CANADIAN INTERPROFESSIONAL HEALTH LEADERSHIP COLLABORATIVE SITE REPORT

JUNE 2015

UNIVERSITY OF TORONTO
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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 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 key elements of the project. This report focuses on the unique contributions of the UofT in its collaborative work with the CIHLC.

Evolution of Partnership

The UofT has been educating health professionals from all the major disciplines for many decades. With its strong commitment to Interprofessional Education (IPE), change leadership and innovation, and health education reform, the UofT saw the IOM’s international request for proposals to be well aligned with its expertise and strategic direction.

Dr. David Naylor, the then President of UofT, encouraged the pursuit of this initiative and sent the call for proposals from the IOM to all the Canadian university presidents across the country. He saw the value of partnering with other Canadian universities to build on the Canadian reform in health professions education deeply embedded in a commitment to social accountability. As a Commissioner on the Lancet Commission Report mentioned above, he was committed to utilizing the UofT expertise in leadership and IPE to act on the Commission’s recommendations.

Dr. Catharine Whiteside, the Dean of Medicine at the UofT Faculty of Medicine at that time, extended an invitation to all Canadian Faculties of Medicine, and in selected cases, Faculties of Nursing and Schools of Public Health, to participate on a collaborative proposal submission. UofT provided the funds to prepare
a joint proposal to the IOM, which can be accessed on the UofT Centre for Interprofessional Education (CIPE) website and when the proposal was accepted without funding, UofT provided the funds to establish a Secretariat to support the CIHLC work. The UofT Office of Strategy, Communications and External Relations created and coordinated press releases with the other four universities across Canada to announce the prestigious selection by the IOM. In addition, its Office of Advancement team communicated with several international foundations and pursued partnerships to support the CIHLC activities.

2. PROJECT PARTICIPANTS

Dr. Sarita Verma and Professor Maria Tassone were appointed as the CIHLC project co-leads. Dr. Verma was appointed as the IOM Global Forum member and Professor Tassone as her alternate. Professor Tassone served as the Chair of the National Steering Committee whose mandate was to oversee and drive the implementation of the CIHLC activities which had representation from each of the five universities. The UofT co-leads established a Secretariat with a director, project coordinator, research associate, administrative assistant and finance manager/officer. The Secretariat, located at the UofT Centre for Interprofessional Education (CIPE) at the University Health Network (UHN), provided overall coordination and support to the CIHLC and reported to the UofT.

The UofT team is listed below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Term</th>
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<tbody>
<tr>
<td>Sarita Verma</td>
<td>Co‑lead CIHLC Project</td>
<td>2011‑2015</td>
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<tr>
<td>Maria Tassone</td>
<td>Co‑lead CIHLC Project</td>
<td>2012‑2015</td>
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<tr>
<td>Jane Seltzer</td>
<td>Director, Secretariat</td>
<td>2012‑2015</td>
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<tr>
<td>Matt Gertler</td>
<td>Research Analyst</td>
<td>2012‑2015</td>
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<tr>
<td>Jelena Kundacina</td>
<td>Research Associate</td>
<td>2011‑2015</td>
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<tr>
<td>Deanna Wu</td>
<td>Research Associate</td>
<td>2012‑2015</td>
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<tr>
<td>Rebecca Singer</td>
<td>Program Coordinator</td>
<td>2012‑2015</td>
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<tr>
<td>Belinda Vilhena</td>
<td>Office Manager, CIPE</td>
<td>2012‑2015</td>
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<tr>
<td>Wendy Kubasik</td>
<td>Finance Manager UofT</td>
<td>2011‑2015</td>
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<tr>
<td>Mubin Merchant</td>
<td>Finance Officer, UofT</td>
<td>2012‑2015</td>
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<tr>
<td>Marcella Fiordimondo</td>
<td>Executive Assistant, UofT</td>
<td>2012‑2015</td>
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<tr>
<td>Fatima Mimosa</td>
<td>Executive Assistant, UHN</td>
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3. KEY LEADERSHIP ACTIVITIES AND OUTCOMES

