



University of Toronto Interprofessional Education (IPE) Curriculum Report

2024–2025

Passionate Purpose

A continuously co-created, integrated, evidence-informed, interprofessional education curriculum that prepares health and social care learners for collaborative practice and system transformation.



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Executive Summary

The 2024–2025 Annual Interprofessional Education (IPE) Curriculum Report highlights a year of continued transformation and innovation in interprofessional learning at the University of Toronto. This year’s report captures both the strategic advancement of our curriculum refresh, and a collection of powerful stories that bring IPE to life through creativity, collaboration, and community engagement.

A key focus this year was the continued implementation of refreshed Year 2 foundational activities, including *Case-Based: Palliative Care* and *Conflict in Interprofessional Life*. These activities reflect a more integrated, reflective, and experiential model of learning and are closely aligned with the revised 2024 Canadian Interprofessional Health Collaborative (CIHC) [Competency Framework for Advancing Collaboration](#), which continues to be embedded across the IPE Curriculum. In September 2025, we will launch another refreshed foundational activity, *How Can We Collaborate for Quality? Supporting Clients and Families in Navigating Health and Social Services and Systems*, which focuses on system navigation and how a collaborative team approach to quality improvement can enhance care/services.

Additionally, the newly formed Workplace-Based Learning Working Group has been exploring how to better define and support IPE that occurs in practice-based settings. Workplace-based learning is situated in real care environments, guided by collaborative competencies, and co-facilitated by care partners, education leaders, and people with lived experience. It emphasizes experiential learning, purposeful reflection, team communication, and relationship-focused care which are all critical dimensions of learning that extend beyond the classroom.

This report also features highlights from elective offerings that deepen and expand the IPE experience for learners. Collectively, the stories you will read in this report reflect our deepening commitment to equity, inclusion, and collaborative readiness in health and social care education. As we continue to connect the classroom and the workplace, and the clinical with the creative, we remain focused on nurturing health and social care professionals who are equipped to listen, learn, and lead together.

CACHE extends its gratitude to all the faculty, practice leaders, learners, patients, family members, caregiver partners, and community collaborators who have contributed to the success of the IPE Curriculum. Their dedication and support have been instrumental in advancing the passionate purpose of a continuously co-created, integrated, evidence-informed IPE Curriculum.



Message from IFCC Chair, Rachelle Ashcroft & Curriculum Manager, Sabrina Bartlett

It's with appreciation that we present our annual curriculum report on the ongoing development and implementation of the Interprofessional Education (IPE) Curriculum. This document reflects the collective efforts, strategic collaboration, and unwavering commitment of our diverse teams who have worked diligently over the past year to enhance the quality, integration, and relevance of our IPE offerings.

The IPE Curriculum continues to evolve as a cornerstone of our institutional commitment to fostering collaborative, team-based learning across professions. The continued strengthening of the Interfaculty Curriculum Committee (IFCC) and the Interprofessional Education Leaders (IPEL) Network has played a critical role in guiding the academic and practical rigor and coherence of our shared curriculum. Through thoughtful dialogue, cross-program coordination, and evidence-informed decision-making, the IFCC and IPEL have ensured that our interprofessional initiatives remain responsive to emerging needs while aligning with broader uni-professional priorities.

We extend our sincere gratitude to each of you for your ongoing support and leadership in this endeavor. It is through your vision and collaborative spirit that we are able to sustain and grow a curriculum that not only meets the highest standards of excellence, but also reflects the values of inclusivity, innovation, and interprofessional practice and collaboration.

We look forward to our continued partnership as we build on these achievements in the years ahead.

Curriculum Refresh

The IPE Curriculum Refresh initiative is an opportunity to enhance the interprofessional learning experience for all health and social care learners at the University of Toronto. Now entering our third phase of the refresh, this initiative continues to be guided and co-created by our InterFaculty Curriculum Committee (IFCC) and uses evidence-informed educational science principles while continuing to build on the foundational and content-level revisions completed in the first two years. The result is a more integrated, inclusive, and practice-aligned IPE Curriculum.

To ensure the Curriculum Refresh is both meaningful and sustainable, curriculum design is anchored in a set of seven guiding principles that reflect current practice realities and best practices in IPE:

1. **Explicitly attending to Equity, Diversity, Indigeneity, Inclusion, and Accessibility (EDIIA):** Embedding EDIIA considerations into content, facilitation approaches, and critically reflexive representation across from governance through to curriculum.
2. **Engaging patient/client/family/caregiver and community partners meaningfully:** Emphasizing co-designed content rooted in lived experiences.
3. **Applying education science to IPE:** Integrating evidence-informed pedagogical approaches that support interprofessional competency development and enhance learning experiences.
4. **Reflecting on the diversity of team structures and functions:** Representing the many shapes and forms collaborative practice can take, including co-located and distributed teams as well as coordinated and networked practice.
5. **Aligning with health, social care, education, and community needs:** Ensuring the curriculum stays responsive to local and systemic challenges facing the health and social sectors.
6. **Integrating practice and education:** Ensuring strong and purposeful linkages between what happens in formal education and in “the real world” of collaborative practice.
7. **Prioritizing meaningful learning experiences:** Ensuring depth, reflection, and application over content volume.

What Have We Done So Far?

Phase 1 (Academic Year 2022–2023)

In the first phase of the curriculum refresh, efforts were focused on aligning Year 1 IPE foundational activities with the seven guiding principles:

- **Shifts in Language:** The term “Core” activities was replaced with “Foundational” activities to better reflect the curriculum’s structure and emphasize the essential knowledge and skills of interprofessional learning.
- **Activity Renaming:** Renaming will represent the alignment of our renewal efforts with the philosophies and best practices of interprofessional education and education science including productive struggle, active, dialogic and experiential learning, and integration. Titles were updated to more clearly



communicate each activity's key learning objectives. The Year 1 IPE foundational activities were renamed:

- "Teamwork: Your Future in Healthcare" is now titled **"Why Collaborative Healthcare? Learning from Stories and Science"**;
- "Roles of Health Professions and Team Dynamics" is now titled **"Who are your Collaborators? Valuing What We Do and Challenging What We Think"**;
- "Understanding Patient/Client Partnerships in a Team Context" is now titled **"Cultivating Team Partnerships: Learning from Lived Experiences"**.

Phase 2 (Academic Years 2023–2025)

The second phase focused on revising foundational IPE activities to ensure alignment with the revised 2024 Canadian Interprofessional Health Collaborative (CIHC) *Competency Framework for Advancing Collaboration*, practice-based realities, education design/science principles, and learner engagement. The following updates were made:

1. Why Collaborative Healthcare? Learning from Stories and Science

- This activity was updated to include revised learning objectives and streamlined small group discussions, emphasizing and valuing the learning that occurs through the integration of personal stories, experiential knowledge, and openness to exploring diverse perspectives.

2. Cultivating Team Partnerships: Learning from Lived Experiences

- The activity was redesigned to center equitable partnership and shared facilitation. Patient partners now co-facilitate the activity alongside clinicians and faculty, sharing insights as educators, not only as individuals with lived experience, supporting a more integrated and reciprocal model of knowledge sharing.

3. How Can We Collaborate for Quality Care? Supporting Clients and Families in Navigating Health & Social Care Systems

- Case content was revised to introduce meaningful variation, reflect real-world system complexity, and integrate education science principles.

4. Case-Based Palliative Care

- Content was adjusted to emphasize compassion, cultural safety, and inclusive family engagement practices.

