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# Canadian Interprofessional Health Leadership Collaborative:

Université Laval

Quebec City, Quebec



UNIVERSITÉ  
LAVAL

## 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. This report focuses on the unique contributions of ULaval in its collaborative work with the CIHLC.

### Evolution of Partnership

Université Laval has a strong Interprofessional Education (IPE) component in its health curriculum, which includes the Faculties of Medicine, Nursing, Pharmacy and Social Sciences. Le Réseau de collaboration sur les pratiques interprofessionnelles en santé et services sociaux (RCPI), through its IPE office, is supported by the faculties, their health care organization’s network and the Centre intégré universitaire en santé et services sociaux (CIUSSS) de la Capitale-Nationale. Université Laval is recognized nationally for its leadership in IPE, particularly in the French speaking communities.

When UofT invited Canadian universities across the country to join a partnership to respond to the IOM request for proposal, ULaval saw this as an opportunity to contribute its expertise in IPE and its Francophone perspective to a Canadian project for health education reform.

## 2. PROJECT PARTICIPANTS

The Dean of Medicine, Dr. Renald Bergeron, appointed project leads 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 ULaVal participants are listed below.

Name	Position	Term
Emmanuelle Careau <sup>1</sup>	Lead	2012-2015
Serge Dumont <sup>2</sup>	Co-lead	2012-2015
Gjin Biba <sup>1</sup>	Research Associate, CCL Program participant and Capstone initiative coordinator	2012-2015
Marie-Julie Babin <sup>1</sup>	Pedagogical specialist	2012-2015
Julie Therrien <sup>1</sup>	Financial analyst	2013-2015
Nathalie Brière <sup>3</sup>	CCL Program participant, co-lead for Capstone initiative	2014-2015
Michel Desaulnier <sup>3</sup>	Capstone initiative collaborator and pedagogical specialist	2014-2015

*1- Supported by the Faculty of Medicine, Université Laval*

*2- Supported by the Faculty of Social Science, Université Laval*

*3- Supported by the CSSS de la Vieille-Capitale- CAU*

## 3. KEY LEADERSHIP ACTIVITIES AND OUTCOMES

ULaVal, together with Queen's University, took a leadership role in the activities related to the development of the program curriculum. This included a systematic literature review on leadership education in health and the development of a competency framework for the curriculum of a leadership program. As the project evolved and a partnership with an existing program was determined, ULaVal and Queen's 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, ULaVal contributed to the research on collaborative leadership led by UofT and provided ongoing French translation and validation of CIHLC products.

### 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 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, ULaVal 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. Emmanuelle Careau, 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, Dr. Careau had the opportunity to discuss and further the dialogue about issues related to IPE and 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. Careau facilitated a round table discussion at that time.

In May 2014, at the IOM Global Forum’s workshop on “Building Health Workforce Capacity Through Community-based Health Professional Education”, Dr. Careau participated as one of two CIHLC representatives in a round table discussion on “*Innovations in Teaching Leadership through Professionalism*”.

At a public workshop in October 2014, the CIHLC had the opportunity to present a Canadian perspective of IPE to a committee tasked with measuring the impact of IPE. 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 members were able to bring new perspectives and national input to other venues. One such event was the CIHLC 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 with 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 as Deputy Dean, Faculty of Medicine and Associate Vice Provost, Health Professions Education at the University of Toronto. Dr. Careau 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, 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 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, education program design, delivery and evaluation.

ULaval and Queen's together co-led a systematic review of the literature on collaborative leadership education. To this end, ULaval hired a computer specialist to develop a shared platform based on Limewire software to complete the systematic literature review efficiently.

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, team-building and partnerships, and personal/interpersonal competencies.

Dr. Careau collaborated with UofT on its international key informant interviews on collaborative leadership, conducting interviews in French with Francophone individuals with different levels of experience, working in different domains of Quebec's health care and health education sectors.

ULaval's team worked with UofT and the Secretariat on an extensive assessment and compilation of an inventory of Canadian leadership programs in Schools of Medicine, Nursing, Public Health and Business, to gather information on French leadership education programs and courses. ULaval identified 13 programs or courses and collected information available from universities, health education institutions and national associations across Quebec.

Dr. Careau was an author or contributor in other CIHLC foundational research. Based on results of the foundational 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 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, Brazil, Japan and the United States.

## D. Program Development, Implementation and Evaluation

Following reflections about collaborative leadership competencies, and in collaboration with partners from UBC, NOSM and UofT, the ULaval and Queen's teams proposed a new competency framework for collaborative leadership development in the health care system. This framework included the most relevant competencies related to collaborative leadership development such as capacities for facilitation, engagement, and mobilization and sustainment of people acting together in a collaborative way. This competency framework is under publication as a book chapter on collaborative leadership for the transformation of health systems.

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 on-line presence and an enhanced evaluation was established.



The Integrated CCL Program was targeted to senior 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 Initiatives

ULaval 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 funds provided to CIHLC from the Ontario Ministry of Health and Long-Term Care to support registration, travel and accommodation costs of its learner team. ULaval was responsible for the recruitment, orientation, and mentorship of its learner team.

