



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

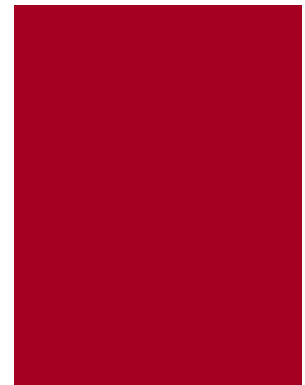
*learning to work together, working to learn together  
apprendre à collaborer, collaborer pour apprendre*

## *CIHC Program Evaluation*

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Activities, outputs and impacts evaluation

**JULY 2008**  
INTERIM REPORT #2



## Acknowledgements

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## Contents

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Acknowledgements .....	2
Authors.....	2
Contents .....	3
Summary .....	4
Methods.....	4
Key Findings.....	4
Conclusions .....	5
Implications .....	6
Introduction .....	7
Methods .....	8
Participants.....	8
Data collection.....	8
Electronic surveys .....	8
Telephone interviews.....	8
Data analysis .....	8
Ethics .....	9
Findings.....	10
Participation.....	10
Organization and membership.....	11
Communication .....	13
CIHC Sub-committees.....	18
Stakeholder communities.....	19
Goals and Outcomes.....	24
Respondent Reflections .....	26
Conclusions.....	28
Recommendations.....	30
Appendix.....	31

## Summary

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The Canadian Interprofessional Health Collaborative (CIHC) is a two-year Health Canada funded initiative<sup>1</sup> aimed at building a pan-Canadian collaborative of partners to advance the field and implementation of Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP). An evaluation was commissioned to complete an assessment of the activities, outputs and impacts of the CIHC, undertaken within its first two years of operation. An interim report outlining the CIHC's first year of operation was completed and submitted in April 2007.<sup>2</sup> This report provides the second and final phase of findings from the evaluation project.

## METHODS

In February 2008, CIHC members were invited to participate in an electronic survey (e-survey) to elicit their perspectives about the activities and short-term outcomes of CIHC, and follow-up telephone interviews were then conducted in March and April 2008 with a purposive sample of members, with varied professional backgrounds and CIHC roles, to gain a more in-depth understanding of their experiences with CIHC. One hundred and forty-one people responded to the e-survey and 20 people participated in telephone interviews.

## KEY FINDINGS

This report presents findings on the CIHC's activities, outputs and impacts in relation to its key objectives: building the collaborative, identifying and sharing best practices and translating knowledge.

The findings from this evaluation indicated that the CIHC have achieved a number of important successes in their work in its first two years of operation. Indeed, in relation to the stated activities, outputs and short term impacts contained in the CIHC Logic Model (see Appendix), the findings presented in this report demonstrate that CIHC has successfully achieved the majority of its activities, outputs and impacts.

Issues related to these findings are explored in depth in relation to the CIHC's organizational structure, its communications, its committees as well as its engagement with the Stakeholder communities (e.g. researchers, students, practitioners, policy makers, patients).

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<sup>1</sup> The CIHC has recently been awarded an additional year of funding.

<sup>2</sup> See: [http://www.cihc.ca/about/accountability/CIHC\\_EvalInterimReport\\_June2007.pdf](http://www.cihc.ca/about/accountability/CIHC_EvalInterimReport_June2007.pdf)

## CONCLUSIONS

Based on the evaluation findings presented in this report the following conclusions can be drawn in relation to the CIHC's first two years of operation. It has:

- ✿ Created a Collaborative which has led in the development of a national conference, a series of regional meetings and a range of significant sub-committee activities and outputs.
- ✿ Compiled and synthesized current knowledge and expertise of interprofessional curricula and research across the country, paving the foundation for comprehensive agenda setting.
- ✿ Developed and implemented a range of collaborative networks and partnerships at local, provincial, regional, and national levels that form foundation for future knowledge development and exchange activities.
- ✿ Produced a range of valuable knowledge translation materials and activities: website, newsletters, electronic and face-to-face networking.
- ✿ Supported changes at a national level and to interact with other national organizations.
- ✿ Created and developed a valuable national (and increasingly international) hub for evidence, information and access to resources for IPE and IPC.
- ✿ Supported and co-ordinated a range of significant local and regional IPE and IPC activities.

The evaluation also has indicated that there was a strong desire for CIHC to continue to exist in order to build upon the foundations its had laid in the past two years to develop its work further and achieve further success in relation to meeting its medium and longer-term goals.

The evaluation also revealed that the CIHC faced a number of challenges. There is a need to:

- ✿ Engage more effectively with the varied groups and stakeholders involved in the CIHC beyond its academic community.
- ✿ Further prioritize and optimize efforts and resources given many types and levels of activities (e.g. patients, practice, policy, research, education).
- ✿ Broaden the membership and leadership (i.e. steering committee and sub-committees) to include more representation from practitioners, patients and decision makers.
- ✿ Work to develop and implement an achievable and effective sustainability plan.

## IMPLICATIONS

The following implications are offered as CIHC embarks on its next stage of organizational development:

- ✿ The challenge to include and address the extensive number of stakeholder groups who are involved with the CIHC was repeatedly raised in the evaluation. Thus, there is a need to prioritize and clarify objectives and activities to address this need.
- ✿ CIHC has effectively developed and used a variety of communication strategies. It was evident from the evaluation that members engage in different types of communication and use them in various ways. Efforts are required to continuously reach out to CIHC members and encourage their involvement.
- ✿ The CIHC has effectively engaged the research community. Given the importance of using evidence to inform practice and policy, a focus on research is important. Nevertheless, an approach is needed that supports a positive interface between research, education, practice and policy.
- ✿ The CIHC secretariat has been critical to the activities and outputs of CIHC, and thus needs to be recognized and supported in future planning.
- ✿ The CIHC's sub-committees have produced a range of important national outputs that should be disseminated to inform the next stage of CIHC's plans and work.
- ✿ The CIHC's role as a national organization should continue to compliment and support local and provincial activities and work in IPE and IPC.
- ✿ There needs to be a dialogue within the CIHC to develop an achievable and effective sustainability plan, which can be implemented in the next 12 months.

