



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



## *Learning Together to Practice Collaboratively: Some Principles for IPE*

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# *Overview of Presentation*

## PRINCIPLES

- I. Abraham Flexner & His Legacy
- II. Fundamental Foundations for IPE/C & the Definition
- III. IPE Institutional Mechanisms
- IV. From IPE – The Case for Collaborative Practice
- V. The Collaborative Learning Environment
- VI. Regulation, Legislation – Changing the System(s)

# *I. Abraham Flexner & His Legacy*



## *Flexner's Major Recommendations*

- **First**, that most of the proprietary schools of medicine in operation at that time should cease teaching forthwith.
- **Second**, that all remaining and future schools of medicine should be associated with universities and teaching hospitals.
- **Third**, that there should be a nucleus of physicians in each department of a medical school who would receive remuneration for teaching and research.

# 100 Years Post-Flexner

## Where are we?

The professional-*isation* of professions has in many respects turned the patient into an *object* of professional attention, rather than the Oslerian ideal of patient as *subject*.

The sorry consequences:

- The level of understanding of practice between and amongst professions is woefully inadequate.
- The guild's virtuous circle has replicated itself across all professions.
- Limited opportunities for health professional students to learn
  - *About* each other,
  - *From* each other and
  - *With* each other

## *IPE/CP: Historical Comment*



Dr. John F. McCreary, Dean  
of Medicine, University of  
British Columbia:

***“All of these diverse  
members of the health team  
should be brought together  
during their undergraduate  
years, taught by the same  
teachers, in the same  
classrooms and on the  
same patients” (CMAJ, 90,  
May 23 1964 p.1220)***



How can they work together  
if they don't learn together?

## *II. Fundamental Foundations for IPE/CP: First Course*

*E.g. “Determinants of Health: From Theory to Practice”*

- An introductory multidisciplinary course that would focus on the meaning, measurement and determinants of health.
- Class activities might include:
  - lectures, videos,
  - community guests, and
  - a community-service learning project

# *Fundamental Foundations for IPE/CP: Second Course*

## *E.g. IP Team Based Collaborative Practice*

### **Team Dynamics**

- Skills, knowledge, roles and issues involved with working successfully in interprofessional health and human service teams

### **Difficult Topics**

#### Inherent

- interpersonal differences
- fear of change
- stereotypic rivalry
- power, income and status
- language

#### External

- models of practice
- management structures
- management priorities

*Communicating Interprofessional  
The Problem with/is Language*

Not all words are equal

# *Interprofessional Education: Definition*

*Interprofessional education* occurs when:

- two or more professions learn ***about, from and with*** each other to:
- enable effective ***collaboration, and***
- ***improve health outcomes.***

*(WHO (2010) Framework for Action on Interprofessional Education & Collaborative Practice)*

### *III. IPE/CP Institutional Mechanisms*

#### **Institutional supports**

- Governance models
- Personnel policies
- Shared operating procedures
- Structured protocols
- Supportive management practices

#### **Working culture**

- Communication strategies
- Conflict resolution policies
- Shared decision-making processes

#### **Environment**

- Built Environment
- Facilities
- Space design

# *The Continuum of IPE/CP*

*With, from and about...*

## **Expose**

- Allow students to develop sense of their profession
- Allow students to understand areas of collaboration

## **Immerse**

- Year prior to graduation, team based practice

## **Master**

Practice educators in practice settings

*Charles, G., Bainbridge, L., and J.H.V.Gilbert. (2010). The University of British Columbia (UBC) Model of Interprofessional Education. J. Interprofessional Care January, Vol. 24, No. 1, Pages 9-18*

# *Curricular Reform: A Lesson Learned*

*“Changing a college curriculum is like moving a graveyard - you never know how many friends the dead have until you try to move them.”*

*(Variously attributed to either Calvin Coolidge or Woodrow Wilson)*

# *Pedagogy: Learning “about, with and from”*

## Modified Problem Based Learning (PBL)

- *Exchange-based*: debates, seminars or workshops
- *Action-based*: case-based learning, joint research, quality improvement projects
- *Simulation-based*: role-play, experiential group work, mannequins.

