



Canadian Interprofessional Health Collaborative

CIHC Member Survey

By :

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CIHC Survey analysis

Objective

The objective of this CIHC member survey is to evaluate the services and resources of provided by the CIHC in order to inform strategic direction that align with the needs of IPE/IPC moving forwards nationally and internationally the needs of CIHC members in terms of services and resources. It has been conducted between May the 10th and June 16th, 2017. In partnership with the Canadian Health Human Resources Network, the CIHC membership survey was sent on May 9 2017 to 3054 CIHC members. A total of 404 surveys have been completed.

Demographics

- **Demographics:** The vast majority of survey respondents have identified themselves as female (80%), Canadian (51%), within the ages of 31-50 (47%).
- **Primary Workplace:** The vast majority of survey respondents have identified their primary work environment as an academic setting with almost half identifying themselves as “University Faculty/Staff” (44%), followed by 12% as “College/Staff” and about 4% as “Students”. Furthermore, of the 9.5% that have chosen “Other” as their primary work environment, 6% have specified “Healthcare Workforce Education” as their primary workplace environment.
 - **Central IPC Office:** Among the University/College respondents, the percentage of those that have indicated that they do not have a central IPC Office (37%) was almost equal to those that do (33%).

Key Take-Home Messages

- **Knowledge of CIHC:** The majority of respondents reported having knowledge of the CIHC (80%) with more than half indicating having some knowledge (57%) and almost a quarter (23%) reporting good knowledge of the CIHC.
- **Membership:** The majority of respondents (83%) have indicated that they have been a member of the CIHC for less than 10 years within which the majority (35%) have indicated being member for less than 2 years.
- **Membership Fee:** The vast majority of respondents (73%) would be willing to pay annual membership fee. The suggested annual fee that respondents would be willing to pay is \$40-50 (identified by 37% of respondents who have indicated that they would be willing to pay).

Key Successes

- **Member Organization Salience with IPE/IPC:** Results from the survey reveal that in comparison to 5 years ago, there has been significant shift in the characterization of member organizations with respect to the salience of IPE/IPC. Specifically, there appears to be a shift from almost half (43%) of the

respondents characterizing the salience largely as “Pockets of Development and Implementation” or little to no salience of IPE/IPC (27%) to a shift to half of respondents (50%) indicating more comprehensive or strategic development, a smaller percentage within the “Pockets of Development and Implementation” (32%) and an even smaller percentage (12%) indicating little or no salience to IPE/IPC.

- **Benefits:**
Overall, respondents have identified the online IPE/IPC resources as the greatest benefit to them (38%)
- **Committee:** Almost half (49%) of the respondents have indicated that they would be willing to consider serving on a CIHC committee.

Areas for Improvement

- **Knowledge Mobilization:** The vast majority of respondents (81%) do not follow CIHC on Facebook nor Twitter.
- **Benefits:** Almost half of respondents identified their participation in study groups (46%) and support for research grant applications (44%) as having **no real benefit**.

Future Developments

- **Primary Roles Over Next Five Years:**
 - Central platform for resources/toolkits (54%),
 - Role of the CIHC in supporting IPE/IPC accreditation (28%),
 - Advocating funding for IPE/IPC research (24%)
 - Knowledge collection/dissemination (25%).
- **Additional Roles:**
 - Communication: Newsletters, website updates, webinars, etc.
 - National IPE Standards: including accrediting and licensing bodies
 - Academic Institution Support: promotion and implementation of IPE

Other

- **Health Canada IECPCP:**
 - The vast majority of respondents (74%) have indicated that they have not been involved in Health Canada’s IECPCP funding program.
 - Among those that have, the vast majority have indicated that the project is no longer evident in the organization.

