

**Health Canada
Interprofessional Education for Collaborative Patient-Centred Practice
(IECPCP)**

**Research Workshop
Final Summary Notes**

May 2006

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Interprofessional Education for Collaborative Patient-Centred Practice
Research Workshop
Summary Notes

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1. CONTEXT

Purpose	The primary purpose of the Research Workshop was to delineate research topics and questions that address knowledge gaps, and further the work in the area of interprofessional education for collaborative patient-centred practice.
Objectives	<ol style="list-style-type: none">1. To understand the context and landscape in which research planning is taking place2. To reach a common understanding of key definitional concepts3. To generate important research topics and identify those that are deemed a priority4. To begin to plan strategies and actions in relation to priority research topics5. To learn about the formation of the Canadian Interprofessional Health Collaborative (CIHC)6. To network with colleagues who have a similar interest in this research
Attendees	The Research Workshop, held May 28 – 29 2006 in Ottawa Ontario, was facilitated by an external consultant and attended by over 45 individuals from across Canada. The research and evaluation leads for both Cycle 1 and Cycle 2 projects funded by Health Canada's Interprofessional Education for Collaborative Patient-Centred Practice initiative were in attendance as were individuals from the Complementary Projects and other key stakeholders. Please see page 10 for a list of attendees.
Overview of the Workshop	<p>The Workshop consisted of one evening and one day.</p> <ul style="list-style-type: none">• The evening included dinner and an opportunity for participants to network with their research colleagues. It focused on providing background and contextual information about IECPCP and the current research landscape and included information about the Canadian Interprofessional Health Collaborative (CIHC). The evening was designed to set the stage for research planning and to facilitate thinking about priority research topics.• The next day focused on identifying and reaching consensus on research priorities and creating an initial plan of action with respect to advancing the agreed-upon research agenda.
Summary Report	The summary report reflects the highlights of the Research Workshop and is not intended to capture all the discussions or comments generated throughout the day. It starts with a synopsis of the discussions around common definitions and initial research priorities and moves to a summary of the agreed-upon future research agenda. The final section outlines how the participants saw the Research Agenda moving forward.
Evaluation Results	A formal evaluation was not conducted but an informal show of hands clearly indicated that the Research Workshop was productive and worthwhile. Using a ten-point scale -- where ten was productive and worthwhile and one was not -- all participants rated the Workshop seven or higher.

2. IDENTIFYING RESEARCH PRIORITIES

Common Definitions

Participants believed it important to have a common understanding of core definitions and concepts prior to identifying research priorities. Definitions previously utilized by Health Canada were presented for comment. The intent of the discussion was not to reach consensus or to change the existing definitions. Rather, the discussion allowed participants to share their viewpoints and identify important concepts, definitional gaps, and areas of controversy. The discussion highlighted the need to facilitate a common language around interprofessional education and collaborative patient-centred practice.

- ***Interprofessional education:*** “occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care” (CAIPE, 1997 revised)

The current definition from the Centre for the Advancement of Interprofessional Education was deemed acceptable

- ***Collaboration:*** “an interprofessional process of communication and decision making that enables the separate and shared knowledge and skills of health care providers to synergistically influence the client/patient care provided” (Way & Jones 2000)

There is a need to distinguish between collaboration and interprofessional collaboration and to note the difference between interdependence and collaboration as well as interprofessional versus interdisciplinary. There were also several comments to embrace individuals beyond the providers and to include non-professionals in the definition.

- ***Interprofessional Teams:*** “medical and health professionals from at least three different disciplines or professions, who share a common purpose and work together collaboratively and interdependently to serve a specific patient/client population and achieve the team’s and organization’s goals and objectives”

There were comments about whether it was important to identify a minimum number of persons in a team. Other comments included concern about the difference between medical and health and the need to embrace health as a broad concept that includes social determinants of health

- ***Quality of Care:*** Donabedian...structure, process, outcome

There needs to be a more fulsome or illustrious definition that includes the dimensions of quality.