## Introduction

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The CIHC received two years of funding from Health Canada to build a pan-Canadian collaborative of partners to advance the field and implementation of IECPCP.<sup>3</sup> Building upon the twenty IECPCP projects funded by Health Canada, the CIHC's three main project components were building the collaborative, best practice identification and sharing, and knowledge translation. The CIHC Logic Model (see Appendix) outlines these components, and the associated activities, outputs, short and medium term impacts and long-term impacts.

It was expected that the establishment of linkages and sharing of information across the country would contribute to greater gains in knowledge, more efficient use of resources, more effective dissemination and uptake of evidence and best practices, and more generally, positive changes in research, policy, education and health care.

An evaluation was commissioned to examine the activities, outputs and impacts of the CIHC mid-point and at the end of its first two years of operation. The objectives of the evaluation were designed to:

1. Assess the extent to which the CIHC's stated goals and objectives have been addressed.
2. Determine the extent to which the CIHC's short-term outcomes and impacts, as stated in its logic model have been met.
3. Identify the successes and challenges of the CIHC's work in relation to its key project components (building the Collaborative, best practice identification and sharing, knowledge translation).

An interim report was completed and submitted in April 2007. This report indicated a number of benefits and challenges related to its first year of operation. The CIHC steering committee used these early findings in their strategic planning for the remaining portion of its first two years of operation. This report presents the findings from the final phase of the evaluation project.

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<sup>3</sup> The CIHC recently received additional funding from Health Canada to ensure its initial work could be advanced for a further year.

## Methods

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The evaluation adopted a multi-method approach to data collection to generate broad descriptions as well as detailed explanations of the CIHC's activities, outputs and impacts.

### PARTICIPANTS

All members (n=740) of CIHC at the time of data collection were invited to participate in the evaluation.

### DATA COLLECTION

To build upon and update the findings presented in the interim report, data collection involved re-surveying CIHC members as well as undertaking interviews with a small subset of the members to explore their views in more depth.

### ELECTRONIC SURVEYS

Quantitative and qualitative data in the form of an electronic survey (e-survey) were gathered to generate a broad understanding of CIHC members' views of the Collaborative. In February 2008, an email was sent to all members of CIHC providing them with information about this evaluation study and inviting them to complete an on-line survey about the activities and outcomes of CIHC. Two follow-up reminders were sent. At the end of the survey, respondents were asked to identify if they would be willing to participate in a follow-up telephone interview.

### TELEPHONE INTERVIEWS

Telephone interviews, using a semi-structured interview schedule were conducted to gather an in-depth understanding of members' views of the CIHC. The sample of members was constructed purposefully to elicit information from a broad mix of members in terms of geographic location, profession and organization, and role in CIHC. Interviews were conducted in March and April, 2008. The interviews lasted for approximately 30 minutes and were tape-recorded and transcribed verbatim.

### DATA ANALYSIS

Survey data were analyzed by the use of descriptive statistics to describe quantitatively key aspects of the CIHC's work. Qualitative data were analyzed by employing an inductive thematic approach. These generated a number of major and minor themes which reflected key issues from the data. The survey and interview data were examined together to identify common and discrepant findings, and how they could be integrated to provide a more comprehensive evaluation.

## ETHICS

Ethical approval for this evaluation was received from the Research Ethics Board at the University of Toronto.

## Findings

This section reports on the key findings from the survey and interviews. These data have been integrated to provide both a broader understanding of issues as illuminated through the survey, and more in-depth insights gathered through the interviews. Findings from this final stage of the evaluation are compared to findings from the interim stage to help demonstrate changes and developments that have occurred during the second year of operation for the CIHC.

This section has been organized into the following subject areas: (1) participants, (2) organizational structure, (3) communication issues, (4) CIHC sub-committees, (5) Stakeholder communities, (6) goals and outcomes, (7) respondent reflections. The findings presented in this section of the report aim to address the goals and objectives and outputs and impacts in the CIHC logic model (see Appendix).

## PARTICIPATION

One hundred and forty-one CIHC members completed the electronic survey. In addition, 20 were members representing different professions, provinces, organizations, and roles in CIHC were sampled and interviewed. Table I provides characteristics of the respondents' CIHC roles.

**Table I: Evaluation participants' roles in CIHC**

Participant role in CIHC	Survey participants	Interview participants
IECPCP project member	109	8
Health care provider	19	3
Student representative	9	1
Expert advisor/international observer	7	-
Government representative	5	2
Community representative	3	-
Other	23	6
<b>CIHC SUB-COMMITTEE REPRESENTATION<sup>4</sup></b>		
Curricula	17	5
Partnerships and Knowledge Exchange	20	2
Research and Evaluation	13	4

As Table I indicates, the vast majority of respondents were IECPCP project members. While efforts were made to increase representation from other groups such as students and health care providers, in many respects the IECPCP respondents make up the 'active core' membership of the CIHC.

<sup>4</sup> Of the 141 individuals who participated in the survey, 50 were members of a CIHC sub-committee; eleven of which also took part in an interview.

## ORGANIZATION AND MEMBERSHIP

The interim report discussed how the CIHC's initial activities were focused on establishing its organizational structure, which involved the creation of a steering committee and sub-committees with members from across Canada, as well as recruiting individuals from across the country to be members of CIHC. Developments in relation to the organizational structure since the production of the interim report are presented below.

