

The Catalyzing and Sustaining Communities of Collaboration Around Interprofessional Care Project

Summary Report

A University of Toronto and Toronto Academic Health Sciences Network partnership for the Ministry of Health and Long-Term Care's Interprofessional, Mentoring, Preceptorship, Leadership, and Coaching (IMPLC) Fund

Supported by the Ontario Ministry of Health & Long-Term Care through the
Interprofessional Mentorship, Preceptorship, Leadership and Coaching Fund

Submitted by:

The University of Toronto Council of Health Science Deans

In partnership with:

The Toronto Academic Health Sciences Network



For more information about the *Catalyzing and Sustaining Communities of Collaboration Around Interprofessional Care Project*, other interprofessional education and interprofessional care projects and/or copies of this report, please contact:

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We would like to thank the Ministry of Health and Long-Term Care for funding this project. To the Council of Health Science Deans (CHSD) at U of T and the Chief Executive Officers who represent hospitals affiliated with the Toronto Academic Health Sciences Network (TAHSN), we thank you for your leadership in supporting this project. Steering committee members, the Project team and Project administrators invested significant time, commitment and effort to see this project through. Their efforts have yielded benefits throughout the health care system.

EXECUTIVE SUMMARY

The Catalyzing and Sustaining Communities of Collaboration Around Interprofessional Care Project (CCIC) Project was a joint effort between the Council of Health Science Deans (CHSD) at the University of Toronto (U of T) and the Toronto Academic Health Sciences Network (TAHSN). Funded by the Ministry of Health and Long-Term Care's (MOHLTC) HealthForceOntario Interprofessional Mentorship, Preceptorship, Leadership and Coaching (IMPLC) Fund for \$3.4 million dollars, the Project included six interprofessional initiatives linked by a comprehensive evaluation and change management strategy.

Led and supported by the Office of Interprofessional Education, U of T, the overall goal of the CCIC Project was to create an environment that assisted health professionals to learn how to become competent in collaboration at the organizational and practice levels. The Project provided an opportunity for the 13 hospitals affiliated with U of T to work together to address some of the key objectives of the Ministry's HealthForceOntario *Health Human Resource Strategy*. A vision was developed and tools were created to advance team-based practice. A paradigm shift in healthcare has started but sustainable change requires time, infrastructure and continued advocacy and support.

The success of the CCIC Project lies primarily in fostering linkages, developing tools and catalyzing the need to embed interprofessional care (IPC) as a process for enhancing patient care.

Project work included:

- Building leadership capacity – This required assisting hospital leaders to be champions of change
- Matching mentors/role models trained in IPC with new or experienced professionals within and/or outside the same discipline
- Assisting other sites to develop interprofessional placement programs to support learners and preceptors
- Providing coaching and mentorship strategies and tools to leaders and leadership teams in emergency departments and general internal medicine departments

Each initiative created a number of interprofessional education (IPE) tools and resources to advance IPC. The tools were created to address needs at the clinical, administrative and educator levels. The end results from all the initiatives were compiled into the IMPLC Super Toolkit, available through the Office of Interprofessional Education, U of T at www.ipe.utoronto.ca.

As part of this project, a two-day Sustainability Conference was held in June 2007. This conference brought together over 130 educators, practitioners, researchers and hospital administrators. The conference provided participants with an opportunity to develop a plan for IPC across TAHSN and to discuss ways to advance IPC. Conference proceedings can be found at: www.ipe.utoronto.ca.

In addition, IPC “seed-funding” was provided to the 13 TAHSN institutions as well as to the U of T Faculties of Health Sciences, including the Department of Rehabilitation Sciences, to further catalyze IPE and IPC practice innovations across Toronto.