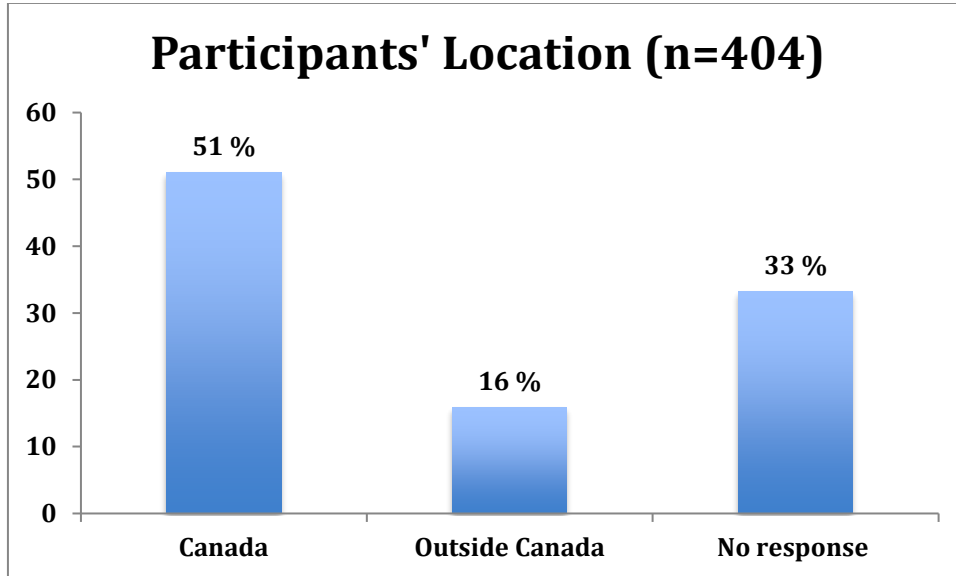
Next Steps

- **Contact:** A little less than half of the respondents have indicated that they would be willing to discuss the responses to the survey (48%).

Survey responses

Question 1

If you live in Canada, what is the first three letters/digit of the postal code of where you work? If you do not live in Canada, please indicate your country.



The first three letters/digit of the postal code of those living in Canada:

First three letters/digit of the postal code	N
A1B	4
A1C	3
B2W	2
B1S	1
B0E	1
B1P	1
B2R	1
B3G	1
B3H	16
B3L	3
B3Z	1
B4A	2
b4c	1
C1A	2
E1A	3
E1C	1
e2g	1
e2j	1

e2k	2
E2L	1
E2M	1
E3A	2
g1m	1
G1X	1
G5R	1
G7H	1
G9A	2
H2P	1
H3A	4
H3G	1
H3T	1
H4A	1
H4M	1
j1g	1
j1h	1
J4W	1
j7c	1
J7Z	1
k0a	1
K0C	1
K0H	1
K0M	1
K1B	2
K1H	2
K1J	1
K1K	2
K1M	2
K1R	1
k1s	2
K1Y	1
K2A	2
K2B	1
K2G	1
K2P	2
K4A	1
K4C	1
K7L	4
K7M	2
K7R	1
K9A	1
K9V	1

L1b	1
L1H	1
L2T	1
L3P	1
L3V	2
L3y	1
L4j	1
L4M	1
L5G	1
L5N	1
l5v	1
L6H	1
L6J	1
L6T	1
L6Y	1
l7n	1
L8l	1
L8N	1
L8S	3
L9Z	1
M1C	2
M1E	2
M1K	5
M2M	2
M2R	1
M3J	1
M4E	1
M4G	1
M4M	1
M4N	3
m4y	2
M5A	2
M5B	2
m5g	1
M5R	1
M5S	4
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M6S	1
N1E	1
n1h	1
N1M	1
N1R	1