Participants also identified other terms or concepts that would benefit from a common definition:

- preceptor
- patient-centred
- power
- patient / client / consumer / person
- shared decision making
- scope of practice
- conceptual models
- research methodologies

Small Group Work

In eight pre-assigned groups ranging in size from five to seven people, participants were given approximately 90 minutes to carry out three tasks:

1. Create a list of possible research questions or knowledge areas
2. Identify criteria for prioritizing questions / knowledge areas
3. Reach consensus and report on 3-5 priority questions/ knowledge areas

Below, are the results arising from the morning's group discussions. They are not presented in any order of priority although key selection criteria are presented first as they guided decision-making about the most important research questions / topics.

Selection Criteria

- Participants gave preference to research topics that met one or more of the following:
- Grounded in theory
 - An immediate ability to affect practice
 - Model the principles of interprofessional education for collaborative patient-centred practice
 - Advance knowledge in both the learner and patient circles of the IECPCP framework and show the interactions between the two
 - Involve multiple perspectives
 - Address immediate knowledge gaps, and urgently needed information
 - Have the ability to affect the greatest number of people / students
 - Increase partnership capabilities
 - Have scientific testability
 - Are considered foundational concepts or elements upon which other research can be conducted
 - Is the next logical step in knowledge
 - Facilitates or encourages conversations and discussions on difficult topic areas that need to take place

**Initial List
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Group A	<ul style="list-style-type: none"> • Definitions for quality of care and patient-focused • Theory of change for the IECPCP framework • Role and participation of the client / patient / person in interprofessional education • Evaluating / examining the process of change – leadership, management, individual • Emergent Practice Models – ‘ learning on the run’
Group B	<ul style="list-style-type: none"> • Testable models and outcomes across different practice contexts – Canadian and interprofessional • Characteristics of high functioning (Canadian and interprofessional) health and social service / wellness teams • Continuum of learning required for optimal collaboration in practice • Optimal learning conditions for IPE
Group C	<ul style="list-style-type: none"> • Characteristics of an effective interprofessional leader and how we prepare these leaders • Places or settings where collaboration / IPC is essential or not necessary • Educational interventions that impact behaviour change and attitudes – measured around patients and other professionals • Longitudinal cohort study of the acquisition of professional identity and its impact on interprofessional interactions • Characteristics of a collaborative practice / site that positively influences collaboration and patient outcomes – who needs what, when, where & how?