All revisions were co-developed with input from IFCC, IPE Leaders (IPEL), faculty, patient partners, and facilitators, and included the addition of new discussion questions to deepen student engagement.

Additionally, the **Workplace Learning Group** was formed, representing diverse perspectives from academic, practice, and Interprofessional Collaboration (IPC) Network representation. This group advises the development and delivery of workplace learning activities. Their work this year focused on creating and presenting new models aimed at improving clarity, understanding, and communication of workplace-based learning across key audiences. A shared definition and guiding principles for workplace learning were also developed. In the year



ahead, these models will be considered for practice organizational supply, demand, and impact of workplace learning activities considering health professional program requirements, practitioner, and organizational capacity.

Phase 3 (Academic Year 2025–2026)

The third phase will focus on revising the **Conflict in Interprofessional Life** foundational activity.

- **Relevant Cases:** Content will be updated to reflect current interprofessional tensions in practice settings, including role ambiguity, systemic inequities, and power differentials.
- **Discussion Questions:** Additional time and prompts to be provided to support deeper small group discussions on navigating conflict.
- **Facilitator Support:** Recruitment and training efforts will be prioritized, with the development of support guides to help facilitators confidently lead complex conversations, particularly those involving power and hierarchy.

Looking Ahead

The IPE Curriculum Refresh is intentionally iterative, informed by annual feedback from IFCC, learners, faculty, patient partners, IPEL, partners, etc. The IPE Curriculum Refresh continues to center co-design, inclusivity, and educational best practices, ensuring our IPE programming remains rigorous, responsive, and relevant.



IPE Curriculum Highlights

The University of Toronto continues to advance interprofessional education (IPE) and collaborative practice through a variety of innovative IPE Curriculum activities and certificate programs. This section of the report highlights several key initiatives, each contributing to the development of well-rounded healthcare professionals equipped with the skills necessary to work effectively and collaboratively across health and social care settings. From immersive workshops to specialized certificate programs, these activities emphasize our commitment to fostering a culture of teamwork, empathy, and shared expertise. The stories that follow explore the remarkable achievements and experiences that exemplify the strength and success of the UofT IPE Curriculum initiatives.

Disrupting Ableism: The Patient Family Partner Perspective on Co-Creating and Delivering a New Collaborative Learning Activity

[Piece originally published in Together: Stories of Collective Impact \(Volume 3.1 Fall 2024\), An International Magazine by CACHE](#)

A new collaborative learning elective, Disrupting Ableism, was developed and successfully delivered this summer at Unity Health Toronto in close partnership with two Patient Family Partners (PFP): Fran Odette (FO) and Janet Rodriguez (JR). We asked them what made this a successful partnership. ***What makes a patient-family partner want to get involved with Interprofessional education?***



JR: As a patient who regularly interacts with a dozen healthcare providers, I want to be seen as a full partner in my care, as someone with agency to make decisions inside and outside their clinical setting. I've been a health mentor for IP education for 15 years and I see the impact on the students' perception of who the patient is. Having a patient in front of the class means we too have knowledge and expertise.



FO: Being part of a way that can generate new ideas and critical thinking has been a passion of mine. As a patient who has lived experiences of many interactions with the healthcare system from a very early age, I feel that I have something to offer to support healthcare professionals: an opportunity to challenge deeply embedded biases that are held about people with disabilities. I am a new PFP but have been part of educational and knowledge transfer initiatives for many years, where I have had the chance to speak from my perspective and share perspectives, with permission, of my peers and colleagues who have also encountered the healthcare system.

How would you like to be supported or engaged with, by the IPE community?

JR: I want the IPE community to share the learning space where patients can create content that shows how care looks like from our perspective. Not everything is pathological; a significant amount of managing my chronic conditions and disability is rooted in the Social Determinants of Health, and systemic barriers (e.g. ableism, racism, homophobia, misogyny, colonialism, etc.).



FO: I can't agree more with what JP has stated. We need to be considered partners that bring knowledge and expertise about our experiences and what our day-to-day looks like. When we come into the healthcare setting, practitioners just see a 'snapshot' of us during that appointment. As I age, I also see the different clinical settings that do not always consider the 'patient' as 'one who knows', but it's getting better. There is an interest in learning and doing better, and I think that is key for us to move beyond just doing the 'training' and putting what is learned into meaningful practice. Someone once told me, "It's not possible that you might have x; look at what you are already dealing with." This was concerning cancer screening, and I was pretty taken aback by that comment, which is endemic to how disability and illness are seen within many healthcare settings.

Why the topic of ableism?

JR: Like many invisible or non-perceptible disability experiences, ableism flies under the radar when addressing anti-oppression in learning environments. We're more familiar with other 'isms' because there have been worldwide instances of violence against people of a colour, religion, or sexual orientation but ableism is not well known or documented.

In healthcare, providers see a patient arriving in a wheelchair and assume 'that' is the reason they are there. For some people it is, if they broke a bone playing soccer. But, what if using a wheelchair is how the person moves about in their day-to-day?

Ableism can take many forms, from a one-on-one interaction when someone does not book an ASL interpreter for their Deaf patient's regular visit, to the systemic level such as lack of policies and procedures to accommodate patients with disabilities so they too receive quality care. Not having a specific line in the budget for accommodations sends a message that there is no awareness (or willingness) that some patients will need accommodations and that may generate additional costs.

FO: Ableism also frames how 'extraordinary' one's life is seen when navigating day-to-day activities like working, parenting, or even taking steps for greater self-care. The expectations tend to be lower for patients with disabilities to have whole and complex lives. As a result, many practitioners see their patients with disabilities as objects of inspiration. Not only are we not often 'seen' beyond the diagnosis, but we can then experience being put on a pedestal for others to aspire to. Therefore, ableism results in many of us not seen as having flaws and complex lives. Finally, ableism shows up for folks who are not disabled and who fear what might happen if they become disabled. We see this in health promotion campaigns related to diet, exercise, physical activity, etc. Also, ableism influences how we see disability or impairment reflected in many fundraising campaigns where there is a focus on raising dollars to continue to research for the eradication of certain types of 'conditions'; however, what does that say about those individuals who are already living with the condition? Are their lives any less worth living?



Sensory Differences in Clinical Practice: Working with the Deafblind Community

[Piece originally published in Together: Stories of Collective Impact \(Volume 3.2 Spring 2025\), An International Magazine by CACHE](#)

In a dynamic interprofessional workshop held for University of Toronto's Temerty Faculty of Medicine students, future clinicians from diverse fields— Speech-Language Pathology, Occupational Therapy, Social Work, Physiotherapy, Kinesiology, Pharmacy, and Medicine—came together to explore inclusive care for the Deafblind community.

Kira Rosenbloom, a Speech-Language Pathology student and Deafblind Intervenor, noticed significant and persistent gaps in access to healthcare for members of the Deafblind community. Motivated to address these barriers, she led the development of an educational workshop in collaboration with the Consumer Support Specialists team at the Canadian Helen Keller Centre (CHKC) and Deafblind members of the community. Members of the Deafblind community at CHKC generously shared their insights into the challenges of healthcare accessibility; offering valuable tips to help student clinicians provide more inclusive, person-centered care. This community-informed process was essential in shaping the workshop's content and ensuring its relevance and impact.

