

**Canadian**  
Interprofessional Health  
Leadership **Collaborative**



**Consortium Canadien**  
sur le leadership en matière  
d'interprofessionnalisme en santé

# CANADIAN INTERPROFESSIONAL HEALTH LEADERSHIP COLLABORATIVE SITE REPORT

JUNE 2015

## ► UNIVERSITY OF BRITISH COLUMBIA



UNIVERSITY OF  
**TORONTO**



**Queens**  
UNIVERSITY



UNIVERSITÉ  
**LAVAL**



**a place of mind**  
THE UNIVERSITY OF BRITISH COLUMBIA



Northern Ontario  
School of Medicine  
École de médecine  
du Nord de l'Ontario  
ᑎᑦᑖᑦᑎᑦᑎᑦ ᑎᑦᑖᑦᑎᑦᑎᑦ  
ᑎᑦᑖᑦᑎᑦᑎᑦ ᑎᑦᑖᑦᑎᑦᑎᑦ



**CONTENTS**

- 1. Introduction .....4
- 2. Project Participants.....5
- 3. Key Leadership Activities and Outcomes .....5
  - A. IOM Participation - Leadership and Influence .....5
  - B. Summit on Interprofessional Education - Interprofessional Practice .....6
  - C. Foundational Research Activities .....6
  - D. Process Evaluation and Products.....7
  - E. Program Development, Implementation and Evaluation .....7
  - F. Other Activities .....8
- 4. Knowledge Transfer .....8
- 5. Funding .....9
- Appendix A ..... 10
- Acknowledgments ..... 11

# Canadian Interprofessional Health Leadership

## Collaborative:

University of British Columbia  
Vancouver, British Columbia



a place of mind

THE UNIVERSITY OF BRITISH COLUMBIA

## 1. INTRODUCTION

The Canadian Interprofessional Health Leadership Collaborative (CIHLC) was a multi-institutional and interprofessional partnership whose goal was to develop, implement, evaluate and disseminate an evidence-based program in collaborative leadership that builds capacity for health systems transformation. The CIHLC lead organization was the University of Toronto (UofT), who partnered with the University of British Columbia (UBC), the Northern Ontario School of Medicine (NOSM), Queen's University (Queen's) and Université Laval (ULaval). The project was supported by the five universities as well as the Ontario Ministry of Health and Long-Term Care (MOHLTC).

This project was chosen by the U.S. Institute of Medicine's (IOM) Board on Global Health as one of four innovation collaboratives from an international competition of academic institutions around the world. The CIHLC joint proposal to the IOM and letter of acceptance can be accessed on the UofT Centre for Interprofessional Education (CIPE) [website](#). The collaboratives were intended to incubate and pilot ideas for reforming health professional education called for in the 2010 Lancet Commission report "Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Interdependent World".

The CIHLC was implemented over three years, in five phases. Each university took on leadership for a key element of the project based on its expertise. This report focuses on the unique contributions of UBC in its collaborative work with the CIHLC.

### Evolution of Partnership

The UBC is one of the largest research intensive universities in North America. The three UBC internal partners consist of the Faculty of Medicine, including the School of Population and Public Health; the College of Health Disciplines; and the School of Nursing. All the partners at UBC understand the principles of global health and innovation and demonstrate leadership in their respective strategic plans.

The UBC Faculty of Medicine includes health education programs in medicine, physical therapy, occupational therapy, audiology and speech sciences, medical laboratory science, midwifery and genetic counseling. The UBC MD undergraduate program was the first distributed medical education program in Canada. The College of Health Disciplines is an interdisciplinary unit at UBC which focuses exclusively on Interprofessional Education (IPE), integrated curricula, and issues of common interest across the 15 health and human service education programs. The School of Nursing resides within the Faculty of Applied Sciences and is integrally involved in global and public health. All programs have placed IPE high on their list of priorities and include collaborative practice and leadership in the context of health systems in their curricula.

When UofT invited Canadian universities across the country to join a partnership to respond to the IOM's request for proposal, UBC saw the project to be well aligned with its own strategic direction and an opportunity to share its expertise in IPE and research.

