

IPE ONTARIO 2011

ORAL PRESENTATIONS

O01

Exploring How IPE Training Influences Future Professional Practice: A Qualitative Study

Beth Murray-Davis (McMaster University)

Introduction: The rationale for interprofessional education (IPE) is based on the assumption that it results in improved interprofessional practice. Despite the evidence that pre-qualifying IPE may be able to modify attitudes and provide knowledge and skills for collaboration, this evidence tells us little about whether these skills and attitudes can be transferred to professional practice.

Objective: To explore how midwifery students who participate in pre-qualification IPE projects apply their learning to the context of professional practice.

Methods: A theoretical sample of midwifery students, midwifery educators, Heads of Midwifery and newly qualified midwives from four universities throughout the UK participated in semi-structured interviews and focus groups. Emerging themes were developed using the principles of Grounded Theory. Categories and themes were organized using NVIVO.

Results: Barriers preventing the application of IPE to clinical practice included the perceived lack of relevance of IPE competencies, the marginalisation of IPE curriculum from profession specific training, and the minimal support for the IPE agenda within the clinical setting. However, a continuum of IPE experiences throughout professional training, in both the academic and clinical setting, involving interaction with health professionals encountered in practice was found to promote transfer to practice.

Conclusions: Novice practitioners were better able to apply their IPE training when interprofessional working and learning was made explicit within both the university learning environment and the clinical workplace. This understanding of how IPE influences professional practice is useful for IPE curriculum development for students and for continuing education for obstetric care providers.

O02

Influencing Interprofessional Collaboration

Heidi Wenzel (Providence Healthcare)

Like many healthcare organizations, Providence Healthcare has identified the importance of interprofessional education and collaboration as keys to its success and sustainment. Engaging our staff to learn about and adopt these relatively new concepts is a challenge. According to the literature, many corporate change efforts fail due to a lack of staff engagement (Axelrod et al., 2006). Using the *Influencer™* approach, combined with different innovative methods, we have successfully and consistently engaged a large number of our staff in attending a monthly interprofessional educational session.

In February 2010 we initiated what we call our 'IPC Grand Rounds'. The incorporation of games using various forms of technology, team challenges, icebreakers, having staff sit in groups with their clinical teams, pizza lunches, the use of instant rewards, selecting educational topics that cross all of our professions, having a common format, tying sessions and team challenges to common social themes such as the Olympics and pop culture trivia and empowering teams to present and share their expertise are some of the reasons that we feel our IPC Grand Rounds have been so successful.

For five consecutive months, we have had an average total staff monthly attendance to IPC Grand Rounds of 75 people. This is a 300% improvement from previous monthly educational event attempts at Providence Healthcare. We have had consistent representation from each of our clinical professions including SLP, RN, OT, PT, TR, RD, SW, SW, MD and Pharmacy. Approximately 80% of our total satisfaction ratings have been consistently either "very good" or "excellent". There are many implications from our findings including the importance of measuring the impact of this education on practice and how this type of forum may be used to engage staff for future educational initiatives.

O03

Interprofessional Practice and Street Health

Jeannette Waegemakers Schiff (Jeannette)

The health of homeless persons is often precarious and front-line social services personnel who work with homeless people rarely receive training on how to handle health concerns or how to work effectively with other health care providers. Homeless people can present with a complex array of personal, interpersonal, and societal problems. Because of a lack of training program workers generally learn these skills on the job and their teachers are peers who have followed the same path. This training is most often sporadic, informal and subject to personal bias. It rarely addresses the best practices that have emerged in the literature on effective assessment and intervention strategies.

This presentation reviews student experiences in a new university based certificate that addresses educational and training needs for this workforce, based on concepts of interprofessional practice. Delivered by a multidisciplinary group of instructors, it addresses the broad scope of personal and interpersonal knowledge in mental health, addictions, health care, assessment and interviewing, re-housing strategies including housing first, and intervention strategies such as case-management and teaching essential housing skills. It provides an inter-professional platform of content delivery so that students will appreciate and learn the skills involved with persons from multiple professional and disciplines working together.

O04

Celebrating the Spirit of Collaboration: Key Components for Planning an 'Interprofessional Education Week'

*Elizabeth McLaney (St. Joseph's Health Centre) Sabrina Divell (St. Joseph's Health Centre)
Victoria Dawe (St. Joseph's Health Centre)*

It is known that social exchange and celebration have the capacity to support culture change and contribute to interprofessional collaboration. We also know that system influences such as the media can affect our professional perceptions (D'Amour and Oandasan, 2005). Interprofessional events, therefore, have the capacity to play a key role in enhancing collaborative care. While information exists about how to plan discrete interprofessional education (IPE) sessions, there is limited information available on planning larger scale events, or on planning IPE celebrations in a hospital setting. The intent of this presentation is to share the framework for an IPE Week.

At St. Joseph's Health Centre, IPE Week has been celebrated for 3 consecutive years. Close collaboration between the IPE Department, Corporate Communications & Public Affairs, Nursing Education and Medical Education have been essential to the event planning process. This presentation will share strategies for stakeholder engagement, communications (including how we involve patients and communicate to stakeholders in our catchment area), and details regarding the key components we include within the week.

IPE media releases, the 'Breakfast Forum' (which involves guest speakers and recognition opportunities), the 'Interprofessional Skills Fair' (a drop in event featuring interactive activities & displays from a broad variety of health professions/departments) and the 'Student Lunch & Learn' will be highlighted.

Over the last 3 years, we have had the opportunity to improve IPE Week incrementally based upon our successes and lessons learned. The presentation will include our 'Top 10 Tips' for planning and hosting an IPE Week.

O05

Health Care Team Challenge: Students learn about interprofessional teamwork through collaboration and competition

*Sylvia Magrys (Queen's University) Anne O'Riordan (Queen's University - corresponding author)
Ralph Yeung (Queen's University)*

Background: The Health Care Team Challenge™ (HCTC) is an interprofessional education activity promoting collaboration amongst students. Developed over twenty years ago by the College of Health Disciplines, University of British Columbia, the concept has gained international recognition as an exciting learning tool for prospective healthcare professionals.

This presentation provides an overview of the HCTC process, a video of the students' experiences and a discussion of student and faculty mentor insights.

Method/Process: A team of Queen's University students representing six professional programs, including medicine, nursing, occupational therapy, physiotherapy, psychology and x-ray technology, won the inaugural Ontario HCTC competition at the 2010 National Health Sciences Students' Association conference. This was the culmination of a six month process of extracurricular work, discovery and learning, as each of the five participating teams had won a preliminary competition at their respective university. Teams developed and presented collaborative care plans for a virtual patient, following three weeks of preparation for this provincial event. Questioned by a panel of expert judges, teams reflected on their learning and worked quickly to consolidate and present their responses before a live audience of faculty and peers. Teams were judged on the quality of their care plans, patient-centred approach, interprofessional respect, and collaboration.

Outcomes/Discussion: The participating students viewed this experiential process as a highly rewarding and effective way to develop interprofessional competency. The authors envisage activities such as the HCTC as an integral part of a cultural shift in the way health sciences students are educated.

O06

The Integration of IPE/IPC/PFCC: Moving it Forward in Inpatient Psychiatry

Donna Romano (Mt Sinai Hospital) Michelle Khayeri (Mt Sinai Hospital) Edred Flak (Mt Sinai Hospital)

The current health care environment requires that clinicians work collaboratively to provide the best possible care to patients and families. To interprofessionally collaborate with their patients, there needs to be a common language and understanding amongst health care disciplines regarding each others' roles. A way to achieve this is through the integration of Interprofessional Education (IPE), Interprofessional collaboration (IPC), and Patient and Family Centred Care (PFCC). While this may sound fairly simple in theory, working within the current clinical health care environment requires more planning and preparation to meet the patients' needs. In order to achieve this, health care professionals need to shift from what they do to patients to what they do with patients (PFCC). We argue that the best way to meet the patient's needs is by integrating IPE/IPC/PFCC in the clinical setting. The purposes of this presentation are: to briefly describe the principles of IPE/IPC and their influence on the delivery of PFCC, to demonstrate integration of these principles in an inpatient mental health setting, and to provide concrete examples of IPE/PFCC initiatives in an inpatient mental health unit.

O07

Assessing the change in attitudes, knowledge and perspectives of medical students to chiropractic after an educational intervention

Luciano Di Loreto (Canadian Memorial Chiropractic College) Jessica Wong (Canadian Memorial Chiropractic College) Alim Kara (Canadian Memorial Chiropractic College) Kavan Yu (Canadian Memorial Chiropractic College) Alicia Mattia (University of Toronto) Karen Weyman (St. Michael's Hospital / University of Toronto) Deborah Kopansky-Giles (Canadian Memorial Chiropractic College)

With the increasing interest in interprofessional collaboration, there is growing use of interprofessional health teams to provide comprehensive patient care. There is also interest in chiropractors being a part of these teams. One of the challenges that remains, is ensuring that physicians understand the nature and role of chiropractic care. Educating medical students about chiropractic during undergraduate education may be of value in fostering improved knowledge about chiropractic. Prior to this research team's original study, there were no studies in the literature examining their view specifically on chiropractic. The previous study found that individuals who were more knowledgeable or had a previous experience with chiropractic were more attitude-positive and less undecided towards chiropractic. It was also found that medical students view chiropractic as a Complementary and Alternative Medicine therapy that is becoming evidence-based, but were not familiar with the research on chiropractic. Their exposure to chiropractic had been mainly limited to indirect sources, including school clubs and hidden curriculum. It is hypothesized that the attitudes, knowledge and perspectives of pre-clerkship medical students toward chiropractic may differ from base line views when explored after an educational intervention. Hence, the objective of this study is to explore how medical students view chiropractic after their third year chiropractic lecture in the Department of Community Health course. This aims to identify areas where education can facilitate improved knowledge and understanding of the profession that can be addressed early in medical education.

O08

Clinical Practice Dilemmas in Mental Health and Addictions

Jane Paterson (Centre for Addiction and Mental Health) Barbara Russell (Centre for Addiction and Mental Health)

This presentation will explain a series of practical clinical publications developed by an interprofessional team at the Centre for Addiction and Mental Health. The Clinical Practice Dilemma Series is a practical guide for front-line mental health and addictions workers who routinely encounter situations that are clinically, legally, and ethically complicated. The dilemmas currently include such situations as reporting a pregnant woman to the Children's Aid Society, broaching the limits of client confidentiality, responding to clients who drive while impaired, working with families, maintaining therapeutic boundaries and responding to hospitalized clients' sexual behaviours. This Dilemma series continues to grow and is a product of an interprofessional working group consisting of health care professionals complemented by "specialists" in the areas of the law, privacy, health records and ethics. The series outlines responses to these challenging clinical dilemmas from a collaborative and interprofessional perspective. In the presentation, the current dilemmas will be distributed and reviewed and the process that is undertaken to develop each paper will be outlined.

O09

Debunking Myths: Student IPE Experience in a Small Rehabilitation Setting

Maggie Barnes (West Park Healthcare Centre) Kelvin Chan (West Park Healthcare Centre) Barbara Cowie (West Park Healthcare Centre) Janet Body (West Park Healthcare Centre) Joanna Johnston (West Park Healthcare Centre) Melissa Monardo (West Park Healthcare Centre) Jennifer Penney (West Park Healthcare Centre) Shirley Price (West Park Healthcare Center) Teresa Yeung (West Park Healthcare Center) Laura Watling (West Park Healthcare Center)

Our centre has a long-standing history of supporting and demonstrating interprofessional collaboration in daily clinical practice. Existing formalized models of IPE student placements present challenges to smaller institutions. Therefore, we have struggled with developing a student placement model / approach that is both relevant and feasible to students and healthcare providers within our institution.

This presentation will address the conference theme of the interface between education and practice. As IPE student experiences are now mandatory in many academic curricula, smaller facilities such as ours are struggling with how to maximize student opportunities within our sector. An innovative approach to offering an IPE student experience addressing barriers such as resource availability, time constraints, length of overlap and the nature of the clinical placements will be discussed.

We have piloted an innovative model that maximizes student learning while meeting the needs of all stakeholders. Evaluation results will also be reported. Conference participants will benefit from the sharing of our key learnings and experience.

O10

How does reflective education focused on patient-centred care create a foundation for accelerating IPC in day to day practice?

Catherine Clarke (UHN) Jane Hollett (UHN) Petrina McGrath (UHN)

In the spring of 2008 a project team was invited by the CEO to evaluate patient-centred care (PCC) education focused on an interprofessional team.

This presentation will share how one organization developed an innovative IPE project that engaged for the first time, physicians, allied health, nursing and support staff together in a reflective education program focused on advancing patient-centred care practice. In addition to the IPE reflective learning sessions, the project included leadership development/coaching, on – unit transfer of learning approaches and quality improvement initiatives that galvanized team members and provided the focus for increased interprofessional collaboration and enhanced teamwork.

Discoveries, insights and stumbling and will be shared related to:

- creating intraprofessional and interprofessional spaces for reflective education
- Facilitating PCC-IPE that takes team communication to a deeper level, shifting from communication with a primary focus on coordination to communicating with an emphasis on both meaning making and coordination.
- Engaging leaders, formal and informal, in leading culture change
- Shifting change management approaches from leading to following
- Developing collaboration through a focus on a concrete project and working from the team's shared experience of moral distress.

Project outcomes, impact on patients, individuals and the team will be discussed as well as implications of this approach for building capacity within the health care system.

O11

The Collaborative Interprofessional Teamwork Huddle: Immersing Students in IPE

Nancy Dalgarno (Queen's University) Shay Seth (Queen's University) Bill Meyerman (Community Representative) Anne O'Riordan (Queen's University) Jane Johnston (Queen's University) Margo Paterson (Queen's University) Alice Aiken (Queen's University) Cherie Jones (Queen's University)

Background/Rationale

The *Collaborative Interprofessional Teamwork Huddle* is an innovative approach to interprofessional education. It adopts a developmental learning model and is framed by theory based in social constructivism—social and collaborative dimensions of learning—that suggest learning occurs in meaningful contexts with the assistance of more knowledgeable adults or peers (Vygotsky, 1978).

Methodology

The *Collaborative Interprofessional Teamwork Huddle* builds on an already existing interprofessional novice activity completed by first-year health sciences' students—the IP Cafés. Piloted in 2010, the three *Huddles* involved students in Medicine, Nursing, Occupational Therapy, Physiotherapy, X-Ray Technology and Psychology. They included interprofessional groups of students who were facilitated by faculty and peers representing each of these disciplines, and client/patient representatives. Participants were given a case scenario one week prior to the event. Each group simulated a collaborative health care team charged with developing a patient-centred plan of care. Data were collected from student and facilitator surveys.

Results/Discussion

The findings indicated that most participants viewed the *Huddle* as a worthwhile experience and requested similar experiences to assist in their transition from education to practice. The

analysis suggested IPE was effective when (a) given relevance within the program, (b) connected to authentic real-world experiences, (c) discussion-based and learner-centred within small-groups, and (d) facilitated in meaningful ways by client representatives, peers and faculty from all disciplines. Organizational structures to support creative solutions that facilitate interprofessional learning may assist in changing the culture of health care practice toward one focused on quality patient-centred collaborative care.

O12

Perspectives™- Bridging from classroom to practice: Outcomes from an HFO project

Susan Morris (Centre for Addiction & Mental Health) Margaret Bissell (Centre for Addiction & Mental Health)

It is estimated that there are up to one million people in Canada with developmental disabilities. Research has demonstrated that they experience a higher prevalence of preventable illnesses as well as psychiatric disorders. In part this is due to the disparity and inequity of access to knowledgeable and skilled health professionals.

One solution is to provide health science students with more access to interprofessional education and opportunities to experience interprofessional collaboration. **Perspectives™** is a project funded by HFO and led jointly by the CAMH Dual Diagnosis Program and Surrey Place Centre. Project partners include the University of Toronto Centre for IPE, Bloorview Kids Rehab and the Hospital for Sick Kids. The project goals were:

- a) to develop curriculum in IPE and developmental disabilities, and
- b) to enable health science students to access a wide range of inter-professional face to face and on-line learning opportunities

Within the 2009/10 academic year, 150 students (3 times the original target) from the University of Toronto health sciences programs, George Brown College Behaviour Science Technology program and York University Psychology program participated in 9 workshops and 2 online case studies. Facilitation of these activities was provided by project partners, most of whom attended the U of T “EHPIC” one week training provided in June 2009.

The presentation will include a short demonstration of the on-line cases and will highlight the evaluation results in relation to lessons learned regarding how the project supported student development of the IPE **core competencies** (established by U of T) and sustainability.

O13

Impact of an interprofessional education workshop for final year students from ten programs: Findings from a mixed methods study

Margot Rykhoff (Humber College ITAL) Stacey McPhail (Humber College ITAL) Chris Kenaszchuk (St. Michaels Hospital) Mary van Soeren (Humber College ITAL) Kathleen MacMillan (Humber College ITAL) Scott Reeves (St. Michaels Hospital)

This project is supported by the Interprofessional Infrastructure Fund (Ministry of Health and Long-Term Care and the Ministry of Training, Colleges and Universities)

For the past three years, the School of Health Sciences (SHS) at Humber ITAL has hosted a half-day interprofessional education (IPE) workshop for students from selected programs in the SHS, School of Hospitality, Recreation and Tourism and School of Social and Community Services who are completing their final year of studies. This workshop immerses students in interprofessional discussions of care using an interactive case study model approach. The IPE workshop was evaluated by use of a mixed methods design. Pre and post test surveys were administered to assess its contribution to student attitudes and perceptions of interprofessional teaching and learning. This allowed for a comparative analysis between students attending and a control group of those who did not attend the workshop. Additional evaluation of the workshop included qualitative data in the form of videotaping group sessions at the workshop, and focus group interviews with willing student participants after the workshop.

