



Canadian Interprofessional Health Collaborative
Consortium pancanadien pour l'interprofessionnalisme en santé

*learning to work together, working to learn together
apprendre à collaborer, collaborer pour apprendre*

Call for Participation in Research and Evaluation of Interprofessional Education and Collaborative Practice Initiatives

April 2009



Summary

The Canadian Interprofessional Health Collaborative (CIHC) Research and Evaluation (R & E) Subcommittee is actively seeking new committee members.

The purpose of the CIHC R & E Subcommittee is to strengthen and mobilize research and evaluation capacity in interprofessional education and collaborative practice.

The responsibilities of the subcommittee are to:

1. Cultivate a community of practice of researchers, evaluators, and students;
2. Share approaches to research and evaluation as it relates to interprofessional education and practice;
3. Set the direction for future IP research, in terms of pooling data and multi-site research;
4. Promote interprofessional education and practice by developing policy messages about research and evaluation, creating networks with stakeholders to identify research priorities, and developing opportunities with granting agencies;
5. Consider information needs of end users regarding quality evidence in interprofessional education and practice (in conjunction with CIHC's Partnerships & Knowledge Exchange Subcommittee);
6. Promote use of existing CIHC infrastructure for efficient exchange of current research and evaluation information (for example, CIHC website and library).

Since the subcommittee was formed in May 2008, it has had regular teleconferences to determine its direction, cultivate its community of practice, and complete tasks such as submitting conference abstracts and to begin to identify priority research and evaluation activities in interprofessional education and collaborative practice. On Feb 9 and 10th 2009, members of the subcommittee met in Winnipeg. At this time, three major objectives were confirmed:

1. Strengthen R & E methodologies used for IE/CP (interprofessional education and/or collaborative practice) by promoting reliable and valid tools and standardized approaches.
2. Strengthen evidence on IE/CP by conducting applied multi-site research.
3. Facilitate linkages between researchers, clinicians, and students.

For each of the objectives a priority area has been outlined (details on page 4) that will be the focus of the R & E Subcommittee work in the coming year.

Subcommittee members will work together to achieve the three objectives and bring in other resources as required. Members volunteer to participate in one or more of the three areas. Our work will be informed by knowledge syntheses on interprofessional topics (see Appendix I for a list of completed and ongoing knowledge syntheses).

Funding is critical in allowing us to achieve our objectives. There is a need to be creative and explore various funding sources, e.g., leverage funds through VPs of Research at educational institutions,

explore foundation funding in Canada, collaborate with US colleagues in joint research efforts funded by US foundations, and explore funding opportunities through universities, colleges and granting agencies for workshops, research planning and dissemination activities.

We are inviting you to join our subcommittee and collaborate on one of the three priority areas. Your participation will entail the following:

- Participate in regular teleconferences with the working group
- Assist in refining the strategic plan and developing a more detailed workplan for your priority area
- Share your knowledge and expertise with the working group by providing regular feedback
- Assist with conducting or coordinating some of the activities outlined in the workplan
- Update your colleagues and partners on a regular basis on the R & E Subcommittee activities
- Participate in dissemination activities (preparation of conference presentations and manuscripts, etc.)

Contact information

If you are interested in joining the Research and Evaluation Subcommittee, please contact the following individuals:

Objective	Priority Area	Contact
Strengthen R & E methodologies used for IE/CP by promoting reliable and valid tools and standardized approaches.	Database of Quantitative Tools	Jana Lait (jana.lait@albertahealthservices.ca) Lynda Weaver (lweaver@bruyere.org)
Strengthen evidence on IE/CP by conducting applied multi-site research.	Grant Proposal for a Multi-site Study	Hassan Soubhi (hassan.soubhi@usherbrooke.ca)
Facilitate linkages between researchers, clinicians, and students.	Build a Research and Evaluation Community	Kamini Kalia (kaminikalia@gmail.com)

CIHC R & E Subcommittee: Overview of Priorities

Priority Area I	Database of Quantitative Tools
Outcome/objective of priority	Create an open-access database that describes quantitative tools used by project funded through Health Canada's IECPCP initiative (2004-2008): <ul style="list-style-type: none"> ▪ Description of intent of original tool ▪ Reported validity/reliability of tool ▪ Description of how tool was used/modified/adapted by project, and validation/reliability of modification ▪ Project feedback on the tool: pros/cons, expected/unexpected outcomes, recommendations for further development
Approach/method to reach outcome	<ol style="list-style-type: none"> 1. Survey these IECPCP projects regarding the quantitative instruments they used in order to do a critical analysis of: <ul style="list-style-type: none"> – Definitions, theories, language – Practicality – Modifications – Experiences using the tool – Applicability in different contexts – Recommendations 2. Compare and contrast the project tools experience with that of reports in the literature (eg. John Carpenter) 3. Identify which of the quantitative instruments/tools are recommended (or considered 'leading practices' for interprofessional education and/or collaborative practice) 4. Develop an open-access database of the tools used by the projects
Tasks & timeline	Step 1: 4 months Step 2: 4 months Step 3: 4 months
Resource requirements	<ul style="list-style-type: none"> ▪ Lead investigator (Interims Leads: Jana Lait and Lynda Weaver) ▪ Student ▪ IT support ▪ Communication support ▪ Support for development and promotion of database (perhaps the CIHC online library) ▪ Evaluation expertise, statistician
Risks	Risks: <ul style="list-style-type: none"> ▪ Difficulty in getting information from the projects ▪ Reliance on volunteers ▪ Accuracy of responses, reporting bias ▪ Time constraints ▪ Finding a student to assist with work ▪ Confusion over authorship of database Strategies: <ul style="list-style-type: none"> ▪ Personal contact with project lead; follow up for information ▪ Connect with graduate student network for recruitment ▪ Clarify authorship of database early in the process
Role of the CIHC office	<ul style="list-style-type: none"> ▪ Assist with developing/hosting database ▪ Promote to partners