**Initial List
Of
Research
Priorities**

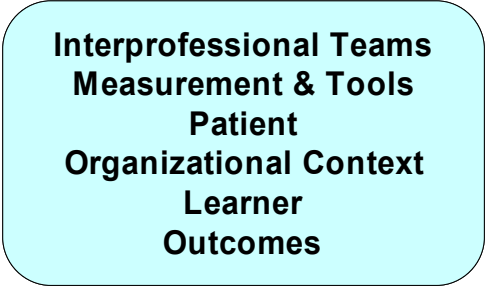
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Group D	<ul style="list-style-type: none"> • Patient-centredness: factors affecting patient involvement in interprofessional education for collaborative patient-centred practice decision making, levels of involvement; indicators of functioning of teams from the patient’s perspective • Approaches to evaluation of pre-licensure IPE versus post licensure interprofessional education for collaborative patient-centred practice • Strategies in team learning (i.e. norms of practice) to facilitate interprofessional education for collaborative patient-centred practice in practice for both pre and post licensure (professionals) • Effective methods (conventional versus innovative) in learning interprofessional education for collaborative patient-centred practice
Group E	<ul style="list-style-type: none"> • Using narratives of practice and interactivity to: reflect on daily experiences, identify and amplify teaching moments, track changes in attitudes and behaviours, focus attention on what happens / what is desired, the ‘good enough’ story – recognition and resonance • Understanding development of professional identity – openness to others, when/ how/why does fortress mentality set it
Group F	<ul style="list-style-type: none"> • Contextual factors that influence patient involvement and patient desire for involvement in interprofessional care • Measurement of long term impact of interprofessional education for collaborative patient-centred practice – use of immediate positive outcomes and follow-up with common measures • Effective ways to measure outcomes of behavioural interventions • Nature of team composition and effect on health care outcomes
Group G	<ul style="list-style-type: none"> • Most effective and reliable tools to measure collaborative practice outcomes • Early exposure to interprofessional education and affect on attitudes toward team work and collaboration • Students learning from working within an interprofessional practice team versus student level teams – role modeling • Sustaining / maintaining a culture of collaboration – what – how – when • How to develop / create an exemplary environment to sustain collaborative practice – leadership, process, principles
Group H	<ul style="list-style-type: none"> • Establish and evaluate collaborative practice attitudes, knowledge and skills development in pre- and post-licensure education programs • Greater consensus on ways to measure the components of evaluation of education programs • Systematic review of the existing measures of collaborative practice • Studies to demonstrate the difference between team work and collaborative practice • Research program to gain an understanding of collaborative practice within organizations and systems
OTHER	<ul style="list-style-type: none"> • Public education • Teaching versus learning • Faculty development • Process of team development • Core competencies for the individual • Methodologies and tools for analysis • Policies • Outcomes of interest

3. ESTABLISHING A RESEARCH AGENDA

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The initial list of priorities generated by the small groups was grouped into five priority research categories and reviewed by the participants. Upon reflection, the additional category – Outcomes - was identified. Each category was deemed equally important and all were to be included in an Interprofessional Education for Collaborative Patient-Centred Practice Research Agenda:



Participants were asked which research category they wanted to work on further and the result was that the self-selected groups ranged in size from five to ten individuals. They were given approximately 90 minutes to address six tasks:

1. What knowledge gaps are being addressed?
2. What are the specific questions that should be addressed in this area?
3. Who is the target population or setting?
4. What strategies should be considered for knowledge dissemination?
5. What are possible funding sources?
6. What are the strategies for ongoing stakeholder discussions?

Not all groups had sufficient time to respond to all six tasks and there were several different approaches utilized in presenting the results of their discussions including notes, conceptual pictures and charts. A summary of the key research areas or questions in each category is highlighted in the subsequent sections.

Interprofessional Teams

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- How does a highly functioning team form?
- What are the norms of practice for the team and do they include incorporating the patient/family?
- What is the range of models of practice in a particular context or setting and what are the implications for health care outcomes?
- What are the norms used by a team to establish leadership and /or change leadership. Is it a constant or a variant?
- How do you move a collection of people (i.e. team) to a synergistic group (i.e. collaborative)?
- How does a leader develop and how do we teach effective leadership?

Measurement & Tools

- What are the measurable characteristics, competencies, and abilities of interprofessional education for collaborative patient-centred practice?
- How can we conceptualize, formulate, construct and develop instruments for measuring interprofessional education for collaborative patient-centred practice – (areas of emphasis, instruments, reliability / validity)?
- What new or alternative methods or models can be used for evaluating interprofessional education for collaborative patient-centred practice development?