### *Steering committee and sub-committees*

The steering committee has played a key role in guiding and leading CIHC in its initial two years of development. The existence of representatives from each of the provinces involved in IECPCP was considered to be valuable in bringing a national approach to CIHC. Some respondents stated, however, that the composition of the steering committee could be broadened to reflect the collaborative nature of CIHC, as it currently consists of mostly academic representatives. As the following data extract illustrates:

*“I think that there is definitely recognition in the steering committee that there needs to be stronger representation from other sectors than just academic institutions” (Interview participant 14).*

In commenting on the need to include ‘non-academic’ members, respondents specifically mentioned the importance of including people who held policy and practitioner perspectives:

*“Unless you have people who are engaged in policy and people who are engaged in practice around the table as well as the academics it’s never going to move ahead. And my sense is that it’s very, very weighted towards the Academy at the moment” (Interview participant 4).*

Six sub-committees (Research, Evaluation, Partnership, Curriculum, Knowledge Translation and Students) were initially created by the steering committee to guide the work of CIHC. During the second year of CIHC activities, as the sub-committees engaged in their activities to meet their objectives and interacted with each other, it became apparent that particular mergers would be beneficial. As a result it was decided that:

- ✶ Partnership and Knowledge Translation sub-committees be merged into one sub-committee given that developing partnerships is critical to effective knowledge exchange
- ✶ Research and Evaluation sub-committees be merged, given their overlapping agendas and activities.
- ✶ While the CIHC continued to work closely with its student members, it was not in the form of a separate and distinct student sub-committee.

Respondents felt that these reorganizations would more effectively support and enhance future CIHC activities.

Many interview and survey respondents commented on their positive experiences working on the sub-committees. For example:

*“They [the members of the sub-committee I link with] are an extremely hard working committed group of people with innovative ideas that they readily put into effect” (Survey comment).*

Respondents went on to describe the benefits of belonging to a sub-committee outside of their local setting where they could share expertise and ideas, particularly those who were newer to the field:

*“I have really enjoyed and learned from my experiences on the committee. As someone 'new' to looking at implementing change at a policy level, I found the discussions very enlightening [...] I found that the chairs of the committee were always welcoming of input and questions even from a 'newbie' like me” (Survey comment).*

Concerns were expressed by some respondents who were not involved or had discontinued their involvement with the sub-committees. Some commented that they had difficulties getting involved after indicating interest in participating. Others noted the difficulties of attending sub-committee teleconferences because of time differences or other commitments, and feeling disconnected or unsure of their role on the committee. One respondent, for example, noted that he could not commit to the sub-committee due to practice demands, and thus discontinued his involvement:

*“The workload that they [the sub-committee] were taking on in terms of how they saw their job and what they wanted to do [made involvement] a daunting task requiring people that could really commit to being an active part of the committee [...] I didn't want them to feel that I was a part of the committee but really wasn't contributing” (Interview participant 16).*

Respondents who continued to be involved in a sub-committee described the demands of the workload, and the difficulties given the small number of people. Nevertheless, as noted above, for those who were involved, it was a meaningful learning experience which generated a range of important outputs. (These outputs will be discussed later in the report).

## CIHC Members

At the time of data collection for this report, the CIHC had approximately 740 individual members and some member organizations. This number is more than double the membership size (n=336) at the time of data collection for the interim report. Members have been largely recruited through the Health Canada funded projects, but there have also been efforts to invite national organizations to join the CIHC. There is no cost to join, and the membership application form implemented in April 2008 is easy to complete.

In response to the survey question about whether there are individuals, groups, or organizations that should be CIHC members, 19% (n=25) respondents said 'yes', 8% (n=11) said 'no' and 73% (n=97) said 'not sure'. The thirty survey respondents who provided suggestions for who should be targeted for recruitment for CIHC membership mentioned the following:

- 🍁 Education institutions
- 🍁 Patients/relatives, members of the public
- 🍁 Health care providers
- 🍁 Health professional student organizations
- 🍁 Health care administrators and leaders
- 🍁 Regulatory and professional associations and organizations
- 🍁 Health organizations and institutes
- 🍁 Government health authorities

These responses were similar to those provided in the interim report in terms of improving representation from decision-making groups, and appears to indicate the importance respondents place on this group in connection to the on-going work of the CIHC.

### *CIHC's Secretariat*

The critical role of the secretariat in coordinating and implementing many of the CIHC's activities continued to be viewed as a key factor the on-going successes in a range of its activities.

Similar to the findings reported in the interim report, respondents continue to highly value the responsiveness of the CIHC secretariat and the support it offers to members.

## COMMUNICATION

The CIHC employs a variety of communication mechanisms to advance its three project components (building the collaborative, best practice identification and sharing, and knowledge translation). These communication mechanisms include teleconferences, a website, discussion board, emails and newsletters. Table 2 reports on survey participants' use of these various types of communication.

**Table 2: Use of communication mechanisms**

	0 times/ month	1-5 times/ month	6-10 times/ month	11-15 times/ month	16-20 times/ month	21+ times/ month	Totals
Teleconferences	44% (47)	54% (57)	2% (2)	0% (0)	0% (0)	0% (0)	106
Website	23% (25)	70% (78)	5% (6)	1% (1)	0% (0)	1% (1)	111
Discussion Board	95% (79)	5% (4)	0% (0)	0% (0)	0% (0)	0% (0)	83
Emails <sup>5</sup>	13% (16)	62% (74)	12% (14)	9% (11)	1% (1)	3% (3)	119

<sup>5</sup> Includes the CIHC newsletters which are emailed to members.

As shown in this table, the most common methods of communication are e-mails, teleconferences and use of the website. In contrast, the discussion board was not largely used by respondents. When compared with the data presented in the interim report, Table 2 reveals that respondents continue to use these three types of technology as their main sources of communication.

Table 3 shows respondents' views of the usefulness of CIHC communication mechanisms. It also provides data on the regional meetings and the *Collaboration Across Borders* Conference, held in Minneapolis in October 2007.

**Table 3: Usefulness of communication mechanisms for CIHC**

	Not at all useful	Not very useful	Unsure	Useful	Very useful	N/A
Teleconferences	3% (3)	3% (3)	9% (10)	29% (33)	24% (27)	34% (39)
Website	3% (3)	6% (7)	15% (17)	46% (52)	13% (15)	17% (19)
Discussion Board	11% (11)	5% (5)	15% (15)	2% (2)	2% (2)	65% (65)
Emails	1% (1)	4% (4)	7% (8)	32% (36)	45% (51)	12% (13)
Regional Meetings	2% (2)	2% (2)	6% (6)	10% (11)	39% (43)	41% (45)
Oct Conference	2% (2)	3% (3)	6% (6)	9% (9)	28% (29)	53% (56)

As indicated in Table 3, the majority of respondents who participated in teleconferences, emails, regional meetings, the Minneapolis conference, or used the website, reported them to be 'useful' or 'very useful'. When survey respondents were asked to comment on whether the information communicated by CIHC was useful, the vast majority were positive. In particular, they stressed the value of the website and emailed newsletters. Once again, in comparison with the interim report, these findings indicate that respondents continue to highly rate the use of emails, face-to-face meetings and the website as effective forms of communication. In contrast, they continue to regard the discussion board in more ambiguous terms.

