On Our Way…
Interprofessional Education
and Collaborative, Patient-Centred Practice in BC

Final Report to Health Canada

Building Capacity &
Fostering System Change

October 1, 2008
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Main Messages

- Using a ‘network of networks’ approach to advance interprofessional education, collaborative practice and patient-centred care facilitates:
  - access to a broad range of knowledge, expertise and support in health and education
  - support and mentoring for innovators while they build support in their own organizations
  - formation of new partnerships for research and development
  - knowledge translation among multiple stakeholders and sectors
  - spread of innovation
  - sustainability (e.g. embedding into policies and practice, access to other resources and funding)

  *Structures and processes are needed to foster ongoing interprofessional and inter-organizational relationships and participation of multiple stakeholders.*

- Collaborative leadership across health and education, and commitment at all levels sets the stage for co-creation and implementation of new, integrated approaches for system change. *Enabled governance structures linking health and education need to be in place.*

- Rural communities with leaders who champion interprofessional learning and collaborative, patient-centred practice are ideal settings for both individual and team student learning. *Continued emphasis should be placed on interprofessional learning in rural communities, which contributes to broader change across health and education systems.*

- Students are key champions for system transformation. Students are typically less influenced by traditional “turf” boundaries between professions. Many students are ‘buying into’ interprofessional collaboration which is shaping the way they practice. *Further work is needed to address systemic, logistical and curricular barriers that hinder students from participation in interprofessional learning at undergraduate level.*

- Alignment with health system priorities is essential to embed interprofessional education, collaborative practice and patient-centred care in the system. *Change initiatives should contribute positively to priorities such as patient safety, patient self-management, quality care, primary care, health human resource development and service efficiency.*

- Continuing education for faculty, clinical educators, and practitioners about interprofessional and collaborative practice is an essential component of system transformation. *Integrated approaches should be developed to support continuing interprofessional education.*

- Sustainable healthcare services in First Nation communities require policy and organizational commitment to integrated, interprofessional practice which is community driven, works across boundaries and finds creative alternatives.
Executive Summary

British Columbia adopted a unique provincial approach to Health Canada’s Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) funding. The Interprofessional Network of BC (In-BC) was created as an inter-organizational, and intersectoral collaborative, building on existing interprofessional initiatives and structures in British Columbia. Levering the leadership in interprofessional education by the College of Health Disciplines at the University of British Columbia, and the health and education partnership through the BC Academic Health Council, In-BC was established as a collaborative across all six health authorities, post-secondary education institutions, BC Ministries of Health and Advanced Education and the provincial healthcare recruitment agency HealthMatch BC.

In-BC’s focus has been to “build capacity and foster system change” through leadership at both the provincial and regional/local levels, and by aligning with priorities within the health authorities. Regional projects were aligned with a range of healthcare services including primary healthcare, rural health, acute services, rehabilitation, Aboriginal health, maternal and newborn services and others. Provincial level activities focused on three key areas of curriculum development, knowledge translation and evaluation.

A key aspect of In-BC knowledge translation activities has been the engagement of a wide range of stakeholders – front line practitioners, managers, educators, senior level decision-makers, patients, communities and researchers – in all levels of In-BC as we collectively advance interprofessional education and collaboration in the province. In addition to regional and project-specific forums, In-BC hosted eight provincial workshops beginning in July 2004 with the Health Canada Stakeholder Forum and culminating in April 2008 “Celebrating Interprofessional Innovation and Shaping the Future”.

In addition, In-BC has actively linked with a number of forums at the national and international level including the Canadian Interprofessional Health Collaborative, the Canadian Health Services Research Foundation, Western Interprofessional Health Collaborative and All Together Better Health conferences.

Significant energy has been invested into the evaluation of In-BC. Expertise in program logic models and cluster evaluation was contributed by several evaluation consultants in BC and through the Kellogg Foundation in the United States. A series of provincial and regional workshops were held to build our collective evaluation capacity and to develop a comprehensive evaluation approach, and to share progress and findings throughout the process. Ultimately, In-BC developed a multi-level evaluation framework encompassing provincial level, trans-project or cluster level and project-specific level outcomes. It was an ambitious undertaking, and yet one that actively engaged stakeholders at all levels and fostered synergy across the respective activities and projects. The In-BC project reports and interim evaluation reports have been posted at www.in-bc.ca
Across the province, there are a number of positive steps towards sustainability. Increasingly, health and education organizations in British Columbia are embedding interprofessional approaches in their strategic plans, are creating interprofessional committee structures, and/or have made “interprofessional” a way of doing business relating to education, research and practice. Health authorities have initiated interprofessional practice and research events, and recognition awards for interprofessional collaborative teams. Practice Education Innovation Funding (PEIF) coordinated through the BC Academic Health Council has supported numerous projects (e.g. simulation, preceptor development initiatives, practice education guidelines) focused on interprofessional and inter-organizational approaches to system needs. The Interprofessional Rural Program of BC is applying the lessons learned to expand capacity for interprofessional rural learning across a greater number of communities in the province. The BC Competency Framework for Interprofessional Collaboration has been made available through the College of Health Disciplines, University of British Columbia and is setting a foundation for interprofessional curriculum development in the province.