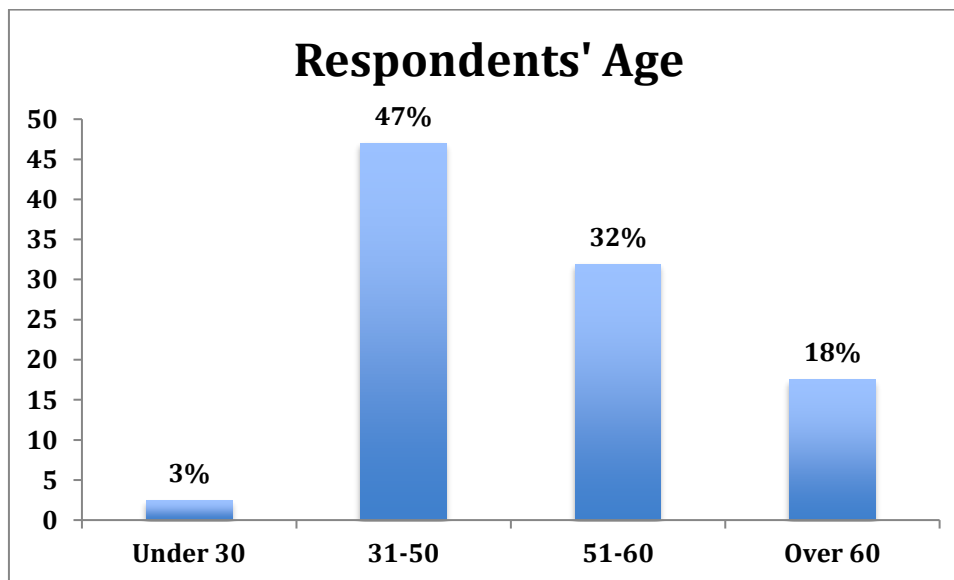
N2G	2
N2J	1
N2M	1
N5A	1
N5V	2
N5X	1
N5Y	2
N6A	1
N6G	1
n6j	1
N6K	1
N8N	1
N9B	1
P1H	2
P3A	1
P3C	1
P6B	1
P7B	4
R0E	1
r1a	1
R3A	1
R3E	5
R3G	1
R3M	2
R3T	4
R3w	1
R5G	1
S0K	1
S0L	1
S4L	2
S4P	1
S6v	1
S7K	2
S7L	1
S7M	1
S7N	4
T0A	1
T1A	2
T1J	1
t1k	1
T1L	1
T2A	1
T2G	1

T2J	1
T2N	4
T2T	1
T2W	1
T2Z	1
T3B	1
T3E	3
T3H	2
T3M	1
T4N	2
T4T	1
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T5J	1
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T5N	1
T5R	1
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T6G	8
T6N	1
T8A	1
T8V	1
V1L	1
V1N	1
V1R	1
V1V	1
V1Z	1
V2C	1
v2m	1
V2N	1
V3B	1
V3C	1
V3H	1
V3j	1
V3M	1
V3X	1
V4C	1
V5B	1
V5L	1
V5M	2
V5T	1
V5Z	1
V6H	1
V6J	1

