



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

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

Curricula Approaches from 20 Health Canada Funded IECPCP Projects

SEPTEMBER 2008



The *Canadian Interprofessional Health Collaborative (CIHC)* is made up of health organizations, health educators, researchers, health professionals, and students from across Canada. We believe interprofessional education and collaborative patient-centred practice are key to building effective health care teams and improving the experience and outcomes of patients. The CIHC identifies and shares best practices and its extensive and growing knowledge in interprofessional education and collaborative practice.

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CIP data will be made available

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This document represents only information about the teaching and learning strategies adopted in each project and does not report on the efficacy of the same. Furthermore, the information reported is only based on data provided by the projects. It is possible that projects not cited provided many of the activities identified in this analysis.

Executive Summary

This report summarizes the results of a curricula survey of the 20 learning projects funded through Health Canada's Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) Initiative. The 20 projects encompass a diverse array of educational and instructional curricular activities ranging from interprofessional education courses, continuing professional development workshops focusing on enhancing collaborative competencies, and interprofessional practice-based learning experiences.

The learning goals of the various curricular components were also diverse ranging from teamwork skills, learning about collaborative care approaches with diverse patient populations and health needs, and common learning about health related subject areas. Patient/Client topic or subject areas and process issues were the most common focus across curricular components, and many curricular components included both a process focus and a health focus. General subject/topic themes were also diverse ranging from curricular components which focused on pediatrics, the older adult and chronic health challenges, primary health care and palliative care. This learning was intended to enhance competencies in areas pertaining to collaborative care with specific patient populations.

The most common subject/topic themes across curricular components were Primary Health Care and Chronic Health Challenges. Skill/Knowledge Development in areas related to teamwork and collaborative care were the most common 'process' foci for curriculum projects. This learning was intended to enhance competencies in areas pertaining to working in teams.

The most common target audiences for curriculum projects were students and practitioners from the fields of Nursing, Medicine, Pharmacy, Social Work, and Physical Therapy. A total of 84 target audiences were identified by survey respondents. These were identified as either specific participants in curricular activities or individuals involved directly in the project activities in some way.

Most curricular components were reported to involve students at the Pre-Licensure level (83.1%) and nearly half of the projects involved or targeted learners/practitioners at the Post-Licensure level (48.1%). The majority of curricular components were reported to include learning approaches which were of a Structured Interprofessional Learning Activity (84.4%) type, such as formal courses, workshops, instructional modules, etc. Other types of approaches reported by respondents included Practice Based Learning (19.5%), E-Learning (7.8%), Observation Based Learning (6.5%), Self-Directed Learning (5.2%), Continuing Professional Development (2.6%), and other types of curriculum (13.0%). The most common setting for the delivery of curricula components was a Learning Approach (42.9%) indicating that instruction was of a formal nature and learning was based on participation in organized instructional activities. Other curriculum settings included Practice Setting, Community Setting and Simulation Based.

The most common instructional activities reported across projects and curricular components included exchange activities (e.g. group discussion), E-learning (e.g. Internet-based learning), videoconferencing, self-directed and practice-based learning. The majority of curricular

components were reported to be instructional activities which were delivered over a period of time greater than 7 days in length.

There was a range of curriculum materials used in the projects. The most commonly used curriculum materials were Case Studies (39.0%) while other curriculum materials included Web-Based Tutorials and Workbooks. A significant level of patient, family and community involvement in the curriculum projects was also reported. Respondents indicated that this involvement occurred in planning (36.4%), teaching (31.2%), and evaluating (31.2%) aspects of the curricular components being reported on.

Sommaire exécutif

Le rapport intitulé *Curricula Approaches from 20 Health Canada Funded IECPCP Projects* [Programmes de formation : l'approche de 20 projets de l'initiative FIPCCP de Santé Canada] condense une étude des programmes de formation mis en œuvre dans 20 projets de l'initiative de formation interprofessionnelle pour une pratique en collaboration centrée sur le patient (FIPCCP) financée par Santé Canada. Ces 20 projets couvrent un éventail varié d'activités de formation et d'élaboration de programmes comprenant des cours de la formation interprofessionnelle, des ateliers de perfectionnement continu portant sur les aptitudes à la collaboration, et des apprentissages dans le cadre de pratiques interprofessionnelles.

Les objectifs d'apprentissage des divers éléments des programmes concernés couvraient un assez large éventail incluant les aptitudes au travail d'équipe, l'apprentissage d'approches de collaboration dans les soins offerts à divers bassins de population présentant des besoins variés, et un apprentissage commun dans les disciplines reliées à la santé. Les sujets les plus souvent abordés dans l'ensemble des programmes étaient reliés aux patients/clients et à la manière de procéder, plusieurs éléments mettant à la fois l'emphase sur les processus en cause et sur la santé. Les thèmes et problématiques abordés étaient également variés, allant d'éléments de programmes axés sur la pédiatrie à des questions relatives aux soins offerts aux aînés, aux malades chroniques, à la clientèle des soins primaires et des soins palliatifs. Ce type d'apprentissage visait à améliorer les aptitudes à offrir des soins en équipes à des populations spécifiques.

Les thèmes et sujets les plus fréquents dans l'ensemble des programmes examinés étaient les soins primaires et les défis offerts par les maladies chroniques comme le VIH/SIDA et la dépression. Pour ce qui est du mode de fonctionnement, les points d'emphase les plus courants des projets portant sur des programmes de formation étaient l'amélioration du travail en équipe et des soins en collaboration. Ce type d'apprentissage visait à améliorer le niveau de compétence dans les divers aspects du travail en équipe.

Les populations les plus généralement ciblées par les projets portant sur les programmes de formation étaient les étudiants et les praticiens en soins infirmiers, en médecine, en pharmacie, en travail social et en physiothérapie. En tout, 84 populations cibles furent identifiées par les répondants de l'enquête. Il s'agissait soit de participants spécifiques aux activités prévues au programme, soit d'individus participant directement aux activités du projet.

La majorité des activités prévues dans ces programmes concernaient des étudiants non encore diplômés (83.1%) et presque la moitié des projets mettaient en jeu des participants/praticiens déjà agréés (48.1%). La majorité des programmes de formation couverts incluaient des activités structurées d'apprentissage interprofessionnel (84.4%) comme des cours formels, des ateliers, des modules pédagogiques, etc. Parmi les autres types d'approches signalés mentionnons l'apprentissage pratique (19.5%), l'apprentissage en ligne (7.8%), l'apprentissage par observation (6.5%), l'apprentissage autonome (5.2%), le perfectionnement professionnel continu (2.6%), et divers autres types de programmes (13.0%). Le contexte le plus courant de mise en œuvre des éléments de programmes s'apparentait au cours magistral (42.9%), c'est-à-dire que l'enseignement y était formel et fondé sur des activités didactiques structurées. La pratique

professionnelle, la pratique en milieu communautaire et l'apprentissage sur simulateur étaient parmi les autres contextes mentionnés.

Les activités pédagogiques les plus fréquentes dans l'ensemble des projets et des éléments de programmes incluaient des échanges (par ex. des discussions en groupe), un apprentissage par médium électronique (par ex. sur Internet), des vidéoconférences, des initiatives autonomes et des travaux pratiques. La majorité des éléments de programmes couverts par le sondage étaient des activités didactiques menées sur des périodes de temps dépassant sept jours.

Les projets ont mis en oeuvre tout une gamme de supports didactiques. Le plus fréquent était l'étude de cas (39.0%) tandis que, pour certains projets, on se servait de tutoriels sur le web et de cahiers d'exercices. À signaler aussi, le niveau élevé de participation des patients, de leurs familles et de la communauté dans ces programmes de formation. Les répondants ont indiqué que cette participation a eu lieu principalement au niveau de la planification (36.4%), de l'enseignement (31.2%) et de l'évaluation (31.2%) des éléments de programme sur lesquels portait le sondage.

Introduction

This report summarizes the results of a survey of the 20 learning projects funded through Health Canada's Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) Initiative from 2005-2008. Overall project descriptions are given in Appendix A. There was a 100% response rate for the survey, which was conducted in November 2007. The survey consisted of both closed-ended and open-ended questions (see Appendix B for the template/worksheet used). Frequency analysis of responses per curricular component was conducted for closed-ended items. For open-ended questions, a constant comparative technique was used to identify themes in the responses. The identified themes were then grouped into categories and frequency analysis of categories per curricular component was conducted.

CURRICULAR COMPONENTS¹

The 20 projects were comprised of a total of 77 curricular components. There was a mean of 3.85 curricular components per project (range = 1-4). Eighty-five percent (85%) of projects had four or fewer curricular components.

Table 1. Curricular Components per Project

Curricular Components	Number of Projects	Percentage of Projects
1	8	40
2	3	15
3	2	10
4	4	20
11	1	5
15	2	10

The projects are summarized in Table 2.

¹ Curricular Component refers to the specific instructional activity (e.g., program, course, module, workshop, seminar, etc.) comprising interprofessional teaching/learning

Table 2. IECPCP Projects

Lead Organization	Project Title	Curricular Components
Calgary Health Region	Creating an Interprofessional Learning Environment through Communities of Practice: An Alternative to Traditional Preceptorship	Creating an Interprofessional Learning Environment through Communities of Practice: An Alternative to Traditional Preceptorship
Cancer Care Nova Scotia	Cultivating Communities of Practice for Collaborative Care	a. Interprofessional Facilitator Development Program
		b. Cultivating the Community of Practice
		c. Interprofessional Core Curriculum Modules
		d. Integrate the Interprofessional Core Curriculum educational modules and concepts of collaborative patient centered care into the nursing curriculum at St Francis Xavier University
Capital Health, Nova Scotia	An Innovative National Distance Education Initiative for Interprofessional Practice in Psychosocial Oncology	Interprofessional Psychosocial Oncology: Theory and Practice
Centennial College	Interprofessional Disaster/Emergency Action Studies (IDEAS)	Interprofessional Disaster/Emergency Action Studies (IDEAS)
College of Health Disciplines, University of British Columbia	Interprofessional Network of BC (In-BC)	a. Patients First
		b. Vancouver Coastal Health - Interprofessional Collaboration Project
		c. UBC Health Clinic - an interprofessional teaching clinic for the UBC Community
		d. Vancouver Island Interprofessional Education Project
		e. Multidisciplinary Intrapartum Workshop
		f. Evaluation of a Multidisciplinary Clerkship (MDC) model in Obstetrics and Gynecology and its effects on future practice plans
		g. Fir Square Doula Support Program
		h. Interprofessional Community Forum on Issues in Rural Maternity Care
		i. Interdisciplinary Workshop to promote breastfeeding and expertise around healthy infant sleep practices
		j. Computerized Modules for Obstetrical Caregivers: Postpartum Hemorrhage
		k. Guided Interprofessional Field Study
		l. Interprofessional Rural Program of BC
		m. Online Module: Why Will I Need Interprofessional Collaboration in My Practice

Lead Organization	Project Title	Curricular Components
		n. Online Module: Interprofessional Patient/Family-Centred Practice
		BC Competency Framework for Interprofessional Collaboration
Council of Ontario Universities	Institute of Interprofessional Health Sciences Education	Institute of Interprofessional Health Sciences Education
Dalhousie University	Seamless Care: An Interprofessional Education Project for Innovative Team-Based Transition Care	a. Interprofessional Collaborative Team Clinical Placements
		b. Faculty and Clinician Professional Development
Laval University	The Patient at the Heart of Our Action: Improved Training for Improved Collaboration: Integrated Program of Interprofessional Training	1: Initial Training
		2: Practice Training in Primary Care Teaching Environment
		3: Professional Development
		4: Training Support Through Information and Communication Technologies
McGill University	The McGill Educational Initiative on Interprofessional Collaboration: Partnerships for Patient-Family Centred Practice	a. Faculty Development Program
		b. Building Resources and Tools to Facilitate Teaching of Interprofessional Practice
		c. Comprehensive Interprofessional Education Program
		d. Development of Clinical Learning Environments
McMaster University	A Process Oriented Approach to Enhancing Interprofessional Education and Collaborative Relationship Centred Care (PIER)	Phase 1: Building Quality Collaborative Practice
		Phase 2: Interprofessional Education Consolidation
		Phase 3: Evaluation and Sustainability
Memorial University of Newfoundland	Collaborating for Education and Practice: An Interprofessional Education Strategy for Newfoundland and Labrador	a1. Pre-clinical Stage
		a2. Pre-clinical Stage
		a3. Pre-clinical Stage
		b1. Clinical Novice Stage
		b2. Clinical Novice Stage
		b3. Clinical Novice Stage
		b4. Clinical Novice Stage
		b5. Clinical Novice Stage
		b6. Clinical Novice Stage
		c. Probationer Stage
		d. Practitioner Stage