# IV. The Case for IP Collaborative Practice



# *Prepare Individuals for Collaboration*

## **Foci**

- establish **knowledge** bases,
- acquire new **skills**,
- modify **attitudes**,
- change **behaviours**,  
and
- **develop perceptions** that pave the way for collaborative practice:
  - between professions,
  - within and between organizations and
  - with clients, their caregivers and communities.

*Interprofessional collaboration is not learned by osmosis, nor in a classroom*

For the things we have to learn before we can do them, we learn by doing them.

*(Aristotle: Nicomachean Ethics (350 B.C.E))*

## *Collaboration in Practice & Collaborative Practice*<sup>\*,\*\*</sup>

An interprofessional process for:

- *communication* and *decision making* that:
- enables the separate and shared *knowledge* and *skills* of different care providers to:
- synergistically influence the care provided through changed *attitudes* and *behaviors*.

(\*after Daniel Way, Linda Jones & Nick Busing, (May 18, 2000) "Family Doctors & Nurse Practitioners Delivering Shared Care" written for the Ontario College of Family Physicians;

\*\* after Kirkpatrick, D. L. (1967). *Evaluation of Training*. In R. Craig & L. Bittel (eds). *Training and Development Handbook*. New York: McGraw Hill.)

## *V. Build IPE/CP From What Exists*

### *Collaborative Learning Environments (CLE)*

- Integrate with health/wellness goals.
- Create collaborative platforms across education institutions.
- Find and champion existing IP teams to develop innovative learning environments.
- Support student-led initiatives.

## *IPE/CP*

### *E.g. A Collaborative Learning Environment*

*A diabetes-obesity clinic*

*Bring together students from 6 or 7 health disciplines.*

*Engage them in a unique learning conversation.*

- ***About and From:*** Students talk ***about*** their disciplinary knowledge of obesity. ***From*** this discussion they learn each discipline's knowledge base for obesity, and how those disciplines practice treatment of obesity.
- ***With:*** Students then work ***with*** each other to integrate what they have learned together into a coordinated interprofessional management plan to improve quality of care of the obese person.

*Learning Outcome and Impact: The interprofessional whole is greater than the sum of the uni-professional parts*

# *The Collaborative Learning Environment*

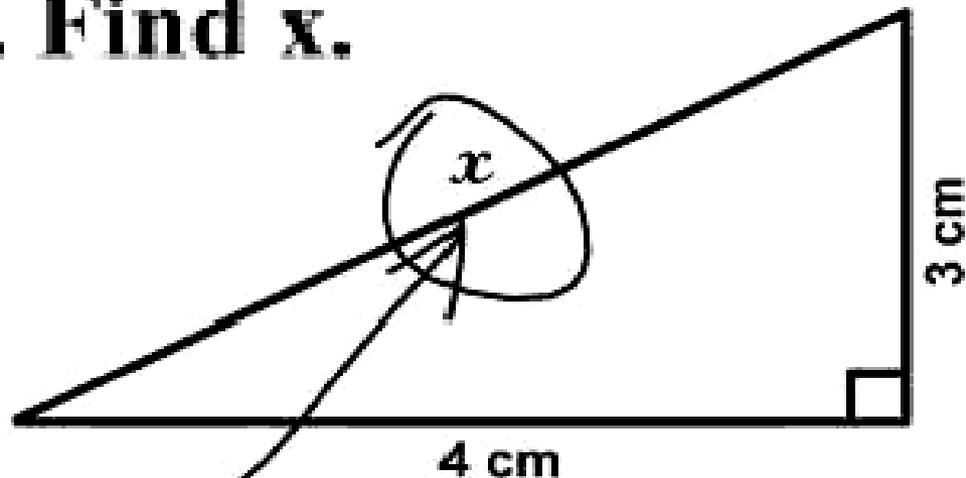
## *The Locus of Care*

- Achieves a symbiosis with the health services and **communities** in which the students will serve.
- Contains underlying values that enhance health services in **community**.
- Is responsive to changing values and expectations in education in response to **community** needs.
- Predicts proficiency on the job as required by **community**.

