

REPORT

of the

***PRESIDENT'S COMMITTEE
TO ELUCIDATE WAYS AND MEANS
TO OPTIMIZE
COLLABORATIVE/INTERPROFESSIONAL
EDUCATION AND RESEARCH AMONG THE
HEALTH PROFESSIONS IN
MEMORIAL UNIVERSITY OF NEWFOUNDLAND***

***Submitted to the President
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INTRODUCTION

Initiated by President Meisen in November 2005, the membership and terms of reference were established following the Committee's inaugural meeting and confirmed subsequently (see Appendix A). The Chair and Vice-Chair have consulted widely among the participating Faculty and Schools and with others both inside and external to the University (see Appendix B). The Committee has met six times, including one all-day meeting in April, and is pleased to submit this report, thereby discharging its terms of reference.

This report is in two sections.

The first section deals with the importance of interprofessional education and research to the establishment of new and better ways of achieving better health for individuals, families and the communities in which they live. Those ways involve significant expansion of the concept of primary health care to include, in addition to clinical care by health professionals, the provision of community services by social workers, human kineticists, recreation professionals and others directed to other major determinants of health – justice, poverty, housing, employment, services for youth and elders, etc.

The second section of this report is composed of a strategic plan developed by the Committee to create in Memorial University the collaborative educational and research programs essential among the health and community service professions to produce the new knowledge and graduates needed to implement the expanded concept of primary health services throughout Newfoundland and Labrador.

PART I

BETTER PRIMARY HEALTH THROUGH TEAMWORK

Rationale

This project was initiated in response to the release in 2005 of a White Paper on Public Post-Secondary Education by the Government of Newfoundland and Labrador¹. To quote from the White Paper, *Foundation for Success*, “because today’s health and community services system involves many disciplines, a collaborative and inter-disciplinary approach is essential”. This was the primary rationale for the Government’s:

- request to Memorial University to assess the feasibility of establishing a Faculty of Health Sciences and
- direction to the Departments of Education and Health and Community Services to:
 - discuss with the Schools of Nursing and other stakeholders the consolidation of nursing education within Memorial University, and
 - deliver paramedical training at the College of the North Atlantic.

This request and direction relate directly to the education and training of health and community service professionals and others who will be needed to implement the Government’s strategy to make primary health care the central focus of the delivery of health and community services in Newfoundland and Labrador.

This focus will promote a team-based interprofessional approach in which physicians, nurses, pharmacists, social workers, other health and community service professionals and technical personnel will collaborate in the provision of patient-centered care and, simultaneously, rebalance health care services with wellness strategies to enhance the health status of the population and the ability of communities to support their residents’ health and well-being.

Benefits of Collaborative/Interprofessional Health Professional Education and Research

Of the many benefits that Newfoundlanders and Labradorians – indeed all Canadians – cherish, access to high quality health and health care services stands very near the top of the list. There also stand those services and programs that enhance the vitality and well-being of the communities in which they live, attributes increasingly threatened by major societal changes – urbanization, globalization, growing incivility, social isolation, etc.

¹Newfoundland and Labrador, Department of Education, *Foundation for Success*: White Paper on Public Post-Secondary Education (2005).

One of the principal responsibilities of Memorial University is to educate professionals for leadership roles in those communities, roles that flow in large part from their post-secondary education; another is for their roles in providing and enhancing health and community services and programs in a future that will be, as always, different from the present and past. One such difference, imbedded in the provincial primary health and community service strategy, is that solo medical practitioners will be succeeded by interdisciplinary teams of health and other professionals who, in addition to illness in individuals, will focus on healthy living, optimizing the health and well-being of all members and families of the communities they serve. Shifting to this wider focus will require, in addition to the traditional “health” professions (nurses, doctors, pharmacists, dentists, etc.), major contributions by other professionals – social workers, kinesiologists, specialists in physical education and recreation, clinical psychologists, etc.

Beginning with its on-going initiatives, primarily represented by the federally funded program *Collaborating for Education and Practice: An Interprofessional Education Strategy for Newfoundland and Labrador*², Memorial University is committed to making collaborative education and research a distinguishing characteristic of the Faculties and Schools that educate students and conduct research in the health and associated professions.

Among the many benefits of interdisciplinary teamwork are:

- Improved individual and community health and well-being
- Leadership in collaborative adaptation to societal change
- An expanded range of high quality services and expertise appropriate to the expanded mandate and individual community needs
- Complementary expertise to replace duplication of effort
- Greater productivity through synergy – where the team’s productivity exceeds the sum of the contributions of its individual members working independently
- Continuum of care – where an individual and his or her family experience no discontinuity as responsibility for care shifts from one provider and/or setting to another
- Optimal use of the knowledge and skills of all health and community service professionals
- Better working conditions – where the workload is shared and team members can fill in for one another to the maximum extent possible to safeguard humane lifestyles for all
- Better communication among providers and with clients/patients/consumers and communities
- Best use of resources/greater productivity in terms of health outcomes
- Successful implementation of Newfoundland and Labrador’s primary health and community service strategy

² Health Canada: Memorial University of Newfoundland/Centre for Collaborative Health Professional Education/Faculty of Medicine; \$1,249,714 – 2005-2008.

The primary results of interprofessional or collaborative health professional education and research are new entrants into the health and community service professions with:

- interdisciplinary knowledge to support a more coordinated approach to problem-solving
- new knowledge derived from collaborative research on health promotion, disease prevention, healthy living, supportive communities, and related topics
- new knowledge on how best to work together in the provision of the services and programs needed to optimize both community and individual health, and
- the mutual respect for and understanding of the competencies of each profession necessary for all team members to contribute happily and productively to the challenge of optimizing the health of the individuals, families and communities they serve.

In Newfoundland and Labrador, a very high proportion of those communities are small, widely dispersed, and lacking access to many of the services and programs needed to preserve their residents' health and well-being. Many are made up of an increasing proportion of older people at risk of, if not already experiencing, the range of chronic conditions common in such populations.

In *A History of Health Care in Newfoundland & Labrador*, Dr. Wilfred Grenfell was described³ as a physician:

...who understood that the intrinsic health of a human being is not confined to their (sic) physical condition, but that their entire nature must be taken into serious consideration. The mental, physical, environmental, spiritual, social and economic well-being of a person is intertwined and every individual aspect of people's lives affects their overall health. This integrated approach to health care was the cornerstone of Grenfell's healing techniques and ... the founding philosophy of the Grenfell Mission.

The contemporary provincial primary health and community services strategy incorporates this philosophy; it is in many ways reminiscent of the past. Its implementation, however, will not depend solely on physicians. It will require the education, primarily by Memorial University, of a substantial cadre across a range of health and community service professionals to staff the primary health teams deployed to communities, large and small, throughout Newfoundland and Labrador. It will also depend on the fruits of collaborative, interdisciplinary research to discover the new knowledge necessary to best provide communities, as well as the individuals and families within them, access to the high quality services and programs needed to optimize their health and enhance the well-being of all people in this province.

³ Stephen M. Nolan, *A History of Health Care in Newfoundland & Labrador*. Newfoundland and Labrador Health and Community Services Archive and Museum (2004) 93.

Meeting the Challenge

To meet this challenge, the curricula and *modus operandi* of the participating professional Faculty and Schools in Memorial University must be even more oriented than they are now to incorporate the skills and practices of teamwork into the academic education and practice-based environments. The objective is to prepare new graduates optimally for interprofessional collaborative practice, especially in primary health teams.

Making the changes necessary in the current post-secondary educational paradigm is a real challenge! The new paradigm must continue to ensure that all health professionals retain their high degree of competence and individual professional identities while also developing in them the capacity to work happily and productively together, knowledgeable about and confident in one another's contributions to each health and community service team's overarching responsibility to the people and population it serves. While a variety of initiatives are both in place and being developed at Memorial and other universities throughout Canada and elsewhere, it is fair to say that nowhere is interprofessional health education and training being done as well as it should or needs be.

Correcting this and laying a firmer foundation for the future of health care is not only of concern to Memorial University and the Province of Newfoundland and Labrador. It is a major policy initiative in the United States. The Institute of Medicine (IOM) of the United States National Academies of Science emphasizes this in its report *Health Professions Education: A Bridge to Quality*⁴. Although published by the IOM, a number of disciplines and professions participated in its creation with leaders in nursing playing a particularly prominent role. This report originated in what the IOM termed a "quality initiative", begun in 1996 to document "the burden of harm conveyed by the collective impact of all our health care quality problems". Subsequently the Institute laid out a vision of how the "system" must be radically transformed "to close the chasm that exists between what we know to be good quality care and what actually exists in practice"; it made it clear that "reform around the margins would be inadequate".

A Bridge to Quality represents a blueprint for the transformation of health professional education, the product being health professionals with the prerequisites necessary to transform the system to achieve the vision that:

"All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics."

The report speaks to five competencies common to all health⁵ professionals:

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice

⁴ March 2003 <http://www.nap.edu/catalogue/10681.html>

⁵ The Committee has expanded this term to include both health and community service professionals.

- Apply quality improvement
- Utilize informatics

To that end it directs a recommendation directly to health professional accrediting bodies to work together, to coordinate their efforts to:

“move forward expeditiously to revise their standards so that (educational) programs are required to demonstrate – through process and outcome measures – that they educate students in both academic and continuing education programs in how to deliver patient care using a core set of competencies.”

Others of the IOM’s recommendations are directed to the state legislatures that, like the provinces and territories of Canada, provide the ultimate authority to health professional licensing, certifying and regulating bodies, to amend the applicable standards to require, among other things, demonstration of the core competencies referred to above.

It is highly probable that the reports of the Institute of Medicine and particularly *A Bridge to Quality* will, before long, lead to policy changes in the United States that will affect health professional education there. Given the strong interest of many Canadian students in international mobility (and the desirable comparability of U.S. and Canadian medical, nursing and other professional accreditation standards) those policy changes in the United States will surely have a major impact on health professional education in Canada as well.