Lead Organization	Project Title	Curricular Components
Partnership between SCO Health Service, The University of Ottawa, Saint Paul University, Algonquin College, and La Cité Collegiale	Teaching Interprofessional Collaborative Patient-Centered Practice through the Humanities	Teaching Interprofessional Collaborative Patient-Centered Practice through the Humanities
Queen's University	Queen's University Inter-Professional Patient-centred Education Direction (QUIPPED)	a. Increasing the number of educators prepared to teach from an interprofessional collaborative patient-centred perspective
		b. Increasing the number of health professionals trained for collaborative patient-centred practice before, and after, entry to practice
University of Manitoba	Interprofessional Education for Geriatric Care (IEGC)	Interprofessional Education for Geriatric Care (IEGC) - Component 1
		Interprofessional Education for Geriatric Care (IEGC) - Component 2
		Interprofessional Education for Geriatric Care (IEGC) - Component
	A University of Manitoba Initiative: Interprofessional Education for Collaborative Patient-Centred Practice	A University of Manitoba Initiative: Interprofessional Education for Collaborative Patient-Centred Practice
Université de Montréal	Éducation à la Collaboration Interprofessionnelle Centrée sur le Patient (ECIP)	a. Training for interprofessional collaboration centered on patient with chronic disease and his/her family/friends
		b. Training for Participation in a Community of Practice
University of New Brunswick	Bridging Relationships Across Interprofessional Domains (BRAID)	Item 1: Facilitate & Increase the Capacity for Health Educators to Deliver Interprofessional Education
		Item 2: Increase Learners' Understanding of and Capacity to Apply Core Competencies Required to Support Collaborative Patient-Centred Practice
		Item 3: Increase Capacity of Health Care Professionals to Apply Collaborative Based Practices in Clinical Settings
		Item 4: Intraprofessional Nursing Care Within the Context of Chronic Illness
University of Saskatchewan	Patient-Centered Interprofessional Training Experience (P-CITE)	a. Interdisciplinary Population Health Project
		b. Community Service Learning
		c. SWITCH (A student managed primary health care center)
		d. St. Francis Community School
		e. Autism IP Training Program
		f. Holy Cross IP Support Team

Lead Organization	Project Title	Curricular Components
		g. IICUSP (International Interdisciplinary University Students Partnership) h. Using the Quality Improvement Framework i. Ranch Ehrlo j. South Saskatchewan IP Classroom Experience k. National Health Sciences Students' Association Annual Interprofessional Conference l. Osteo Assessment Lab m. IP Palliative Care PBL n. Interprofessional PBL (Problem-based Learning) on HIV/AIDS o. Multi-PBL (Problem-Based Learning) Module
University of Toronto	Structuring Communication Relationships for Interprofessional Teamwork ('SCRIPT') to achieve Interprofessional Education for Collaborative Patient-Centred Practice ('IECPCP')	Structuring Communication Relationships for Inter-Professional Teamwork (SCRIPT) to achieve Inter-Professional Education for Collaborative Patient-Centred Practice (IECPCP)
University of Western Ontario	Creating Interprofessional Collaborative Teams for Comprehensive Mental Health Services (CIPHER-MH)	Creating Interprofessional Collaborative Teams for Comprehensive Mental Health Services

TOPIC OR SUBJECT²

Identified topic themes, as well as corresponding sub-categories and categories are listed in Table 3. A total of 71 themes were identified for topics. These were classified into 14 sub-categories, which were then grouped into four categories.

Table 3. Identified Topic Themes

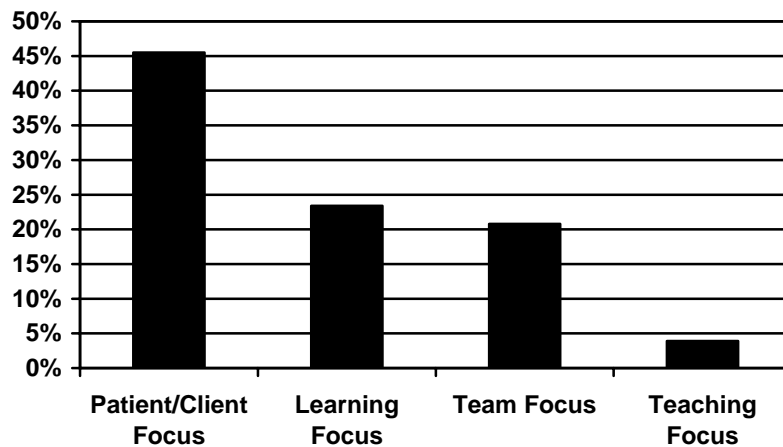
Category ³	Sub-Category	Topic Themes
Learning Focus	Learning Approaches	<ul style="list-style-type: none"> ▪ Interprofessional Education ▪ Online Asynchronous Learning ▪ Simulation Education ▪ Interprofessional Placements ▪ Community Service Learning ▪ Problem Based Learning ▪ Rural Practice Education
	Learning Strategies	<ul style="list-style-type: none"> ▪ Group Process
	Learning Skills	<ul style="list-style-type: none"> ▪ Communication ▪ Disciplinary Articulation
	Learning Outcomes	<ul style="list-style-type: none"> ▪ Community of Practice ▪ Reflective Practice ▪ Knowledge Management ▪ Patient Therapeutic Education ▪ Clinical Tools ▪ Competencies ▪ Learning Certificate Program
Teaching Focus	Teaching Skills	<ul style="list-style-type: none"> ▪ Facilitation Skills ▪ Interprofessional Teaching ▪ Teaching Strategies
Team Focus	Team Development	<ul style="list-style-type: none"> ▪ Team Learning
	Team Process	<ul style="list-style-type: none"> ▪ Team Dynamics ▪ Team Development ▪ Professional Roles ▪ Collaborative Work Virtual Space
	Team Skills	<ul style="list-style-type: none"> ▪ Conflict Management ▪ Leadership ▪ Goal Setting ▪ Flexibility ▪ Teamwork ▪ Collaboration

² Topic or subject refers to the specific subject, matter/content comprising the curricular component.

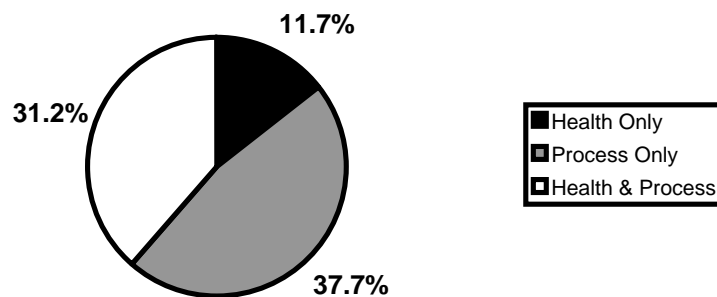
³ Category refers to broad level categorical themes representative of related topics/subjects

Category ³	Sub-Category	Topic Themes
		<ul style="list-style-type: none"> ▪ Interprofessional
Patient/Client Focus	Chronic Health Challenges	<ul style="list-style-type: none"> ▪ Rural Mental Health Care ▪ HIV/AIDS ▪ Depression
	Chronic Social Challenges	<ul style="list-style-type: none"> ▪ Psychosocial Oncology ▪ Intellectual Disability ▪ Intimate Partner Violence ▪ Autism ▪ Substance Use
	Care Approaches	<ul style="list-style-type: none"> ▪ Primary Care ▪ General Internal Medicine ▪ Primary Health Care ▪ Population Health ▪ Health Promotion ▪ Rehabilitative Care ▪ Palliative Care ▪ Chronic Disease Management ▪ Child Health ▪ Intrapartum Care ▪ Role of Birthing in the Community ▪ Breastfeeding ▪ Newborn Care ▪ Geriatric Care ▪ Community Assessment ▪ Postpartum Hemorrhage ▪ Natural Helping
	Practice Settings	<ul style="list-style-type: none"> ▪ Community Oriented Service ▪ Rural and Aboriginal Communities
	Care Outcomes	<ul style="list-style-type: none"> ▪ Collaborative Practice ▪ Professionalism ▪ Patient/Family Centred Practice ▪ Client Centred Approach ▪ Healthy Infant Sleep Practices
	General Outcomes	<ul style="list-style-type: none"> ▪ Content ▪ Process ▪ Structure ▪ Quality Improvement Framework ▪ Sustainability of Learning ▪ Theory ▪ Rural Professional

As shown in Figure 1, the Patient/Client focus was the most common topic/subject (45.5% of curricular components). A learning focus and a team focus were also common topics (23.4% and 20.8% respectively). A teaching focus was the least common theme identified in the topic for curricular components (3.9%).

Figure 1. Topic of Curricular Component**KEY FOCUS⁴**

As shown in Figure 2, the key focus for curriculum projects was most commonly solely a Process focus (37.7%), and many curricular components having both a Process focus and a Health focus (31.2%). A sole Health focus was the least common key focus (11.7%).

Figure 2. Key Focus of Curricular Component

N.B. Several tables in this document provide specific project references for the components listed. Example: in Table 4: *Stroke Rehabilitation*⁴ means the Memorial University of Newfoundland project used stroke rehabilitation as a key focus theme.

Please refer to the project legend found in Appendix C.

⁴ Key focus denotes whether focus of specific curricular component was health-related (e.g. mental health) or process-related (e.g. communication).

KEY HEALTH FOCUS⁵

Identified health focus themes, as well as corresponding categories are listed in Table 4. A total of 55 themes were identified for the health focus. These were classified into 14 categories.

Table 4. Key Health Focus Themes

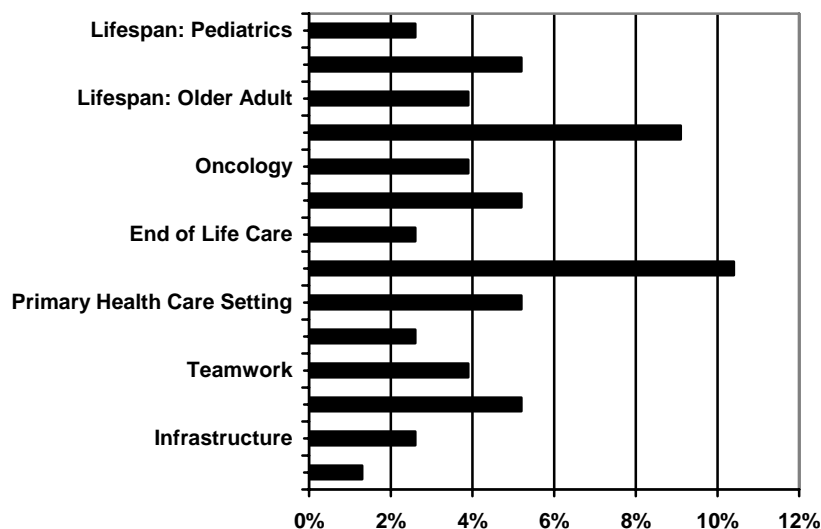
Category	Key Health Focus Themes
Chronic Health Challenges	<ul style="list-style-type: none"> ▪ Stroke Rehabilitation⁴ ▪ Chronic Health Challenges¹² ▪ Chronic Illness^{12,20} ▪ Complex Care Issues^{9,16,17} ▪ Co-morbidities²⁰ ▪ Diabetology²⁰ ▪ HIV/AIDS Care^{4,6,8}
End of Life Care	<ul style="list-style-type: none"> ▪ Palliative Care^{6,7,10,13,16}
Infrastructure	<ul style="list-style-type: none"> ▪ Operational Issues¹⁷ ▪ Access to Health Services¹⁰
Interprofessional Education	<ul style="list-style-type: none"> ▪ Learning Opportunities¹⁷ ▪ Interprofessional Core Curriculum¹³ ▪ Service Learning⁶ ▪ Development of Teaching Sites^{10,19}
Interventions	<ul style="list-style-type: none"> ▪ Chemotherapy¹³ ▪ Radiation Therapy^{12,13} ▪ Pain Management¹³ ▪ Rural Birthing Services⁹
Lifespan: Childbearing Family	<ul style="list-style-type: none"> ▪ Breastfeeding^{4,9} ▪ Birthing Postpartum Support to Women with Addictions⁹ ▪ Haemorrhage⁹
Lifespan: Older Adult	<ul style="list-style-type: none"> ▪ Elder Abuse⁴ ▪ Geriatrics⁴
Lifespan: Paediatrics	<ul style="list-style-type: none"> ▪ Child Abuse⁴ ▪ Healthy Infant Sleep Practices⁹
Mental Health	<ul style="list-style-type: none"> ▪ Depression¹⁵ ▪ Rural Mental Health⁴ ▪ Mental Health of Vulnerable Populations¹⁵ ▪ Psychosocial Responses⁴
Oncology	<ul style="list-style-type: none"> ▪ Oncologic Emergencies¹³ ▪ Care of Persons with Cancer¹³ ▪ Psychosocial Oncology¹³
Primary Health Care	<ul style="list-style-type: none"> ▪ Health Promotion¹⁰ ▪ Population Health Issues⁶

⁵ Key health focus refers to the broad level categorical themes representative of health-related curricular foci.