Quantitative analysis revealed statistically significant attitudinal differences between students who had and had not attended the workshop. Workshop attendance was associated with more favourable attitudes. Qualitative data indicated that students greatly appreciated the IP workshop experience and would like more opportunities to participate in interactive interprofessional education.

This study provides valuable information concerning the facilitators and barriers of the interprofessional education workshop model that will inform the development of the workshop and contribute to the literature on the best practices for IPE activities and evaluation techniques.

O14

Rehabilitation students guide the development of a successful IPE workshop series

Mary Beth Bezzina (University of Western Ontario) Ann Bossers (University of Western Ontario) Sandra Hobson (University of Western Ontario) Ann MacPhail (University of Western Ontario) Taslim Moosa (University of Western Ontario) Frances Richert (University of Western Ontario) Susan Schurr (University of Western Ontario) Carole Orchard (University of Western Ontario)

Students in three programs all housed in one building, (Communication Sciences and Disorders - Audiology and Speech Language Pathology, Occupational Therapy, and Physical Therapy), rarely have the opportunity to interact, learn together and learn about the roles of one another's professions. Recognizing a disconnect between education and practice where rehabilitation professionals typically work in IP teams, a group of faculty members in these three programs joined in 2008 to develop an IPE workshop series. The workshops bring these students together to discuss case studies and professional roles and to network with each other. The series (three workshops per year), originally optional to students and supported by the Interprofessional Health Education and Research office, is now mandatory for all rehabilitation

students and supported by the rehabilitation programs themselves. Students from other health and social care programs are also invited to attend. Data from the Interprofessional Interest and the Readiness for Multiprofessional Shared Learning surveys, along with feedback questionnaires, were collected and analyzed. Findings demonstrate that students both enjoy and benefit from the opportunities to learn about the professional roles of their rehabilitation counterparts and to network and socialize with each other. Now in its third year, the development, evolution, challenges and successes of the IPE workshop series will be presented.

O15

Development, Implementation and Evaluation of the Interprofessional Objective Structured Clinical Examination (iOSCE) Assessment Tool

Brian S. Simmons (University of Toronto & Sunnybrook Health Sciences Centre) Susan J. Wagner (University of Toronto) Martina Esdaile (Sunnybrook Health Sciences Centre) Eileen Egan-Lee (University of Toronto & St. Michael's Hospital) Scott Reeves (University of Toronto & St. Michael's Hospital)

Interprofessional education (IPE) serves to equip future practitioners in health care for collaborative practice. IPE instills the knowledge, skills, attitudes and values necessary for interdependent collaboration and teamwork with a focus on the efficient delivery of high quality patient/client-centred care. Despite the broad adoption of IPE, there continues to be little focus on the development and implementation of sound assessment strategies. Most IPE curricula/programs employ assessment tools focused on self-reported knowledge change.

This presentation reports on the development/design, implementation and evaluation results of a team simulation assessment tool. The development utilized an anonymous consensus-building approach. Interprofessional leaders in nine of the eleven health sciences programs in the IPE curriculum at the University of Toronto (n=24), with collective responsibility for overseeing the IPE curriculum and student IPE clinical placements, were invited to participate in a modified Delphi. Through this process, agreement was reached on clinical scenarios suitable for development into interprofessional objective structured clinical examination (iOSCE) stations. The same group was invited to two workshops to further develop the ideas generated from the Delphi. These stations were validated through a third workshop with experts in the field of objective structured clinical examinations (OSCEs), IPE, competencies, evaluation, and assessment. The iOSCE methodologies used to produce a sound assessment of interprofessional knowledge, skills, behaviours and attitudes and results of all five pilots will be reported. These results will be discussed related to the evaluation of the iOSCE and how useful this assessment methodology may be in IPE.

O16

Growing Pains and Growing Gains of an Interprofessional Education Program in Maternity Care

Filomena Meffe (St Michael's Hospital / University of Toronto) Catherine Moravac (St Michael's Hospital)

The IPE in Maternity Care Program is a 30 hour program for undergraduate students in nursing, midwifery and medicine with the goal of equipping learners with the knowledge, skills and attitudes to practice successfully in a collaborative environment. In the process of expanding the IPE in Maternity Care Program from a single site pilot project (2009) to a multi-site program (2010), many lessons were learned with regards to sustainability and impact. This oral presentation provides an overview of the program and highlights our experiences in:

1. providing leadership
2. facilitating engagement and establishing commitment from:
 - a. institutional educational leaders
 - b. hospital senior management
 - c. front line care providers as educators
 - d. learners
3. faculty development and training
4. building capacity and
5. dealing with logistical challenges

Efforts to maintain the longevity of the program for the future continue. The following initiatives were undertaken to promote the sustainability of this program:

1. Design and delivery of a workshop for faculty to further develop IPE/IPC facilitation skills
2. Evaluation of a previously developed e-learning module on communication and conflict resolution
3. Creation of DVDs of formerly live simulations of standardized patients
4. Application for accreditation of the program by the Centre for IPE, U of T
5. Networking with educational institutions and maternity care providers and
6. Creating a national interest group on IPE/C in Maternity Care

For those planning to start or expand their IPE/C projects, this presentation may provide useful insight into the process.

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O17

Research in progress: Providers' assessments of IPC for ALC-designated patients

Jacqueline Choiniere (York University) Audrey Danaher

Abstract

There is a growing recognition within health policy literature that interprofessional care (IPC) "... (has a) huge potential to make our health system more sustainable, more effective, and more responsive to population health needs such as chronic disease prevention and management" (Health Council of Canada, 2005). There is also acknowledgement that 'one size does not fit all,' and that the structures and features of an IPC team must 'fit' with the needs of a particular community, including care recipients and providers. This presentation will report on the results of a pilot study of health care providers' experiences with IPC in caring for patients designated as requiring Alternative Level of Care (ALC). Grounded in focus group interviews with cohorts of nurses, managers, occupational therapists, physiotherapists, social workers and physicians, this presentation will summarize our findings of the feasibility of IPC in offering a solution to current ALC pressures, including providers' reports of how the coordination and collaboration of care for ALC-designated patients might be improved through IPC. Given the significant and growing number of inpatient acute care days designated as ALC, this is an issue of great importance for patients, families, organizations and providers. These findings are also of broader policy relevance for ALC and IPC initiatives throughout Ontario's health and education sectors.

O18

Ready....? Set.....? Go! Developing Faculty to Lead and Sustain IPE Activities - the Situational Leadership Model in Action

Merritt Burstein (Centennial College) Angela Cuddy (Centennial College)

A fundamental concept embedded within the Hershey and Blanchard model known as "Situational Leadership" is that there is no single "best" style of leadership. Effective leaders adapt their style to the "maturity" level of the team. Team maturity is determined by the teams' capacity to set and achieve goals and their willingness to take responsibility for tasks. It is also determined by the relevant education or experience of the group for the particular task.

Although faculty tend to be highly skilled and confident in the daily work they perform, when they come together as an interprofessional team they can often be considered immature. Since health professions faculty were trained and educated in silos prior to the implementation of interprofessional education (IPE) initiatives, they may lack the requisite knowledge and skills to integrate IPE activities into curriculum. The effective situational leader begins with baseline information and knowledge related to IPE and role clarification and provides support in different ways throughout the team maturation process. Additionally, management and administrative support are necessary conditions for success.

Centennial College has garnered interest and commitment from faculty to move IPE initiatives forward through use of the Situational Leadership Model. Examples of activities and supports implemented to assist faculty as they learn about IPE and each other as members of interprofessional teams, will be highlighted in this presentation particularly as these activities align with the maturity level of interprofessional faculty teams. Management and administrative supports implemented to support the Situational Leader will also be outlined.

O19

Building Capacity of Collaborative Change Leaders: Transforming Interprofessional Care in Ontario

Maria Tassone (University Health Network/University of Toronto Centre for Interprofessional Education) Paula Burns (Centre for Interprofessional Education/Northern Alberta Institute of Technology) Catherine Creede (Centre for Interprofessional Education/The Potential Group) Allia Karim (Centre for Interprofessional Education/Hospital for Sick Children) Ivy Oandasan (Centre for Interprofessional Education/University Health Network) Kathryn Parker (Centre for Interprofessional Education/Hospital for Sick Children) Jill Shaver (Centre for Interprofessional Education/B.J. Shaver Consulting) Belinda Vilhena (Centre for Interprofessional Education/University Health Network)

One of the key needs to enable a transformed healthcare system that supports interprofessional, patient-centre care is enhancing capacity for change leadership across different practice and organizational contexts. To develop a cadre of skilled and strategic influencers who understand and can lead from a collaborative, systemic and emergent perspective, the Collaborative Change Leadership Faculty created a yearlong program combining change theory and application in real-world initiatives, based on a phase one needs assessment. While some interprofessional courses and change leadership programs exist, there have been no offerings that bring together healthcare delivery, interprofessional practice and change leadership. This program offered an unprecedented blend of academic theory and evidence, hands-on work with real-time projects led and co-led by participants in 23 organizations, and coaching to support participants in becoming leaders of collaborative, sustainable change. Through an iterative process guided by appreciative inquiry and emergent change, the Faculty developed a comprehensive program for 60 leaders in healthcare and education across the province. Through the program, participants gained a working knowledge of theoretical change and evaluation frameworks, concrete strategy to put theory into action, as well as skills and practices of appreciative inquiry as an effective method to develop and implement change. The course involved: five intensive in-class sessions with individualized coaching of project teams for their capstone projects, and the support of an online learning community between sessions. A utilization-focused approach to evaluation was used to understand the impact on learners and their working environments. Collectively, learners emerged with powerful experiences of personal and professional transformation, as well as new processes and methods for developing, delivering and evaluating interprofessional models of care in multiple contexts (i.e. patient safety, strengthening community supports for seniors and building networks to improve stroke care and outcomes). Critical to impact and sustainability are factors related to the: structure of the program; action projects and project time; alignment of content, design, and delivery; and role-modeling of faculty as collaborative change leaders. During this presentation, an overview of the program, including some of the different participant-

led initiatives, will be shared. Further, a collective portrait of how the healthcare system has and is being changed through these multiple points of activity will be presented.

O20

Building capacity for interprofessional education in the practice setting

*Christie Newton (University of British Columbia) Victoria Wood (University of British Columbia)
Patrick Clifford (Southlake Regional Health Centre)*

As the demands for interprofessional education (IPE) increase, so does the need for educators who are prepared to teach using this approach. Skilled, knowledgeable, interprofessional educators in university and practice settings are integral to the successful implementation of IPE interventions. To this end, the College of Health Disciplines at the University of British Columbia developed an Interprofessional Collaborative Learning Series (IP-CLS) based on a province wide needs assessment, the BC Competency Framework for Interprofessional Collaboration, and the IHI Model for Improvement. As a comprehensive interprofessional professional development strategy, the IP-CLS is designed to:

- Facilitate change within teams and across organizations;
- Allow practitioners to incorporate elements of interprofessional collaboration into practice and learn to provide IPE to a broad range of students; and
- Offer a train-the-trainer format that ensures capacity building and sustainability.

Members of a newly formed Interprofessional Practice and Education Council at Southlake Regional Health Centre participated in the IP-CLS in order to acquire interprofessional collaborative competencies that would allow them to:

- Champion IPC across the organization;
- Demonstrate to and engage staff and leadership in an increased commitment to IPC concepts; and
- Practice as role models, mentors and coaches, increasing uptake and sustainability of the IP-CLS model.

An online, retrospective pre-test and post-test and focus group were conducted in order to determine the IP-CLS's:

1. Effectiveness in fostering collaborative competencies within IPEC; and
2. Impact on the organizational culture.

The IP-CLS model and the results of this evaluation will be presented.

O21

Champlain Centre of Excellence in Interprofessional Collaborative Practice: A Partnership Transformation Model

Dawn Burnett (Academic Health Council Champlain Region) Nancy Brookes (Royal Ottawa Health Care Group) Lynn Casimiro (Hôpital Montfort) Dana Cross (Academic Health Council Champlain Region) Salma Debs-Ivall (The Ottawa Hospital) Corinne Duncan (Bruyère Continuing Care) Andrea Jewell (The Ottawa Hospital) Gabrielle Mettler (Childrens' Hospital of Eastern Ontario) Ellen Odai (The Ottawa Hospital)

An innovative collaborative has been established in the Champlain LHIN district to help move interprofessional education (IPE) from theory into practice, facilitate the transformation to interprofessional care (IPC) and promote the sustainability of these efforts. Under the leadership of the Academic Health Council – Champlain Region (AHC), and guided by an IPC Transformational Steering Committee, five academic health centres are sharing expertise, resources and personnel to create an innovative model to promote IPC throughout the region. The transformation project, developed by a core team of educators representing each clinical site, consists of a six module educational program which addresses the IPC competencies of the AHC. The educational sessions have been developed around a generic framework which is then adapted to the unique characteristics of each clinical milieu (e.g. mental health, pediatrics, francophone services, etc.). Educators collaborate to deliver the program tailored to the particular site and its team of clinicians. An online repository will serve as a resource for health care providers across the Champlain Region to promote and sustain the transformation to IPC. A comprehensive evaluation strategy will assess the impact of this initiative. Anticipated outcomes include: an educational program that is effective in promoting IPC on a regional basis that can be adapted to the unique characteristics of interprofessional teams and clinical practice sites; an identification of best practices related to the promotion of IPC with practicing clinicians; and an understanding of the partnerships and processes required to transform a region to IPC.

O22

No Teaching Hospital, No IPE Office to Foster Collaboration Across the Region - No Problem : Inter-institutional IPE in Waterloo Region

Elaine Lillie (University of Waterloo) Susan Cadell (Wilfrid Laurier University) Paul Finch (Conestoga College) Marlee Spafford (University of Waterloo) Carol Stalker (Wilfrid Laurier University) Nancy Waite (University of Waterloo)

Waterloo Region is home to four post-secondary institutions educating a diverse range of future healthcare professionals:

- Michael G DeGroote School of Medicine, McMaster University, Waterloo Regional Campus; graduated its first cohort of physicians in 2010; target annual enrollment : 28.
- Health & Life Sciences and Community Services, Conestoga College, teaching more than 10 distinct healthcare programs; graduates 600 healthcare professionals annually.

- Lyle S. Hallman Faculty of Social Work, Wilfrid Laurier University; graduates 120 MSW and PhD social workers annually.
- School of Optometry, University of Waterloo; graduates 90 Doctors of Optometry annually.
- School of Pharmacy, University of Waterloo, will graduate its first cohort of pharmacists in 2011; target annual enrollment : 120.

Without a teaching hospital to facilitate interprofessional clinical rotations or a centralized group mandated to bring different student healthcare professionals together, we still make IPE work.

Learn about how educators from five programs came together and embraced our differences in stages of program and IPE evolution, administrations, cultures, timetables, professional and institution jargon, approaches to providing clinical experience, locations and more.

We'll share some our successes like :

- Forming the Interprofessional Educators Collaborative (IPEC) of Waterloo Region.
- Hosting a faculty development session where 97% of respondents agreed or strongly agreed that the session was valuable.
- Holding a case showcase with student representatives from each of our programs.

O23

Development and Validation of an Interprofessional Collaborator Assessment Rubric

Curran Vernon (Memorial University) Casimiro Lynn (Montfort Hospital) Banfield Valerie (RN Professional Development Centre) Hall Pippa (University of Ottawa) Gierman Tracy (University of Ottawa) Lackie Kelly (RN Professional Development Centre) McCarthy Patricia (Memorial University) Oandasan Ivy (University of Toronto) Simmons Brian (University of Toronto) Wagner Susan (University of Toronto)

Concurrent with the move towards competency-based interprofessional education (IPE) is the need for reliable and valid assessment tools to evaluate competency achievement in the area of IPE. This multi-phase, mixed methods research project involved the development and evaluation of an Interprofessional Collaborator Assessment Rubric in both French and English languages. The Interprofessional Collaborator Assessment Rubric is a tool that is designed for use across a variety of professions and learning contexts. It is anticipated that this tool will support student learning by defining the expected competency attainment and assist faculty with the process of assessing competency-achievement. The first phase involved a detailed comparative analysis of peer-reviewed and grey literature resulting in a draft list of competency categories and statements. A two-round Delphi survey of experts was undertaken to validate these competencies. In the second study phase multi-site focus groups with students and faculty were conducted to evaluate the utility, clarity, practicality and fairness of the rubric. The presentation will include a discussion of the significance of rubrics for assessment in IPE, a

summary of the key study findings, presentation of the assessment rubric and associated competencies and discussion of next steps to evaluate the reliability of the rubric.

O24

Helping Family Health Teams Enhance Their Interprofessional Collaborative Team Development

Marg McAllister (SWLHINS Partnerships for Health)

Through a partnership between the SW LHINS' Partnerships for Health and the IPHER office at Western participants in a workshop developed a strategy to help Family Health Teams to further enhance their interprofessional teamwork. Teams were asked to complete the Assessment of Interprofessional Team Collaboration Scale [AITCS] (Orchard, King, & Pallaveshi, 2008) prior to the workshop. The data were analyzed for each team and those items within the subscales below a 4 (out of 5) were provided to each team. During the workshop, each team received their results and were provided with a worksheet to assist them in selecting two items and developing actions to address these areas. Nine teams participated in this strategy. The results of the workshop and findings from the assessment instrument will be reported.

O25

Interprofessional Collaboration to Improve Patient Safety

Anne O'Riordan (Queen's University) Nancy Dalgarno (Queen's University) Shayna Watson (Kingston General Hospital) Ingela Marlin (Providence Care - Mental Health Services Site) Sherrie McKegney (Kingston General Hospital) Leslie Saunders (Providence Care - St. Mary's of the Lake Hospital) Rosalind Forster (Kingston General Hospital) Margo Paterson (Queen's University)

Introduction: Previous research highlights team cultures as the key place for addressing patient safety learning (Firth-Cozens, 2001). The Timely Open Communication for Patient Safety (TOC) research project focused on enhancing interprofessional (IP) communication by developing resources for healthcare providers and patients/families to improve patient safety in three diverse clinical settings.