The remainder of this section provides a more in-depth account of each of these communication mechanisms.

## Website

During the production of the 2007 interim report, a communications consultant was working with CIHC to revise its website. This work has since been completed, and survey and interview respondents generally provided positive feedback about the 'new' website. Positive comments indicated that the revamped website was easier to navigate, had more information available, had more pertinent information posted and contained a very useful events section. It was also noted that the revised website was helping to engage more effectively with key stakeholders:

*“From my own perspective [the CIHC] website, it’s the place where people go. It’s the place where I go for information about the projects. The language itself is very*

*[...] easy to understand. And, so I think they've managed to create a buzz. It's the hub" (Interview participant 5).*

*"I send my students to the website all the time. They find it very useful" (Interview participant 8).*

Despite containing interesting and pertinent content, some respondents did note that website information could not always be found, some found it hard to navigate, while others mentioned that it contained too much jargon. In addition, it was noted that problems sometimes arose with passwords, which meant respondents could not access some sections of the site.

### *Regional Meetings*

In the interim report, respondents stressed the value of face-to-face meetings, such as the national meeting which CIHC organized in 2006. While respondents at that time acknowledged the importance of such gatherings to networking and furthering work in the field, the expenses involved with such meetings were high. In 2007, the steering committee responded by organizing and supporting three regional meetings, which it was anticipated would be as effective, but more cost-efficient.

In general, interview and survey respondents who participated in one of the regional meetings rated them highly:

- ✶ Respondents who participated in the Western regional meeting described its success in bringing people involved in IPE and IPC together with other groups and organizations, including policymakers in the Western provinces. They also valued the knowledge exchange activities that occurred as well as the joint initiatives that emerged from the meeting.
- ✶ Respondents who participated in the Ontario meeting found it helpful in bringing together a wider community involved in IPE and IPC to identify opportunities for developing partnerships.
- ✶ A snowstorm occurred at the time of the Eastern regional meeting which affected attendance, but respondents who participated were encouraged to continue to collaborate regionally.

It was pointed out that one of the key advantages of holding meetings on a regional basis was that regional similarities were conducive to collaboration, and that working together on research projects at this level, compared to a national level, felt more manageable. Nevertheless, while the regional meetings sought to broaden the participants involved, it was noted that these gatherings seemed to be limited to researchers and health authorities, and were not therefore inclusive of other CIHC members, such as educators, student, policy makers and health care practitioners.

## Teleconferences

Teleconferences were regularly used for steering committee and sub-committee meetings, and were considered to be an integral part of the CIHC's work as they helped ensure inclusion of people from across the country.

While, as noted above, the majority of respondents continued to find teleconferences 'useful' or 'very useful', some concern was expressed in relation to feeling "disconnected" (Interview participant 19) due to a lack of face-to-face contact and difficulties with linking between different time zones. It was also noted that once members had met one another in-person at conferences or meetings, improvements in teleconference communication did occur, as people knew one another and could therefore talk more freely.

## Newsletter

To date, four CIHC newsletters have been electronically distributed to CIHC members between February 2007 and January 2008.<sup>6</sup> These newsletters included feature articles, member profiles, information about projects and activities, and reminders of upcoming events.

Respondents reported that they enjoyed the content of the newsletters and that they provided them with an important connection to CIHC. While a few commented that they did not have time to read the newsletter, most respondents appreciated it. For this latter group, they tended to review the newsletter to get a general sense of its content, before reading it in its entirety. A number of respondents also noted that they would often disseminate newsletter contents to others, or would use its content in their work.

## Emails

Similar to the findings presented in the interim report, emails were the most common form of communication. In general, respondents viewed emails as a key form of communication in relation to their CIHC involvement.

## Discussion Board

The use of the discussion board, as revealed above, was limited. When this issue was explored with interview respondents, there appeared to be little need for this type of on-line exchange:

*"I think, as much as I and others probably thought this [the discussion board] is a great idea and we will participate, it's one of those things that really didn't work out. There really wasn't any discussion going on there. Some people certainly tried, though I find the teleconferences much better in terms of connecting with people" (Interview respondent 17).*

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<sup>6</sup> In addition, a fifth newsletter was sent following the data collection for this report.

Indeed, as illustrated in this data extract, and also indicated in Tables 2 and 3, in relation to the use of the discussion board, teleconferences were viewed as a much more effective method of communication.

### *E-library*

CIHC received funding from Health Canada to establish and maintain an electronic library. It was anticipated that the e-library would be launched in 2008. The objective of the e-library is to store and organize IECPCP knowledge media resources that would be accessible to Canadians and internationally.

Respondents were enthusiastic about the prospect of the e-library and felt that the availability of IPE and IPC resources at a single site would be extremely valuable:

*“I think this is really important for the current membership. That they have access to something relatively easily, that allows them to look at what’s being learned across the country that they can continue to integrate the learnings in their own setting” (Interview respondent 3).*

A number of respondents did, however, draw to attention possible challenges involved in terms of ownership of resources. Some noted that perhaps ‘ownership silos’ may occur in relation to some materials. For these respondents, such problems could be prevented if an explicit understanding about sharing of materials was agreed upon before the e-library began to operate. Nevertheless, most respondents thought that CIHC was managing the development of the e-library in an effective manner:

*“One of the things I wanted to comment on is the e-library and the very open way that they went to members of the organization to look at how we post things and how things are going to be available, the whole sort of ownership piece [...] it was a really open way of making sure that everybody was comfortable with how the e-library was going to be set up [...] it’s part of being collaborative” (Interview respondent 16).*

The role of CIHC in supporting knowledge development and dissemination through the e-library, its website and a new e-journal<sup>7</sup> was highly valued. It was suggested that the CIHC could consolidate several of these resources into a single format to improve their dissemination and usability. It was also suggested that these resources be situated within an integrated framework that linked activities occurring at the provincial, regional, and national levels, and be offered bilingually.