As project co-leads and co-chairs of the National Steering Committee, the UofT had the responsibility of strategically guiding the project through its five phases, beginning with the establishment and oversight of the Secretariat. The UofT co-leads were also responsible for the management of the Transfer Payment Agreement (TPA) with the Ontario Ministry of Health and Long-Term Care, for leading several foundational research initiatives, and for representing the CIHLC at the IOM Forum. The key project roles and responsibilities of UofT are listed in the table on the next page.
**UofT Roles and Responsibilities**

<table>
<thead>
<tr>
<th>Project Leadership</th>
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<tbody>
<tr>
<td>• Oversight and overall accountability for the CIHLC work</td>
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<td>• Management of Ontario Government Transfer Payment Agreement - accountability for budget and deliverables</td>
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<tr>
<td>• Management of the Secretariat team and activities</td>
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<tr>
<td>- Development of policies and procedures</td>
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<td>- Preparation of foundational documents</td>
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<td>- Coordination between five sites, program partners, IOM, MOHLTC</td>
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<tr>
<td>- Communication, website and reporting about project</td>
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<td>- Information management</td>
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<th>Member and Alternate at the Global Forum on Innovation in Health Professional Education</th>
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<tr>
<td>Foundational Research</td>
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<tr>
<td>• Environmental scan of collaborative leadership to define Collaborative Leadership</td>
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<td>• Inventory of leadership programs</td>
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| Integrated CCL Program Co-Director and CCL Faculty (Tassone) |

**A. IOM Participation - Leadership and Influence**

The IOM’s sponsorship of the CIHLC provided UofT and its partners the 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 in person and through videoconferencing), in IOM publications and on the IOM website.

While attending workshops in Washington at the outset of the project, the UofT organized meetings with the CIHLC and the other three innovation collaboratives from South Africa, India and Uganda, and led conversations about the implementation of 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.

As an appointed member and an alternate of the Global Forum, respectively, Dr. Verma and Professor Tassone represented the CIHLC amongst policy leaders, academic experts and health professionals from nine countries and multiple professions that met to discuss issues related to IPE. UofT infused its expertise and experience as Forum planning members, and contributed to the design and implementation of the workshops. The UofT was later invited to become a sponsor of the Global Forum for a three-year term (to December 2016), extending its potential influence on international public policy.

Dr. Verma and Professor Tassone led conversations and furthered the dialogue about IPE linked to Interprofessional Care (IPC) and Interprofessional Practice (IPP) with international policy leaders and the public as invited speakers at several of the IOM workshops and planning forums. They also participated on several panels and debates.
Representing the CIHLC, they co-presented at the first two public IOM Global Forum workshops in 2012. At the initial August 2012 IOM Global Forum “Workshop 1: Educating for Practice: Improving Health by Linking Education to Practice using IPE”, Dr. Verma and Professor Tassone shared Canadian exemplars of IPE to the international community in their presentation, “Linking Health Professions Education to Practice: Canadian Successes & Lessons Learned”.

At the second IOM Global Forum workshop “Workshop 2: Educating for Practice: Learning How to Improve Health from Interprofessional Models across the Continuum of Education to Practice”, Dr. Verma and Professor Tassone presented, “Using Collaborative Leadership to Improve Health Education and Practice” to provide an update on the CIHLC’s progress.

In October 2013, Dr. Verma was called on to moderate a “World Café” symposium at the IOM Global Forum workshop “Assessing Health Professional Education”. She provided the introduction and wrap-up for a round table on “Innovations in Teaching Leadership through Professionalism”, and Professor Tassone facilitated one of the round table discussions. Symposium participants spanned five continents, and the discussion revolved around innovative practices in transformative learning and collaborative leadership for health systems change, along with an exploration of the challenges and opportunities in the field.

