

ACCREDITATION OF INTERPROFESSIONAL HEALTH EDUCATION (AIPHE)

*Principles and practices for integrating
interprofessional education into the accreditation
standards for six health professions in Canada.*

Funded by Health Canada



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Committee on Accreditation of Canadian Medical Schools
Comité d'agrément des facultés de médecine du Canada



Canadian Association of Schools of Nursing
Association canadienne des écoles de sciences infirmières



The College of
Family Physicians
of Canada

Le Collège des
médecins de famille
du Canada



The Royal College
of Physicians and Surgeons
of Canada



Le Collège royal
des médecins et chirurgiens
du Canada



CAOT - ACE
Canadian Association of Occupational Therapists
Association canadienne des ergothérapeutes



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ACKNOWLEDGEMENTS

The Principles and Implementation Guide, which includes sample standards and criteria, and a list of resources, have been developed by the AIPHE Steering Committee, through a consultation process with the AIPHE Advisory Group. The contributions provided by organizations and individuals are greatly appreciated. Funding has been generously provided by Health Canada.

The Steering Committee would like to sincerely thank Lesley Bainbridge and Louise Nasmith for their extra efforts in developing this Principles and Implementation Guide.

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- Canadian Association of Occupational Therapists (CAOT)
- Canadian Association of Schools of Nursing (CASN)
- Canadian Association for Social Work Education (CASWE)
- Canadian Council for Accreditation of Pharmacy Programs (CCAPP)
- College of Family Physicians of Canada (CFPC)
- Committee on Accreditation of Canadian Medical Schools (CACMS)
- Royal College of Physicians and Surgeons of Canada (RCPSC)


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ABSTRACT

Interprofessional education (IPE) is increasingly important in health professional education. It is an educational approach that helps to prepare the future health and human service workforce for interprofessional collaboration. Working together more effectively across professions and inclusion of the patient/client/family at the centre of care are both critical for mitigating health human resource shortages and for improving patient safety.

To help to ensure that interprofessional education (IPE) is embedded in health and human service education programs in Canada, Health Canada funded six professions (medicine, nursing, pharmacy, physical therapy, occupational therapy, and social work) representing eight accreditation bodies to work together to address interprofessional education in accreditation standards. With secretariat support from The Association of Faculties of Medicine of Canada, a Steering Committee and an expanded Advisory Group worked to develop shared principles in support of accreditation standards for IPE. The resulting document describes the rationale for this attention to IPE, articulates guiding principles, provides sample standards and examples of evidence, as well as a resource list for education programs to access material needed to embed IPE in curricula.

Future activities will be undertaken by each accrediting body to frame the IPE standards in their language. The 8 organizations represented by AIPHE will continue to share experiences and lessons learned through standard development and implementation processes. In addition, the work of AIPHE will be shared with other interested accreditation bodies to be used as a base from which to develop IPE standards.

INTRODUCTION

In November of 2007, Health Canada provided funding to bring six health and human service professions (medicine, nursing, occupational therapy, pharmacy, physical therapy and social work) together to address the integration of IPE standards into each profession's education accreditation program. The Association of Faculties of Medicine (AFMC) provided the secretariat for the Accreditation for Interprofessional Health Education (AIPHE) group.¹ A Steering Committee, Management Sub-Committee, and Advisory Group worked together over 18 months to develop principles, sample standards and criteria, and an implementation guide, including a list of resources, for the integration of IPE into national health and human service accreditation standards. In addition, Accreditation Canada (formerly the Canadian Council of Health Services Accreditation, CCHSA), was asked by the Steering Committee to participate to ensure that the service delivery context which influences practice education for the 6 health and human service professions was considered.

Interprofessional health education (IPE) is defined in the literature most commonly as *“occasions when two or more professions learn with, from and about each other to improve collaboration and quality of care”* (CAIPE, 2002). It is a specific educational approach to learning that requires interaction among learners from different professions.

It is not:

- a collective of learners from different professions sitting in the same room listening to the same lecture; or
- learners from one profession sharing knowledge with one or more other professions in a one way exchange.

One of the primary keys to effective interprofessional education is the active engagement of students from different professions in interactive learning – something must be exchanged among and between learners from different professions that changes how they perceive themselves and others. These changes must positively affect clinical practice in a way that enhances interprofessional collaboration, client involvement in care, and ultimately improves health outcomes. IPE is a complex educational approach that is most effective when integrated throughout a program of study in both academic and practice learning as the student moves from simple to more complex learning activities.