Next Steps & Recommendations

Program participants made a number of recommendations related to sustaining the early gains generated by the CCIC Project:

- Secure operational funding to support the on-going work
- Provide new staff with the opportunity to get up to speed with IPC issues
- Train a larger group of IPE facilitators within each institution to avoid burn-out
- Maintain appropriate and effective communication across TAHSN by creating a communications system to keep all institutions informed
- Future activities need to be adequately funded with sufficient amounts of time allocated specifically for IPE/IPC work
- The Office of Interprofessional Education, U of T should continue to provide a central coordinating role

A more cohesive collaborative community has emerged as a result of the CCIC Project. The evaluation conducted showed that the Project was successful in raising awareness of IPC, enhancing IPC knowledge/skills, developing IPE learning materials for practitioners, introducing organizational changes, and helping to establish a foundation for collaborative care across TAHSN. The TAHSN network is embracing the value of IPE and IPC and is recognizing the transformative effect of this approach. In order to build a sustainable IPE and IPC infrastructure, more opportunities to expand mentorship, leadership and preceptorship programs must be created.

To this end, CHSD at U of T asked the Office of Interprofessional Education to strike an Interprofessional Education Task Force in September 2007. The goal of the Task Force is to develop a strategic plan for a University/TASHN wide IPE centre. The Task Force, made up of leaders from the University and TAHSN, represent a spectrum of health professions. They are expected to deliver a proposal related to an IPE centre by Spring 2008. Given the attention IPE has within the Local Health Integration Networks, the provincial government and the federal government, U of T and TAHSN have an important leadership role to play in advancing scholarship and in shaping a new generation of health professionals who value the necessity for interprofessional collaboration to enhance patient-centred care and to optimize health human resources.

1.0 INTRODUCTION

From February to July 2007, the CCIC Project was developed in collaboration with the Office of Interprofessional Education, U of T to support the Ontario government's HealthForceOntario's *Health Human Resource Strategy* to encourage health care workers to work collaboratively. A collaborative team environment can lead to better patient care, greater job satisfaction for health care providers and greater efficiency for the health care system. The focus of the Project was targeted at the learning environment in teaching hospitals.

This report outlines the initiatives undertaken as part of the Project. It includes a summary of the IMPLC Super Toolkit, a summary of the Co-Creating the Future For Interprofessional Care: Sustainability Conference, the Project evaluation results and recommendations for creating sustainability.

About the Catalyzing and Sustaining Communities of Collaboration Around Interprofessional Care (CCIC) Project

The intention of the CCIC Project was to:

- Build leadership capacity in IPC and assist hospital leaders to be “champions” of change.

- Promote IPC by matching mentors / role models trained in IPC with new or experienced professionals within and /or outside the same discipline.
- Assist other sites to develop placement programs to support learners and preceptors.
- Provide coaching and mentorship strategies and tools to leaders and leadership teams in emergency departments and general internal medicine departments.

Figure 1: CCIC Project Organization



The six initiatives that made up the CCIC Project are listed below:

Interprofessional Leadership

- Leadership: Creating Communities of Practice for Interprofessional Care – The Centre for Faculty Development, Faculty of Medicine, U of T at St. Michael’s Hospital, and the Office of Interprofessional Education, U of T

Interprofessional Mentorship

- Community of Mentorship Professionals Assisting and Supporting Students/ Staff (COMPASS): Mentoring the Mentors Leadership Program – St. Michael’s Hospital and Bridgepoint Health

Interprofessional Preceptorship

- Interprofessional Education Preceptorship / Clinical Placement Program –Toronto Rehabilitation Institute

Interprofessional Coaching

- Interprofessional Coaching and Leadership: Transforming Care Through Collaboration – University Health Network (UHN)
- Interprofessional Education for Collaborative Patient and Family-Centred Care – Mount Sinai Hospital
- Interprofessional Prevention of Delirium Project (IPPOD): Best Practice in Emergency Elder Care – Sunnybrook Health Sciences Centre

To integrate the six initiatives, a conscious effort to create linkages was made. This was facilitated through a comprehensive evaluation strategy led by The Wilson Centre for Research in Education, U of T, and the Centre for Faculty Development, Faculty of Medicine, U of T at St. Michael’s Hospital and an overall change management strategy led by a consultation team from The Potential Group.

