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# Canadian Interprofessional Health Leadership Collaborative:

Queen's University  
Kingston, Ontario



## 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 unique expertise. This report focuses on the unique contributions of Queen's University in its collaborative work with the CIHLC.

### Evolution of Partnership

Queen's University Faculty of Health Sciences offers programs in medicine, nursing, and rehabilitation sciences and has a strong commitment to interprofessional education for all health science students. The Office of Interprofessional Education and Practice (OIPEP) is known for its focus on collaboration and collaborative practice with its consumers as partners.

When UofT invited Canadian universities across the country to join a partnership to respond to the IOM request for proposal, Queen's was well aligned in its strategic direction and interest in contributing expertise in Interprofessional Education (IPE) and qualitative research in the health sciences.

## 2. PROJECT PARTICIPANTS

The Dean, Faculty of Health Sciences and Director, School of Medicine, Dr. Richard Reznick, appointed a project lead and later a co-lead that created 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 the oversight and drove the implementation of the CIHLC activities. The Queen's team participants are listed below.



Name	Position	Term
Margo Paterson	Co-lead	2012 - 2015
Rosemary Brander	Co-lead	2013 - 2015
Janice Van Dijk	Research Associate	2012 - 2015
Sharon David	Financial Analyst	2012 - 2015

### **3. KEY LEADERSHIP ACTIVITIES AND OUTCOMES**

Queen's University, together with ULaval, took a leadership role in the development of the program curriculum. This included a systematic literature review on leadership education in health, and the development of a framework proposed for the collaborative curriculum leadership program. As the project evolved and a partnership with an existing program was determined, the two universities supported the integration and adaptation activities with the existing University Health Network (UHN) Collaborative Change Leadership (CCL) Program. In addition to the curriculum development work, Dr. Margo Paterson led the facilitation, development and oversight of a CIHLC knowledge transfer strategy. Ms. Van Dijk was offered as a resource to the other university sites and provided assistance in their manuscript preparation.

#### **A. IOM Participation and Leadership**

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 in Washington D.C., that were attended internationally through videoconferencing, in the IOM publications and on the IOM website.

While attending workshops in Washington at the outset of the project, Queen's 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 related projects that addressed Lancet Commission recommendations.

Queen's, along with the other CIHLC leads, participated at the bi-annual IOM Global Forum workshops held in Washington D.C. between August 2012 and October 2014. Through the workshop activities and networking with academic experts, health professional and international policy leaders, Dr. Margo Paterson and Dr. Rosemary Brander had the opportunity to discuss and further the dialogue about issues related to IPE and Interprofessional Practice (IPP).

The CIHLC contributed to the design of the first "World Café" symposium held at the IOM workshop on interprofessional education assessment, in October 2013. Dr. Brander and Dr. Paterson each facilitated a round table discussion at that workshop.

In October 2014, Dr. Paterson and Dr. Brander attended a public workshop for the first IPE fast track study commissioned by the Forum on measuring the impact of IPE, and contributed to the Canadian content

presented by Professor Tassone. This again 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 were able to bring new perspectives and national input to other venues. One such event was the UofT sponsored Summit on 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 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. Paterson was engaged in the planning for, and the 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, 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, education program design, delivery and evaluation.

Queen’s and ULaval together co-led a systematic review of the literature on collaborative leadership education. This research was published by Careau, Biba, Brander, Van Dijk, Verma, Paterson & Tassone (2013) entitled “Education Programs, Best Practices and Impact on Learners’ Knowledge, Skills, Attitudes & Behaviors and System Change: A Systematic Review”.



The goal of the systematic literature review of peer-reviewed journals was to provide an evidence base for existing curricula in interprofessional collaborative leadership education. The initial search of the peer-reviewed literature produced over 30,000 article titles. After applying the CIHLC's selection criteria using double-blinded selection, the number was reduced to 250 English peer-reviewed papers on educational leadership programs published during 2000-2012.

Only seven of these papers specifically referenced collaborative leadership. These were very general and did not present a structured and specific program for collaborative leadership capacity development. The two specific common elements addressed by every collaborative leadership program were collaborative problem-solving and shared decision-making.

A cluster analysis was performed on the results concerning the competencies identified in the literature review and those addressed in the leadership frameworks previously identified in the environmental scan. Five themes emerged from this analysis: innovation and system change to improve service delivery, tools to transform service delivery, collaboration/leadership, teambuilding and partnerships, and personal/interpersonal competencies.

