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Interprofessional Education and Training in Canada –
Investments and Innovations

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Abstract

In Canada, during the last decade, federal, provincial and territorial governments and regional health authorities have invested in collaborative patient-centred care as a foundational element for health care reform. Numerous innovative projects in interprofessional education (IPE) have emerged across the country with a major focus at the pre-licensure level. A National Competency Framework is now being used a foundation for curricula. Centres for the advancement of IPE have been established in most universities with a medical program. In addition, accreditation organizations have been supported to work on the development and implementation of standards for IPE. However, there has been less attention paid at the practice level to ensure that clinical teachers are modeling collaborative practice and able to teach these competencies. There also is concern that in order to maintain momentum and assure sustainability, there is a need to improve policy congruence between ministries of Health and Advanced Education and invest in research to better understand IPE processes and the link to patient outcomes.

Background

In Canada, during the last decade, federal, provincial and territorial governments and regional health authorities have invested in collaborative patient-centred care as a foundational element for health care reform¹. This change is driven by emerging evidence from the patient safety literature that lack of communication and collaboration between health providers leads to duplication and inefficiencies in service delivery and errors that can harm patients². In addition, the increasing burden of chronic disease in the Canadian population is straining health care resources and pressuring the system to re-organise in order to better meet this need³. Interprofessional Collaborative Practice (IPC) has been viewed as part of the solution to the predicted health human resources (HHR) shortfalls while at the same time improving health care outcomes⁴. In response to these assertions, the federal government has invested in a number of projects that have at their core IPC. In 2000, the First Ministers' Agreement earmarked \$800 million for the Primary Health Care Transition Fund⁵ with the requirement that a major proportion of funded programs involve professionals from a variety of disciplines. In 2002, the Romanow Commission⁶ on the Future of Health Care in Canada, made the statement that "In view of changing trends, corresponding changes must be made in the way health care providers are educated and trained. If health care providers are expected to work together and share expertise in a team

environment, it makes sense that their education and training should prepare them for this type of working arrangement”.

Interprofessional Education for Collaborative Patient-Centred Practice⁷ was a key initiative under Health Canada’s Pan-Canadian Health Human Resource Strategy emerging from the Health Accord in 2003. Between 2004 and 2008, Health Canada (the federal Ministry of Health) funded 20 projects across the country to produce evidence in support of the relationship between IPE, IPC and patient outcomes. The 20 projects ascertained that Interprofessional Education (IPE) is generally well received by students and staff, tends to result in more positive attitudes towards other professions and enhances IPC knowledge and skills⁸. However, the ultimate impact of IPE on patients and the health care system still needs to be further examined⁹.

This paper will present information on investments and innovations in IPE in Canada and conclude with needed actions to ensure that the momentum is maintained and sustainability assured.

Investments and Innovations

As stated above, Health Canada has supported a number of innovative projects to advance IPC and IPE in Canada. In addition to funding the IECPCP projects, it has provided funding for the Canadian Interprofessional Health Collaborative (CIHC)¹⁰ whose main function has been to convene various groups to create summary reports on curriculum, evaluation tools and research findings. The CIHC website hosts a library of articles¹¹ and resources that are accessible to all members (membership is free). Of particular importance was the elaboration of a National Competency Framework for Collaborative Practice¹² by a subgroup of educators from CIHC, that was based on a number of other IP frameworks. This seminal work has been used extensively by educators, clinical organizations and policy makers to develop local programs and policy statements on collaborative practice and interprofessional education. Recently, CIHC’s “Mainstream” activities have targeted the practice community to engage practitioners and clinical teachers on issues related to practice and have used a variety of means including social media.