In addition to these initiatives, \$226,500 in IPC “seed-funding” was distributed to the 13 TAHSN Institutions and to the U of T Faculties of Health Sciences, including the Department of Rehabilitation Sciences. The purpose of this funding was to catalyze IPE and IPC practice innovations across Toronto to help further provide awareness and develop leadership capacity. This seed-funding has supported the development of IPC/IPE projects, workshops and tools, and facilitated leadership opportunities to enhance IPC/IPE work already underway within each of the hospitals and Faculties.

Project Successes

The IPE outcomes of this Project are numerous. In addition to the fact that the efforts of the initiatives reached 1,000 health care professionals, administrators and hospital staff, tangible outcomes included the creation of workshops, curricula, manuals, websites and a DVD. The Project’s evaluation team found that these IPE programs were successful on a number of levels:

- Raising awareness of IPC issues
- Enhancing IPC knowledge/ skills
- Development of learning materials aimed at supporting IPE
- Introducing organizational changes designed to promote IPE/IPC
- Helping to set the foundations for collaborative culture across TAHSN

The following summaries outline the individual initiatives that made up the CCIC Project. More information on the outcomes from these initiatives can also be found in the IMPLC Super Toolkit. Visit the toolkit at www.ipe.utoronto.ca.

2.0 INITIATIVE SUMMARIES



Leadership: Creating Communities of Practice for Interprofessional Collaboration in Toronto

Leads

- The Centre for Faculty Development, Faculty of Medicine, U of T at St. Michael's Hospital
- The Office of Interprofessional Education, U of T

Goal

To build leadership capacity in IPC within the U of T's academic teaching community.

Description

A project team of six to eight leaders and front-line clinicians from each of 13 TAHSN hospitals attended a three-phase program that was designed to build leadership capacity in IPC within and between their institutions.

This initiative involved approximately 80 health care leaders from the 13 TAHSN institutions. Representation included: dietitians, nurses, pharmacists, physicians, physiotherapists, occupational therapists, respiratory therapists, speech language pathologists and social workers. In addition, a number of health care administrators participated.

Outputs

- 3-day ehpic (educating health professional for interprofessional collaboration) Leadership course
- A series of 'Ask the Experts' workshops on topics related to successful interprofessional collaboration
- 'IPC Leaders' website - for information sharing and to house workshop materials
- Creation/start of a community of practice around IPC



Community of Mentorship Professionals Assisting and Supporting Students/Staff (COMPASS): Mentoring the Mentors Leadership Program

Leads

- St. Michael's Hospital
- Bridgepoint Health

Goal

To design, implement and evaluate educational and virtual communities of practice models to embed IPC through mentorship exchanges.

Description

This initiative drew 43 mentees and 44 mentors from 13 health care professions across two hospitals. The professions included were medicine, nursing, occupational therapy, speech language pathology, physiotherapy, kinesiology, social work, lab technicians, dietetics, respiratory therapy, pharmacy, dental hygiene and chiropractics, and included new graduates, professionals in new roles and medical students. There were four key components to this initiative:

1. A mentor/mentee matching process where different disciplines were matched together according to the alignment of the mentee's areas of interest and the mentor's competencies.
2. A mentor/mentee orientation session and supporting materials focusing on the elements of workplace learning and mentoring, and how they integrate into the cornerstones of interprofessional collaboration.
3. An online, web-based social utility network (social networking website) to assist health care professionals in their quest to find a mentor and to capture information about the quantity/quality of mentoring/networking interactions.
4. An evaluation plan to collect information on the mentorship relationship and how it is perceived to impact interprofessional collaboration.

Outputs

- St. Michael's Hospital and Bridgepoint IPC Mentorship Program: workshops and process for mentoring
- LinkHealthPro online networking website



Interprofessional Education Preceptorship / Clinical Placement Program

Lead

- Toronto Rehabilitation Institute

Goal

To assist TAHSN institutions in developing IPE student placement programs by building an enduring, modifiable toolkit of resources.