Independently, collaborative health professional education is also a major policy focus in Canada. The Health Council of Canada⁶ recently (November, 2005) issued its report *Modernizing the Management of Health Human Resources in Canada: Identifying Areas for Accelerated Change*⁷. This report originated in a National Summit held in June, 2005, at which over 120 “key players” were assembled to focus on practical, short-term ways and means of modernizing the ways in which health care professionals are educated and work. Of the Council’s ten recommendations, four speak directly to what the Council refers to as “interprofessional⁸” education and practice:

1. Expand opportunities for interprofessional education and post-graduate collaborative practice.

Lead responsibilities:

- Universities and colleges to design new programs. By 2008 each of Canada’s university health sciences programs should offer an interprofessional education program through collaboration among appropriate disciplines.
- Governments to fund those programs

⁶ Both Mr. John Abbott, Deputy Minister of Health and Community Services, Government of Newfoundland and Labrador, and Dr. Ian Bowmer, former Dean of Medicine at Memorial University, are members of the Council

⁷ http://hcc-ccs.com/docs/HCC_HHRsummit_2005_eng.pdf

⁸ This term (unhyphenated) is accepted in the international literature as referring to the topic this Committee has addressed, i.e. collaborative education and research in the health professions.

- Employers (Health Authorities primarily) and Unions to create workplaces supportive of teamwork.
2. Enhance opportunities for professionals to work in optimal scope of practice to ensure the system's capacity to meet local patient and population health needs
 3. Accelerate the shift to provider payment schemes that stimulate interprofessional teamwork
 4. Resolve concerns about liability in collaborative practice

Although itself not a policy-making body, the Health Council of Canada is a creature of the federal and most⁹ provincial and territorial governments. There is a high probability that its recommendations will lead on relatively expeditiously to policy formulation by the relevant jurisdictions, including the Government of Newfoundland and Labrador.

In the body of the Health Council's report, Memorial University is referred to twice, once in relation to the Centre for Collaborative Health Professional Education and the project (funded by Health Canada) to develop elements of curriculum in common for Medicine, Nursing, Pharmacy, and Social Work. The second reference is to Memorial's expertise in telemedicine (including the provision of continuing education at a distance for health professionals). These represent a "head start" and are strong elements on which to build.

Memorial has a proud record of educating and training doctors, nurses, pharmacists, social workers, and others who fall under the broad definition of health professionals to meet the needs of the people of Newfoundland and Labrador. While done well, the great majority of that education and training continues to be conducted quite separately by the Faculty of Medicine and the Schools of Nursing, Pharmacy, and Social Work, mimicking (and to some degree reinforcing) the poorly-linked "silos" that characterize the so-called "system" of health and health care services. Of this Faculty and three Schools, the School of Social Work is the most "distant" from the others primarily by virtue of its being charged with the education of professionals to provide community services as well as health services; its graduates are both health and community service professionals. The School of Human Kinetics and Recreation is even more "distant" in terms of common perceptions of its work and of the services its graduates provide; there is no question, however, that it too must be intimately involved in the education of the team members required to meet the needs of individuals and communities for a comprehensive range of primary health and community services.

The challenge now is to change the separateness of the "field of silos" that makes up the so-called system of health and community services. That change must be made both within the University in respect to the education of the graduates who will provide the range of health and community services required. It must also be made externally throughout the Province; it is to this that the Provincial strategy on health reform speaks!

Within the University, it is time to change curricula, practice-based learning experiences, and to conduct collaborative research, including on how best to conduct collaborative education of health professionals, the new initiative at the leading edge of provincial,

⁹ Québec and Alberta do not participate.

national, and international public policy. Learning how to do that very well is the challenge now before the health and community service professional Faculty and Schools of Memorial University of Newfoundland. Given the Health Council of Canada's mention of 2008, it is also a matter of some urgency.

As noted later, Memorial University can build on considerable experience in the development of interprofessional modules for incorporation into the curricula of the Faculty of Medicine and the Schools of Nursing, Pharmacy and Social Work. The Deans and Directors of Memorial's Faculties of Medicine and Education, and the Schools of Social Work, Nursing and Pharmacy formed the Center for Collaborative Health Professional Education (CCHPE) in 1999 with a mission and set of goals directed at interprofessional health education programs and research. The work of the Center was subsequently, and considerably, enhanced by Health Canada's funded project *Collaborating for Education and Practice: An Interprofessional Education Strategy for Newfoundland and Labrador*.

Review of the Literature

Happily for the work of this Committee, the literature relating to collaborative (as noted previously, more commonly referred to as interprofessional) education of health professionals has recently been comprehensively reviewed and published as a supplement to the *Journal of Interprofessional Care*¹⁰. A collection of 16 papers by 23 authors, sponsored by Health Canada, this supplement sets out the present state of knowledge and experience of what it means and what it will take to move beyond the simplistic concepts of single "classrooms" and common administrative structures to the creation of meaningful collaborative experiences across the continuum of health and community service professional education, training and research, including continuing professional education of those in practice.

Whereas the word "discipline" refers to a subject or field of study, a profession is "a calling requiring specialized knowledge and often long and intensive academic preparation"¹¹. The prefix "inter" is used in interprofessional (rather than "multi") to imply the partnership of two or more professions learning from and about each other to improve their collaboration and the quality of care they provide. The frame of reference for interprofessional education¹² establishes linkages between the determinants and processes of collaboration at the *micro* (learners, teachers, and practitioners –

¹⁰ Marilyn Hammick, Ed., *Interprofessional Education for Collaborative Patient-Centred Care: Canada as a Case Study*. Compiled by Ivy Oandasan and Keegan Barker, Reproduced from *Journal of Interprofessional Care*, 19, Supplement 1 (May, 2005). By permission of Taylor & Francis Ltd.
<http://www.tandf.co.uk/journals>

¹¹ Victor Neufeldt, 1990 as quoted by Oandasan, I & S. Reeves, "Key elements for interprofessional education, Part 1: The learner, the educator and the learning context, and Part 2: Factors, processes and outcomes," *Journal of Interprofessional Care*, 19, Supplement 1 (May, 2005): 21-48

¹² D. D'Amour & I. Oandasan, "Interprofessionality as the field of interprofessional practice and interprofessional education: an emerging concept," *Journal of Interprofessional Care* 19, Supplement 1 (May, 2005): 8-20

socialization processes), *meso* (teaching and health organizations – administrative and leadership challenges) and *macro* (political, socio-economic and cultural – needing senior management and government support) levels. Research on these linkages is essential both to advance our understanding of ways and means of educating people to work well together but also to convince the skeptics that teamwork offers the way to closing the “quality chasm” documented by the IOM in the U.S. (and that surely applies in Canada as well).

Despite the fact that there is as yet no good evidence that interprofessional education (or collaborative practice, for that matter¹³) results in better patient care¹⁴, several models are being employed and developed in Canada, although to date they affect only a small proportion of students and trainees¹⁵. The approach recommended¹⁶ involves students in situations that are novel, progressively complex, and that mimic real-life and incorporate the five elements of best-practice cooperative learning: positive interdependence; face-to-face interaction; individual accountability; interpersonal and small-group skills; and group processing. The learning process itself should cycle through a four-stage model of planning, doing, observing, and reflecting. To be germane out there in the “real world” it must also incorporate cultural considerations¹⁷. Clearly faculty development is essential to condition the attitudes of teachers and also of their organizations (Faculties and Schools)¹⁸; the support of their senior administrative officers is also essential¹⁹. The objective – collaboration – is basically an interpersonal process that requires for its development a number of personal factors (willingness to collaborate, trust, mutual respect) reinforced by such organizational determinants as human resource management and strong leadership²⁰.

Universities present a broad range of psychosocial barriers to interprofessional education and learning: faculties and schools as separate governance and management entities; the attachment of faculty members (and students) to disciplines; the influence of external associations (like the accreditation of professional programs); the diversity of academic programs; the specialization/fragmentation of professions; cost (of curriculum change

¹³ D. D’Amour, *et al.* “The conceptual basis for interprofessional collaboration: Core concepts and theoretical frameworks,” Journal of Interprofessional Care 19, Supplement 1 (May, 2005): 116-131

¹⁴ M. Zwarenstein, *et al.* “Effectiveness of pre-licensure interprofessional education and post-licensure collaborative interventions,” Journal of Interprofessional Care 19, Supplement 1 (May, 2005):148-165

¹⁵ D. A. Cook, “Models of interprofessional learning in Canada.,” Journal of Interprofessional Care 19, Supplement 1 (May, 2005): 107-115

¹⁶ M. D’Eon, “A blueprint for interprofessional learning,” Journal of Interprofessional Care 19, Supplement 1 (May, 2005): 49-59

¹⁷ M. Purden, “Cultural considerations in interprofessional education and practice.,” Journal of Interprofessional Care 19, Supplement 1 (May, 2005): 224-234

¹⁸ Y. Steinert, “Learning together to teach together: Interprofessional education and faculty development,” Journal of Interprofessional Care, 19, Supplement 1 (May, 2005): 60-75

¹⁹ V. Curran, *et al.* “Academic administrators’ attitudes towards interprofessional education in Canadian schools of health professional education.,” Journal of Interprofessional Care 19, Supplement 1 (May, 2005): 76-86

²⁰ L. San Martin-Rodrigues, *et al.* “The determinants of successful collaboration: A review of theoretical and empirical studies,” Journal of Interprofessional Care 19, Supplement 1 (May, 2005): 132-147

and evaluation); faculty salary differentials; academic versus practice demands; etc.²¹ Other barriers (and enablers) of interprofessional education include²²: continued confusion about the terminology (no common language); the need for champions/leadership and for external support (protected budget and policy direction by decision-makers); overcoming the cultural protectiveness of professions²³; and logistics (space, timetabling, housing the “players” together, integrating academic with practice-based activities). Added to this long list are the regulatory and medico-legal barriers to team practice²⁴.

Daunting as it may seem, there are lessons from the change management literature that offer guidance for success²⁵. These include:

At the level of individuals:

- the prolonged use of constructive conflict (confronting people with new paradigms and policy direction) to change entrenched professional territorial values, assumptions and mental models that, at present, emphasize differentiation rather than integration;
- employing a step-wise process to change (awareness→agreement→adoption→adherence) but reinforced strongly by regulation and coupled with positive feedback based on medium- to long-term performance measures and incentives that reward the risk-taking that makes change happen;

At the organizational level:

- creation of a climate for change within the organization based on both an awareness that things can be done better (dissatisfaction with the *status quo*) and the ready availability of resources in support of change (for curriculum development and implementation, faculty development, resolution of workload issues, etc.) and for evaluation of its effects on, for example, patient/population outcomes;
- demonstration of the commitment of senior leaders to change and its consistent reinforcement through the accountabilities of middle managers coupled with positive reinforcement of the efforts of opinion leaders and “champions” at the “workface”;

²¹ J.V.H. Gilbert, “Interprofessional learning and higher education structural barriers,” Journal of Interprofessional Care, 19, Supplement 1 (May, 2005): 87-106

²² K. Barker, *et al.* “Factors in implementing interprofessional education and collaborative practice initiatives: Findings from key informant interviews,” Journal of Interprofessional Care, 19, Supplement 1 (May, 2005): 166-176

²³ P. Hall, “Interprofessional teamwork: Professional cultures as barriers,” Journal of Interprofessional Care 19, Supplement 1 (May, 2005): 188-196

²⁴ W. Lahey & R. Currie, “Regulatory and medico-legal barriers to interprofessional practice.,” Journal of Interprofessional Care 19, Supplement 1 (May, 2005): 197-223

²⁵ L. Ginsburg & D. Tregunno, “New approaches to interprofessional education and collaborative practice: Lessons from the organizational literature,” Journal of Interprofessional Care 19, Supplement 1 (May, 2005): 177-187

At the system level:

- the organizational change literature shows that failure of the *status quo* provides the most effective stimulus of change. To avoid that and yet make change happen, regulatory measures (like those originating in accreditation reviews or even government regulation/legislation) have been shown to be useful to stimulate or even permit change (i.e. removing the barriers to shared practice in defined clinical areas).

