



ENVIRONMENTAL SCAN

**INTERPROFESSIONAL EDUCATIONAL LEARNING OPPORTUNITIES
WITHIN THE HEALTH SCIENCES, UNIVERSITY OF TORONTO**

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For:
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Executive Summary - Interprofessional Education and Environmental Scan

The Council of Health Sciences Deans at the University of Toronto have stated that by 2009, University of Toronto health professional students, pre- and post-licensure, will participate in a longitudinal curriculum to acquire the core competencies needed to provide patient-centered care in an inter-professional, collaborative team practice environment, both on campus and at experiential practice sites.

The Office of Interprofessional Education, established in January 2006 by the Council of Health Sciences Deans (CHSD), will aid in the development of the longitudinal Interprofessional Education (IPE) curriculum for students. More specifically, the office exists to:

- Share teaching and learning goals among health professional programs enabling skill development in patient-centered collaborative team practice.
- Establish IPE in clinical teaching sites in affiliated hospitals and community sites.
- Engage health professional students in multi-disciplinary learning groups throughout training.
- Develop simulations and case studies to enable delivery of IPE.
- Enhance expertise in IPE through faculty development.
- Develop innovative methods for, and Assessment of, IPE through research.

Through a Ministry of Training, Colleges and Universities Grant (submitted by and awarded to the CHSD and the Toronto Academic Health Sciences Network (TAHSN), funds became available to develop five learning modules and five placement settings for IPE as pilots. This grant is considered to be a vehicle for catalyzing the development of the longitudinal IPE curriculum. The MTCU grant, which continues until 2009, supported an **environmental scan** of current curricula within the Faculties of Health Sciences to where IPE currently exists or where the possibilities might be envisioned for future development. The environmental scan looked for learning situations where:

- Students from different health professions learn in a common setting
- Students, either uni-professional or multi-professional, learn from faculty from more than one health profession
- Students are placed in a multi-professional environment as part of their practical training
- Content within the learning activity includes subject matter that could be considered important for teaching IPE competencies: ethics, professionalism, teambuilding, conflict resolution, understanding the larger health care system, chronic disease management, end-of-life/palliative care, acute care, community care, etc.

The scan took place during the summer of 2007 and reflected the 2006-2007, and 2007-2008 curricula.

Method

The following faculties and specific departments were included in the scan: Dentistry, Medical Radiation Sciences, Medicine, Nursing, Occupational Science & Occupational Therapy,

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Pharmacy, Physical Education and Health, Physical Therapy, Social Work, and Speech-Language Pathology.

Based upon an Interprofessional Education retreat held in September 2007, faculty highlighted subject areas and placements where they felt IPE competencies could be easily incorporated. The belief is that certain topic areas like palliative care or certain placements, for example, rehabilitation care can easily incorporate IPE competencies, as it is integral part to the delivery of care. With this colloquial information we decided to use the keywords found in TABLE 1 for this environmental scan. This is a first iteration of an environmental scan of this type. Highlighting where IPE learning may currently exist must first be assessed in order for us to move forward on curricular change.

TABLE 1: Environmental Scan Keywords

- Community health
- Wellness & prevention
- Chronic disease management
- Enhancing end of life care
- Critical care & patient safety
- Interprofessional
- Ethics
- Conflict resolution
- Palliative care
- Diabetes (subset of chronic disease)
- Professionalism (Roles, responsibilities, accountabilities, scope)
- Communication
- Primary/ambulatory/community care
- Rehabilitation
- Acute care/pediatrics
- Rural/remote/international
- Long-term care
- Context and culture of healthcare system
- Collaboration/teamwork
- Optimizing client/patient/family health outcomes
- Patient/client/relationship-centred care
- Change
- Emergency planning/preparedness

The scan involved reviewing course calendars and syllabi, searching for courses with IPE competency content and those involving areas that due to the nature of the topic serve as good vehicles to teach ethics, collaboration/teamwork, and conflict resolution. In addition to the (documentary) analysis of print sources, correspondence with faculty directors, lecturers, and administrative staff helped to determine which courses would be included and to elucidate their relevance to IPE. Course listings involving the above were compiled as well as listings of all the placement locations where students undertake educational activities. Other information, such as information on IPE events, was found through faculty websites and personal correspondence.