Lessons learned over the past four years are many. Highlights include:

- the power, synergy, surprises and spin-offs that comes from collaborating across organizations and people
- the complexity of the health and education systems (and thus the need for multifaceted approaches)
- the challenge of long-standing hierarchical structures within health and education
- the integral role of champions to identify opportunities, inspire others and lead change
- the importance of how we engage stakeholders and cultivate sites
- the principles of participatory action which allow processes to change and grow as they evolve
- the need to provide resources and support for innovation
- the critical role of the patient/family/community voice – and yet the challenge to make that happen!

We are proud of what we have collectively accomplished across British Columbia, through the investments made by Health Canada, BC Ministry of Health and many partners involved with In-BC. A “movement” has begun.

Much work is still ahead to embed interprofessional education and collaborative patient-centred practice into the health and education systems. Negotiations are underway with the BC Ministry of Health Services for longer term funding. Interim funding has been provided for a provincial consultation process, development of a detailed business plan and to sustain some key activities especially relating to continued knowledge translation across the wide range of organizations throughout BC.

In the next year or two, it is anticipated that British Columbia will establish a “centre” for interprofessional activities focused on building capacity and supporting sustainability.
**Context**

Policy drivers at national and provincial levels provided a key impetus for establishing the Interprofessional Network of BC. Growing health human resources issues reinforced the need for integrated solutions across health and education. There was growing recognition that interprofessional collaboration was an essential underpinning to address healthcare priorities such as primary healthcare and patient safety. And, Health Canada’s Interprofessional Education for Collaborative Patient-Centred Practice initiative provided a major incentive to advance partnerships and innovation.

British Columbia was in a unique position to lever a number of existing collaborative initiatives and structures across professions, organizations and health and education sectors. The College of Health Disciplines for several years had been leading interprofessional education across 15 schools and faculties at the University of British Columbia. The BC Academic Health Council had a well established provincial forum across health and education organizations focused on the education of health professionals. And initiatives such as the Interprofessional Rural Program of BC, Collaboration for Maternal and Newborn Health, HSPnet and preceptor education provided a foundation to build on.

The Health Canada stakeholders' forum in July 2004 brought together BC health and education leaders who had a readiness to engage, and from this, the commitment for a collaborative provincial approach emerged. The College of Health Disciplines provided initial start-up support and staffing, and participation and financial support from the BC Ministry of Health was instrumental to hosting the early workshops as we established the fundamental principles, submission for Health Canada IECPCP funding and evaluation framework.

From its earliest inception in fall 2004, the focus of this provincial network was on “building capacity and fostering system change” across health and education. Resources and activities were directed to approaches that the stakeholders believed would contribute to longer term impact versus short term projects.

The goals of In-BC were aligned with Health Canada’s Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) initiative and were to:

1. Promote and demonstrate the benefits of IECPCP
2. Foster changes that support IECPCP in health and education
3. Promote knowledge translation relating to IECPCP across health and education sectors and in professions
4. Increase opportunities to teach and learn from an interprofessional perspective.
Approach

British Columbia adopted a unique provincial approach to Health Canada’s Interprofessional Education for Collaborative Patient-Centred Practice funding. Rather than focusing on a single project led by one educational institution, it was planned as an inter-organizational, and intersectoral collaborative, building on existing interprofessional initiatives and structures. Levering the leadership in interprofessional education by the College of Health Disciplines at the University of British Columbia, and the health and education partnership through the BC Academic Health Council, In-BC was established as a collaborative across all six health authorities and post-secondary education institutions across the province, along with the BC Ministries of Health and Advanced Education and the provincial healthcare recruitment agency HealthMatch BC.

The overall approach was to “build capacity and foster system change” through leadership at both the provincial and regional/local levels, and by aligning with priorities within the health authorities. The diagram on the following page depicts the intersection of provincial level activities with regional projects.

In particular, In-BC’s regional projects were able to lever the lessons learned from the Interprofessional Rural Program of BC (IRPbc) which was launched in 2003.

Health Canada funding was allocated primarily to regional projects led by the health authorities in partnership with post-secondary education programs. These projects were aligned with regional healthcare priorities including primary healthcare, rural health, Aboriginal health services, healthy workplaces, quality care and more. Each regional project was supported by a project manager and directed by a project or steering team representing a wide range of stakeholders from health, education and various professions.
### Description of Regional Projects