V6L	1
V6N	1
V6P	1
V6T	7
V6Z	2
v8a	1
V8R	2
V8S	1
v8v	1
V8X	1
V9L	2
V9M	1
V9R	1
X1A	1
Y1A	1

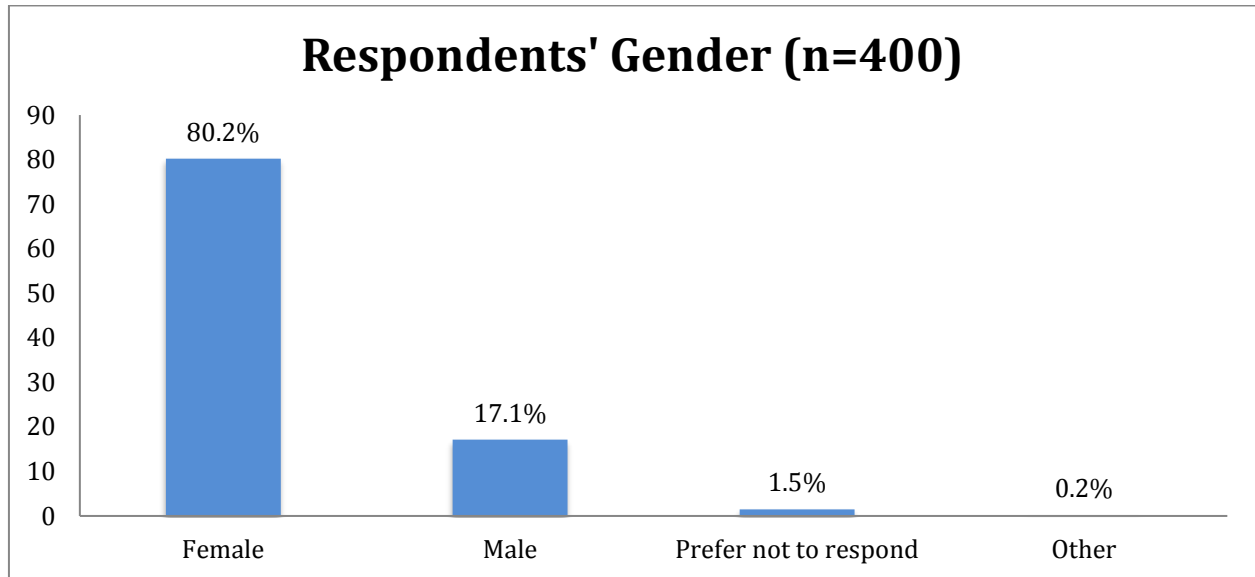
Question 2

What is your age?