## 2. PROJECT PARTICIPANTS

The Dean of Medicine at UBC, Dr. Gavin Stuart, appointed a project lead who then established a team to provide research, administrative and financial support to the project. The co-leads of each university were members of the National Steering Committee (NSC), which had oversight and drove the implementation of the CIHLC activities. The UBC team is listed below.

Name	Position	Term
Lesley Bainbridge	Co-lead	2011-2015
Maura MacPhee	Co-lead	2012-2015
Chris Lovato	Evaluation Consultant	2012-2015
Marla Steinberg	Research Associate	2012-2015

## 3. KEY LEADERSHIP ACTIVITIES AND OUTCOMES

UBC, with its strong research focus, took on the leadership in the evaluation component of the project. It achieved its deliverables by developing an evaluation framework: using a blended evaluation approach; developing indicators to collect and analyze data; and developing a toolkit to facilitate the use of the evaluation framework by educators, learners, faculty, and practitioners. An evaluation primer was developed to ensure a common understanding of evaluation processes, terms and options. When a partnership with an existing program was established, UBC co-led the design, implementation and evaluation reporting for the program.

### A. IOM Participation - Leadership and Influence

The IOM's sponsorship of the CIHLC project 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 IPE through the catalyzation of Canadian content at the IOM's public workshops, attended internationally through videoconferences, in the IOM publications and on the IOM website.

While attending workshops in Washington at the outset of the project, UBC 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.

UBC, along with the other CIHLC leads participated at the bi-annual IOM Forum workshops held in Washington, D.C. between August 2012 and October 2014. Through the workshop activities and networking with academic experts, health professionals, and international policy leaders, Dr. Lesley Bainbridge had the opportunity to discuss and further the dialogue about issues related to IPE and practice.

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

The CIHLC had the opportunity to present a Canadian perspective of IPE to a committee tasked with measuring the impact of IPE, at a public workshop. 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 venues. 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 collective 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 it with IPP. The Summit 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. Bainbridge was engaged in the planning and co-facilitation of the group that addressed ‘Enabling the Leadership to Transform IPP’.

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, 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 enable the movement 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.

UBC conducted a review of the research on evaluation methods and developed a framework to guide the project and was an author or contributor to 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. Process Evaluation and Products**

### **Process Evaluation**

The CIHLC evaluation team from UBC conducted a process evaluation of the first half of the CIHLC project to gain greater insight of the CIHLC team functioning. Results showed that relationships and mutual support for innovation leads to a valued collaborative.

### **Products**

UBC led the creation of several foundational documents that provided strategic direction for the CIHLC and its UHN partners. At the onset of the project, the UBC established a logic model to guide the project and this was adopted by the CIHLC.

The CIHLC Evaluation Primer, 'the toolkit', provided an overview of existing relevant evaluation frameworks and tools that could be incorporated into the evaluation work of the CIHLC. It was an important information tool for decision making purposes for the National Steering Committee (NSC). From this work, the CIHLC determined it would use developmental evaluation to measure the implementation and outcomes of collaborative leadership program development.

UBC performed a cross country scan and selected several innovative, valid and reliable health professional education tools and assessments used to examine and define competencies related to IPE. UBC created a handout of four Canadian exemplars that are tools designed to improve IPC experiences. The CIHLC circulated this handout at the IOM Global Forum workshop that focused on assessing health professional education in October 2013.

The UBC evaluation team provided feedback on the evaluation documents prior to discussions with the CIHLC.

## **E. Program Development, Implementation and Evaluation**

After the NSC decision to merge the CIHLC work on a program with the UHN's Collaborative Change Leadership (CCL) Program, UBC became fully involved in integrating, planning and evaluating the program. Dr. Marla Steinberg attended planning and faculty debrief meetings, as well as, each of the five education sessions. UBC co-developed and coordinated all evaluation initiatives, and collated, analyzed and prepared an interim and final evaluation report for the Integrated CCL Program.



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.

## Capstone Initiative

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



The Capstone initiative was designed to focus on primary care innovations within the Fraser Health Authority (FHA), the fastest growing health care region in B.C. with a major objective to provide more efficient and effective primary care services. The three learners used an Appreciative Inquiry (AI) approach to negotiate the development and implementation of an FHA primary care clinic network with general practice physicians.

