

STEERING COMMITTEE

Minutes – January 21st & 22nd 2009

Metropolitan Hotel, Toronto

Wednesday January 21

Present: John Gilbert (*Chair*), Andrea Burton, Janet Davies, Keith De'Bell, Ruby Grymonpre, Alex Harris, Liz Harrison, Grace Mickelson, Louise Nasmith, Jason Nickerson, Ivy Oandasan, Carole Orchard, Scott Reeves, Brenda Sawatzky-Girling, Dennis Sharpe, Hassan Soubhi, Esther Suter

Regrets: Joan Sargeant

Topic and Decisions	Action and <i>Timeframe</i>
<p>1.0 Introduction (<i>John, Chair</i>)</p> <ul style="list-style-type: none"> Welcome Louise Nasmith, Ivy Oandasan and Janet Davies, Review agenda 	
Updates – current year	
<p>2.0 Partnerships & Knowledge Exchange (<i>Grace, Keith</i>)</p> <p>2.1 Collaborative Change Forum (Feb 26-27, 2009):</p> <ul style="list-style-type: none"> Reviewed participant list. RSVPs have been received from almost every organization that was invited (approx 25). Suggestions to invite an organization representing health information and Accreditation Canada. Andrea to follow up with delegate proposed from the AIPHE project. As profession-specific organizations will not be represented at the Forum, it was agreed that a priority during 2009 will be to organize a second Forum comprised of the professional associations (e.g. in partnership with HEAL). Keynote speaker and 5-member panel speakers pending confirmation. The Forum planning group is finalizing the program design, focus on transformational leadership for health reform and an appreciative inquiry approach. Program will be sent to participants week of Jan 26/09. [Update: see preliminary program, attached] Knowledge Exchange Strategy – Draft for discussion is undergoing final edit. [Update: has been posted on CIHC website http://www.cihc.ca/resources-files/CIHC_KEStrategy_Jan09.pdf] <p>2.2 Partnership Strategy:</p> <ul style="list-style-type: none"> Goal of this strategy is to be a CIHC policy document. Suggestions to include case studies, focus on what CIHC can bring to a partnership, (consider resources, constraints) and what CIHC requires from a 	<p>Brenda to invite proposed organizations to Forum. Andrea to contact AIPHE. (<i>complete</i>)</p> <p>Keith to test Partnerships Strategy with CIHC-NaHSSA relationship and report to Partnerships Working Group. (Andrea</p>

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<p>partnership, identify how CIHC can avoid duplication of what partners offer and avoid competition, develop strategic plan, consider value of partnering with for-profit organizations, organize partnerships thematically (e.g. practice site/workplace, education/curriculum, patient outcomes)</p> <ul style="list-style-type: none"> In the future, CIHC could create awards around our core activities. <p>2.3 Authorship: Suggestions: explore IP and access to data, request guidelines from IIHSE project, confirm who owns data when consultants conduct projects for CIHC (e.g. where is data held? How is it coded? Who has key?)</p> <p>Next steps for the working group:</p> <ul style="list-style-type: none"> Next meeting of the Authorship Working Group will be early February, led by Andrea Burton. Develop a process flow diagram and written guidelines/set of criteria. This work must be transparent and simple, and is required as soon as possible. These will be signed off by the Steering Committee and incorporated into the terms of references of the respective sub-committees. <p>2.4 CIHC Mainstream (note: placeholder title only)</p> <p>Mainstream presentation was reviewed (attached). Suggestions:</p> <ul style="list-style-type: none"> Re-organize CIHC committees thematically around outcomes that people are most interested, and priority target audiences in (e.g. workplace/practice, new grad transition to the workplace, patient-focus (patient lead any working groups, practice learning, EHR and knowledge technology); Does 'Mainstream' go far enough so that the content is meaningful for practice? CIHC should function as a role model to build bridges between academia and practice settings. Mainstream to be placed under Secretariat in CIHC organizational structure Secretariat to develop criteria for the Advisory Group Advisory Group to be contacted and organized, and to advise CIHC on value propositions/most relevant themes, and how CIHC could organize future work thematically. Develop workplan to link with other CIHC activities in 2009-11, revise/reframe CIHC activities as necessary, connect with existing channels, <p>2.5 Evidence for IPE. Feedback from 5 cross-country focus groups has been incorporated into a summary report and updated "KT materials" (to be circulated by the end of Feb/09).</p> <p>2.6 Requests for definitions: From time to time, CIHC receives requests for definitions of key terms (e.g. from Health Force Ontario, CPSI).</p>	<p>Dykstra to coordinate teleconference)</p> <p>Authorships Working Group to meet in Feb, develop flow diagram and criteria. (Andrea Dykstra to coordinate teleconference)</p> <p>Secretariat to develop criteria initial for Mainstream Advisory Group, identify interested participants and facilitate a teleconference <i>by the end of Feb.</i></p> <p>Brenda to provide response about IP-related definitions to CPSI (<i>complete</i>)</p>