In May 2014 at the IOM Global Forum’s workshop “Building Health Workforce Capacity Through Community-based Health Professional Education”, Dr. Verma, as a Forum member, led a stimulating debate on admissions versus training to enhance community based career choices, as part of a broader exploration of foundational issues. Professor Tassone participated in a break out group on IPE linked to practice through scaling up the role of community colleges. In addition, Dr. Verma introduced the round table discussion “Innovations in Teaching Leadership through Professionalism” in which Professor Tassone and Dr. Emmanuelle Careau, participated as panelists and representatives of the CIHLC.

Dr. Verma showcased the UofT Faculty of Medicine’s Global Health Strategy as an exemplar of global health outreach, at a Global Forum planning meeting in May 2014.

In October 2014, at the public workshop for the first IPE fast track study commissioned by the IOM Global Forum on measuring the impact of IPE, Professor Tassone spoke on the Canadian perspective of IPE. This informed the committee conducting the study, which then made recommendations to the Global Forum, and was recognized as another opportunity to share Canada’s expertise in IPE through an international venue. Professor Tassone served as a member of the planning committee of the April 2015 Workshop “Envisioning the Future of Health Professional Education”.

As an outcome 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 UofT sponsored Summit on Interprofessional Education linked to Interprofessional Practice.

B. Summit on Interprofessional Education - Interprofessional Practice

Utilizing their complementary and collective strengths and expertise, the CIHLC, together with the CIPE; the Council of Health Sciences Education Subcommittee (CHSES); the Office of Integrated Medical Education (OIME); and the Toronto Academic Health Science Network Education Subcommittee (TAHSNe), sponsored a Summit to stimulate a dialogue on IPE and to explore strategic opportunities to align it with Interprofessional Practice. The CIHLC made the largest financial contribution to support this event. The idea of such summits
was 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”, was conceived, led and hosted by Dr. Verma, in her then positions of Deputy Dean, Faculty of Medicine and Associate Vice Provost, Health Professions Education at the University of Toronto.

The Summit was held in Toronto on December 2, 2014, and 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 of impact on 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. The UofT led the research and produced reports on the following:

- A scoping review of the literature on collaborative leadership for health system change;
- International key informant interviews on collaborative leadership; and
- An extensive assessment and compilation of an inventory of Canadian leadership programs in Schools of Medicine, Nursing, Public Health and Business.

The UofT was an author and/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. Process Evaluation and Products

Website

A CIHLC website, created by UofT through the Secretariat, provided a platform to share information about the project, and was visited by users from over 100 countries.

As an illustration of the impact of knowledge dissemination, corresponding to two visits by Dr. Verma to Brazil, over 330 users in Brazil accessed the website to read about the project.

Foundational Documents

UofT led the creation of several foundational documents that provided strategic direction and guidelines for the CIHLC and its UHN partners. At the onset of the project, a document outlined the scope of the partnership, governance and leadership, roles and responsibilities, and other broad guiding principles for collaboration, for the activities of the CIHLC. A companion document laid out principles and processes around grant applications and funding, knowledge transfer and intellectual property. When the CIHLC entered a partnership with the UHN to adapt and pilot the CCL Program, UofT led the creation of policies and guidelines around intellectual property and authorship before, during, and after completion of the evaluated program.

Financial and Narrative Reports

A requirement of the MOHLTC TPA was for UofT to submit quarterly and year-end financial reports, bi-annual progress reports and annual narrative reports on the project. With input from the other sites, UofT prepared these reports along with periodic progress reports for the Institute of Medicine, the five Deans of Medicine and Health Sciences, and others as needed.
Program Development, Implementation and Evaluation

The CIHLC created the design for an education program using the key elements from the research conducted, using blended learning methodologies, and targeting managers and executives. When it became clear that there were similar interprofessional leadership programs that could be utilized and modified as a means to reduce system redundancy, the UofT met with several potential programs. With input from the other sites, it identified the University Health Network’s Collaborative Change Leadership (CCL) Program as an exemplar in collaborative leadership for system change and one that most closely aligned with the CIHLC project vision and proposed design. The CIHLC and UHN entered a partnership to create an advanced collaborative leadership program with the additions of community engagement and social accountability content, an online presence and an enhanced evaluation.