Overall:

- combine voluntary with mandatory approaches to change;
- use structural change first (relatively easy) to drive process change to drive, in turn, cultural change (hard);
- begin with small incremental changes at the outset (e.g. involving individual courses or segments) leading on to the more radical changes (of curriculum and accountability requirements) needed to entrench change more firmly over the long-term;
- balance authoritative policy direction from the “top” with the necessary provision of flexibility to local “champions” and agents to effect change “bottom up”.

Accreditation Standards as an External Barrier to Change

The Committee did not conduct its own analysis of current accreditation standards as they apply to the Faculty of Medicine and Schools of Nursing, Pharmacy, Social Work, and Human Kinetics and Recreation in Memorial University. It is clear from the literature cited above, however, that such standards and their interpretation and application by the relevant national and international accrediting bodies can affect profoundly, positively or negatively, changes in the curricula of any university’s professional programs. At best, professional accrediting bodies can demand that changes be made to reflect desirable changes in practice; at worst they can mount the barricades and settle for nothing but the *status quo*.

Prior to the Committee’s formation, however, Memorial’s Centre for Collaborative Health Professional Education (CCHPE) conducted a review of accreditation standards as they related to interprofessional education.²⁶ This review showed that while the accreditation documents applicable to undergraduate programs in social work make specific reference to the responsibilities of the curriculum to foster collaborative skills in students, the standards applicable to the other professions studied (medicine, nursing, pharmacy, occupational and physical therapy) remain only as encouraging statements; no explicit requirements have been articulated to hold the relevant undergraduate curricula responsible for the development by graduates of the special competencies necessary for effective teamwork – for sharing, communication and collaboration with other professional members of those teams.

²⁶Vernon Curran, Deacon, Diana, and Fleet, Lisa. Review, Assessment and Recommendations of Accreditation Standards, Policies, and Practices as they relate to Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP). Centre for Collaborative Health Professional Education, Faculty of Medicine, Memorial University of Newfoundland (2005)

At the postgraduate level, accreditation standards have not been developed for all the professions concerned. Of those that do exist, only the Canadian Medical Education Directives for Specialists (CanMEDS) refers to “collaborator” as a key role for specialists certified by the Royal College of Physicians and Surgeons of Canada.

In summary, it is “early days” in respect to the development and application of professional accreditation standards relating to the responsibilities of undergraduate and postgraduate educational programs to foster the knowledge, skills, and attitudes necessary to support teamwork among health and community service professionals.

The Committee did initiate a preliminary exploration of the commonality and differences among the core competencies of the professions involved. Published statements of such competencies were obtained from the Schools of Nursing²⁷ and Pharmacy²⁸; the Director of the School of Social Work authored a thoughtful commentary relating to the concerns of that profession that formal statements of core competencies have the potential to diminish the responsibility of practicing social workers to exercise their own sound professional judgment. Apart from observing that among the published lists of core competencies for Nursing and Pharmacy (and the informal competencies described by Dr. Birnie-Lefcovitch for Social Work) there were both profession-specific and generic competencies, this exploration was not proceeded with after consultation with the Co-Director of the Centre for Collaborative Health Professional Education (CCHPE). Dr. Curran’s advice was that an analysis of competencies, even to the limited extent of assigning them to one of two “bins”, specific to the profession concerned or shared, was a far more complex enterprise than it appeared, especially if it involved delving into details (as it would have done) behind the MAINPRO and CANMEDS programs of the Canadian College of Family Physicians and the Royal College of Physicians and Surgeons respectively. Another problem was that core competencies for the graduates of the School of Human Kinetics and Recreation were not readily available and would have had to be created *de novo*.

The Chair concluded that proceeding further with the examination of core competencies was not essential at this stage and could well have been more of a diversion than of assistance to the Committee’s main focus. Therefore no further study was made of formal core competencies of the participating professions or of the current accreditation standards applicable to their educational programs. This work will need to be done, however, if and when the interprofessional program recommended below is being developed and implemented in Memorial.

²⁷ DRAFT: Entry-Level Registered Nurse Competencies. Jurisdictional Competency Project: Entry-level Registered Nurses. November, 2005.

²⁸ Association of Faculties of Pharmacy of Canada, Educational Outcomes for a Baccalaureate Pharmacy Graduate in Canada (May 25, 1998) and National Association of Pharmacy Regulatory Authorities (NAPRA), Model Standards of Practice for Canadian Pharmacists (April, 2003)

Attitudes Toward Interprofessional Education Among Faculty Members and Students in Memorial and of Practicing Professionals

As one of the foundational components of the work funded by Health Canada, the Centre for Collaborative Health Professional Education (CCHPE) conducted a survey in 2005 of the attitudes of students and faculty members in the Faculty of Medicine and the Schools of Nursing, Pharmacy, and Social Work toward health care teams and interprofessional education²⁹. The results have just been made available to the Committee as this report was written. They showed significant differences between students and faculty members who have had prior experience with some aspect of interprofessional education activities and those who had not; the former were more favourably disposed to the concept of working in teams generally and specifically to interprofessional education. The results also revealed that women were significantly more favourably disposed toward teamwork and interprofessional education than were men and also that there were significant differences among the surveyed professions; those in Medicine were least in favour although in all the surveyed professions, including Medicine, a clear majority held positive attitudes toward both teamwork among the health and community service professions and collaborative professional education.

Student attitude scores toward both health care teams and interprofessional education were highest (more positive) for those in Pharmacy and Social Work, with Medicine significantly lower. In the faculty group, Nursing, Pharmacy and Social Work scores were significantly higher than those of Medicine on the health care teams scale; Social Work and Pharmacy were significantly higher than Medicine on interprofessional education; and Nursing and Pharmacy were significantly higher than Medicine with respect to interprofessional learning in an academic setting scale.

In summary, although additional convincing is necessary, especially in the Faculty of Medicine, the ground is fertile in Memorial to support the development of interprofessional education and research.

The Department of Health and Community Services has undertaken to survey the attitudes of the range of practicing professionals throughout Newfoundland and Labrador in connection with its establishment of Primary Health Teams under the Provincial Primary Health Care Framework. The plan is to conduct a series of surveys to monitor change associated with the progressive development of such Teams and use the “feedback” to improve their effectiveness.

The first of these surveys preceded the Committee’s establishment, offering the promise of baseline data from which inferences could be drawn relating to how practicing

²⁹ Memorial University of Newfoundland, Centre for Collaborative Health Professional Education, Collaborating for Education and Practice: An Interprofessional Education Strategy for Newfoundland and Labrador Project: An Initial Interprofessional Education Attitude Survey of Students and Faculty in Medicine, Pharmacy, Nursing and Social Work. A draft report prepared for the President’s Committee on Collaborative Health Professional Education and Research, (as submitted by Dr. Dennis Sharpe, 25 April, 2006)

physicians, nurses, pharmacists, social workers and others felt about team practices, working with other professionals, etc., all matters relating very directly to the Committee's mandate.

Unfortunately, although data from many sites throughout Newfoundland and Labrador (except for St. John's) were made available³⁰, it proved impossible to base any conclusions on their analysis. First, the response rates to the survey were, on the whole, very low. Second, it was apparent from the results that insufficient communication about Primary Health Teams had preceded the survey; many respondents seemed unaware even of their involvement in such Teams and therefore lacked the experience of working in teams as a prerequisite to answering many of the survey questions asked. Third, the variability among the different sites for which data were provided defeated any possibility of aggregating the results into any kind of credible statistic.

The Committee had neither the expertise, mandate, nor resources necessary to proceed to its own independent survey of the attitudes of practicing professionals toward interprofessional teams. Therefore it is unable to report on this term of reference.

Current Initiatives in Collaborative Health Professional Education

The Committee has relied on a listing of the recipients of major funding from Health Canada (Appendix C) for its survey of Canadian initiatives in interprofessional education. This funding was forthcoming following a commitment made by First Ministers to foster initiatives designed to achieve greater collaboration among the health professions, particularly in primary health care. Major funding (in the order of \$1.2 million each) was made available to the following institutions over a period of three years (2005-8):

- Calgary Health Region and partners – creation of an alternative model of preceptorship, focusing on lateral mentoring, a process that de-emphasizes hierarchies.
- University of Toronto – creation of a professional development program to aid in the implementation and adaptation of SCRIPT communication tools.
- Queen's University – a project to increase the number of faculty prepared to teach from an interprofessional perspective
- Memorial University of Newfoundland – development and implementation of an interprofessional education curriculum framework for undergraduate students in medicine, nursing, pharmacy, and social work, faculty development, and a continuing education component for the members of primary health care teams
- University of Manitoba, Faculty of Pharmacy – faculty development in interprofessional, community-based geriatric settings
- University of Saskatchewan – enhancing knowledge of best practices in four theme areas; mental health and development in children and youth; chronic illness

³⁰ By the Centre for Collaborative Health Professional Education. The data themselves were collected by and came from the Newfoundland and Labrador Office of Primary Health Care and Community Services.