Category	Key Health Focus Themes
	<ul style="list-style-type: none"> ▪ Socioeconomic Inequalities^{6,15} ▪ Community Development Model^{6,10} ▪ Primary Health Care^{6,9,10} ▪ Health in Rural Communities^{3,9,10} ▪ Determinants of Health^{6,17}
Primary Health Care: Setting	<ul style="list-style-type: none"> ▪ Rehabilitation^{2,4,16} ▪ Long Term Care^{11,16} ▪ Complex Continuing Care¹⁶ ▪ Community Practice^{9,10} ▪ Rural Practice^{4,9,10} ▪ First Nations Health Care System^{10,17}
Teamwork	<ul style="list-style-type: none"> ▪ Development of Teams^{10,17} ▪ Conflicts Among Participants^{15,17} ▪ Effectiveness of Team Care^{10,15,17} ▪ Communications^{10,15,17} ▪ Collaborations¹⁷ ▪ Patient Centred Teamwork^{15,17} ▪ Interdisciplinary Team¹⁷ ▪ Quality Issues¹⁹
Other	<ul style="list-style-type: none"> ▪ Gastrointestinal Symptoms¹³ ▪ Metabolic Imbalances¹³

As shown in Figure 3, the most common health focus was Primary Health Care (10.4%), followed by Chronic Health Challenges (9.1%).

Figure 3. Key Health Foci



KEY PROCESS FOCUS⁶

Identified process focus themes, as well as corresponding categories are listed in Table 5. A total of 61 themes were identified for the process focus. These were classified into four categories.

Table 5. Key Process Focus Themes

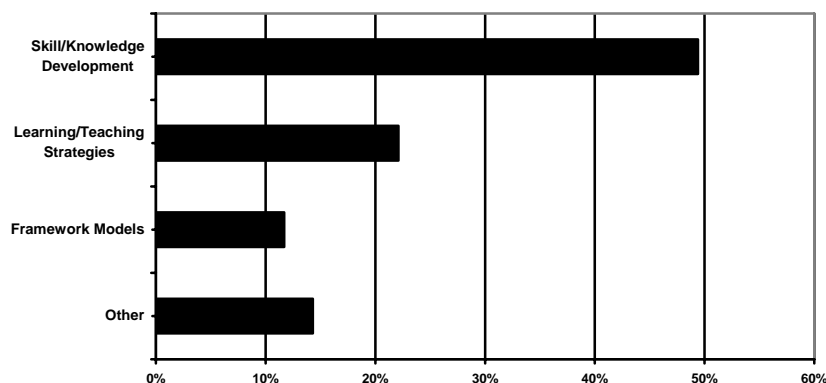
Category	Key Process Focus Themes
Learning/Teaching Strategies	<ul style="list-style-type: none"> ▪ Facilitation¹³ ▪ Ice Breakers¹³ ▪ Care Planning¹³ ▪ Facilitate Learning^{3,10} ▪ Interprofessional Plans and Agreements⁹ ▪ Patient/Relative Participation^{7,15} ▪ Case Discussion^{7,10,15} ▪ Reflective Practice²⁰ ▪ Patient Centred Approach^{15,20} ▪ Dialogue⁹ ▪ Educational Projects^{10,19} ▪ Virtual Resource Centre^{10,19} ▪ Training and Practice Virtual Community⁷ ▪ Developing Curricula¹² ▪ IPE Competency Framework^{2,6,12} ▪ Communities of Practice^{5,13} ▪ Staff Leadership Initiatives⁹ ▪ Cross Clinical Unit Learning⁹ ▪ Best Education Approaches¹⁵ ▪ Therapeutic Education²⁰
Frameworks/Models	<ul style="list-style-type: none"> ▪ BRAID Competency Framework¹² ▪ Learning Cycles/Styles¹³ ▪ Psychological Distress Assessment¹³ ▪ Humanities Framework¹⁶ ▪ Practice Models of Immersion and Exposure⁹ ▪ Adult Learning¹³ ▪ Interprofessional Education¹³ ▪ Interdisciplinary Community Based Learning⁶ ▪ Creating a culture for IPCP^{10,15}
Skill/Knowledge Development	<ul style="list-style-type: none"> ▪ Communications¹⁸ ▪ Conflict Management^{13,15} ▪ Cultural Sensitivity¹³ ▪ Collaboration^{15,20} ▪ Professional Roles^{7,15,20} ▪ Interprofessional Relationships⁹ ▪ Relationship Awareness⁹

⁶ Key process focus themes refers to broad level categorical themes representative of health-related curricular foci.

Category	Key Process Focus Themes
	<ul style="list-style-type: none"> ▪ Interaction Skills⁷ ▪ General Concepts⁷ ▪ Team Member Roles^{6,15} ▪ Informationist²⁰ ▪ Knowledge Management²⁰ ▪ Holistic Care¹⁶ ▪ Teamwork^{4,15} ▪ Teambuilding^{4,10} ▪ Collaborative Practice¹³ ▪ Evidence-based Decision Making¹⁰ ▪ Ethical Practice¹⁰ ▪ Management of a Chronic Condition^{11,12} ▪ Management of Daily Living Activities¹¹ ▪ Patient Family Centred Practice⁸
Other	<ul style="list-style-type: none"> ▪ Convincing Data¹⁹ ▪ Clinical Projects¹⁹ ▪ Site Projects ▪ Student Access to Rural/Aboriginal Community Practice⁹ ▪ Student Groups^{6,10} ▪ Consumer Focus¹⁵ ▪ Exploration of Structures⁶ ▪ Networking^{10,15} ▪ Research¹⁷ ▪ Project Design, Development, and Implementation⁹ ▪ Illness Experience of Cancer¹³ ▪ Social Change^{6,15}

As shown in Figure 4, Skill/Knowledge Development was the most common key focus for curriculum projects (49.4%), followed by Learning/Teaching Strategies (22.1%), and Framework Models (11.7%). Also, some projects had other Process focuses (14.3%).

Figure 4. Key Focus included in Process Category



TARGET AUDIENCE⁷

Identified target audiences, as well as corresponding categories are listed in Table 6. A total of 84 target audiences were identified. Fifty-six of these were classified into 16 categories.

Table 6. Target Audience

Category	Target Audience
	<ul style="list-style-type: none"> ▪ Aging Studies⁷ ▪ Audiology^{9,10} ▪ Dental Hygienists¹¹ ▪ Dentistry^{6,11} ▪ Faculty^{3,4,5,6,8,9,10,11,13,14,15,16, 17} ▪ Fire Services¹⁸ ▪ Health Care Decision Makers⁹ ▪ Health Information Science⁹ ▪ International Studies⁶ ▪ Kinesiology^{6,7} ▪ Medical Laboratory Sciences^{9,18} ▪ Medical Radiation Technologies^{3,9,12} ▪ Midwifery⁹ ▪ Neuropsychology^{2,20} ▪ Occupational Therapy ^{2,3,5,6,7,8,9,10,14,20} ▪ Paramedics¹⁸ ▪ Pharmacy^{2,4,6,7,13,16,17 20} ▪ Physical Therapy^{2,3,4,5,7,8,10,11,13,15,20} ▪ Psychology^{2,3,7,9,15,16,20} ▪ Recreational Therapy^{4,9} ▪ Respiratory Therapy^{12,14,18} ▪ SMR¹⁷ ▪ Social Service Workers^{7,18,20} ▪ Social Work ^{2,3,4,6,7,9,10,12,15,18,20} ▪ Speech Language Pathologists^{2,8,9,10,16} ▪ Support/Admin Staff¹² ▪ Veterinarians⁶ ▪ Vocational Rehabilitation⁹
Community	<ul style="list-style-type: none"> ▪ Communities^{6,9,15} ▪ Community Activists⁶ ▪ Community Based Organization Staff⁶ ▪ Community Members ^{4,13} ▪ Families^{7,9,13}
Dietetics/Nutrition	<ul style="list-style-type: none"> ▪ Dietitians^{2,4,9,12} ▪ Nutrition^{3,6,7,9,10,13,20}

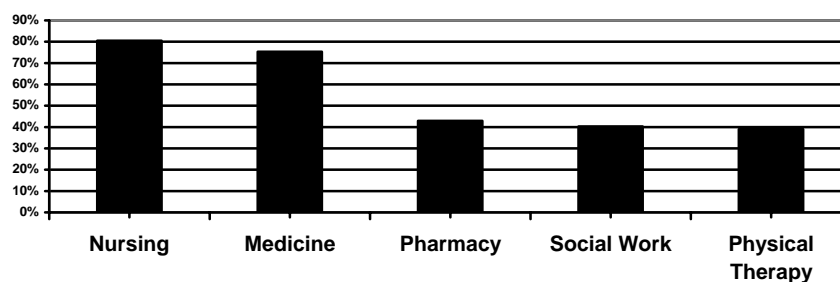
⁷ Target audience refers to professions, disciplines, health providers or other persons targeted by the curricular component.

Category	Target Audience
Educators/Teachers	<ul style="list-style-type: none"> ▪ Early Childhood Educators⁶ ▪ Education³ ▪ Educators^{2,3,6,7,8,9,11,12,14,15,16,17} ▪ Primary Care Teachers⁷
Health Professional	<ul style="list-style-type: none"> ▪ Community Health Professionals⁷ ▪ Health Professionals^{9,12,13,14,15,16,17,16} ▪ Hospital Clinicians^{5,10} ▪ Mikmaq Health Professionals¹³ ▪ Primary Care Professionals⁷ ▪ Professionals in the Community⁴
Home Support Workers	<ul style="list-style-type: none"> ▪ Family Care Workers⁹ ▪ Home Support Workers⁹ ▪ Personal Support Workers¹⁶
Justice/Law	<ul style="list-style-type: none"> ▪ Justice Studies⁶ ▪ Law^{3,16} ▪ Police Foundations¹⁸
Medical Radiation Technology	<ul style="list-style-type: none"> ▪ Medical Imaging¹⁸ ▪ Medical X-Ray Technologies^{9,12}
Medicine	<ul style="list-style-type: none"> ▪ Interns⁷ ▪ Medicine^{1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20} ▪ Post-Graduate Medical Residents^{4,12}
Mental Health Professionals	<ul style="list-style-type: none"> ▪ Counsellors⁹ ▪ Mental Health Practitioners¹⁵ ▪ Therapists⁹
Nursing	<ul style="list-style-type: none"> ▪ Nurse Practitioners^{9,10,11,12,14} ▪ Nursing^{1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20} ▪ Practical Nurses^{9,12,14,16}
Other	<ul style="list-style-type: none"> ▪ Allied Health⁴ ▪ Anyone being introduced to interprofessional concepts⁹ ▪ Anyone developing educational strategies to teach IECPCP⁹ ▪ Arts⁶ ▪ Health Science^{9,14} ▪ Health Studies⁶ ▪ Human Justice⁶ ▪ Human Sciences¹⁶ ▪ Media¹⁸ ▪ Other Disciplines^{5,12,14,16,20} ▪ Program and Practice Leadership⁹ ▪ Science⁶
Pastoral Care/Theology	<ul style="list-style-type: none"> ▪ Pastoral Care⁴ ▪ Theology³

Category	Target Audience
Patient/Client	<ul style="list-style-type: none"> ▪ Homelessness Community Agencies¹⁵ ▪ Mental Health Consumers¹⁵ ▪ Patient Navigators¹³ ▪ Patients^{4,6,9,13,15,16}
Preceptors	<ul style="list-style-type: none"> ▪ Clinical Supervisors^{7,16} ▪ Preceptors^{6,9,11,16,17}
Students	<ul style="list-style-type: none"> ▪ Graduate Students^{4,8,10,13,15,17} ▪ Students^{1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20}

As shown in Figure 5, the most common target audiences for curriculum projects were Nursing (80.5%), Medicine (75.3%), Pharmacy (42.9%), Social Work (40.3%), and Physical Therapy (39.0%).

Figure 5. Most Common Target Audiences



All the target audiences are listed in Table 7 with the percentage of projects targeted to each audience.