Professor Tassone led the planning process for the CIHLC and CCL faculty to create the Integrated CCL Program 2014-2015 design and curriculum, to be used as the CIHLC’s proof of concept.

Professor Tassone, in consultation with the partners, provided strategic direction and oversight of the Integrated CCL Program. In classroom and online teaching was provided to the learners, as well as coaching of teams to support integration of learnings. In addition, Professor Tassone was the co-lead for the CCL Program evaluation, together with Dr. Lesley Bainbridge at UBC, who provided support to the evaluation team and the partners for the planning, implementation and evaluation of the Program. The UofT, through the Secretariat, provided resources for administration, coordination and management of the Integrated CCL Program.

All CIHLC partners were represented on the Integrated CCL Program through their site-sponsored Capstone initiative. There were five Toronto-based teams supported by UofT affiliated TAHSN hospitals: St. Joseph’s Health Centre, The Hospital for Sick Children (SickKids), Sunnybrook Health Sciences Centre, and two from the University Health Network.

The Integrated CCL Program 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.

E. Other Activities

Throughout the project, UofT co-chaired and contributed to teleconferences and in-person meetings of the National Steering Committee and other short-term subcommittees and managed the day to day operational and administrative requirements of the project. UofT and the Secretariat managed the administration of funding allocation to its partners.
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 a consensus study.

Dr. Verma and Professor Tassone were lead authors for three posters and participants on an additional five posters; they led three workshops and participated on an additional two workshops; and, were speakers at eight meetings/conferences. Please see Appendix A - Publications, Posters, Workshops and Presentations for a list of UofT citations.

The key manuscripts and book chapters that were co-authored by UofT faculty and staff that have been published or are in press are listed below.


5. FUNDING

When the CIHLC was selected by the IOM without the corresponding funding, the UofT Faculty of Medicine provided $300,000 to initiate project activities and establish a Secretariat. In the first year, the UofT co-leads contacted over 25 research granting organizations, governments, and other organizations to secure funds.

The UofT was successful in securing funding from the Ontario Ministry of Health and Long-Term Care as the contribution for the three Ontario universities on the project. The UofT fully executed a Transfer Payment Agreement with the MOHLTC for funding of $2.7 million over three years between April 1, 2012 and March 31, 2015, and in turn, established Letters of Understanding with NOSM and Queen’s. The UofT was responsible for this TPA and was accountable for this government funding and its deliverables over the three year period.

The UofT and the Secretariat received an allocation over three years to support the overall project activities.
Reflections

“We are very grateful to the Province of Ontario and the Institute of Medicine for supporting this innovative project and for their acknowledgment that “collaborative leadership” is necessary to make partnerships work, for traditional leaders to be more participative and inclusive, and for distributed or shared leadership to be taught to manage complex enterprises. The Lancet Commission on Health Professionals for the Twenty-first Century laid out the manifesto for sweeping reforms, but these would not be possible without strong transformative leadership, our CIHLC project through the IOM and across the Canadian landscape has provided proof that such leadership, such collaboration is truly feasible and attainable.”

Dr. Sarita Verma, Project Co-Lead and member of the IOM Global Forum on Innovations in Health Professional Education

Reflections

“The CIHLC has broadened the dialogue, scientific literature and the system’s capacity for collaborative leadership as a critical enabler of patient-centred and sustainable, publicly-funded health care. The question now is how we collectively reach a tipping point for the type of leadership that is needed for the complex patient and systems issues facing us as a society.”

Professor Maria Tassone, Project Co-Lead and designated alternate to the IOM Global Forum


APPENDIX A

Publications, Posters, Workshops and Presentations

PUBLICATIONS


POSTERS


WORKSHOPS


PRESENTATIONS AND KEYNOTE SPEECHES


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.