- in middle age; transition from hospital to community for elders; health in Aboriginal communities
- Laval University, Faculty of Medicine – development of a collaborative patient-centred practice to foster faculty development in interprofessional education
 - McGill University, Faculty of Medicine – enhancement of patient- and family-centred practice by bringing together clinicians, educators, and students from four professional groups
 - University of British Columbia, College of Health Disciplines – to provide a range of regional projects to provide educational opportunities for students and practitioners in diverse rural and urban clinical settings
 - Council of Ontario Universities – development of Web- and team-based learning activities to develop knowledge, skills, and attitudes and promote cultural change in health science students and clinicians
 - Dalhousie University – developing student teams from medicine, nursing, pharmacy, and dentistry and dental hygiene to help patients develop the skills and knowledge necessary to manage their illnesses and work with their health care teams

Current Collaborative Research Among the Health Professions

No inventory of collaborative research projects among faculty members, students, and practicing professionals in the health and community service professional Faculty and Schools (and the University Counseling Service) was conducted by the Committee. This should be done, however, if and when the College of Interprofessional Health and Community Services is established. The results would establish the base on which an international reputation for interprofessional research in the field can be built.

PART II
STRATEGIC PLAN

Vision

Memorial University is distinguished among Canadian Universities for its collaborative educational programs and research in the health and associated community service professions.

Mission

To produce, primarily for the people of Newfoundland and Labrador:

- highly educated graduates, comfortable and experienced in working together, who will create and staff collaborative teams of health and community service professionals
- new knowledge, skills and attitudes that transcend traditional disciplinary and professional boundaries, derived from collaborative research and interprofessional education and practice focused on health, healthy living, and healthy communities
- exemplary practice models by which teams of health and community service professionals³¹ provide a range of services to communities and the individuals and families within them

Overall Goal

To produce graduates with up-to-date knowledge, skills, and attitudes derived from collaborative inter-professional research and education, who have practice experience in and are committed to working together in the teams required to provide the spectrum of professional services and programs needed by healthy communities to support the good health and healthy living of the individuals and families within them.

³¹ To include all nurses, pharmacists, physicians, social workers, and human kinetics and recreation professionals educated in Memorial University, technical and other personnel in programs offered in the College of the North Atlantic, and other health and community service professionals who, as part of their educational programs elsewhere, obtain practice experience in Newfoundland and Labrador in collaboration with Memorial University.

The Current Context

Many factors point to the fact that Memorial University and Newfoundland and Labrador are particularly well suited to play a leading role in Canada and internationally in the development and application of interprofessional education and research. This is one of, if not the transformational change that will most affect how health and community services are provided to people, communities, and populations in the 21st century³². Other factors point clearly that it is a propitious time now for Memorial and the Province to take that lead role.

The history of health care in Newfoundland and Labrador is replete with examples of teamwork among physicians, nurses, clergy, teachers, and experienced lay healers to help people maintain their health and to regain it when affected by disease and injury³³. That tradition remains in effect, especially in the Province's many rural and remote communities where, as one physician in a remote community is reported to have said recently, "We work well together because we have always had to". Interprofessional practice can build here on a long-established base of practical experience; an experience that will have to be re-established from the ground up elsewhere in most of Canada. In addition, the reputation of Newfoundlanders and Labradorians for working together is both well known and well deserved. The fact that 50% of the population is sparsely distributed over a very large difficult-to-traverse land mass constitutes, at least with respect to fostering teamwork, a tremendous advantage.

The Government of Newfoundland and Labrador, through its Department of Health and Community Services, has established a firm policy foundation for health system reform. It focuses on the wide range of community and social services that constitute major determinants of health and that have been for too long overshadowed by health care, narrowly defined. The Government's primary health initiative³⁴ features the creation and strengthening of teams of physicians, nurses, pharmacists, social workers and other professionals to provide a comprehensive range of health and community services to the people of the Province's remote, rural, and urban communities alike³⁵. In its White Paper on Post-Secondary Education³⁶ the Government has given clear notice of its intention to foster collaborative education that spans the wide range of professions required to meet the needs of the public for those health care and community services. As a major participant in the work of Canada Health Infoway, Newfoundland and Labrador is also

³² Carol P. Herbert, "Changing the culture: Interprofessional education for collaborative patient-centred practice in Canada," Journal of Interprofessional Care 19, Supplement 1 (May, 2005): 1-4.

³³ Stephen M. Nolan, A History of Health Care in Newfoundland and Labrador. (Newfoundland and Labrador Health and Community Services Archive and Museum, 2004).

³⁴ Newfoundland and Labrador, Department of Health and Community Services, Partnering for Health. Healthier Together: A Strategic Health Plan for Newfoundland and Labrador (2002) 32. Goal 3, Objective 1, as re-confirmed by the current Government: John Abbott, Deputy Minister of Health and Community Services, and Rachelle Cochrane, Assistant Deputy Minister, Department of Education, Personal Communication, 2005.

³⁵ *Ibid.* Human Resources, 29-30.

³⁶ Newfoundland and Labrador, Department of Education, Foundation for Success. White Paper on Public Post-Secondary Education. (2005) 45.

playing a leading role in Canada in the development of the substantially enhanced capacity for health information management necessary to support much more effective, efficient, and evidence-informed operation of the health system into the 21st century.

With respect to timing, the provincial economy is more robust than perhaps it has ever been. The Province has and can foresee the continued availability of the necessary resources both to finance the process of change but also to support the expansion of education and research in the health and community service professions beyond their all-too-traditional professional “silos” into the progressive new world of collaborative interprofessionalism.

A solid base is already established within Memorial University for a substantially enhanced program of interprofessional education and research. The Centre for Collaborative Health Professional Education (CCHPE) was established in the Faculty of Medicine in 1999 with the active participation of the Schools of Nursing, Pharmacy and Social Work and the University’s Counseling Centre; the co-directors, Drs. Vernon Curran and Dennis Sharpe, are recognized experts in the field. With major funding from Health Canada³⁷, CCHPE continues to create and refine interprofessional curriculum at the pre-licensure level (e.g. undergraduate) as well as postgraduate and graduate levels, required elements of the curricula of all the participating professional programs³⁸; as well, it provides post-licensure continuing education programs such as the Certificate in Primary Health Care Collaboration. Memorial has already laid the foundation for a national if not international reputation for setting the pace in the fast-evolving field of interprofessional education.

The University, like the Province, is sufficiently small and close-knit to offer propinquity as an aid to teamwork; three of the health professional programs (Medicine, Nursing and Pharmacy) are now located in the same, albeit seriously over-crowded Health Sciences Centre. Social Work is some distance away and Human Kinetics and Recreation is separated from the others not only by distance but the four-lane parkway through the campus. Yet others, however, those that deliver the Bachelor of Nursing program collaboratively with Memorial’s School of Nursing, are located at a considerable distance from the campus; the Centre for Nursing Studies is closer to the downtown of St. John’s; the Western Regional School of Nursing is in Corner Brook. Most of these challenges can be readily solved, however, by the imaginative siting of new facilities, purpose-built for interprofessional education, research, and the provision of a model spectrum of health and community services directly to the population. In Corner Brook, moving the School of Nursing Studies to the site of Grenfell College would enhance its communication and collaboration with the other professional schools in St. John’s.

The clear, resolute commitment of President Meisen to making interprofessional education and research a “flagship” program of Memorial University of Newfoundland is

³⁷ Health Canada, Interprofessional Education Strategy for Newfoundland and Labrador, \$1.25 million over three years, 2005-2008.

³⁸ The great majority of interprofessional modules, courses, programs elsewhere in Canada are elective, not mandatory.

unmistakable. He and his colleagues among the University's senior leadership have invested substantial resources, time, and personal energy in the development of this strategic plan. A series of "President's Lectures" was mounted in early 2006³⁹ to educate the University community about the promise and potential of collaboration and team building among health and community service professional students, faculty members, and practicing professionals.

To seize the opportunity to lead the country in this new, important educational movement, a number of challenges must be overcome. While acknowledging the strong collective leadership to date of the Dean of Medicine and the Directors of Nursing, Pharmacy and Social Work (and more recently also of Human Kinetics and Recreation), it remains that a senior academic "champion" of interprofessional education and research has yet to be identified in Memorial; full-time, dynamic, focused leadership is essential.

Space everywhere is in short supply and high demand; it is a struggle to find office, work and teaching space for current activities in interprofessional education much less in an environment that fosters the close, easy collaboration among all the "players" that is desirable and that purpose-built facilities would provide.

The current curricula in all professional programs are overcrowded and while the merits of interprofessional education have strong intuitive appeal, at present little empirical evidence is available to inform curriculum change at the pre-licensure level. There are also conflicting curriculum structures, approaches (patient versus population focus) and timetabling among the different professional programs to overcome as well as workload definitions and related differences, largely but not exclusively between the Faculty of Medicine and the other professional Schools.

The support among faculty and students in Memorial for collaborative professional education and research is substantial but far from overwhelming. An initial survey⁴⁰ of students and faculty members in Medicine, Nursing, Pharmacy, and Social Work showed that while attitudes toward interprofessional education and health care teams themselves were generally positive, there remain substantial differences; students and faculty members with prior interprofessional experience were more positive than those without; generally women were more positive than men; the attitudes of those in Social Work, Nursing, and Pharmacy were more favourable than those of students and faculty members in Medicine. Concerns remain, especially in relation to how interprofessional

³⁹ Featuring three speakers: Dr. Carol Herbert, Dean of the Shulich School of Medicine and Dentistry, University of Western Ontario; Dr. John Gilbert, Principal of the College of Health Disciplines, University of British Columbia, and Ms. Jessica Diamond, past Co-Chair of the New Health Professionals Network (NHPN), and current Co-Director of the Ontario Association of Social Workers, Central Ontario Branch.

⁴⁰ Memorial University of Newfoundland, Centre for Collaborative Health Professional Education, Collaborating for Education and Practice: An Interprofessional Education Strategy for Newfoundland and Labrador Project. An Initial Interprofessional Education Attitude Survey of Students and Faculty in Medicine, Pharmacy, Nursing and Social Work, an initial draft report prepared for the President's Committee on Collaborative Health Professional Education and Research (as submitted by Dr. Dennis Sharpe, 25 April, 2006).

education might affect national and international accreditation of the existing professional programs.

In a review of accreditation standards, policies and practices⁴¹ a number of challenges related to interprofessional education were identified by key informants in the field. Although there was reference generally to the desirability of communicating with colleagues in the standards and criteria of the major accreditation documents applying to undergraduate professional education in Canada, no explicit standards apply to the role of academic programs in facilitating and evaluating learning activities that promote collaborative practice competencies. At the postgraduate level, the Canadian Medical Education Directions for Specialists (CanMEDS) refers to “collaborator” as a key role and accreditation requires evidence of its demonstration by residency programs; such requirement is not replicated in the postgraduate accreditation standards (where they exist) for other health and community service professions. Although accreditation standards for both undergraduate and postgraduate programs in several of the professions concerned are under review, the emphasis, if any, that will be put on interprofessional educational processes to foster collaboration among them remains uncertain.⁴²

There are also challenges to be overcome relating to the differences in ages, maturity, and backgrounds between students in Medicine (who enter with previous baccalaureate and often higher degrees) and those in Nursing, Pharmacy, Social Work, and Human Kinetics and Recreation (most of whom are taking their first degree).