Table 7. Target Audiences

Target Audience	Percentage of Curriculum Projects
Nursing	80.5%
Medicine	75.3%
Pharmacy	42.9%
Social Work	40.3%
Physical Therapy	39.0%
Occupational Therapy	29.9%
Dietetics/Nutrition	23.4%
Psychology	19.5%
Educators/Teachers	15.6%
Midwifery	11.7%
Kinesiology	10.4%

Target Audience	Percentage of Curriculum Projects
Dentistry	9.1%
Speech Language Pathologists	9.1%
Support/Admin Staff	7.8%
Faculty	6.5%
Patient/Client	6.5%
Pastoral Care/Theology	5.2%
Justice/Law	5.2%
Community	5.2%
Medical Radiation Technologists	10.4%
Respiratory Therapy	3.9%
Social Service Workers	3.9%
Home Support Workers	2.6%
Preceptors	2.6%
Mental Health Professionals	2.6%
Recreational Therapy	2.6%
Medical Laboratory Sciences	2.6%
Audiology	2.6%
Neuropsychology	2.6%
SMR	1.3%
Paramedics	1.3%
Fire Services	1.3%
Dental Hygienists	1.3%
Aging Studies	1.3%
International Studies	1.3%
Veterinarians	1.3%
Vocational Rehabilitation	1.3%
Health Information Science	1.3%
Health Care Decision Makers	1.3%
In summary:	
Students	26.0%
Health Professional	22.1%
Other	48.1%

LEVEL OF CURRICULUM⁸

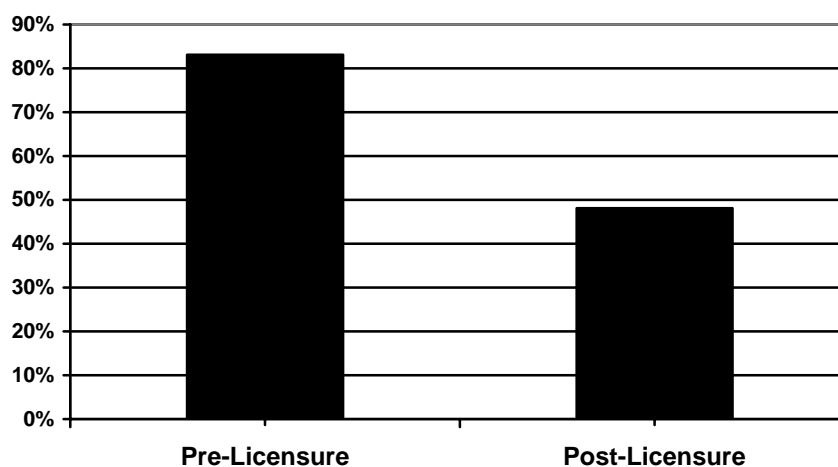
Identified curriculum levels, as well as corresponding categories are listed in Table 8. A total of 15 curriculum levels were identified. These were classified into two categories.

Table 8. Curriculum Level

Category	Level
Pre-Licensure	<ul style="list-style-type: none"> ▪ Any⁹ ▪ Entry Level³ ▪ Pre-Licensure^{1,3,4,5,6,7,8,9,10,11,12,14,15,16,17,18,19,20} ▪ Students^{*9,13} ▪ Undergraduate^{*9}
Post-Licensure	<ul style="list-style-type: none"> ▪ Any⁹ ▪ Clinical Educators⁸ ▪ Clinical Staff¹⁶ ▪ Continuing Education^{10,12,13,15} ▪ Educators^{9,12,14} ▪ Faculty^{8,14} ▪ Graduate^{8,13,17} ▪ Leadership⁹ ▪ Post-Licensure^{4,7,8,9,10,12,16,20}

Figure 6 demonstrates that most curriculum projects were at the Pre-Licensure level (83.1%) and nearly half of the projects addressed the Post-Licensure level (48.1%).

Figure 6. Level of Curriculum.



⁸ Level of curriculum denotes the educational level of the curricular component; pre or post-licensure.

TYPE OF CURRICULUM⁹

Identified curriculum type themes, as well as corresponding categories are listed in Table 9. A total of 51 themes were identified for the curriculum type. These were classified into seven categories.

Table 9. Curriculum Types

Category	Curriculum Type
Structured Interprofessional Learning Activity	<ul style="list-style-type: none"> ▪ Case Discussion^{4,7} ▪ Case Study^{2,4,6,9,10,13,15} ▪ Conference ^{4,8,9,10,13} ▪ Conflict Resolution^{8,17} ▪ Course^{3,5,6,7,8,9,12,13,15,17,18,20} ▪ Education Session¹⁷ ▪ Face-to-face ^{2,3,4,5,6,8,9,10,12,13,15,16,17} ▪ Integrated in Programs and Courses^{4,6,7,8,11,13} ▪ Laboratory^{3,6} ▪ Learning Activity⁹ ▪ Learning Block⁴ ▪ Learning Project⁴ ▪ Modules^{3,4,5,6,8,9,10,13,14,15,16,} ▪ Onsite⁹ ▪ Orientation^{6,9,11,12,17} ▪ Presentation^{4,5,6,9,11,13,15,20} ▪ Program^{3,4,6,7,8,9,11,17} ▪ Project^{4,6} ▪ Seminars^{5,6,8,9} ▪ Service Learning Program⁹ ▪ Single Class¹² ▪ Team Building Challenge⁴ ▪ Training^{9,4,5,6,7,9,10,13,20} ▪ Workshop^{2,3,4,6,8,9,10,11,12,13,15,16,17,18,20}
Practice-Based Learning	<ul style="list-style-type: none"> ▪ Clinical Placement^{3,5,6,8,9,10,11,16} ▪ Collaborative Practice^{6,9,11,12,13,15} ▪ Practice Site^{5,9,17} ▪ Role Modeling^{8,9} ▪ Shadowing⁹
Observation-Based Learning	<ul style="list-style-type: none"> ▪ Experiential Learning^{3,5,16} ▪ Meetings^{9,11} ▪ Offsite¹⁹ ▪ Unstructured Opportunistic Learning²

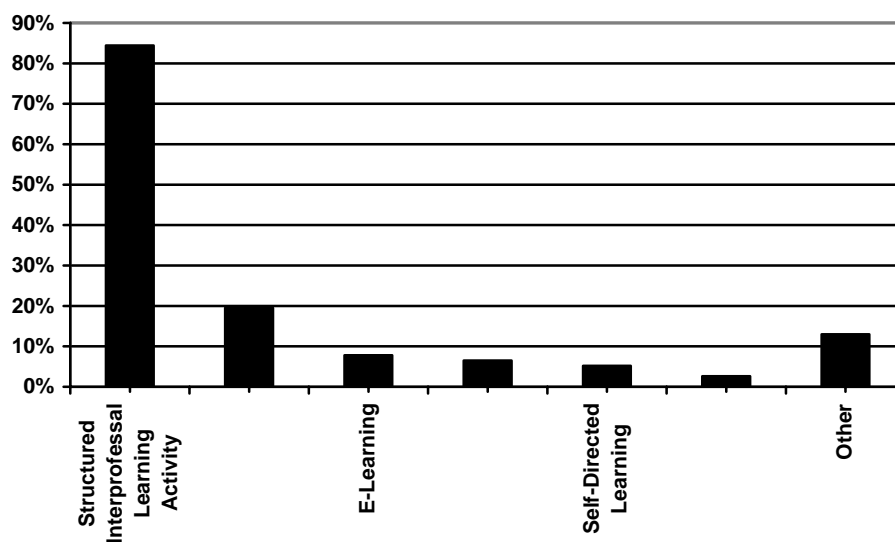
⁹ Type of curriculum refers to descriptors of the type/format of the curricular component (e.g., program, workshop, course, module, block, seminar, etc.).

Category	Curriculum Type
Self-Directed Learning	<ul style="list-style-type: none"> ▪ Logbook⁹ ▪ Printed⁹ ▪ Reading^{9,20} ▪ Self-Learning^{9,16}
E-Learning	<ul style="list-style-type: none"> ▪ E-Learning^{*4,7,9,12} ▪ Web Based^{*4,9,10,12,13,18,20}
Continuing Professional Development	<ul style="list-style-type: none"> ▪ Continuing Education¹³
Other	<ul style="list-style-type: none"> ▪ CAPE Tools⁹ ▪ Community Forum⁹ ▪ Community Interactive Circle⁹ ▪ Competency Framework⁹ ▪ Debriefing⁶ ▪ Discussion^{4,6,9,10,11,12,20} ▪ Facilitated Staff and Leader Initiatives⁹ ▪ Interview^{6,9,13} ▪ Networking¹⁵ ▪ Survey⁹ ▪ Volunteer⁶

* as labeled by projects

As shown in Figure 7, the type of curriculum used in most projects was a Structured Interprofessional Learning Activity (84.4%). Other types of curriculum included Practice Based Learning (19.5%), E-Learning (7.8%), Observation Based Learning (6.5%), Self-Directed Learning (5.2%), Continuing Professional Development (2.6%), and other types of curriculum (13.0%).

Figure 7. Type of Curriculum.



SETTING KEY WORDS¹⁰

Identified setting key words, as well as corresponding categories are listed in Table 10. A total of 58 setting key words were identified. These were classified into five categories.

Table 10. Setting Key Words

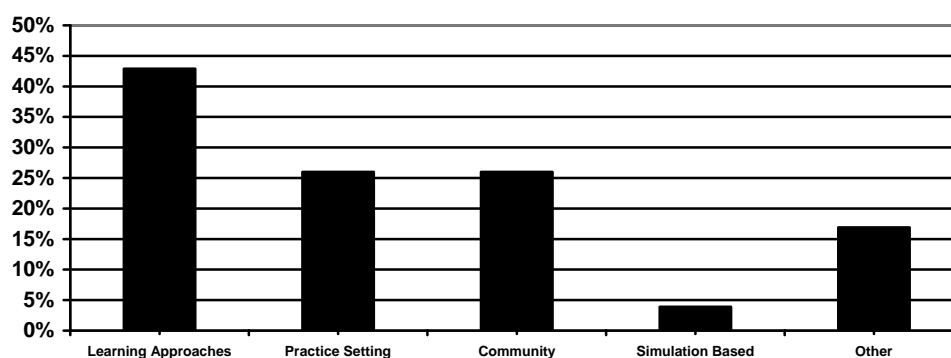
Category	Setting Key Words
Practice Setting	<ul style="list-style-type: none"> ▪ Clinical Context¹⁸ ▪ Clinical Placement^{3,6,5,9,10,11,15} ▪ Complex Continuing Care¹⁶ ▪ Geriatric Day Hospital⁵ ▪ Hospital^{9,19,13} ▪ Inpatient ▪ Long Term Care Facility^{11,16} ▪ Practice Site Immersion¹⁷ ▪ Rehabilitation⁹ ▪ Team¹³
Community	<ul style="list-style-type: none"> ▪ Care of the Elderly ▪ Community^{6,9,10} ▪ Community Health Centre¹² ▪ Family Health Centre^{6,9} ▪ Field Work ▪ Home¹¹ ▪ Homelessness¹⁵ ▪ Mental Health¹⁵ ▪ Palliative Care¹² ▪ Transition¹¹
Simulation-Based Learning	<ul style="list-style-type: none"> ▪ Simulation^{3,10,12,18}
Learning Approaches	<p>SHARED LEARNING</p> <ul style="list-style-type: none"> ▪ Academic Classroom^{6,12} ▪ Discussion Forum^{7,20} ▪ Education Session^{6,17} ▪ Conference^{8,9} <p>INTERACTIVE</p> <ul style="list-style-type: none"> ▪ Collaborative Competencies⁹ ▪ Collaborative Problem Solving⁹ ▪ Training Community ▪ Workshop^{3,4,6,7,9,,20} <p>DISTRIBUTED</p> <ul style="list-style-type: none"> ▪ E-Learning^{7,12} ▪ Online^{4,8,9,14,13,18} ▪ Virtual^{14,20}

¹⁰ Setting key words refers to descriptors of the type of setting in which teaching/learning associated with the curricular component was undertaken (e.g. in-patient, primary health care, community, rural)

Category	Setting Key Words
	<ul style="list-style-type: none"> ▪ Web-based^{10,12,14,18} SIMULATED ▪ Interprofessional Case Study^{9,15} ▪ Interprofessional Education⁹ PRACTICE BASED ▪ Client/consumer Centred Care^{6,15} ▪ Community Forum⁹ ▪ Demonstration Project¹⁷ ▪ Experiential Learning^{5,16} ▪ Reflective Practice^{11,16,20} ▪ Self-Learning^{9,16} ▪ Service Learning^{4,6}
Other	<ul style="list-style-type: none"> ▪ Aboriginal Populations¹⁷ ▪ Collaboration^{6,13} ▪ Conflict¹⁵ ▪ Determinants of Health^{6,10,17} ▪ Innovative^{6,13} ▪ Interpersonal and Interprofessional Communication⁹ ▪ Inter-University^{10,13} ▪ Meeting Facility¹³ ▪ Pan Canadian ▪ Research Platform¹⁷ ▪ Rural^{9,10,17} ▪ Social Responsibility⁶ ▪ Student^{6,9,10,13,15} ▪ Urban⁹ ▪ Variable⁹

As shown in Figure 8, the most common setting of curriculum projects was a Learning Approach (42.9%). Other curriculum settings included a Practice Setting (26.0%), Community Setting (26.0%), Simulation Based (3.9%), and other curriculum settings (16.9%).