¹ Note: for consistency, “Inter-Professional” and “Inter-professional” have been changed to “Interprofessional” throughout this text.

WHY INTERPROFESSIONAL EDUCATION FOR COLLABORATIVE PATIENT CENTRED PRACTICE?

Interprofessional education (IPE) for collaborative patient-centred practice (CPCP) is emerging as a critical component of health professional education in Canada and internationally. Interprofessional collaboration is a key strategy for improving health outcomes and patient safety as well as for addressing the looming health human resource crisis in health care. IPE is one of the vital strategies that education programs can employ to prepare health care providers to participate in a new more collaborative future health care workforce. New federal and provincial policies indicate that IPE and collaborative care are expectations for future practice. Government funding has supported a variety of initiatives to promote IPE and CPCP.

THE CONNECTION BETWEEN INTERPROFESSIONAL EDUCATION AND ACCREDITATION OF PROFESSIONAL EDUCATION PROGRAMS

To ensure that education programs place IPE high on their educational priority list, Health Canada funded a collaborative project, the Accreditation for Interprofessional Health Education (AIPHE), that brought together six key health professions to address IPE in accreditation standards.

The six health and human service professions represented in the AIPHE project have committed to working collaboratively in the development of shared principles and draft standards for the accreditation of interprofessional education in national health and human service education programs. Each profession represented is dedicated to making changes to its respective accreditation program to reflect the emerging focus on collaborative practice. By reaching consensus on a common lexicon, by capitalizing on similarities inherent in IPE, and by creating flexibility in the standards and evidence that will embed IPE into curricula, the six professions have modeled interprofessional collaboration.



GUIDING PRINCIPLES FOR INTEGRATING INTERPROFESSIONAL EDUCATION STANDARDS INTO PROFESSIONAL EDUCATION

The following principles will guide the development and implementation of IPE standards in national and, where relevant, international accreditation programs for health and human service professional education.

- The patient/client/family is the central focus of effective interprofessional collaboration and, therefore, of effective interprofessional education.
- In order to educate collaborative practitioners, interprofessional education is an integral component of education for all health and human service professions.
- Interprofessional education is most effective when integrated explicitly into classroom and practice contexts for learning.
- Core competencies for collaborative practice are used to inform health and human service interprofessional curricula in Canada.
- Interprofessional education embraces a relationship-centred approach as one of the key pillars of successful interprofessional collaboration.
- Interprofessional education requires active engagement of students across the professions in meaningful and relevant collaboration.
- Flexibility in the integration of IPE into health and human service curricula facilitates the development of accreditation standards that are consistent with the profession's accreditation process and the diverse educational models across the country.
- Accreditation as one quality monitoring process for education, and regulation (licensing) as the quality control process for practice, must provide consistent messages about interprofessional education and collaboration.
- Emerging evidence is used to guide interprofessional education in all health and human service program curricula.
- Required support structures for interprofessional education should be considered in all aspects of accreditation including institutional commitment, curriculum, resources, program evaluation, faculty and students.
- Collaborative learning is integrated along the continuum of health professional education.
- Specific knowledge, skills and attitudes are required for effective interprofessional collaboration and these are reflected in IPE curricula.

IMPLEMENTATION OF INTERPROFESSIONAL EDUCATION ACCREDITATION STANDARDS: KNOWLEDGE TO ACTION

The guiding principles provide the overarching direction for the development of accreditation standards that incorporate IPE. The implementation guide provides structure, process and outcome considerations to enable the development of standards and an implementation process. The guide offers sample standards, criteria, examples of evidence and explanatory notes. Given the different approaches to the development and implementation of accreditation standards across professions, each accreditation agency may use different components of the guide and adapt them for its use. **In addition, the guide provides links to resources that will assist education programs to make curricular changes in support of the IPE standards.**

EXAMPLES OF STANDARDS AND EVIDENCE

Accreditation standards for IPE may be new standards in an accreditation program or existing standards may be adapted to reflect interprofessional education. In either case, the following examples of IPE standards and evidence of IPE may assist professions to embed IPE into their national accreditation programs.