The Proposed Result

1. A Faculty and Schools offering programs of professional study in medicine, nursing, pharmacy, social work, and human kinetics and recreation (and others, such as clinical psychology, that may be developed or incorporated) in Memorial University, together with:

A collaborative interprofessional program of education and research that will feature:

2. At its core, practice experience in model environments representative of the people and communities of Newfoundland and Labrador. There, all students in the participating professional programs and medical residents⁴³ will be mentored by qualified health and community service professionals working together in teams to provide health services to individuals and programs to communities in support of healthy living and healthy communities

⁴¹ Vernon Curran, Diana Deacon and Lisa Fleet. Review, Assessment and Recommendations of Accreditation Standards, Policies, and Practices as they relate to Interprofessional Education for Collaborative Patient-Centred Practice (IEPCP) (Final Report, Health Canada, Memorial University of Newfoundland, 2005).

⁴² Health Canada is organizing a workshop for Fall 2006 to involve academic accrediting bodies to examine this. Vernon Curran, personal communication, 2006.

⁴³ Physicians in postgraduate training

3. Curriculum elements (modules, courses, and programs) to prepare students optimally in all the participating health and related community service professions to derive the greatest possible benefit from their collaborative practice experiences.
4. A non-hierarchical environment of “learning together” in which students in the participating professional programs will learn from one another:
 - the value of collaborative interprofessional contributions and interdependencies in the provision of services and programs both to individuals and to communities and
 - knowledge of and respect for the particular competencies of each profession.
5. An environment that draws together students, professional staff, faculty members and health and community service professionals and facilitates their engagement in basic and applied collaborative interprofessional research.

Key Concepts

1. This initiative will encompass, in the first instance⁴⁴, the following academic units within Memorial University:
 - a) The Faculty of Medicine
 - b) The School(s) of Nursing⁴⁵
 - c) The School of Pharmacy
 - d) The School of Social Work
 - e) The School of Human Kinetics and Recreation
 - f) The University Counseling Centre
 - g) The proposed doctoral program in Clinical Psychology (when operational in the Faculty of Science)
2. One result of the interprofessional education program will be the attraction of prospective students to the health and associated community service professions in Memorial University who are particularly interested in the pursuit of education and training that will prepare them optimally to practice:
 - a) both in the provision of primary health and community service programs and throughout an increasing spectrum of specialized medical care
 - b) in collaborative teams of health and community service professionals
 - c) in Newfoundland and Labrador primarily but also
 - d) elsewhere in Canada and throughout the world.
3. Another result will be a growing body of literature derived from collaborative research among students, professional staff, and faculty members in Memorial

⁴⁴ Other Faculties, Schools and programs may opt to participate subsequently.

⁴⁵ To include the Memorial University School of Nursing, the Centre for Nursing Studies, and the Western Regional School of Nursing.

University relating to the health of individuals and communities and to application of the expertise, knowledge, and skills of different professions to questions bearing generally on healthy living and the health and care of individuals, families, and communities

4. In all involved Faculties and Schools, in respect to the recruitment of those new and replacement faculty members who will be significantly involved in the collaborative program, interdisciplinary qualifications and experience in interprofessional/collaborative education and research will be additional criteria that will be given high priority in advertising for and selecting successful candidates.
5. Coincident with the development of collaborative research and educational programs for students and medical residents, professional development and continuing education programs for faculty members and mentors of practice experience, capable of being delivered at a distance, will be developed to reinforce and keep up-to-date practitioners in the health and associated community service professions on new developments in interprofessional care, services and programming.
6. Representatives of the communities in which the practice experience models are situated will be closely involved in the development and on-going governance of those models/sites to ensure that they genuinely meet the needs of those communities and the individuals and families within them.

Challenges to Change

The challenges to development of the collaborative interprofessional education and research program described above, divide into two types, generic and those specific to Memorial University and Newfoundland and Labrador. They divide further into those to be resolved within the University itself, those under the purview of professional and/or regulatory bodies provincially, nationally or internationally, and those for which the University requires the support and assistance of the Government of Newfoundland and Labrador.

Among the generic challenges or obstacles facing those charged with the reform of health professional education, the following are taken from the Institute of Medicine's *A Bridge to Quality*⁴⁶:

- Lack of funding to review curriculum and teaching methods and of the resources required to make needed changes
- Overly crowded curricula and competing demands

⁴⁶ Institute of Medicine, Crossing the Quality Chasm: A New Health System for the 21st Century (Washington, D.C. National Academies Press, 2001) 37-38.

- The lack of an evidence base assessing the impact of changes in teaching methods or curriculum
- No coordinated oversight across the continuum of education, and fragmented responsibilities for undergraduate and graduate education
- Little integration across oversight processes, including accreditation, licensing, and certification
- Unsupportive culture and norms in health professions education
- Too much emphasis on research and patient care in many academic settings, with little reward for teaching
- Silo structures and long-standing disciplinary boundaries among and across the professions
- Insufficient channels for sharing information and best practices
- A lack of faculty and of faculty development to ensure that faculty members will be available at training sites and able to teach students new competencies effectively
- A shortage of visionary leaders

Another challenge is:

- The potential of health and health care to overshadow other important social issues and determinants of individual and community health like justice, poverty, social housing, physical education, sport, etc., especially in the community service professions

Several of these challenges apply to varying degrees in Memorial University. Apart from the first, however, funding to support the processes of curriculum change, they are all challenges that can only be resolved by and in the University community itself and/or by and in the professions affected and in collaboration with their regulatory authorities. The participating Faculty and Schools agree that it is their responsibility to overcome those internal to the University and to work through the relevant professional associations and regulatory bodies to loosen those strictures that inhibit teamwork among the health care and community service professions.

The following, however, are specific challenges with which Memorial University requires the support and financial assistance of the Government of Newfoundland and Labrador for the expanded, accelerated development of a program of collaborative interprofessional education and research:

- In collaboration with the four Regional Health Authorities, expanding the number of sites available to provide students and medical residents with appropriate interprofessional team practice experience
- Appropriate facility and program support is required in the form of:
 - Base funding to support the organization and coordination of the placement of students⁴⁷ from all participating professional programs in an

⁴⁷ Some funding is currently available for this purpose in the participating Schools.

- expanded number of model sites throughout Newfoundland and Labrador where they can gain the exemplary practice experience on which these programs are to be substantially based
- Base funding to meet the costs of transporting students to and from the model off-campus sites referred to and for their temporary accommodation there on placement. The students, of course, will have to maintain their on-going residence accommodation while away on placement.⁴⁸
 - Capital funding to ensure that those model sites throughout Newfoundland and Labrador have the facilities and equipment necessary to discharge their educational/mentoring role in addition to their primary mission of providing health care and community services
- Base funding is required for:
 - Initial support of the change process over the first two to three years (2006-9) – establishment of the new interprofessional organization/entity (see below); curriculum change in the participating Faculty/Schools; faculty and mentor development; identification and recruitment of model practice sites and teams; creating a system to coordinate professional practice experiences; establishing collaborative protocols with those responsible for implementation of Government policies relating to primary care reform, health information management, etc.
 - Support subsequently for the on-going operation and further development of the collaborative interprofessional program of education and research – a full-time senior leader (Principal, reporting to the Vice-President (Academic)) with responsibility for the interprofessional program; support staff for coordination of placements, liaison with practice experience sites, provincial programs of primary care reform, health information, etc.; program evaluation, research support, etc.; continued funding of the activities of the Centre for Collaborative Health Professional Education (CCHPE) after completion of its grant funding from Health Canada.
 - On-going funding for the secondment of up to eight new FTE faculty members⁴⁹ from the participating Faculty, Schools and programs to teach and conduct research in the collaborative interprofessional program
 - Capital funding to build and equip one or more facilities to accommodate the collaborative interprofessional program to include:
 - One or more model interprofessional primary health centres⁵⁰, integrated as closely as possible into the communities they serve, providing the general public with a full range of primary health care and community services, involving students, professional staff and faculty members from

⁴⁸ Some funding is currently available for this purpose in the Faculty of Medicine and in some but not all of the participating Schools.

⁴⁹ In addition to a number of existing faculty members who will be seconded to the interprofessional program on a part-time and/or full-time basis.

⁵⁰ In accordance with the Government's policy directions, the term "primary health centre" includes the provision of a comprehensive range of community services.

all the participating Faculty, Schools, and programs. Given that these will be “practice-based teaching” facilities, their siting, design, construction, and operation will be under the primary purview of the Eastern Health Authority. The University must partner with the Health Authority in this endeavour (as it must with all four Health Authorities for all model “teaching” health centres).

- Classrooms, seminar, interview, meeting, and small group workrooms, space to support practice-based learning, a simulation laboratory, etc., sufficient to accommodate students, faculty and staff members and practicing professional mentors from all participating programs
- Offices and workspace for the Principal, support staff, units engaged in and supporting interprofessional education and research (e.g. CCHPE, Primary Care Research Unit, Newfoundland and Labrador Centre for Applied Health Research, Atlantic Regional Training Centre in Health Services Research, etc.), and faculty members and graduate students from the participating programs whose work and responsibilities are substantially in interprofessional education and research
- Space and facilities (including broadband and related information technology) to support telehealth, e-health, education-at-a-distance, developments in health information technology and management, etc.
- Consideration should be given to relocating to a new on-campus facility the Schools of Nursing, Pharmacy, Social Work, Human Kinetics and Recreation and possibly other related units both to foster interprofessional education and research but also to alleviate existing space shortages in the Health Sciences Centre and elsewhere on campus

The design, structure and site of such a facility or facilities must be such as to meet, to the maximum degree possible, all three of the following criteria:

- Ready, welcoming accessibility to the general public, especially those seeking primary health care and community services, achieving, in essence, integration into the community to be served
- An attractive environment that fosters non-hierarchical intermingling of all participants
- Ready access by student, faculty and other on-campus participants from both “sides” of the Parkway and, to the maximum extent possible, by those located off-campus⁵¹

Siting the facility or facilities required in St. John’s will be a particularly important challenge to overcome. It will require, in addition to partnership with the Eastern Health Authority, reconciliation of an obvious conflict. An on-campus site is essential to achieve the educational and research goals that require close, daily, practical, and highly visible connections among students,

⁵¹ Such as students and faculty members in the Centre for Nursing Studies and the Western Regional School of Nursing and practicing health and community service professionals working in Primary Health Centres both in St. John’s and elsewhere throughout Newfoundland and Labrador.

staff, and faculty members. Yet one or more off-campus community sites are required to achieve the objective of integrating and “tailoring” a comprehensive program of primary health and community services into the community or communities most in need of being served. Ideally this would involve the creation of primary health and community services centres encompassing all of the current academic family practice sites (Shea Heights, Miller Centre, Health Science Centre) and the development of a “downtown” site as well, all connected by a convenient and frequent shuttle-bus service for students, faculty and professional staff members. Ultimately the goal would be to integrate more community family physicians in St. John’s (and throughout the Province) into such primary health and community service centres.