Patient

Key

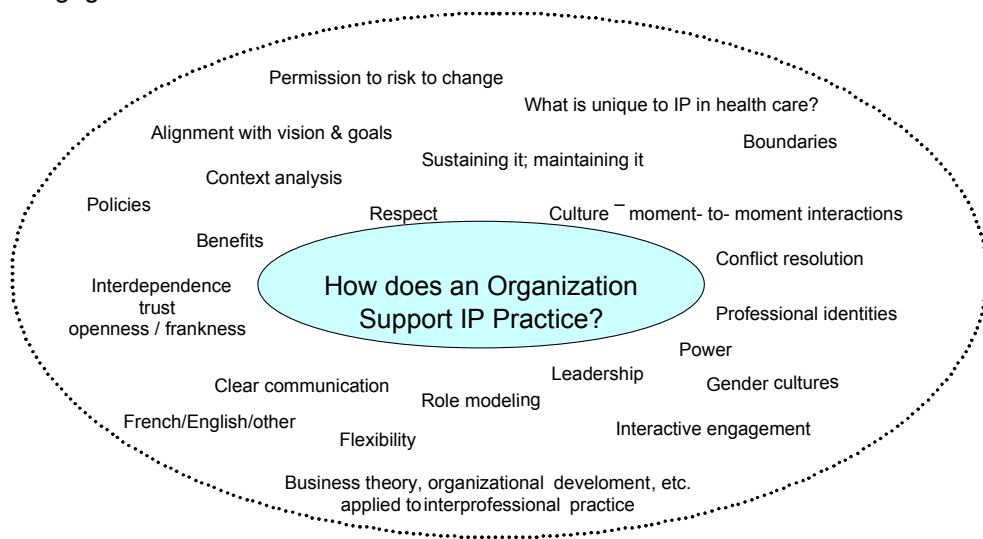
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- Terminology related to patients requires a comprehensive description
- Where are the patients in the discussion of interprofessional education for collaborative patient-centred practice development – terminology, the inclusion of family and community, and the evolution of the interprofessional education for collaborative patient-centred practice development framework?
- What are the frameworks or concepts related to interprofessional education that maintain or seek to improve health status?
- What is the impact of terminology – relationship between provider and recipient, view of self and expectations of care
- What are the contextual factors (i.e. personal characteristics) that influence patient involvement in interprofessional education for collaborative patient-centred practice development?
- What are the relationship management issues related to IECPCP (e.g. personal characteristics)?

continued

Organizations

- What are the benefits of interprofessional education for collaborative patient-centred practice to an organization?
- How does an organization support interprofessional practice?
- How do you apply existing business theories of organizational development, design methodology, leadership, change theory, etc. to IP practice?
- What are the moments in day-to-day work that foster IP and/or an interactive engagement?



IT'S REALLY ABOUT INDIVIDUALS AND TEAMS

Key

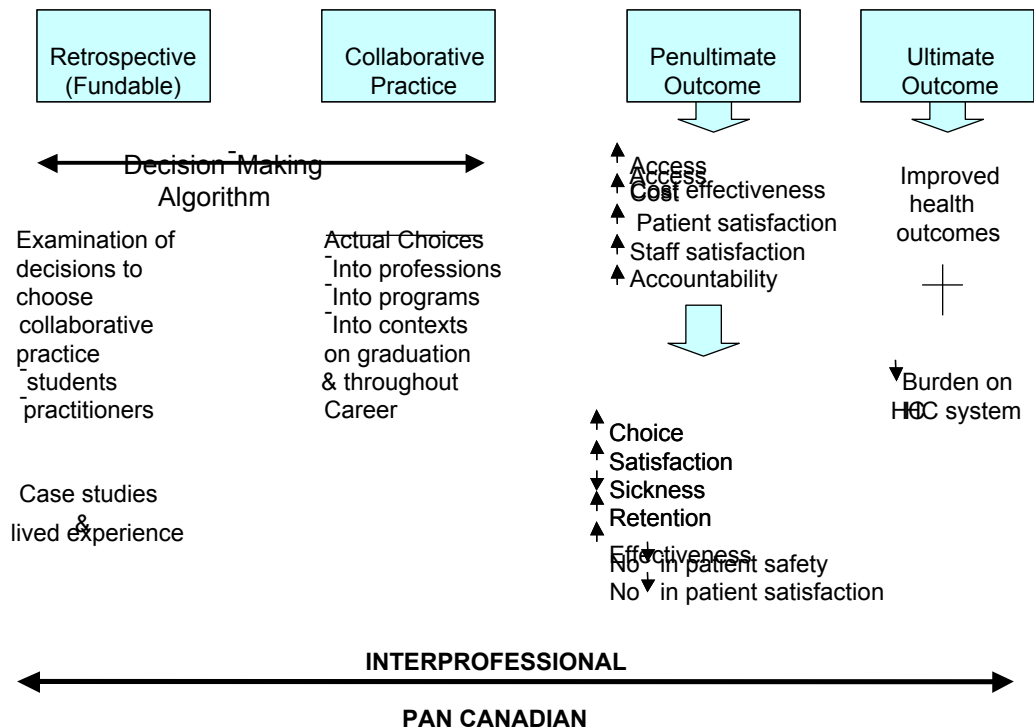
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- Does early exposure to IPE affect knowledge, behaviour, attitude, and skills toward teamwork and collaboration?
- Where and when is the most appropriate time for competencies related to knowledge, behaviour, attitude, and skills to be introduced along the continuum of learning?
- Do students who have early exposure to clinical practice develop different knowledge, behaviour, attitude, and skills than others who have later experiences?
- What combination of learning experiences / approaches is most effective in developing knowledge, behaviour, attitude, and skills pre- and post-licensure?