Methodology: Using a case study approach, the impact of educational modules/activities aimed at enhancing patient safety through improved IP communication was evaluated. Clinical coordinators from participating units joined the research team to contribute to resource development and liaise with site participants. Pre-post intervention measures, including focus groups, the Collaborative Practice Assessment Tool (CPAT) and the Patient Safety Culture in Healthcare Organizations Survey (MSI 2007), measured participants' perceptions of IP

collaboration and patient safety culture. Adapted from Lougheed & Galloway Ford's (2005) *Collaborative Learning Unit* model of care, voluntary participants included staff with direct, regular contact with patients on the unit including traditional healthcare team members, ward clerks, housekeeping staff and assistants. Teams learned together about elements of collaborative practice and the patient perspective. Educational modules provided to the teams focused on collaborative communication, medication reconciliation and patient/family orientation to clinical units.

Conclusion: Results demonstrated that participants' perceptions of the elements of team collaboration and the safety culture within their units became more positive, setting the stage for a cultural shift in patient safety. Areas for future professional development were identified. The intervention process, findings and limitations of the study will be discussed along with future directions.

O26

Intraprofessional competencies

Wilma Jelley (University of Ottawa) Nathalie Larocque (La Cité collégiale)

Purpose: The responsibility of health care professionals to effectively and efficiently integrate support personnel into client care plans is essential. The objective of this research was to determine the essential competencies involved in intraprofessional collaborative practice. The competencies necessary for effective intraprofessional collaboration are not well established. Methods: The researchers developed a survey in English and French using a 5-point scale. The survey was then distributed via email and post to health care professionals in Ontario. The College of Physiotherapists of Ontario supported the distribution of the survey and delivered it electronically to its membership. Analysis: Each item in the survey was scored and the results compared based on demographic information. Respondents' perceptions on 6 domains were collected. The domains were communication, collaboration, roles, consultation, delegation and conflict management. Demographic information was also collected. Results: Four competencies were identified by the respondents as being core to effective intraprofessional collaboration. These competencies were active listening, expressing ideas concisely and respectfully, recognizing and communicating all significant changes in client's status, and completing actions based on one's own role constraints. Conclusions: Conveying information effectively in a responsive and responsible manner and taking into account roles, responsibilities and scope of practice of individuals in an intraprofessional team were identified as essential elements in intraprofessional practice. Sorting the data on demographics found that neither practice area nor setting significantly changed this perception.

O27

Simulation in Virtual Reality: a Useful Tool for Developing Interprofessional Competencies

Eleanor Riesen (Algonquin College) Michelle Morley (Algonquin College) Debra Clendinneng (Algonquin College) Mary Ann Murray (Algonquin College) Susan Ogilvie (Algonquin College)

Introduction: There is a global mandate to provide interprofessional learning opportunities for undergraduate health, public safety and social care students. Simulation provides an excellent opportunity for interprofessional student teams to practice communication skills in difficult situations and become better prepared for teamwork in practice settings, yet it is often difficult to bring them together in the same room. We are developing a 39 hour interprofessional course using a combination of virtual reality and face to face simulation. In May 2010 we piloted a 16 hour module of the course with new graduates from four health and social care programs. The purpose of the study was to determine the impact of this innovative educational intervention on participants' interprofessional competence.

Hypothesis: Students who participated in a 16 hour interprofessional module using face to face and virtual simulation, would improve their interprofessional competence.

Methods: Ethics approval was received from the IRB. A quasi-experimental, pretest-posttest design was used to measure changes in participants' interprofessional competence before and after the module. Participants were assigned to teams so all four professions would be represented. Each team included six members. Participants were introduced to concepts of interprofessionalism and effective communication strategies in difficult situations. They viewed a video of a team interaction made up of police officers, child and youth workers, nurses and paramedics in a domestic violence situation. They completed a simulation of the same situation in virtual reality, followed by a group debriefing session. At the end of the pilot they practiced the same simulation face to face with a standardized patient. The tools used to measure interprofessional competence included the Interdisciplinary Education Perception Scale (IEPS), the Interprofessional Collaborative Competencies Attainment Survey (ICCAS) and a team objective structured clinical examination (TOSCE). A two sample t test for dependent groups with an alpha level .05, two-tailed was used for all statistical tests.

Results: Sixty participants from nursing (n=19), police foundations (n=15), paramedic (n=14) and child and youth worker (n=12) programs participated. Thirty eight of the participants were female and 22 were male. There was a significant difference between pre-post test total scores on the IEPS, $t(59) = -3.32, p = .000$; post-post total scores on the ICCAS, $t(55) = -9.30, p = .000$; and pre-post TOSCE final scores, $t(46) = 11.51, p = .000$.

Discussion/Conclusion: Virtual reality and face to face simulation are effective teaching and learning strategies for improving interprofessional team competence.

O28

Integrating Virtual Patients with an IPE Activity

David Thompson (Northern Ontario School of Medicine) Gayle Adams-Carpino (Northern Ontario School of Medicine) Jacques Abourbih (Northern Ontario School of Medicine) Sue Berry (Northern Ontario School of Medicine) Rachel Ellaway (Northern Ontario School of Medicine) Nicole Ranger (Northern Ontario School of Medicine)

Virtual Patient (VP) cases represent an educational vehicle to facilitate student reflection on clinical judgments in the context of IPE, regardless of geography or time. This oral presentation will report on integration of VPs within an IPE activity and student experiences working with a VP case as a preparatory aspect of IPE. In Northern Ontario, IPE requires that various health professional learners are recruited from different educational institutions, from within different faculties, and within different levels of professional programming. This, combined with learners' differing prior knowledge and exposure to IPE increases the complexity of facilitating effective IPE activities such as the Health Care Team Challenge (HCTC). This research project explores factors such as the extent of time for learners to engage with content, learn about each other, and the value of extended time to reflect on their knowledge, attitudes, and values. To address these challenges, a virtual patient (VP) case being incorporated into the HCTC experience will engage learners in clinical reasoning and reflection in an IPE context. The CIHC National Interprofessional Competency Framework highlights the uniqueness of competencies: "Rather than focusing on demonstrated behaviours to determine competence, the framework relies on the ability to integrate knowledge, skills, attitudes, and values in arriving at judgments." This presentation will discuss the rationale and research findings for using VPs, and in doing so, will be of interest to academic and clinical faculty looking for a vehicle to explore how professional orientations influence clinical judgments in the context of IPE.

O29

Let Talk about Ethics: The Necessity to Incorporate Ethics into the Interprofessional Curriculum

Julijah Kelecevic (Centre for Health Care Ethics, Lakehead University)

Frequently, focus on mastering practical skills necessary for future health care professionals seems to take away limited space in curriculum to highlight theoretical frameworks and communication tools. Here I propose that health care ethics ought to be incorporated as an essential part of interprofessional curriculum for several reasons. First, some aspects of health care ethics are already mandatory components of education for all health care professionals. Second, evaluation of history of health care ethics demonstrates that much of its knowledge is, at least, multi-professional and multi-disciplinary, if not interprofessional, in nature. Finally, allowing space and time in curriculum for meaningful discussions that contemplate about moral aspect of caring allow participants to reflect on welcomed outcomes of healthcare; and move away from technical, profession-specific approaches, methodologies and language which otherwise may encumber interprofessional education.

O30

Making Meaning of Our Experiences of Witnessing Suffering: Employing A/R/Tography to Engage in Interprofessional Inquiry and Mutual Care

Patricia McGillicuddy, Gail Mitchell, Nancy Davis Halifax, Nadine Cross, Jane Hollett, Carolyn Plummer

This presentation focuses on the method, process and emerging understandings related to the La Loba Project—a six week inquiry whereby eight interprofessional researchers/educators, practitioners and artists explored the question: What is the emergent meaning of bearing witness to suffering?

A/R/Tography, an arts-based guided inquiry method and form of action research was employed, that involves working with communities of practice who share a commitment to search for meaning of an everyday phenomenon. The method attends to the process interpreting the meaning residing in the in-between of language, remembered or created images, materials and stories.

The process involved a story from Estés (1992) book about La Loba, who collects the bones of wolves and sings over them until they take the shape of new life forms. In the A/R/Tography group, the bones were metaphors for memories of work with patients. Individual and shared canvases were worked and reworked with offered renderings or conceptual questions guiding the process.

Outcomes relating to interprofessional collaborative meaning making, the mutual care experience, and role of co-remembrance as a relational link will be highlighted. As well as, ways in which this congruence between the process of inquiry and emergent understandings provides opportunities for layered interprofessional research, enhanced dialogue and insights.

O31

Evaluation of An Inter-professional Competency-Based Patient Safety Educational Strategy in an Acute Care Teaching Hospital

Lianne Jeffs (St. Michael's Hospital, Toronto) Eileen Egan-Lee (Centre for Faculty Development, Faculty of Medicine Uof T at St. Michael's Hospital) Lindsay Baker (Centre for Faculty Development, Faculty of Medicine Uof T at St. Michael's Hospital) Ilona Abramovich (Li Ka Shing Knowledge Institute at St. Michael's Hospital, Toronto) Chris Hayes (St. Michael's Hospital, Toronto) Orla Smith (St. Michael's Hospital, Toronto) Chaim Bell (St. Michael's Hospital, Toronto) Muhammad Mamdani (St. Michael's Hospital, Toronto) Scott Reeves (Centre for Faculty Development; Keenan Research Centre, Li Ka Shing Knowledge Institute)

Background

In recent years, international attention has focused on patient safety and the continued gap in interprofessional practice in hospitals. Efforts to create health care environments whereby health care providers acquire patient safety competencies in an interprofessional context are paramount.

Summary of work

A realistic qualitative evaluation approach (Pawson & Tilly 1997) was undertaken to explore a range of pertinent issues related to the development, delivery and effects of an interprofessional patient safety initiative (SafetyNetII) in one urban hospital setting with funding from HealthForce Ontario (MOHLTC). Data collected included 30 minute semi-structured interviews with steering committee members (n=6) and project leaders (n=6); 60 minute focus groups with project teams (n=3); 60 hours of observations in the project teams' clinical units; and 30 minute follow up interviews with project leaders and mentors (n=6).

Summary of results

Ward observations revealed that projects were being sustained on clinical units three months after program completion. Interview data illuminate several program design elements associated with this finding: the initial three day curriculum, inclusion of project-based work on each participating clinical ward, the use of engaged mentors, protected time to develop projects, the use of interim and final deadlines, and the opportunity to present work to senior hospital executives at program end. Observational data collection is on-going.

Conclusion

This pilot project produced an inter-professional and competency-based patient safety program that can be transferable to other health care organizations.

O32

Toolkit of Interprofessional Education Assessment Instruments -- the Validation Process

Colla MacDonald (University of Ottawa) Douglas Archibald (University of Ottawa) David Trumpower (University of Ottawa)

Dr. Scott Reeves indicated in his plenary presentation at IPE Ontario 2010 that there needs to be a movement toward studies in IPE that can be generalized so that the field can develop. For this to occur, projects need to involve larger sample sizes and use standardized instruments.

An objective of our Health Force Ontario funded project was to produce and validate a toolkit of four qualitative and quantitative IPE assessment instruments for online and face-to-face IPE programs in both English and French, with hopes of them to be used in a wide variety of contexts. The two quantitative instruments, the WeLearn and Interprofessional Competencies Attainment Survey (ICCAS) were implemented in more than 12 IPE programs across Ontario and in New Zealand involving over 1000 participants. Collection of evidence regarding the validity of use of the toolkit was successful.

The validation process began with the development of the instruments (previously presented at IPE Ontario 2010) and continued with the statistical analyses of the data sets returned from participating IPE programs. Data analyses and results to support construct, criterion referenced, and divergent validity will be presented; including details of the reliability analyses and confirmatory factor analyses. Correlations between subscales of the ICCAS and the Interdisciplinary Education Perception Scale (IEPS) will also be presented.

The toolkit is available online at <http://ennovativesolution.com/WeLearn/IPE-Instruments.html>

O33 (Withdrawn)

O34

Exploring the Process of Interprofessional Decision Making: Perceptions and Experiences of Health Care Providers collaborating in Hypertonicity Management

Tracy Paulenko (University of Toronto) Dr. Susan Rappolt (University of Toronto) Dr. Ivy Oandasan (University of Toronto) Dr. Dina Brooks (University of Toronto)

Rationale

Hypertonicity is a complex condition occurring in persons with a neurological insult (e.g. brain injury, multiple sclerosis and stroke). Poor hypertonicity management can lessen a person's independence, participation in daily activities and quality of life, as well as increase the burden of care for family and caregivers.

A multitude of hypertonicity management options exist provided by different healthcare professionals (HCPs). For over a decade clinical practice guideline developers have recommended collaborative practice. The collaborative process requires HCPs to communicate and make decisions that facilitate "the separate and shared knowledge and skills of [HCPs] to synergistically influence the...patient care provided" (Way, Jones & Busing, 2000). Communication and decision making are key in providing patient-centred practice. Research on decision making has focused on the patient-physician relationship, uni-professional groups or decision aids. Little research has been conducted to understand the process of *interprofessional (IP) decision making* and none in the context of hypertonicity management. This study explores how HCPs working with people with hypertonicity make decisions to create collaborative patient-centred practice plans.

Method

An exploratory qualitative study employing in-depth interviews, a practice context survey and clinical forms is being conducted. Grounded theory method is used to develop an explanatory theory of the IP decision making process. Preliminary findings will be presented.

Practice Implications

Knowledge about the IP decision making process will assist HCPs working with patients with complex care needs facilitate attainment of patient's goals and inform organizational and government leaders about the influential factors and processes in providing collaborative patient-centred practice.

O35

Professional status imbalances within an Interprofessional context: A view of Massage Therapy

Cathy Fournier (University of Toronto) Scott Reeves (Wilson Centre)

Massage therapy is one of the fastest growing complementary and alternative medicine (CAM) modalities in North America. It has now gained acceptance in the general public as a treatment for musculoskeletal pain and the management of other chronic conditions. There is also a growing body of evidence for the efficacy of massage therapy in managing a number of conditions considered a strain on the health care system. Massage Therapists are currently regulated under the Regulated Health Professions Act in Ontario – the same Act governing physicians, nurses and physiotherapists. However, massage therapists continue to have lower professional status when compared to many of these other groups. While interprofessional collaboration is vital for the delivery of patient/client care, massage therapists can often be excluded from interprofessional referrals and dialogue about care among practitioners. This can compromise the nature of their interprofessional relationships, impede professional growth for massage therapy and undermine benefit for patients/clients.

This presentation offers early findings from a qualitative study exploring the nature of professional status of massage therapists within an interprofessional care context. This study employs an explorative case study approach based on in-depth interviews with a range of health care professionals working within a hospital setting. Data will be analyzed using inductive thematic coding to generate key themes. The presentation initially describes emergent themes before discussing them in relation to the wider interprofessional empirical and theoretical literature. Over time, it is anticipated that this study will contribute to our understanding of how the professional status of massage therapists affects the nature of their collaborative work.

O36

An innovative model for interprofessional and intraprofessional clinical education

Bonny Jung (McMaster University) Adele Martin (Mohawk College) Lorie Shimmel (McMaster University) Brooke Malstrom (Mohawk College) Bronwen Thomas (McMaster University) Patty Solomon (McMaster University)

Although there has been an increased focus on interprofessional education within health professions over the recent years, there has not been as much attention paid to intraprofessional education. Similar challenges exist within interprofessional and intraprofessional education related to understanding each others roles, communication, and power relationships. Competencies are needed for professions to collaborate within and between professions in order to provide safe and ethical care.

A community college and a university in southern Ontario collaborated to develop and implement a model for interprofessional (IP) and intraprofessional clinical placements for students in the occupational therapy (OT), physiotherapy (PT), and OT/PT Assistant programs. Over the course of the collaborative placements, the students participated in tutorials to address issues such as: scope of practice, client management, team dynamics and practice strategies.

This presentation describes the clinical education model, evaluation methods used and the outcomes of this project. Results of the standardized measures of the student feedback indicated a pattern of increased positive attitude/perception of IPE although these were not statistically significant. The qualitative data indicated that the students were able to learn from each other, had opportunities to develop communication/teamwork skills and were satisfied with the experience from an interprofessional and intraprofessional perspective. The

results of this project will be of benefit to educators and students in highlighting the importance of students learning to collaborate within their own profession as well as with other professions.

O37

Obstetric Teams and the Anesthesiologist: A Study in Progress

Saroo Sharma (The Wilson Centre for Research in Education, University of Toronto) Patricia Houston (Department of Anaesthesia, University of Toronto) Pamela Morgan (Department of Anaesthesia, University of Toronto) Scott Reeves (The Wilson Centre for Research in Education, University of Toronto)

The Institute of Medicine's report, *To Err is Human*, states that in order to identify error, each team member needs to know their own responsibilities, as well as those of their team members.¹ Although anesthesiologists work in diverse environments ranging from the operating room to the labor and delivery (L&D) suite, their role is often misperceived by their non-anesthetic colleagues.²

Obstetric reports clearly demonstrate that poor interprofessional teamwork is a major cause of adverse maternal and fetal outcome.³⁻⁵ Literature from this domain however, tends to concentrate on nurse-obstetrician communication. There are no studies looking specifically at the perceptions and misperceptions of the anesthesiologist's role, and how these may affect collaborative working and patient care.

This study uses a case study approach to focus on exploring the perceptions of L&D professionals regarding the role of the anesthesiologist. The cases are two L&D units, which represent typical urban, academic L&D units across Canada. A purposeful sample of 30 participants has been used to ensure adequate representation from all professional groups. Data collection is on-going via semi-structured interviews. Similar proportions of anesthesiologists, obstetricians, nurses and midwives are being interviewed at each site. Following inductive thematic analysis respondent validation will be employed.