Proposed Academic/Administrative Structure

Guiding the academic/administrative structure is the principle that interprofessional education, research and practice is integral to the academic units involved. Two basic “structural” issues have been considered related to the development and delivery of an effective program of education and research that meets the mission, goal, and challenges, and accords with the principles set out above:

- The academic organization necessary to lead and support decision-making related to interprofessional (as opposed to intra-professional) education and research. This extends to composition of the curriculum, program coherence, cross-listing of courses with the participating Faculty and Schools, evaluation of student and faculty performance, etc. – all those academic matters that fall under the purview of Faculty Councils under the final authority of the Senate. One of the keys to success in collaborative health professional education will be to differentiate between educational objectives and the competencies they address that are:
 - Profession-specific and must be taught to students in the profession concerned by faculty members from within that professional Faculty/School
 - Generic to all participating professions (e.g. good communication and interviewing skills, ethical standards, information management, structure of the health system, history of health and social services, etc.) and designed to inculcate in all students, attitudes, skills and knowledge that reinforce mutual respect and teamwork. This latter category could be taught to all professional students by faculty members from any participating Faculty/School and credited through the use of cross-listed courses and modules.

The new academic structure proposed (see below) is also necessary to support the expansion of interprofessional research, the continued development of which would certainly benefit from strong academic and administrative encouragement, especially from “seeding” with start-up funds and an environment that fosters close collaboration. The University, however, must formally and practically

recognize such research (and teaching) as equally valuable to career progression as work published in recognized professional journals.

- The leadership/administrative structure necessary to “champion” and manage the development of interprofessional education and research. As pointed out above, strong academic leadership is essential, especially now in the initial phases of establishing interprofessional education and research as a major initiative of Memorial University. It is also important to put in place a structure capable of carrying responsibility for those financial/administrative matters associated with the management of any academic enterprise – those matters normally within the purview of Deans and Directors, as delegated to them by the Vice-President (Academic) via the President under the final authority of the Board of Regents.

Recommendation

The Committee’s consensus is that the most appropriate academic/administrative structure to support the proposed program of interprofessional education and research in Memorial University is one modeled on the College of Health Disciplines, in place since 2000 in the University of British Columbia. Accordingly, the Committee recommends:

Establishment of a College of Interprofessional Health and Community Services⁵² led by a Principal⁵³ who reports directly to Memorial’s Vice-President (Academic).

The members of the College would be all those faculty members who teach in the collaborative interprofessional education program and/or conduct relevant research in the field; such members, who would hold appointments in a participating professional Faculty or School⁵⁴, would normally hold joint-⁵⁵ or cross-⁵⁶ appointments to the College. All members would fall into one or another of the following categories:

- Director(s) who would provide particular expertise in interprofessional education and/or research and who would be on secondment from a participating Faculty or School. Their responsibilities would include curriculum, site and faculty development, teaching, evaluation, knowledge translation, and managing the transition of interprofessional education from a “project” to an on-going, sustained “program”
- Faculty Leads for Interprofessional Education and Research: There would be one Lead seconded 50% time (joint appointments) from each

⁵² Working title only. Other suggestions have been College of Health and Human Services, College of Interprofessional Health Education and Research. College of the Health and Community Service Professions.

⁵³ Also a working title

⁵⁴ Including the University Counseling Centre

⁵⁵ With shared budgetary responsibility

⁵⁶ No shared budgetary responsibility

participating Faculty/School/Centre. Their responsibilities would include leadership, teaching, liaison and coordination with the particular Faculty/School/Centre, facilitation of curriculum development and integration and evaluation of interprofessional research

- Faculty Content Experts and Small Group Leaders: These would be cross-appointees whose time is purchased from the participating Faculty/School/Centre. Their responsibilities would be to teach and develop interprofessional course/module content and to integrate it within their areas of curriculum expertise, to provide leadership in the promotion of interprofessional education, and to serve as leaders and facilitators of small group teaching and learning
- Preceptors for Practice Education: The majority would be full- or part-time faculty members, especially in the Faculty of Medicine, although new preceptors would be sought from the other participating Schools/Centre. Their role, in addition to serving as preceptor/role models would be coordinating and building on existing and creating new networks.

The College Council, which would also include the Dean of Medicine (or delegate) and the Directors of the participating Schools/Centre (or their delegates), would report, like other Faculty and School Councils, through the Principal of the College to the Senate of the University.

The College would also establish a Community Advisory Committee, to include community members, health and community service representatives and Government representatives.

The Principal of the College would provide leadership and vision in the development of enthusiastic support for interprofessional education and research. S/he would be a change agent, charged with the promotion of interprofessional and interpersonal relationships throughout the community of health and community service professionals both within and external to the University; strong relationships with Government Departments, the Health Authorities, and community representatives (including Municipal Governments) would also be essential. S/he would also be responsible for the assignment of space, equipment and facilities created to support interprofessional education and research; supervision of the work of the Centre for Collaborative Health Professional Education and any other such units located in the College; and management of a budget to be assigned by the Vice-President (Academic) in support of interprofessional education and research. S/he would also be responsible for evaluating the performance of the College and of the students and faculty members who contribute to its work.

The Principal and members of the College would be supported by a staff to provide necessary administrative and related services.

- Development of a preliminary operating budget, both annual and long term (3-5 years)
- Development of a preliminary capital budget
- Preparation of the necessary submissions to Government
- Establishing linkages with the provincial Health Authorities and existing and prospective new practice experience sites
- Coordinating the development of a site plan and functional program for the proposed new facilities

- Administrative Decision – by President Meisen Spring, 2006

Recommendation: That the Vice-President (Academic) establish a budget to support the development and implementation of the program

- Administrative Decision – by Vice-President Campbell Spring/Fall, 2006

Recommendation: That the President initiate discussions with the Government through the Departments of Education and of Health and Community Services with a view to their advancing to Cabinet a request for funding to implement the plan to create the College of Interprofessional Health and Community Services in the next budgetary/fiscal year.

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Appendix A

Committee to Elucidate Ways and Means to Optimize Collaborative/Interprofessional Education and Research among the Health Professions in Memorial University of Newfoundland

Terms of Reference:

- To review the literature pertinent to collaborative professional education in the health and related fields
- To inquire into organizational structures, curricula, programs, and initiatives in universities elsewhere, particularly in Canada, that provide evidence or the promise of significant benefit to collaborative professional education in health-related programs of study
- To consult with and canvas
 - students, staff and faculty members of the Faculty of Medicine and the Schools of Nursing, Pharmacy, Social Work, and Human Kinetics and Recreation⁶⁰ and also with
 - service providers (and their professional associations) currently working in provincial communities with respect to:
Current activities within the University that support collaborative health professional education and research
 - their strengths, weaknesses and efficacy
 - opportunities for their enhancement
 - roadblocks to such enhancement
 - ways and means of overcoming such roadblocks
- To recommend to the University a strategic plan to optimize collaborative health professional education and research among the related programs of study in the University, including the recommendation of ways and means to implement it
- To recommend the development of measures to evaluate the effectiveness of enhanced collaborative professional education and research in the University's health-related programs in meeting the needs of the population of Newfoundland, bearing in mind the goals of the province's Strategic Health Plan and the long-term nature and hard-to-quantify character of the benefits to be derived
- To complete its work and report to the President not later than the end of June, 2006

⁶⁰ Enquiries will be made into the desirability of extending the canvas to include those who might be involved in the proposed professional program of study in clinical psychology.

Appendix B

LIST OF INDIVIDUAL CONSULTATIONS

Internal:

Dr. Cheri Bethune
Division of Family Medicine
Faculty of Medicine

Dr. Ian Bowmer
Former Dean of Medicine

Dr. Alice Collins
Dean of Education

Dr. Peter Cornish
Director, University Counseling Centre

Drs. Vernon Curran and Dennis Sharpe
Co-Directors
Centre for Collaborative Health Professional Education (CCHPE)
Faculty of Medicine

Dr. Pauline Duke
Division of Family Medicine
Faculty of Medicine

Dr. A.M. House
Professor Emeritus and Senior Researcher in Telehealth
e-Health Research Unit
Faculty of Medicine

Ms. Fran Kirby
Director, Professional Development and Conferencing Solutions
Faculty of Medicine

Dr. Christopher Loomis
Vice-President (Research)

Dr. Robert Lucas
Dean of Science

Dr. Robert Miller
Chair, Division of Family Medicine
Faculty of Medicine

Dr. Doreen Neville, Chair
e-Health Research Unit
Faculty of Medicine

Dr. Sharon Peters
Vice-Dean, Faculty of Medicine

Ms. Anne Richardson
Director, Memorial University Recreation Complex

External:

Mr. John Abbott
Deputy Minister
Health and Community Services

Ms. Rachelle Cochrane
Assistant Deputy Minister
Department of Education

Dr. Ed Hunt
Medical Consultant
Health and Community Services

Mr. Stephen O'Reilly
Centre for Health Information
Health and Community Services

Mr. George Tilley
President and CEO
Eastern Health Authority

Ms. Karen Kennedy
Dean of Health Sciences
College of the North Atlantic

Appendix C

RECIPIENTS OF MAJOR FUNDING
FROM HEALTH CANADA (2005)