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Partners</th>
<th>Focus</th>
</tr>
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<tbody>
<tr>
<td>Patients First</td>
<td>Northern Health, University of Northern British Columbia, Carrier Sekani Family Services, Southside Wellness Society and Central Interior Native Health Society.</td>
<td>Interprofessional teamwork and patient-centred practice in First Nations/Aboriginal communities.</td>
</tr>
<tr>
<td>Guided Interprofessional Field Study (GIFS)</td>
<td>Provincial Health Services Authority, BC Children's Hospital departments of: Nursing, Learning &amp; Development, Quality, Safety &amp; Risk Management, Clinical Programs, Professional Services, UBC College of Health Disciplines, Office for Pediatric Surgical Education and Innovation, BC Academic Health Council, Partners in Care Family Advisory Committee, Postsecondary education programs</td>
<td>Development of a course model for collaborative learning and practice for healthcare organizational change. In particular, the project provided interprofessional learning and problem-solving focused on a complex health issue. Ultimately, the project developed competencies for collaborative practice which were further developed into the BC Competency Framework for Collaborative Practice.</td>
</tr>
<tr>
<td>Interprofessional Intrapartum Workshop</td>
<td>Collaboration for Maternal Newborn Health</td>
<td>Intrapartum Care for midwifery, medical, and nursing students. The project developed teaching modules adapted from a current workshop in order to offer it to sites around British Columbia.</td>
</tr>
<tr>
<td>Computerized Module for Training of Obstetrical Caregivers: Postpartum Hemorrhage</td>
<td>Collaboration for Maternal and Newborn Health</td>
<td>Online interprofessional teaching module for students and professionals regarding the management of postpartum hemorrhage. The module includes guidelines, preventative management strategies, interactive participant activities and case scenarios.</td>
</tr>
<tr>
<td>Evaluation of Interprofessional Obstetrics Clerkship</td>
<td>Collaboration for Maternal and Newborn Health, Children's &amp; Women's Health Centre</td>
<td>Evaluation of the role of a multidisciplinary Obstetrics and Gynaecology clerkship in influencing the selection of maternity care as part of their professional practice. A questionnaire was designed and conducted among medical students at different sites across Canada.</td>
</tr>
<tr>
<td>Project Name</td>
<td>Partners</td>
<td>Focus</td>
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| Interprofessional Breastfeeding and Sleep Course | Collaboration for Maternal and Newborn Health  
University of British Columbia – nursing and midwifery,  
Douglas College | A workshop brought together students from medicine, midwifery and nursing to examine and evaluate their knowledge about breastfeeding and infant sleep practices. Secondly the project created an on-line module to educate students and healthcare professionals on best practice on breastfeeding and infant sleep. |
| Fir Square Doula Support Program                 | Collaboration for Maternal and Newborn Health  
University of British Columbia – midwifery, nursing, and family practice  
Douglas College | Interprofessional maternity care for women struggling with addictions throughout their pregnancy and following birth of their baby. Doula training and education about substance use is provided to midwifery, medical, and nursing students who are then matched with a woman in Fir Square. Students work in teams and provide support to the woman through labour and the postpartum period. |
| Interprofessional Community Forum in Rural Maternity Care | Collaboration for Maternal and Newborn Health  
University of British Columbia, Family Practice and Midwifery | This study piloted a rural community forum which integrated medical, nursing, and midwifery students with community members to help foster discussion on birthing services for their community. |
| Interprofessional Collaboration                   | Vancouver Coastal Health  
Including Vancouver Acute, Professional Practice and GF Strong  
University of British Columbia | Interprofessional collaboration linked to healthy workplace initiative in the acute inpatient practice environment as well as providing interprofessional student team learning in a rehabilitation setting. |
| UBC Health Clinic                                | University of British Columbia – medicine, midwifery, nursing and rehabilitation services  
Vancouver Coastal Health | Development of an interprofessional service and education model at a new primary healthcare facility for the Department of Family Practice on UBC campus. |
| Vancouver Island Interprofessional Education Project | Vancouver Island Health Authority  
University of Victoria  
Vancouver Island Health Authority  
Camosun College  
Malaspina University College  
North Island College  
University of BC  
BC Institute of Technology  
BC Cancer Agency | Healthcare teams in a variety of acute, primary health care and rural sites collaborating with educators to support students in gaining competencies of interprofessional collaboration. |
The BC Ministry of Health funding supported many of the provincial level activities which focused on curriculum development, evaluation and knowledge translation. A provincial steering committee provided strategic direction while working groups for curriculum, evaluation and communications led these respective activities.

Provincial level activities included the following:

| Evaluation                                      | Several provincial workshops focusing on evaluation; |
|                                                | Development of a comprehensive evaluation framework which encompassed project-level, trans-project and network (provincial) levels; |
|                                                | Sharing of evaluation expertise (e.g. evaluation consultant) and tools (e.g. program logic template); |
|                                                | Interim evaluation reports; |
|                                                | Final report. |
| Curriculum                                      | Development of a draft curriculum framework; |
|                                                | Development of draft competencies through the Guided Interprofessional Field Study (GIFS) project which then led to development of the BC Competency Framework for Collaborative Practice; |
|                                                | Access to Faculty Development course facilitated by University of Toronto; |
|                                                | Development of several online modules and videos; |
|                                                | Site for IP online modules and videos created by In-BC partners (e.g. “Interprofessional Learning in Rural Communities”); |
| Knowledge Translation (KT) / Communications    | In-BC Steering Committee and working groups provided ongoing forum for knowledge exchange across projects/regions |
|                                                | In-BC structures and processes provided linkages across decision-makers, researchers, practitioners, faculty, patients, students and managers. |
|                                                | Communications and design consultants supported the KT activities |
|                                                | Linkages with western region, nationally and internationally |