*Solutions: Oh that is was this obvious!*

From an examination booklet!

**3. Find  $x$ .**



*Here it is*

# *VI. Regulation and Legislation*



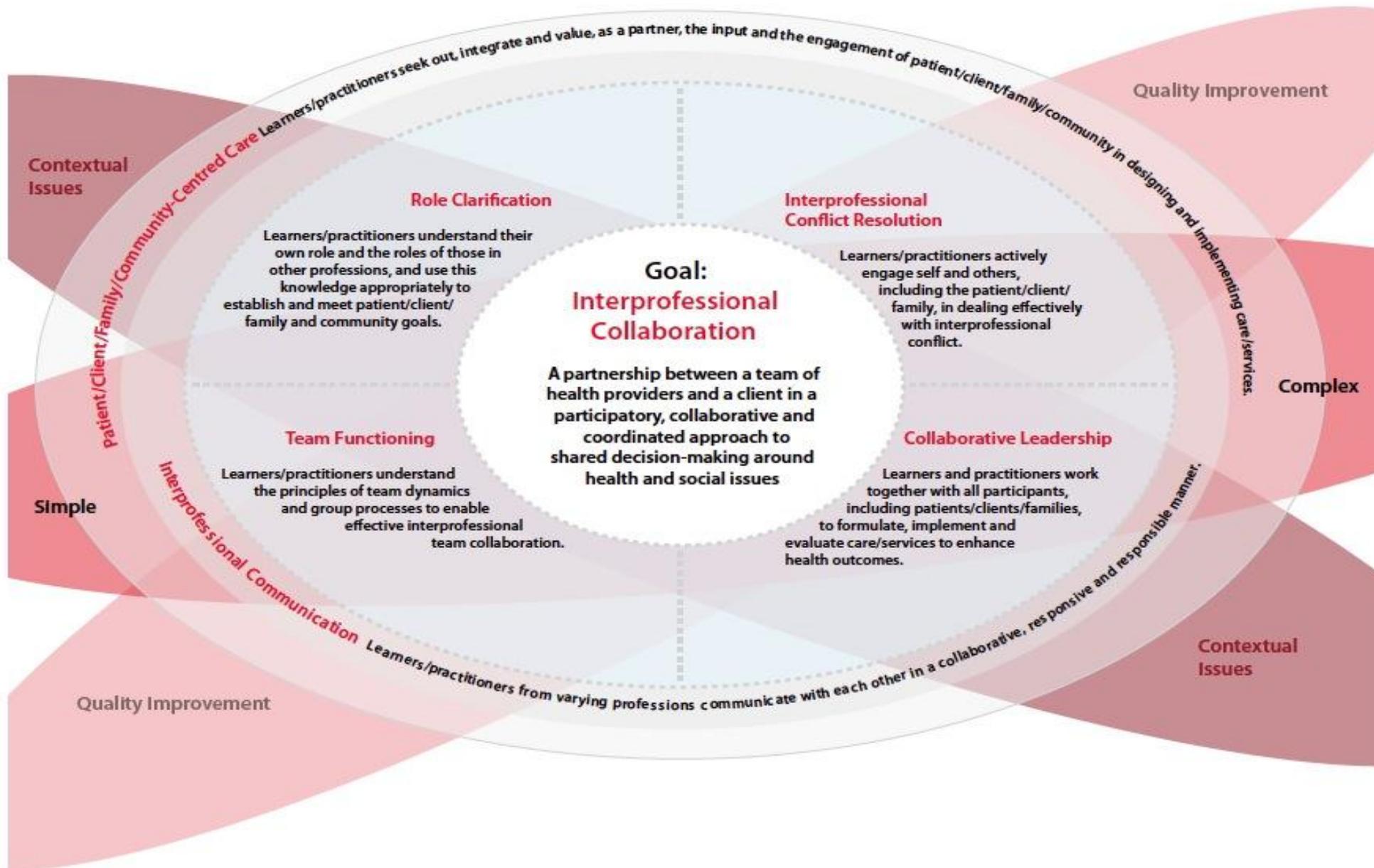
**A National Interprofessional  
Competency Framework**