Description

Five major activities were part of this initiative:

1. A needs assessment of Greater Toronto Area hospitals
2. Development of a toolkit to enable other hospitals to host IPE placements
3. Hosting an IPE placement facilitator workshop
4. Partnership with Bloorview Kids Rehab to pilot the processes and materials of the first IPE placement program at Bloorview Kids Rehab
5. Development of resources to support interprofessional learning opportunities for both IPE and Non-IPE placements included as part of the toolkit

The workshops reached 261 health professionals from 13 professions including medicine, nursing, occupational therapy, physiotherapy, speech language pathology, nutrition, psychology, social work, therapeutic recreation, early childhood education, chaplaincy, health administration and research. In addition, 42 students from 13 professions participated in formal IPE student placements at Toronto Rehabilitation Institute and Bloorview Kids Rehab.

Outputs

- “Facilitating Interprofessional Clinical Learning: Inteprofessional Education (IPE) Placements and Other Opportunities” toolkit
- “Facilitating Interprofessional Collaboration with Students” DVD and facilitator’s guide



Interprofessional Coaching and Leadership: Transforming Care Through Collaboration

Leads

- University Health Network

Goal

To build on the development, implementation and evaluation of an interprofessional leadership and coaching team at UHN through a process of team renewal and staff engagement specific to general internal medicine (GIM).

Description

An interprofessional team of clinical and administrative leaders, supported by experts in appreciative inquiry and change management, worked together to develop an interprofessional framework and tools to coach collaborative practice. Four hundred and fifty staff members and GIM leaders attended a health assessment course, and 54 health care staff from nursing, physiotherapy, social work, occupational therapy, respiratory therapy, clinical nutrition, chaplaincy and speech language pathology, attended a patient-centred care course. In addition, 45 GIM leaders from all disciplines attended the leadership coaching component of this initiative.

Outputs

- Development, implementation and evaluation of two curricula:
 - “Refreshing, Renewing, and Revitalizing Health Assessment”
 - “Patient Centred-Care/Interprofessional Collaboration”
- Group coaching of interprofessional leaders
- Development of a web-based guide on leading and coaching an interprofessional transformation



Interprofessional Education for Collaborative Patient and Family-Centred Care

Lead

- Mount Sinai Hospital

Goal

To develop core resource teams that can teach, practice, and lead from an interprofessional collaborative patient and family-centred care perspective (PFCC).

Description

A variety of interprofessional coaching strategies were developed to bridge the gap between IPE and service delivery within a patient- and family-centred model of care. The initiative, which focused on activities related to training, developing curricula and skills awareness building, was rolled out over three phases.

Fifty-two health care professionals from nursing, respiratory therapy, occupational therapy, physiotherapy, nutrition, social work, speech language pathology, medicine, pharmacy and community care access attended the clinical team workshop. An additional senior management coaching workshop was scheduled to be held in the Fall 2007.

Outputs

- “Interprofessional Education and Collaboration for Patient- and Family-Centred Care” e-learning module
- “Sustainability for Collaborative Patient- and Family-Centred Care” senior management coaching workshop
- “Interprofessional Education: Making a Difference for Collaborative Patient- and Family-Centred Care” clinical team coaching workshop



Interprofessional Prevention of Delirium Project (IPPOD): Best Practice in Emergency Elder Care

Lead

- Sunnybrook Health Sciences Centre

Goal

To develop an interprofessional coaching team that could design and deliver a curriculum of best practices in delirium prevention for emergency department staff involved in the care of elderly patients.

Description

Following the creation of the interprofessional coaching team, strategies were developed to promote interprofessional collaboration for the prevention of delirium in elderly patients in the emergency department. These strategies were the focus of a 4-hour workshop, facilitated by the emergency department educator and geriatric nurse clinician, who analyzed the competencies of a given emergency department team, and then worked to improve these competencies.

More than 116 staff participated in the workshops. Eighty-six of the 116 were health care professionals from nursing, medicine, pharmacy, geriatric nurse clinicians, mental health crisis team nurse clinicians, social work and emergency medical services (EMS/paramedics). Other participants included security guards, volunteers, patient service providers, and patient administrative associates.

Outputs

- IPPOD workshop: “Working Together to Prevent Delirium”
- IPPOD workshop: “Developing an Interprofessional Coaching Team”
- IPPOD: Interprofessional Prevention of Delirium website

3.0 LEADING CHANGE AND SUSTAINING INTERPROFESSIONAL COLLABORATION AND EDUCATION

Integration of the six initiatives that make up the CCIC Project was facilitated by a project wide change management strategy led by the Potential Group. The focus of the change management strategy was to build and monitor momentum for the overall agenda of moving IPC and IPE forward within the TAHSN hospitals.

