Learning With, From, and About One Another: The Evolution of an IPE Curriculum in the Community College System

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To provide practical insights into how we introduced IPE within a College setting

To share our learning on addressing some of the barriers by using the business literature on change management and leadership
Presentation Outline

- Background
  - Who we are
  - why IPE

- Link to Change Management/Leadership Principles

- What we Did – IPE at George Brown

- What we Learned – Next Steps
established in 1967
- three campuses located in downtown Toronto
- more than 14,000 fulltime students (1400 international students)
- offers 150 programs ranging from one year certificate to 4 year baccalaureate
- over 50,000 continuing education students enrolled in more than 1300 courses
Who We Are  
Centre for Health Sciences

- One Centre, four schools: Dental Health, Nursing, Health and Wellness, Health Services Management

- Offer more than 20 full time programs and 66 part time courses at both entry and postgraduate levels

- Controlled Applied Learning Spaces
  - Interprofessional Learning Clinic
  - Simulated Practice Centre
Why IPE

Driving Forces for Healthcare Reform
- Patient Safety
- Health Human Resource Needs
- Change in Patient Needs

Substantial and Compelling Evidence that IPE Supports
- Improved Patient Outcomes
- Increased System Efficiencies
- System Sustainability
Why IPE in Canada & Ontario

Review of Health Care System

  “We need to make the system more responsible and efficient as well as more accountable to Canadians”
  Roy Romanow

- First Minister Health Accord, 2003
  “Together we are taking a big step forward to strengthen our healthcare system to better serve the needs of Canadians”
  Jean Chrétien

Led to Federal and Provincial Interprofessional Education and Practice Initiatives
Directed at:

- Increasing access to healthcare
- Improving health outcomes of the population
- Recruiting and retaining sufficient numbers and kinds of healthcare providers
Why IPE
Federal and Provincial Initiatives

Federal Level:
- Enhancement of IP knowledge base through IECPCP
- Development of National Organization: Canadian Interprofessional Health Collaboration (CIHC)
- Interprofessional collaboration and research in areas of practice and education: 20 projects approved
- Formation and use of a student association: NaHSSA

Provincial Level: HealthForceOntario
- HHR recruitment and retention
- IPC Blueprint for comprehensive approach at the system, organizational, practice and policy levels
Why IPE: IPC Blueprint

Recommendations:

- Establish a provincial Interprofessional Care Implementation Committee
- Develop a multilevel accountability framework
- Create a central provincial resources for knowledge transfer
Why IPE
Ontario Colleges

- Health sciences student numbers are large: 50 major occupations and @286,000 healthcare workers in Ontario, 70% prepared at Colleges

- Role of Colleges is to prepare industry ready graduates

- Colleges are applied learning environments

- Organizational flexibility and nimbleness

- Greater collaboration between Colleges and Universities
Link to Change Management Principles (Kotter)
What we know

- True Change will only come from transformation (not transactional processes)
- Transformation is about changing the way we do business
- Change without establishing a sense of urgency or purpose will fail (resistance)
- All people involved in the change process have a common understanding
- Address the barriers that limit implementation (structures, skills, systems and supervisors)
- Support and reinforce systems and people to maintain the “new behaviours”
Link to Successful Leadership
Principles
What we know

- Good leadership is required for all transformation
- Ordinary people can make extraordinary things happen
- 5 Practices of Good Leadership (Kouzes Posner)
  - Model the Way
  - Inspire a Shared Vision
  - Challenge the Process (Take Risks)
  - Enable others to Act
  - Encourage the Heart (Recognize Contribution) & Celebrate Victories
What We Know About IPE

- IPE is about changing the way we see and value each profession’s role
- IPE challenges the student’s world view of his/her profession
- IPE is about changing the way we teach (uniprofessional vs. multiprofessional vs. interprofessional)
- IPE is learning about working differently with each other
- IPE is about having a shared vision of where we need to go
IPE Barriers