In particular, a key component of the In-BC approach was a series of provincial meetings/workshops which contributed significantly to strengthening partnerships, exchanging knowledge, confirming strategic directions and keeping forward momentum. These workshops are depicted in the following diagram:
In-BC Final Report

Transforming healthcare through patient-centred collaborative education & practice
Although the integrated provincial approach for In-BC created significant complexity relative to Health Canada’s IECPCP initiative, it fostered tremendous synergy across British Columbia through sharing ideas and expertise, and influencing change at a system level. Indeed, as we look back over the past two years, we believe strongly that it was the right approach for British Columbia and has allowed us to establish a solid foundation for sustaining and embedding interprofessional education and collaborative patient-centred practice across BC.

The evolution of In-BC can be characterized by the following four phases:

The following concepts have underpinned the In-BC approach:

- multi-level partnership at provincial, and across regional and local levels,
- leadership by each health authority in linking this interprofessional opportunity with its health priorities and activities,
- focus on both pre and post-licensure education in interprofessional collaboration,
- regional projects led, implemented and “owned” regionally/locally,
- support to regional projects where feasible e.g. evaluation consultant and template, communications such as poster design/printing and website, media training workshop,
- “open source” approach whereby we share what we have respectively developed and desire that others continue to build on and adapt for their purposes,
- at all levels, have a mix of perspectives including health and education; professions (medicine, nursing, rehabilitation, and more), students, patients, decision-makers, practitioners, educators, front-line staff, researchers and managers.

It should be noted that although only four of six health authorities received Health Canada funding, the other two health authorities, Interior Health and Fraser Health stayed engaged with In-BC activities and were eventually able to secure funding through the provincial Practice Education Innovation Funding which led to the development of collaborative learning units in these regions. In particular, Interior Health was able to link the Interprofessional Rural Program of BC activities with implementation of collaborative learning units which provided a strong interprofessional approach.
Leadership/Partners

A broad range of stakeholders across health and education organizations in British Columbia have been engaged and have contributed to In-BC activities and projects. The following diagram depicts the structure of In-BC which illustrates the linkages across many of the organizations and processes.

In particular, it should be noted that:

- Funding has been provided by and accountability mechanisms have been in place with both Health Canada and BC Ministry of Health.
- College of Health Disciplines (lead organization for the Health Canada IECPCP funding) linked with the BC Academic Health Council have levered strong partnerships among health and education organizations across British Columbia.
- In-BC Steering Committee has had representation from each health authority, from a number of post-secondary education institutions and from each of the regional projects funded by Health Canada.
- Each of the In-BC working groups and related projects has had representation from health authorities and post-secondary education partners.
Communication/Dissemination/Knowledge Translation Domain

From its inception, In-BC has taken a broad communications/dissemination approach encompassing knowledge exchange and translation concepts. Some of our early work focused on a literature synthesis of knowledge translation, and ongoing linkage with experts/leaders in knowledge translation at national and provincial levels.

From a communications perspective, target audiences across the province have included health authorities (senior management, middle management, front line staff), post-secondary education (deans, faculty, students), health system priorities (e.g. primary healthcare, chronic disease management), Ministries of Health and Advanced Education; and more recently, health regulatory organizations.

Communications have included the following approaches:

- A website has been maintained at [www.in-bc.ca](http://www.in-bc.ca)
- A variety of posters, presentations and handouts on network and project-specific activities focusing on goals, activities results and lessons learned have been created, updated and used in various settings including: Canadian Association of Health Services Policy Conference, Vancouver, BC, September 2006), All Together Better Health conference (UK, April 2006), College of Registered Nurses of BC (Vancouver, BC, June 2007), In-BC June 2006 Forum, Western Forum on Collaborating in Health Human Resources (Calgary, AB, September 2007), Collaborating Across Borders (Minneapolis, Minnesota, October 2007), Practice Makes Perfect (Vancouver, BC, November 2007) and All Together Better Health IV (Sweden, 2008)
- A Communications toolkit was created and distributed to In-BC participants and projects
- In-BC display and print materials have been used in a variety of regional, national and international conferences and venues.
- Presentations have been made by a broad range of In-BC participants to diverse audiences across the province, Canada and in other countries.
- Sharing of progress and challenges has been communicated through our In-BC provincial meetings and newsletters.
- A Media training workshop was held in June 2007 for about 30 In-BC participants from across the province.
- Posters for In-BC provincial activities and projects have been created and presented at a number of workshops and conferences
- The In-BC Communications and media strategy was redeveloped in spring 2007 with the hiring of a communications consultant.
Knowledge exchange activities undertaken through In-BC have included:

- Partnership with and leadership in the Canadian Interprofessional Health Collaborative (CIHC) and its respective committees, as well as the Western Interprofessional Health Collaborative
- Liaison with Canadian Health Services Research Foundation and experts in knowledge translation and networks
- Participation in All Together Better Health, Practice Makes Perfect, Collaborating Across Borders and other international and national conferences
- Involvement in national and international initiatives such as the Accreditation of Interprofessional Education.
- The In-BC April 2008 Forum “Celebrating Interprofessional Innovation and Shaping the Future” recapped lessons learned through In-BC over the past three years, and explored Knowledge to Action Models, and “Network of Networks” concepts.

Working Towards Sustainability

The In-BC management team and Steering Committee began developing a sustainability plan in January 2007. A draft business plan was presented to the BC Academic Health Council (BCAHC) Operating Committee in June 2007 and, subsequently, negotiations were initiated with the BC Ministry of Health for embedding interprofessional collaboration and education into health and education systems in BC.

As a result, $335,000 in interim funding has been provided by the Ministry of Health for a provincial consultation process, development of a detailed business plan and to sustain key activities.

In addition, the Ministry of Health (MOH) has established a dedicated position on IP Knowledge Translation to support development in this area.

Across the province, there are a number of positive steps that contribute to sustainability. Increasingly, organizations are embedding interprofessional approaches in their strategic plans, are creating interprofessional committee structures, and/or have made “interprofessional” a way of doing business relating to education, research and practice. Practice Education Innovation Funding coordinated through the BC Academic Health Council and provided by the BC Ministries of Health and Advanced Education has supported a wide range of projects (e.g. simulation, preceptor development initiatives, practice education guidelines) which are focused on interprofessional and inter-organizational approaches to system needs.

In the next year or two, it is anticipated that British Columbia will establish a “centre” for interprofessional activities focused on building capacity and supporting sustainability.
Key Findings

Evaluation Results

In-BC developed a multi-level evaluation framework that focused on network level, trans-project or cluster level, and project-specific level outcomes. The following diagram provides a brief overview of the interrelationships among the three levels of evaluation:

In-BC Evaluation Framework Overview

Network activities, functioning, impact
"How has the Interprofessional Network of BC contributed to interprofessional education for collaborative patient-centred practice in BC?"

Aggregate impacts of In-BC projects
"Taken together, how have the In-BC projects contributed to interprofessional education for collaborative patient-centred practice in BC?"

Impact of each of the regional projects
"How have individual In-BC projects contributed to interprofessional education for collaborative patient-centred practice within their respective organizations or regions?"

The full evaluation framework can be found in Appendix 1.

Key findings through In-BC network and projects over the past three years have been articulated in a range of reports, posters, presentations, meeting summaries, etc. Over the course of In-BC activities, the lessons learned have been many, diverse and complex. The following section briefly highlights some of the major findings:
Network level (at the broad overarching provincial partnership level)

- Using a ‘network of networks’ approach to advance interprofessional education, collaborative practice and patient-centred care facilitates:
  - access to a broad range of knowledge, expertise and support in health and education
  - support and mentoring for innovators while they build support in their own organizations
  - formation of new partnerships for research and development
  - knowledge translation among a wide range of stakeholders and sectors
  - spread of innovation
  - sustainability (e.g. embedding into policies and practice, access to other resources and funding).

- Collaborative leadership across health and education and commitment at all levels sets the stage for co-creation and implementation of new, integrated approaches for system change.

- Complexity of the system requires a multi-faceted approach. Interprofessional and intersectoral structures that foster collaborative and multi-level strategies are needed for system change.

- Further work is needed on knowledge translation as it relates to findings, beacon projects, building on successes and stories, as well as continuing to apply emerging concepts relating to “Knowledge to Action”.

Cluster Level (evaluation findings that are common across projects)

- It’s all about relationships! (at all levels)

- “The answer is in the room” – face to face interaction is incredibly powerful, especially in the early phases of building trust. There is significant synergy and innovation from bringing together stakeholders representing a variety of perspectives.

- Community academic partnerships are incredibly powerful through the synergy of perspectives and mutual benefits.

- Transformative change to an interprofessional culture is complex, and needs to be incorporated into the strategic directions of organizational and professional governance.

- Structures and incentives supporting current health practices in education and service must be realigned to support IPE.

- Innovation is essential to system change.

- IPE innovation takes time to connect, think, rethink, interact with others, ensure quality, and be reflective competent practitioners, managers and learners. In the longer term, this investment in collaboration leads to efficiencies.