This workshop introduced students to foundational tools to include Deafblind clients in their future clinical practice. Through case-based learning and simulated sessions, participants were introduced to various communication modalities and the roles of Deafblind intervenors and ASL interpreters. The workshop emphasized that an effective team requires mutual understanding of roles, Deafblind perspectives, and teamwork between clients, clinicians and communication professionals like interpreters and intervenors. At the heart of this learning was relationship-focused care. By embedding diversity of communication styles and lived experiences into planning and practice, students saw firsthand the importance of fostering participation at every stage of care—from assessment to intervention —by coordinating roles and ensuring information is accessible to our clients.

By fostering shared understanding and mutual respect across professions, this workshop not only broadened clinical skills, but modeled what inclusive, coordinated care truly looks like. As our healthcare system evolves to meet diverse client needs, initiatives like this are vital in preparing future practitioners to lead with equity and empathy. As a Deafblind intervenor and future Speech-Language Pathologist, Kira looks forward to continuing to facilitate this interprofessional education initiative and aims to pursue doctoral research in this field.



Teaching for Transformation: Supporting Meaningful Co-Facilitation between Patient Partners and Faculty

Written by: **Elizabeth Cadavid**, Education Coordinator, Centre for Advancing Collaborative Healthcare & Education

In 2024, the Centre for Advancing Collaborative Healthcare & Education (CACHE), in partnership with the Centre for Faculty Development (CFD), launched the **Teaching for Transformation (TforT) Co-Facilitation Certificate Program**. Designed to support patient, family, and caregiver partners and clinical faculty in co-facilitating interprofessional learning experiences, the program builds capacity for equity-informed, critically reflective education grounded in collaboration and shared leadership.

The TforT Co-Facilitation program is co-led by Michelle Leong Francis, a patient partner, educator, and health equity leader, and Sacha Agrawal, a clinician educator and psychiatrist. Their leadership models the very principles that the program seeks to advance: shared authority, reflective practice, and meaningful collaboration across experience and expertise. Together, Michelle and Sacha bring a powerful and balanced perspective to the program, shaping both its pedagogical foundation and its facilitation in ways that reflect a living model of partnership.

The program was introduced alongside significant revisions to the foundational IPE learning activity, *Cultivating Team Partnerships*. Each year, this activity engages over 1,000 University of Toronto pre-licensure health and social care learners in small groups to explore what it means to partner with patients in care. Learners read and reflect on a Reader's Theatre script derived from interviews with patients, caregivers, and providers, exploring how power, identity, and systemic barriers shape care experiences.

New in 2024–25, the activity is now co-facilitated by clinicians, faculty, and patient/family/caregiver partners, offering learners real-time opportunities to observe and experience partnership in action, not only in the script, but in the learning space itself.

To prepare facilitators for this shift, the TforT Co-facilitation program includes:

- Pre-recorded orientation and preparatory materials
- A live interactive workshop on co-facilitation and critical collaboration
- Structured planning time between co-facilitators
- A facilitated IPE learning activity session
- A post-activity debrief and reflection

The inaugural preparatory workshop was held on January 13, 2025, with 90 participants and a 51% response rate on evaluation (46 responses). Participant roles included:

- Patient/client partners
- Family/caregiver partners
- Clinical faculty and educators
- Researchers, students, and others



Key outcomes:

- 89% of respondents agreed or strongly agreed that they achieved the objective of identifying the hidden impacts of power in patient involvement
- Participants valued the diversity of perspectives, the use of scenarios, and the opportunity to reflect on language, identity, and power

“The power dynamics exist and it's extremely important that they're brought out into the open and discussed.” – Workshop Participant

Following the *Cultivating Team Partnership* IPE learning activity on January 20, 2025, 52 co-facilitators completed an evaluation (61% response rate). While many found the experience rewarding, facilitators also highlighted areas of difficulty, particularly around learner engagement, time management, and balancing co-facilitation roles. Evaluation themes included:

- The opportunity to model partnership in real-time
- Deep conversations between co-facilitators before and after the session
- A shared sense of purpose across lived and professional expertise

“The co-facilitating demonstrated how the patient and provider can work together for a better outcome—for each other and the students.” – Facilitator Feedback

A few challenges reported on the evaluation included:

- Quiet or disengaged learner groups
- Tight time limits that restricted discussion
- Navigating co-facilitation dynamics, such as balancing airtime or different facilitation styles

*“Although I enjoyed working with my co-facilitator, I was challenged when she kept jumping in and giving her thoughts as a staff member who works with patients.”
– Facilitator Feedback*

The Teaching for Transformation program is already building a community of practice rooted in reciprocal learning, reflective teaching, and the reimagining of educational relationships. By preparing patient partners and faculty to co-facilitate with shared intention, this program is shifting not only how students learn, but who is positioned as an educator in interprofessional classrooms.

With continued leadership from Michelle and Sacha, and ongoing input from participants, the program will continue to grow as a model of relationship-centered education.



From Storytelling to Shared Facilitation: Transforming a Foundational IPE Learning Activity

Written by: **Dr. Sacha Agrawal**, Inclusion & Co-Production Advisor, Centre for Advancing Collaborative Healthcare & Education; **Dr. Kateryna Metersky**, Assistant Professor, Daphne Cockwell School of Nursing, Toronto Metropolitan University

For many years, the *Cultivating Team Partnerships: Learning from Lived Experiences* foundational IPE activity has brought patient partner voices directly into the curriculum to help learners understand the *what, why* and *how* of partnering with patients in a healthcare team context. This highly rated activity started with learners hearing directly from patient partners in small groups about their lived experiences, followed by a collective reading of a Reader's Theatre script. The script was developed from interviews with patient partners and healthcare providers, offering diverse perspectives on partnership in care.

Over the past three years, the working group responsible for this activity, which includes collaborative leaders from medicine, speech-language pathology, kinesiology, nursing, spiritual care, and patient & family partners, has been revisiting this learning experience through a reflexive health equity lens. Together, they have surfaced key questions:

- How must we think and act differently when forming partnerships with patients from minoritized communities?
- What stories and storytellers might be excluded when we strive to create a “safe” learning climate?
- What impacts on learners and patient partners are we seeing when patient partners find themselves speaking to a matrix of camera-off black boxes in a virtual classroom?
- What unintended messages might learners internalize when patient partners are positioned solely as storytellers?

With these questions in mind, the working group has made several key changes to the activity:

- Expanding perspectives: The Reader's Theatre script was updated with new material drawn from interviews with patient partners from minoritized groups. These additions highlight the specific challenges and opportunities of partnering equitably with diverse patients.
- Removing the storytelling activity: Recognizing the risks to patient partners who share very difficult stories of their illness experiences (including the possibility of having their stories critiqued, discredited **or ignored**), the story-telling section of the activity was removed.
- Repositioning patient partners as co-facilitators: Patient partners now share a facilitation role with clinician / faculty members, guiding learners through the Reader's Theatre script and sharing insights as educators, not just as people with lived experience. This shift supports a more integrated and reciprocal model of knowledge sharing.
- Supporting co-facilitation through capacity building: To deepen this model of partnership, a new certificate program was developed to prepare and support both patient partners and clinician / faculty members in co-facilitation. The program attracted many new participants and further enriched the facilitator pool.

Together, these changes have transformed *Cultivating Team Partnerships* into a learning activity that sits at the leading edge of patient involvement practices, where diverse patients and their knowledge are not simply included, but meaningfully embedded into health professions education.