The change management component of the Project involved working with the Project's steering committee members and each of the hospitals involved to create focus, clarity and direction for the work around IPC. Some specific actions included:

- Supporting leaders in creating effective, visionary strategies and plans for their work on IPC
- Guiding leaders in recognizing that every organization already has some form of interprofessional collaboration at work, and to support them in identifying and growing it
- Fostering conversations about the emerging concept of collaboration across the network

Interprofessional collaboration is not an end in itself; it is a key driver to achieve key focus areas within health care.

- Providing support to the specific interventions in each site to support the integration of IPC
- Fostering a community of practice across the network by integrating learning and exploration from site-specific projects

Core Themes at a Glance

Over the course of the Project, several core themes emerged:

1. Interprofessional collaboration is not an end in itself; it is a key driver to achieve key focus areas within health care. Professionals need a bigger mandate to help drive their collaborative efforts.
2. Effective teamwork is driven by a clear and commonly created vision and focus for the unit, department or clinical team.
3. IPC is a movement that can be supported and enabled across the system.
4. Sustainability will be a function of our ability to link collaborative practice to key items on the health care agenda. Leaders and decision makers need to see what value IPC can bring to their mandates. IPC should be linked into the strategic plans of each institution.

5. We need to be clear about what we are asking senior leaders to endorse and support around IPC and IPE.

Key Advances from a Change Perspective

The initiative's leaders and audiences were very receptive to the change management work put forth. The following are the key change management advances that took place over the course of the Project that will benefit the system going forward:

- Representatives from each of the TAHSN hospitals have experienced the value of collaboration.
- The level of understanding about how to build and sustain IPC has grown substantially. Leaders from all hospitals understand IPC and can articulate what it is and how it can support key goals in health care.
- IPC/IPE received tremendous attention and is now firmly on the agenda of every hospital in the system.
- We have built a strong commitment to sustainability.

- Approximately 1,000 professionals were directly or indirectly impacted by the change management work.

Appreciative Inquiry

An Appreciative Inquiry* (AI) approach was used. AI is a strength-based, capacity building approach to transforming human systems toward a shared image of their most positive potential by first discovering the very best in their shared experience.

* Barrett FJ, Fry RE. *Appreciative Inquiry*. Chagrin Falls, Ohio: Taos Institute Publication; 2005.

4.0 THE IMPLC SUPER TOOLKIT

The IMPLC Super Toolkit is a compilation of the tools created throughout the CCIC Project and supports the Project's knowledge transfer and dissemination goals.

IMPLC Super Toolkit Contents

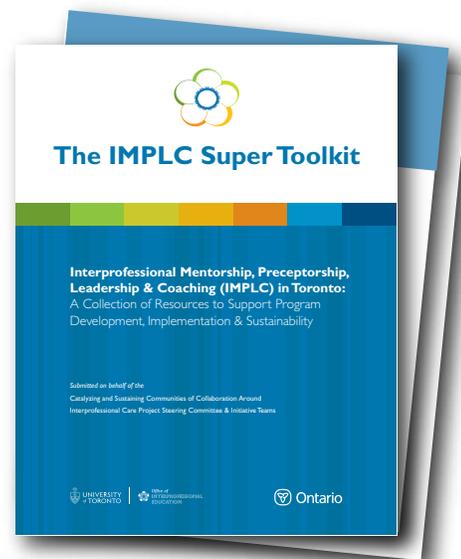
For each of the IMPLC initiatives, the following information is provided in sequence:

1. Project overview
2. Message from project lead(s)
3. Key insights and lessons learned
4. One page summaries of the tools and resources created

In addition to the information and resources presented in the hardcopy of the toolkit, the online version includes resource samples and other project materials.

All of the resources presented in the IMPLC Super Toolkit can be accessed by contacting the Office of Interprofessional Education, U of T by email, or by visiting the web site.