- Champions play a vital role in creating a vision, fostering collaboration across the range of stakeholders, keeping forward momentum and more.
- **Champions and sites** must be cultivated and supported.
- Engagement of and leadership by physicians contributes significantly to system change.
- “Make it matter” – Interprofessional approaches need to be aligned with organizational priorities and approaches embedded into longer term policy and practice.
- **Flexibility, creativity and openness to new possibilities** fosters unexpected surprises and spinoffs! But it requires people to be able to live with a fair degree of ambiguity and trust.
- **Participatory action research principles** should underpin interprofessional initiatives. Different needs and ideas arise through projects and often, the agenda must be updated. Significant flexibility and genuinely democratic leadership is required to foster a process of inquiry by all participants.
- **Start small** – begin with select sites and professions where there is good alignment of priorities and people.
- Further work needs to be done in the area of awards/recognition for collaborative practice. Rewards need to be relevant.

The project-specific lessons have been incorporated into the following categories of healthcare worker, patient, learner, and educator experiences:

**Healthcare Worker Experience Domain**

Healthcare workers representing medicine, nursing, and a range of other professions such as midwifery, social work, physical therapy and others were involved in each of the In-BC projects. Moreover, the people who become involved often become significant champions for interprofessional collaboration, particularly when processes are done well and contributions are recognised.

Lessons learned from In-BC projects include the following:

- **Continuing education** for faculty, clinical educators, and practitioners about interprofessional and collaborative practice is an essential component of system change.
- Commitment by providers can be cautious. **Build in time, patience and activities to cultivate sites** for IP and engage people in meaningful ways.
- Attention needs to be provided to the work environment. Workshops, social events and co-location contributes to communication and interaction.
- **Engagement of and ongoing communications** with health professionals is important through all aspects of interprofessional projects.
- **Rural healthcare providers benefit** from preceptoring students through their energy and new ideas; plus opportunities for leadership, improved linkages with post-secondary institutions, continuing education and enhanced interprofessional collaboration.
“Seeing is Believing” – When people experience interprofessional practice, they “get it” and they find ways to do it.

- There is significant synergy to lever among students and health professionals. Formal and informal interaction among students and staff should be fostered.
- IP initiatives when done well, help bring the fun back into the workplace! Working collaboratively means respectful and positive working relationships, and shared ownership. Strong teams develop ways to celebrate successes, support one another and have fun.

**Patient Experience Domain**

Patients were involved in varying ways and degrees in In-BC projects. Partners in Care Liaison and volunteers from BC Children’s Hospital provided a strong patient/family voice to the In-BC Steering Committee, and to strategic and communications activities. Partners in Care was actively involved with the GIFS project, while other projects didn’t have a patient representative.

We are still at early stages in understanding how to meaningfully involve patients – how to select patient representatives, how to recognize and support their involvement, how to identify the ways in which their contribution can be particularly meaningful, etc. But our understanding is growing as we take steps forward and see what works. For example, we’re learning the importance of providing funding for travel, child care, or a stipend to recognize the value and importance of patient input. And we are beginning to see how patients can be incredibly powerful teachers for interprofessional collaboration. For example, Interprofessional Rural Program of BC (IRPbc) student teams are increasingly being matched with a patient or family with complex needs, and then working with the patient/family to learn from their experience and collaborate in developing a care plan.

Much more work needs to be done in the area of patient involvement and in particular, relating to how we communicate with patients. Our jargon and processes (in health and education) create significant barriers from a patient perspective.

Lessons learned to date include:

- **It is crucial to have the parent/patient voice** at the table in designing, implementing and evaluating initiatives. Dialogue among professionals is more respectful and patient-centred, and their perspectives shed new light on issues and opportunities.

- **Involving patients has a number of challenges** including how to identify patient representatives, how to support the volunteer capacity of patient representatives and how to schedule project activities in a way that makes them accessible for them.

- **Patients/communities can become the strongest champions.** Their voice can be a very powerful one as they see/experience the challenges, identify their values and bring new ideas.
- **Patient populations need to be prepared by educating them** about the intended benefits of collaborative practice. Focus groups and information brochures help.

- **Patient-centred practice means giving a voice to patients/families/communities** recognizing and honouring their integral role. Engaging communities helps foster change from both the top and the grass roots level.
Learner Experience Domain

In-BC projects were designed to have both a pre-licensure as well as post-licensure education component to them. It was expected that students from a range of professions would be involved in interprofessional learning primarily in a practice setting (rural, acute, rehabilitation, primary healthcare, or other). However, it was also recognized that in order for students to learn “with, from and about” one another, the health professionals in the practice site needed to be oriented to and participating in collaborative care. Thus, most projects provided opportunities for interprofessional education and collaboration for both students and health professionals.