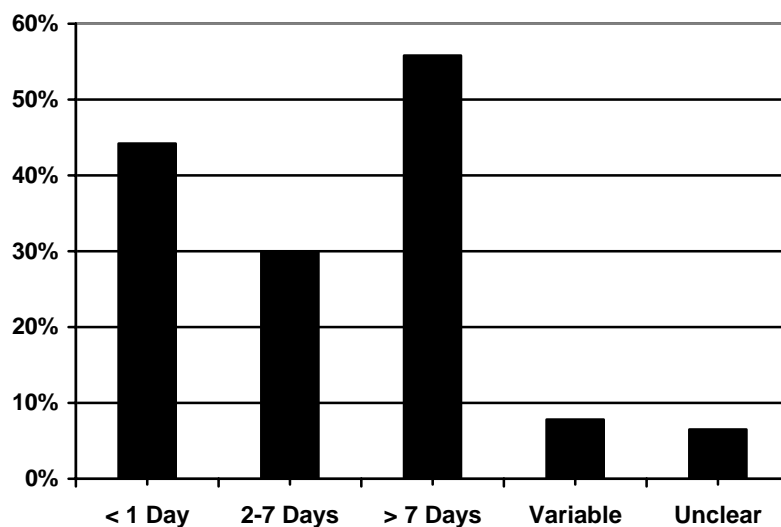
Figure 8. Setting of Curriculum.



TOTAL HOURS/DURATION

Figure 9 demonstrates the duration/total hours of curriculum components.

Figure 9. Total Hours/Duration of Curriculum.



DELIVERY APPROACH¹¹

Identified delivery approach themes, as well as corresponding categories are listed in Table II. A total of 83 themes were identified for the delivery approach. These were classified into 13 categories.

Table II. Delivery Approach Themes

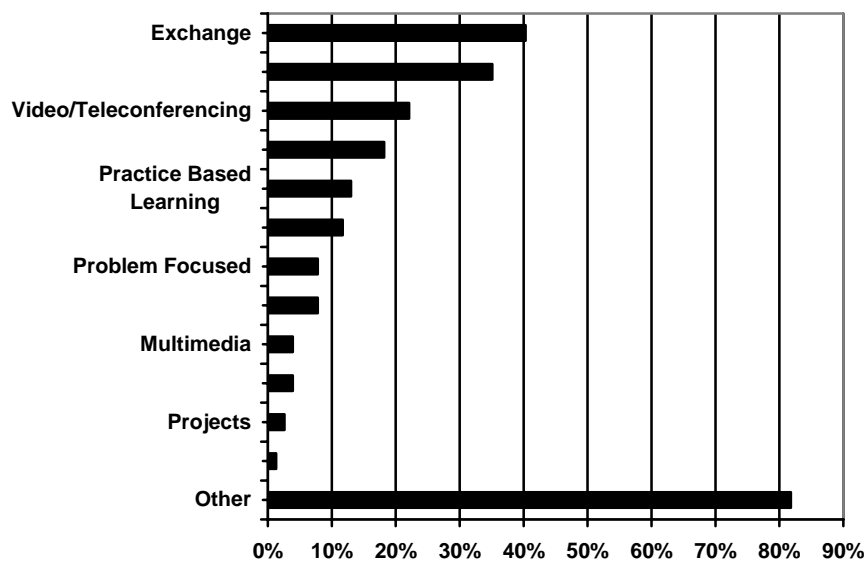
Category	Delivery Approach Themes
E-Based Learning	<ul style="list-style-type: none"> ▪ Computer^{9,10} ▪ E-Learning^{7,10,12} ▪ Electronic Approaches^{13,18} ▪ E-mail^{13,17} ▪ Live Chat¹³ ▪ Multimedia Tutorials⁴ ▪ Online Discussion¹⁰ ▪ Online Module^{9,10} ▪ Online Real Time Gaming Simulation¹⁸ ▪ Online Self-Paced Unsupervised⁹

¹¹ Delivery approach themes relate to broad level categorical themes representative of related instructional approaches and activities.

Category	Delivery Approach Themes
	<ul style="list-style-type: none"> ▪ Web-Based Technologies⁴ ▪ Website⁸
Problem-Focused	<ul style="list-style-type: none"> ▪ Case Study^{4,9,10,15}
Received	<ul style="list-style-type: none"> ▪ Interactive Presentations⁴ ▪ Lecture^{7,9} ▪ Presentations^{4,9} ▪ Small Group Presentation^{9,13}
Service Learning	<ul style="list-style-type: none"> ▪ Service Learning Instructional Method⁶ ▪ Service Learning Project in Community⁴ ▪ Service Learning Teams
Exchange	<ul style="list-style-type: none"> ▪ Collaborative Learning Groups^{10,12} ▪ Discussion^{4,9,10,11,12,20} ▪ Facilitated Discussions^{9,10} ▪ Group Facilitation⁷ ▪ Group Work^{8,9,12} ▪ Interactive^{4,6,7,9} ▪ Interactive Learning ▪ Large Group Discussion¹⁷ ▪ Meeting^{6,9,11,17} ▪ Participatory⁶ ▪ Seminar^{6,8,9} ▪ Small Group^{3,4,7,9,13} ▪ Small Group Learning Activities⁷ ▪ Small Group Tutorial⁴ ▪ Workshop^{3,4,7,9,15,20}
Observation	<ul style="list-style-type: none"> ▪ Observations^{9,17} ▪ Role Modeling^{8,9} ▪ Shadowing⁹
Videoconferencing/Teleconferencing	<ul style="list-style-type: none"> ▪ Distance^{9,10,13,17} ▪ Teleconference^{11,13} ▪ Videoconferencing⁴
Self-Directed Learning	<ul style="list-style-type: none"> ▪ Independent Study⁹ ▪ Individual Work⁹ ▪ Online Self-Paced Unsupervised⁹ ▪ Reflection Exercises¹³ ▪ Self-Directed Learning Exercises⁴ ▪ Self-Learning Module¹⁶
Practice-Based Learning	<ul style="list-style-type: none"> ▪ Clinical Experience^{3,10,11,15} ▪ Collaborative Practice^{6,10,11} ▪ Collaborative Team¹⁵ ▪ Interprofessional Team^{9,12} ▪ One-to-One Patient Care⁹ ▪ Patient Interaction⁹ ▪ Practice^{3,6,7,11}

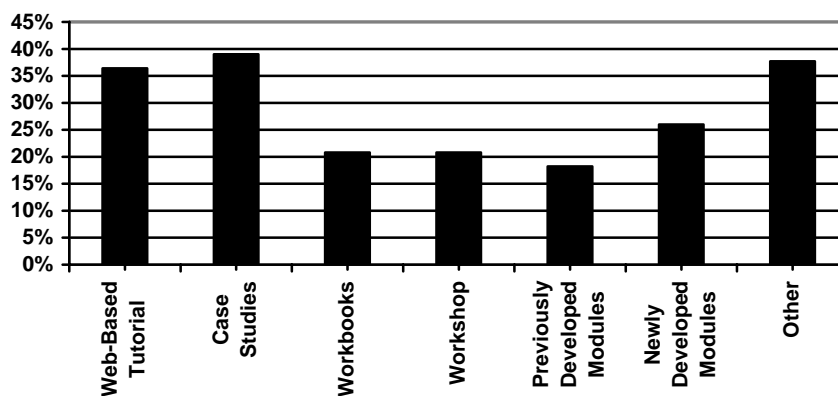
Category	Delivery Approach Themes
	<ul style="list-style-type: none"> ▪ Provide Service and Support⁶ ▪ Rounds⁹
Projects	<ul style="list-style-type: none"> ▪ Project^{4,9} ▪ Quality Assurance Project¹⁹
Multimedia	<ul style="list-style-type: none"> ▪ Animation^{7,9} ▪ Illustrations⁹ ▪ Text^{5,9} ▪ Video^{4,7,9,13}
Simulation Exercise	<ul style="list-style-type: none"> ▪ Simulation Exercise^{12,18}
Other	<ul style="list-style-type: none"> ▪ Active Learning Methods¹² ▪ Adult Education⁷ ▪ Assignments⁶ ▪ Blended Learning^{4,13,15} ▪ Coaching⁹ ▪ Experiential^{5,6,16} ▪ Face-to-Face^{2,3,4,5,6,8,9,10,12,13,15,17,18} ▪ Hands-On Learning Experiences⁶ ▪ Integrated in Curriculum^{4,6,8,9} ▪ Interactive Quizzes⁹ ▪ Interview⁹ ▪ Logbook⁹ ▪ Orientation^{9,11} ▪ Patient Narratives¹² ▪ Programming⁹ ▪ Reflective Questioning⁹ ▪ Survey⁹ ▪ Theory¹² ▪ Train the Trainer⁸ ▪ Working Group⁹

Figure 10 demonstrates that there was a lot of variability in the delivery approach of curriculum projects.

Figure 10. Delivery Approach of Curriculum

CURRICULUM MATERIALS

As shown in Figure 11, there was a range of curriculum materials used in the projects. The most commonly used curriculum materials were Case Studies (39.0%). Other curriculum materials used included Web-Based Tutorial (36.4%), Newly Developed Modules (26.0%), Workbooks (20.8%), Workshop (20.8%), Previously Developed Modules (18.2%), and other curriculum materials (37.7%).

Figure 11. Curriculum Materials

AVAILABILITY OF MATERIALS

Figure 12 demonstrates that the curriculum materials for the majority of projects are not currently available online (59.7%).

Figure 12. Current Availability of Materials Online

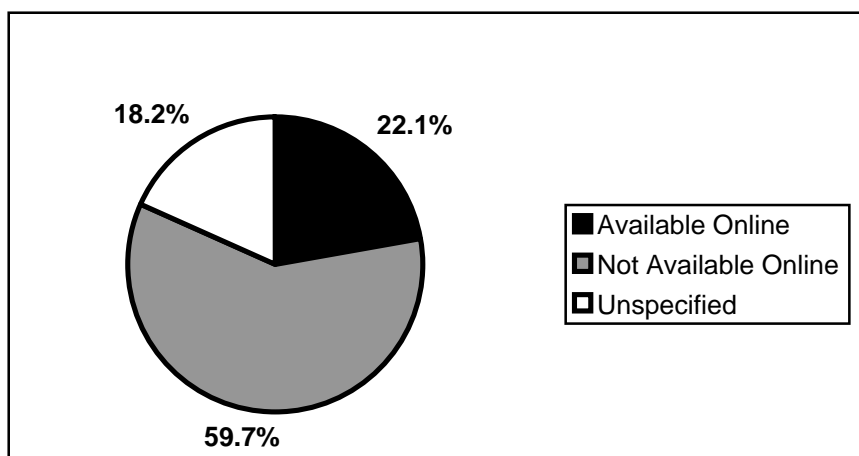
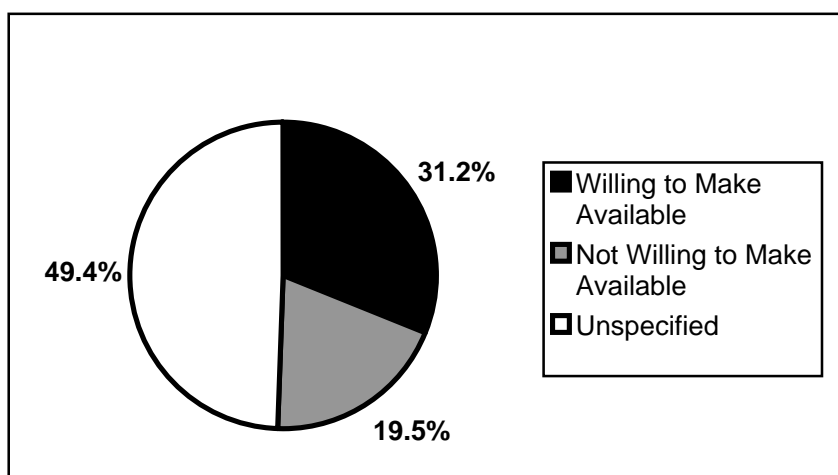


Figure 13 shows the proportion of curriculum projects for which the curriculum materials would be made available to the CIHC Library, in future (31.2%).

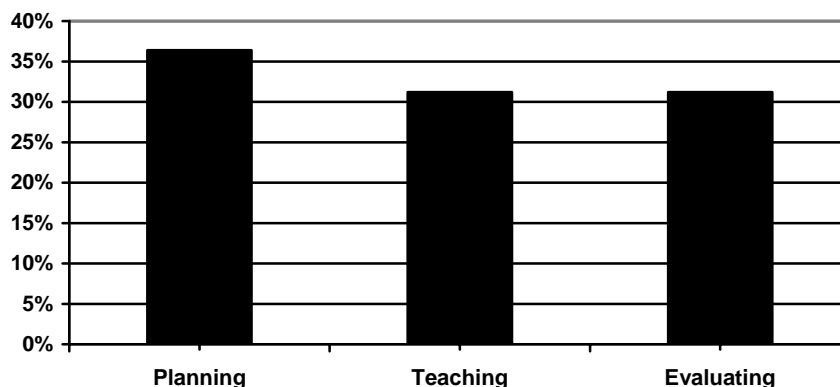
Figure 13. Availability to CIHC Library



EXTENT OF PATIENT/FAMILY/COMMUNITY INVOLVEMENT¹²

As shown in Figure 14, there was patient/family/community involvement in the curriculum projects for the planning (36.4%), teaching (31.2%), and evaluating (31.2%).