Results

Based upon the scan, it was found that current learning opportunities exist that teach IPE competencies, and there are many current placements, learning modules, lectures and seminars that have the potential to incorporate IPE competencies. The presence of IPE was found in differing degrees in all faculty and departmental programs involved in the scan. While some departments approach IPE curriculum in an embedded longitudinal track, others present IPE curriculum through specific events and seminars. Either way, more work will need to be done to fulfill the U of T's goal of implementing a longitudinal curriculum in IPE by 2009.

Although effort was made to be as accurate as possible, it is recognized that some information may not have been included that might indeed contribute to the IPE curriculum development. It is anticipated that the environmental scan will provide a foundation from which opportunities can arise from and will grow as further dialog and exploration with faculties continue in the coming years.

Overview of Findings

1) Several faculties and departments have implemented a longitudinal IPE curriculum through actual courses or schedule seminars and events. These are; Medical Radiation Sciences (at the Michener Institute), Occupational Science & Occupational Therapy, Physical Therapy, and Speech-Language Pathology.

2) There are at least 653 placement locations for University of Toronto and Michener students. As expected, the clinical placement locations which serve the broadest range of health sciences students were generally found in the biggest institutions, in and around the GTA. Those serving five or more disciplines at any one clinical site/ward/unit are the following:

- Baycrest Centre for Geriatric Care (6 disciplines)
- Bloorview Kids Rehab (6 disciplines)
- Bridgepoint Health Centre (6 disciplines)
- Centre for Addiction and Mental Health - College Street site (5 disciplines)
- Credit Valley Hospital (5 disciplines)
- Hospital for Sick Children (6 disciplines)
- Mount Sinai Hospital (6 disciplines)
- Princess Margaret Hospital (5 disciplines)
- Providence Healthcare (5 disciplines)
- Scarborough General Hospital (6 disciplines)
- Scarborough Grace Hospital (6 disciplines)
- St. Joseph's Health Centre (5 disciplines)
- St. Michael's Hospital (5 disciplines)
- Sunnybrook Health Sciences Centre (6 disciplines)
- Toronto East General Hospital (7 disciplines)
- Toronto General Hospital (6 disciplines)
- Toronto Rehabilitation Institute (5 disciplines)
- Toronto Western Hospital (6 disciplines)

- Trillium Health Centre (5 disciplines)
- York Central Hospital (5 disciplines)

We were not able to gather any specific information on placements for the Doctor of Dentistry program. This will need to be considered as IPE curriculum development moves forward.

The most common placement time for first year students across programs is during the month of May. For second year students, November is the most common month for placements. For those programs that have third year students, October and November are the most common months for placements, however note that the overall number of students involved in placements drops in this year due to the fact that many of the faculties/departments have a two year program. Only three faculties/departments (Medicine, Pharmacy and Physical Education & Health have student placements in the fourth year of their programs. These placements commonly occur between January and March.

3) All disciplines included in the scan appear to have current learning opportunities that can incorporate IPE competencies. Furthermore, all disciplines promote and foster professionalism, as well as patient/client-centred care.

4) Based on the findings in the scan, the following areas are suggested for points of convergence or adaptation for IPE credit. The results are interesting in that they were not precisely aligned with the keywords or search criteria in all cases, but emerged as common themes and as opportunities for IPE:

- The healthcare system as a whole, including regulatory bodies, policies & politics
- Anatomy
- Disease patho-biology
- Healthcare provider and patient/client dynamics, theories of teamwork and interpersonal process, organizational dynamics
- Nutrition
- Ethics
- Aging, Geriatric Care
- Chronic Disease Management
- Pain Management
- Professionalism & Communication

Conclusion

Based upon the findings of the environmental scan a number of opportunities exist that we can utilize as we develop the longitudinal curriculum. The process forward will require the InterFaculty Curriculum Committee work with this document to assist in making meaningful curriculum recommendations for 2009.

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