- Various organizational structures and models
- Silo view (more emphasis on uniprofessional expertise and external standards)
- Different vision and sense of purpose
- Physical limitations and lack of integrated space
- Disconnect between theory and practice
- Inconsistent funding models and incentives
- Lack of skills
- Weak integrative thinking and leadership
What We Did
IPE at George Brown College

Starting Point

- Familiarized ourselves with barriers and learned from others’ experiences

- Viewed IPE as an opportunity to carry out a successful change management project

- IPE implementation needed to model collaborative behaviours and reinforce leadership skills
What We Did
IPE at George Brown College
2004-2006

Structure
- Organizational Structure
- IPE Learning Outcomes
- Health Sciences Education Framework

System
- Curriculum Mapping
What We Did
IPE at George Brown College
2004 - 2006

Skills
- Applied Learning Space (SPC, ILC)
- Professional Development (IPE 101)
- IPE Student Event (TACCOM)
- External Partnerships (St. Michael’s Hospital)

- **Supervision & Leadership**
  - Management Team (generic/program focus)
  - IPE Request for Proposals (faculty projects)
  - Strategic Initiative funds (linked to Academic Success Agenda)
Key Principle
Education focus on client-centred care, not just the provider

Learning outcomes: We expect students to:
- Appraise relationship between one’s own profession and the background of others
- Evaluate one’s ability to work in a team
- Collaborate as a health team member to support patient/client outcomes
- Assess the impact of the broader legislative and ethical framework on practice
Health Sciences Education Framework

**External Influencers**
- Patient/Client Needs
- Federal Government
- Provincial Government
- LHINs
- Health care Institutions/Organizations
- Regulatory Colleges & Accrediting Boards
- Professional Associations
- Advisory Committees / Councils
- Post-secondary Institutions

**Learning Environment**
- Scholarship
- CALES
- External Clinical Placements
- Evaluation
- Curricular Activities
- Applied Research
- QBC Path to Leadership

**Outcome**
Graduates who have
1. Discipline specific expertise
2. Understanding of IPE principles to practice collaboratively in a patient-centred environment
Controlled Applied Learning Environments

- Environments that
  - support applied learning
  - allow faculty to control variables for practice
  - allow better integration of theory and practice
  - can be for both clinical and simulated practice
CALEEs at George Brown College

- Interprofessional Learning Clinic (I.L.C.)
- Simulated Practice Centre (S.P.C)
The Simulated Practice Centre
What We Found Out
2004 - 2006

- When you’re working on a project like this, if you don’t share the vision the same way then it completely changes…”

- “The excitement of being together and seeing what you can do with a group of people coming from different disciplines…this is exciting”
What We Learned 2004 - 2006

Structure
- Insufficient Communication
- Lack of a common vision

System
- Limited but strong positive learning and interactions amongst faculty and students
- Need for dedicated time and resources

Skills
- Insufficient Faculty Development

Supervisor & Leadership
- Lack of common vision
Next Steps

Foster Collaboration, Manage Change

- Increase IPE Champions (Skills)
  - Faculty Release Time (Structure)
  - IPE Boot Camp (Skills)
  - Health Promotion Programs (Skills)
  - Advisory Committee (Skills)
  - Division Support – Associate Dean (Skills, Structure)

- Increase opportunity to embed IPE into uniprofessional curriculum (Systems, Structure)
  - Curriculum Mapping
  - IPE Credit Course
  - IPE Recognition System
Next Steps

Increase Clarity of Vision (Supervision & Leadership)
- Standardize language
- Dedicated Faculty Development Time
- Link Organizational Changes to Introduction of IPE
- IPE Website, Newsletter
- Establish Partnerships (Internally & Externally) that help clarify the Vision

Formally Evaluate Impact of Above (System)
- Structure
- Process
- Outcome
“In the thousands of cases we’ve studied, we’ve yet to encounter a single example of extraordinary achievement that’s occurred without the active involvement and support of many people.”

“At the heart of collaboration is trust. It’s the central issue in human relationships within and outside organizations.”
“The road to the heart is the ear.”

“Treat people as if they were what they ought to be, and you can help them become what they are capable of being.”