Priority Area 2	Grant Proposal for a Multi-site Study
Outcome/objective of priority	Multi-site studies designed to generate high quality evidence about collaborative patient-centred practice and its outcomes.
Approach/method to reach outcome	<ul style="list-style-type: none"> ▪ promotes multi-site R&E with a patient-centred focus. <ul style="list-style-type: none"> – Multi-site could involve either local (within jurisdiction) research or research conducted across jurisdictions. – Multi-site research includes answering common questions through collaborative studies using a common protocol – Recognizing the diversity across jurisdictions, multi-site research protocols should be sufficiently flexible to accommodate/characterize local context while maintaining scientific rigor. ▪ recommends a focus of research that aligns with current national and provincial priorities as outlined for example in Listening for Directions III (CHRSF-CIHR-IHSPR, Listening for Directions III, Final Report, February 2008) ▪ recognizes the need for research involving the collaborative patient-centred practice environments (i.e. real world – involving patients and practice) while encouraging rigorous research methodologies/design. ▪ proposes a dynamic research agenda, building on the recommendations of the IECPCP projects and guided by emerging evidence and Knowledge Syntheses (e.g. Western IP Collaborative KT project) ▪ recognizes the potential for secondary data analysis (new research questions & access to raw data) and combined analyses from the 20 IECPCP projects
Tasks & timeline	Submission of one grant proposal for a multi-site project by March 31, 2010.
Resource requirements	<ul style="list-style-type: none"> ▪ Lead investigator (Interim Lead Hassan Soubhi) ▪ Multiple Principal Investigators including Decision-Makers ▪ IT and communication support ▪ Research & Evaluation expertise including a statistician ▪ Teleconference costs
Risks	
Role of the CIHC office	<ul style="list-style-type: none"> ▪ Advocate for multi-site IE/CP research to granting agencies including CIHR, CPSI, SSHRC ▪ Identify potential funders/granting agencies/opportunities ▪ Facilitate networking across researchers to promote collaborative research (including the network of existing IPE offices in post-secondary education) ▪ Coordinate applications for funding to support meetings/workshops of researchers who are interested in writing a larger proposal around a specific IE/CP research project ▪ Write letters of support on grant applications of merit ▪ Disseminate & translate research results

Priority Area 3	Build a Research and Evaluation Community
Outcome/objective of priority	<ul style="list-style-type: none"> ▪ Facilitate linkages and relationships between researchers, practitioners, and students. ▪ Increase the number of researchers, practitioners and students with an interest in IE/CP
Approach/method to reach outcome	<ol style="list-style-type: none"> 1. CHSRF databases (self-managed profiles) organized and searchable by Research Topic (ie. IE/CP, Patient Safety) or Name or Location (East, Central, Western). 2. Email (method to link everyone; communicating research; ie. circulate PDFs via listserve) 3. Promote at AGMs and National Conferences 4. Informative podcasts in emails to those on listserve (partnerships with experts in pod-cast development) 5. Video Conferencing – mentorship strategy 6. FAQ/ Road Maps targeting clinicians, faculty, and students 7. Formal linkages between IP Offices 8. Develop linkages with Interdisciplinary Studies (Health/Social Services) 9. Mentorship Program Development 10. Continue to develop areas for research and evaluation within IE/CP 11. NaHSSA Graduate Students List (Letters to Chapters/Mentors, develop key messages) 12. Advocacy for Research Funding for the Community 13. Chairs of CIHC reporting to NaHSSA Board Meetings
Tasks & timeline	<ol style="list-style-type: none"> 1. Network Database (Imminent and on-going) <ul style="list-style-type: none"> – Ensure small leadership group is working with CHRSF to develop the database to CIHC R&E Community specifications. 2. Podcasts in Emails (Begin September 2009) <ul style="list-style-type: none"> – Develop a pod-cast (How to use email) – NaHSSA VP Academic Affairs to aid in the development of pod-casts
Resource requirements	<ul style="list-style-type: none"> ▪ Lead: Interim Lead Kamini Kalia ▪ CHRSF – database ▪ Funding for workshops ▪ Internet ▪ Communication support ▪ Students
Risks	<ul style="list-style-type: none"> ▪ Student turnover ▪ Volunteerism
Role of the CIHC office	<ul style="list-style-type: none"> ▪ To work with NaHSSA Board of Directors to further develop and describe intersections between NaHSSA and CIHC ▪ Promote the database ▪ Continue to expand our work with CHRSF ▪ Use their database for identifying individuals and organizations who are conducting or are interested in conducting IE/CP

Appendix I: CIHC Knowledge Syntheses

Completed

Knowledge Transfer & Exchange in Interprofessional Education: Synthesizing the Evidence to Foster Evidence-Based Decision-Making (2008)

Interprofessional Education & Core Competencies Literature Review (2007)

Knowledge Translation in Interprofessional Education: A Review of Literature and Resources (2007)

A Scoping Review to Identify Organizational and Education Theories Relevant for Interprofessional Practice and Education (2007)

For details see <http://www.cihc.ca/resources/publications.html>

Underway

Can Interprofessional Collaboration Provide Health Human Resources Solutions? A Knowledge Synthesis (will be available in 2010; contact Esther Suter (Esther.Suter@albertahealthservices.ca))