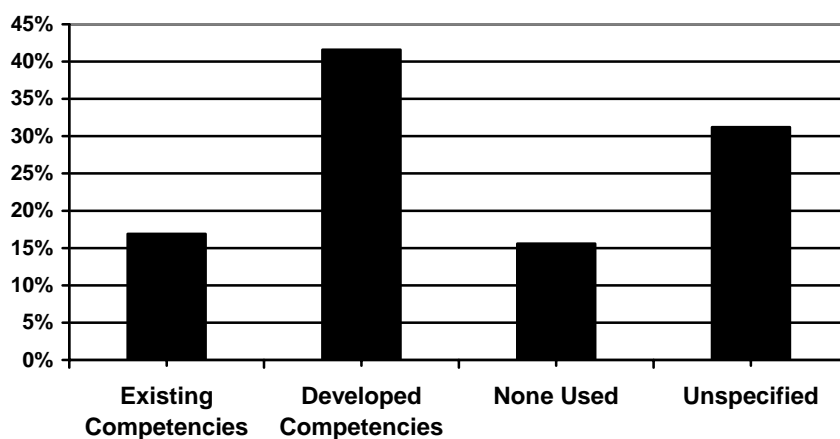
Figure 14. Patient/Family/Community Involvement in Planning/Teaching/Evaluating



IP COMPETENCIES¹³

As shown in Figure 15, IP competencies for the learner were most commonly developed/adapted competencies (41.6%). Some curriculum projects used existing competencies for the learner (16.9%).

Figure 15. Learner IP Competencies

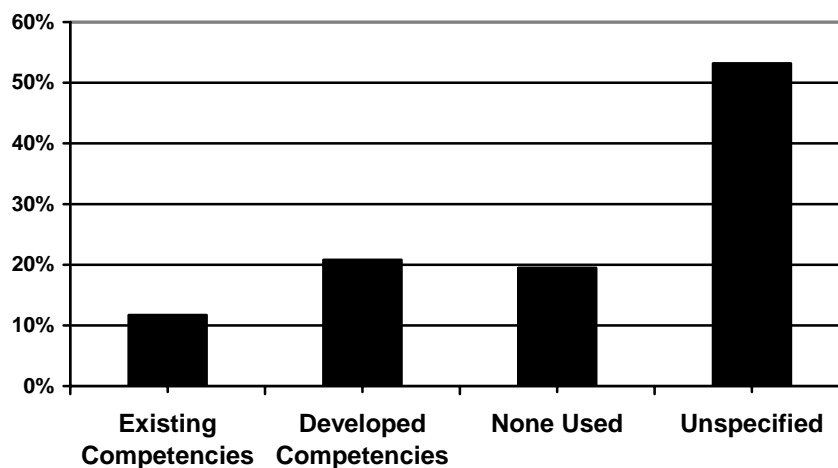


¹² Extent of patient/family/community involvement relates to a summary of the nature of patient/family/community involvement in the planning, teaching, evaluating of the interprofessional teaching/learning comprising the curricular component.

¹³ IP competencies refers to the identification of IP competencies/competency framework to guide interprofessional learning/teaching comprising the curricular component.

Figure 16 demonstrates the use of IP competencies for the health educator.

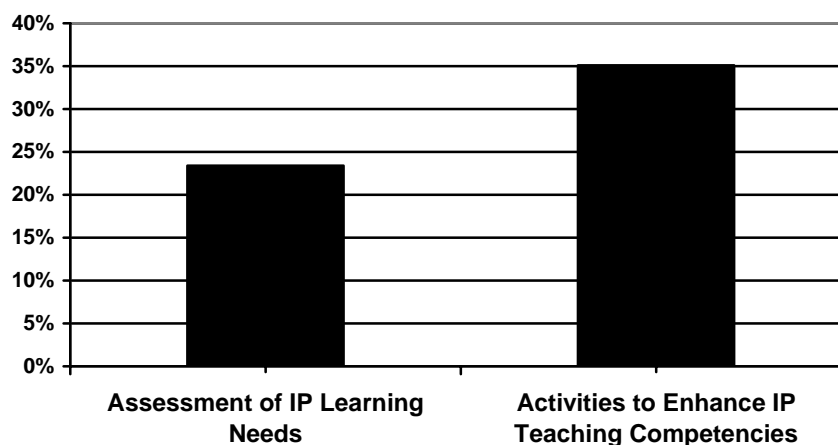
Figure 16. Educator IP Competencies¹⁴



HEALTH EDUCATOR DEVELOPMENT¹⁵

As shown in Figure 17, almost a quarter of curriculum projects (23.4%) assessed health educator IP learning needs and over a third of the projects (35.1%) provided activities to enhance health educators' IP teaching competencies.

Figure 17. Health Educator Development



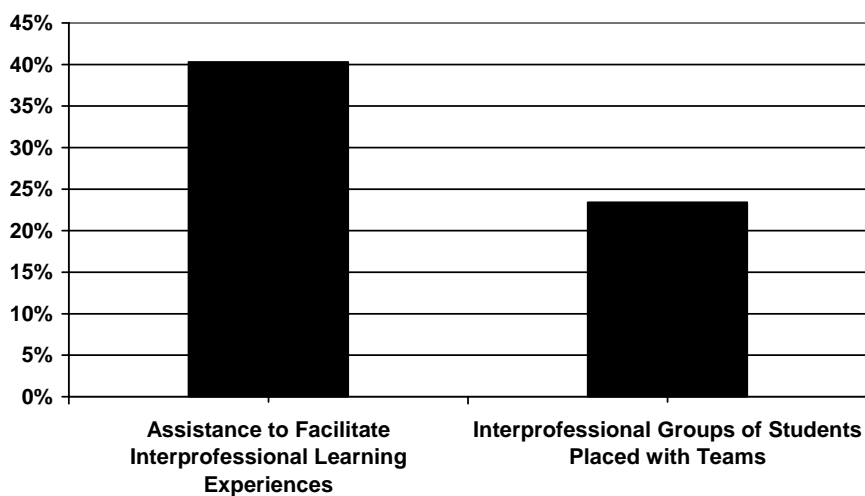
¹⁴ Educator IP competencies refers to activities to enhance educators' IP teaching competencies

¹⁵ Health Educator Development refers to activities to enhance health educators' IP teaching competencies.

PRACTICE TEAM DEVELOPMENT¹⁶

Figure 18 shows the projects that provided assistance/support to health practitioners to foster/encourage their ability to facilitate interprofessional/team practice-based learning experiences and if interprofessional groups of students were placed with these teams.

Figure 18. Practice Team Development



¹⁶ Practice team development refers to activities to enhance health providers/ IP competencies

Implications

Please refer to Appendix D for a Summary of Curriculum Materials Developed by the 20 IECPCP Projects from 2005-2008. The findings of CIHC's survey of the curricula approaches of the 20 Health Canada funded IECPCP projects indicates the following:

Projects reported a diverse array of curricular approaches and materials developed over the course of the IECPCP initiative. Interprofessional Education (IPE) learning was facilitated in diverse ways and locations, ranging from traditional classroom-based learning experiences to practice-based learning. IPE targeted learners at both pre- and post-licensure levels. At the same time few projects had patient/client centred involvement in planning for or implementing of their project activities.

Learning goals of IPE are also diverse, however common themes did emerge including: learning about team work and interprofessional collaboration skills; learning about professional roles; and collaboration in providing care to diverse patient groups. Skill-knowledge development in areas related to teamwork and collaborative care were the most common process foci for curriculum projects. This learning was intended to enhance competencies in areas pertaining to working in teams.

IPE appears to be applicable to learning across a variety of disciplines ranging from paediatrics, psychiatry and geriatrics; and learning across a variety of subject areas ranging from chronic health challenges, population health and primary health care. Most common subject-topic themes across curricular components appeared to be in the areas of primary health care and chronic health challenges.

Most common target audiences for curriculum projects were students and practitioners from the fields of nursing, medicine, pharmacy social work, and physical therapy. However, a total of 84 target audiences were identified by survey respondents.

The majority of curricular components were reported to include learning approaches which were of a structured interprofessional learning activity (84.4%) type, such as formal courses, workshops, instructional modules, etc. Most common instructional activities included exchange activities (e.g. group discussion) and the use of E-learning (e.g. internet-based learning) technologies to facilitates interprofessional learning.

At this juncture in moving IPE and collaborative practice forward the emphasis has been more on influencing students, faculty, and health practitioners to adopt changes in their practices. Although the IECPCP initiative emphasized the importance of patient/client-centred care it may have been premature to expect positive outcomes in care delivery at this stage in this bold change process. Thus, most projects focused on helping interprofessional groups, albeit students or health practitioners, to learn to work more effectively in teams. Work is still needed to gain insights into how patients and their families can be more active participants within these teams. And subsequently, whether there is clear evidence to connect interprofessional learning to positive health outcomes for patients/clients and their families.

The emphasis on primary health care and also chronic health challenges is not surprising. Both IPE and collaborative practice are touted as required changes in our education and health

systems to meet the complex health challenges of an aging population. The one area where limited focus was reported was among Aboriginal peoples whose health issues are well documented. Mental illness is also reported to be on the increase and some projects did focus in this latter area.

Strategies adopted by most projects involved interactive learning in discussion groups, through case based learning, or through hands-on practice with teams. Most projects targeted pre-licensure students from several professions. This is not surprising since the project call required all submissions to include medicine, nursing and at least one other discipline. Most projects also focused on more traditional professions. Hence, there is a gap in understanding about interprofessional collaborative practice that transcends health professional groups such as education, justice, law, and corrections with nursing and medicine. These groups may provide enhanced models of collaboration which have evolved as a result of the complex social issues underlying determinants of health and wellness in our society. Further, work is needed to gain insight into other collaborative models in service areas from which health care might gain learning.

This inventory has limitations. It is limited to the information provided by the IECPCP project leads at a time when they were likely immersed in full project activities. The review is also limited to only those projects funded through the IECPCP initiative. And finally, this inventory only documents what the activities were and who they focused on. Hence, the value of each of the strategies which were adopted requires further examination through assessments of project evaluations. At the same time it provides a synopsis of IPE and the means to bring learning forward in this new area of education and practice.

Glossary

- CURRICULAR COMPONENT:** Specific instructional activity (e.g. program, course, module, workshop, seminar etc.) comprising interprofessional teaching/learning.
- TOPIC OR SUBJECT:** Specific subject matter/content comprising the curricular component.
- CATEGORY:** Broad level categorical themes representative of related topics/subjects.
- KEY FOCUS:** Denotes whether focus of specific curricular component was health-related (e.g. mental health) or process-related (e.g. communication).
- KEY HEALTH FOCUS THEMES:** Broad level categorical themes representative of health-related curricular foci.
- KEY PROCESS FOCUS THEMES:** Broad level categorical themes representative of health-related curricular foci.
- TARGET AUDIENCE:** Professions, disciplines, health providers or other persons targeted by the curricular component.
- CURRICULUM LEVEL:** Denotes the educational level of the curricular component; pre or post-licensure.
- CURRICULUM TYPE:** Descriptor of the type/format of the curricular component (e.g. program, workshop, course, module, block, seminar, etc.).
- SETTING KEY WORDS:** Descriptors of the type of setting in which teaching/learning associated with the curricular component was undertaken (e.g. in-patient, primary health care, community, rural).
- DELIVERY APPROACH THEMES:** Broad level categorical themes representative of related instructional approaches and activities.
- EXTENT OF PATIENT/FAMILY/COMMUNITY INVOLVEMENT:** Summary of nature of patient/family/community involvement in the planning, teaching, evaluating of the interprofessional teaching/learning comprising the curricular component.
- IP COMPETENCIES:** Identification of interprofessional competencies/competency framework to guide interprofessional learning/teaching comprising the curricular component.
- EDUCATOR IP COMPETENCIES:** Activities to enhance educators' interprofessional teaching competencies.
- HEALTH EDUCATOR DEVELOPMENT:** Activities to enhance health educators' interprofessional teaching competencies.
- PRACTICE TEAM DEVELOPMENT:** Activities to enhance health providers' interprofessional competencies.

Appendix A Description of the 20 Health Canada-Funded IECPCP Projects, 2005-2008

Please refer to www.cihc.ca to learn more about these projects.