SAMPLE STANDARDS

1. Institutional Commitment

Examples of Standards:

- The university's vision, mission, goals, and strategic plan reflect a commitment to innovative teaching practices and collaborative learning experiences which indirectly support interprofessional education (IPE)
- Resources are committed for innovative teaching and learning which indirectly advance IPE

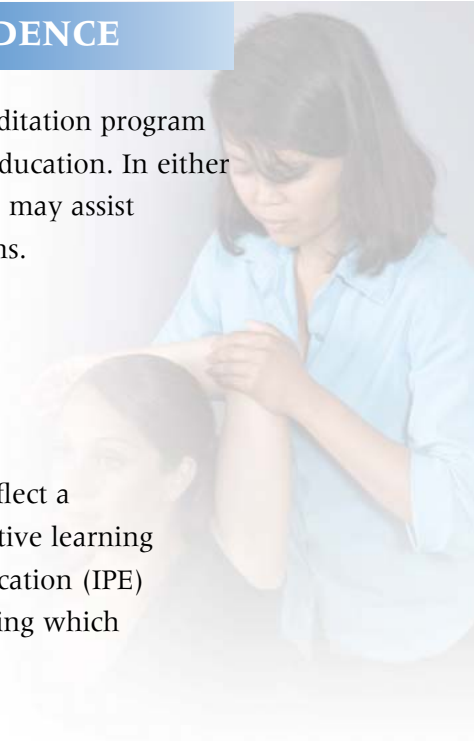
Examples of Evidence:

- Clear interpretation of the vision/mission/goals/strategic plan of the university in the program's IPE program
- An office or other organizational unit that is specifically resourced to advance IPE

2. Academic Program

Examples of Standards:

- The program's learning outcomes/objectives/exit competencies explicitly include interprofessional collaborative practice (IPC)



- IP learning opportunities are provided for all students
- Student assessment includes evaluation of IP collaborative practice competencies

Examples of Evidence:

- Interprofessional learning objectives throughout course syllabi
- Classroom experiences in IPE
- Practice-based experiences in IPC e.g. Collaborative Learning Unit/Collaborative Learning Environment; IP team rounds; interprofessional rural placements
- Assessment tools used to evaluate collaborative practice competencies e.g. Team Objective Structured Clinical Examination (TOSCE)
- A coordinating committee or structure for health profession programs is in place that provides administrative support to the curricular activities across all programs

3. Students

Examples of Standards:

- Supports and services are provided to facilitate students' IP learning

Examples of Evidence:

- Support for a Health Sciences Student Association (HSSA)
- Opportunities for social interactions

4. Faculty

Examples of Standards:

- The common values shared by all faculty, both academic and practice-based, reflect a commitment to interprofessional education and interprofessional collaboration
- Resources are available to ensure that faculty are adequately prepared, supported, and rewarded for engagement in interprofessional education

Examples of Evidence:

- A commitment to IPE is part of the faculty selection process
- Interprofessional education involvement is included in the faculty evaluation process
- Interprofessional education activities are recognized and rewarded through awards and in the promotion and tenure process
- Faculty/professional development programs are available in interprofessional education

5. Resources

Examples of Standards:

- Fiscal, physical, and human resources are dedicated to support the planning, implementation, and maintenance of IPE in both the academic institutions and practice sites

Examples of Evidence:

- Budget planning explicitly includes resources for IPE
- Learning resources for IPE are available
- Funded faculty are provided with dedicated time for IPE
- Clinical sites have space and other resources dedicated to interprofessional education and interprofessional collaboration
- Preceptors in the practice setting are oriented to interprofessional education

RESOURCES

To assist education programs to develop interprofessional education resources and to embed interprofessional learning in both academic and clinical settings, there are several useful references and links to curriculum, professional development and evaluation materials. The following section provides a selection of references and links to resource materials. In addition, a more comprehensive overview of resources related to learning outcomes, curriculum design, and evaluation of learning can be found on the AIPHE web site at www.aiphe.ca

CURRICULUM CLASSROOM RESOURCES

The Canadian Interprofessional Health Collaborative (www.cihc.ca) offers a variety of resource materials including course outlines, modules, and other teaching materials.

Specific document of interest:

Curricula Approaches of the 20 Health Canada Funded IECPCP Projects (Sept. 2008) www.cihc.ca/about/curricula.html (See Appendix B for a composite listing of all types of learning materials used in projects)

The College of Health Disciplines at the University of British Columbia (www.chd.ubc.ca) offers resources and references for classroom and practice.

