

Accreditation of Interprofessional Health Education (AIPHE)

www.aiphe.ca

Introduction

To help ensure that interprofessional education (IPE) is embedded in health and human service education programs in Canada, six professions (medicine, nursing, pharmacy, physical therapy, occupational therapy, and social work) representing 8 pre-licensure accreditation bodies agreed to work together to address interprofessional education in accreditation standards.

Why International Interprofessional Education for Collaborative Patient/Client Centred Practice ?

It is:

- A critical component of health professional education in Canada and internationally
- A key strategy for improving health outcomes and patient safety and for addressing the looming health human resource crisis in health care
- One strategy that education programs can employ to prepare health care providers to participate in a new more collaborative health care workforce.
- Expected by new federal and provincial policies for future practice.

Results and Deliverables

Project deliverables include:

- "AIPHE: Principles & Practices" Implementation Guide
 - an operational definition of IPE
 - guiding principles for integration IPE standards into professional education
 - exemplars of standards, criteria, and evidence
 - a glossary of terms
 - links to resources that will assist in curricular reform
- AIPHE website: www.aiphe.ca
- Communication toolkit
- Final Evaluation
- Final Forum Report & Briefing Note

Definition of IPE

IPE is:

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

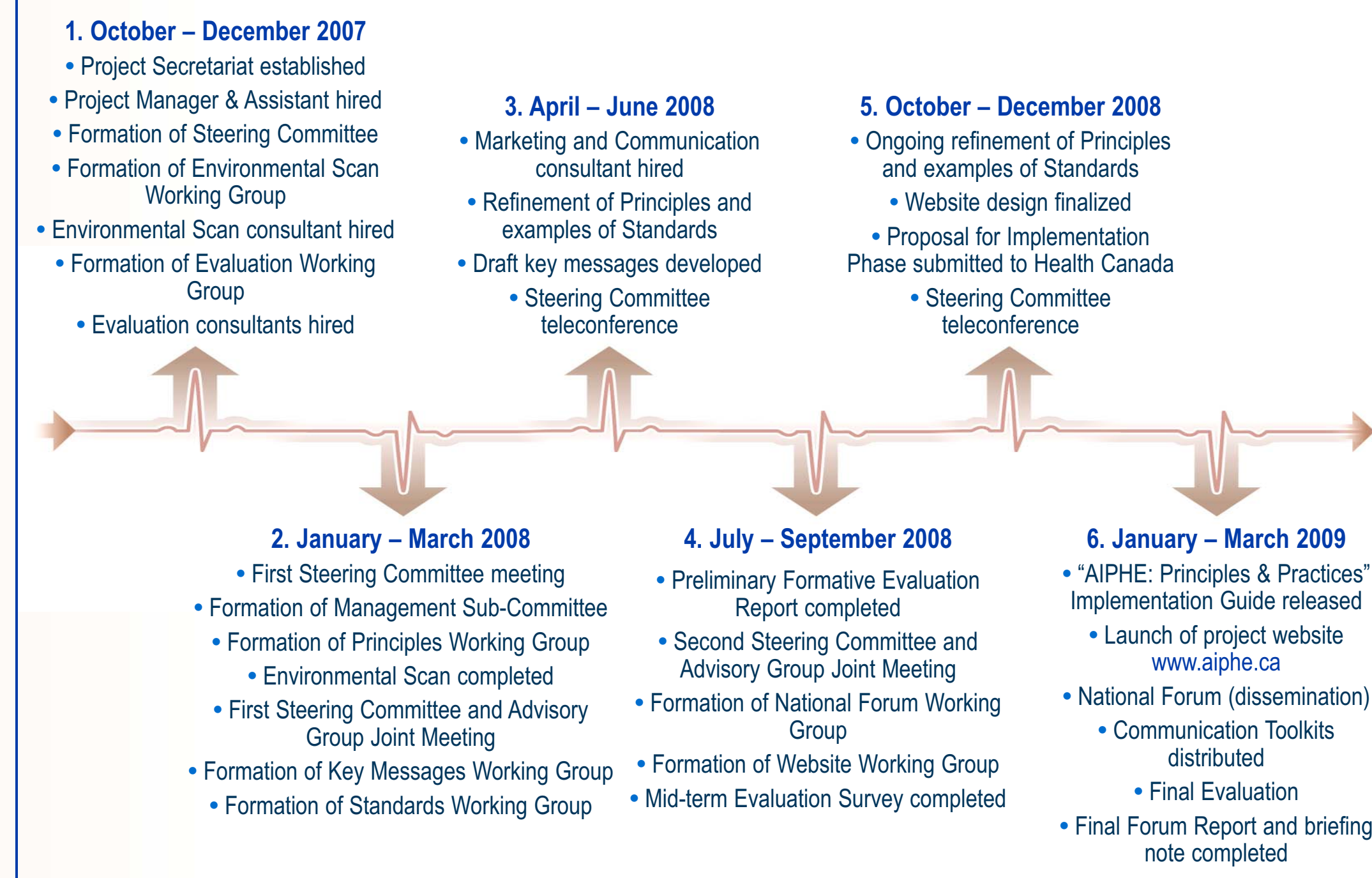
IPE is not:

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

Next Steps

- Development of IPE standards by accrediting bodies
- Continue to share experiences of standards development and implementation processes
- Share principles and guidelines with other accrediting bodies

AIPHE Project Timeline



Guiding Principles for Integrating Interprofessional Education Standards into Professional Education

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

Sample Standards and Evidence

More examples of Standards and Evidence are in the AIPHE handbook available at www.aiphe.ca

1. Institutional Commitment

Example Standard:

- Resources are committed for innovative teaching and learning which indirectly advance IPE.

Example of Evidence:

- An office or other organizational unit that is specifically resourced to advance IPE

2. Academic Program

Example Standard:

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

Example of Evidence:

- Interprofessional learning objectives throughout course syllabi

3. Students

Example Standard:

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

Examples of Evidence:

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

4. Faculty

Example Standard:

- Faculty are adequately prepared, supported, and rewarded for engagement in interprofessional education.

Examples of Evidence:

- IPE involvement is included in the faculty evaluation process.
- IPE activities are recognized and rewarded through awards and in the promotion and tenure process.
- IPE faculty/professional development programs are available.

5. Resources

Example Standard:

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

Examples of Evidence:

- Budget planning explicitly includes resources for IPE.
- Learning resources for IPE are available.
- Funded faculty are provided with dedicated time for IPE.
- Space is dedicated to common learning.

Acknowledgements

Special thank you to
Lesley Bainbridge & Louise Nasmith

STEERING COMMITTEE

- Dr. Dianne Delva, Co-Chair, Dalhousie University
- Dr. Mary Ellen Jeans, Co-Chair, Associated Medical Services Inc.
- Dr. Lesley Bainbridge, Accreditation Council for Canadian Physiotherapy Academic Programs (ACCPAP),
- Dr. Richard Birtwhistle, Committee on Accreditation of Canadian Medical Schools (CACMS)
- Dr. Grant Charles, Board of Accreditation of the Canadian Association for Social Work Education (CASWE)
- Dr. Ruby Grymonpre, University of Manitoba
- Dr. David S. Hill, Canadian Council for Accreditation of Pharmacy Programs (CCAPP)

Ms. Margaret Kennedy, The Royal College of Physicians and Surgeons of Canada (RCPSC)

Ms. Suzanne Larocque, Accreditation Canada

Ms. Sue Maskill, Association of Faculties of Medicine of Canada (AFMC)

Dr. Louise Nasmith, College of Family Physicians of Canada (CFPC)

Dr. Carole Orchard University of Western Ontario

Dr. Ellen Rukholm, Canadian Association of Schools of Nursing (CASN)

Ms. Kathy Van Benthem, Canadian Association of Occupational Therapists (CAOT)

PROJECT STAFF

- Ms. Catherine Moffatt, Project Manager, (AFMC)
- Ms. Claire de Lucovich, Project Assistant, (AFMC)

ADVISORY GROUP

This 17-member group, representing academia, accreditation (health and non-health), students, the public and regulatory authorities, provided a broader perspective for this work.

Funded by Health Canada

Secretariat: Association of Faculties of Medicine of Canada