Lead Organization	Project Title	Overall Project Description
Calgary Health Region (Legend: 1)	Creating an Interprofessional Learning Environment through Communities of Practice: An Alternative to Traditional Preceptorship	Project focuses on interprofessional mentoring that includes developing, implementing and evaluating interprofessional “communities of practice” designed to foster interprofessional education and collaborative patient-centred care.
Cancer Care Nova Scotia (Legend: 14)	Cultivating Communities of Practice for Collaborative Care	Project cultivates a community of practice of health professionals in Nova Scotia and Prince Edward Island to facilitate the education of community-based practitioners; and to improve collaborative patient centered practice in those who provide care to oncology patients and their families, including health professionals from First Nations Communities.
Capital Health, Nova Scotia (Legend: 13)	An Innovative National Distance Education Initiative for Interprofessional Practice in Psychosocial Oncology (IPODE)	Project addresses gaps in formal education in interprofessional psychosocial oncology by a distance course using blended learning strategies for graduate students. The course will also be adapted and provided as a web-based professional development course for practicing professionals. A second goal is to establish a Canadian network of psychosocial oncology educators and researchers committed to enhancing the health of Canadians affected by cancer through collaborative and interprofessional initiatives.
Centennial College (Legend: 18)	Interprofessional Disaster/Emergency Action Studies (IDEAS)	Project improves interprofessional team performance in patient-centred practice and increases the perceived efficiency of health care systems in a disaster/emergency or pandemic situation.
College of Health Disciplines, University of British Columbia (Legend: 9)	Interprofessional Network of BC (In-BC)	Provincial Network connects health and education partners across BC and range of projects providing interprofessional education opportunities for students and health practitioners in diverse rural and urban clinical settings.
Council of Ontario Universities (Legend: 10)	Institute of Interprofessional Health Sciences Education	Project uses Web- and team-based learning activities to facilitate interprofessional collaboration in educational and practice settings; to build a network of expertise; to develop knowledge, skills, and attitudes; and to promote cultural change in health sciences students and clinicians.
Dalhousie University (Legend: 11)	Seamless Care: An Interprofessional Education Project for Innovative Team-Based Transition Care	Project brings together student teams from medicine, nursing, pharmacy, dentistry and dental hygiene to help patients to develop skills and knowledge necessary to manage their illness and work with their health care team and within the health care system.

Lead Organization	Project Title	Overall Project Description
Laval University (Legend: 7)	The Patient at the Heart of Our Action: Improved Training for Improved Collaboration: Integrated Program of Interprofessional Training	Project develops a collaborative patient-centred practice by establishing, conducting and assessing an integrated interprofessional education program, for university courses up to and including on-the-job skills training.
McGill University (Legend: 8)	The McGill Educational Initiative on Interprofessional Collaboration: Partnerships for Patient-Family Centred Practice	Project enhances interprofessional collaborative patient- and family-centred practice by bringing together clinicians, educators, and students from four professional groups in a program delivered in academic and clinical environments.
McMaster University (Legend: 19)	A Process Oriented Approach to Enhancing Interprofessional Education and Collaborative Relationship Centred Care (PIER)	Project enhances interprofessional team function and education from pre-licensure curricula to collaborative practice settings by making foundational process-oriented changes including transformation in the organization's expectations and attitudes, in daily conversations and discourses, and ultimately in personal identity.
Memorial University of Newfoundland (Legend: 4)	Collaborating for Education and Practice: An Interprofessional Education Strategy for Newfoundland and Labrador	Project aims to expand and promote interprofessional collaboration and teamwork in education and practice settings.
Partnership between SCO Health Service, The University of Ottawa, Saint Paul University, Algonquin College, and La Cité Collegiale (Legend: 16)	Teaching Interprofessional Collaborative Patient-Centered Practice through the Humanities	Project provides health professional learners with planned interactions with an interprofessional team during their clinical rotations. As learners work with a chosen patient and family, they use a framework of the Humanities (human experience, historical perspectives, law and ethics, and professionalism) to reflect on the health care system, the impact of illness on the patient and family through the lens of interprofessional collaborative team practice.
Queen's University (Legend: 3)	Queen's University Inter-Professional Patient-centred Education Direction (QUIPPED)	Project creates an inter-professional educational environment, or academy of interprofessionalism, that enhances the ability of learners and faculty to provide patient-centred care, while recognizing the contribution of the health care team within a respectful and collaborative framework.
University of Manitoba	Interprofessional Education for Geriatric Care (IEGC) (Legend: 5)	Project works with current and future health care professionals in community-based geriatric settings to develop collaborative patient-centred practices with students during clinical blocks, day hospital clinical team members, and faculty.
	A University of Manitoba Initiative: Interprofessional Education for Collaborative Patient-Centred Practice (Legend: 17)	Project establishes interprofessional groups of faculty and students who value, understand, practice and promote collaborative patient-centred practices. The focus is on practice sites in northern and remote communities, particularly those with Inuit and Aboriginal populations as well as under-served populations in Winnipeg.

Lead Organization	Project Title	Overall Project Description
Université de Montréal (Legend : 20)	Éducation à la Collaboration Interprofessionnelle Centrée sur le Patient (ECIP)	Project creates model environments for training and practice in collaborative patient-centred care for patients affected by chronic diseases. The main focus is on developing communities of practice with groups of people having common interests in engaging in collaborative learning opportunities for interprofessional practice.
University of New Brunswick (Legend: 12)	Bridging Relationships Across Interprofessional Domains (BRAID)	Development of a sustainable model of health care education which will equip learners and health professionals to work collaboratively in interprofessional teams to promote patient-centred practice within the trajectory of a chronic illness context.
University of Saskatchewan (Legend: 6)	Patient-Centered Interprofessional Training Experience (P-CITE)	<i>(P-CITE)</i> project promotes and enhances innovative interprofessional education programs; contributes to the knowledge base of best practice approaches; and supports the goals of enhancing patient care and improved quality of life through health professionals working in effective teams. The project is focusing on mental health and development in children and youth, chronic illness in middle age, transition from hospital to community for elders, and health in Aboriginal communities.
University of Toronto (Legend: 2)	Structuring Communication Relationships for Interprofessional Teamwork ('SCRIPT') to achieve Interprofessional Education for Collaborative Patient-Centred Practice ('IECPCP')	SCRIPT is a research project with the goal of transforming clinical teaching units within Toronto Academic Hospitals into interprofessional, collaborative patient-centred practice settings.
University of Western Ontario (Legend: 15)	Creating Interprofessional Collaborative Teams for Comprehensive Mental Health Services (CIPHER-MH)	Project facilitates interprofessional collaborative mental health care in both education and practice settings, while augmenting the work toward provincial priorities such as mental health care reform, care of the homeless, and development of Local Health Integration Networks.

Appendix B Sample of Curricula Inventory Worksheet (November 2007 Survey)

PROJECT TITLE/LEAD ORGANIZATION

1. Contact:

**2. Overall Project
Description**

Reminder: Think of “key words” as you answer questions

**3. No./Title of Curricular
Component**

4. Topic or Subject

5. Key Focus

Health (e.g. mental health) please describe

Process (e.g. communication) please describe

6. Target Audience

7. Level of Curriculum

*(e.g. pre-licensure,
level/year, post-licensure)*

8. Type of Curriculum

*(e.g. program, workshop,
course, module, block)*

9. Setting Key Words

*(e.g. classroom, virtual,
in-patient, community, rural)*

10. Total Hours/ Duration

11. Delivery Approach *(briefly
describe the instructional
approach and activities)*

<p>12. Curriculum Materials <i>(for each item, provide details such as length, format and brief description of content)</i></p>	<ol style="list-style-type: none"> 1. Web-based tutorial 2. Video/paper-based case studies 3. Workbooks/guides 4. Workshop materials 5. Modules/courses <ul style="list-style-type: none"> <input type="checkbox"/> Previously developed and adapted to project <input type="checkbox"/> Newly developed as part of the project 6. Other 												
<p>13. Availability of Materials</p>	<ol style="list-style-type: none"> a. Are materials currently available online? <ul style="list-style-type: none"> <input type="checkbox"/> Yes (please insert URL) <input type="checkbox"/> No b. Would you be willing to make these materials be available to the CIHC e-Library? <i>(future CIHC activity, we are not collecting curriculum materials at this time)</i> 												
<p>14. Extent of Patient/family/community involvement</p>	<table border="0"> <tr> <td>Planning</td> <td><input type="checkbox"/> Yes <i>(please describe)</i></td> <td><input type="checkbox"/> Not involved</td> </tr> <tr> <td>Teaching</td> <td><input type="checkbox"/> Yes <i>(please describe)</i></td> <td><input type="checkbox"/> Not involved</td> </tr> <tr> <td>Evaluating</td> <td><input type="checkbox"/> Yes <i>(please describe)</i></td> <td><input type="checkbox"/> Not involved</td> </tr> <tr> <td colspan="3">Other <i>(please explain)</i></td> </tr> </table>	Planning	<input type="checkbox"/> Yes <i>(please describe)</i>	<input type="checkbox"/> Not involved	Teaching	<input type="checkbox"/> Yes <i>(please describe)</i>	<input type="checkbox"/> Not involved	Evaluating	<input type="checkbox"/> Yes <i>(please describe)</i>	<input type="checkbox"/> Not involved	Other <i>(please explain)</i>		
Planning	<input type="checkbox"/> Yes <i>(please describe)</i>	<input type="checkbox"/> Not involved											
Teaching	<input type="checkbox"/> Yes <i>(please describe)</i>	<input type="checkbox"/> Not involved											
Evaluating	<input type="checkbox"/> Yes <i>(please describe)</i>	<input type="checkbox"/> Not involved											
Other <i>(please explain)</i>													
<p>15. IP Competencies</p>	<ol style="list-style-type: none"> a. For the learner <ul style="list-style-type: none"> <input type="checkbox"/> Used existing competencies (please reference/attach) <input type="checkbox"/> Developed/adapted competencies (please describe/attach) <input type="checkbox"/> N/A or none used a. For the health educator (e.g. preceptor, faculty, clinical educator) <ul style="list-style-type: none"> <input type="checkbox"/> Used existing competencies <i>(please reference/attach)</i> <input type="checkbox"/> Developed/adapted competencies <i>(please describe/attach)</i> <input type="checkbox"/> N/A or none used 												
<p>16. Health Educator* Development</p> <p>If this component of your project's curriculum targets or involves health educators*, then please complete the following questions:</p> <p><i>* Examples of health educators include: preceptor, faculty, clinical educator</i></p>													
<p>a. We assessed health educator IP learning needs</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <i>(please describe)</i> <input type="checkbox"/> No 												

b. We provide activities to enhance health educators' IP teaching competencies

Yes *(please describe)*

No

17. Practice Team Development

Was any assistance/support provided to health practitioners to foster/encourage their ability to facilitate interprofessional/team practice-based learning experiences?

Yes *(please describe strategy)*

No

If yes, were interprofessional groups of students placed with these teams?

Yes *(please describe strategy)*

No

18. Other information

If we've missed asking about an interesting aspect of THIS Component of your IECPCP project's curriculum, please let us know.

Appendix C Project Legend

Tables 4, 5, 6, 8, 9, 10, and 11 provide specific project references for the components listed. For example, in Table 4: *Stroke Rehabilitation*⁴ means the Memorial University of Newfoundland project used stroke rehabilitation as a key focus theme.

1. Calgary Health Region (Legend: 1)
2. University of Toronto (Legend: 2)
3. Queen's University (Legend: 3)
4. Memorial University of Newfoundland (Legend: 4)
5. University of Manitoba: IEGC (Legend: 5)
6. University of Saskatchewan (Legend: 6)
7. Laval University (Legend: 7)
8. McGill University (Legend: 8)
9. College of Health Disciplines, University of British Columbia (Legend: 9)
10. Council of Ontario Universities (Legend: 10)
11. Dalhousie University (Legend: 11)
12. University of New Brunswick (Legend: 12)
13. Capital Health, Nova Scotia (Legend: 13)
14. Cancer Care Nova Scotia (Legend: 14)
15. University of Western Ontario (Legend: 15)
16. Partnership between SCO Health Service, The University of Ottawa, Saint Paul University, Algonquin College, and La Cité Collegiale (Legend: 16)
17. University of Manitoba: IECPCP Initiative (Legend: 17)
18. Centennial College (Legend: 18)
19. McMaster University (Legend: 19)
20. Université de Montréal (Legend : 20)

Appendix D Summary of Curriculum Materials Developed by the 20 IECPCP Projects from 2005-2008

CURRICULUM MATERIALS	Duration	Medium	Lang.	Methodologies	Level	Project
COURSES						
Course: Psychosocial Oncology: Introduction to Theory and Practice (Interprofessional)	1 term	Web-based	F & E	Interactive	Post-licensure	Capital Health, Nova Scotia
Course: Communication for Health Professionals	.5 day 13-wk academic term	Face-to-face	E	Web-discussion Case studies Simulated IP collaboration using students as actors Learning gps in problem-solving exercises	Pre-licensure	University of New Brunswick
Course: Intraprofessional Nursing Care within the context of chronic illness	n/a	blended	E	e-case studies Face-to-face Clinical practice	Pre-licensure	University of New Brunswick
Course: Interprofessional management of chronic illness across the disease trajectory	n/a	blended	E	Collaborative practice in simulated clinical settings; case studies Face-to-face Problem solving exercises on CD-ROM/DVD	Pre-licensure	University of New Brunswick
Course: Interprofessional Collaboration Centered on Patient, family/friends: I Theory and Basic Concepts	15 hrs. offered 3 x /yr.(2 non-consecutive intensive days		F	Interactive lecturing Teaching guides Videos Learning exercises		
Course: Training for Interprofessional Collaboration Centered on Patients with Chronic Disease and his/her family/friends	7 wks. For 5 Irng modules of 2.5 hrs each + one pre-	Blended	F	Web-based modules Discussion forum Story based and interactive Powerpoint slides	Pre-Licensure	Université de Montreal