continued

Learner

Outcomes



4. MOVING FORWARD

Guiding Principles	<p>Participants outlined principles that they believed important in advancing an Interprofessional Education for Collaborative Patient-Centred Practice Research Agenda:</p> <ul style="list-style-type: none">• Interactive engagement whereby all interested researchers are actively involved in creating and sustaining a Research Agenda,• Shared whereby the Research Agenda is disseminated in such a manner that all stakeholders are informed,• Collaborative whereby the ongoing work related to an Interprofessional Education for Collaborative Patient-Centred Practice IECPCP Research Agenda models the very principles it seeks to achieve,• Iterative whereby fine tuning of the Research Agenda occurs by those who seek to further the work in the area of interprofessional education for collaborative patient-centred practice,• Advanced by champions whereby all those involved in research seek to educate and influence leaders who can help advance interprofessional education for collaborative patient-centred practice.
Target Audiences	<p>The small working groups identified a range of audiences to target interprofessional education for collaborative patient-centred practice research and since many were common across research categories they are presented collectively rather than in relation to each research category:</p> <ul style="list-style-type: none">• System level whose audience is policy makers, regional health authorities, funders, and regulators,• Professional: practice settings, practitioners, management, staff, patients/ families,• Educational: researchers, teachers, students, patients/ families.

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There was general agreement that building and sustaining research capacity in interprofessional education for collaborative patient-centred practice is important. Initial ideas included:

- Researcher career development,
- Research programs,
- Influencing leaders, funders and policy decision-makers,
- Creating a critical mass of researchers,
- Establishing a training process for the next generation of interprofessional education for collaborative patient-centred practice researchers.

**Sharing
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The importance of sharing and disseminating research results was deemed important so as to build on rather than duplicate interprofessional education for collaborative patient-centred practice knowledge. To this end, several strategies emerged:

- A database of current research including existing tools,
- Employing research techniques that embraced ongoing feedback / iterations,
- Scientific meetings,
- Websites / Internet,
- Publishing.

Funding

A number of organizations were identified by participants as being viable funding sources for future interprofessional education for collaborative patient-centred practice research initiatives:

- Canadian Institutes of Health Research (CIHR)
- Canadian Health Services Research Foundation (CHSRF)
- Canadian Patient Safety Institute (CPSI)
- Canadian Council on Learning (CCL)
- Health Canada
- Health Council of Canada
- Social Sciences and Humanities Research Council of Canada (SSHRC)
- Training grants
- Disease-related organizations
- Ministries of health
- Philanthropic foundations of learning
- Consumer groups
- Emergency preparedness organizations
- Alberta Heritage Foundation
- Family foundations
- Regional Health Authorities

A point was made that funding should be sufficient to facilitate reasonable participation of the patient / family.