Emergent themes centre around: a fundamental lack of understanding of the complexity of the anesthesia process; a fear of other professionals, due to engrained stereotypes; a perceived lack of support; the need for the anesthesiologist to be in 'control' of the clinical work situation; and power imbalances which are enacted both across and within professions.

O38

Exploring Meaning of Caring Among Health Care Providers Providing Cancer Care

Kari Osmar (Odette Cancer Centre) Tracey DasGupta (Odette Cancer Centre)

All cancer care professionals provide care to patients; however, different professions may have different understandings of what caring means. This study used guided meditation, art and small group discussion to explore meanings of caring among health care providers within a Regional Cancer Centre. This presentation will explore findings from profession-specific focus groups (N=6) that explored caring with nurses, radiation therapists, physicians/clinicians (radiation oncologist, psychologist, psychiatrist), social workers, dietitians and pharmacists within one Oncology Program. In particular differences and similarities between professional groups related to: 1) their experiences of caring; 2) philosophical and theoretical frameworks of caring; 3)) their perceptions of how to convey caring; and 4) institutional tensions related to caring. In addition, the presentation will consider educational initiatives by which interprofessional groups can learn, from, with and about each other's perspectives on caring.

O39

Reflections on interprofessional and intraprofessional collaboration among maternity care providers: An ethnographic study

Filomena Meffe (St Michael's Hospital / University of Toronto) Laura Mandelbaum (St. Michael's Hospital) Catherine Moravac (St. Michael's Hospital) Sherry Espin (Ryerson University / The Wilson Centre / Li Ka Shing Knowledge Institute, St. Michael's)

Little is known about how maternity care providers interact with each other in interprofessional situations, what they think or know about each other's scope of practice, and how they manage decision-making particularly when roles appear to overlap. To begin to address this gap in knowledge we embarked on a research study to better understand the nature of interprofessional interactions in an intrapartum context.

In one of the first research studies of its kind in Canada, an ethnographic researcher conducted 10 weeks of fieldwork (July – September 2010) in the labour and birth unit of a downtown Toronto teaching hospital as well as one-on-one interviews with maternity care professionals from midwifery, nursing, obstetrics, family medicine, respiratory therapy and anesthesiology. We were particularly interested in situations in which nurses, anesthesiologists, physicians and midwives interacted while managing the care of pregnant women. The qualitative data we gathered through ethnography and semi structured interviews was then reviewed and analyzed by a multi disciplinary team of professionals.

A primary objective of conducting this research was to shed light on what type of initiatives could be implemented in the future to improve interprofessional collaboration among maternity care providers at this particular hospital setting. This oral presentation will highlight key findings, touch upon the methodological possibilities and limitations associated with conducting ethnographic research in clinical settings, and will serve as a point of departure for possible next steps in this emerging field.

Financial support by HealthForceOntario Interprofessional Care / Education Fund 2008-2009.

O40

CLINICAL FELLOWSHIP FOR INTER-PROFESSIONAL STAFF

Alison Dodds (The Hospital for Sick Children) Pam Hubley (The Hospital For Sick Children/University of Toronto) Rita Pool (The Hospital For Sick Children) Denise Carraretto (The Hospital For Sick Children) Kathryn Parker (The Hospital For Sick Children) Margaret Keatings (The Hospital For Sick Children)

Background: The SCOPE (Strategic Career Opportunities for Professional Excellence) Inter-professional (IP) Clinical Fellowship (CF) is unique, and is the first of its kind to be implemented within The Hospital for Sick Children. It integrates IP learning and professional practice concepts into a program that supports professional advancement and retention. The idea of the Fellowship emerged from staff who participated in 9 (IP) focus group sessions (N=65) conducted in December 2006 to April 2007. Participants suggested that an increased amount of time for education/projects would be beneficial to their learning and professional development experience.

Aim:

The purpose of the CF is to provide an opportunity to health professionals at SickKids to engage in a semi-structured program that cultivates leadership and advances clinical knowledge and skills within an IP learning environment. The successful Fellows are awarded 150 hours of semi-structured protected time to work on a small quality improvement project which is deemed a priority by the department and/or organisation. Fellows receive guidance for project development, have structured classroom time, and engage in a mentorship program as a support system.

Results: The following key themes emerged from the focus group sessions that evaluated the initial offering of the CF;

1. The best fellowship experiences were linked to developing practical and critical thinking skills.
2. Supportive behaviour among the fellows and various professions was evident in many forms.
3. Using a mentorship process was determined as key to the success of the fellowship.

O41

Interprofessional Resource Centre: Supporting the Implementation of Interprofessional Practice and Education in Community Agencies

Christine Patterson (McMaster University) David Price (McMaster University) Gladys Peachey (McMaster University) Heather Arthur (McMaster University) Julie Vohra (McMaster University) Patrica Ellis (McMaster University) Rob Mariani (Ascentum) Paul Dymel (Ascentum) Ellen Spencer (Ascentum) Kevin Timms (Ascentum) Ellis Westwood (Ascentum) Jenn Salfi (PIPER, McMaster University)

Purpose: The development of the IRC came out of a provincial initiative that recognized the role of technology in innovation. Health Force Ontario funded the development of an interprofessional resource centre (IRC) with the purpose of : (1) building capacity within agencies for interprofessional practice; (2) assisting preceptors to teach interprofessional collaboration to students; (3) promoting the use of technology as a strategy for knowledge transfer within the agencies; and (4) developing an evaluation plan to measure interprofessional practice and education.

Method: The development of a resource centre required consultation of end users in order to make it relevant to the lived experience with a user friendly format. Stakeholder involvement was based on three main activities: a large scale deliberative survey, an in-person dialogue session and targeted survey questionnaires. The three different approaches were designed to reach different groups of key stakeholders.

Results: The interprofessional resource centre is designed as a step by step approach to support an organization's effort in advancing interprofessional practice and education; it is located at (www.interprofessionalresourcecentre.ca). From the home page, users can view an introduction clip that provides an overview of the information available on the website. They can also browse through the following six key areas of the resource centre: 1) preparing a supportive environment; 2) committing to organizational champions; 3) examining patient care services; 4) building an interprofessional change strategy; 5) developing preceptorship; and 6) evaluating whether the agency is providing the necessary services or activities to support student education.

O42

Simulation and Non-Technical Skills of Interprofessional Teams in Acute Care

Paula Rowland (Toronto East General Hospital) Carolyn Loy (Toronto East General Hospital)

Simulation is used extensively in healthcare, typically as a means to train critical care teams to respond to clinically urgent situations. However, less is known about ways to support team effectiveness within the acute medical unit. This context is characterized by unpredictable patient trajectories, multiple task and time demands on staff, less frequent medical urgency than typically depicted in crisis based-simulations, and more diversity in terms of team membership. Toronto East General Hospital partnered with Centennial College and The Potential Group to create a team based simulation that mirrored the team skills required to provide safe, high quality patient care within the context of an acute medical unit. Participants in the simulation included registered and registered practical nurses, a physiotherapist, a social worker, and an occupational/physiotherapy aide. This presentation will describe the project, the process used to develop the simulations, and the evaluative results of the initiative. This presentation will of interest to leaders and educators who are looking for innovative ways to support team effectiveness within the unique context of the acute medical unit.

O43

THE I-4 CURRICULUM: DEVELOPMENT AND IMPLEMENTATION OF INTERPROFESSIONAL EDUCATION

Dianne Allen (Conestoga College) Marlene Raasok (Conestoga College) Jennine Salfi (McMaster University) Jennifer Mohaupt (Conestoga College) Lori Pepler-Beechey ()

Since interprofessional collaboration is critical for improving health-related outcomes and patient safety, health care providers must be adequately prepared upon graduation. The integration of interprofessional education (IPE) into health and social science curricula is key. Although colleges and universities offer a wide range of programs that require their graduates to possess interprofessional competencies, the implementation of IPE into the different programs is challenging, especially since the programs range in length from one to four years. This practice-focused, research-informed project was funded by HealthForceOntario and based on the work of Sheffield Hallam University and Calgary Regional Health. The question posed was “How can interprofessional education be infused into and across the curricula for health science programs ranging from one to four years in length?” An action research approach was applied to include stakeholders’ views, and to cycle through investigation processes for effective outcomes. The project was informed by a variety of theories, including intergroup contact, invitational, and knowledge transfer theory. The result was the development of the I⁴ curriculum: (1) Intentional, (2) Integrative, (3) Impactful, with (4) Interprofessional Mentoring/Meaning-Making in the delivery of IPE. I⁴ provides a foundation for student, faculty, and clinical preceptor development. Ongoing evaluation of the IP curriculum by students, faculty, educational partners and practice partners will continue to refine and advance the I⁴. Infusion into additional health, life science and community services programs will further strengthen the I⁴ approach. This presentation will discuss the I⁴ curriculum development, its implementation, and the plan for ongoing evaluation.

O44

Moving Interprofessional Education from Theory to Practice: Implementation of a System Wide Model of Interprofessional Practice

Ellen Odai (The Ottawa Hospital) Andrea Jewell (The Ottawa Hospital) Ginette Lemire-Rodger (The Ottawa Hospital)

A Model of Inter-Professional Patient Care (TOH IPMPC©) was implemented as part of a system-wide transformation towards interprofessional care (IPC), a first for the Canadian health care system. TOH IPMPC© is a set of 22 guiding principles that are centred on the concepts of collaboration, communication, accountability, and patient involvement in decision-making. TOH IPMPC© will allow health care professionals (HCPs) to address the challenges in providing high quality care, while aiming to improve patient and staff engagement, patient outcomes and safety, and staff satisfaction and morale.

Interprofessional education (IPE) is a key component towards engaging HCPs in interprofessional practice. Although many HCPs perceive collaboration and communication as integral to their practice, there are often discrepancies between how professionals wish to work, and how they actually work. Barriers to interprofessional practice include role boundaries and

blurring, conflict management, and lack of explicit knowledge about communication, teamwork and collaboration.

TOH IPMPC© Education Consultants utilise principles of adult learning theory, and research on IPC and IPE to engage and educate HCPs. The consultants qualitatively evaluated the impact of various factors on HCP engagement and integration of information during workshops, including: number of facilitating consultants, number of HCPs, whether workshops were presented to an exclusive team or mixed group of participants, and the mode of workshop delivery.

This oral presentation will highlight findings about the process of IPE at an acute care hospital, and share insights about how to facilitate interprofessional education to enhance collaborative practice.

O45

A qualitative exploration of the development of faculty knowledge and networks through the implementation of interprofessional education

Margot Rykhoff (Humber College ITAL) Craig MacCalman (Humber College ITAL) Mary van Soeren (Humber College ITAL) Scott Reeves (University of Toronto)

This project is supported by the Interprofessional Infrastructure Fund (Ministry of Health and Long-Term Care and the Ministry of Training

For the past three years, the School of Health Science (SHS) at Humber College ITAL has hosted a half-day interprofessional (IP) education workshop for students from programs in the SHS, School of Hospitality, Recreation and Tourism (SHRT) and School of Social and Community Services (SSCS) who are completing their final year of studies. This workshop provides an opportunity for students to engage in IP discussions of care using an interactive case study discussion approach with faculty facilitators. Faculty members have participated in planning, development and delivery of this workshop. The aim of this study was to conduct an exploratory evaluation of the interprofessional processes through which faculty have developed their knowledge and collegial networks through the implementation of an IPE experience for their students.

Using a model developed by Reeves et al. (2007) key factors were evaluated in planning and implementing IP education in health care settings: learner-focused, faculty-focused and organization-focused factors. Fifteen in-depth individual interviews were undertaken with faculty using a semi structured interview guide. Data were analyzed inductively to produce a number of key themes. Findings indicated that their involvement in this IPE experience resulted in improved collaborative knowledge and the growth of stronger interprofessional networks between faculty. The findings from this qualitative study will be used to improve on future faculty planning and implementation of IP education.

O46

Enabling Quality Improvement through Interprofessional Education and Collaboration

Julia Kim (Toronto Rehab) Mandy Lowe (Toronto Rehab)

An innovative education program was developed that builds on the synergy between interprofessional education and quality improvement. Health care practitioners were invited to a program that actively promotes interprofessional learning and collaboration while providing the structure, knowledge and skills to engage in improvement work. Project funding was provided by HealthForce Ontario's Interprofessional Care/Education Fund. The success of the program is attributed to the unique opportunity to learn and interact at a level of intensity not possible with brief learning situations such as interprofessional rounds.

Key elements of the program include:

- Clinical topic and improvement projects participant-driven to enable ownership for changes
- Explicit attention to interprofessional team development and group processes
- Clinical knowledge and skills built in the area for improvement via multiple formats that support interprofessional learning (e.g. presentations from expert teams and interprofessional clinical placements)
- Blending new learning into practice and interprofessional team-based quality improvement projects

The impact of staff involvement in the program has resulted in transformational learning. Experiences delivering and evaluating the project will be shared including a newly available resource toolkit, created to support anyone interested in developing, implementing and evaluating similar programs.

O47 (Withdrawn)

O48

How An Interfaculty Curriculum Committee Supports An Interprofessional Education Curriculum

Susan J. Wagner (University of Toronto) Catherine Kilmartin (University of Toronto) Cathryne Palmer (University of Toronto) William Chapman (University of Toronto) Catherine Hardie (University of Toronto) Lynn Cockburn (University of Toronto) Andrea Cameron (University of Toronto) Lynda Mainwaring (University of Toronto) Sharon Switzer-McIntyre (University of Toronto) Sharona Kanofsky (University of Toronto) Andrea Litvack (University of Toronto) Maria Tassone (University of Toronto)

A mandatory interprofessional education (IPE) curriculum for ten health science professional programs began September 2009 at the University of Toronto (UT). This competency-based, longitudinal curriculum includes several key elements: core competencies, four core learning activities, elective learning activities, assessment, evaluation and faculty leadership or development.

An Interfaculty Curriculum Committee (IFCC), consisting of a member from the curricula committees of each of the eleven health science programs and the Director, Centre for IPE, was created in the early stages of curriculum development. This unique body is charged with the oversight and approval of the curriculum. In addition, the members serve as champions of IPE in their own faculties and departments and as key communication agents.

The challenges and opportunities in creating the IFCC and in its development will be discussed. This will include an examination of the relationships between this group and the Centre for IPE Faculty Leads, who are responsible for leading the development of the curriculum, as well as that with the colleagues in their own faculties and departments. Finally, future directions for the IFCC will be explored.

O49

Deepening interprofessional relationships through the creation of an innovative space for interprofessional dialogue and reflection

Petrina McGrath (Toronto General Hospital) Cathy Clarke (Toronto General Hospital) Kanae Kinoshita (Toronto General Hospital) Patti McGillicuddy (Princess Margaret Hospital) Brenda Perkins Meingast (Toronto General Hospital)

Creating space for reflection and dialogue are key elements to individual and team growth. But how does one enable team reflection in a fasted pace tertiary/quaternary health care organization? This presentation will share how a small group of interprofessional clinicians and administrators came together to create of an innovation change collaborative forum and how the forum has unfolded, with a focus on illuminating the emerging nature of change and deepening interprofessional dialogue.

In the change collaborative forum, doctors, nurses, professional staff, volunteers, students and administrators come together to hear storytelling teams share their experience of leading change at the point of care. The forum is facilitated by clinician and utilizes storytelling methodology and systemic design principles to prepare storytelling teams, and to facilitate group discussion. The process of facilitation surfaces the perspectives of each team member and the patient/family and illuminate where positive interprofessional practices are living in the organizations. The forum was created for staff to learn from each other and about each other; to develop new insights and; uncover emerging generative practices for leading and sustaining change in complex systems.

What has emerged is a safe space, where vulnerability and uncertainty are shared, hierarchy flattens, emerging generative practices are uncovered and community is shared and created. The experiences of the storytellers, participants and the interprofessional design team will be shared. Learnings and future directions will be discussed.

O50

Managing in the Community: A Comparison of the Skills and Competencies

Olena Kapral (Faculty of Health Sciences, University of Ontario Institute of Technology) Brenda Gamble (Faculty of Health Sciences, University of Ontario Institute of Technology) Tina Smith (Department of HPME, Faculty of Medicine, University of Toronto) Manon Lemonde (Faculty of Health Sciences, University of Ontario Institute of Technology) Raisa Deber (Department of HPME, Faculty of Medicine, University of Toronto)

A lack of management support has been identified as one of the key barriers to the successful implementation of interprofessional teams (Engel & Gursky, 2003). Managers in the community and the hospital sectors are integral to interprofessional practice (IPP) providing resources and organizational support (WHO, 2010a) for the delivery of quality services (WHO, 2010b).

In partnership with the Canadian Home Care Association (CHCA), we are conducting a national survey of community managers to determine their views on IPP and the competencies needed to manage in the community sector. Results will be compared to a similar study conducted by our team ascertaining the views of hospital managers (Gamble et al., 2010).

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O51

The interplay between community development and interprofessional practice -- a case in a low-cost housing unit

Carole Orchard (University of Western Ontario)

The introduction of an interprofessional practice and learning model into one low-cost housing unit within SouthWestern Ontario was identified by those living in this area as creating a community for them and further helping them to take more ownerships over their own health. Data obtained from quantitative post-intervention interviews (n=180) and focus group transcriptions from a further 12 residents living in the community were collected. Findings provided an understanding of the dynamics that a collaborative interprofessional project that included residents, practitioners, faculty, and interprofessional groups of students can create the

environment for participatory involvement of those who often feel marginalized in our society. Findings from their individual and focus group interviews will be presented.

O52

A Framework for IPE in Non-Degree Health Professions

Corrine Johnston (George Brown College) Gillian Toni (George Brown College)

There is widespread agreement that the future of health care and the quality of patient care is dependent upon the ability of health care professionals to engage in interprofessional collaboration and care. Many practitioners and researchers have taken on the challenge of developing frameworks by which to integrate interprofessional education into curriculum. Yet, there continues to be considerable variation among what are considered to be the appropriate competencies and the most effective means by which to impart the knowledge, skills and values to students and professionals. Further, the literature has focused almost exclusively on those professions achieved through university degree programs requiring a minimum of four years of education. Yet, there is a large sector of college-based health care professions for which the ability to practice interprofessionally is equally important. Non-degree nursing, dental hygiene, and hearing instrument specialists are a few such professions. In this session, we present a framework which adopts a broad conceptualization of the foundations for interprofessional practice and aligns these foundations with the Ministry of Training Colleges and Universities "Framework for Programs of Instruction" and the curriculum of non-degree professional programs.