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<p>Decision that CIHC has defined certain terms that 'core activities' in the online glossary (http://www.cihc.ca/glossary/) – e.g. Interprofessional Education, Collaborative Practice. Although we recognize that there are many terms in common use, CIHC will not define these other terms.</p>	
<p>3.0 Curricula (<i>Carole</i>)</p> <p>3.1 National IP competency framework work update</p> <p>Proposed competency categories: the primary competency is IP collaboration, supported by IP Communication/Dealing with IP Conflict, Shared Leadership, Role Clarification, Patient/Family Centred, Team Functioning.</p> <p>Competencies imply an emphasis on demonstrating skills, i.e. translating knowledge, attitudes, judgments, values into behaviour.</p> <ul style="list-style-type: none"> • How to deliver? Stated, delivered, measured in some way – how can people say they are competent? Standards of practice are the way they are actualized (e.g. how these are done in different disciplines). People are used to this – there will be measurable elements – this allows us to go beyond skills (one structure, skill, attitude, etc. piece) • Next steps – finalize framework, develop communications and engagement strategy. Long term, must measure the impact of the competencies in the community. • Suggestions: ensure framework is relatively simple yet meaningful so groups (such as regulators (standards), educators (curriculum), employers (job description) etc) can interpret, develop and implement; include a good assessment of the methodology; How can we differentiate inter/shared performance/competence from disciplinary performance/competence? (NB Still research to be done to confirm); ensure that collaboration includes the patient. 	<p>Carole to relate feedback to the Competencies Working Group</p>
<p>4.0 Research & Evaluation (<i>Esther, Ruby, Hassan</i>)</p> <p>4.1 & 4.2 Feb 9-10, 2009 meeting in Winnipeg: Based on Summarized priorities for Research and Evaluation Subcommittee. Outcome of the meeting is a strategic plan for IP research and a commitment by participants to carry it forward. Will provide feedback to provincial teams about need to develop relationships about required evidence to researchers. Need to incorporate work of other committees (e.g. competencies framework – what is the impact in the community).</p> <p>4.3 JRIPE update: Suggestions: clarify relationship between CIHC and JRIPE (financial, oversight), and then develop a communications plan for JRIPE (contact: Marilyn Bittman, Managing Editor); clarify relationship to JIC (Hassan has arranged a meeting at CAB II in Halifax). CIHC Library and JRIPE to provide cross-links.</p>	<p>Hassan to develop communications plan for JRIPE with Managing Editor</p> <p>Brenda to add JRIPE link to CIHC Library</p>
<p>5.0 NaHSSA (<i>Jason</i>)</p> <p>5.1 IPE/IPC Grad Student Network: Heart & Stroke Foundation provides</p>	<p>Esther to invite students to Winnipeg</p>

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<p>grants for tailored work – identify researchers in the field, create a mechanism to locate students/researchers who are working in this area. UWO has begun to link graduate students working in IP field. Suggestions to enhance/support: CHSRF proposed social network site, CIHC Library (would have to add that function); invite students to CIHC Research meeting in Winnipeg.</p> <p>5.1 NaHSSA-CIHC linkages</p> <p>Suggestions to develop:</p> <ul style="list-style-type: none"> ▪ CIHC to work through (draft) Partnerships Strategy and identify opportunities, priorities; (see 2.2) ▪ CIHC to be explicit on where and how can students be a part of the CIHC sub-committees (e.g. develop a role posting/orientation, checklist); ▪ A key opportunity for CIHC to link with NaHSSA and practice community is when new grads enter the work force/practice. ▪ Student run clinics – can CIHC (neutral party) facilitate the bringing together of different student-driven groups and programs? Where and how to integrate learning opportunities? <p>- NaHSSA succession planning – legacy documentation is an important step to facilitate the transfer of the incoming executive team each year.</p> <p>5.2 Faculty Mentorship Program</p> <p>Suggestions: NaHSSA to clarify what they are asking from faculty; students should identify people that have been engaged. CIHC could develop a 'faculty support network' (e.g. via proposed CHSRF social network site) – consider for 2009/10. Jason to revise letter based on input.</p> <ul style="list-style-type: none"> ▪ Challenge for NaHSSA to track chapters. Different models work for different schools across Canada. Recommend that NaHSSA take a chapter inventory (e.g. Well Established-U of T/UBC/U Sask; Emerging-U Manitoba; Not Yet Started-U Calgary) and identify the structures that currently support chapter. Chapters need infrastructure support from the schools to ensure sustainability (e.g. social events, educationally focused events, connections to funding and institutional processes). ▪ Plan: work with chapters that exist, ask supportive faculty members to advise/mentor new and existing chapters (e.g. course advisors, mentors, supervisors, IP or health science office personnel), develop inventory, petition Dean to add this to service component, faculty mentors/advisors to meet regionally. ▪ Steering Committee members to provide Jason with a list of contacts (already supportive or potentially supportive). <p>Queries:</p>	<p>meeting (<i>complete</i>)</p> <p>Secretariat to follow up with linkage options for grad students (and possibly faculty advisors) once these partnerships progress</p> <p>Co-chairs to discuss during Feb telecon</p> <p>Jason to relate feedback (and proposed plan) to the NaHSSA BoD at their next meeting, and report next actions to be taken back to the Steering Cmte</p> <p>SC on Faculty to provide Jason with list of contact at your institution <i>by Feb 13</i></p>