The UBC evaluation team focused on FHA participants' metacognition about leadership development—their reflections and awareness of how they learned to be more effective leaders.

The team obtained human ethics approval through UBC to document the leadership development journey of the three B.C. health care leaders who participated in the CCL3 Program, the intention being to thematically code transcriptions of these sessions to construct a case study of the FHA team leadership journey.

## 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. Each site managed the administration of project allocated funding.

### 4. KNOWLEDGE TRANSFER

Each of the sites participated in knowledge dissemination activities through input and feedback on multiple publications, reports, presentations, and other documents and products for the CIHLC. In addition, the five universities co-created responses and products requested by the IOM related to topics of the planning forum, workshops and the consensus study.

UBC was an author on seven posters and four workshops. See *Appendix A - Publications, Posters, Workshops and Presentations* for a list of UBC citations.

In addition, Dr. Maura MacPhee and Dr. Lesley Bainbridge were co-authors on the following manuscript and book chapters:

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

UBC provided funding for its team for most of the CIHLC related expenses. Some project costs were supported through the funds secured by the Ontario Ministry of Health and Long-Term Care, who committed \$2.7M over three years to the three Ontario universities on the CIHLC. This financial support included a contribution to the Program evaluation costs, travel for meetings and IOM workshops, and the learner team supports for travel and registration to attend the Program. All universities contributed in-kind, for the participation of their CIHLC university leads.

### Reflections

“I was particularly eager to see outcomes related to the integration of social accountability and community engagement learning objectives. I was impressed with the short-term outcomes of the Program: participants appeared to thoroughly engage with the Program content, and they established a solid network of supports among their team members and the CCL Program peers and mentors.

As a participant in the CIHLC collaborative, I benefited by networking with colleagues from different healthcare disciplines and academic settings. I had many opportunities to co-develop intellectual work: I was exposed to exciting, new perspectives on leadership development. I also had several opportunities to co-present and co-write with faculty from leading Canadian universities: a real synergy existed among us during the life of the collaborative. My only hope is that we will be able to continue our professional relationships and academic/research collaborations beyond the life of this project.”

*Dr. Maura MacPhee, University of British Columbia*

## 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.

Bainbridge, L., Verma, S., and Tassone, M.(2014). *Transforming Health Systems Through Collaborative Leadership: Catalyzing Change!* ATBH (All Together Better Health VII), Pittsburgh, PA. June 6-8, 2014.

Brander, R., MacPhee, M., Careau, E., Paterson, M. and Van Dijk, J. (2014). *Collaborative Leadership for Health Systems Transformation for the Scholarship of Teaching & Learning*. International Society for The Scholarship of Teaching & Learning. Quebec City, Quebec. Oct 22-25, 2014.

Bainbridge, L., and Austin, Z. (2014). *Evaluating the Success of IPE Linked to IPP*. 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.

**Lead Authors:** Dr. Sarita Verma (UofT), Prof. Maria Tassone (CIPE)

**Contributors:** Dr. Lesley Bainbridge (UBC), Dr. Rosemary Brander (Queen's),  
Dr. Marion Briggs (NOSM), Dr. Emmanuelle Careau (ULaval), Dr. Serge Dumont (ULaval),  
Dr. Maura MacPhee (UBC), Dr. David Marsh (NOSM), Dr. Margo Paterson (Queen's)

**CIHLC Secretariat Project Team:** Jane Seltzer, Matthew Gertler

**Editors:** Leslie Smith, Marcella Fiordimondo (UofT)

**Graphic Design:** Layne Verbeek (iCommunicate)

**Printed by:** The Printing House

Copyright ©2015

Centre for Interprofessional Education, University of Toronto @ Toronto Western Hospital  
399 Bathurst Street, Nassau Annex, Toronto, Ontario, M5T 2S8

[www.ipe.utoronto.ca](http://www.ipe.utoronto.ca)

***Not to be reproduced without the permission of the authors.***



**a place of mind**  
THE UNIVERSITY OF BRITISH COLUMBIA