O53

Uncharted waters in the Brave New World: synchronous online IPE facilitation training

Elizabeth Hanna (Bridgepoint Health) Heather MacNeill (Bridgepoint Health) Mandy Lowe (TRI, Centre for IPE) Stephen Hall (Bridgepoint Health) Lynne Sinclair (Centre for IPE) Barbara Soren (Bridgepoint Health) Scott Reeves (Li Ka Shing Knowledge Institute, CFD, Wilson Centre)

The COIL (Collaborative Online Interprofessional Learning) project provides a virtual classroom with synchronous audio streaming to support collaborative learning among teams of interprofessional clinicians. Conventional e-modules in disease specific complex chronic illness (CCI) provide background learning and references for the collaborative online learning.

Findings from the COIL Pilot in 2009 helped developers to better understand the challenges of facilitation in this setting and strongly confirmed its importance. For the roll-out in January 2011, six facilitators from different disciplines will work with the three learner teams for each of the ten weekly online sessions. A co-facilitation model was selected to share the load in this complex endeavour.

Facilitation in IPE requires skill and sensitivity. Facilitation for COIL offers several additional challenges. The learners are post licensure, the collaboration takes place in an online environment and the communication is *synchronous* - happening in real time.

Facilitators will be supported in several ways for the roll-out. They will be part of two three-hour targeted faculty development sessions. Self assessment surveys collecting information about the facilitators' confidence and skill in the area of general and IPE facilitation, along with informal online facilitation experience reporting will shape the curriculum. Facilitator Handbooks will help guide individual sessions. The process will be studied both qualitatively (focus groups) and quantitatively (surveys).

This talk will focus on the targeted faculty development sessions created for this project and this may be applied to increasingly common 21st century interactions (e.g. telephone/ video conferencing and online learning).

O54

The elephant in the room - Hidden discourse in Interprofessional collaboration and teamwork

Corinne Hart (Ryerson University)

Notions of collaborative teamwork frequently underpin discussions of interprofessional education, practice and care. There is, within both the academic literature and “on-the ground” interprofessional education, a strong emphasis on the competencies needed to engage in collaborative work. Yet by focusing primarily on tangible skills such as conflict management, interprofessional communication and learning about the roles and responsibilities of the interprofessional team, the discourse remains at a surface level and thus obscures the root of many of the tensions that commonly occur in interprofessional practice. Drawing on the concept of emotion work, or the way in which people manage and display their emotions as a “tool of the job”, this interactive oral presentation will unpack the dominant discourse of interprofessional collaboration and teamwork and discuss the hidden discourses that underlie interprofessional collaboration. It will then suggest ways in which acknowledging and building from these hidden discourses can strengthen the teaching and practice of interprofessional collaboration. In doing so, this presentation is intended to challenge educators, academics and practitioners to make explicit what is often the elephant in the room. This can help move forward our theoretical knowledge and through this, influence how we teach and engage in effective Interprofessional collaboration and teamwork.

There are no real or apparent conflicts of interest associated with this abstract or oral paper.

O55

Neophyte facilitator experiences of interprofessional education: implications for faculty development

Eileen Egan-Lee (Centre for Faculty Development, Faculty of Medicine UofT at St. Michael's Hospital) Lindsay Baker (Centre for Faculty Development, Faculty of Medicine UofT at St.

Michael's Hospital) Stacey Tobin (Wilson Centre for Research in Education; Learning Institute, Hospital for Sick Children) Elisa Hollenberg (Wilson Centre for Research in Education) Dale DeMatteo (Wilson Centre for Research in Education) Scott Reeves (Centre for Faculty Development, Faculty of Medicine UofT at St. Michael's Hospital)

The facilitation of learners from different professional groups requires a range of attributes (e.g. an understanding of the possible sources of interprofessional tension) in addition to generic skills in small group facilitation. The development and delivery of interprofessional education (IPE) programs tends to rely on a small cohort of facilitators who have typically learned their craft through their involvement in IPE and, at times, mentorship from more experienced colleagues. To avoid burn-out and to meet a growing demand for IPE, further trained facilitators are needed. However, empirical evidence regarding the learning needs of facilitators and effective approaches to formally prepare for this type of work in a timely manner is limited. This paper draws on data from a multiple case study of four IPE programs based in a single urban setting in North America with a sample of neophyte facilitators. Findings indicated that despite a three-fold faculty development strategy to support these facilitators and develop their initial confidence in their roles, many felt unprepared for their IPE facilitation work. In addition, the findings indicated that many facilitators continued to have a poor conceptual understanding of core IPE and interprofessional collaboration principles, which resulted in a range of problematic implications (e.g. 'missed teachable moments') for the learners within their programs. Findings from this study are discussed in relation to the IPE, faculty development and wider educational literature before conclusions are offered for the future of IPE faculty development.

O56

Interprofessional Collaboration and Education in a Community Setting

Dean Lising (William Osler Health System)

In Ontario, although IPC has gained a foothold at the grassroots level, a concerted, system-wide approach to its implementation is needed" Executive Summary Page V from Interprofessional Care Strategic Implementation Committee Final Report May 2010. Models for interprofessional care progressed through development in TAHSN (Toronto Academic Health Sciences Network) Hospitals over the past decade and infrastructure for interprofessional collaboration and education are currently more prominent in downtown teaching hospitals than surrounding community hospitals. Limitations for community hospitals in IPC/IPE development can be hypothesized to include less accessibility to IPC/IPE meetings/workshops, less student placements, decreased internal infrastructure and funding for IPC/IPC than teaching hospitals.

At William Osler Health System, including community hospital sites in Brampton and Etobicoke, efforts from Professional Practice Leaders in Occupational Therapy, Physiotherapy and corporate Nursing Practice, established an initiative called CONNECT, Collaboration Network for Excellence in Care Teams, facilitated by coursework from the Centre of IPE Collaborative Change Course. CONNECT at Osler focused on building the internal and external profile of team-based interprofessional care before embarking on interprofessional student placements. CONNECT Initiatives include development of a unit-based interprofessional curriculum workshop, partnering with academic institutions such as Michener Institute, Humber College and University of Toronto to provide IPC/IPE educational opportunities, Walk in your Shoes interprofessional shadowing opportunities for allied health and nursing, internal promotion

through inservices, staff forums and articles to staff, unit-based councils, educators, professional practice leaders and management. The CONNECT initiatives produced strong outcomes of increased pretest and posttest knowledge of interprofessional collaboration and education with pilot units, and rising participation in interprofessional courses and hospital wide staff forums. The Osler CONNECT initiatives now have moved from growing awareness in team-based collaboration to focusing on interprofessional education to students. Framework for interprofessional education was further progressed through participation and feedback as a pilot site in Phase II of IP COMPASS tool research project involving consultation with the IPE experts from the Centre of IPE. Interprofessional student placements are now planned for end of 2010. Identified challenges for the future include sustainability of staff participation in initiatives and sustaining IPC/IPE leadership as student coordination demands grow and further research needed for IPC/IPE models in community settings.

O57

Exploring IP competencies in the Rural Context

Siobhan Farrell (Northern Ontario School of Medicine) Nicole Ranger (Northern Ontario School of Medicine) Marie Parkkari (Northern Ontario School of Medicine) Holly Rupert (Northern Ontario School of Medicine) Sue Berry (Northern Ontario School of Medicine) Mary Lou Kelley (Centre for Education and Research on Aging & Health) Alesha Gaudet (Centre for Education and Research on Aging & Health)

Rural health care settings must respond to unique challenges related to geography and limited financial and human resources. These limitations affect not only health care practice but also the situational learning experiences of health care learners in these rural settings. Consequently, it is expected that Interprofessional Education and Collaborative Care (IPE & IPC) would also have special features in a rural health context. A greater understanding of IPE & IPC in a rural context is required in order to develop a model and tools to support interprofessional learning and care in rural and remote communities. Through qualitative and quantitative methodologies, the project “Experiencing Rural Interprofessional Collaboration” (ERIC) examined the perceptions of preceptors in northern Ontario to validate the elements of rural IPC and discover what learners are experiencing and/or needs to be taught about rural IPC elements. Models proposed in the IPC literature provided the basis for thematic analysis. Survey responses were cross referenced with other identified elements discussed in a rural team literature review. Findings resulted in rural preceptors identifying competencies exclusive to rural practice. A model for rural IPC and IPE will be discussed in addition to the various available opportunities for health care learners to develop these competencies.

O58

Adopting and Innovating: Building Interprofessional Education Programs at Community Teaching Hospitals

Paula Rowland (Toronto East General Hospital) Elizabeth McLaney (St. Joseph's Health Centre) Mandy Lowe (Toronto Rehabilitation Institute/ University of Toronto)

The Centre for Interprofessional Education at the University of Toronto, in partnership with the clinical community, has recently made recommendations for building interprofessional education (IPE) opportunities for students in clinical settings as part of the IPE curriculum. This presentation will discuss those recommendations and the ways two community based teaching hospitals adopted the resources provided by the Centre for IPE to create customized IPE programs within the clinical setting.

Both hospitals created programs that were accessible to staff and students, using similar change leadership strategies that were unique to their particular practice settings. Several key enablers stood out as common across both sites. In this presentation, we will share resources/strategies, lessons learned, and next steps in creating sustainable IPE programs within clinical sites.

This highly practical presentation will be of interest to leaders who want to know how to design and implement IPE programs for staff and students at clinical sites. This presentation will also be of interest to educators from academic institutions who seek to partner with clinical sites to create increased capacity for interprofessional education.

O59

Preparing clinical teachers for interprofessional guided learning in students and practitioners

*Carole Orchard (University of Western Ontario) Eunice Gorman (King's University College)
Mary Beth Bezzina (University of Western Ontario) Hossein Khalili (Fanshawe College) Susan Dill (Women's Community House) Nicole Burke (Brescia University College)*

In late August the IPHER office at the University of Western Ontario hosted its first workshop to prepare clinical teachers to guide others in gaining interprofessional learning experiences in practice settings. Forty-seven educators attended the session of this group 10 were clinical educators in health institutions, participants reflected an interprofessional mix including: nursing, dietetics, occupational therapy, speech language pathology, dental hygiene, and social work. Participants were asked to complete a needs assessment prior to the session and two instruments: ISVS and AITCS to gain insight into their current attitudes, beliefs, and comfort level in working interprofessionally and how collaborative they felt their current work groups were. Their previous exposures to interprofessional education ranged from none to previous participation in interprofessional continuing education sessions. Participants worked in six interprofessional small groups to develop strategies in helping learners gain interprofessional practice and the means to assess interprofessional collaborative practice gained through application of the CIHC National Competency Framework. An outline of the workshop, its goals and evaluation outcomes will be presented.

O60

Learning together clinically: The student perspective

Stacey McPhail (Humber College Institute of Technology and Advanced Learning) Sheila West-Merker (Humber College Institute of Technology and Advanced Learning) Stacey McPhail (Humber College Institute of Technology and Advanced Learning) Laura Collins (Humber College Institute of Technology and Advanced Learning) Mary van Soeren (Humber College Institute of Technology and Advanced Learning)

Interprofessional (IPE) clinical placements provide opportunities for students to adopt a collaborative teamwork approach by learning “about, from and with” (WHO, 2010) each other. Interprofessional education placements have been shown to help students better understand their roles, those of other health care professionals, and how they can best work together to provide quality patient-centred care (Oandasan & Reeves, 2005; Orchard, Curran & Kabene, 2005). To enable Occupational Therapist Assistant and Physiotherapist Assistant students (OTA & PTA), Bachelor of Nursing and Practical Nursing students to learn and work together, faculty at Humber College Institute of Technology and Advanced Learning (ITAL) developed a flexible clinical placement that could be replicated readily. To pilot this program, two OTA & PTA students, four Bachelor of Nursing students and four Practical Nursing students participated in the IP clinical placement in one rehabilitation unit. The flexibility of this placement was part of the success: students were placed as they normally would at varying times in their programs; retained their clinical teacher while completing profession specific competencies. However, they also had interprofessional components that required them to work together. This descriptive study was evaluated using quantitative and qualitative methods. Findings show a positive increase in students’ knowledge and attitudes towards interprofessional communication, learning and relationships. Students developed greater comfort working with team members beyond those in the clinical group and became more confident in relationships with hospital staff. Their feedback provides valuable information to faculty that will be used to develop future IPE curriculum.

O61

The Building Bridges Initiative: Learning With, From and About to Create an Interprofessional End of Life Program

Janine Boston (University Health Network) Eileen Dahl (UHN) Elizabeth Gordon (UHN) Brenda Ridley (UHN)

This presentation will outline the planning, delivery, evaluation and knowledge transfer strategies employed in offering an 8 hour day program run 12 times in 2010, to a total of 230 staff in three Peter Munk Cardiac Program Intensive Care Units at the University Health Network, Toronto, Ontario.

The integration of members from the point of care staff teams into the planning, presentation and attendance was a critical success factor for this initiative. Organizers and participants had the opportunity to build bridges with each other and across teams and programs, by engaging in interprofessional learning, sharing narratives and consolidating increasing awareness of resources with facilitation from staff from Nursing, Medicine, Palliative Care, Bioethics, Social Work, Physiotherapy, Respiratory Therapy, Wellness and Spiritual Care.

The format, which will be outlined, with examples and stories of engagement, included an opportunity to explore common elements of ICU work including moral distress, demonstrated wellness and team communication strategies as well as introducing an interprofessional family meeting checklist was trailed and evaluated by participants. An assessment of quality of life in an ICU was explored using a panel, case study and discussion.

The results of the evaluation, which included a qualitative reflection on collaborative themes, a program evaluation and an individual learning assessment, will be discussed as well as sustainability and transferability possibilities specific to interprofessional programming and team development.

O62

Interprofessional Approaches to Chronic and Episodic Disability: Connecting Interprofessional Education and Practice

Lynne Sinclair (Centre for IPE & U of T & CWGHR) Elisse Zack (CWGHR) Le-Ann Dolan (CWGHR) Julie Hard (CWGHR)

The potentially disabling impact of living longer with complex chronic and episodic conditions such as HIV has created an increasing role for an interprofessional (IP) approach to rehabilitation education and practice. Building on its interprofessional HIV curriculum for rehabilitation professionals, the Canadian Working Group on HIV and Rehabilitation (CWGHR) has recently adapted an in-person curriculum format to an interactive, on-line interprofessional course, to reach more learners and to build knowledge and capacity of all care providers in the roles of rehabilitation in supporting people with HIV. This evidence-informed course was developed and is delivered by clinicians, researchers and active patient involvement as part of a series of IP learning (IPL) opportunities for care providers practising in a range of settings to respond to the rehabilitation needs of people with HIV related disabilities. Together with CWGHR's in-person IPL curriculum and corresponding mentorship program, this on-line course format contributes to a comprehensive IP approach for a range of learning styles and promotes opportunities for sustainable integration into IP practice. Furthermore, this course provides information that could support all health care professionals in collaborating with and /or referring patients to rehabilitation and integrating IP care. Approaches to integrate new knowledge into daily practice will be outlined and are applicable to IP rehabilitation with other chronic and disabling health conditions including HIV related comorbidities. Lessons learned from extensive stakeholder input including patients will be discussed. Practical strategies for on-line course development and sustainability success will be shared and are transferable across multiple settings.

O63

The Use of Education Sessions and Toolkits in Supporting IPE and Collaborative Teams in Rural Communities

Nicole Ranger (Northern Ontario School of Medicine) Holly Rupert (Northern Ontario School of Medicine) Siobhan Farrell (Northern Ontario School of Medicine) Sue Berry (Northern Ontario School of Medicine) Marie Parkkari (Northern Ontario School of Medicine)

The process of community engagement and re-engagement in Interprofessional Education and Interprofessional Collaboration is a critical element to reflect upon in gauging a community's readiness to implement successful experiences for learners, clinical faculty, and care providers. This oral presentation will examine the process of how and why interprofessional topics and messages in education sessions and toolkits were selected as part of an initiative exploring rural health care team collaboration. The process for working with and providing the information to communities will be discussed, as well as recommendations for supporting future community-based IP activities. Evaluation qualitative and quantitative data will be shared as an outcome of this successful engagement and re-engagement of a multi-site IP initiative in clinical education. The project "Experiencing Rural Interprofessional Collaboration (ERIC)," approached eleven northern small communities with the goal of empowering communities to initiate and create interprofessional educational activities for distributed clinical faculty, learners, and health professionals. Through a series of education sessions and toolkits designed by IP resource experts, an introduction to the process of interprofessionalism, facilitation, and the sustainability of IP is paving the future for embedding IP into rural clinical rotations unique to each community's setting of their collaborative team practices.

O64

Using Patient/Client Narratives to Highlight Ethics and Professionalism to Future Health Care Practitioners

Sylvia Langlois (Department of Occupational Science and Occupational Therapy, University of Toronto)

Narratives provide an important learning tool to help future practitioners understand the depth and nature of patient/client response to health care experiences. Although the health care environment promotes professionalism (including respect, compassion, integrity and responsiveness), ethical practice, responsible and informed decision-making and relation-centred care, patient/client experience suggests that an improvement in consistency may be necessary. An interprofessional education program in a university setting was developed to provide an opportunity for students to interact with patients/clients to explore these issues, with the intention of translating knowledge acquired into future health care practice.

Nineteen Interprofessional groups, including students from seven health profession programs, were matched with an individual living with a chronic condition. Students were instructed to follow a semi-structure interview format to explore issues regarding ethics and professionalism in the patient's/client's health care encounters. Following the interviews, students completed guided reflections and participated in facilitated asynchronous on-line discussions to explore further issues raised during the interviews and self-reflective process.