The Interprofessional Network of BC (In-BC) (www.in-bc.ca) offers examples of interprofessional activity in both academic and practice settings.

Interprofessional Case studies

Case studies are available in print, DVD, with and without instructor guides, and template formats from the following education institutions in Canada:

University of Toronto, Office of Interprofessional Education (www.ipe.utoronto.ca)

The University of Western Ontario, Office of Interprofessional Health Education & Research (www.ipe.uwo.ca)

Also consult the CIHC e-Library for access to other case studies from IECPCP projects (www.cihc.ca/library)

For simulated cases a set of templates is also available through the University of Western Ontario, see www.ipe.uwo.ca

CURRICULUM PRACTICE EDUCATION RESOURCES

The Interprofessional Rural Program of BC (www.irpbc.com) offers information about interprofessional clinical experiences in rural communities.

The University of Western Ontario Office of Interprofessional Health Education & Research (www.ipe.uwo.ca) has a set of tools used for all IPE student placements:

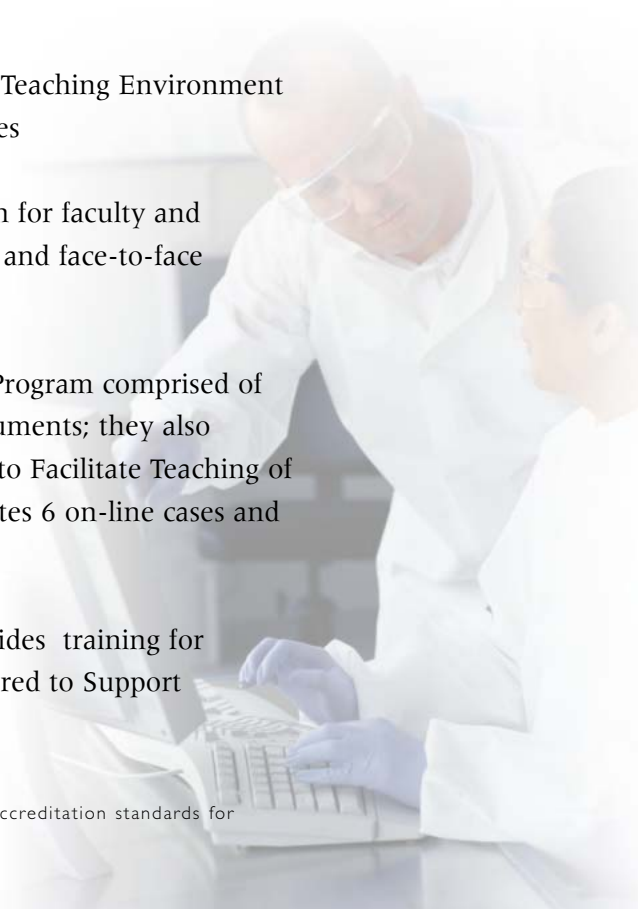
- Evaluation of IPE Placement (completed by prelicensure students)
- IPE peer/self Group Interaction Assessment
- IP Student Team Learning Plan
- Evaluation of Interprofessional Education Practice Facilitators (completed by pre licensure students of their faculty member)

RESOURCES TO DEVELOP FACULTY TEACHING SKILLS IN IPE

Programs to develop IP teaching skills for faculty members have been developed at several universities listed below.

Contacts for the following can be found at www.cihc.ca/library

- **University of Toronto Office of IPE** offers a one week training program in IPE for faculty.
- **The University of Western Ontario** has developed an IPE Faculty Teaching Certificate Program.
- **Université Laval** – Practice training in Primary Care Teaching Environment videos to support faculty in their practice teaching roles
- **Dalhousie University** – Interprofessional Orientation for faculty and clinicians using web-CT discussions, teleconferencing, and face-to-face discussions.
- **McGill University** provides a Faculty Development Program comprised of case studies, an instructor monaural, and on-line documents; they also provide a workshop on Building Resources and Tools to Facilitate Teaching of Interprofessional Collaborative Practice that incorporates 6 on-line cases and care plans for clinicians.
- **University of New Brunswick at Saint John** provides training for Educator's in Knowledge of Core Competencies Required to Support Collaborative Patient-Centred Practice





- **Institute of Interprofessional Health Sciences Education** has developed a set of 4 modules for team development of clinicians focusing on collaborative team work.
- **University of Manitoba** has developed an Interprofessional Education for Geriatric Care (IEGC) program. This is an on-line program offered over 5 days for faculty teaching interprofessionally.
- **University of British Columbia** College of Health Disciplines had conducted a province wide needs assessment for continuing professional development related to IPE and is developing a CPD program to address the identified needs.