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<sup>7</sup> At time of data collection for this report, there were also firm plans begin discussed for CIHC members to begin a new electronic journal to help further with the dissemination of information on IECPCP.

## CIHC SUB-COMMITTEES

In general, interview and survey respondents who worked on one of the CIHC sub-committees noted that they had made useful gains in their respective sub-committee work. Indeed, members of these groups provided a rich description the activities they had been engaged with in the past year. For example, the Evaluation sub-committee had conducted a review of the evaluation tools used in the IECPCP projects. They had also produced an inventory of evaluation tools, identified which evaluation strategies were most frequently used, and began to examine best practices in IPE evaluation.<sup>8</sup>

Other notable activities included:

-  Research sub-committee's work in reviewing the IECPCP projects to determine the research approaches being used including conceptual frameworks, philosophies, theories, and research questions of each project.
-  Partnership sub-committee's work focused on identifying target stakeholders and initiating communication with them and developing models for sustainability.
-  Knowledge exchange sub-committee's literature review on knowledge exchange and IPE, which examined knowledge exchange patterns, as well as their work with the CIHC secretariat on creating a CIHC dissemination strategy and communication resources. This sub-committee has also linked with national and regional groups to explore partnership possibilities.
-  Curriculum sub-committee's work focused on IPE competency and curriculum, in which they commissioned a literature review of IPE competency and surveyed the IECPCP projects to examine their planned curriculum objectives and what they implemented. More specifically, they examined the types of resources developed, the target learners, and the type of competencies measured. Analysis of the results was occurring at the time of this evaluation.

The key outputs from each of these sub-committees have been posted on the CIHC website.<sup>9</sup> In addition, it was pointed out that a good deal of the work produced by the sub-committee members had been effectively disseminated through a number of meetings and conferences.

Survey respondents were asked to rate the degree to which they considered the CIHC sub-committees were 'working towards' or 'had met' their respective goals on a scale of 1 to 5. Based on 42 responses to this question: 5% (n=2) replied 'has not met goal'; 43% (n=18) replied 'is starting to meet goal'; 19% (n=8) replied 'unsure', 33% (n=14) replied 'has nearly met goal', while no one replied 'has fully met goal'. In relation to the findings presented in the interim report, while there were some small shifts, these figures indicate that participants' views of the sub-committees' work remains largely unchanged. Given the amount of work the sub-committees have undertaken to date, it is somewhat surprising that respondents' views of are, in essence, unchanged. One reason for this disparity may be due to the recent re-organization of the subcommittees, which could have made it difficult to assess their progress.

<sup>8</sup> See: <http://www.cihc.ca/about/research.html>

<sup>9</sup> See [http://www.cihc.ca/about/core\\_activities.html](http://www.cihc.ca/about/core_activities.html) for more information on the outputs generated by the sub-committees

A small number of respondents did, however, express some frustration with the amount of time required to address requests from CIHC sub-committees. Others noted challenges in receiving documentation they had requested. Respondents went on to suggest that further sharing of information about the various sub-committees' work would be beneficial, as they was some sense that information tended to remain within the CIHC committees.

## STAKEHOLDER COMMUNITIES

Given the varied stakeholders linked with IECPCP, the CIHC has sought to engage with a range of Stakeholder communities. These communities include researchers, educators, practitioners, government, patients, students, regulatory bodies and non-governmental organizations. Survey respondents were asked to record the importance of particular Stakeholder communities (see Table 4).

**Table 4: Respondents' perceptions of important Stakeholder communities for their IECPCP project**

	Not important	Somewhat important	Unsure	Important	Very Important
Educators	0% (0)	3% (3)	2% (2)	18% (19)	77% (82)
Practitioners	1% (1)	0% (0)	3% (3)	22% (23)	75% (79)
Federal Government	2% (2)	5% (5)	9% (9)	39% (41)	46% (49)
Provincial/Territories Government	1% (1)	2% (2)	8% (8)	27% (29)	62% (66)
Regulatory bodies	3% (3)	4% (4)	9% (9)	29% (31)	56% (59)
Researchers	1% (1)	5% (5)	6% (6)	39% (41)	50% (53)
Patients	5% (5)	7% (7)	8% (8)	34% (36)	47% (50)
Students	0% (0)	4% (4)	3% (3)	24% (26)	69% (73)
NGOs	3% (3)	11% (12)	21% (22)	34% (36)	31% (33)

When compared with the findings reported in the interim report, this table indicates that the majority of respondents continued to view all the CIHC's Stakeholder communities as 'important' or 'very important' in their on-going work.

In response to the question eliciting whether the CIHC has been effective in sharing information with the Stakeholder communities, 6% (n=6) of respondents said 'no', 11% (n=12) said 'yes', 41% (n=43) said 'partially', and 43% (n=45) said 'not sure'. When asked to provide further details about this question, a number of respondents stated that the CIHC needed to engage more with regulatory bodies, non-governmental organizations as well as patients and the public.

Despite these difficulties, many respondents stressed that the CIHC had undertaken some important work in relation to the involvement of the Stakeholder communities:

*“I think that CIHC has done an amazing job [with the Stakeholder communities] considering that it is a very new organization [...] cultural change of this nature cannot be accomplished in two years” (Survey comment).*

In contrast, a number of respondents felt that they were not able to comment on CIHC’s effectiveness in sharing information with Stakeholder communities as they had little knowledge about this strand of the CIHC’s work. Others questioned whether communication about the Stakeholder communities was only reaching those already involved in the field:

*“My sense is that the communication that’s gone on has been quite good amongst the people who are already interested in doing interprofessional stuff. It’s how do we get beyond that [...] how do we move the wave out? How do we begin to incorporate the other educators, clinicians, academics out there that maybe are on the fringe?” (Interview respondent 16).*

Respondents’ perspectives of the degree to which CIHC has engaged in knowledge development, exchange, and dissemination activities with its identified Stakeholder communities are outlined below.