This renewed activity has also been shared in a range of scholarly forums, including the International Congress on Academic Medicine (ICAM) in Halifax (April 2025), the *Collaborative Community of Practice Joint Research Rounds* (a collaboration between the Centre for Advancing Collaborative Healthcare & Education and the Wilson Centre, April 28, 2025), the Canadian Interprofessional Health Collaborative's (CIHC) *Collaboration à la Carte* series (June 26, 2025), and an upcoming accepted oral presentation at the 3rd International Conference: *Where's the Patient's Voice in Health Professional Education – 20 Years On?* to be held in Vancouver, November 2025.

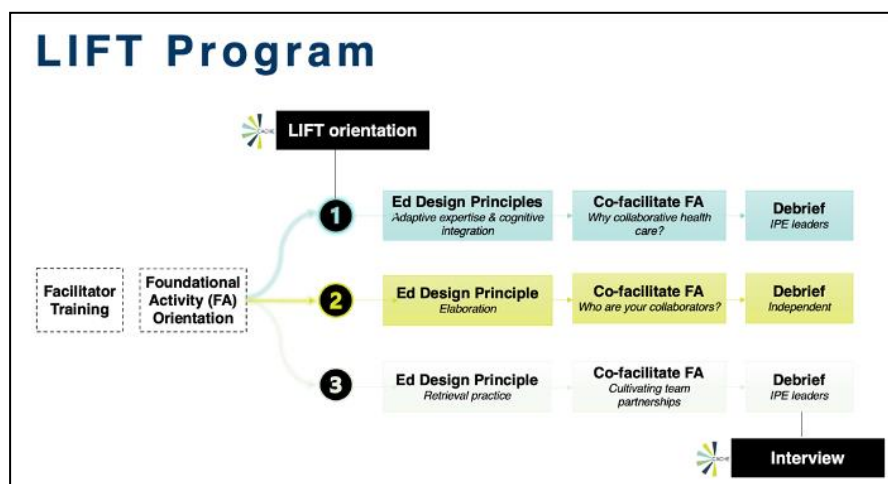
Longitudinal IPE Facilitator Training (LIFT) Program – Empowering Students, Enriching IPE

Written by: **Farah Friesen**, Manager, Research & Knowledge Mobilization, Centre for Advancing Collaborative Healthcare & Education

The Longitudinal IPE Facilitator Training (LIFT) program set out to address a persistent challenge in interprofessional education (IPE): too many small groups, not enough facilitators. In response, the LIFT program represents an education evidence-informed initiative designed to build a self-sustaining pool of trained student facilitators. The program addresses the need for skilled facilitators to ensure rich, engaged learning experiences during small group IPE activities.

From 2022-2024, under the guidance of CACHE Director and Scientist, Stella Ng, and in partnership with the Wilson Centre, CACHE welcomed its inaugural Scholar-in-Residence, Kristina Lisk (Assistant Professor, Temerty Faculty of Medicine, University of Toronto). Kristina led a working group comprised of Sabrina Bartlett (Manager, Curriculum & Innovations), Eli Cadavid (then Supervisor, Curriculum), Sylvia Langlois (then Associate Director, Academic), Farah Friesen (Manager, Research & Knowledge Mobilization), Jill Krupa (IPE Leader, UHN), and Donny Bettencourt (then Education Coordinator) to plan and launch the LIFT program in Fall 2024.

LIFT was offered as a leadership opportunity to first-year students in the IPE Curriculum. The program leveraged the fact that first-year students would already be part of the [three foundational IPE Curriculum activities](#). With a small additional time commitment, LIFT participants gained additional training in evidence-informed education and facilitation



approaches, applied to the context of collaborative practice. LIFT participants then stepped into real facilitation roles, co-leading small groups during foundational IPE activities. 38 students, from 7 different health professions participated and received a certificate of recognition upon completion.

Pearls for InterProfessional Education

Adaptive Expertise

What is adaptive expertise?

Adaptive expertise is a model of expert development that highlights the ability of an individual to apply knowledge and skills in familiar contexts while also being able to adapt and innovate when confronted with uncertainty or unpredictable situations. This form of expertise involves a deep understanding of principles and practices, enabling individuals to modify their approach to find effective solutions when standard procedures are inadequate. This type of expertise is continuously developed over time as individuals integrate new learnings from novel situations with their existing knowledge.

Why is adaptive expertise relevant to health professions education?

Research suggests that health professions training and IPE that optimizes the development of adaptive expertise will **better prepare** learners to meet the evolving demands and needs of our healthcare system.

Watch or listen to the video: *Fostering adaptive expertise by Dr. Mylopoulos*



How to apply adaptive expertise in IPE?

Educational approaches that support the development of adaptive expertise include instruction that emphasizes **conceptual understanding** (e.g., asking *why* and *how* questions) and **meaningful variation** (e.g., asking *what if* questions), along with learning experiences that support **struggle or failure** followed by immediate, corrective feedback.

Throughout the **LIFT program** you will learn about different instructional strategies that can support the development of adaptive expertise and you will also have the chance to practice these strategies as you co-facilitate sessions within the IPE curriculum.

1. Bransford et al. 2006. Foundations and opportunities for an interdisciplinary science of learning. In: The Cambridge Handbook of the Learning Sciences. New York, NY: Cambridge University Press.
2. Capizzo et al. 2023. Adaptive Expertise in CanMEDS 2025. Canadian Medical Education Journal, 14(1): 18-21.





Interviews with LIFT participants showed that the program increased interest in and dedication to collaborative practice.

*“I think it’s a little easier to see just how many similarities there are between the various different healthcare professions ... **I think overall just made me feel more connected with other professions** and going forward, it would make collaborating a lot easier.”*

They appreciated the opportunity to meet and learn with, from, and about other health professions learners before going out into the workplace.

*“What LIFT brought to me was seeing all of the new faces. And I was like, oh, **these could be potential colleagues of mine.** I might refer a patient to you, or I might submit a script into the pharmacy that [name] is working at. And so like that part to me was pretty cool to be like, okay, **like this is real. This is like actually happening.**”*

Participants saw how facilitation skills enhance practice skills e.g. communication and ‘difficult’ conversations with patients and colleagues, sharing space, humility, listening, and appreciating diverse perspectives.

*“I think being able to **develop humility** and going into situations knowing that like you could be the expert in some situations and you could know absolutely nothing about another situation and being able to recognize your part in that is really important and not I guess **overstep** where you shouldn’t or **understep** where you shouldn’t sort of thing so I guess like knowing when like when not to overstep but also when to step up potentially.”*

Students learned how to navigate uncertainty, set group norms, and foster inclusive conversations—skills they could directly link to their future practice:

“As a facilitator, I was imagining working in a real workplace setting. The norms you set are really important... I might ‘steal’ that concept for future leadership roles.”

Students also recognized that facilitation required more than managing content—it required adaptability and community-building:

*“We had tech issues at first, but it **created camaraderie...** and being real about why we’re all here helped **build community.**”*



“Do things that put you out of your comfort zone because it's better to do it now rather than you're in practice and you're faced with that uncertainty, you're like, I don't know how to deal with this right now. I think this is such a great way to collaborate with others and make those mistakes or do trial and errors of what works best for you. So, I think it's really good training in preparing you for kind of those smaller hiccups that you may experience.”