Key lessons relating to the learner experience include:

- **Interprofessional learning needs to be relevant** to students and practitioners.
- **Students need positive collaborative learning experiences and role modeling.** They see whether collaboration is “just the talk and not the walk”, and are significantly influenced by this.
- **Students lever change** and contribute to a collaborative environment by seeing new opportunities, questioning and fostering dialogue among health professionals.
- **Students are powerful champions for interprofessional collaboration!** Students can play a powerful role in advancing interprofessional collaboration beyond their initial experience. A number of students have written articles for publication and presented in a range of settings including to health authority senior management, other students, and provincial, national and international conferences. They also take their collaborative experiences to other healthcare settings.
- **Social interaction (through shared meals, recreational activities, shared living in rural communities) and informal learning provides a powerful way for fostering relationships** and learning “with, from and about” one another which has a strong impact on improving attitudes towards collaborative practice.
- **There is significant synergy through interaction among students and practitioners.** Powerful collaborative learning comes from leveraging the experience and wisdom of seasoned practitioners with the new ideas and fresh perspectives of students.
- **Much more work is needed to profile interprofessional learning opportunities** for students.
**Educator Experience Domain**

Educators were integrally involved in all aspects of In-BC activities and projects through helping plan approaches, develop curriculum, promote interprofessional learning opportunities, select students, etc.

Lessons relating to the educator experience include:

- **Interprofessional structures** play an invaluable role to advancing interprofessional approaches at a policy and operational level. For example, the Practice Education Coordinators Committee at the College of Health Disciplines at UBC has played a critical role in the success of the student teams involved in the Interprofessional Rural Program of BC, and in developing interprofessional preceptor education modules (see [http://www.practiceeducation.ca/](http://www.practiceeducation.ca/)). Also the interprofessional and intersectoral forums provided through the BC Academic Health Council have fostered a number of initiatives such as the Health Sciences Placement Networ (HSPnet), Electronic Health Library (e-Hlbc), and the Practice Education Innovation Fund which provide a valuable backbone for system planning and change. And of course, the leadership in interprofessional education through the College of Health Disciplines was instrumental in launching the provincial approach through In-BC.

- **The uptake of Interprofessional Education within post-secondary education institutions is still embryonic but is growing across the province.** A number of educational institutions and health sciences programs are developing interprofessional courses and opportunities.

- **A number of health and education organizations involved with In-BC has established “interprofessional” as an underpinning to their education activities.** For example, the education department at Children’s and Women’s Health Centre has adopted an interprofessional approach to all it’s education activities.

- **Interprofessional initiatives** need to actively engage, communicate with and lever the expertise of educators in order to be successful.

- **One of the positive outcomes of interprofessional education of students in practice settings is strengthened partnerships among educators and practitioners.** Educators and practitioners report a number of benefits through these partnerships.

- **Competencies for Collaborative Practice** (drafted by GIFS and developed by UBC College of Health Disciplines into the BC Collaborative Competency Framework) provide a valuable foundation for curriculum development in the province.
Summarizing the Lessons Learned from In-BC

In-BC hosted the “Celebrating Interprofessional Innovation and Shaping the Future” event on April 4, 2008 to recognize the work to date, and continue the path of embedding interprofessional education and practice into our health and education systems. The following provides a summary of what we have experienced, learned and look forward to for the future:

**Key Lessons**
- Be thoughtful about right time, right place
- Create a safe environment
- Students lever change
- Importance of developing relationships
- Defining what we’re talking about
- Be open and flexible about new ways of doing things
- Not to plan too far in advance; be open to what emerges from the group
- Patient stories are powerful
- Structures mitigate against or support change
- Cultivate the site, aligning with organizational priorities
- Importance of multiple perspectives
- Clarifying common language
- Impact of power and authority; learning to work within boundaries

**Surprises**
- We are in the early stage of moving IP into the educational process
- How uni-professional education structures are
- Knowledge comes from the community
- Effort that is put into collaborative practice
- Social piece; building relationships needs to be ongoing
- Hierarchy within and across professions even at the student level
- Professions want IPE/CP
New Strengths in our Settings/Organizations

- Collaborative language is shaping the culture in our organizations
- Numerous champions are emerging
- There is growing recognition of the challenges to interprofessional collaboration
- "Interprofessional" is being embedded in new projects
- New relationships and linkages across initiatives are emerging
- New models of collaborative practice have developed
- More faculty are teaching across disciplines
- Linkages have been fostered with interprovincial partners
- Interprofessional teamwork is getting more things done better
- Students are pushing "interprofessional" in education and practice
- Recruitment to rural communities is being enhanced
- Rural communities have new partnerships with academic institutions
- Regional partnerships across health and education organizations are growing
- There is a growing interest in and commitment to interprofessional education
- There is movement from a competition to a collaborative model at an organizational level
- Access to a range of tools and expertise to support interprofessional collaboration

Things left to do

- Continue to publicize findings
- Cultivate leaders
- Formalize resources for IP education and practice
- Develop more integrated curricula
- Close gaps with professional associations
- Implement accreditation requirements for IP
- Continue to "expand the tent" by engaging new partners
- Involve more patients and families
- Support knowledge into action
- Support patient/families
- Appreciate different ways of learning
- Foster participation across the system
Conclusion and Recommendations

