish the purpose and processes of leadership between educational and community partners and between both of those entities and learners. Learners appeared to derive enhanced benefit when their work had a direct and appreciable impact on local concerns and the possibility of having a positive impact was improved when learners participated with and were accountable to local communities.

NOSM was an author or contributor in other CIHLC foundational research. Based on results of this research, the CIHLC was able to identify needs and address education gaps in leadership across the health professions. What emerged were the unique elements of collaborative leadership, the curriculum that integrated the principles of community engagement and social accountability, the Capstone initiative design, a blended learning approach and the customized evaluation framework, as well as the realization that it would be advantageous to partner with an existing leadership program to increase impact and cost effectiveness. In addition, the CIHLC research was the subject of multiple presentations, workshops, and publications in Canada, South Africa, Thailand, Hungary, Japan, Brazil and the United States.

D. Products

To support the work of the CIHLC, NOSM created a monograph ‘Community Engagement for Health System Change: Starting from Social Accountability’. This toolkit focused on the distinct and integrated concepts of collaborative leadership, and community engagement practices in the context of a deep commitment to social accountability. It was created to support change through the development, emergent enactment and

continuous evaluation and adjustment of the initiatives. Moreover, this resource is focused on strategies that support an organization's mandate for social accountability. The monograph is now being made available to others to support their transformational change initiatives.

E. Program Development, Implementation and Evaluation

NOSM was a key contributor to discussions on the principles, practices, and structures for the inclusion of social accountability and community engagement throughout the project. When the NSC decided to partner with the University Health Network (UHN) to adapt, utilize and evaluate its CCL Program, Dr. Marion Briggs was involved in the planning for this integration. As one of five faculty of the Integrated Collaborative Change Leadership Program, Dr. Briggs developed and facilitated content related to social accountability and community engagement in the Program intensives, supported the integration of these components in the Capstone initiatives, and supported discussion of the concepts in the on-line intercession discussions.

The Integrated CCL Program was targeted to senior managers and included five in-person sessions, four intercessions and faculty coaching over 10 months, between April 2014 and January 2015. A developmental evaluation approach was used during the Program to obtain information for adapting the Program as it was being delivered.

The final evaluation showed that learners perceived the CCL Program to be of very high quality with many valuable concepts and pedagogical strategies. Learners reported the Program to be highly successful in meeting its learning outcomes. They reported a variety of impacts including being transformed, learning a new language, acquiring new knowledge and ways of being, having increased confidence, and feeling energized. This Program appeared to have set the learners on the right path for achieving transformative changes in health systems.

NOSM was also represented on the Integrated CCL Program through its site-sponsored Capstone initiative. Capstone initiatives were identified as one way to make significant progress toward the priority needs of the sponsoring organization. Funding was allocated from the Ontario Ministry of Health and Long-Term Care to support registration, travel and accommodation costs of its learner team. NOSM was responsible for the recruitment, orientation, and mentorship of this team.

NOSM's four (and later three) person learner team brought with it a project that engaged Aboriginal communities in discussions about senior's health and wellness strategies. The goal of this project was to support healthy aging and encourage wellness generally within Aboriginal communities. Initially, the intent was to support inter-generational conversations focused on health aging. As the project was further developed, the focus shifted toward developing leadership capacity among Aboriginal health services leaders. Two of the remaining three team members are themselves Aboriginal leaders – one is the Aboriginal Health Access Centre Executive Director, the other is the Aboriginal Health Lead for the Northeast Local Health Integration Network. Both individuals, as well as a third non-Aboriginal team member, recognized vital synergy between the principles espoused in the Program and significant Aboriginal teachings.

It is the intention of the team to continue developing a specific Aboriginal framework for supporting health leadership development in Aboriginal communities and to link that with NOSM's social accountability and community engagement framework. In addition, the team has applied the principles and practices of appreciative leadership and inquiry to support team development and strategic planning in one Aboriginal health service organization.

The learner team contributed information to the evaluation of each session and the Program as a whole, and Dr. Briggs was involved in the overall evaluation of the Integrated CCL Program.

Dr. Briggs recommended that should future programs continue to focus on social accountability, Capstone initiatives should ideally be selected on the basis of their ability to influence the community identified health related priorities within underserved and/or marginalized groups.