Recognizing the need to have a “multi-pronged” approach, Health Canada has funded other projects to support the IPC/IPE movement. The Accreditation for Interprofessional Health Education (AIPHE) initiative brought eight health program accreditation bodies together to develop principles and exemplar accreditations standards for IPE^{13, 14}. In this initiative, Medicine (undergraduate and postgraduate), Nursing, Social Work, Physical Therapy, Occupational Therapy, and Pharmacy have worked together since 2007 and committed to the advancement of IPE through the accreditation process. A number of these organizations already have developed standards^{15, 16} and will soon be field testing them. Close to 20 other health program accrediting bodies have indicated a significant interest in moving in this direction. It is worth noting that Medicine has made strong statements about the importance of IPE through the Future of Medical Education project¹⁷ that has as one of its ten recommendations the need to incorporate interprofessional education into undergraduate medical education curriculum. Both Colleges responsible for postgraduate education have elaborated

competencies for physicians that include the Collaborator role. The CanMeds and CanMeds-FM^{18, 19} frameworks guide postgraduate teaching across all specialties.

Various provincial governments have recognized that collaborative models are needed to transform service delivery to meet the changing needs of their population. Ontario invested in a year-long project to develop a “Blueprint for Action” that sets out clear actions to support IPE and IPC²⁰. This province also has invested in Family Health Teams which provide patient-centered interprofessional primary care across the province²¹. Many other provinces have included collaborative practice in their priority statements to achieve desired health outcomes and have introduced legislation to facilitate this process. Most of these practice initiatives recognize the need for IPE to prepare students and practitioners for collaborative practice. In response, Health Canada has made additional investment in the examination of “Collaborative Learning Environments” (CLEs) that will allow better understanding of the elements that are needed to build IPC into practice sites that will serve as educational milieus for both practitioners and students.

It has been recognized that there are organizational factors that must be in place to allow IPE and IPC to flourish¹. In response to provincial governments’ investments in IPC, almost all universities across the country with a medical school have established resource centres to assist their health professional programs to embed IPE in their curricula.

The Office of IPE at the University of Toronto²², the Interprofessional Education Initiative at the University of Manitoba²³, The College of Health Disciplines at the University of British Columbia²⁴, the Centre for Collaborative Health Professional Education at Memorial University²⁵, are examples of centres within universities that have developed curricula, innovative educational experiences, assessment tools, and faculty development initiatives to advance IPE. New buildings are being erected to bring together health professional programs, focus on IPE, and “revolutionize health care education”²⁶.

Health authorities and hospitals also have included collaborative practice as a stated priority and have developed structures to assist this transformation through IP Councils, IP professional practice groups, and investment in IP development for their local teams.

Numerous innovations have been developed and implemented at the pre-licensure level.

Undergraduate IPE projects have included in their scope such issues as geriatric care, disaster planning, psycho-social oncology, and have used methodologies such as problem-based and case-based learning, simulation, E-learning, and self-directed and reflective learning²⁷. Some universities now require that all health professional students have a number of IP “credits” and use a passport for tracking²². A few began to link with the practice community and create a network across jurisdictions. Of note was the In-BC project in British Columbia that used the funds to leverage further support from the Ministries of Health and Advanced Education to develop a series of projects that ranged from maternal and newborn care, to aboriginal health in the North, to an interprofessional rural clinical placement program, to a hospital quality improvement program²⁴.

As stated earlier, there is a need for professional development for practitioners in the field who also are clinical teachers. Two well-developed programs are the EHPIC course from the University of Toronto²⁸

and the Interprofessional Collaborative Learning Series (IP-CLS) from UBC²⁹. The first offers a three-day exposure to fundamental elements of teamwork for administrators, clinicians, and teachers. The second consists of seven day-long modules that span over a few months using a quality improvement approach and can be adapted for health managers, team members, or students.

Patients and patients groups have been involved on a number of steering committees both provincially and federally. However, there are few examples of meaningful community engagement in education activities. An excellent initiative exists in the Division of Health Care Communications within the College of Health Disciplines at UBC that has set up close partnerships with patient associations and engaged with them to become teachers of interprofessional groups of students³⁰.

In summary, Canada has made significant investments in IPE primarily at the pre-licensure and post-secondary levels. Increasing attention is needed for the practice setting that includes professional development as part of the continuum of learning. The following section will present challenges to the sustainability and embedding of these accomplishments into Canada's education and health care systems.