Title	<i>Creating an Interprofessional Learning Environment through Communities of Practice: An Alternative to Traditional Preceptorship</i>
Amount/Duration	\$1,191,614/June 1, 2005 to March 31, 2008
Recipient	Calgary Health Region (in partnership with the University of Alberta, University of Calgary, Capital Health, SAIT, Bow Valley College, Mount Royal College)
Background	Preceptorship in practice settings is a key component of professional training. However, recruitment of qualified preceptors in clinical settings is increasingly difficult as preceptorship is perceived as burdensome and stressful by many health professionals. Also, collaboration and team learning are not intrinsic to the traditional one-on-one preceptorship approach. Lateral mentoring is a group process that de-emphasizes hierarchies and occurs within a "community of practice," which brings people together to work collaboratively towards a common goal (Wenger, E. 1998).
Project Objectives	The project objectives are to create an alternative model for preceptorship focusing on lateral mentoring within an interprofessional environment. Specifically, the project will develop, implement and evaluate interprofessional "communities of practice" designed to foster interprofessional education and collaborative patient-centred care. The project will be conducted in three phases: research, development and implementation, and evaluation.
Activities	Create a conceptual model of interprofessional lateral mentorship, within "communities of practice," including multicultural and contextual considerations; develop an interprofessional learning environment and evaluation tools; pilot test six "communities of practice;" recruit three facilitators to support the pilot communities; and evaluate short- and long-term impacts of "communities of practice" and revised learning program.
Anticipated Results	The expected results of the project should stimulate networking and sharing of best approaches to interprofessional education and practice; and increase the number of practitioners and students trained to provide patient-centred collaborative care, as well as the number of educators prepared to teach from this perspective.
Contact Information	Dr. Esther Suter Research Initiatives in Nursing and Health Canada Telephone: (403) 943-0183 Facsimile: (403) 943-0180 E-mail: esther.suter@calgaryhealthregion.ca

Title	<i>Structuring Communication Relationship for Interprofessional Teamwork (SCRIPT)</i>
Amount/Duration	\$1,195,999/August 1, 2005 to March 31, 2008
Recipient	University of Toronto
Background	The University of Toronto's mandate is the creation of new knowledge and understanding through education and research.
Project Objectives	This project proposes to target changes at the organizational level to create a cultural shift in the way health professionals learn to collaborate. It is anticipated that the project will lay the groundwork to transform clinical teaching units across the University's affiliated hospitals.
Activities	Create a professional development program to aid in the implementation and adaptation of SCRIPT communication tools. A core team of three leaders will develop the 40-hour program and mentor the facilitators.
Anticipated Results	Implementation of the SCRIPT Program will ensure that all concerned will work together so that interprofessional education becomes a reality and is sustained over the long term. Meaningful outcomes will position the University to disseminate its recommendations locally by organizing meetings with key educational and administrative leaders of health professionals involved in each of the departments of the three clinical settings chosen for the study and internally within the university setting via a one-day Council of Health Sciences and Social Work Deans.
Contact Information	Dr. Ivy Oandasan Assistant Professor Telephone: (416) 603-5888, Extension 2 Facsimile: (416) 603-5448 E-mail: i.oandasan@utoronto.ca

Title	<i>Queen's University Inter-Professional Patient-centred Education Direction (QUIPPED)</i>
Amount/Duration	\$1,195,000/June 1, 2005 to March 31, 2008
Recipient	Queen's University/Faculty of Health Sciences
Background	The mission of the Queen's University's Faculty of Health Sciences is to educate health professionals and students in the health sciences by conducting research, generating a spirit of enquiry, and serving the needs of residents of Southeastern Ontario. The QUIPPED project is a partnership between three schools and one programme at the Faculty of Health Sciences. The three schools are Medicine, Nursing and Rehabilitation Therapy (Occupational and Physical Therapy). The programme is the Bachelor of Science (Life Sciences) with a diploma in X-ray technology offered in conjunction with the Eastern Ontario School of X-Ray Technology based at Kingston General Hospital.
Project Objectives	This project seeks to create an inter-professional educational (IPE) environment at Queen's that enhances the ability of learners and faculty to provide patient-centred care, while recognizing the contribution of the health care team within a respectful and collaborative framework. Specifically, the project aims to demonstrate and promote the benefits of IPE for collaborative patient-centred practice, increase the number of faculty prepared to teach from an inter-professional patient-centred perspective and expand the number of health professionals trained for collaborative practice, among other things, with a view to forming an academy of interprofessionalism.
Activities	IPE activities will be divided into pre-and post-licensure levels. Examples include the implementation and evaluation of: <u>Pre-licensure:</u> Family Violence Workshops; courses in the School of Rehabilitation Therapy; Professionals in Rural Canada Course; Inter-professional Rural Maternity Care Course; and an inter-professional program of lectures, workshops, and clinical placements. <u>Post-licensure:</u> Educating future physicians in inter-professional psychotherapy, palliative and end-of-life care; and a practicum in bioethics. Additional IPE activities include undertaking faculty renewal; developing guidelines for pre-licensure review; developing a post-licensure committee to oversee IPE academic planning and clinical placements; and establishing an IPE resource library.
Anticipated Results	Project deliverables will include the dissemination of best practice guidelines for IPE through workshops, courses, faculty and learner meetings, and publications. The deliverables will also include an increase in the number of educators and health professionals trained in an interprofessional approach to patient-centred care.
Contact Information	Dr. Jennifer Medves Faculty of Health Sciences Telephone: (613) 533-6000, Extension 74740 Facsimile: (613) 533-6331 E-mail: medvesj@post.queensu.ca

Title	<i>Collaborating for Education and Practice: An Interprofessional Education Strategy for Newfoundland and Labrador</i>
Amount/Duration	\$1,249,714/June 1, 2005 to March 31, 2008
Recipient	Memorial University of Newfoundland/Centre for Collaborative Health Professional Education/Faculty of Medicine
Background	The mandate of the Centre for Collaborative Health Professional Education is to enhance the education of social workers, pharmacists, nurses, and physicians through collaborative interprofessional education programs.
Project Objective	This project aims to expand and promote interprofessional collaboration and teamwork in education and practice settings. Results will not only increase the number of students and practitioners in interprofessional education and practice in Newfoundland and Labrador, but will also enhance their competencies.
Activities	The basic project activities include the following: The development and implementation of an interprofessional education curriculum framework continuum that embeds teamwork, experiential and service components starting at the undergraduate/pre-licensure level with required components for students in nursing, medicine, pharmacy, and social work in collaborative settings; a post-licensure continuing interprofessional education component for primary health care teams designed to enhance collaborative mental health competencies of primary health care providers and other community-based professionals; faculty development workshops; and an extensive project evaluation component.
Anticipated Results	It is anticipated that interprofessional education and the developed modules, curriculum and instructional resources will be an integral and required part of all the participating academic units' programs; there will be an increased acceptance of, participation in, and satisfaction with, interprofessional education by health care practitioners; increased health setting organizational support; and an increased number of health professional educators prepared to teach interprofessional education.
Contact Information	Drs. Dennis Sharpe and Vernon Curran Co-directors, Centre for Collaborative Health Professional Education Telephone: (709) 777-6922 or (709) 777-7542 Facsimile: (709) 777-6576 E-mail: dsharpe@mun.ca or vcurran@mun.ca Web site: http://www.med.mun.ca/cchpe

Title	<i>Interprofessional Education for Geriatric Care</i>
Amount/Duration	\$1,131,675/July 1, 2005 to March 31, 2008
Recipient	University of Manitoba, Faculty of Pharmacy
Background	The Faculty of Pharmacy, University of Manitoba is an educational environment that facilitates the integration of pharmacy scholarship in areas of practice, research, and service to effect optimal health outcomes for individuals and communities and the advancement of the profession of pharmacy.
Project Objective	This project aims to educate health professionals with the knowledge, skills, attitudes and behaviour for collaborative patient-centred practice in community-based geriatric settings. If the project proves successful, it will be expanded to other health care specialties. The project has the potential to improve health care professional and patient satisfaction, while achieving optimal health outcomes in patients.
Activities	Bi-weekly meetings to create, deliver, and implement the training program and liaise with faculties, clinical sites and preceptors; and implement four-week experiential block times at three geriatric sites involving students from medicine, nursing and at least one other health discipline; ongoing evaluation and dissemination of project progress.
Anticipated Results	Project deliverables include the training of faculty, preceptors and students and the design of instruments and databases necessary for the success of this initiative. Project results will be disseminated to academia, health care organizations, government, students, and seniors and will be published in journals and presented at conferences and meetings.
Contact Information	Dr. Ruby Grymonpre Professor, Faculty of Pharmacy Telephone: (204) 474-6014 Facsimile: (204) 474-7617 E-mail: grymonpr@ms.umanitoba.ca

Title	<i>Patient-Centred Interprofessional Team Experiences</i>
Amount/Duration	\$1,196,000/June 1, 2005 to March 31, 2008
Recipient	University of Saskatchewan
Background	Leaders in the education and health services system have laid the groundwork to support interprofessional patient-centred training of health providers through the development of innovative pilots and strong Saskatchewan-wide collaborative networks.
Project Objectives	The objectives of this project are to promote and enhance innovative interprofessional education programs; contribute to the knowledge base of best practice approaches; and support the goals of enhancing patient care and improved quality of life through health professionals working in effective teams. The project will primarily focus on the following four themes: mental health and development in children and youth; chronic illness in middle age; transition from hospital to community for elders; and health in Aboriginal communities.
Activities	<ul style="list-style-type: none"> • program coordination • faculty development • curriculum development • clinical placement development • knowledge exchange • evaluation and research
Anticipated Results	Project deliverables include the implementation of innovative, high-quality programs focused on development of interprofessional competencies, evaluation of program outcomes and knowledge translation. An increase in the number of health professional students, faculty and clinicians engaged in interprofessional education is anticipated. Project results will be disseminated by interprovincial collaboration, presentations, publications, peer-reviewed research and conferences.
Contact Information	Dr. Liz Harrison Associate Dean Physical Therapy and Interprofessional Health Sciences Education School of Physical Therapy College of Medicine Telephone: (306) 966-6579 Facsimile: (306) 966-6575 E-mail: liz.harrison@usask.ca

Title	<i>Patient-centred Care: Better training for better collaboration</i>
Amount/Duration	\$1,191,614/June 1, 2005 to March 31, 2008
Recipient	Laval University, Faculty of Medicine
Background	Laval University's Faculty of Medicine's mission is to train skilled professionals and promote the advancement of knowledge in the health care field. It accomplishes this goal by pursuing a number of broad objectives in the training, research and health care fields.
Project Objectives	The goal of this project is to develop a collaborative patient-centred practice by establishing, conducting and assessing an integrated interprofessional education program, from university courses up to, and including, on-the-job skills training. This program will place strong emphasis on increasing the number of, and networking with, faculty who can provide training from an interprofessional perspective.
Activities	This project consists of four components in which the following activities will be developed and assessed: 1) offer initial training on the theoretical and practical foundations required for patient-centred collaborative practice based on courses currently offered at the University; 2) establish an interprofessional training program to develop praxis that support collaborative work; 3) offer workshops to help practitioners develop and refine skills required for collaborative practice; and 4) establish technological support and educational information reference tools in support of the other three components, as well as a virtual practice community so that participants can learn independently.
Anticipated Results	The goal of the project is to offer students in the three programs concerned (medicine, nursing, and social work) as well as professionals who work in these disciplines an integrated training program that develops the knowledge, skills, and attitudes conducive to patient-centred practice. It will also develop valid learning indicators to evaluate the training program's short-and medium-term impact.
Contact Information	Dr. André Bilodeau Faculty of Family Medicine Laval University Ferdinand Vandry Hall Telephone: (418) 656-2131, Extension 8576 Facsimile: (418) 656-5252 E-mail: andre.bilodeau@mfa.ulaval.ca