EVALUATION RESOURCES

CIHC Research & Evaluation subcommittee, including several publications (<http://cihc.ca/about/research.html>)

A web-based interactive framework of IECPCP evaluation instruments (http://cihc.ca/resources/evaluation_instruments.html)

KEY LITERATURE REFERENCES

Freeth D, Reeves S, Koppel I, Hammick M, Barr H. (2005) Evaluating Interprofessional Education: A Self-Help Guide.

<http://www.health.heacademy.ac.uk/publications/occasionalpaper/occp5>

Freeth D, M Hammick M, I Koppel, S Reeves, & H Barr. (2002). *A critical review of evaluations of interprofessional education*. A review commissioned by the Learning and Teaching Support Network Health Sciences and Practice from the Interprofessional Education Joint Evaluation Team. Available at: <http://www.health.heacademy.ac.uk/publications/occasionalpaper/occasionalpaper02.pdf>. Accessed August 19, 2008.

Barr H, Koppel I, Reeves S, Hammick M, Freeth D. (2005). Reviewing the Evidence Base. In: *Effective Interprofessional Education: Argument, Assumption & Evidence*. Blackwell Publishing, p. 41-57.

Hammick M, Freeth D, Koppel I, Reeves S, Barr H. (2007-online). *A Best Evidence Systematic Review of Interprofessional Education*, (Medical Teacher, in press).

APPENDICES

GLOSSARY OF TERMS

Curriculum is the overarching term for all those aspects of education that contribute to the experience of learning: aims, content, mode of delivery, assessment and so on (Freeth et al. 2005).

Interprofessional Collaborative Practice is a partnership between a team of health professionals and a client in a participatory, collaborative and coordinated approach to shared decision-making around health issues (Orchard and Curran, 2005, Medical Education Online, 10(11): 1-13).

Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care (Centre for Advancement of Interprofessional Education, 2002).

An **Interprofessional Team** is a group of people from different provider backgrounds that works with clients and families to meet jointly established goals. Often, one team member is appointed as a key worker or case manager for the service user; in this role they coordinate communication between practitioners and the patient or client or career. Effective teams demonstrate mutual respect for all contributions, establish an environment of trust, communicate clearly and regularly, minimize duplication, address conflict directly, and focus their attention on the client and family.

Practice Placement is used as the generic term to cover clinical placement, attachment, rotation, fieldwork placement, practicum and other terms used by different professions to describe opportunities for student to apply and develop their learning in the workplace (Freeth et al. 2005).

Practice site is the supervised clinical or community-based training that takes place in a practice setting such as a community health service, hospital, long-term care facility or practitioner's office. These student learning opportunities include practicums, placements, internships and residencies and are supervised by preceptors and clinical supervisors.

Pre-licensure: Level of professional education required to be licensed to practice a profession in Canada.

Teamwork is the process whereby a group of people, with a common goal, work together, often but not necessarily, to increase the efficiency of the task in hand. They see themselves as a team and meet regularly to achieve and evaluate those goals. Regular communication, coordination, distinctive roles, interdependent tasks and shared norms are important features (Freeth et al. 2005).

PROFESSIONAL ENTRY LEVEL CREDENTIALS

Pharmacy: requires a baccalaureate degree in pharmacy or first professional degree awarded as the doctor of pharmacy to enter practice.

Physiotherapy: currently requires a professional master's or baccalaureate degree to enter practice. The goal for all physiotherapy education programs in Canada is to graduate only masters-prepared entry-level practitioners **by 2010**.

Occupational therapy: currently requires a diploma or baccalaureate degree to enter practice. **Effective 2008**, only occupational therapy educational programs that lead to a professional master's degree in occupational therapy as the entry-to-practice credential will be accredited.

Medicine: requires an undergraduate MD degree from an accredited medical school, and post-graduate training (residency) for two or more years, depending on the specialty pursued.

Nursing: requires a Bachelor of Nursing degree to enter practice as a registered nurse in every province except Manitoba and Quebec.