Representing the outcome of the inaugural Scholar-in-Residence program, the LIFT program responds to a need in the IPE Curriculum to increase the number and quality of facilitators for IPE foundational activities, while LIFT learners gained rich experience in leadership, facilitation skills, and interprofessional collaboration. With ongoing collaboration and support from the 11 UofT health professional programs, the goal is to scale up to 100 LIFT participants for cohort 2 of the LIFT program, set to launch in fall 2025.

*“I'd say what I got out of LIFT is exactly what I was hoping for. There's, like I mentioned, you know, the credits, the certificate, but also the leadership skills being able to move smoothly in a virtual setting. It was the big plus for me. I really don't have any complaints. **This was the best thing I've signed up for this year.**”*

‘Pitching’ Collaborative Leadership to Transform Communities and Systems: The 2025 Senior Interprofessional Design Projects with March of Dimes Canada and CACHE

[Piece originally published in Together: Stories of Collective Impact \(Volume 3.2 Spring 2025\), An International Magazine by CACHE](#)

To support the complexities of health systems, it is vital for students to be competent leaders, not just competent clinicians. Collaborative leadership development, informed by explicit competencies and concepts, is integral to health professional education. Guided by intentional pedagogy and objectives, students can address care gaps, transform the system, as well as themselves as future leaders ([Lising et al., 2024](#)).

The 2025 Senior Interprofessional Design Projects offer senior health profession students, at the University of Toronto, a unique opportunity to partner with a community organization. This initiative enhances collaborative leadership and interprofessional team skills while addressing key community challenges. Students develop and pitch project ideas aligned with organizational needs, emphasizing teamwork in design and creative and professional presentations. Ideas are presented to a “Dragons’ Den” style panel featuring community representatives and faculty leads, who provide feedback for refinement and implementation.



Project Goals:

1. Build effective relationships with service users and team members.
2. Reflect on shared values to improve team functioning.
3. Apply collaborative decision-making principles.
4. Co-create a climate for leadership collaboration.

This year, students partnered with Christina Sperling and Amanda MacKenzie from March of Dimes Canada. The initiative focused on addressing a gap in health provider education of services and resources for people with disabilities. The initiative aims to empower communities, organizations, and healthcare providers to understand disability challenges, promote awareness of resources, and inspire collaborative accountability. Education and information sharing are vital to helping people with disabilities gain confidence and access resources, enhancing employment prospects.

Students presented creative, technology-driven solutions that leverage artificial intelligence, apps, websites, and social media platforms to address community needs. Their ideas showcased technological expertise alongside a deep understanding of collaborative leadership. Reflection on role negotiation, communication, and relationship-building underscored their processes. *“I learned that brainstorming ideas with people from different professions creates diverse patient care ideas that I could not have thought of on my own and that’s something I will do well to remember going forward in my practice.” - Student*



This year’s focus on disability awareness also brought forth powerful insights. Students reflected on the importance of interprofessional communication, role negotiation, and relationship-building. They recognized the impact of empowering individuals with disabilities through education, leading to greater confidence and improved access to employment and resources. *“This allowed me to understand more about the resources available for those living with disabilities and the learning gap that clinicians have in facilitating this information to their patients.” - Student*

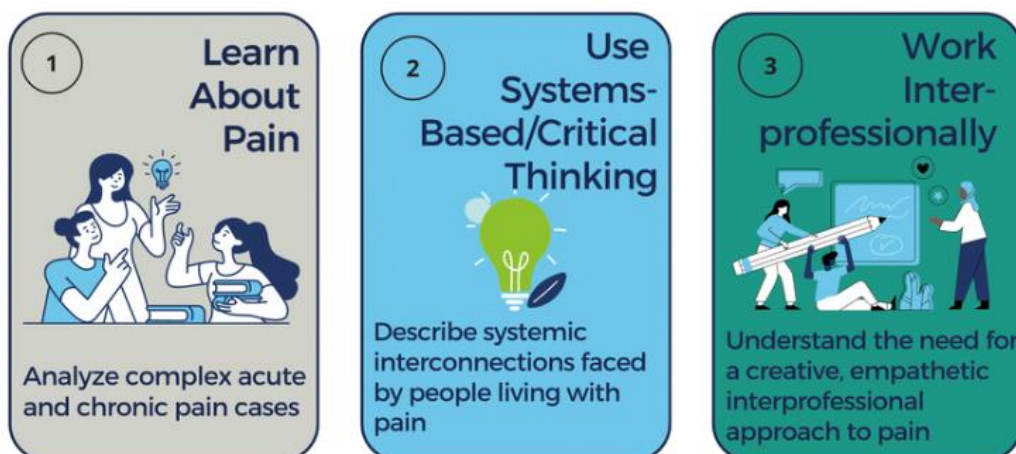
By engaging with community partners and embracing diverse professional perspectives, students deepen their understanding of real-world healthcare challenges and how collective effort can drive innovative, inclusive solutions. If your organization is interested in exploring a community partnership, or if you’re a student looking to get involved in the future, please reach out to Sabrina at Sabrina.bartlett@uhn.ca

Interfaculty Pain Curriculum – Pain Week 2025

Written by: **Karen Ng**, Clinical Lead, Interfaculty Pain Curriculum for (UTCSP) University of Toronto Centre for the Study of Pain; **Dr. Linna Tam Seto**, Education Lead, Interfaculty Pain Curriculum for (UTCSP) University of Toronto Centre for the Study of Pain; **Dr. Shelley O’Brien**, Operations Lead, Interfaculty Pain Curriculum for (UTCSP) University of Toronto Centre for the Study of Pain

In March 2025, IPC Pain Week brought together 1,302 students from eight health disciplines to explore the complex nature of pain and pain care. This year’s curriculum leaned into a systems-based framing — helping students understand pain not only as a clinical condition, but as an experience shaped by structural and social factors, as well as by individual lived realities.

IPC Pain Week is built around three core goals: to learn about pain, use systems-based and critical thinking, and to work interprofessionally.



The program emphasizes foundational knowledge of pain, equity, and interprofessional practice, preparing students to engage with patients as partners in care.

Core components of this year's curriculum included:

Pre-Work

Students engaged in expanded pre-work modules, which were redesigned to better prime them for the interprofessional learning ahead. These included updated modules on pain mechanisms and opioids as well as new content exploring team-based learning and social determinants of pain.

Speakers

IPC Pain Week continued to center the voices of people with lived and living experience of pain. This year's opening session included a fireside chat with a panel of interprofessional healthcare providers who shared clinical insights and addressed how inequalities and bias can influence pain care at a system level. A live Q&A helped students connect clinical knowledge with real-world perspectives. The closing session included an expert panel who provided input on the pain management plans developed by students in their interprofessional groups — reinforcing practical application and critical reflection.

Interprofessional Work

A systems-based lens was embedded in our interprofessional sessions this year. Facilitators guided students to consider how social, cultural, and systemic factors intersect with clinical decision-making. We also piloted a new real-time evaluation approach — pop-up reflection prompts during group work — to capture and deepen student learning in the moment.

Profession-Specific Work

Profession-specific sessions continued to provide practical, take-home tools. Students consistently noted the relevance of this content for their future practice.

Pain Resources

IPC Pain Week closed with a session led by Dr. Rachael Bosma, highlighting the breadth of pain-related resources



now available to students across disciplines. This session helped orient learners to additional tools they can access beyond the core curriculum, supporting ongoing engagement with best practices in pain care.

Innovations & Impact

This year's iteration of Pain Week marked a continued shift toward adaptive and responsive curriculum design. Our redesigned facilitator manual, aligned with the new systems-based goal, supported more critical, reflective facilitation. Real-time evaluation data provided rich insights into how students were processing complex concepts — helping us continuously refine the program.