Email: ipe.info@utoronto.ca
Website: www.ipe.utoronto.ca



5.0 CO-CREATING THE FUTURE FOR INTERPROFESSIONAL CARE: SUSTAINABILITY CONFERENCE SUMMARY

An essential component of the CCIC Project was the “Co-Creating the Future for Interprofessional Care: Sustainability Conference.”

On June 21 and 22, 2007, over 130 educators, practitioners, researchers and hospital administrators attended this conference, which provided an opportunity for leaders in IPE and IPC to share their experiences, build their community of interest, and develop a plan to sustain IPE and IPC in TAHSN hospitals. A common vision and goal for interprofessional collaboration within clinical settings was developed in order to support better patient care and health professional learner education. The conclusion of the conference provided the attendees the opportunity to present their work to Dr. Joshua Tepper, Assistant Deputy Minister, MOHLTC. They also identified key action steps for IPE and IPC, including:

‘The IPC Manifesto for Action’

For Practitioners

- Within one year, have one IPC champion within each of the TAHSN organizations.
- Ensure clinical team members are aligned either geographically or by personnel (not by discipline).

- Within one year, 25 per cent of every discipline or occupation should have some sort of IPC education and accompanying tools.

For Educators

- Adapt IPE leadership courses geared to clinical faculty for professional development at all levels of the institutions/organizations.
- Revise the U of T Department of Public Health Sciences “Determinants of Community Health” course so that it contains IPE concepts to allow students to follow a patient through the entire continuum of care.
- Use existing technology to develop electronic curriculum models that enhance and foster collaborative communication between students. For example, create virtual teams of students between different professional groups and link this to the current mentorship program.

For Researchers

- Build an accountability mechanism to measure the IPC process.

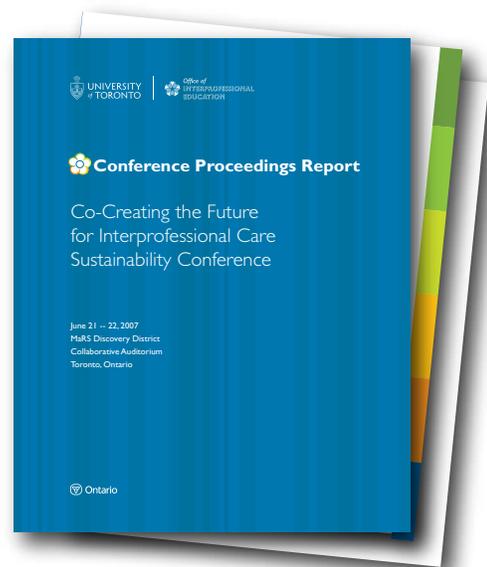
- Develop common outcomes, measures, and methodologies for IPC across TAHSN that can be shared among researchers.

For Administrators/Executives

- Develop an IPC scorecard using indicators and metrics pulled from existing evaluation and measurement tools (patient & employee satisfaction, accreditation standards, etc.).
- Establish and support a structure to take on the IPC agenda while considering how to utilize existing structures.

Conference participants described an ideal IPC state (or vision) within their individual environments. Elements of this vision included:

- A broad cultural shift where IPC is the expected norm.
- Organizational structures where IPC is embedded in: hiring, expectations, rewards, incentives, and accountabilities.
- The specific scope of each discipline is respected, while working interprofessionally.
- Clear links between IPC and each institution's strategic goals.
- IPC Scorecards with annual targets to measure results.
- A strong IPC research agenda across TAHSN.
- Specific IPC focused-roles within each institution.



Conference participants expressed a willingness to share their learnings with colleagues and committed to advance IPC within their organizations or health care environments. The Office of Interprofessional Education, U of T plans to take the “Proposed IPC Manifesto” to key leaders who can put the conference recommendations into action.

A copy of the conference proceedings report can be found at www.ipe.utoronto.ca

6.0 PROJECT EVALUATION FINDINGS

An overarching evaluation approach was used for this Project. Pre/post program interview data were gathered from a wide range of initiative developers, facilitators and attendees. Ethics approval was received from all relevant ethics research committees across the hospitals and at U of T. A total of 164 interviews were conducted, and 355 pre-program attendee surveys gathered. To date, 157 post-program surveys have been completed, and data collection is on-going.