Themes raised by students, as well as their response to these concerns, will be highlighted. Narratives enhance student instruction in professionalism and ethics by providing them with the

opportunity to hear client/patient responses. Opportunities for further program development will also be explored.

O65

Evaluation of Case-Based Interprofessional Education (IPE) Sessions: Development and Implementation

Susan J. Wagner (University of Toronto) Brian S. Simmons (Sunnybrook Health Sciences Centre & University of Toronto) Martina Esdaile (Sunnybrook Health Sciences Centre) Scott Reeves (University of Toronto & St. Michael's Hospital)

The University of Toronto initiated a competency-based comprehensive IPE curriculum in 2009 for 10 of its health science professional programs involving over 1200 students. The development of core and elective learning activities based on clinical cases is an essential part of the curriculum. Case studies are a proven pedagogical approach that present a specific sequence of events that allow students to reach an outcome. They have been found to promote analytical, decision-making and clinical reasoning skills along with skills in oral communication and teamwork through 'learning by doing' with authentic real-life problems (Herreid, 1994).

This presentation describes the development, implementation and evaluation of three interprofessional 'pilot' case studies that incorporate uniprofessional as well as interprofessional core knowledge and skills that can readily be integrated within existing health science curricula. The inclusive and comprehensive case development approach utilized to create the cases for a competency-based IPE curriculum will be discussed. Student learning during the pilots was assessed utilizing global rating scales based on IPE core competencies. 'Just in time' faculty development prior to sessions, focusing on case development and facilitation skills, was provided to enhance the development and implementation process. In addition, instruction guides and a case template for further case development and utilization were created for faculty. Evaluation explored faculty and student perceptions and satisfaction regarding the process in relation to their efficacy as an IPE approach utilizing surveys and focus groups. Student reaction and learning gain and behaviour change was also assessed as part of the evaluation process.

O66

Innovation in Healthcare Feedback: the utilization of a feedback tool for learning and process improvement

*Christine Plaza (University Health Network, Centre for Innovation in Complex Care (CICC))
Dante Morra (University Health Network, Centre for Innovation in Complex Care (CICC))*

The Centre for Innovation in Complex Care (CICC) has a financial relationship with Ryppe and could stand to gain from product expansion into healthcare.

Feedback is a powerful tool that can be used to enhance team health and performance. Additionally, feedback provides valuable insight into how specific processes can be improved, and can facilitate communication and organizational development. In fact, the provision and discussion of feedback is an effective learning behaviour that can improve interprofessional team dynamics and learning.

Although feedback can be an effective mechanism for improving processes and performance, barriers such as medical hierarchy, professional autonomy, time constraints and the perception of error as failure, prevent individuals from speaking up and providing feedback.

At the University Health Network's Centre for Innovation in Complex Care, we recognize the need for creating a tool that uses feedback to facilitate discourse, learning, and process improvement that is also sensitive to the risk-adverse nature of the clinical environment. The vehicle we have been using in the development of the Feedback Tool is a web-based application called Ryppe, which allows users to send and receive anonymous feedback on specific questions aimed at process and performance improvement. The Feedback Tool has been implemented in various interprofessional healthcare settings at the University Health Network, such as General Internal Medicine, the Emergency Department, Human Resources, Management and the REACH clinic (an interprofessional oncological clinic at Princess Margaret Hospital). Each group expressed a need for a tool that could further quality and process improvement. The Feedback Tool has provided a platform that allows users to gather insight on how to progress and ameliorate as an individual, team or organization.

O67

Can early student exposures to interprofessional learning result in life-long commitments to interprofessional patient-centred collaborative practice?

Carole Orchard (University of Western Ontario) Mary Beth Bezzina (University of Western Ontario)

The challenge of providing interprofessional education within post-secondary educational settings is determining what the impact of these exposures can have on the professional socialization development of students that will be transferred into their emerging professional practice. In this presentation a framework analysis created from a synopsis of the patterns that emerge from 10 case studies of students who received early exposures to interprofessional learning will be provided. These students varied in how they obtained their first exposure from Interprofessional community-based placements, to development of an interprofessional board game and how they used the learning to shape their future professional practice. Insights from the findings can be utilized in shaping further interprofessional learning and recruitment of such students into healthcare agencies.

O68

Teaching Patient/Client Safety: A Narrative Approach

Sylvia Langlois (Department of Occupational Science and Occupational Therapy, University of Toronto)

Patient/client safety is essential in the provision of quality health care in an interprofessional context. Although many strategies can be employed to evaluate health care delivery, patients/clients provide an invaluable source of information about how health care systems, education, assessment processes and interventions are functioning. When students engage a patient/client to learn from their experiences with health care encounters, both positive and negative, they have the opportunity to identify with their stories, which are often powerful, poignant and influential.

Over one hundred students from seven health professions met with patients/clients living with chronic conditions and who consequently had multiple exposures to the health care system. Students followed a semi-structure interview format to elicit information about experiences regarding patient/client safety and transition of care. Questions addressed various aspects of home and community safety, medication use and communication. The interviews were followed by guided self-reflection assignments and participation in facilitated asynchronous on-line discussions. Reflection and further discussion following unique encounters with patients/clients assist in enhancing the knowledge translation process to future practice environments.

Themes regarding issues raised by patients/clients drawn from the written reflections and discussions will be highlighted. Student response to these issues and implications for their future practice will be discussed.

O69

Interprofessional Electronic Focus Note Headings: transforming practice one heading at a time

Stephen Hall (Bridgepoint Health) Julie San Jan (Bridgepoint Health) Lorelei Roque-Reyes (Bridgepoint Health)

Electronic Documentation system gives clinicians the ability to file clinical information in a Focus Note (FN). These clinical notes are used by multiple professionals and are organized by predefined physiological headings.

An audit of the electronic documentation at Bridgepoint Health revealed that professional groups had challenges selecting appropriate FN headings to file their information and moreover, professionals reported having difficulty finding clinical information due to a lack of understanding of what is filed within a FN heading. In absence of knowing which FN heading to use, staff were using the FN heading "Other" or making up their own headings to submit clinical information. An interprofessional group consisting of Nursing, Health Disciplines and Information Management was assigned the task of developing descriptors for each FN heading. These descriptors would be used as a guide to assist filing and finding clinical information.

During this initiative there was a purposeful emphasis on interprofessional group processes. Taking this approach expanded the scope of our initiative and radically changed the number and type FN headings and their corresponding descriptors. It was apparent that the

process had directly influenced the task. Notably, the group reported gaining a much greater understanding of documentation methodology of other professions. Post launch audits will compare initial findings and the use of the “Other” FN heading. The success of this quality improvement initiative was in part due to the strategic emphases on the process of interprofessional collaboration and learning with, from and about how other professionals file their documentation.

O70

Demonstration of Interprofessional Education Student Learning: Global Rating Scale Assessment

Brian Simmons (University of Toronto) Susan J. Wagner (University of Toronto) Sylvia Langlois (University of Toronto)

The proliferation of interprofessional education (IPE) curricula and programs have typically revealed useful program evaluation data, but limited, if any, assessment of actual student learning. With the development of competency frameworks for IPE, the opportunity to achieve the assessment of students and teams may be better realized.

The Centre for Interprofessional Education at the University of Toronto initiated a requisite competency-based IPE curriculum in 2009. As part of this comprehensive curriculum, student learning was assessed during the 2009 – 2010 academic year in over 30 learning activities using global rating scales. The global rating scales are based on the University of Toronto *Interprofessional Education Values and Core Competencies*. The specific core competencies that each session addresses are used to create the five-point Likert global rating scales that contain three anchors. They are used as a self-assessment tool prior to and after the learning activity to determine if there is perceived change by the students with respect to the specific competencies identified for each learning activity. For all sessions, students’ perception of competencies related to values and ethics, communication and collaboration improved over the session. This global approach to the assessment of learning of IPE competencies; therefore, has good utility as one component of a comprehensive assessment strategy for an IPE curriculum.

O71

Faculty Perspectives of Interprofessional Education – You Talking to Me??

Bernadette Cuyagan (Centennial College) Natasha Deer (Centennial College) Jo Ann Fullerton (Centennial College) Michelle Hughes (Centennial College) Audrey Kenmir (Centennial College) Pat Lee (Centennial College) Celia Mirco (Centennial College) Andrea Nicholson (Centennial College)

Interprofessional Education (IPE) has been identified as a critical part of health professions educational programs to enhance collaborative patient-centred care. Many faculty within these programs have been trained and educated using more traditional approaches, often referred to

as “professional silos”. IPE literature suggests that faculty development is an integral part of building IPE programs in higher education, but the conditions necessary to support faculty success are less well-defined.

As faculty at Centennial College, we have volunteered to develop and pilot interprofessional initiatives and have journalled our experiences as we plan, develop, implement and evaluate IPE student activities. Qualitative and quantitative evaluations of both learner and faculty outcomes and perspectives have been integrated into IPE activities at Centennial. Findings from these evaluations inform faculty developers and administration of the conditions and supports necessary to enhance success, sustain activities into the future and further expand IPE activities to all of Centennial’s School of Community and Health Studies programs.

We will present our IPE activities, our perspective as faculty and lessons learned about the conditions which have supported successful implementation and sustainability of IPE.

O72

Validation of a satisfaction questionnaire to obtain clients' insights on interprofessional care

Jacinthe Savard (University of Ottawa) Méliissa Raby (University of Ottawa)

Background. Interprofessional teamwork is increasingly being promoted as key to quality patient care. Client’s input can provide useful insights for the ongoing improvement of this type of care. However, there are currently no reliable and valid tools for measuring the impact of interprofessional collaboration on client satisfaction. **Objective.** To develop a questionnaire targeting client satisfaction with interprofessional care and evaluate its psychometric properties. **Methods.** Based on three dimensions of health care (technical, interpersonal and organizational) as well as on the *CIHI National Competency Framework*, a new questionnaire has been constructed and tested for construct validity and internal consistency with 16 individuals who received services from an Interprofessional University Clinic. **Results.** Internal consistency was good (Chronback alpha: 0,821). Preliminary analysis suggests that client satisfaction may be composed of four factors: process and outcome of care; personal implication and overall satisfaction; organizational factors; and student involvement. **Implications.** Based on these preliminary findings, the questionnaire is being revised for subsequent validation in a larger sample of clients from various interprofessional settings.

O73

IPAL: Interprofessional Peer-Assisted Learning

Gary Kapelus (George Brown College)

Peer-assisted learning, also known as peer teaching, is a widely accepted approach to interprofessional learning in health sciences professions. This is particularly effective in the demonstration and practice of pre-clinical skills.

The literature demonstrates that peer-assisted learning helps to increase collaboration among peers and plays an important role in teaching professionalism by developing skills in communication, oral presentation, teamwork, decision-making, leadership, confidence and respect for peers.

George Brown College has applied the principles of peer-assisted learning to the interprofessional learning experience through *IPAL*, interprofessional peer-assisted learning. In a typical *IPAL* workshop, students of two health professions collaborate in a structured peer-learning experience. The *IPAL* workshop focuses on both teaching and learning of a specific psychomotor skill or in exposing students to important concepts which will broaden their professional capabilities. Under the guidance of faculty mentors, students of one profession (the peer teachers) demonstrate to, teach and/or coach students of another profession (the peer learners). Organized in a non-threatening, peer-to-peer environment, *IPAL* provides the peer learners an opportunity to learn about and practice a new skill, while giving peer teachers the opportunity practice their own communication skills (e.g. presentation, demonstration, teaching and coaching), another critical component of professional practice. *IPAL* workshops also offer students the opportunity to engage with and learn about each others' professions, and to discover those areas in which their professional scopes overlap.

This presentation will highlight the current literature on peer-assisted learning and will describe George Brown's early experience with *IPAL* workshops.

O74

How contact theory helps our understanding of the effects of interprofessional education

Jennifer Mohaupt (Conestoga College) Mary van Soeren (Canadian Health Care Innovations) Mary-Anne Andrusyszyn (University of Western Ontario) Kathleen MacMillan (Humber Institute of Technology and Advanced Learning) Sandra Devlin-Cop (Keenan Research Centre. Li Ka Shing Knowledge Institute of St. Michael's Hospital) Scott Reeves

Over the past 15 years, contact theory has provided a useful lens for understanding the effects interprofessional education (IPE) programs can have on learners. Simulation-based IPE initiatives to enhance students' understanding of professional roles, and promote positive attitudes toward team members have been widely adopted as one method to enhance interprofessional collaboration. Yet the impact of the timing of IPE and the duration of the education has not been studied. Therefore this study evaluated the effects of a one-day IPE simulation program for students in the final year of their respective programs. Five groups of students from: pharmacy technician; paramedicine; nursing; and occupational therapy assistant/physical therapy assistant (n=84) were recruited. The study employed a pre-post-test quasi-experimental design. The Interdisciplinary Education Perceptions Scale (IEPS) and Interprofessional Attitudes Questionnaire (IAQ) were used to evaluate the perceptions and attitudes students held about teamwork and interprofessional education. Contact theory was drawn on as a theoretical model to help understand the nature of the results.

Results suggested that the IPE simulation program met all of the criteria necessary to promote positive attitude change through intergroup contact. The results showed statistically

significant increases in positive attitudes in 3 of 4 sub-scales contained within the IEPS and all items in the IAQ. Differences between groups did not reach statistical significance. The results of this study provide further evidence supporting the use of one day workshop simulation formats as one key strategy to promote attitudes conducive to IPC through positive intergroup contact, as described by contact theory.

O75

Doing community based interprofessional education, research and practice from a critical perspective

Jennifer Paterson (Ryerson University) Jacqui Gingras (Ryerson University) Corinne Hart (Ryerson University)

These oral presentations will explore and discuss interprofessional education, research and practice from a critical community based perspective in a workshop format. Presenters are situated within a community based Faculty which include a variety of programs which vary in professional goals and interventions. The spectrum of Schools raises both challenges and possibilities for interprofessional education, practice and research. Given that some of our work does not emerge from a traditional clinical context, our scholarship challenges and disrupts existing notions of interprofessionalism and expands how IP is defined and practiced. Each presenter will explore these challenges and possibilities which will contribute to theory building, research and evaluation. Presenters will also initiate dialogue with conference attendees by offering critical questions emerging from critical theoretical perspectives to help shift notions of interprofessionalism.

O76

Research Outcomes and Future Directions for a Multi-Site IPE in Maternity Care Program

Filomena Meffe (St Michael's Hospital / University of Toronto) Catherine Moravac (St. Michael's Hospital) Anne Biringir (Mount Sinai Hospital) Nicolette Caccia (Humber River Regional Hospital / Hospital for Sick Children) Sherry Espin (Ryerson University / The Wilson Centre / Li Ka Shing Knowledge Institute) Jane Haywood-Farmer (Women's College Hospital / Toronto Public Health) Mary Sharpe (Ryerson University) Vicki Van Wagner (Ryerson University) Cathie Badeau (North York General Hospital) Andrea Levy (North Don Valley River Midwives) Andrea Hollingshead (Nork York General Hospital)

Acting on student feedback from a pilot IPE in maternity care program launched in 2009, we made revisions to our curriculum and offered it at three teaching hospitals in 2010. The program was designed for third/final year undergraduate students in nursing, midwifery and medicine. The development of the curriculum was influenced by the Babies Can't Wait Project, the Multidisciplinary Collaborative Primary Maternity Care Project, the National Birthing Initiative for Canada, the Framework for the Development of Interprofessional Education Values and Core Competencies for Pre-Professionals by the Office of IPE at the University of Toronto, and by

Curriculum Development for Medical Students: A Six Step Approach by Kern et al. John Hopkins University Press, 1998, among others.

Both quantitative and qualitative measures were used to evaluate the effectiveness of the program with respect to increases in student knowledge, enhancement of skills and/or improved attitudes and levels of motivation towards practicing collaborative care. Ongoing post-program interviews shed light on the impact of this educational program on practice. A summary of the findings will be shared including students' personal experiences related to participating in other interprofessional education programs as well as this one, and their recommendations for future iterations of our program including:

- an extended version of the program
- involvement of medical residents
- addressing challenges in the current workplace culture
- allowing more unstructured time for discussion and reflection
- increased 'in-class' experience with interprofessional decision-making
- more sharing of personal experiences by IPE faculty

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O77

Development and Psychometric Analysis of Dual Identity Scale

Hossein Khalili (PhD Candidate, The University of Western Ontario & Professor, Fanshawe College) Carole Orchard (RN, EdD, Associate Professor, The University of Western Ontario) Heather Laschinger (RN, PhD, Distinguished Professor, The University of Western Ontario) Randa Farah (PhD, Associate Professor, The University of Western Ontario)

The importance of socializing health program students in an interprofessional environment where health program students could develop a combination of professional and interprofessional perspectives in regards to patient-centred practice has been widely recognized. However, the current literature lacks an instrument that could measure this dual professional and interprofessional identity development.

As part of HK dissertation study, a Dual Identity Scale through the adaptation from two instruments: the Healthcare Stereotype Scale (Carpenter, 1995) and Multi-group Ethnic Identity Measure (MEIM) (Phinney, 1992) was developed. The adapted 32-item scale is developed to measure the development of dual professional and interprofessional identity among health program students/professionals. Dual professional and interprofessional identity refers to the extent to which health program students/professionals simultaneously view themselves as part of both their own profession and an interprofessional healthcare team.

Currently the testing of the scale including its reliability, content validity, and construct validity is being assessed. In this presentation, the theoretical basis of the scale, along with the results from its testing will be provided.