Social Work: requires a Bachelor of Social Work to enter practice although many social workers in healthcare have graduate degrees.



Standards/Criteria Relevant to IPE in Pre-Licensure Education Accreditation Systems

Health Profession	Accrediting Body	Standards Relevant to IECPCP
Medicine	Committee on Accreditation on Canadian Medical Schools (CACMS)/Liaison Committee on Medical Education (LCME)	<p>ED-17. Educational opportunities must be available in multidisciplinary content areas, such as emergency medicine and geriatrics, and in the disciplines that support general medical practice, such as diagnostic imaging and clinical pathology.</p> <p>ED-17A. The curriculum must introduce the basic principles of clinical and translational research, including how such research is conducted, evaluated, explained to patients and applied to patient care</p> <ul style="list-style-type: none"> - There are several ways in which programs can meet the requirements of this standard.....patient focused courses..... <p>ED-19. There must be specific instruction in communication skills as they relate to physician responsibilities, including communication with patients, families, colleagues, and other health professionals.</p> <p>ED-36. The chief academic must have sufficient resources and authority to fulfill the responsibility for the management and evaluation of the curriculum</p> <ul style="list-style-type: none"> - Support and services for the efforts of the curriculum management body and for any interdisciplinary teaching efforts that are not supported at a departmental level.
	The College of Family Physicians of Canada (CFPC)	<p>GENERAL STANDARDS</p> <p>PRINCIPLES OF FAMILY MEDICINE</p> <p><i>Family medicine is community-based.</i></p> <p>Family medicine is based in the community and is significantly influenced by community factors. As a member of the community, the family physician is able to respond to people’s changing needs, to adapt quickly to changing circumstances, and to mobilize appropriate resources to address patients’ needs.</p> <p>The family physician may care for patients in the office; the hospital, including the emergency department; other health care facilities; or the home. Family physicians see themselves as part of a community network of health care providers and are skilled at collaborating as team members or team leaders. They use referral to specialists and community resources judiciously.</p> <p>STANDARDS FOR FAMILY MEDICINE</p> <p>CURRICULUM (<i>general guidelines</i>)</p> <p>2. Programs must demonstrate that effective experiential learning of continuity of patient care occurs within the program. Residents must learn the skills of coordinating the interprofessional care of patients with multisystem illness, including the maintenance and use of high-quality health care records and other forms of communication.</p> <p><i>Curriculum guidelines related to “the family physician is an effective clinician”</i></p> <p>Care of the elderly Residents should learn to be effective team members by participating in a multidisciplinary geriatric team.</p> <p>Behavioral medicine Programs may wish to integrate other appropriate health care workers in a complementary role in the teaching of residents, however, family physicians must provide and coordinate core teaching.</p> <p><i>Curriculum guidelines related to “family medicine is community based”</i></p> <p>Residents must have knowledge of and be willing to draw upon the community’s resources, such as medical consultants, other health professionals, and community agencies.</p>



STANDARDS FOR FAMILY MEDICINE/ EMERGENCY MEDICINE

CURRICULUM

Family medicine is community-based

An EM resident **must** acquire the knowledge and skills to:

1. understand the principles of the development and implementation of support emergency services in the community for pre hospital care, (i.e., paramedics, ambulance service, communication systems, first aid programs, poison control, public education, organization of emergency medical services, and disaster planning)

The doctor-patient relationship is central to the role of the family physician.

An EM resident **must** acquire the knowledge and skills to:

2. demonstrate effective communication skills with patients, families, and co-workers

RESOURCES

Clinical teaching resources

The training program **must** provide:

5. Interdisciplinary experience with social workers, nursing staff and other health professionals, focusing on their role in the comprehensive delivery of health care services in the emergency department setting.

STANDARDS FOR PROGRAMS IN CARE OF THE ELDERLY

CURRICULUM

Family medicine is community-based

The resident must actively use and interact with community resources to enhance patient management.

RESOURCES

FACULTY RESOURCES

Qualified teaching staff, some with appointments in the department of family medicine, will be appointed to supervise and to provide teaching. These will include:

4. Faculty from other health care professions.

STANDARDS FOR FAMILY PRACTICE – ANESTHESIA (FP-A)

CURRICULUM

The doctor-patient relationship is central to the role of the family physician.

A FP-A resident must acquire the knowledge and skills to:

.....demonstrate effective communication skills with patients, families and co-workers.....