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<p>What about schools with only program? e.g. Canadian Chiropractic College (has joined U of T local group)</p> <p>What about schools where the faculty want a chapter but no students are stepping up (e.g. George Brown College)</p> <p>Suggestions: consider regional chapters, and regional activities such as the Health Care Team Challenge.</p> <p>5.3 Annual Conference March 20-22, 2009 http://www.nahssa.ca/conference/home</p> <p>Developing program. Would appreciate if Steering Committee members attended conference. [Update: CIHC will provide \$2000 as Gold Sponsor]</p>	<p>SC Members to let Jason know if they can attend the NaHSSA Conference</p>
<p>6.0 Health Canada</p> <p>Janet Davies introduced herself as a consultant who will be temporarily assuming the interprofessional portfolio in the Office of Nursing Policy.</p> <p>Health Canada is currently in Year 6 – bridging the HHR Strategy, and awaiting the federal budget to determine what flows for health infrastructure that will support intergovernmental and provincial/territorial decision-making. Focus on productivity, efficiency, effectiveness, workforce supply (outcomes and needs).</p> <p>Several syntheses of IECPCP final reports expected at the end of Jan/09.</p>	
<p>7.0 Secretariat Update</p>	
<p>7.1 CIHC Evaluation (<i>Scott</i>) http://www.surveymonkey.com/s.aspx?sm=UqAs9DJ8KfM5JLGS3EGyXA_3d_3d</p> <p>- Scott and Brenda to consider how students could be incorporate into analysis and evaluation of survey results</p> <p>7.2 PSE Contract. The report, a combination of 'where do we see IPE' and a series of case studies on how to develop IPE infrastructure in the PSE system.</p> <p>Suggestions on approach: use quality management framework approach; develop a decision matrix</p> <p>Suggestions for resources: incorporate John and Louise's presentation(s) at All Together Better Health (Sweden); Kendall Ho report on Academic Barriers as a way to overcome obstacles;</p> <p>7.3 Budget Update: spending Q1-Q3. [Update: Refer to Steering Committee login page on www.cihc.ca to review Q3 activity/progress report and financial report.]</p> <p>7.4 Online meeting software – we are considering using an online tool to facilitate future work. Comment that employees are restricted to what programs they can download on work computers, which proves</p>	<p>SC Members to complete CIHC survey (<i>open until approx the end of Feb</i>)</p> <p>Scott and Brenda to consider a role for a student in the CIHC evaluation <i>by Feb 20</i></p> <p>Brenda and John to contract consultant to develop case studies project <i>by the end of Feb</i></p>

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<p>challenging since we have committee representatives from so many organizations across Canada.</p> <p>7.5 Steering Committee Membership: Lorie Shekter-Wolfson (President, CAHHP) will propose a CAHHP rep to the CIHC SC.</p>	
8.0 Planning for next fiscal onwards, 2009-11	
<p>CIHC Business Plan – Phase I Discussion (<i>John, Brenda, Andrea</i>)</p> <p>8.1 CIHC Mission, Vision, Goals, Values – reviewed and accepted.</p> <p>8.2 CIHC By-laws/Application for Incorporation: Reviewed and accepted with minor modifications. One item to follow up is regarding liability, and what coverage is required to ensure that organization and board members are protected. Secretariat will seek a pro-bono legal opinion, and then move ahead with application with Corporations Canada to incorporate CIHC.</p>	<p>Secretariat to seek legal opinion on application for incorporation, advise the Steering Committee on potential liability issues, and file application (by the end of March)</p>
Close	