F. Other Activities

Throughout the project each site team attended and contributed to teleconferences and in-person meetings of the National Steering Committee and other short term subcommittees. As well, NOSM held responsibility for managing its allocated funding.

4. KNOWLEDGE TRANSFER

In addition to participating in the initial identification of literature related to leadership paradigms, in the context of community engaged health professional education, NOSM participated in knowledge dissemination activities through multiple publications including peer-reviewed papers, book chapters and conference presentations, and they were the lead organization in the development of a community engagement toolkit. NOSM authored one published article, two book chapters, seven posters and two workshops. See Appendix A - Publications, Posters, Workshops and Presentations for a list of NOSM citations.

Throughout the project, each of the sites provided input and feedback on project documents and other products. The five universities co-created responses to requests by the IOM related to topics of the planning Forum, its workshops and the consensus study.

PUBLICATIONS

In addition to the CEMESTR's systematic literature search noted earlier, the key manuscripts and book chapters that were co-authored by Dr. Marsh, Dr. Briggs, or Ms. Berry that have been published or are in press are listed below:

MacPhee, M., Paterson, M., Tassone, M., Marsh, D., Bainbridge, L., Steinberg, M., Careau, E., and Verma, S. (2013). "[Transforming Health Systems through Collaborative Leadership: Making Change Happen!](#)" *5th International Service Learning Symposium Paper Series*.

MacPhee, M., Berry, S., Brander R., Van Dijk, J., Bainbridge L., Paterson, M. (2014). "A Hybrid Approach to Service Learning Via a New Leadership Development Program". P. L. Lin, M. R. Wiegand, & A. R. Smith-Tolken, (Ed). *Service-Learning in Higher Education: Building Community Across the Globe*. Indianapolis, Indiana: University of Indianapolis Press.

Brander, R., MacPhee, M., Careau, E., Tassone, M., Verma, S., Paterson, M. and Berry, S. (2015). "Collaborative Leadership for the Transformation of Health Systems". In D. Forman, M. Jones, & J. Thistlethwaite (Eds.) *Leadership and Collaboration: Further Developments for Interprofessional Education*. New York, NY: Palgrave, Macmillan.

5. FUNDING

The CIHLC project received three year funding from the Ontario Ministry of Health and Long-Term Care (MOHLTC) for the contribution of the three Ontario universities, for which NOSM received an allocation. In addition, all universities contributed in-kind for the participation of their CIHLC university leads.

Reflections

"Any project of this size and complexity is bound to experience difficulties through the process of building a cohesive team among individuals from five Universities across this vast country. Through the initiation and growth of the project through the various phases of its development, challenges were experienced related to group alignment around such things as immediate goals and expectations, work processes, and funding. Despite these anticipated challenges – and perhaps because of them – the process continuously challenged our own conceptions of what it means to lead collaboratively. Thus, the process of proposing and conducting the project was itself, a rich real-time lesson in collaborative leadership in complexity that exposed the value and the challenge of the very topic that was our focus throughout the project."

Dr. Marion Briggs, NOSM

APPENDIX A

Publications, Posters, Workshops and Presentations

PUBLICATIONS

MacPhee, M., Paterson, M., Tassone, M., Marsh, D., Bainbridge, L., Steinberg, M., Careau, E., and Verma, S. (2013). ["Transforming Health Systems Through Collaborative Leadership: Making Change Happen!"](#) *5th International Service Learning Symposium Paper Series*.

MacPhee, M., Berry, S., Brander R., Van Dijk, J., Bainbridge L. and Paterson, M. (2014). "A Hybrid Approach to Service Learning Via a New Leadership Development Program". P. L. Lin, M. R. Wiegand, & A. R. Smith-Tolken, (Ed). *Service-Learning in Higher Education: Building Community Across the Globe*. Indianapolis, Indiana: University of Indianapolis Press.

Brander, R., MacPhee, M., Careau, E., Tassone, M., Verma, S., Paterson, M. and Berry, S. (2015). "Collaborative Leadership for the Transformation of Health Systems". In D. Forman, M. Jones, & J. Thistlethwaite (Eds.) *Leadership and Collaboration: Further Developments for Interprofessional Education*. New York, NY: Palgrave, Macmillan.

POSTERS

Paterson, M., Bainbridge, L., Dumont, S., Berry, S., Marsh, D., Verma, S., and Tassone, M. (2012) *The Canadian Interprofessional Health Leadership Collaborative*. ATBH (All Together Better Health) VI – 6th Annual International for IPECP. Kobe, Japan. October 5-8 2012.