## Researchers

As noted above, the CIHC was built upon the twenty IECPCP projects funded by Health Canada, and thus had a core membership based on this national group consisting of university researchers. Indeed, the CIHC steering committee and sub-committee members were largely drawn from the members of these projects.

Generally, respondents reported that the CIHC’s had continued to be successful in bringing together the members of the IECPCP projects. The networking opportunities which the CIHC supported allowed project members to learn from, with and about others and to draw upon their respective expertise and experiences:

*“It’s been phenomenal because it’s linked the projects together because, otherwise, you would have had 20 projects working in isolation, duplicating each other because they didn’t know what each other were doing. [It has been] really invaluable because it made people realize, ‘oh wow, other people are doing that piece so I can pick on that’, and it links people together and network them” (Interview respondent 12).*

*“I think the impact it’s had on what we’ve been doing here has really been to provide a national prospective. So helping us to be able to say, ‘look this is something that’s happening across the country’, helping us to be able to network with others that have similar ideas or who have complimentary ideas [...] I think, helped us to create this community of interprofessional interested people” (Interview respondent 16).*

Respondents in the research group also expressed their gratitude over the support that the CIHC had provided in scanning the IPE environment, identifying opportunities and encouraging researcher collaboration in developing the evidence base for IECPCP:

*“We need to continue to collect [evidence for IPE] that recruitment and retention is improved and patient outcomes are improved. And I think that’s what we’re doing the problem is I think and that’s where CIHC comes in, is kind of grouping all of that evidence” (Interview respondent 18).*

It was agreed that there was an on-going need for this type of support. Indeed, given the expertise within the CIHC in relation to research, it was suggested that the CIHC should begin work developing a national research agenda for advancing IECPCP.<sup>10</sup>

Given the growth in members, a number of respondents also commented that it would be useful to have a members’ contact list of key IECPCP individuals across the country with their related research project topics or areas of interest. It was pointed out, however, that there still remained some challenges for the engagement of French-speaking members, as most of the CIHC’s networking and collaboration activities have not been offered bilingually.

The CIHC had also organized IECPCP project managers’ teleconferences aimed to help share common issues of concern and discuss issues, including, funding, reports, publications and budgets. Respondents who participated in these meetings regarded them as a source of valuable support, although it was also noted that these meetings sometimes lacked focus.

### Educators

Responses related to knowledge exchange with educators indicated that the CIHC’s initial efforts in this area have been largely successful. For example, respondents discussed the visibility of CIHC members at a range of educational events:

*“Certainly [CIHC] members [...] have been quite a presence at a number of different conferences and have been promoting the CIHC and these are conferences that reach out to a variety of different educators” (Interview respondent 16).*

Respondents who held roles as educators pointed out that the CIHC’s national level activities had had a valuable impact on their local level educational institutions in terms of helping to advance the IECPCP agenda:

*“As a group we felt that it was wonderful to have that [...] national support [...] to be able to go back to your, in our case, university and say this is a national initiative, this is something that Health Canada wants. We are part of this*

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<sup>10</sup> Recently, the newly formed Research and Evaluation sub-committee had began the process of exploring how the CIHC could provide the national lead in this area.

*movement, this is very important. That is really important in our workplace”  
(Interview respondent 10).*

It was also pointed out that while progress had been made in relation to educator knowledge exchange, as most health professions in educational institutions worked in silos, any gains would be slow to achieve. However, it was again pointed out that the impact of knowledge exchange activities for French speaking members had been restricted by limited amount of bilingual materials.

## Students

The National Health Sciences Students’ Association (NaHSSA) has been an important focus of the CIHC. There has been ongoing collaboration between CIHC and NaHSSA, and the importance of connecting with and supporting students has been transmitted from the national to the local level. CIHC leaders have presented at and participated in student conferences, and NaHSSA students have been active participants in CIHC conferences and meetings.

Through students’ involvement in CIHC, they have been able to form linkages with faculty at individual schools. Indeed, a number of faculty have been key in promoting NaHSSA with their students:

*“We have been able to find out who all of the different IECPCP projects were, where they were, find out faculty or academics who were on board for IPE and we’re able to link them with students” (Interview respondent 2).*

The following data extract usefully illustrates how CIHC’s partnership with NaHSSA was replicated in one of the schools:

*“Actually, the fact that the NaHSSA is an integral part of the organizational plan of CIHC, I think that’s really critical and, certainly, we have a fledgling student group but they also feel and perceive they are part of something larger than just themselves, both through the NaHSSA but also through the CIHC [...] So what we did in our project is actually mirror that organizational, in terms of the way we structured our project, so that the student association is as integral to our organization, as it is to the CIHC. So we used the CIHC to model some of what we do in terms of linkages to students” (Interview respondent 17).*

Encouragingly, this type of local level partnership between CIHC members and students was becoming an increasingly common feature at a number of universities.

## Practitioners

In general, participants’ comments related to the CIHC’s knowledge exchange processes with practitioners were framed in a positive light:

*“I think what’s unique about CIHC, is that it’s really trying to bring the education side and the practice side together. And we don’t have a lot of collaboratives or efforts that I’m aware of, where that’s the focus, to see the inner connections between how people are prepared and then how they ultimately are going to practice” (Interview respondent 3).*

While initial efforts to include practitioners had gone well, it was noted that there was still a need for further partnerships with groups that have a direct impact on health service delivery. Indeed, some respondents commented that the focus of CIHC had been too heavily weighted towards the academic community and gathering evidence for the effects of IECPCP, which there had been less effort to engage with individuals involved in the delivery of healthcare. Others noted, though, that the CIHC was now making headway in expanding the number of IECPCP champions in the practice settings:

*“I think CIHC started with a very strong focus on educators and university people. And I think that the activities they’ve been involved in, in the last year, have attempted to reach out to more than that group. So that has been a benefit in the sense that it’s expanding the champions, potentially expanding the Champions, and moving more into the practice settings” (Interview respondent 3).*

While respondents who worked as health care practitioners described the challenges of investing time in CIHC due to their clinical demands, they stressed the importance of continuing dialogue about how to best to involve them and their clinical colleagues in CIHC activities.