During the pilot phase, the ULaval, the Faculty of Medicine and the CSSS de la Vieille-Capitale, sponsored and mentored the ULaval's participants in the CCL Program. Through its Capstone initiative, ULaval learners explored the possibilities to adapt the Program to a French-Canadian context using a process of cross-cultural knowledge transfer.

The Capstone initiative entitled *“Enhancing the Accessibility of ‘Collaborative Leadership’ Education for French-speaking Health Leaders: A Transcultural Validation of the CCL Program”* had three sub-objectives:

- Facilitate a process of knowledge transfer using Appreciative Inquiry;
- Analyze the utility and feasibility of the CCL Program in Quebec's health and education context; and
- Recommend adaptation of the CCL Program for French-speaking health leaders.

This initiative allowed ULaval to closely collaborate with health and educational leaders, community members and all other stakeholders interested in the adaptation of the CCL Program. The process of knowledge transfer was designed, facilitated and implemented as a generative change process.

Engaged stakeholders interested in a new type of health leadership training program suggested that:

- The CCL seems to be a useful program for the French-speaking health care leaders in Québec;
- Participants in this program should be supported by their organization to create the collaborative space;
- If organizations don't see the potential positive impacts of collaborative leadership for health system change, the program may need to start on a local scale;
- The language barrier is central to the adaptation of the CCL Program, since there is not a lot of French-language literature on this topic; and
- Some fundamental aspects of the CCL Program, such as the notion of “social accountability”, do not resonate similarly for Quebec leaders. “Social responsibility” is embedded in the provincial laws so health care leaders already have a particular vision of that concept.

## E. Other Activities

The ULaval's team provided input on the CCL Program brochure and marketing strategy, and validated the CIHLC website in French.

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 its project funding.

## 4. KNOWLEDGE TRANSFER

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

ULaval leads were authors on four articles and book chapters published or in press, seven posters, four workshops, and three presentations. See online for *Appendix A - Publications, Posters, Workshops and Presentations* for a list of ULaval citations.

The manuscripts that were co-authored by Dr. Careau 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*.

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*.

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.

Gertler, M., Verma, S., Tassone, M., Seltzer, J. and Careau, E. (in press). Navigating the Leadership Landscape: Creating an Inventory to Identify Leadership Education Programs for Health Professionals. *Health Care Quarterly*.

## 5. FUNDING

ULaval provided funds for its team for most of the CIHLC related expenses. Some project costs were paid through the Ontario Ministry of Health and Long-Term Care who committed \$2.7M over three years to the three Ontario universities on the CIHLC. These funds were used to support overall project costs to translate products to French, to hire curriculum consultants, to support all members' travel expenses for meetings and IOM workshops, and to support learner teams sponsored by the CIHLC universities for travel and registration to attend the Program.

All universities contributed in-kind, for the participation of their CIHLC university leads. This investment sets the standard for collaborative leadership in health education, quality improvement and better health outcomes in all settings, and global adoption within health and education systems.

### Reflections

"Through this three-year journey with the CIHLC, we strongly believe that collaborative leadership is essential for enabling change and strengthening health systems, improving service delivery through interprofessional care, and ensuring better patient health outcomes. Contributing in different activities related to the development of a pan-Canadian educational program on collaborative leadership was for us an honor and a big intellectual and co-creative adventure. This project strengthens our network by working and sharing knowledge with great Canadian specialists on collaborative health leadership and interprofessional collaboration for system change.

The CIHLC constituted a possibility for putting in place sustainable collaborations with others universities and partners. We believe that beyond the education program on collaborative leadership that was developed; this partnership among some of the most important Canadian universities constitutes a positive example of excellence in interprofessional education for health system transformation."

*Dr. Emmanuelle Careau, Université Laval*

## APPENDIX A

### Publications, Posters, Workshops and Presentations

#### PUBLICATIONS

MacPhee, M., Paterson, M., Tassone, M., Marsh, D., Berry, S., 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*.

Careau, E., Biba, G., Brander, R., Van Dijk, J.P., 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*.

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.

Gertler, M., Verma, S., Tassone, M., Seltzer, J. and Careau, E. (in press). Navigating the Leadership Landscape: Creating an Inventory to Identify Leadership Education Programs for Health Professionals. *Health Care Quarterly*.

#### POSTERS

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.

Gertler, M., Verma, S., Tassone, M., Seltzer, J., Careau, E. (2014). *Inventory of Canadian Leadership Education Programs*. International Conference on Residency Education (ICRE), Toronto, Canada. Oct 24, 2014.

## 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.

Verma, S., Careau, E., Tassone, M., Negandhi, H., Zodpey, S., de Villiers, M., and Bezuidenhout, J. (2013). [Roundtable] – *Innovations in Teaching Leadership through Professionalism. Establishing Transdisciplinary Professionalism for Health: A Public Workshop of the Global Forum on Innovation in Health Professional Education*. Institute of Medicine. Washington, DC. May 14-15, 2013.

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, QU. Oct 22-25.

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 AND KEYNOTE SPEECHES

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.

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. (2014). *To Train or Not to Train Collaborative Leaders, Is that the Question?* The Health Professional Educator Network Annual Meeting. Quebec City, Quebec. Nov 14, 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

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

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