CURRICULUM MATERIALS	Duration	Medium	Lang.	Methodologies	Level	Project
Themes: Professional roles; chronic disease, communication, collaboration, conflicts, patient-centered approach, therapeutic patient education, lay helpers and clinical tools	workshop 1.5 hrs. and a final workshop 1.5 hrs.					
Course; Interprofessional Collaboration Centered on Patient, family/friends: II Teamwork: a type of collaboration to experiment with	15 hrs. offered 5 to 6 x per year over 5 wks		F	Learning in small groups Simulated sessions Teaching guides Videos Learning exercises		
Course: Interprofessional Collaboration Centered on Patient, family/friends: III Collaboration Practices: Illustration and Analysis	15 hrs. offered 3 x/yr. (5- 3hr. sessions over 5 wks)		F	Interactive lecturing Teaching guides Videos Learning exercises		
Course: Interprofessional Disaster/Emergency Action Studies (IDEAS)	3 hrs / wk x 8 wks.	Face-to-face	E	Simulation exercises On-line instructional modules Links to web-sites	10 faculty members per session	Centennial College
Course: Queen's University Inter-professional Patient-centred Education Direction (QUIPPED)	40 hrs. x 8 months	Face-to-face	E	3 workshop modules via Web-CT Student manual	Faculty	Queen's University
Course: Interprofessional Education for Collaborative Patient-Centered Care	1 term	Face-to-face	E	Workshops: 2.5 days 3 days + 9 day practice-site	Pre-licensure Faculty clinicians	University of Manitoba
Course: Interprofessional Education for Geriatric Care (IEGC) Component 2	5 days (40 hrs) + 1 ½ hrs x 8	On-line	E	Face-to-face Modules Videos	Faculty	University of Manitoba
Course: Fir Square Doula Support Program	1 year + 2 day training workshop	n/a	E	Undergraduate course, weekly discussion group, attendance at birth	Pre-licensure	College of Health Disciplines, UBC

CURRICULUM MATERIALS	Duration	Medium	Lang.	Methodologies	Level	Project
				Doula training manual		
Course: Using the Quality Improvement Framework	6 months	Face-to-face	E	2 educational modules	Pre-licensure	University of Saskatchewan
Course: International Interdisciplinary University-students Partnership (IICUSP)	1 day x 9	Face-to-face	E	n/a/	Pre-licensure	University of Saskatchewan
MODULES						
Modules: Interprofessional Core curriculum Modules: (1) gastrointestinal symptoms; (2) management of symptoms and metabolic imbalances; (3) managing psychosocial responses; (4) Chemotherapy and side effects; (5) Radiation Therapy and side effects; (6) Oncologic Emergencies; (7) Pain Management the basics and; (8) Pain management building on the basics	3 to 3.5 hrs per module	Face-to-face	E	Videoconferencing Powerpoint slides Interactive case studies	Post-Licensure	Cancer Care Nova Scotia
Module: Increasing awareness regarding the benefits of IE & Collaborative Practice (establishing 'buy-in' for IECPCP)	30 to 90 minutes	Face-to-face	E	Power point slides Handouts	Educators	University of New Brunswick
Module: Increase capacity of health care professionals to apply collaborative based practices in clinical settings	n/a	Face-to face	E	n/a	Post-licensure	University of New Brunswick
Module: Health and Wellbeing of Children	4-6 hours over 2-weeks	Videoconferencing Online tutorial	E	Patient-centered case-based learning method Panel discussions Small group tutorials Case study	Pre-licensure	Memorial University of Newfoundland
Module: Newborn Care	4-6 hrs over 2-weeks	blended	E	Multimedia tutorials On-line discussion Small group tutorials Large group discussion Case study	Pre-licensure	Memorial University of Newfoundland
Module: HIV/AIDS	4-6 hours over 2 wks.	blended	E	Patient-centered case –based learning Interactive multimedia	Pre-licensure	Memorial University of Newfoundland

CURRICULUM MATERIALS	Duration	Medium	Lang.	Methodologies	Level	Project
				tutorials IP panel discussions Videoconferencing technologies Case studies		
Module: Collaborative Mental Health Care	4-6 hrs. over 2 wks.	Blended	E	Patient-centered case-based learning method IP panel discussions Videoconferencing technologies Online tutorial case study	Pre-licensure	Memorial University of Newfoundland
Module: Geriatric Care	4-6 hrs. over 2 wks.	blended	E	Patient-centered cas-based learning method On-line discussion IP panel discussions Small gp tutorials Lge. Gp discussion Videoconferencing Case study	Pre-licensure	Memorial University of Newfoundland
Module: Rehabilitative Care	4-6 hrs. over 2 wks.	blended	E	Patient-centered cas-based learning method On-line discussion IP panel discussions Small gp tutorials Lge. Gp discussion Videoconferencing Case study Training videos	Pre-licensure	Memorial University of Newfoundland
Modules: Team Development x 4 Topics: "Conceptualizing Interprofessional Collaboration"; "Helping Groups Re-conceptualize"; Team Processes and Norms of Practice"; "How to Assess a Team's Effectiveness"	3 hours/module + on-site facilitation	Web-CT based modules + face-to-face facilitated sessions with	E	On-line learning + discussion sessions supported by trained facilitator Video clips Patient/client scenarios'web-	Clinicians	Council of Ontario Universities

CURRICULUM MATERIALS	Duration	Medium	Lang.	Methodologies	Level	Project
		teams		site links		
Modules: Generic IPE Communication Part I; Communication Part II; Evidence-based Decision-making; Ethical Practice	Generally 1 term	Web-CT based modules	E	On-line learning with faculty facilitation Video clips Patient/client scenarios'web-site links	Pre-licensure	Council of Ontario Universities
Modules: Practice based IPE Aboriginal Health; Community Practice: Health Promotion; Palliative/end-of-life Care; Rural Practice and Access to Health Services*	Vary from 1 term to 6 wks.	Web-CT base modules	E *F	On-line learning with faculty facilitation Video clips Patient/client scenarios' web-site links	Pre-licensure	Council of Ontario Universities
Modules: Development of Computerized Modules for Training of Obstetrical Caregivers: Postpartum Hemorrhage	2 hrs.	Self-learning online	E	Computerized module Materials for management of post-partum hemorrhage	Pre- Post-licensure	College of Health Disciplines, UBC
Module: Orientation to Interprofessional Education, Collaborative Practice and Patient-centred Care	1-2 hrs	n/a	E	Orientation for students and practitioners	Pre- post-licensure	College of Health Disciplines, UBC
Module: South Saskatchewan IP Classroom Experience	2 afternoons	Face-to-face	E	Vignettes	Pre-licensure	University of Saskatchewan
Module: IPL Orientation	1 day	n/a	E	Face-to-face Web-CT discussion forums	Pre-Licensure	Dalhousie University
PROGRAMS/PROJECTS						
Comprehensive IPE Program	3 hrs. to 1 day several times over programs	Face-to-face	E	Seminars, group work	Pre-licensure	McGill University
Program: Structuring Communication Relationships for Inter Professional Teamwork to achieve inter-professional Education for Collaborative Patient-Centred Practice (SCRIPT)	n/a	Face-to-face	E	Contextually-relevant communication tools Case-based learning modules: Professional Roles; Essential Elements of Collaborative Patient-Centred Care	Post-licensure clinicians	University of Toronto
Program: Autism IP Training Program	10 months	Face-to-face	E	n/a	Pre-licensure	University of Saskatchewan

CURRICULUM MATERIALS	Duration	Medium	Lang.	Methodologies	Level	Project
Project: Interdisciplinary Population Health Project	2 hrs/wk x 5 wks	Face-to-face	E	Evaluation manual Facilitator manual	Pre-licensure	University of Saskatchewan
Project: Community Service Learning	6 months	Face-to-face	E	Educational modules	Pre-licensure	University of Saskatchewan
Project: IP Palliative Care PBL	6 months	Face-to-face	E	Interprofessional problem-based learning case	Pre-licensure	University of Saskatchewan
WORKSHOPS						
Workshops: Practice Training in Primary Care Teaching Environment	1 ½ hr x 4 (supervisors)	Face-to-face	F	Videos	Educators	Universite Laval
Workshops: Professional Development	6 meetings over several months	Tailor made 3 hr workshops	F	Training guide with training process Material Videos	Post-Licensure	Univresite Laval
Workshops: Training for Participation in a Community of Practice I Communities of Practice Approach II Knowledge Management III Reflective Practice IV Virtual Space	70 to 90 minutes each X 4	Face-to-face	F	Interactive learning Support materials in development	Pre-Licensure	Universite de Montreal
Workshop: IPL Orientation	1 day	Face-to-face	E	Face-to-face Web-CT discussions Teleconference	Faculty and clinicians	Dalhousie University
Workshop: Faculty development program: workshops, conferences, seminars	3 hrs.	Face-to-face	E	Train-the-trainer Case studies Instructor manual On-line document	Post-licensure	McGill University
Workshops: Building Resources and Tools to facilitate teaching of IPP	3 hrs. to 1 day	n/a	E	Presentations, learning activities 6 On-line cases and care plans	Post-licensure clinicians	McGill University
Workshops: Increasing Educator's Knowledge of Core Competencies Required to support Collaborative	.5 to 1 day	Face-to-face	E	Powerpoint slides	Educators	University of New

CURRICULUM MATERIALS	Duration	Medium	Lang.	Methodologies	Level	Project
Patient-centred Practice	series #?			Active learning methods Student simulated practice situations		Brunswick
Workshops: focus on Team development for mental health clients and the homeless Topics: "From Chaos to Clarity: Surviving the Tornado of Mental Illness"; "Gaining Respect"; "Understanding one another" future sessions will focus on leadership, care coordination; dealing with conflict; and assessing effectiveness. The final workshop will be a full day focusing on faculty development.	2 hrs per session x 8	Face-to-Face	E	Case studies developed by 'mental health' survivors of Canvoice Materials developed as outcomes: common questions and understanding about IPE and IPCP; posters about the knowledge and skills each profession brings to the team; criteria chosen for selection of group leaders	Pre-licensure	University of Western Ontario
Workshop: IPCP Teams	1 day	Face-to-face + online modules	E	Applying team development modules from COU project + case based online gp work + simulated case learning Video clips Patient/client scenarios'web-site links	Pre-licensure	University of Western Ontario
Workshop: Teaching Interprofessional Collaborative Patient-Centred Practice through the Humanities	½ day + 4 hr online	Face-to-face + Self-guided learning	E	Learners' module integrated with practicum Written materials Activities	Pre-licensure Post-licensure Faculty Clinicians	University of Ottawa; Saint Paul University
Workshop: Interprofessional Education for Geriatric Care (IEGC)	15 hrs.	Face-to-face	E	Face-to-face Student manual Instructor manual Videos	Pre-licensure	University of Manitoba
Workshops: Patients First	3 5-day workshops + 1 day Unity Learning Circle + 1 day	Face-to-face	E	Case study Group/individual work Curriculum binder Power point presentations	Pre- post-licensure	College of Health Disciplines, UBC

CURRICULUM MATERIALS	Duration	Medium	Lang.	Methodologies	Level	Project
	information fair					
Workshop: Multidisciplinary Intrapartum Workshop	1 day	Face-to-face	E	Computerized workshop module	Pre-licensure	College of Health Disciplines, UBC
Workshop: Interdisciplinary Community Forum on Issues in Rural Maternity Care	2 day	Face-to-face	E	Skills upgrade workshop manual	Pre-post-licensure	College of Health Disciplines, UBC
Workshop: An Interdisciplinary Workshop to Promote Breastfeeding and Expertise Around Healthy Infant Sleep Practices	3 hrs x 3 sessions X 3 wks	Face-to-face	E	Group work Patient interaction Online module learning Practice guidelines	Pre- Post-licensure	College of Health Disciplines, UBC
OTHER:						
Queen's University Inter-professional Patient-centred Education Direction (QUIPPED)	1 wk workshop + 8 wk. Rural Professional course + 8 wk. simulation lab course + 1 day workshop	Face-to-face	E	Workshops/small group/didactic Student manuals Interactive case studies Web-CT Modules	Pre & post-licensure	Queen's University
PBL: St. Francis Community School	8 months	Face-to-face	E	DVD Evaluation manual Orientation manual PBL learning exercise	Pre-licensure	University of Saskatchewan