### **Policy makers**

Respondents discussed how the CIHC could engage policymakers more effectively with its activities to ensure that an influence in provincial and national IECPCP policies. For example, it was noted by some respondents that there had been success in involving policymakers in a range of national and regional meetings. Others felt a useful method of engagement was for the CIHC to produce more targeted knowledge translation materials for both federal and provincial policymakers:

*“If we’re really going to achieve sustainability and scaling up of interprofessional education and practice, the policy people [...] are really going to have to be convinced of its benefits. And so I think that’s where CIHC has to go next, is really trying to customize messages that are going to emphasize the things that they need to know about. They need to believe that it’s cost effective, that patient outcomes are improving and that interprofessional education and collaborative practice are responsible for that” (Interview respondent 3).*

While respondents commented on the need to strategically work with policymakers, they also recognized that the synthesis of best practices from across the country, which has been an emphasis for the CIHC in its first two years of operation, needed to have a more meaningful impact at the policy level.

## Patients

Due to the principles of IECPCP, respondents stressed the need for the CIHC to be patient-focused. However, a number noted that there was some way to go in terms of agreeing a common definition/conceptualization of the notion of patient-centredness:

*“I think the principles underlying IPE still remain patient centred. The difficulty is in operationalizing what patient centred means at the various levels” (Interview respondent 5).*

Some respondents described the challenges of involving patients (as well as the public more generally) in the CIHC, given its academic nature, its use of acronyms and terminology not familiar to lay groups:

*“I think they’re [patients] somewhat intimidated when an organization is really academic [...] until we get a more homogeneous membership base, we have some employers, some policy makers, some academics, all of whom are working together and they’re committed to letting the patient’s voice being heard, it will be less intimidating for patients to come into that collaborative” (Interview respondent 3).*

Despite the desire for more patient and public involvement, respondents did recognize that this process would likely be slow due to competing priorities, opportunities costs as well as the number of stakeholders involved in making this transition happen.

## GOALS AND OUTCOMES

Table 5 presents survey respondents’ views of the CIHC’s progress in meeting their identified project goals. According to these data, the CIHC is underway in starting to meet or fully meeting many of its goals.

**Table 5: Respondents’ perceptions of CIHC’s achievement of its goals**

	Has not met goal	Starting to meet goal	Unsure	Has nearly met goal	Has fully met goal
Promote and demonstrate the benefits of IECPCP	3% (3)	52% (55)	19% (20)	25% (26)	2% (2)
Stimulate networking and the sharing of the best approaches to IECPCP	2% (2)	43% (46)	18% (19)	29% (31)	8% (8)
Facilitate interprofessional collaboration in education	3% (3)	46% (49)	20% (21)	25% (26)	7% (7)
Facilitate interprofessional collaboration in practice	10% (11)	37% (39)	41% (43)	12% (13)	0% (0)

	Has not met goal	Starting to meet goal	Unsure	Has nearly met goal	Has fully met goal
Articulate and facilitate an IECPCP research agenda	5% (5)	37% (38)	34% (36)	22% (23)	4% (4)
Facilitate the knowledge transfer into the appropriate Stakeholder communities	9% (9)	37% (39)	43% (45)	10% (11)	2% (2)
Facilitate and support sustainable change in IECPCP	8% (8)	40% (42)	38% (40)	14% (15)	1% (1)
Be an information hub to link key stakeholders	3% (3)	32% (34)	17% (18)	32% (34)	16% (17)
Strengthen IECPCP evidence-based approaches for key stakeholders	3% (3)	45% (48)	34% (36)	16% (17)	2% (2)

While respondents expressed some uncertainty in relation to the achievement of a small number of goals, in relation to the data presented in the 2007 interim report, findings in Table 5 indicate that the CIHC has made a positive progress in meeting its stated project goals.

Table 6 lists respondents' estimation of the number of outputs produced that have been influenced by their involvement in CIHC in the past year.

**Table 6: Estimation of outputs produced/influenced due to CIHC involvement**

	0	1-5	6-10	11-15	16-20	20+
Published research	69% (73)	28% (30)	3% (3)	0% (0)	0% (0)	0% (0)
Unpublished Reports	58% (61)	39% (41)	1% (1)	1% (1)	2% (2)	0% (0)
IECPCP centred meetings	35% (37)	36% (38)	15% (16)	6% (6)	0% (0)	9% (9)
Presentations	22% (23)	50% (53)	12% (13)	5% (5)	4% (4)	8% (8)
Educational programs	41% (43)	46% (49)	9% (10)	1% (1)	1% (1)	2% (2)
Educational materials	37% (39)	50% (53)	8% (8)	2% (2)	1% (1)	3% (3)
Health care policy	83.0% (88)	16% (17)	1% (1)	0% (0)	0% (0)	0% (0)

The figures presented in Table 6 demonstrate that the CIHC is having an impact on generating published and unpublished research reports/papers, participating in a number of IECPCP meetings, conference presentations, development of programs, production of materials and influence on policy. When combined to the data in the interim report, these figures indicate that the various outputs of members have increased at an impressive rate. As one respondent noted:

*"I think that it [the CIHC] did have a significant impact in terms of increasing the output and [...] the ability to look at interprofessional education, what works and what doesn't. And if we can continue to grow those connections I think it has the potential to have really significant impact" (Interview respondent 1).*

When asked to state additional outputs they had produced in the past 12 months, survey respondents reported a range of materials, including:

- ✳ Educational tools to support IECPCP
- ✳ Information for government program evaluations
- ✳ Evaluation and assessment tools
- ✳ IPE scales and research measures.