Thursday January 22

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<p>1.0 Introduction (<i>John, Chair</i>)</p> <ul style="list-style-type: none"> ▪ Review agenda ▪ Recap yesterday's decisions 	
<p>2.0 Funding and Partnerships</p> <ul style="list-style-type: none"> ▪ Previous partnerships have included: Élisabeth Bruyère Research Institute (Research Workshop 2006), CHSRF (Teamwork Workshop 2008) ▪ Current partnerships include: NAHSSA, WHO (IPE Study Group), CPSI (Collaborative Change Forum), CAME (Canadian Conference on Medical Education IPE Workshop) ▪ Potential partnerships include: CHSRF (social network). Partnerships 	

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<p>strategy (see 2.2) and the Collaborative Change Forum (see 2.1) will assist Secretariat in prioritizing funding and partnerships opportunities.</p>	
<p>3.0 Sub-Committee Interactions and Synergies</p> <ul style="list-style-type: none"> ▪ Links, interactions and synergies to other CIHC Secretariat and committee activities. CIHC sub-committee leads will have a teleconference to: <ul style="list-style-type: none"> ○ Identify the 'value propositions' and strategies to will link and align the current committees and integrate with new CIHC initiatives. ○ Align various frameworks in use (e.g. KE, Cooke, Curricula) ○ Knowledge Exchange and Partnerships runs through all activities – need to better align workplans ▪ Committee member participation Considerations: <ul style="list-style-type: none"> – Recruiting members (develop 1-page summary to be posted on the committee webpage) – Orienting members (re-evaluate terms of reference so they provide an outline of the expectations of committee members; provide member bios and photos on the committee login pages) – Developing and retaining members – Unique role of students CIHC to: (Secretariat and Sub-Committee Leads) <ul style="list-style-type: none"> – identify appropriate tasks for students and specifically what input it hopes to gain from student perspective, – identify a committee mentor for the each student, – ensure the student is oriented so that they are able to contribute NaHSSA to: <ul style="list-style-type: none"> – identify appropriate students, perhaps more than one student per committee if demands on time and scheduling presents a barrier – transmit committee information to next NaHSSA representative 	<p>Andrea Dykstra to set up a teleconference with sub-committee co-chairs and John, to take place mid-February.</p> <p>Sub-committee co-chairs to develop, as part of their workplan, various processes and resources to enhance committee member participation</p> <p>Jason to relate feedback (and proposed plan) to the NaHSSA BoD at their next meeting, and report next actions to be taken back to the Steering Cmte</p>
<p>4.0 Strategic Communications</p> <ul style="list-style-type: none"> ▪ Many current CIHC initiatives (see list below) require a Communications/ Dissemination Strategy. As resources are limited, these must be (1) developed together with the sub-committee members and (2) prioritized based on refining of target audience(s) (via input from PKEC Partnerships Strategy and Mainstream). What do target audiences need from CIHC in order to implement/support IPE 	<p>Secretariat to prioritize communications activities based on refining of target audience(s)</p>

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<p>and CP?</p> <ul style="list-style-type: none"> ▪ Mainstream, <i>Secretariat</i> ▪ Media (e.g. CBC's White Coat, Black Art), especially through storytelling, <i>Partnerships & Knowledge Exchange Committee</i> ▪ Dissemination Strategy to include section on setting priorities and a 1-page summary of CIHC's communications strategy, <i>Partnerships & Knowledge Exchange Committee</i> ▪ 'Experts on Call' – develop criteria and parameters and post speaker listing on website as another way to articulate benefits and convey expert knowledge ▪ CIHC Website, revise navigation system, integrate with Mainstream initiative, <i>Partnerships & Knowledge Exchange Committee</i> ▪ Competencies framework (1st stakeholder deadline: Health Force Ontario Summit in April/09), <i>Curricula Cmte</i> (see 3.1) ▪ Grad student research network, <i>Research & Evaluation Committee</i> (also see 5.1) ▪ JRIFE, currently not within CIHC organizational structure (see 4.3) ▪ Academic journals: John to write an editorials to JIC and CMAJ; <i>Research & Evaluation Committee</i> to develop a strategy for academic journals to add IP as a regular feature (e.g. "Medical Education") 	
<p>Meeting Close</p>	

*Attachments:

- Collaborative Change Forum (preliminary program)
- Travel Claim form (updated Nov 2008) – *please submit original receipts with this form to Andrea Dykstra by mail within 30 days of travel*