RESOURCES

CLINICAL TEACHING RESOURCES

The training program must provide:

-Interdisciplinary experience, focusing on the role of the FPA in the comprehensive delivery of health care services.

STANDARDS FOR PALLIATIVE CARE

Note: Accreditation for residency programs in this area is shared between the CFPC and RCPSC

*General Objective 5
(Principle #2 - Effective Clinician)*

The resident will be able to collaborate as an effective member of an interdisciplinary team.

Specific Objectives

The resident will be able to:

- 5.1 describe the roles of other disciplines in providing palliative care;
- 5.2 participate in interdisciplinary care of patients, including family conferences;
- 5.3 communicate effectively with other team members;
- 5.4 demonstrate adequate skills in educating and in learning from members of the interdisciplinary team;

V Content and Organization of the Program

2. Program Requirements:

One year of palliative medicine. This program must include:
.....interprofessional care and teaching.

VI Resources

3. Interdisciplinary faculty including:

.....experienced teachers from other medical specialties and other disciplines such as nursing, social work and theology.....

4. Support Services

.....palliative care counselling resources such as social workers, psychiatrists or psychologists with special expertise in caring for dying patients and their families.....

Royal College of Physicians and Surgeons of Canada (RCPSC)

STANDARD A.2: SITES FOR POSTGRADUATE MEDICAL EDUCATION
Affiliated teaching hospitals and other education sites participating in residency programs must have a major commitment to education and quality of patient care.

Interpretation

3. It is important that residency programs be supported by active teaching services in other disciplines related to the specialty or subspecialty. Details of these relationships will be found in the specific standards of accreditation for programs in each specialty or subspecialty.

4. All participating sites **must** be actively involved in a formal quality assurance/improvement program, including regular reviews of deaths and complications. Quality assurance activities should be part of an integrated program that allows interaction between all members of the patient-centered health care team. The quality of patient care and the use of diagnostic procedures on the teaching services whether medical, surgical, or laboratory should be under continuous review.

STANDARD B.2: GOALS AND OBJECTIVES

There must be a clearly worded statement outlining the goals of the residency program and the educational objectives of the residents.

Interpretation

2. Goals and objectives **must** be structured to reflect the CanMEDS competencies. (See Standard B.5). Clearly defined educational objectives for teaching each of these competencies and mechanisms of formal assessment **must** be in place.

Medical Expert:

- seek appropriate consultation from other health professionals, recognizing the limits of their expertise.

Communicator:

- develop rapport, trust and ethical therapeutic relationships with patients and families
- accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals
- accurately convey relevant information and explanations to patients and families, colleagues and other professionals
- develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop a shared plan of care

Collaborator:

- participate effectively and appropriately in an interprofessional health care team
- effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict

Scholar:

- facilitate the learning of patients, families, students, residents, other health professionals, the public, and others, as appropriate.

STANDARD B.5: CLINICAL, ACADEMIC AND SCHOLARLY CONTENT OF THE PROGRAM

The clinical, academic and scholarly content of the program must be appropriate for university postgraduate education and adequately prepare residents to fulfill all of the Roles of the specialist. The quality of scholarship in the program will, in part, be demonstrated by a spirit of enquiry during clinical discussions, at the bedside and in clinics, in seminars, rounds, and conferences. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

Interpretation

1. Medical Expert

1.2 There **must** be an effective teaching program in place to ensure that residents learn to consult with other physician and health care professionals to provide optimal care of patients.

2. Communicator

2.1 The program **must** ensure that there is adequate teaching in communication skills to enable residents to effectively:

2.1.1 interact with patients and their families, colleagues, students, and co-workers from other disciplines to develop a shared care plan;

3. Collaborator

3.1 The program **must** ensure that there is effective teaching and development of collaborative skills to enable residents:

3.1.1 to work effectively with all members of the interprofessional health care team;

3.1.2 to manage conflict.

STANDARD B.6: EVALUATION OF RESIDENT PERFORMANCE

There must be mechanisms in place to ensure the systematic collection and interpretation of evaluation data on each resident enrolled in the program.

Interpretation

2.5 Collaborating abilities, including interpersonal skills in working with all members of the interprofessional team, **must** be assessed.