Next Steps

There was consensus that the positive results of the Research Workshop should be advanced in a variety of ways:

- The Canadian Interprofessional Health Collaborative (CIHC) can continue to move the Research Agenda forward and facilitate the sharing of lessons learned, resources and information with interested persons and groups
- Develop a position paper under CIHC and publish it in a peer-reviewed journal. It can contain general principles to guide researchers such as building theory, testing concepts, embracing change theory and facilitating 'linkages' within the IECPCP framework. The paper may also address the need for common definitions important to IECPCP.
- Researchers can share projects' results with colleagues, provincial leaders and funding sources
- Health Canada can consider the research priorities identified above, when they are developing their future funding strategy.

IECPCP Research Workshop: Participant List

Name & Affiliation	Project Name (& Sponsor)
Jennifer Medves, Queen's University	Queen's University Inter-Professional Patient-Centered Education Direction (QUIPPED) <i>Queen's University</i>
Teresa Broers, Queen's University	Queen's University Inter-Professional Patient-Centered Education Direction (QUIPPED) <i>Queen's University</i>
Ivy Oandasan, University of Toronto	Structuring Communication Relationship for Interprofessional Teamwork (SCRIPT) <i>University of Toronto</i>
Lynne Sinclair, Toronto Rehabilitation Institute	Structuring Communication Relationship for Interprofessional Teamwork (SCRIPT) <i>University of Toronto</i>
Cornelia van Ineveld, University of Manitoba	Interprofessional Education in Geriatric Care <i>University of Manitoba</i>
Michelle Nelson, University of Manitoba	Interprofessional Education in Geriatric Care <i>University of Manitoba</i>
Dennis Sharpe, Memorial University of Newfoundland	Collaborating for Education and Practice: An Interprofessional Education Strategy for Newfoundland and Labrador <i>Memorial University of Newfoundland</i>
Jennifer Forristall, Memorial University of Newfoundland	Collaborating for Education and Practice: An Interprofessional Education Strategy for Newfoundland and Labrador <i>Memorial University of Newfoundland</i>
Liz Harrison, University of Saskatchewan	The Patient-Centred Interprofessional Team Experience <i>University of Saskatchewan</i>
Linda Ferguson, University of Saskatchewan	The Patient-Centred Interprofessional Team Experience <i>University of Saskatchewan</i>
Nathalie Brière, Université Laval	Le patient au coeur de nos actions: mieux se former pour mieux collaborer Faculté de médecine <i>Université Laval</i>
Maximilien Iloko Fundi, Université Laval	Le patient au coeur de nos actions: mieux se former pour mieux collaborer Faculté de médecine <i>Université Laval</i>
Judith McFetridge-Durdle, Dalhousie University	Seamless Care: An Interprofessional Education Project for Innovative Team-Based Transition Care <i>Dalhousie University</i>
Maria Sarria, Dalhousie University	Seamless Care: An Interprofessional Education Project for Innovative Team-Based Transition Care <i>Dalhousie University</i>
Margaret Purden, McGill University	<u>Initiative d'enseignement portant sur la collaboration interprofessionnelle de l'Université McGill : Partenariats en matière de pratique centrée sur le patient et la famille</u>