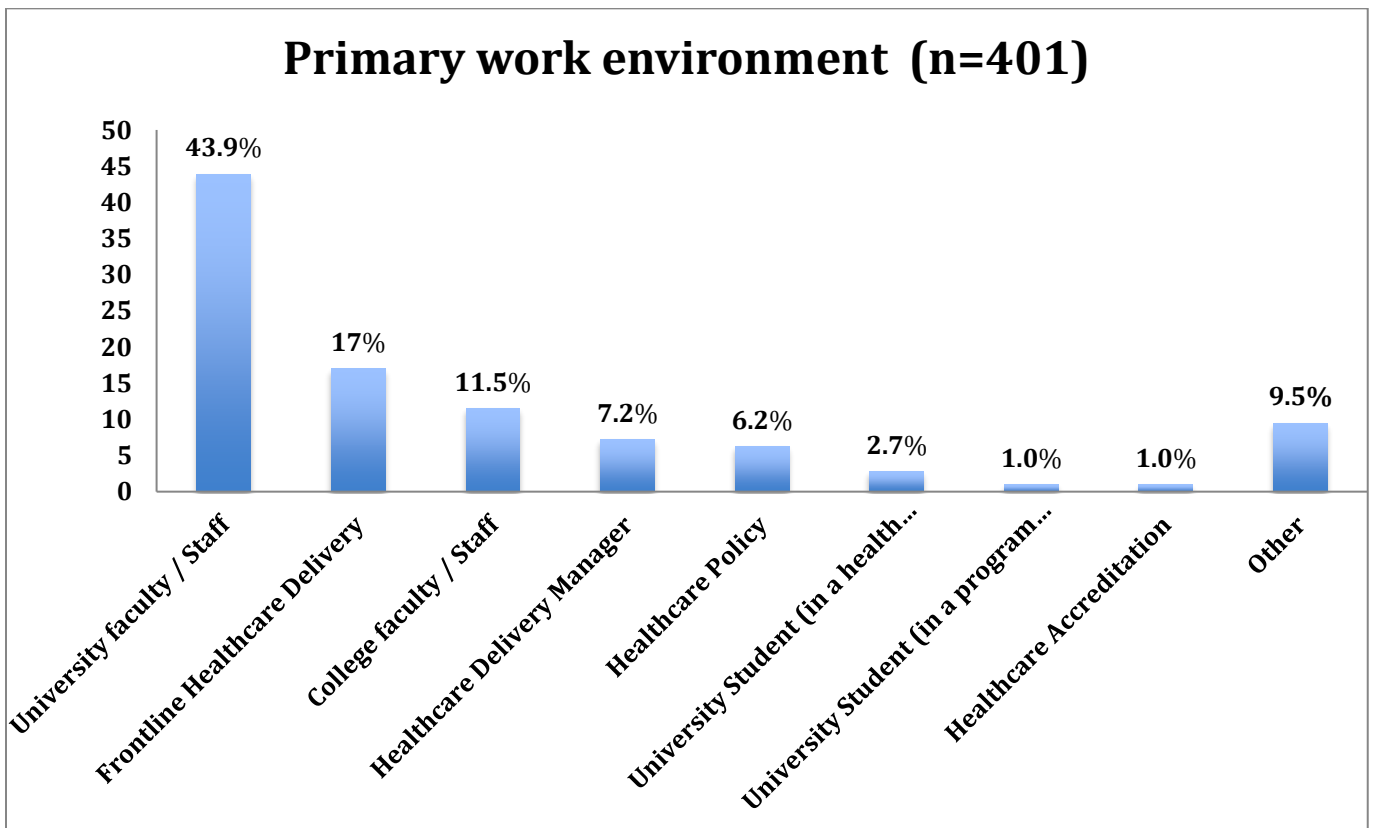
Question 3

What is your gender?



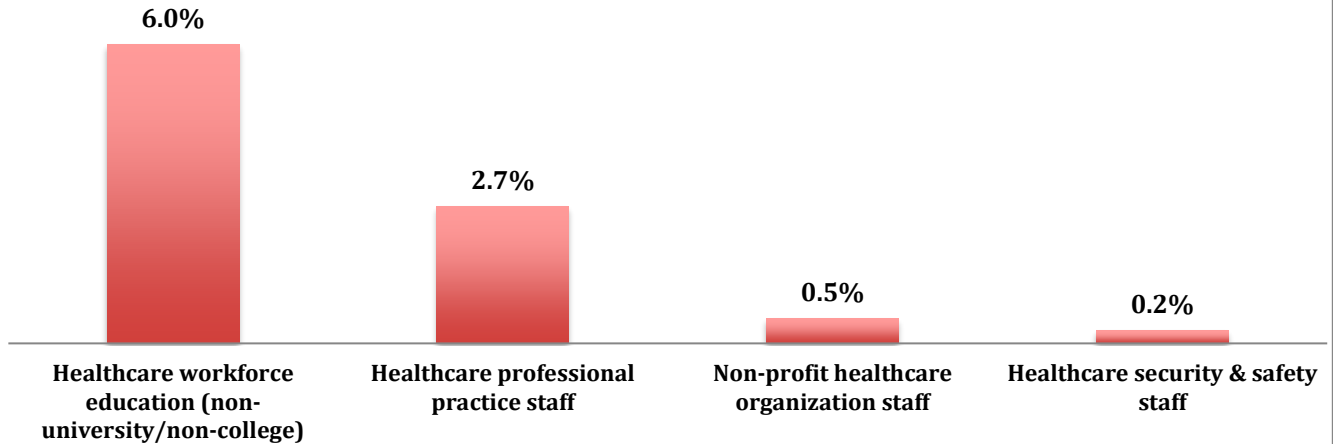
Question 4

What is the focus of your primary work environment?