Notably, 73.6% of students reported increased knowledge about pain assessment and management, while 78.1% indicated that the concepts explored would guide their future care. Qualitative feedback underscored shifts in perspective and enhanced understanding of interprofessional collaboration.

Looking Ahead

As we plan for 2026, we are focused on:

- Deepening our evaluation strategy to better inform responsive teaching.
- Weaving Indigenous knowledge systems throughout the curriculum, in partnership with Indigenous educators and advisors.

Pain Week remains a dynamic and evolving program — one that continues to prepare future health professionals to engage with pain care in ways that are clinically informed, culturally responsive, and collaborative.

Care in Full Colour: Reimagining Health Through the Arts and Teamwork

[Piece originally published in Together: Stories of Collective Impact \(Volume 3.2 Spring 2025\), An International Magazine by CACHE](#)

At the University of Toronto's Centre for Advancing Collaborative Healthcare & Education (CACHE), the lines between medicine, art, and human connection are being boldly redrawn through the Interprofessional Health, Arts & Humanities Certificate program.

In partnership with Temerty Faculty of Medicine's Health, Arts & Humanities at the University of Toronto, this certificate program was designed for students who want to go beyond foundational interprofessional education, and engage in learning that fuses healthcare with creativity and critical reflection. Over the course of the program, students from a wide range of programs came together to explore how artistic and humanistic approaches can deepen understanding, enhance communication, and improve patient/client care. Rooted in interprofessional education (IPE), the program leveraged the power of the arts and humanities to explore the human experience of health and healing.



Narrative-Based Healthcare was the first term focus. This unit enhanced reflection and communication by focusing on the telling and receiving of stories and allowed students to examine dimensions of practice through the lens of poetry, close reading, creative writing, and more. In the second term, through theatre and improv exercises, the students had space to reflect deeply on the value of communication and supportive practice. Reframing healthcare as a performance, students identified the importance of continuing to find a way to keep the scene alive, despite it going in directions that were unexpected, allowing them to embrace uncertainty and spontaneity. Instructor Hartley Jafine emphasized that “it was wonderful to see how they were connecting the theatre experience to the performance of their own roles and interprofessional collaboration. It was a privilege to facilitate the space alongside them.”



The final presentations were outstanding! Students showcased their learning through diverse and expressive modalities. This year’s cohort stunned the audience with powerful interpretations, including movement-based storytelling, artwork, readers’ theatre, and original poetry. The projects were a testament to the thoughtful collaboration and creativity that define this certificate. Whether through a dance capturing the emotional rhythms of leadership or spoken-word poetry exploring the silent struggles of burnout, the presentations offered a moving reminder of the human core at the heart of healthcare.

The engagement of this year’s cohort showed a deep commitment to interprofessional collaboration and a shared passion for improving health and social care. Students reflected on their experience in the program by calling it “a highlight for the year,” recognizing its “amazing facilitators” and noting that “it was a pleasure getting to work and learn with everyone...the program went above and beyond.”



As CACHE continues to champion innovation in health education, the Interprofessional Health, Arts & Humanities Certificate stands as a shining example of what’s possible when creativity and collaboration come together in the service of healing.

Special thank you to Alisha Kaplan and Jane Zhao, (unit-coordinators and facilitators, Narrative-Based Healthcare) and Hartley Jafine, (unit-coordinator and facilitator, The Performance of Healthcare) for bringing their brilliant work and expertise to this year’s certificate program.



Realizing the Interprofessional Education Curriculum's Passionate Purpose: Using an Evaluation Framework for Learning and Implementation

Written by: Ashleigh Townley, Master of Evaluation Student, University of Melbourne

Since 2009, the Centre for Advancing Collaborative Healthcare and Education (CACHE) and representatives from the University of Toronto (UofT) have led the Interprofessional Education (IPE) Curriculum for health and social care programs at UofT. The IPE Curriculum now represents 12 partnered academic programs, all Toronto Academic Health Science Network (TAHSN) hospitals, and additional community partners. Recently, this collaborative outlined a new ambitious passionate purpose for the curriculum, to design and implement a **“continuously co-created, integrated, evidence-informed, Interprofessional Education Curriculum that prepares health and social care learners for collaborative practice and system transformation”**.

How can we learn about which parts of the IPE Curriculum are realizing this passionate purpose? Which parts are working well, for whom, in what ways, and which adjustments can be made along the way to benefit students from all of the 12 participating programs from UofT?

Enter an evaluation framework! An evaluation framework helps to establish and make transparent program processes and results, inform decision-making, support accountability, and guide program and organizational learning for improvement.



From January - June 2025, key CACHE, UHN, and UofT staff, learners, and patient partners worked with Ashleigh Townley, a Master of Evaluation student with the University of Melbourne, to co-create an evaluation framework. Asking key questions about the curriculum's design, delivery, and effectiveness, this framework is a roadmap to gather and analyze information, and learn and make decisions about the IPE Curriculum in a way that supports the implementation of the passionate purpose in a structured and intentional manner.

Finally, the framework is intended to be a living document. It's not static, but rather a tool that evolves and changes over time based on new information, insights, and the ongoing process of program implementation and evaluation. This approach ensures the framework remains relevant and effective in guiding evaluations as the curriculum learns and changes over time.

Should you have questions about the evaluation framework, please contact Kathryn Parker, Kathryn.Parker@uhn.ca (Associate Director, Transformative Change & Evaluation, CACHE).



Community Engagement

One of the pillars of the IPE Curriculum is a vibrant network of curricular groups that drive our mission of fostering inclusive and impactful educational experiences. Our success is built on the collaboration and dedication of diverse groups, including patient/family/caregiver partners, the InterFaculty Curriculum Committee (IFCC), and the IPE Leaders (IPEL) Network, to name a few. Each group brings unique perspectives and expertise, ensuring the Curriculum remains dynamic, relevant, and responsive to the evolving needs of our communities. The following section highlights the work of two groups within our network this past year.

Interfaculty Curriculum Committee (IFCC)

This year, the Interfaculty Curriculum Committee (IFCC) has made significant strides through collaborative efforts that reflect the collective wisdom of its diverse membership. The committee has focused on advancing shared educational goals and promoting interprofessional learning. Through open dialogue, joint planning, and a unified vision, the IFCC has successfully led and supported initiatives that strengthen curriculum integration and enhance the preparation of future healthcare professionals to work collaboratively in interprofessional environments.

One of the priorities of the IFCC this past academic year was to collectively write a piece together, and they did just that. The IFCC collaborated on and contributed to a published article in *Healthy Debate* titled [“Interprofessional education essential in Ontario’s vision for primary care teams.”](#) This publication highlights the importance of collaborative learning and team-based care in strengthening Ontario’s primary healthcare system. The article showcased the collective expertise and insight of the contributing group, reinforcing IFCC’s commitment to advancing interprofessional education as a cornerstone of effective healthcare delivery.

A key moment in the 2024–2025 academic year was the June 3, 2025 Curriculum Planning Afternoon, which brought together the IFCC, IPE Leaders, patient/family/caregiver partners, learners, and members of the broader CACHE community. The afternoon was an opportunity to share highlights from across the curriculum and patient partner program, reflect on innovations like the LIFT Program, and invite feedback on emerging initiatives such as the work of the new Workplace-Based Learning Working Group. Participants discussed both practical insights and aspirational directions, exploring how we continue to evolve toward more integrated, practice-based learning experiences.