**The Queen's team conducted a review of the literature on blended learning education to inform the design and operation of the collaborative leadership education program.**



**The main objectives of the blended learning review were:**

1. To provide an overview of the peer-reviewed and grey literature on e-learning and blended learning; and
2. To summarize the best practices on how to effectively and efficiently integrate technology with learning and teaching methodology for optimal transfer of adult learning.

The review of over one hundred articles and books on the subject of blended learning suggested that blended learning is becoming the preferred format for design and delivery of education programs. Key reported benefits of blended learning include the enrichment of the learning process by the contribution of additional tools, and the ability to personalize learning, allow thoughtful reflection, and differentiate instruction from learner to learner across diverse groups.

Queen's 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. Program Development, Implementation and Evaluation**

Following reflections about collaborative leadership competencies, in collaboration with partners from UBC, NOSM and UofT, the ULaVal and Queen's team proposed a new competency framework for the collaborative leadership development in health care systems. This framework included the most relevant competencies related to collaborative leadership development such as capacities for facilitation, engagement, mobilizing

and sustainment of people acting together in a collaborative way. This competency framework was accepted for publication as a book chapter:

Brander, R., Bainbridge, L., Van Dijk, J., and Paterson, M. "Transformative Interprofessional Continuing Education and Professional Development to Meet Patient Care Needs: A Synthesis of Best Practices." In C. Orchard, C. and L. Bainbridge (Eds.) *Interprofessional Client-Centred Collaborative Practice: What Does it Look Like? How Can it be Achieved?* Hauppauge, NY: Nova (due 2016).

Brander, R., MacPhee, M., Careau, E., Tassone, M., Verma, S., Paterson, M., 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*. (pp. 153-166). New York, NY: Palgrave, Macmillan.

From March to October 2013, ULaVal and Queen's were engaged as a curricula development group. In collaboration with other partners, they contributed to the curriculum design and development. Following NSC approval on the program design, their collaboration continued with two consultants, Ms. Jane Cudmore and Dr. Angela Cuddy, for the curriculum development component. During this stage the research associates Ms. Van Dijk from Queen's and Mr. Biba from ULaVal worked together with the consultants despite language challenges and geographic location, to develop the curriculum, based on weekly decisions/choices made by CIHLC's leads. Specifically, they contributed in the development of pedagogical materials, including theory burst presentations, exercises and assignments, references and readings of three first modules of a CIHLC educational program.

After the NSC decision to partner with the University Health Network's (UHN) Collaborative Change Leadership (CCL) Program, the Queen's and ULaVal teams became fully involved within the program integration working group. They contributed to the identification of critical content and provided historical information for curriculum integration. By providing a summary of CIHLC's program modules, they assisted the program integration working group to identify the key content elements. This collective contribution resulted in an adapted and evaluated pan-Canadian program, the Integrated CCL Program 2014-2015, with the additions of community engagement and social accountability content, an online presence and an enhanced evaluation was established.

The Integrated CCL Program was targeted to senior health leaders 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 to adapt 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, 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

Queen's was 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. Project funding was allocated from the CIHLC funds from the Ontario Ministry of Health and Long-Term Care to support the registration, travel and accommodation costs of its learner team. Queen's was responsible for the recruitment, orientation, and mentorship of its learner team.

The Queen's site team invited participation from the region for applicants to apply to the project and one health care team came forward. They worked closely with the team in their application and planning processes. This included monthly in-person meetings, phone calls and email communications throughout their project. Dr. Brander attended the final CCL meeting where all projects were presented in Toronto on January 31, 2015.



The Capstone initiative built upon collaboration with the Rural Kingston Health Link to identify Complex Mental Health clients who would benefit from the specialized outreach services provided by Providence Care. Twenty clients in the Providence Care Outreach Service were involved in the engagement and service delivery planning/implementation phase of the project. The vision statement for the project was "people are treated as a whole person through the integration of primary care and mental health services in their local community". The Capstone initiative provided the opportunity to engage with the Urban Kingston Health link as well as the Rural Kingston links in Verona and Sharbot Lake. Inquiries and invitations came from others interested in hearing about the work, and for possible partnerships with other communities. One highlight was an invitation to work with the Queen's Department of Psychiatry to assess and define a model of "shared/collaborative" care. Education sessions were provided to one rural community and this success has prompted requests for additional sessions in other rural communities. To date, 10 care plans have been completed using the new pilot 'care plan' form that resulted from the pilot project.