Conclusion

British Columbia’s approach to the Health Canada Funding through IECPCP was based on a desire to engage the education and practice sectors in a true partnership to explore interprofessional education for collaborative patient-centred practice. It has been a remarkable journey, one that engaged people from all health authorities and post-secondary education institutions as well as communities in all corners of the province. The Interprofessional Network of BC (In-BC), thanks to the energy and enthusiasm of many people, achieved numerous interprofessional milestones and learned many valuable lessons. This report has captured the essence of In-BC and has highlighted the major lessons learned as well as the impact of In-BC activity in several domains. By focusing the evaluation of In-BC on the network itself (curriculum, communication and evaluation), the shared core elements of the projects (interprofessional education, collaborative practice, patient-centred care), and unique activities of each project, a provincial interprofessional movement was created. The enthusiasm for interprofessional education and collaboration will continue in BC thanks to the opportunity afforded the province by Health Canada. The following recommendations are grounded in the work of In-BC and hopefully provide a unique and valuable contribution to the overall IECPCP initiative.
### Recommendations

In-BC presented a unique opportunity for innovative education-provider partnerships. The accomplishments of the network were far reaching, and gains in interprofessional education for collaborative patient-centred practice were made throughout the province and across sectors. From the evaluation of In-BC at the network, cluster and individual project levels, the following recommendations are offered:

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<th>Recommendations</th>
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| 1. Provincial efforts to build and sustain changes in education and service delivery in support of improved quality of care need to be funded over a long enough period of time to measure impact. | • Encourage provincial interprofessional structures through matching provincial-federal funds.  
• Provide funding through granting agencies for innovation over enough time to see change. |
| 2. Measurement and evaluation of interprofessional education and collaborative practice need to build on baseline data and to focus on long term impact on indicators such as quality of care, health outcomes, recruitment and retention, and patient safety. | • Develop provincial and national indicators for measuring change over time.  
• Support the use, adaptation and development of appropriate and robust evaluation tools.  
• Require provincial data collection and reporting related to indicators that support provincial health priorities. |
| 3. Rural interprofessional opportunities must address capacity issues within communities and build in sustainable support for educational involvement of all health and human service provider students. | • Involve a number of government and municipal agencies in developing and funding housing in rural communities to support student placements.  
• Fund infrastructure support for rural communities to engage in education of teams of health and human service students. |
| 4. Education programs must make structural changes to their curricula to support interprofessional learning opportunities. | • Provide incentives for education programs to create IP learning opportunities.  
• Create mechanisms for sharing of curriculum, learning activities, e-learning strategies, and student evaluation as they relate to interprofessional learning. |
| 5. Education programs and clinical or practice education sites must use clinical interests and areas of relevant learning as a focus for interprofessional learning and not rely on inserting interprofessional education as an add-on activity. | • Provide incentives for education programs and practice education sites to create collaborative learning environments.  
• Use priority health areas such as chronic disease management, patient safety, primary healthcare etc. as strategic foci for IP learning. |
<p>| 6. Student skills in collaborative practice must be evaluated as part of regular evaluation of learning. | • Develop and embed evaluation for student skills in collaboration in the academic and practice setting through Team Objective Structured Clinical Examinations, inclusion of collaboration in clinical evaluations, etc. |</p>
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<td>7. Practice sites that conduct their business in a sustainable and collaborative manner should be supported to engage in further development as collaborative learning environments.</td>
<td>▪ Create a system for transitioning willing units to collaborative learning environments and include staff training in IP changes to supervision models to allow IP supervision of collaboration skills.</td>
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| 8. Organizational policies must reflect interprofessional and collaborative practice expectations in their daily operations. | ▪ Build collaborative practice models into health authority expectations.  
▪ Include IP standards in accreditation of education programs nationally. |
| 10. Partnerships within and across education and practice at all levels must be fostered as best practice models for interprofessional learning and collaborative practice. | ▪ Provide regular opportunities for practitioners, students and faculty members to come together to learn collaboratively. |
| 11. Aboriginal health is a key area for interprofessional practice and culturally sensitive and appropriate IP strategies must be explored. | ▪ Build in Aboriginal health to IP rural placements and learning opportunities. |
| 12. Regulators/licensing bodies are key players in the system change required for IP to become embedded in practice and education. | ▪ Invite regulators to the table for discussions related to IP initiatives.  
▪ Develop a communication strategy to keep regulators informed.  
▪ Provide regulatory bodies with assistance where “interprofessional” is enshrined in legislation. |
Appendices

1. In-BC provincial level
   - List of participants
   - Evaluation Framework/Program Logic Model
   - In-BC Overview
   - In-BC posters

2. In-BC project-specific
   - UBC Health Clinic
   - Vancouver Island Interprofessional Education Project
   - Collaboration for Maternal and Newborn Health
   - Guided Interprofessional Field Study
   - Patients First
   - Interprofessional Collaboration Project
   - Interprofessional Rural Program of BVC
   - Collaborative Learning Units
   - See “Learning Together in Rural Communities” featuring the IRPbc Port McNeill student team, 2007 at: http://www.in-bc.ca/video/IRPbc%20320x240.mov