## RESPONDENT REFLECTIONS

In reflecting upon their involvement in the CIHC, particularly in relation to key successes, key limitations and ideas for the future, a range of responses were offered by respondents. In connection to their views on the main successes of the CIHC the following were offered:

- ✳ Local, regional and national networking
- ✳ Learning more about IPE and the IECPCP projects
- ✳ Sharing ideas and information locally, regionally and nationally
- ✳ Connectedness with an IECPCP community
- ✳ Group and peer support between members
- ✳ Understanding about a range of local, regional and national initiatives
- ✳ Support in advancing IECPCP projects
- ✳ Working collaboratively with a range of different colleagues







Respondents also identified a number of limitations in relation to their involvement with CIHC and its work:

- ✳ Individual schedule issues which impeded participation
- ✳ Limited funds for engagement with CIHC activities
- ✳ Limited engagement beyond academic/research communities
- ✳ Sometime poor communication within CIHC, especially from committees to members
- ✳ Lack of knowledge of others' activities in IPE and IECPCP
- ✳ Continued sense of geographical isolation from the CIHC and its members
- ✳ Limited contact with CIHC committees

The interview and survey findings indicated an overwhelming enthusiasm for the continued existence of the CIHC and its related activities. It was acknowledged by many respondents that the CIHC now needed to develop a plan to support its future sustainability and to become a successful self-funded organization. Thus, innovative efforts were required to develop which could deliver a sustainable pan-Canadian Collaborative:








*“I think it’s just thinking outside of the box because of the fact that this is such a broad partnership of players. New and creative ways to use that collaboration to its max, to keep it going, is going to be, an important piece of energy is going to have to go towards that” (Interview respondent 3).*

In thinking about its future, respondents went on to provide a range of potential directions for the CIHC in relation to its organization, structure and activities:

-  Clarify the role of CIHC in terms of national, regional, provincial and local objectives and activities. Respondents recognized an important role for CIHC, but wanted to ensure that its national role and work were clear and distinct from its provincial level work.
-  As a national organization the CIHC should seek out partnerships with other national organizations in order to work together to ensure that ‘silos’ at this level can be dissolved.
-  The CIHC continues its important work as a knowledge translation hub from the academic sphere to the practice and policy spheres. Although, it was pointed out that bridging this particular gap would required greater participation and ownership from the practice and policy communities.
-  The CIHC should continue to summarize and communicate key lessons and learnings from the IECPCP projects to enable evidence-based practice changes and directions for future research.
-  Provide on-going support for the development of a national research agenda and influence policy development and knowledge exchange with decision-makers.
-  Further engagement, exchange and collaboration with patients, the public and front-line clinical staff.

## Conclusions

The findings from this evaluation indicated that the CIHC have achieved a number of important successes in their work in its first two years of operation. Indeed, in relation to the stated activities, outputs and short term impacts contained in the CIHC Logic Model (see Appendix), the findings presented in this report demonstrate that CIHC has successfully achieved the majority of its activities, outputs and impacts. In particular, it has achieved:

-  Creation of a pan-Canadian Collaborative which has led in the development of a national conference, a series of regional meetings, a range of significant sub-committee activities.
-  Compilation of current knowledge and expertise of interprofessional curricula, research and evaluation across the country. This work has effectively paved the foundation for systematic and comprehensive agenda setting.
-  Development of a range of collaborative networks and partnerships at local, provincial, regional, and national levels that form a solid foundation for future knowledge development and exchange activities.
-  Development of initial knowledge translation materials and mechanisms in relation to printed materials, website, newsletters, electronic and face-to-face networking opportunities.
-  Creation of a Collaborative aimed at supporting changes at a national level and to interact with other national organizations.
-  Development of a national (and increasingly international) hub for evidence, information and resources for IPE and IPC.
-  Support and legitimacy for local IPE and IPC work and activities.

Importantly, the evaluation indicated that there was a strong desire for CIHC to continue to exist. Through its work in the first two years it has now effectively laid the core foundations in terms of collaborations, partnerships and knowledge development and sharing. As a result, there was a high degree of optimism that the CIHC was in a position to springboard its work to achieve further success in relation to meeting the medium and longer-term goals as stated in its Logic Model.

However, the evaluation did reveal a number of challenges. It revealed that further effort was required to enhance engagement with the varied groups and stakeholders involved in the CIHC. As presented above, numerous comments noted that the CIHC was currently over-focused on its academic members and their related priorities. While this issue is important, one should remember that there is a need to develop a rigorous evidence-base for IECPCP, prior to investing resources into practice and policy changes.

Other key issues that emerged from evaluation which required further development were:

- ✿ A need to prioritize and optimize efforts and resources given many types and levels of activities (e.g. patients, practice, policy, research, education)
- ✿ A need to broaden the membership and leadership (i.e. steering committee and sub-committees) to include more representation from practitioners, patients and decision makers
- ✿ A need to develop and implement an achievable and effective sustainability plan.

## Recommendations

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The findings from this evaluation offer a number of recommendations as CIHC embarks on its next stage of organizational development.

The recommendations are presented in order of priority:

1. An additional year's funding for the CIHC has provided further economic stability. Nevertheless, the secretariat, steering group committee, sub-committees as well as the CIHC members need to dialogue and develop an achievable and effective sustainability plan, which can be implemented in the next 12 months.
2. The challenge of including and addressing the extensive number of stakeholder groups who are involved with IPE and IPC and/or are stakeholder communities was repeatedly raised in the findings. Thus, there is a need for strategic planning that would prioritize and clarify objectives and activities.
3. Through the national conference, regional meetings, sub-committees, the website and newsletters, CIHC had effectively engaged the research community in their objective of supporting identification and sharing of best practices and knowledge exchange. Given the importance of using evidence to inform practice and policy, a focus on research is important. Nevertheless, the CIHC needs to explore strategies which aim to support a positive interface between research, education, practice, and policy.
4. The CIHC's role as a national organization should compliment and support local and provincial activities and work in IPE and IPC.
5. The CIHC secretariat has been critical to the activities and outputs of the Collaborative, and thus needs to be recognized and supported in future planning.
6. The sub-committees have produced important national (and arguably international) outputs that should be disseminated and inform the next stage of CIHC's plans and work.
7. CIHC has clearly been developing and using a variety of communication strategies. It was evident from the evaluation that members engage in different types of communication mechanisms in different ways. Given the geographical distance between individuals, efforts are required to employ such mechanisms to continuously reach out to CIHC members in order to encourage their active involvement.

Appendix



August 16, 2006

PROGRAM LOGIC MODEL