Health Profession

Accrediting Body

Standards Relevant to IECPCP



Nursing

Canadian Association of Schools of Nursing (CASN)

Medical Expert:

- seek appropriate consultation from other health professionals, recognizing the limits of their expertise.

Communicator:

- develop rapport, trust and ethical therapeutic relationships with patients and families
- accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals
- accurately convey relevant information and explanations to patients and families, colleagues and other professionals
- develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop a shared plan of care

Collaborator:

- participate effectively and appropriately in an interprofessional health care team
- effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict

Scholar:

- facilitate the learning of patients, families, students, residents, other health professionals, the public, and others, as appropriate.

Partnership: The educational unit has strategic partnerships that support quality nursing education and scholarship

1. The strategic plan guides the development of informal and formal partnerships, relationships, and teams of the achievement of mutual goals
2. Strategic goals are achieved by teams within partnerships and relationships consistent with the concept of shared leadership
3. Trust, mutual respect, shared leadership and open communication support partnerships, relationships, and teams
5. Benefits of the teams, partnerships, and relationships are evident
6. The teams, partnerships, and relationships create new opportunities, innovations, and synergy

Knowledge-based Practice: Learners have opportunities to engage in effective, knowledge-based practice that is safe and ethical

8. Learners develop functional working relationships



Pharmacy

Canadian Council for the Accreditation of Pharmacy Programs (CCAPP)

Guideline 1.3: "The mission statement of a Faculty should acknowledge pharmaceutical care as the contemporary mode of pharmacy practice in which the pharmacist, in partnership with patients and other health providers, determines the patient's desired health outcomes, assists in identifying their drug related needs and establishes the mutual responsibility of each participant. The professional program in pharmacy should provide educational preparedness so as to enable the pharmacist to collaborate with other health professionals and to share in the responsibility for the outcomes of drug and related therapy in patients."

Guideline 4.4: "The University should promote and the Faculty should develop relationships among health profession Faculties."

Guideline 4.5: "The University should facilitate inter-professional health science education. Pharmacy students should benefit from collaboration with students in other health science programs in activities such as practice experiences and integrated small learning activities."

Guideline 9.3: "...The behavioural, social and administrative pharmacy sciences area should attend to the knowledge, skills, and abilities necessary to the efficient and effective management of patient-centered practice."





Health Profession

Accrediting Body

Standards Relevant to IECPCP

Guideline 10.2: "...Practice experiences should enhance teamwork and communication skills with patients, colleagues and other professionals."

Guideline 10.3: "...Practice experiences should develop pharmaceutical care capabilities in ..., and interdisciplinary environments..."

Guideline 11.2: "...The curricular areas of pharmacy practice and the practice experiences should serve as the mainstay for the application and further development of interpersonal and inter-professional communicative and collaborative skills necessary to the rendering of pharmaceutical care."



Social Work

Canadian Association of Schools of Social Work (CASSW) Board of Accreditation

SB 5.10.12: The curriculum shall ensure that the student will have knowledge of other related occupations and professions sufficient to facilitate interprofessional collaboration and team work.



Physiotherapy

Accreditation Council for Canadian Physiotherapy Academic Programs (ACCPAP)

6.3.4.5 Collaboration with clients, family members or other care-givers, and members of the health team.

6.4.2 Providing education for clients and consulting with other professionals as required.

6.4.5 Discharge planning and follow-up care including referral to other health care team members or community resources as indicated.

6.5 Communication and Interdisciplinary Practice: Physiotherapy students, upon graduation, will communicate with clients, relevant others and health team members to achieve interdisciplinary collaboration and service coordination through their knowledge and skills in:

6.5.1 Documenting relevant aspects of client history, assessment, planning, intervention, discharge and follow-up

6.5.2 Effective written, verbal and non-verbal communication skills

6.5.3 Responsibility to refer to other physiotherapists and members of the health team when required

6.5.4 Providing education for clients and colleagues using pedagogical principles

6.5.5 Consulting and collaborating with individuals, other professionals, and community-based organizations to facilitate delivery of services

6.5.6 Informed consent and participatory decision-making



Occupational Therapy

Canadian Association of Occupational Therapists (CAOT)

Canadian Guidelines for Fieldwork Education in Occupational Therapy

Students are expected to:

- Increase their understanding of and respect the roles and functions of other team members;
- Learn how occupational therapists contribute to the service delivery team;
- Increase their understanding of the systems in which occupational therapists practice.