Importantly, the event reaffirmed our shared commitment to the passionate purpose that drives our work: *a continuously co-created, integrated, evidence-informed, interprofessional education curriculum that prepares health and social care learners for collaborative practice and system transformation.* It was a collective reminder of the impact we can have as individuals, and the even greater possibilities we unlock when we collaborate.

The Curriculum Planning Afternoon is more than a meeting; it is an annual gathering that grounds us in shared values, celebrates our collective achievements, and ensures we continue learning, leading, and connecting, with each other and with the communities we serve. Through this gathering, we strengthen our commitment to deliver a responsive, inclusive, and high-impact IPE Curriculum, shaped by those who teach, learn, partner, and care.



The IPE Leaders (IPEL) Network: Advancing Interprofessional Education and Transforming Care

The IPE Leaders Network (IPEL Network) is a partnership between CACHE, education leaders from the Toronto Academic Health Science Network (TAHSN), and other interested partners. Through the exchange of leading practices in education and identification of collective priorities, the IPEL Network champions an innovative, impactful, connected and sustainable approach to Interprofessional Education.

Each year the IPEL Network sets out two priorities. In the last year the group aimed to:

1. Deepen our learning about Equity, Diversity, Inclusion and Accessibility (EDIA) and reflect on opportunities to bring elements of EDIA into our work and contexts.
2. Partner with CACHE to co-chair a new working group focused on IPE in practice settings and co-develop a graphic representation of the IPE Curriculum which will aid translation of these concepts in the practice setting by providing an at-a-glance overview of the UofT IPE Curriculum components.

With respect to the first priority, the IPEL Network focused efforts in two areas:

1a. The group organized an annual retreat for the IPEL Network with invited speakers and dialogue about trust – a core component of EDIA work.

1b. The group continued to evolve and extend capacity to offer the EDIA elective learning activity, “EDIA and Collaborative Practice - An Exploratory In-Person Conversation”. The session, offered seven times across five organizations, focuses on equity, diversity, inclusion, and accessibility and promotes collaborative practice as outlined by the Canadian Interprofessional Health Collaborative (CIHC) Competency Framework for Advancing Collaboration. Session learning objectives include:

- Engage in discussion and reflection of how equity, diversity, inclusion, and accessibility (EDIA) concepts and systems of oppression (e.g. ableism) relate to and surface in collaborative practice (i.e. in teamwork);
- Critically examine and challenge assumptions about what it means to be productive, work as part of a team, and how structural and systemic inequities (e.g. power and hierarchy) play a significant role when interacting with others.

Faculty have appreciated the opportunity to lead dialogue about collaborative practice, which gives attention to EDIA and invites all participants to continue to deepen how they relate to others in health and social care milieus. *“...understanding EDIA is on a continuum – with no end point and we just need to get going. If we wait to feel comfortable or unafraid, before engaging, we will never get started”.*

Learners have also expressed their appreciation for the sessions. *“These sessions fostered my courage to confront some of the systematic and collaborative challenges we find as some of my colleagues in this IPE session have done.”*



With respect to the second priority, the IPEL Network successfully contributed to a new IPE Workplace Learning Working Group (IPE WLWG). One co-chair of the IPEL Network co-chairs the IPE WLWG with a CACHE team member. IPE WLWG membership is diverse and includes learners, people with lived experience, IPEL Network members, academic leaders and leaders from the clinical setting. The group met several times in the year and co-created a definition and principles of IPE workplace learning. A new conceptual framework that elevates the presence of IPE workplace-based learning activities was suggested and shared with key interest groups.

At a system level, the IPEL Network has continued to have impact:

1. This year, the group supported the planning committee and co-chair roles for the **16th Annual Hybrid Interprofessional Collaboration (IPC) Showcase which focused on “Elevating Care through Purposeful Relationships”** and highlighted the *Canadian Interprofessional Health Collaborative competency of relationship-focused care/services*.
2. *The IPEL Network members also attended meetings between CACHE and several of the TAHSN hospitals as a way to bring together senior leaders from each organization to discuss synergies and strategy. The IPEL Network members helped inform the agendas for these meetings, highlighted key interprofessional education and care initiatives, and expressed hopes for future opportunities.*
3. *Several IPEL Network members participated in advising curriculum evaluation initiatives and related projects.*
4. *Finally, the group was proud to have member, Beth Despres from Sinai Health System, receive this year’s CACHE Award of Merit for Excellence in Interprofessional Education Teaching.*

Patient/Client and Family/Caregiver Partners

At CACHE, we value working collectively and learning together with all those involved in health and social care. This includes the 12 health and social care profession programs and learners at the University of Toronto (UofT), our education, practice and research communities, and people with lived experience. At the heart of our healthcare ecosystem are patients, family members, and caregiver partners who inspire future health and social care providers to advocate for inclusive, relationship-focused care, where individuals are recognized as active partners on the team.

Patient, family, and caregiver involvement bridges the gap between theory and practice. These partners help learners see beyond diagnoses and treatments, to recognize the human beings living with health conditions. Their stories, etched with resilience, compassion, and authenticity, shape learners’ understanding of holistic care, cultural humility, and effective communication. The Patient Partner Program has been instrumental in embedding real-world experience into the IPE Curriculum and in shaping the collaborative practices of future clinicians. The following highlights the evolving roles, meaningful engagement, navigating through challenges while learning together, activities and leadership, and priorities as we look ahead at 2025-26.



On September 18, 2024, we hosted our annual **Kick-Off Event** for community members interested in joining CACHE's IPE Curriculum. Participants heard from Eileen, a family/caregiver partner, and Olivia, a senior Occupational Therapy student, who shared their reflections on learning with and from patient partners. This year, 28 new patient, family, and caregiver partners joined the program.

The event also introduced an important shift in our engagement model, expanding the roles of patient partners from storytellers to educators and facilitators. This change aligns with the goals of the *Teaching for Transformation Co-Facilitation Certificate Program* and the *Cultivating Team Partnerships* activity. We are deeply grateful to the many partners who stepped into these expanded roles and participated in training such as the IPE Facilitation Workshop. This year, over 45 patient partners served as facilitators, many in three or more IPE activities.

With rapid growth over the last two years, and in consultation with our Patient Partner Advisory Committee, we've decided to pause the Kick-Off Event for 2025–2026. This pause will allow us to deepen engagement with our current community, learn from their insights, and conduct a new sociodemographic survey to inform strategic planning and guide our efforts toward greater inclusivity and representation.

This year, the **Health Mentor Program**, a longitudinal IPE activity involving multiple student-patient encounters, was delivered twice: in-person in Fall 2024 and virtually in Winter 2025. The program engaged 70 learners and 18 patient, family, and caregiver partners, and remained well received across both formats. While both iterations were successful, the Winter session presented a learning opportunity. An incident involving a learner's breach of confidentiality left a patient partner feeling disrespected. With swift communication between the facilitator, patient partner, and curriculum coordinator, the issue was addressed promptly, with care, accountability, and restorative dialogue. As a result, we are finalizing updated **Principles for Engagement**, including **learner expectations** and a **confidentiality agreement**, which will be publicly shared and signed by all participants in future sessions to ensure safer, more respectful learning environments.