FEBRUARY 2010



Figure 1: The National Competency Framework

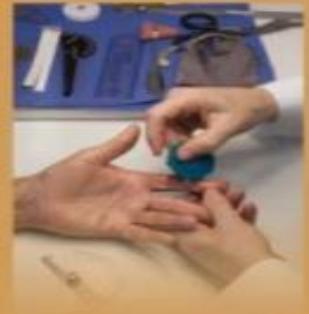


# *Pedagogy: Regulatory Change (Feb 2009)*

## ACCREDITATION OF INTERPROFESSIONAL HEALTH EDUCATION (AIPHE)

*Principles and practices for integrating  
interprofessional education into the accreditation  
standards for six health professions in Canada.*

*Funded by Health Canada*



# *Manage Knowledge Outcomes*

## Knowledge Transfer & Exchange in Interprofessional Education

SYNTHESIZING THE EVIDENCE  
TO FOSTER  
EVIDENCE-BASED DECISION-MAKING

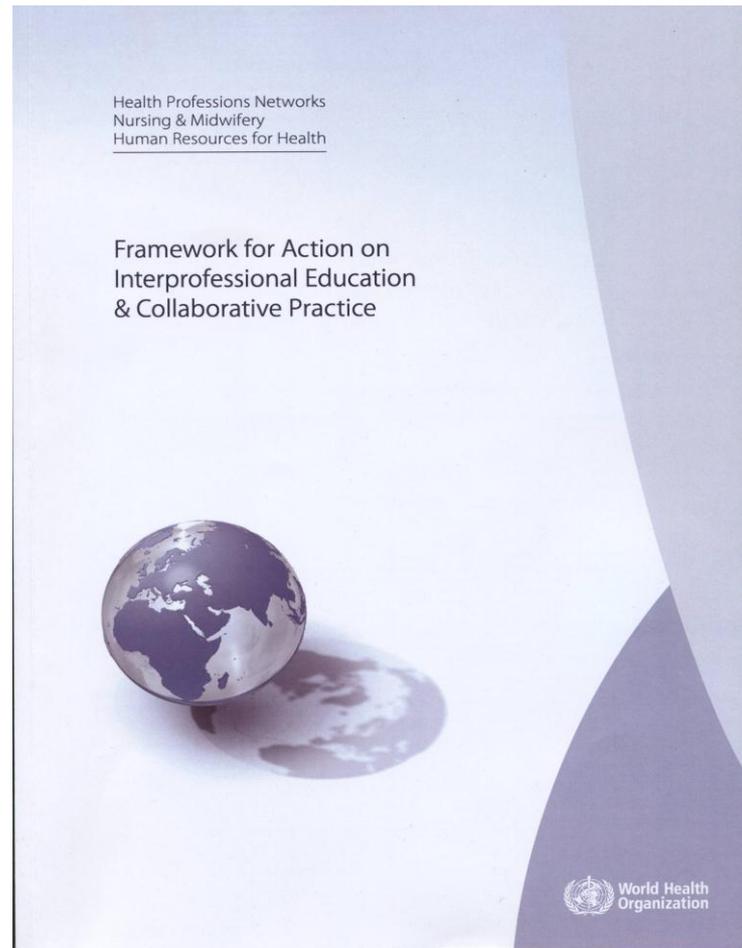
July 2008



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

# Current Status: WHO February 2010



## *Face Reality: The Challenge of Change*

*“And it ought to be remembered that there is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things. Because the innovator has for enemies all those who have done well under the old conditions, lukewarm defenders in those who may do well under the new “.*

Niccolo Machievelli (1513- 1516) *The Prince*

# *Learning Together to Practice Collaboratively Why Now?*

“Toto, I have the feeling we're not in Kansas anymore.”