Verma, S., Tassone, M., Bainbridge, L., Paterson, M., Berry, S., Marsh, D., and Dumont, S. (2012) *Building Community in Generating A Canadian Interprofessional Health Leadership Collaborative*. Rendez-Vous 2012. Thunder Bay, Canada. October 9-14 2012.

Paterson, M., Bainbridge, L., Careau, E., Van Dijk, J., Marsh, D., Berry, S., Remtulla, K., Tassone, M., and Verma, S. (2013) *Fostering Interprofessional Learning and Practice Through the Development of Collaborative Leadership Curricula*. Canadian Association of Occupational Therapists (CAOT). Victoria, British Columbia, Canada. May 29-June 1, 2013.

Verma, S., Tassone, M., Bainbridge, L., Berry, S., Careau, E., Marsh, D., Paterson, M., Wu, D., and Van Dijk, J. (2013). *Collaborative Leadership for Relationship-Centred Health System Transformation*. 2013 National Health Leadership Conference. Niagara, Ontario. June 10-11, 2013.

Tassone, M., Verma, S., Bainbridge, L., Berry, S., Careau, E., Lovato, C., Marsh, D., Paterson, M., and Van Dijk, J. (2013) *Collaborative Leadership for Health System Change to Globally Transform Education and Health. Collaborating Across Borders (CAB) IV*. Vancouver, British Columbia, Canada. June 12-14 2013.

Steinberg, M., Bainbridge, L., Verma, S., Tassone, M., Berry, S., Brander, R., Careau, E., MacPhee, M., Marsh, D., Paterson, M., Lovato, C., and Tam, B. (2013). *Evaluating the CIHLC Collaborative Leadership Education Program. Assessing Health Professional Education: A Workshop*. Institute of Medicine, Washington, DC. October 9-10, 2013.

Careau, E., Paterson, M., Verma, S., Van Dijk, J., Biba, G., Bainbridge, L. Berry, S., Marsh, D., and Tassone, M. (2013). *We Are All Teachers and We Are All Learners": Program Design for Teaching Collaborative Leadership*. 5th International Symposium on Service Learning (ISSL). Stellenbosch University, South Africa. November 20-22, 2013.

WORKSHOPS

Careau, E., Berry, S., Paterson, M., Van Dijk, J., Remtulla, K., Bainbridge, L., Marsh, D., Tassone, M. and Verma, S. (2013). *Fostering Interprofessional Learning and Practice Through the Development of Collaborative Leadership Competencies*. Canadian Conference on Medical Education (CCME). Quebec City, Canada. April 20-23 2013.

Briggs, M., and Creede, C. (2014). *Enabling the Leadership to Transform Interprofessional Practice. Reaching the Summit: Leading the Way from Interprofessional Education to Practice*. Toronto, Ontario. Dec 2, 2014.

ACKNOWLEDGMENTS

The CIHLC project was a consortium of five partner Canadian universities from 2011-2015 namely the University of British Columbia, University of Toronto, the Northern Ontario School of Medicine, Queen's University, and Université Laval, and was funded by the Ontario Ministry of Health and Long-Term Care, with start-up funding from the University of Toronto and by individual contributions of the partner universities. The authors would like to take this opportunity to thank a number of people for making this work possible. Thanks to Carmela Bosco for her consulting in writing the proposal, and inaugural project management, to Cate Creede, Marcella Fiordimondo, Matthew Gertler, Jelena Kundacina, Fatima Mimoso, Jane Seltzer, Rebecca Singer, Marcella Sholdice, Benita Tam, Deanna Wu and Belinda Vilhena for supporting this project in various ways during their work in the CIHLC Secretariat. We also thank Patrick Kelley, Patricia Cuff and Megan Perez at the Institute of Medicine for their expertise and their moral support. In addition, we thank Deans Catharine Whiteside, Richard Reznick, Roger Strasser, Renald Bergeron and Gavin Stuart for their support during this project both in terms of their invaluable advice and guidance. Finally we express our deepest gratitude to Lancet Report Commissioner and President David Naylor (UofT) for his leadership, encouragement and mentorship.

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Graphic Design: Layne Verbeek (iCommunicate)

Printed by: The Printing House

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