Project Findings and Evaluation

- The evaluation indicated the IPE initiatives were successful on a number of levels:
 - Raising awareness of IPC issues
 - Enhancing IPC knowledge/skills
 - Development of learning materials aimed at supporting IPE
 - Introducing organizational changes designed to promote IPE/IPC
 - Helping to set the foundations for collaborative culture across TAHSN
- A number of challenges exist for implementing and sustaining IPE/IPC: the need to obtain sufficient time, salary and career advancement opportunities, the need to ensure IPE/IPC are embedded within the organization's accountability and evaluation structures, as well as systemic factors such as health professional hierarchies, physician remuneration and intellectual property.
- Further evidence is required to develop an understanding of the longer-term issues related to successfully integrating IPE/IPC across these complex clinical and educational institutions, as well as beginning to examine the impact of IPC on the delivery of patient care.
- Attendees noted they felt more comfortable approaching other health professionals to discuss patient care issues as a result of the Project.
- Project developers/facilitators valued the increased opportunities for inter-organizational collaboration, dialogue and learning through bringing together hospitals to share ideas and resources.
- Many organizations have begun to introduce structural changes (i.e. identification of IPE champions, development of relevant resources).
- Attendees valued the range of new tools that have been created (e.g. training manuals, curriculum/teaching materials). It was felt there was a need for such new tools to help embed IPE/IPC within the participating institutions.

Participant Feedback

- Initiative participants shared the following feedback related to their involvement in this project:
- The short timetable related to the development and delivery of the IPE initiatives was felt to impede the collaborative efforts for some participants.
- An important component of both embedding and sustaining the gains produced by the IPE initiatives was the need for organizational support for IPC, such as providing sufficient time, salary and career advancement opportunities. Otherwise, there was a fear that IPE/IPC would be regarded as 'add on' activities for clinical and academic institutions.
- Concern was raised regarding the limited involvement of physicians across all the IPE initiatives. It was agreed that future IPE/IPC developments should work hard to ensure a higher degree of physician participation.
- To successfully ensure that IPE/IPC could be embedded, there was a feeling that the IPE initiatives needed to be built into accountability/evaluation structures of all participating organizations.
- For many individuals, a number of systemic factors impeded the development of effective IPE/IPC. For example, the hierarchical nature of the health professions, the fee-for-service model and intellectual property rights were all considered potential barriers to collaboration.

7.0 RECOMMENDATIONS

The evaluation conducted showed that the Project was successful in raising awareness of IPC, enhancing IPC knowledge/skills, developing IPE learning materials for practitioners, introducing organizational changes, and helping to establish a foundation for collaborative care across TAHSN.

The Toronto Academic Health Sciences Network has embraced the value of IPE and IPC, and is recognizing the transformative effect of this approach. In order to build a sustainable IPE and IPC infrastructure, more opportunities to expand mentorship, leadership and preceptorship programs must be created.

Initiative participants made a number of recommendations related to sustaining the early gains generated by this Project:

- Secure operational funding to support the on-going work of the CCIC Project
- Provide new staff with the opportunity to get up to speed with IPC issues
- Train a larger group of IPE facilitators within each institution to avoid burn-out
- Maintain appropriate and effective communication across TAHSN by creating a communications system to keep all institutions informed
- Future activities need to be adequately funded with sufficient amounts of time allocated specifically for IPE/IPC work
- The Office of Interprofessional Education, U of T should continue to provide a central coordinating role

8.0 CONCLUSION

A more cohesive, collaborative community has emerged as a result of the CCIC Project.

The Project has been successful in raising awareness of IPC, enhancing IPC knowledge/skills and in developing IPE learning materials for practitioners. The Project was also instrumental in introducing organizational changes and helping to establish a foundation for collaborative care across TAHSN. The Office of Interprofessional Education, U of T is committed to building a sustainable IPE and IPC infrastructure. It will continue to pursue more opportunities to expand mentorship, leadership, coaching and preceptorship programs in partnership with education and health care sector leaders.