Continuing Challenges for Sustainability

In 2008, as a partial response to the above challenge, the IECPCP expert panel was reshaped into the Health Education Task Force (HETF) whose mandate was to further advance IPE with a direct report to the Advisory Council on Health Delivery and Human Resources (ACHDHR)³¹ whose primary mandate is Health Human Resource (HHR) planning in Canada. HETF has acted in an advisory capacity and has commissioned two significant reports, one on the need to align the education and health sectors within government and the second to create a research agenda to build the evidence required to link IPC and IPE with health outcomes (unpublished to date).

There is recognition that the advances that have been made are not yet embedded in either the education or the practice settings. Hence Health Canada's newest project studying Collaborative Learning Environments that are models for interprofessional practice across health care sectors in different regional jurisdictions. The intent is to better understand how high-functioning teams have developed and are supported in order to inform further "spread" of these models.

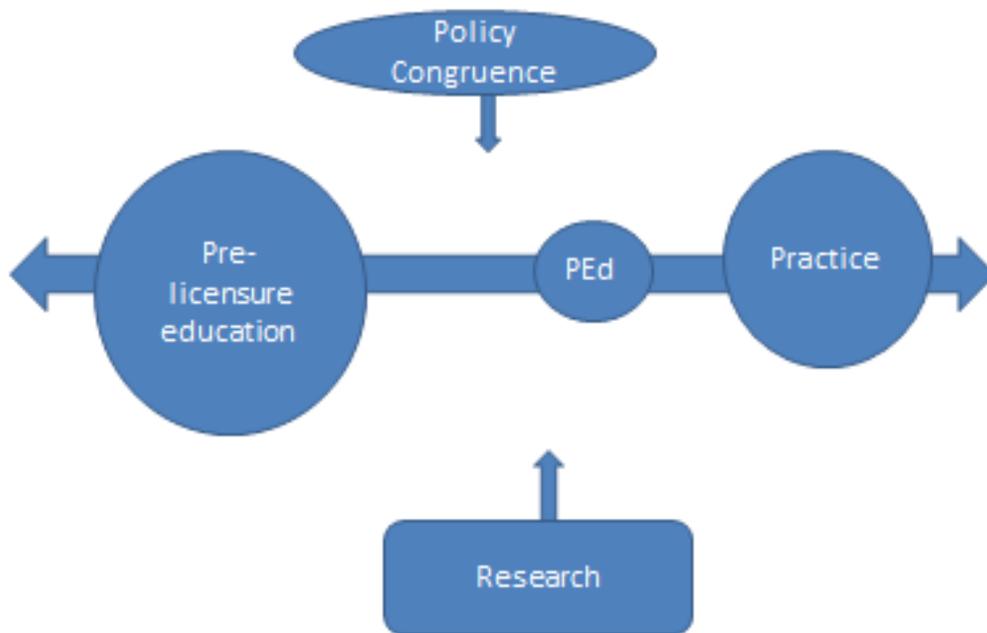
In spite of some movement towards improved collaboration between the Health and Advanced Education provincial ministries, the paper on policy cohesion commissioned by the HETF is meant to explore the successes and challenges that Canada is experiencing in how these two critical government bodies work together to create appropriate educational and practice environments that support IPE and IPC. There are other partners in who are critical to shaping a system that permits and supports IPE and IPC. These include health professional associations, licensing /regulatory authorities and unions. Although there has been growing dialogue between these various players, there currently exist numerous policies, procedures, and practices that impede the progression of team-based care and team-based education throughout the health care sectors.

Lastly, in spite of mounting evidence that collaboration between practitioners improves patient outcomes, little evidence exists that links IPE with patient and health care system outcomes⁹. The final paper requested by the HETF will be proposing a comprehensive framework to guide future research and funding allocations for studies that will examine interventions in a comprehensive way to generate knowledge for future directions in health care education

Conclusion

The following figure graphically summarizes the present and future state for IPE in Canada:

The Continuum of IPE and IPC in Canada



Size of circles indicates current investments and activities

PEd=Practice Education

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