O78

Introducing a Model for Interprofessional Immersion in Global Settings

Jennifer Morton (University of New England)

Learning alongside teams of health professionals in preparation for service delivery is a critical component in all health care settings and cultures. Short-term transcultural Immersion programs represent a viable and important vehicle to; educate a variety of health professions students to health care as it is delivered in another culture. Additionally, these programs inspire cultural sensitivity, and personal resiliency while serving as mechanism to actualize interprofessional health professions collaboration in real time. The Model for Interprofessional Immersion in Global Settings (Morton 2010) represents a guiding framework predicated on a "brick and mortar" process that encompasses social, clinical and behavioral components (brick) coupled with constructs that include personal desire and value sets (mortar). Patients, health professions students, health professionals, and community health workers represent "bounty" through outcome measures inclusive of favorable patient outcomes and achievement of desired student learning. An urban community in Ghana, West Africa has represented the setting for a collaborative relationship between the University of New England, Westbrook College of Health Professions and Ghana Health Mission, Inc to actualize culturally attuned interprofessional services that include primary care, physical therapy, occupational therapy, social work, community health education, near vision screenings. Future research is aimed to test this model in various cultural settings with a cross section of interprofessional disciplines.

O79

The role of facilitation in interprofessional simulated learning

Lindsay Baker (Centre for Faculty Development, University of Toronto) Mary van Soeren (Humber Institute of Technology and Advanced Learning) Sandra Cop (Humber Institute of Technology and Advanced Learning) Kathleen MacMillan (Humber Institute of Technology and Advanced Learning) Eileen Egan-Lee (Centre for Faculty Development, University of Toronto) Scott Reeves (Centre for Faculty Development, University of Toronto)

Background

The use of simulation in health professions and interprofessional education (IPE) is increasing. Despite the widespread use of role play in IPE programs, there is little empirical evidence surrounding the facilitation of this type of simulation. This study provides a rare observed insight into the learning and teaching processes which underpin this type of interprofessional simulation.

Methods

A total of 152 clinical staff and 101 students, representing a range of health professions, participated in video recorded role plays. Videotapes were analyzed to explore emerging issues and themes related to teaching and learning processes within the interprofessional simulated learning environment. In addition, three focus groups were conducted with a subset of participants to explore perceptions of the learning experience. Triangulation of the observational and focus group data helped provide a more comprehensive understanding of the findings.

Findings

Our findings suggest that facilitators need to be mindful of a range of factors when using role plays in an interprofessional context and point to the importance of deliberate and skilled facilitation in meeting desired learning outcomes. Specifically, four key themes emerged from the data analysis: value of interprofessional simulation, professional role fidelity, scenario fidelity, and facilitation style.

Discussion/Conclusions

This study provides insight into the processes of interprofessional learning and teaching in a simulated environment. Care is needed when using role play in an interprofessional program to help inform decisions about how the role play will run, which scenarios to use, which professions to involve, the assignment of professional roles, and aspects relating to debriefing.

O80

EXPLORING SURGE CAPACITY CREATION STRATEGIES IN AN INTERPROFESSIONAL CONTEXT: IDEAS@WORK

Merritt Burstein (Centennial College) Lynda Atack (Centennial College) Susan Woollard (North York General Hospital)

Inadequate preparedness in surge capacity is cited as a main reason for not being 'disaster ready.' (Institute of Medicine, 2007) Challenges to in-service training in the health sector are well known. (Reeves, Goldman & Oandasan, 2007)

The workshop objective is to stimulate collaborative thinking about the organizational culture needed to train working health professionals in creating sustainable surge capacity.

IDEAS@WORK integrates a comprehensive evaluation of interprofessional surge capacity building, testing 3 delivery options: on-line course, in-person tabletop and multi-player internet game. Analysis of pre- and post surge capacity and interprofessional care skills, as well as participant satisfaction in each of the activities are reported.

72 staff from 5 Toronto area health facilities completed the activities, pre- and post-activity competency and learner satisfaction surveys. Overall mean course competency in the online course increased from 40 to 61%; surge capacity scores increased from 3.8 to 6.9 out of 10, significant at $p < .0001$. The majority of table-top participants agreed that the collaborative environment helped build individual and organizational surge capacity. Participants in the e-simulation recommended this activity to build surge capacity skills.

Participants will be offered a short demonstration of the table-top exercise and engaged in reflection and discussion on challenges and best practices for integrating different IPE delivery options in the workplace.

O81

Exploring the longer-term outcomes of an IPE Faculty/Staff Development Program

Karen Leslie (Centre for Faculty Development, Faculty of Medicine UofT at St. Michael's Hospital) Eileen Egan-Lee (Centre for Faculty Development, Faculty of Medicine UofT at St. Michael's Hospital) Lindsay Baker (Centre for Faculty Development, Faculty of Medicine UofT at

St. Michael's Hospital) Martine Andrews (St. Michael's Hospital) Paula Burns (Michener Institute for Applied Health Sciences) Denyse Richardson (Toronto Rehabilitation Institute) Jill Shaver (B. J. Shaver Consulting Inc.) Brian Simmons (Sunnybrook Health Sciences Centre) Susan Wagner (University of Toronto) Ivan Silver (Continuing Education and Professional Development, University of Toronto) Scott Reeves (Centre for Faculty Development; Keenan Research Centre, Li Ka Shing Knowledge Institute)

Background

Effective interprofessional education (IPE) is seen as key to enhancing collaboration and patient care. However, there has been little attention paid to preparing faculty to deliver this form of education or evaluating their effects over time. A blended methods faculty development (FD) program was developed to expand the cohort of educators able to develop, implement and evaluate IPE.

Summary of Work

A case study approach was adopted to explore the processes and outcomes from this program. Thirty-one learners representing 14 health professions participated in this study. Data collection included interviews, observations of online discussions, and quantitative tracking of online interactions over a one-year period. Qualitative data were analyzed to explore emerging issues and themes. Quantitative data were compiled and analyzed and descriptive statistics were explored.

Summary of Results

The presentation focuses on the interview data conducted one year post program. They reveal aspects of the program that were beneficial to participants' success in delivering IPE programs, as well as barriers they encountered. The findings also suggest that while the blended learning approach helped to increase collaboration during the program, this sense of community did not endure after one year. Findings will be discussed in relation to the interprofessional education and faculty development literature.

Conclusion

This study offered a rare understanding of the longer-term outcomes related to the delivery of an IPE FD program as well as issues which may enable or impede faculty in developing their own IPE initiatives.

O82

Health care disciplines and their respective students: A preliminary five-factor tool for assessing interprofessional attitudes, knowledge, and skills

Bob Chaudhuri (Northern Ontario School of Medicine) Sheila Macintosh (Northern Ontario School of Medicine) Bruce Weaver (Northern Ontario School of Medicine)

Author 2 (Sheila Macintosh) received a summer studentship grant from the Heart and Stroke Foundation of Ontario.

Optimal patient-centred care is driven by a collaborative effort between health care professionals from different disciplines. Maximizing this effort involves identifying factors which

enable or impede interprofessional collaboration (IPC). In this pilot study, a 29-item survey was used to assess IPC attributes in 419 subjects. Participants included health care professionals in Medicine and Non-Medicine disciplines, along with their respective students. In the initial principal factor analysis, Cattell's scree test uncovered five distinct factors. Subsequent analyses of the item clusters revealed the five factors were Communications, Observations, Interactions, Roles, and Professional Identity.

Analysis of variance was conducted on the factor scores for each of the five factors. We found that status (student or non-student) was a significant main effect for Communications and was part of a significant interaction effect between status and discipline (medicine or non-medicine). Observations revealed a main effect with respect to discipline, while Interactions showed no significant main effects or interactions. Roles was significant for discipline as a main effect and also showed interaction effects for status by discipline and status by discipline by sex. Professional Identity showed main effects by discipline and interaction effects with status by discipline.

That discipline was a thematic recurrence should not be surprising considering the IPC literature regarding role socialization, power asymmetry, and communication. Limitations to this study include survey item specificity and modifying the items for increased sensitivity, for example. With further refinement, this survey could be helpful in shaping more meaningful IPC discussions with policy makers and academic institutions.

O83

A Framework to Support Interprofessional Collaboration in Stroke Care

Catherine Donnelly (School of Rehabilitation Therapy, Queen's University) Sue Saulnier (Southeastern Ontario Stroke Strategy, Kingston General Hospital) Anne O'Riordan (Office of Interprofessional Education and Practice, Queen's University) Caryn Manthorpe (Quinte Health Care) Nancy Jones (Southeastern Ontario Stroke Strategy, Kingston General Hospital)

Background

Positive interprofessional team functioning has been linked to enhanced patient outcomes in stroke rehabilitation. However it is recognized that interprofessional collaboration (IPC) is complex and requires support and commitment from both the team and management. A framework to support IPC collaboration was developed for six stroke teams in Southeastern Ontario to enhance their focus on providing integrated patient-centred care.

Methods

Six stroke teams participated in an IPC continuous improvement process. All teams attended a one day workshop on IPC. The Collaborative Practice Assessment Tool (CPAT) (Paterson, In Press) was administered before the IPC workshop to facilitate the identification of IPC goals and action plans and again three months post workshop to identify improvements in team functioning. Individual team follow-up workshops were held to re-evaluate IPC goals and action plans and identify new IPC goals.

Results

Teams identified IPC goals in the areas of: 1) communication, 2) role clarity and 3) team process. CPAT results demonstrated improvements across the nine domains of team collaboration. All teams completed their IPC goals and identified 1 or 2 new goals with related action plans. Teams also identified the need to further develop skills and knowledge with regard to conflict management, group facilitation and interpersonal interaction.

Conclusions

A framework to support IPC involves an ongoing process of education, assessment of team collaboration and identification of goals and action plans. An evolving framework of professional development and support is needed if teams are to develop, maintain and ensure a patient-centred, collaborative approach to the care they provide.

WORKSHOP PRESENTATIONS

W01

Facilitation Skills for Experiential Teaching: Engaging the Learner

Kerry Knickle (University of Toronto) Nancy McNaughton (University of Toronto)

BACKGROUND

What kind of facilitation challenges face the educator today? In view of learners' diverse frames of reference, opinions and approaches to common problems, how do we foster shared perspective and productive dialogue with our students and colleagues?

The principles of adult learning situate the learner as an autonomous thinker with individual perceptions and world view, motivated to engage in theoretical and practical learning

This 3 hour experiential workshop is an invitation to those interested in developing their facilitation skills and learning more about the art and science of large and small group facilitation in an experiential learning environment.

CONTENT This practical hands-on workshop provides opportunities to explore the challenges and fears that professional educators face in experiential learning environments. Effective facilitation skills are broadly applicable across all practical learning contexts that include high tech virtual and live simulation encounters.

Interactive exercises, feedback and facilitated discussion are designed to encourage participants as they reflect on and practice effective facilitation approaches that optimize the learner experience. Live simulation will stimulate discussion and shared problem-solving around difficult teaching.

Participants will have an opportunity to:

- Reflect on their current teaching style and approach.
- Compare and discuss the challenging learner issues.
- Review and model useful facilitation techniques and communication strategies.

- Facilitate or observe a simulated teaching session to maximize group learning.
- Actively engage in group problem solving exercises.

STRUCTURAL METHODS We will use interactive and experiential activities in large and small groups. These include:

- Integrating adult learning principles with facilitation practice
- Interactive exercises which promote reflection and exchange of ideas
- Problem solving exercises
- Voluntary participation and facilitated feedback
- Question and answer opportunities

This session is intended for professional practitioners, faculty and educators across health care disciplines who are interested in the educational challenges associated with facilitation within their professional settings. The workshop will be useful and accessible to participants from beginner through to advanced levels.

Key words: Facilitation, modeling, communication

W02

Circles of Care: A novel Approach to Interprofessional Education

Colin Meyer Macaulay (UWO) Sarit Khimdas (UWO) Akshay Shetty (UWO) Chandheeb Rajakumar (UWO) Neeraj Patel (UWO) Sunny Sheshgiri (UWO) Cal Shapiro (UWO)

More and more, collaborative teams of multidisciplinary professionals make up the mainstay of clinical practice in Ontario. Unfortunately professional education is often narrowly focused and “interprofessionalism” is taught through didactic lectures. Our team took advantage of a unique opportunity presented by the UWO office of Interprofessional Health Education and Research (IPHER) to develop a novel approach to interprofessional education (IPE). With the help of a generous grant from IPHER we developed an innovative educational tool: “*Circles of Care*”, a board game playable by up to four teams of two or more players each. The game combines factual knowledge of various health professional roles with tasks that emphasize team building, communication and inter-personal skills. We designed “*Circles of Care*” to be an informal, creative teaching tool for professionals at any stage of their training or career. It is case based, and presents patients in a holistic and multi-dimensional context. Additionally, we were able to integrate input from over 20 multidisciplinary professionals with our own research from currently available literature. As a result, we have developed a question and answer key that accurately illustrates the spectrum of clinical practices and resources available in our health care system today. We informally presented a prototype version of the game at the Ontario IPE conference in 2010, and received modest feedback. It is our intention to formally present our finished product at IPE Ontario 2011, receive feedback and encourage the use of ‘Circles of Care’ as an IPE tool across Ontario health education institutions.

W03

Advancing Competence in Interprofessional Care: Charter on Expectation and Commitments for Ontario

*Jan Robinson (College of Physiotherapist of Ontario) Ivy Oandasan (University of Toronto)
Carmela Bosco (CBR Consulting)*

*In 2009, the Core Competency Working Group (CCWG), a subcommittee of the Ontario Ministry of Health's Interprofessional Care Steering Implementation Committee was created to articulate the competencies and values needed for all health caregivers to teach and practise interprofessional care. Taking its direction from the *IPC Blueprint for Action* the CCWG created a Charter for use among patients, educators, healthcare practitioners, and leaders in the province. This workshop will share the resources developed by the CCWG and present the Charter to participants, exploring ways in which the Charter can be used to advance IPE and IPC in Ontario. The CCWG developed a multi-stakeholder engagement plan to gain an understanding of what health care professionals do when they successfully practice interprofessional care. Drawing upon Appreciative Inquiry, an engagement process with stakeholders was developed that included 18 key informant interviews, 10 focus groups (including 28 patients, 19 caregivers, and 49 leaders) and a Healthcare Leadership Summit. This extensive process helped shape and validate the Charter to advance Competence in Interprofessional Care in Ontario. Released in June 2010 the Charter is accompanied by a resource guide. This workshop will highlight the video vignettes, patient and provider survey tools and engage participants in a roundtable discussion to explore further opportunities for the Charter's utilisation. By the end of the workshop participants can expect to have a clear understanding of how the Charter was created in order to be confident in using it within their own settings as a key resource to advance IPE and IPC in Ontario.*

W04

Sustainable IPE: Embracing Educational Technology

This workshop welcomes participants who are planning Interprofessional Education initiatives that need to be sustainable. Throughout the workshop participants will be encouraged to be actively involved in dialogue with each other and with the presenting faculty members. The presenters will share their experience planning a conflict IPE event for 400 medical, nursing and social work students which generated conflict. A number of planning committee members resisted change and argued to retain the successful but expensive format of previous years. Other members presented sound pedagogical and financial reasons to shift to using educational technology to create a sustainable format. In the end, a decision was made to embrace educational technology and a short video was created and burned onto DVDs providing each small IPE group with the same conflict video. The presenters will provide faculty and student feedback on the educational technology format and then facilitate an open discussion about the value of educational technology. Challenges, rewards and the impact of educational technology on sustainable IPE initiatives in the future will be considered. Participants will be encouraged to adopt educational technology in future IPE initiatives and to choose one educational technology to explore following the workshop. At the completion of the workshop participants will be able to identify key strengths of integrating educational technology into IPE initiatives to promote sustainability.

W05

The Interprofessional Twitterverse: Practical Applications for Social Media in Health

Andrea Burton (Canadian Interprofessional Health Collaborative) Sean Cranbury (Canadian Interprofessional Health Collaborative) John Gilbert (Canadian Interprofessional Health Collaborative) Kamini Kalia (Canadian Interprofessional Health Collaborative)

The way we receive, share and impart information continues to change in our highly technological world. In 2009, the Canadian Interprofessional Health Collaborative took steps towards becoming one of the first health-based organizations to venture into the world of social media. Since then, the organization has overcome some challenges, learned some 'dos' and 'don'ts', created a series of 'how to' manuals and documents, and most importantly, succeeded in creating a solid social media network, engaging hundreds of individuals previously not involved in IPE/CP. In just over a year, we have developed a growing and thriving internet community and are now sought out by other healthcare organizations to provide advice on how to successfully develop, deploy and grow a social media platform.

How did we do it? What has worked and what has flopped? How can we help you, and your organization, tap into this vast resource?

In this workshop you will:

- 1) Gain a solid understanding of social media
- 2) Watch a live #IPChat occur
- 3) Learn how our social media techniques have become a key measure in understanding CIHC's impact on the practice community and a large part of our long-term sustainability plan.
- 3) Hear about our successes and failures in social media
- 3) Take our 'social media awareness' survey to get a sense of how ready your own organization is to delve into the social media pool
- 4) Begin developing your own social media strategy based on your preparedness level.

W06

Toward a Philosophy of Education for Inter-professional Health Education and Practice

Peggy O'Neil (University of Western Ontario)

Current research in the field of Inter-professional Education and Practice (IPE/P) reveals that there is a need for further theoretical advancements (Reeves 2010, Clark 2006) and there is some interest in moving IPE/P into mainstream education and practice settings. Inspired by this, I conducted my own initial review of the literature using a Humanities lens seeking to isolate aspects of a philosophy of education for IPE/P which would take account of clearly articulated values/virtues with their supporting evidence and sketch elements of the curriculum content and instructional methods to advance these. Some preliminary observations include the following: a) the IPE/P practitioner skills that were identified are primarily grounded in the organizational literature (e.g. teamwork, decision-making, culture) which may be overly limited and not fully commensurate with the complex extra - and inter-organizational political, policy and practical context in which IPE/P is to function, b) the virtues of democracy, human rights,

justice, morality, ethics, equality, freedom are deeply embedded in the commitments of IPE/P although the implications are not teased out explicitly in the literature, and c) while appropriate, education theories and methods for IPE/P are identified as being adult education, reflective practice and experiential learning, however a cohesive, over-arching framework within which to organize, structure and facilitate the execution of these in IPE/P has yet to be developed. I propose to further investigate these issues, drawing theoretically on contributors to liberal education. I will use Frankena's (1966) model as a methodological framework for developing an education philosophy which could be applied to three data sources, namely: i) the existing IPE/P literature, ii) the historical and current narratives of virtues in health professions such as those embedded in traditional oaths/ceremonies and the current professional codes of ethics, and iii) the espoused perspectives of various health professions across the policy, education and practice settings. My aim will be to present a comprehensive philosophic analysis of IPE/P which will embody a clearly articulated philosophy for it. The purpose of this workshop is to introduce these concepts and initiate a discussion around its merits and limits.