With the goal to build on the success of the Capstone initiative, Dr. Brander led a grant application, with the Capstone initiative team of K. Carmichael, Y. Oczkowski, along with Dr. Marion Briggs, entitled, "*Working together for compassionate person-centred mental health services in rural primary care communities*". They have been successful in receiving the grant, with sponsorship from Queen's University, and in partnership with Providence Care and three Family Health Teams/Health Links in their community. In this new project, the participative action research team plan to examine the first two educational needs identified in the pilot project to improve mental health service provision: 1) areas for improved knowledge and education, and 2) preferred educational formats to meet local needs. The goal will be to develop deeper and shared understandings of compassionate client-centred mental health care in three rural communities and the related educational needs, with an explicit focus on health and community care workers as learners.

## E. Other Activities

Throughout the project each site team attended and contributed to teleconference 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 site participated in knowledge dissemination activities through input and feedback on the 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 Consensus Study. Dr. Paterson was responsible for the oversight of the knowledge transfer strategy that identified and tracked these activities, and whose results can be found in the CIHLC citations appended to the final CIHLC report.

Queen's was an author on five publications, seven posters, three workshops and two presentations. See Appendix A - Publications, Posters, Workshops and Presentations for a list of Queen's citations.

The key manuscripts and book chapters that were co-authored by Dr. Paterson and Dr. Brander that have been published or are in press, and the unpublished monograph prepared by J. Van Dijk are listed below:

#### **Peer Reviewed Manuscript**

Careau, E., Biba, G., Brander, R., Van Dijk, J., Verma, S., Paterson, M., and Tassone, M. (2014). "[Health Leadership Education Programs, Best Practices and Impact on Learners' Knowledge, Skills, Attitudes & Behaviors and System Change: A Literature Review](#)". *Journal of Health Leadership*.

#### **Conference Proceedings**

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*.

#### **Book Chapters**

Brander, R., Bainbridge, L., Van Dijk, J., and Paterson, M., Transformative Interprofessional Continuing Education and Professional Development to Meet Patient Care Needs: A Synthesis of Best Practices. In C. Orchard, C. and L. Bainbridge (Eds.) *Interprofessional Client-centred Collaborative Practice: What Does it Look Like? How Can it be Achieved?* Hauppauge, NY: Nova (due 2016).

Brander, R., MacPhee, M., Careau, E., Tassone, M., Verma, S., Paterson, M., 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*. (pp. 153-166). New York, NY: Palgrave, Macmillan.

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.

#### **Monograph**

Van Dijk, J., *Literature Review of Best Practices of Blended Learning*. (Report)

## **5. FUNDING**

The CIHLC project received \$2.7M over three years from the Ontario Ministry of Health and Long-Term Care for the contribution of the three Ontario universities to the project. Queen's received an allocation over three years to support its team of consultants, administrative and finance at OIPEP. Queen's also provided in-kind resources that supported the work of the project lead.

#### **Reflections**

"This project provided an opportunity to work with expert colleagues across Canada and share knowledge and expertise. A number of successful international and national presentations were given at scientific meetings and scholarly work has been published. We look forward to seeing the results of our site Capstone project, which will benefit our community."

*Queen's CIHLC Team*

## APPENDIX A

### Publications, Posters, Workshops and Presentations

#### PUBLICATIONS

Brander, R., MacPhee, M., Careau, E., Tassone, M., Verma, S., Paterson, M., 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*. (pp. 153-166). New York, NY: Palgrave, Macmillan.

Brander, R., Bainbridge, L., Van Dijk, J., and Paterson, M. "Transformative Interprofessional Continuing Education and Professional Development to Meet Patient Care Needs: A Synthesis of Best Practices." In C. Orchard, C. and L. Bainbridge (Eds.) *Interprofessional Client-Centred Collaborative Practice: What Does it Look Like? How Can it be Achieved?* Hauppauge, NY: Nova (due 2016).

Careau, E., Biba, G., Brander, R., Van Dijk, J., Verma, S., Paterson, M. and Tassone, M. (2014). "[Health Leadership Education Programs, Best Practices and Impact on Learners' Knowledge, Skills, Attitudes & Behaviors and System Change: A Literature Review](#)". *Journal of Health Leadership*.

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.

#### 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

Brander, R., MacPhee, M., Careau, E., Paterson, M., 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.

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.

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

## PRESENTATIONS

Brander, R., MacPhee, M., Careau, E., Paterson, M. and Van Dijk, J. (2014). *Collaborative Leadership for Health Systems Transformation.* International Society for the Scholarship of Teaching & Learning (ISSOTL 14). Oct 22-25, Quebec City, Quebec, Oct 22-25. 2014.

Careau, E., Paterson M., Brander, R., Van Dijk, J. and Verma, S. (2014). *Transforming Health Systems Through Collaborative Leadership: Curriculum Development.* World Federation of Occupational Therapists. Yokohama, Japan. June 20, 2014.

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