Title	<i>The McGill Educational Initiative on Interprofessional Collaboration: Partnerships for Patient-Family Centred Practice</i>
Amount/Duration	\$1,300,000/June 1, 2005 to March 31, 2008
Recipient	McGill University, Faculty of Medicine
Background	The University's mission is the advancement of learning through teaching, scholarship and service, which is achieved by pursuing internationally significant scholarship; and by providing undergraduate, graduate and professional programs of high quality.
Project Objective	The project's goal is to enhance interprofessional collaborative patient- and family-centred practice by bringing together clinicians, educators, and students from four professional groups in a program that will be delivered in academic and clinical environments. Important facets of the project include developing the attitudes, knowledge, and skills necessary to work with other health care professionals; offering a variety of resources and tools to facilitate interprofessional training; building interprofessional training programs that focus on patient- and family-centred care; and expanding clinical mentoring programs to improve interprofessional training and evolving exemplary clinical practice settings to develop interprofessional practice models for comprehensive patient-centred care.
Activities	The activities the organization will undertake are outlined in a detailed workplan, which can be divided into laying the groundwork for the project as well as planning and implementation phases.
Anticipated Results	Project deliverables include establishing an increased number of faculty, students, and practitioners involved in interprofessional education, thus enhancing the delivery of inclusive programs within academic and clinical sites using appropriate learning environments. Project results will be disseminated by local, provincial, and international target groups, and through conferences, publications, etc.
Contact Information	<p>Dr. Margaret Purden Assistant Professor, School of Nursing Telephone: (514) 398-2417 Facsimile: (514) 398-8455 E-mail: margaret.purden@mcgill.ca</p> <p>Dr. David Fleiszer Associate Professor of Surgery, McGill University School of Medicine Telephone: (514) 398-2077 E-mail: david.fleiszer@mcgill.ca</p>

Title	<i>Building Capacity and Fostering System Change</i>
Amount/Duration	\$1,196,000/June 1, 2005 to March 31, 2008
Recipient	University of British Columbia, College of Health Disciplines on behalf of the Interprofessional Network of British Columbia
Background	This is a multi-project initiative of the Interprofessional Network of British Columbia (in-BC) involving health authorities, the provincial government, many post-secondary institutions, and the British Columbia Academic Health Council. It involves at least 10 health professions.
Project Objective	The goal of the project is to foster system change in health and post-secondary institutions across British Columbia to advance efforts to train both students and licensed professionals to work collaboratively thus improving patient care and safety. It is anticipated that a range of regional projects will provide interprofessional education opportunities for students and practitioners in health care fields in diverse rural and urban clinical settings.
Activities	The activities that the organization will undertake include a range of regional projects to foster and advance collaborative patient-centred practice in health care settings. Interprofessional practice education activities will also be provided for students in a variety of rural, urban and speciality clinical settings. In addition, curriculum development for students, preceptors, and health professionals will be implemented.
Anticipated Results	Expected outcomes from the project include a cadre of health professionals and educators who have been trained and espouse the principles of interprofessional practice; on-line curricula available for students and health professionals; and a range of practice sites experienced in preceptoring students from a large number of professions. Project results will be disseminated by a number of provincial planning sessions and workshops, Web site, posters, conference presentations, and newsletters. A province-wide knowledge translation strategy is being developed by in-BC .
Contact Information	Dr. Grant Charles Associate Principal Research, College of Health Disciplines Telephone: (604) 822-3804 Facsimile: (604) 822-8656 E-mail: gcharles@interchange.ubc.ca

Title	<i>Institute of Interprofessional Health Sciences Education</i>
Amount/Duration	\$1,192,958/July 1, 2005 to March 31, 2008
Recipient	Council of Ontario Universities
Background	The Council works on behalf of its member institutions (18 universities and 2 associate institutions) by promoting cooperation between Ontario universities and the Government of Ontario to improve higher education and to meet public policy expectations of greater accountability, financial self-reliance, diversity of educational opportunity, while respecting traditional rights of autonomy and self-regulation.
Project Objective	This project's goal is to facilitate interprofessional collaboration in educational and practice settings through the use of Web- and team-based learning activities. It is anticipated that the project will build a network of expertise to develop knowledge, skills, and attitudes and promote cultural change in health sciences students and clinicians.
Activities	The project will be conducted in three phases: <ul style="list-style-type: none"> • Development • Implementation • Evaluation The 33-month project will be preceded by two months of project infrastructure development involving hiring employees, and establishing a steering committee and confirming its terms of reference.
Anticipated Results	Project deliverables will include trained faculty to deliver interprofessional education and their students who will attain the capacity and skills to practise collaboratively in academic and clinical settings. Project results will be disseminated by peer-reviewed journals, newsletters, presentations, and information bulletins.
Contact Information	Patty Solomon, PhD Professor, School of Rehabilitation Science Telephone: (905) 525-9140, Extension 27820 Facsimile: (905) 524-0069 E-mail: solomon@univmail.mcmaster.ca

Title	<i>Seamless Care: An Interprofessional Education Project for Innovative Team-Based Transition Care</i>
Amount/Duration	\$1,058,747/June 1, 2005 to March 31, 2008
Recipient	Dalhousie University
Background	While pursuing excellence in all its undertakings, Dalhousie is now focusing on building and maintaining strengths in Health Studies. The university has long been recognized for its excellence in humanities, sciences, professions, and research.
Project Objectives	The objectives of the project include the development of an innovative approach to interprofessional education and the enhancement of the benefits of collaborative care. The project will see student teams from medicine, nursing, pharmacy, and dentistry and dental hygiene helping patients to develop the skills and knowledge necessary to manage their illness and work with their health care team and within the health care system.
Activities	The activities the university will undertake to meet its objectives include a three-part planning and development phase as well as two pilot tests of the teaching intervention.
Anticipated Results	Project results include the extension of the interprofessional learning program and greater collaboration among project partners. It is anticipated that an innovative model of care for patients with key health conditions will allow for an ease in transition from acute care to the community at large. Project results will be disseminated by seminars, workshops, presentations, press releases, conferences, and publications.
Contact Information	Dr. Judy McFetridge-Durdle Associate Professor, School of Nursing Telephone: (902) 494-2982 Facsimile: (902) 494-3487 E-mail: judith.mcfetridge@dal.ca

Appendix D

LIST OF RECOMMENDATIONS

Recommendation 1:

The Committee's consensus is that the most appropriate academic/administrative structure to support the proposed program of interprofessional education and research in Memorial University is one modeled on the College of Health Disciplines, in place since 2000 in the University of British Columbia. Accordingly, the Committee recommends:

The establishment of a College of Interprofessional Health and Community Services¹ led by a Principal² who reports directly to Memorial's Vice-President (Academic).

The members of the College would be all those faculty members who teach in the collaborative interprofessional education program and/or conduct relevant research in the field; such members, who would hold appointments in a participating professional Faculty or School³, would normally hold joint-⁴ or cross-⁵ appointments to the College. All members would fall into one or another of the following categories:

- Director(s) who would provide particular expertise in interprofessional education and/or research and who would be on secondment from a participating Faculty or School. Their responsibilities would include curriculum, site and faculty development, teaching, evaluation, knowledge translation, and managing the transition of interprofessional education from a "project" to an on-going, sustained "program"
- Faculty Leads for Interprofessional Education and Research: There would be one Lead seconded 50% time (joint appointments) from each participating Faculty/School/Centre. Their responsibilities would include leadership, teaching, liaison and coordination with the particular Faculty/School/Centre, facilitation of curriculum development and integration and evaluation of interprofessional research
- Faculty Content Experts and Small Group Leaders: These would be cross-appointees whose time is purchased from the participating Faculty/School/Centre. Their responsibilities would be to teach and develop interprofessional course/module content and to integrate it within

¹ Working title only. Other suggestions have been College of Health and Human Services, College of Interprofessional Health Education and Research. College of the Health and Community Service Professions.

² Also a working title

³ Including the University Counseling Centre

⁴ With shared budgetary responsibility

⁵ No shared budgetary responsibility

their areas of curriculum expertise, to provide leadership in the promotion of interprofessional education, and to serve as leaders and facilitators of small group teaching and learning

- Preceptors for Practice Education: The majority would be full- or part-time faculty members, especially in the Faculty of Medicine, although new preceptors would be sought from the other participating Schools/Centre. Their role, in addition to serving as preceptor/role models would be coordinating and building on existing and creating new networks.

The College Council, which would also include the Dean of Medicine (or delegate) and the Directors of the participating Schools/Centre (or their delegates), would report, like other Faculty and School Councils, through the Principal of the College to the Senate of the University.

The College would also establish a Community Advisory Committee, to include community members, health and community service representatives and Government representatives.

The Principal of the College would provide leadership and vision in the development of enthusiastic support for interprofessional education and research. S/he would be a change agent, charged with the promotion of interprofessional and interpersonal relationships throughout the community of health and community service professionals both within and external to the University; strong relationships with Government Departments, the Health Authorities, and community representatives (including Municipal Governments) would also be essential. S/he would also be responsible for the assignment of space, equipment and facilities created to support interprofessional education and research; supervision of the work of the Centre for Collaborative Health Professional Education and any other such units located in the College; and management of a budget to be assigned by the Vice-President (Academic) in support of interprofessional education and research. S/he would also be responsible for evaluating the performance of the College and of the students and faculty members who contribute to its work.

The Principal and members of the College would be supported by a staff to provide necessary administrative and related services.

Recommendation 2:

That the following academic units collaborate in the establishment and implementation of an interprofessional/collaborative program of education and research to be known as the College of Interprofessional Health and Community Services:

- Faculty of Medicine
- Schools of Nursing

view to their advancing to Cabinet a request for funding to implement the plan to create the College of Interprofessional Health and Community Services in the next budgetary/fiscal year.