W07

Creativity and Innovation in InterProfessional Shared Learning

*Shelley Cohen Konrad (University of New England) Clay Graybeal (University of New England)
Cathy Plourde (University of New England)*

This workshop describes and demonstrates the use of theater, simulation, and experiential learning methods to teach interprofessional competencies to health professions students. The University of New England's College of Health Professions uses shared learning activities for orientations, ethics seminars, and case conferences, positioning critical healthcare issues as focal points to address communication, cultural competence and teamwork. Programming has included professional actors, multi-media, visual artists, and readers' theater. Evaluations from students has indicated that they highly value arts-based and interactive opportunities to better understand the roles and perspectives of other health professions. We believe these inventive shared learning models encourage reflection and critical thinking and enhance professional skill development and thus show promise as effective interprofessional health education methods. Important insights and directions for future interprofessional learning experiences, including those in clinical-community settings, will be discussed. Presenters include members of the colleges administration, faculty and theater arts.

W08

Canadian Interprofessional Health Collaborative Research Network

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CIHC-Research Network Working group (CIHC-ResearchNet) is a Sub-Committee of the Canadian Interprofessional Health Collaborative (CIHC) Research and Evaluation (R&E) Committee. The purpose of CIHC-ResearchNet is to create an interprofessional health research network among and between Canadian health program students, faculty/educators, researchers, clinicians/practitioners, administrators, and organizational leaders who are conducting research studies encompassing interprofessionality. This network through our website (to be developed) will create an environment for interaction and collaboration on a daily basis among our members. In this role, CIHC-ResearchNet acts as a developer, supporter, facilitator, knowledge disseminator/broker, a discussion forum, and a resource for information on best practices for IPE and IPP.

In this presentation, as a workshop, the initial strategic plan, goals/objectives, and the approaches of the CIHC-ResearchNET Working Group to develop the research network will be discussed with the participants. Then, the results of CIHC-ResearchNet survey will be presented.

W09

From case-based to story-based: an exploration of the use of narrative methods to promote interprofessional learning through dialogue

*Karen Gold (Women's College hospital) Mandy Lowe (Toronto Rehab Institute / Centre for IPE)
Patti McGillicuddy (University Health Network)*

There is growing interest in the use of the humanities, including narrative methods, in health care training and education. According to Dr. Rita Charon, narrative methods help build capacity for *attention, reflection, representation, and affiliation* with both patients and colleagues which can enhance professionalism , nurture clinical communities and reveal meaning in practice. While case-based methods are an effective teaching strategy for promoting interprofessional collaboration, narrative methods may offer an alternative, and uniquely innovative, strategy for promoting interprofessional collaboration through meaningful dialogue and reflection.

This workshop will explore the use of narrative methods in promoting interprofessional learning and dialogue using ethical issues in professional practice as a sample area of discussion. Drawing on the rich history of narrative and drama as tools for communication, we will focus specifically on the use of 'medical reader's theatre' (sometimes referred to as 'theatre of the mind') as an accessible and engaging way to stimulate interprofessional dialogue and conversation about ethical issues in practice. This interactive workshop will include didactic material, a demonstration of readers' theatre using a health care narrative and opportunities to reflect on the implications of this teaching strategy for interprofessional teaching and learning.

Format for the workshop is as follows: (1) Introduction & context including IPE and IPC competencies (i.e. communication, perspective taking) ; use of narrative methods in health care teaching and practice (2) Demonstration and discussion of readers' theatre as a teaching strategy including reading of a dramatic script with facilitated discussion (3) Debrief and reflection on implications for teaching practice and interprofessional learning as well as adaptations to specific settings

W10

Learning Together with Cases: novel use of a social network as a platform for IPE

Lindsay Davidson (Queen's University) Loretta Walz (Queen's University) Jennifer Smart (Queen's University) Catherine Donnelly (Queen's University) Lisa Keeping-Burke (Queen's University)

Interprofessional education (IPE) is rapidly becoming a core requirement of institutions involved in the training of health care professionals. Despite growing acceptance of this approach, implementation has been hampered by challenges associated with finding common physical, philosophical and curricular spaces. We describe an 18-month pilot project employing a web-based platform (www.learningwithcases.com) with social networking capability as a foundation for IPE. The story of our project speaks to the potential of technology to help create the relationships and synergies necessary for effective and foundational instructional change. We advance the hypothesis that genuine collaboration at the faculty level is the first step in the development of a robust approach to IPE and present examples from our experiences of Interprofessional case development. The workshop will include opportunities for participants to collaborate on the development of a demonstration case using the Learning Together with Cases site.

W11

Politics, Bureaucracy and a Reality Check: Is IPE a Permanent Part of Policy Planning?

Andrea Burton (Canadian Interprofessional Health Collaborative) John Gilbert (Canadian Interprofessional Health Collaborative) Sean Cranbury (Canadian Interprofessional Health Collaborative)

Most of us who work within the interprofessional education (IPE)/collaborative practice (CP) field have heard the questions. Is IPE/CP really a long-lasting, government-supported change to practice and education, or are governments turning their attention to other priority issues? After nearly 50 years of discussion, how far have we actually come in realizing and actualizing the benefits of IPE/CP? Are we gaining or losing political momentum? Are we appropriately advocating for greater implementation in the health and education systems? What is the current status of IPE/CP in each province? Which provinces are moving forward and which are struggling? What should our next moves be to move IPE/CP forward locally, regionally, provincially and federally?

This workshop will explore some of these questions, bringing together some of CIHC's key leaders and engaging participants in an informal focus group.

This workshop will:

- 1) Engage participants in honest, interactive discussion with policymakers and IPE/CP leaders.

- 2) Be recorded, transcribed and published on the CIHC website as a continuation of the five focus groups that were held with policymakers in 2008 (Toronto, St. John's, Winnipeg, Saskatoon, Vancouver). The original report can be found at <http://tinyurl.com/2ejgcfx>.
- 3) Kickstart 'The Policy Forum' – a CIHC initiative which will use new technology to bring together policymakers and decision-makers from across Canada once a month to discuss key IPE/CP issues. Transcripts from these discussions will be regularly posted on the CIHC website to provide insight into what policymakers are thinking about and working on.
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W12

IP-COMPASS: A tool to enhance preparedness for Interprofessional education

Ivy Oandasan (University of Toronto) Kathryn Parker (The Hospital for Sick Children)

Grant from HealthForce Ontario.

Organizational culture is a strong force. The underlying culture of a clinical setting can make it easy to deliver interprofessional education, or it can sabotage it completely. In most Canadian clinical settings, some aspects of the organizational culture are supportive of interprofessional education, while other aspects undermine it. One way of improving the success of interprofessional education efforts is to understand one's organizational culture, so that organizations can begin to make it more conducive to interprofessional learning.

IP-COMPASS (Interprofessional Collaborative Organization Map and Preparedness Assessment) provides a tool for understanding organizational culture as it relates to interprofessional education. It is a guided self-assessment framework for organizations interested in or provide intentional interprofessional learning activities for students. Born from primary and secondary research on successful interprofessional learning, the framework provides a structured process to help providers of IPE understand the types of organizational values, structures, processes, practices and behaviours that, when aligned, can create an environment that is conducive to interprofessional learning. By strengthening these things, organizations can help to grow a generation of health care professionals who understand and value collaboration as a key to the delivery of quality care.

This workshop will provide participants with a brief overview of the genesis of the tool as well as the process used to develop and test the IP COMPASS. Participants will then be given the opportunity to apply the COMPASS tool to their organizational context. By the end of this workshop, participants will be able to:

- 1 Describe the components of the cultural alignment framework
- 2 Determine how the IPCOMPASS tool can be applied within their organizational context.
3. Describe the utility of the tool and recommend how this tool can be transported to other learning environments.

The creation of this tool was made possible by a grant from HealthForce Ontario.

W13

A pilot study exploring Interprofessional attitudes, knowledge, and skills between students and non-students in the health care disciplines -- a preliminary five-factor model

Bob Chaudhuri (Northern Ontario School of Medicine) Sheila Macintosh (Northern Ontario School of Medicine) Bruce Weaver (Northern Ontario School of Medicine) David Harris (Northern Ontario School of Medicine)

Sheila Macintosh worked on a summer studentship from the Heart and Stroke Foundation of Ontario.

Interprofessional Education and Collaboration (IP) is important in terms of patient-centred care and educating future health care professionals. In this pilot study we used a 29-item survey tool to examine IP attributes and analyse the effects and interactions in both students and non-students (status) in the health care disciplines (medicine and non-medicine). 419 participants took part in the study. In the initial principal factor analysis, Cattell's scree test uncovered five distinct factors. Subsequent analyses of the item clusters revealed the five factors were Communications, Observations, Interactions, Roles, and Professional Identity.

Analysis of variance was conducted on the factor scores for each of the five factors. We found that status was a significant main effect for Communications and was part of a significant interaction effect between status and discipline. Observations revealed a main effect with respect to discipline, while Interactions showed no significant main effects or interactions. Roles was significant for discipline as a main effect and also showed interaction effects for status by discipline and status by discipline by sex. Professional Identity showed main effects by discipline and interaction effects with status by discipline.

That discipline seemed to be a thematic recurrence should not be surprising considering the IP literature regarding role socialization, power asymmetry and communication. Limitations to this study include survey item specificity and modifying items to be more sensitive for each factor. With refinement, this tool could be used to help create a more meaningful IP dialogue with policy makers and academic institutions.

W14

Promoting Family Centred Care to Students Through an Interprofessional Education Experience

Teresa Carter (McMaster University) Patty Solomon (McMaster University) Marilyn Swinton (McMaster University) Eileen Hanna (McMaster University) Ruth Scofield (McMaster University) Eric Staples (McMaster University)

Grant support Centre for Leadership in Learning at McMaster University

Interprofessional education is a new component to undergraduate training that involves the exchange of knowledge and skills between students from different disciplines and emphasises the need for collaborative teamwork to facilitate comprehensive and co-ordinated patient treatment plans.

Our objective was to evaluate a clinically based interprofessional learning model developed to facilitate health science students' understanding of collaborative team functioning in the context of family centered service. The clinical component involved observing multidisciplinary assessments of children with disabilities at an OACRS centre which provided a unique opportunity for students to observe family-centered practice in a tutorial setting and then discuss the experience with a faculty facilitator.

We evaluated the model with open-ended questionnaires (pre and post tutorial) and focus groups with the students after the tutorials. Key themes from the evaluation data include: roles of healthcare professionals, assessment skills for children with disabilities, and the importance of interprofessional collaboration. The goals of this workshop are to:

1. Introduce the model
2. Present findings from our evaluation of the model
3. Have an interactive discussion about promoting family-centered care and interprofessional education to students

With evidence that family centered service leads to improved outcomes for children and families (King 2004) and predictions that interprofessional education for Canadian students will become more common in the next few years (Barr et al. 2005) we feel that this model of engaging students will be of interest to educators.

W15

Experiencing Rural Interprofessional Collaboration (ERIC): Exploring the Diversity of Learning Situations in Small Communities

Sue Berry (Northern Ontario School of Medicine) Mary Lou Kelley (Lakehead University) Nicole Ranger (Northern Ontario School of Medicine) Alesha Gaudet (Lakehead University) Marie Parkkari (Northern Ontario School of Medicine) Siobhan Farrell (Northern Ontario School of Medicine) Lise Arseneau (Lakehead University) Lynne Sihvonon (Northern School of Medicine) Holly Rupert (Northern Ontario School of Medicine)

A guided approach in preparing clinical teachers and health professional learners for interprofessional learning in northern and rural communities is the focus of the Northern Ontario School of Medicine's community-engaged health professional education. Using community engagement and re-engagement processes has enhanced a wide diversity of interprofessional initiatives for learners, clinical teachers, practitioners, and the faculty. This interactive workshop will offer participants the ability to discuss the community engagement and re-engagement model, determine the necessary factors of rural community readiness for interprofessional (IP) experiences for health professional learners, explore a framework for developing interprofessional competencies in the context of rural practice and learning and social accountability, and discuss common IP elements across rural communities provincially and nationally. As a focus of discussion, this workshop will use data analyzed through a research initiative identifying rural interprofessional competencies from a multi-pronged methodology approach. Preliminary qualitative and quantitative findings will be used to discuss rural health care team practice from four different perspectives: the individual perspective of the health

professional clinical teachers, the students, the broader organization level, and the local health care system level.

This workshop will appeal to academics, practitioners, and students holding interests in interprofessionalism in the context of rural health care and the preparation of graduates with the appropriate interprofessional skills to practice confidently and competently in rural community settings. Taking a community-engaged approach offers a rich source of data for developing, refining, and re-defining curricula.

W16

Bridges to Care

Susanne Murphy (Queen's University, School of Rehabilitation Therapy) Dr. John Puxty (The Centre for Studies in Aging and Health at Providence Care) Rosemary Brander (The Centre for Studies in Aging and Health at Providence Care) Deanna Abbott-McNeil (The Centre for Studies in Aging and Health at Providence Care) Dr. David Barber (Queen's University, Department of Family Medicine)

This interprofessional quality improvement project, funded by *HealthForceOntario*, was aimed at improving evidence-based knowledge-to-practice resources for clinicians within Long Term Care. Over 18 months the Centre for Studies in Aging and Health at Providence Care partnered with organizations in Kingston, Ottawa and Thunder Bay to improve the care and quality of life for residents and improve satisfaction and quality of work life for caregivers. This initiative evolved into a collaborative resident-centred model whereby teams engaged in a quality improvement process that positively impacted care and practice. Interprofessional educational modules following a quality improvement framework in a collaborative learning environment were developed and offered, focusing on the most relevant care issues, as identified by Long Term Care homes. The materials including care plan, decision-supports and communication-collaboration aids were specifically targeted for interprofessional practice in LTC and built upon existing resources available, evidence and best practice guidelines. This was a participative action research strategy, using a mixed methods evaluation to determine success in identified outcomes. The model which was piloted in six sites has demonstrated success in terms of engaging and empowering team members and creating an environment supportive of adult learning and collaborative practice. Sustainability has been demonstrated through continued local and provincial support and spread of this initiative with additional funding at partner sites.

W17

How to Achieve Useful Assessment in Interprofessional Education

Brian S. Simmons (Sunnybrook Health Sciences Centre & University of Toronto) Susan J. Wagner (University of Toronto) Ann Jeffries (Mount Sinai Hospital & University of Toronto) Scott Reeves (University of Toronto & St. Michael's Hospital)

Background: Interprofessional education (IPE) is a high priority for governments and health science education providers. Such education and learning should promote collaborative practices, prepare learners for effective team-working and improve relational-centered care. Nonetheless, work is still necessary to define appropriate assessment and evaluation methods and standards in IPE.

Intended outcomes: Research suggests that improved patient/client outcomes in IPE can be achieved by engaging in interprofessional learning and education. The use of appropriate assessment and evaluation methods will be critical to determine if learning has occurred. In this session, participants will develop an understanding of useful assessment in IPE, focusing on different methodologies and on the development of an IPE assessment blueprint framework. Van der Vleuten's utility framework, which incorporates reliability, validity, feasibility and educational impact, will be used as the basis for the format of this workshop to determine how useful assessment of IPE can be in determining what standards should be set.

Structure: A combination of didactic presentations and interactive small group discussion with practical examples will be employed to address:

- The importance of assessment in IPE
- When assessment in IPE should be undertaken
- What assessment methods may be useful in IPE
- How to determine the usefulness or utility of assessment tools by understanding reliability, validity, educational impact and feasibility
- Progression of IPE from novice to expert in determining standards in IPE

Intended Audience: Health care providers of all levels interested in IPE assessment and evaluation.

W18

When Institutional Silos Work Together, Change Can Happen!

Edward Bader (Working With Families Institute and Social Services Network) Jacqueline Whittingham (Working With Families Institute and Hasting & Prince Edward Counties Health Unit)

In the Early Years Study Fraser Mustard and Margaret McCain envisioned a system of early child development and parenting centres to support children and their parents "from conception to formal school entry". This study contains an unexpected criticism – "Ontario has what are commonly known as service 'silos' in government. Community service providers and children's services organizations concerned about the early years have been lamenting for years about the barriers within and among sectors like health care, education and social services." There is a need to develop partnerships between Fraser Mustard's three "silos" to assist new parents to deal with the stresses they experience, especially increasing depression in both mothers and fathers.

Social Services Network (SSN) and Addiction Services for York Region (ASYR) linked with two experienced Interprofessional Educators (IPE) from the Working With Families Institute (WWFI), to expand Mental Health services to multicultural families in York Region. They began by

forming The York Region Interprofessional Team consisting of members from SSN, ASYR, WWFI and the Lead Physician of Thornhill Village Family Health Network. This team created a strategy for assisting parents from the multicultural communities giving birth in a new land by utilizing a family literacy model in which the two agencies will offer adult education programs to extended families that care for preschool children. The WWFI members will then link these courses to the family health teams, networks and group practices in York Region by inviting their patients from the multicultural communities to attend without any cost to the patients.

Disclosure:

There is no financial relationship or commercial sponsorship in this presentation.

Objective:

Participants will learn and discuss how the York Region Interprofessional Team developed a strategy to develop the gap between Ontario's Healthcare System and its multicultural families.