	<i>I'Université McGill</i>
Sonia Faremo, McGill University	<u>Initiative d'enseignement portant sur la collaboration interprofessionnelle de l'Université McGill : Partenariats en matière de pratique centrée sur le patient et la famille</u> <i>I'Université McGill</i>
Esther Suter, Calgary Health Region	Creating an Interprofessional Learning Environment through Communities of Practice: An Alternative to Traditional Preceptorship <i>Calgary Health Region</i>
Jana Lait, Calgary Health Region	Creating an Interprofessional Learning Environment through Communities of Practice: An Alternative to Traditional Preceptorship <i>Calgary Health Region</i>
Grant Charles, University of British Columbia	Building Capacity and Fostering System Change <i>University of British Columbia</i>
Lesley Bainbridge, University of British Columbia	Building Capacity and Fostering System Change <i>University of British Columbia</i>
Patty Solomon, McMaster University	Institute for Interprofessional Health Sciences Education <i>Council of Ontario Universities</i>
Anne Murray, Cancer Care Nova Scotia	Cultivating Communities of Practice for Collaborative Care <i>Cancer Care Nova Scotia</i>
Joan Sargeant, Dalhousie University	Cultivating Communities of Practice for Collaborative Care <i>Cancer Care Nova Scotia</i>
Hassan Soubhi, Université de Montréal	Projet ÉCIP Éducation à la collaboration interprofessionnelle <i>Université de Montréal</i>
Deborah McLeod, Capital Health and Dalhousie University	An Innovative National Distance Education Initiative for Interprofessional Practice in Psychosocial Oncology <i>Capital Health District Authority</i>
Susan Brajtman, University of Ottawa	Teaching Interprofessional Collaborative Patient-Centred Practice Through the Humanities <i>SCO Health Services, University of Ottawa, Saint Paul University</i>
Pippa Hall, University of Ottawa & SCO Health Services	Teaching Interprofessional Collaborative Patient-Centred Practice Through the Humanities <i>SCO Health Services, University of Ottawa, Saint Paul University</i>
Lynda Weaver, SCO Health Services	Teaching Interprofessional Collaborative Patient-Centred Practice Through the Humanities <i>SCO Health Services, University of Ottawa, Saint Paul University</i>
Susan Baptiste, McMaster University	A Process Oriented Approach to Enhancing

	Interprofessional Education and Collaborative Relationship Centred Care <i>McMaster University, Faculty of Health Sciences</i>
Cathy Risdon, McMaster University	A Process Oriented Approach to Enhancing Interprofessional Education and Collaborative Relationship Centred Care <i>McMaster University</i>
Keith De'Bell, University of New Brunswick,	Interprofessional Education Using Simulations of Patient Centred Disease Care <i>University of New Brunswick</i>
William Morrison, University of New Brunswick	Interprofessional Education Using Simulations of Patient Centred Disease Care <i>University of New Brunswick</i>
Cheryl Forchuk, University of Western Ontario	Creating Interprofessional Collaborative Teams for Comprehensive Mental Health Services <i>University of Western Ontario</i>
Carol Orchard, University of Western Ontario	Creating Interprofessional Collaborative Teams for Comprehensive Mental Health Services <i>University of Western Ontario</i>
Renee Kenny, Centennial College	Interprofessional Disaster/ Emergency Action Studies ('IDEAS') <i>Centennial College</i>
Trish Dryden, Centennial College	Interprofessional Disaster/ Emergency Action Studies ('IDEAS') <i>Centennial College</i>
Mary-Ellen Schaafsma, The Conference Board of Canada	1. Legislation and Regulation Issues for Collaborative Patient-Centred Practice <i>The Conference Board of Canada</i> 2. Understanding Liability Issues for Interprofessional Education for Collaborative Patient-Centred Practice <i>The Conference Board of Canada</i>
John Gilbert, University of British Columbia	Canadian Interprofessional Health Collaboration <i>University of British Columbia</i>
Carol Herbert, University of Western Ontario	National Expert Committee Co-Chair
Danielle D'Amour, Université de Montréal	Key Researcher
Janet Helmer, CHSRF	Key Stakeholder
Larry Chambers, Elisabeth Bruyère Research Institute	Project Partner
Sandra MacDonald-Rencz, Office of Nursing Policy	Health Canada
Sue Beardall, Office of Nursing Policy	Health Canada
Sheila Morris, Office of Nursing Policy	Health Canada
Teresa Petch, Office of Nursing Policy	Health Canada