In 2024–2025, CACHE continued to offer workshops that build the capacity of patient partners to lead and engage in education meaningfully:

- **Storytelling Workshop** – Explored the power of lived experience in education and helped participants develop storytelling approaches.
- **IPE Facilitation Workshop** – Prepared partners to co-lead IPE sessions using diverse facilitation models.
- **Teaching for Transformation Co-Facilitation Certificate Program** – Enabled 40 patient partners to co-facilitate the foundational IPE activity *Cultivating Team Partnerships* on January 20, 2025. This shift emphasized our long-standing commitment to seeing patient partners as educators, collaborators, and leaders—not just guests.

Additionally, this year, we piloted a new offering: **“From Storytelling to Self-Care: Empowering Strategies to Nurture Your Whole Self.”** This workshop addressed the emotional impact of sharing personal experiences and equipped participants with strategies for prioritizing their well-being. It was co-led by: Hasina Reshamwalla, a long-time patient partner and international advocate for patient-centered care, and Camryn Stephens, a UofT



Master of Occupational Therapy student and active CACHE student facilitator. Of the 9 partners who attended, evaluation results indicated strong agreement with the objectives, including increased confidence in integrating self-care into daily life. We will continue to offer this workshop annually as a vital support for our community.

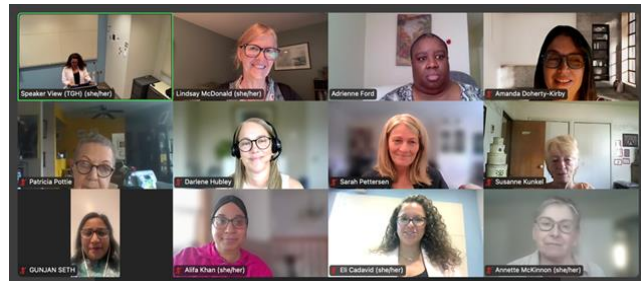
The Patient Partner Advisory Committee reconvened this year, meeting monthly from February to June to reflect on past initiatives and shape future priorities. We are proud to share that their 90-minute symposium—**“Claiming Agency: Expanding Roles and Deepening Patient Partner Engagement in Interprofessional Education”**—was accepted for the **2025 Where’s the Patient’s Voice in Health Professions Education? Conference**. The symposium explores how CACHE supports patient partners as co-educators, developers, and leaders, while also critically examining how to share power and resist hierarchy. Six patient partners will receive travel bursaries to attend and represent CACHE at the conference, where they’ll share lessons from patient engagement models, and lead dialogue on equitable, sustained involvement in education.

The Patient Partner Advisory Committee has also been working through **priorities for 2025–2026**. Guided by feedback from the Committee, insights gathered during our Stronger Together Appreciation Event, and the upcoming community survey, CACHE has identified the following key priorities to strengthen, deepen, and expand our patient engagement work:

1. **Deepen and Strengthen the Patient/Family/Caregiver Partner Community:** We are committed to nurturing meaningful, sustained relationships with current partners through intentional and ongoing engagement. Key activities include:
 - i. Reviewing feedback gathered at the June 17 Appreciation Event
 - ii. Launching a new engagement and anonymous socio-demographic survey to inform future training, peer support, and connection opportunities
 - iii. Listening closely to partners’ hopes, needs, and experiences to co-design responsive supports
2. **Celebrate and Raise Awareness of Patient Partner Contributions:** Recognizing and mobilizing the expertise of patient, family, and caregiver partners is essential to sustaining impactful engagement. Key initiatives will include:
 - i. Promoting the newly created Patient Partner Award (more details to be shared in Fall 2025)
 - ii. Publishing patient-authored content in [Together magazine](#) and other external publications
 - iii. Launching patient partner videos that celebrates the value of lived experience in health education
3. **Expand and Diversify Engagement Opportunities:** We aim to broaden pathways for involvement, ensuring our community reflects a diversity of perspectives and experiences. Planned efforts include:
 - i. Offering roles beyond storytelling—such as in research, curriculum design, co-facilitation, advisory work, and external collaborations
 - ii. Using the upcoming survey to identify representation gaps, improve accessibility, and support long-term planning grounded in equity, diversity, inclusion, and accessibility (EDIA) principles

4. **Lead and Collaborate Across the System:** As a recognized leader in interprofessional patient engagement, CACHE will continue to foster partnerships and shape best practices across institutions and networks. Key actions will include:
- Co-developing guiding principles for patient/family/caregiver partnership within CACHE and beyond
 - Supporting the formation of a local community of practice for patient engagement
 - Advancing knowledge through research, scholarship, and collaborations with other patient engagement leaders and networks

On June 17, 2025, we hosted “**Stronger Together: A Gathering for Connection, Collaboration, and Appreciation**”, our annual hybrid appreciation event. This year’s gathering was a powerful celebration of the contributions of patient, family, and caregiver partners and a reflection on the impact of our shared work. With heartfelt remarks from CACHE leaders, artistic reflections from participants, and meaningful moments of gratitude, the event affirmed our shared commitment to person-centered learning and relational engagement. Special thanks to Kateryna Metersky and Jennifer Boyle for planning and hosting, and to Lindsay McDonald and Michelle Ransom for guiding us through The Perennial Way reflection. This event remains a highlight of our year and a reminder that we are, truly, stronger together.



Photos above: Sub-group of the patient/family/caregiver partners who attended the Hybrid *Stronger Together* Event, June 17, 2025.

We express our deepest gratitude to every patient, family, and caregiver partner who contributed to the IPE Curriculum this year. Your stories, insights, and leadership have left a lasting impression on learners, faculty, and fellow partners. Together, we are not only changing how students learn, we are transforming how health and social care is taught, practiced, and experienced.



Thank You!

On behalf of the Centre for Advancing Collaborative Healthcare & Education (CACHE), we extend our gratitude to all our partners and collaborators who have significantly contributed to the development and success of the IPE Curriculum and for sharing their stories for inclusion in this report.

The success of these initiatives is a testament to the collaborative spirit and shared commitment to advancing IPE and collaborative practice. The community's passion and hard work inspire and enable learners to thrive in diverse, inclusive, and supportive learning environments. Thank you for making these stories and the IPE Curriculum truly exceptional.

Thank you again for your many contributions in advancing IPE this 2024 - 2025 academic year! We look forward to another wonderful year of partnerships and collaboration ahead.

Resources

Canadian Interprofessional Health Collaborative: <https://cihc-cpis.com/>

2024 Refreshed CIHC Competency Framework: <https://cihc-cpis.com/new-competency-framework/>

Centre for Advancing Collaborative Healthcare & Education (CACHE): <https://ipe.utoronto.ca/>

Interprofessional Health, Arts and Humanities Certificate Program: <https://ipe.utoronto.ca/interprofessional-health-arts-humanities-certificate-program>

LIFT Program (Longitudinal IPE Facilitator Training): <https://ipe.utoronto.ca/longitudinal-ipe-facilitator-training-lift-program>

Teaching for Transformation (TforT) Co-Facilitation Certificate:
<https://teachingfortransformation.com/certificate-in-co-facilitation/>

Together: Stories of Collective Impact - An international magazine by the Centre for Advancing Collaborative Healthcare & Education (CACHE): https://ipe.utoronto.ca/Together_CACHEMagazine

University of Toronto Centre for the Study of Pain: <https://utcsp.utoronto.ca/>

Workplace Learning Principles: For an overview of the evolving models supporting IPE in practice settings, contact Dean Lising, dean.lising@uhn.ca