Those who responded "Other" to this question pertain to one of the following categories:

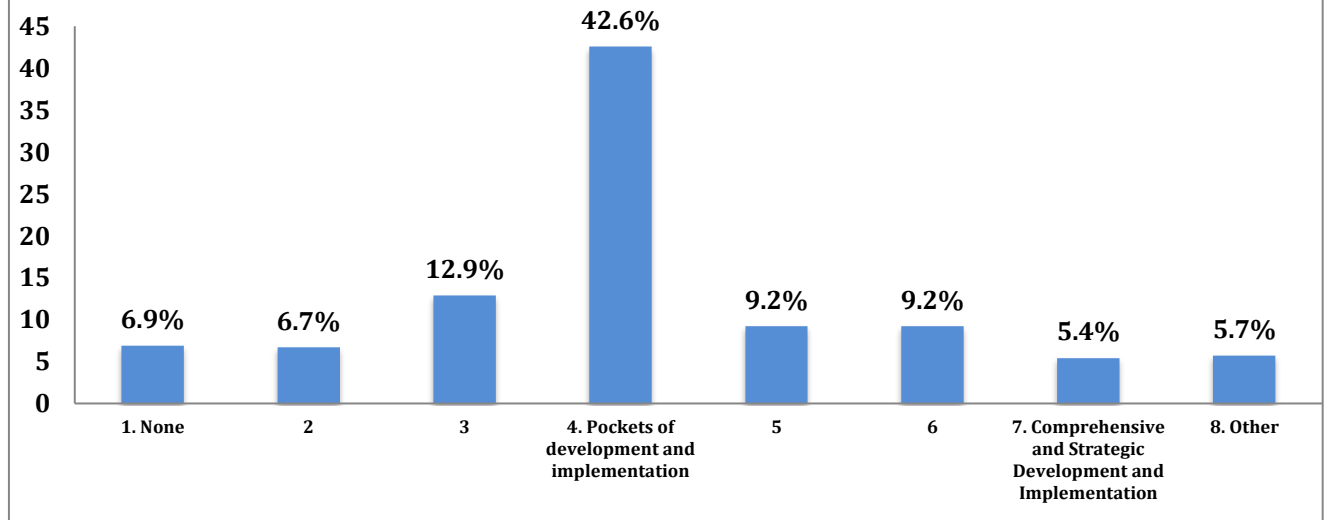
Other primary work environments (n=38)



Question 5

Using a 7-point scale ranging from “None” through “Pockets of Development and Implementation” to “Comprehensive and Strategic Development and Implementation”, how would you characterize the organization with which you are primarily affiliated with respect to the salience of IPE/IPC 5 years ago? (Please feel free to comment as well if the options do not sufficiently capture your situation).

Characterization of the organization (n=398)



Those who responded "Other" to this question (n=23) pertain to the following categories:

1. Don't know (n=7)

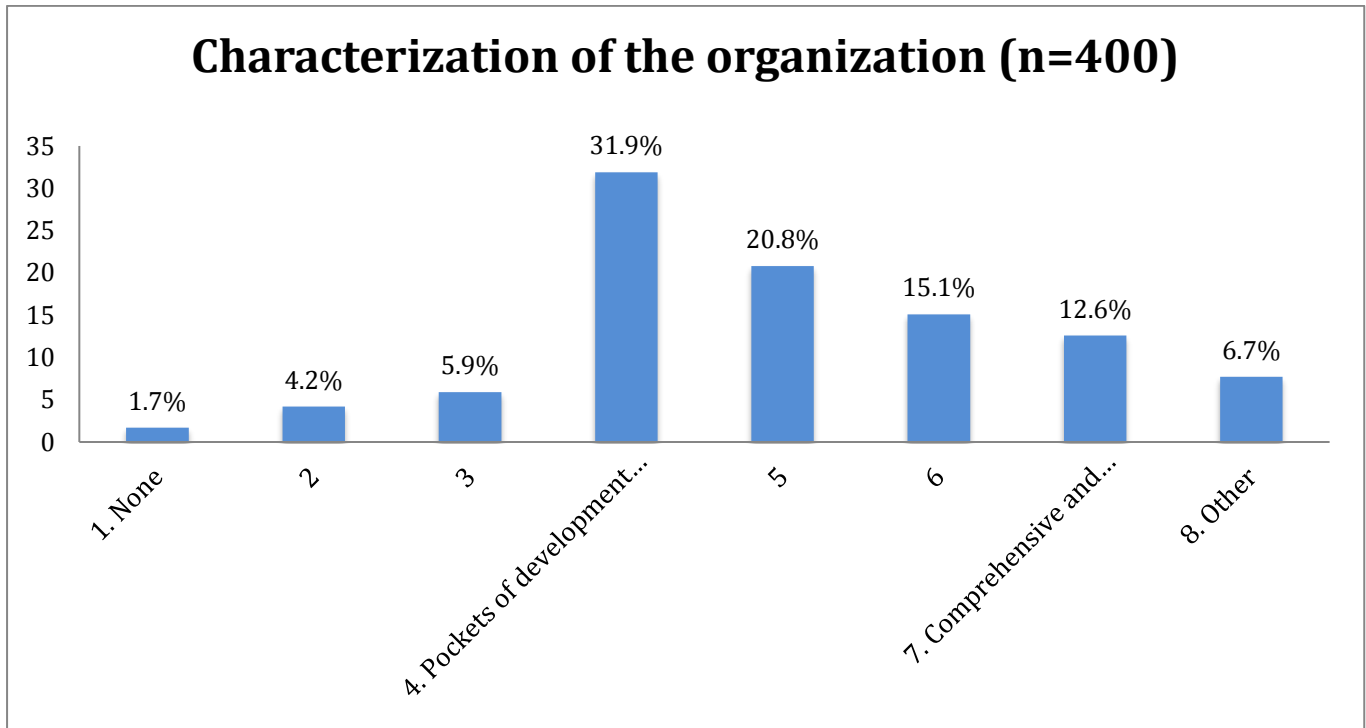
2. Didn't understand the question (n=3)

3. Shared their thoughts & perceptions as follows (n=13):

- Very recently-about 2 months ago- our institution cut the IPE staff by 1/3 which has significantly impacted our plans to further develop IPE particularly in post-licensure and practice placements.
- 5 years ago in this organization there was one halftime IPE Coordinator position for the entirety of the schools of nursing and health. There were few sustained IPE initiatives and any IPE was delivered at the behest of champions.
- We implemented an IPE Steering Committee to advance IPE/IPC 6 years ago
- I work in multiple academic settings and see the differences in level of expertise, development, implementation and evaluation of IPE and IPC across sites. My doctoral work is in the area of IPE and IPC in the home care setting.
- From what I have gathered IPC is crucial to my field and organization and is continually improving.
- We are actively working to improve the development of skills in working with team members that our students work with in the workplace.
- Once the Government funding ran out to continue the development of IPE little was done by the administration of my organization to keep it sustainable.
- Through Western University Office of Interprofessional Health Education and Research
- Program Committe Co-Chair, Emeritus Professor Assoc
- As a regulator, this question is peripheral. We do have standards of practice relating to interprofessional collaboration and are looking to provide more education to our professional members re the same
- Self-employed consultant providing IPE/IPC strategies to various organizations.
- IPE and IPP has been highlighted as an area for growth within our accreditation process
- Very unstable

Question 6

In comparison to 5 years ago, how would you characterize the organization today with which you are primarily affiliated with respect to the salience of IPE/IPC? (Please feel free to comment as well if the options do not sufficiently capture your situation).



Those who responded "Other" to this question (n=27) pertain to the following categories:

1. Don't know (n= 6)

2. Cannot comment because he/she didn't work for the organization in the last 5 years (n= 6)

3. Little to no changes (n = 6)

- Very slow moving, multiple competing priorities
- Variable to little activity at one university (McMaster), yet extensive opportunities for students at another university (University of Toronto)
- No real changes
- I would say 7, but increasingly struggling. Under pressure from the organization
- We seem to have stepped back
- Developing intention - will be slow

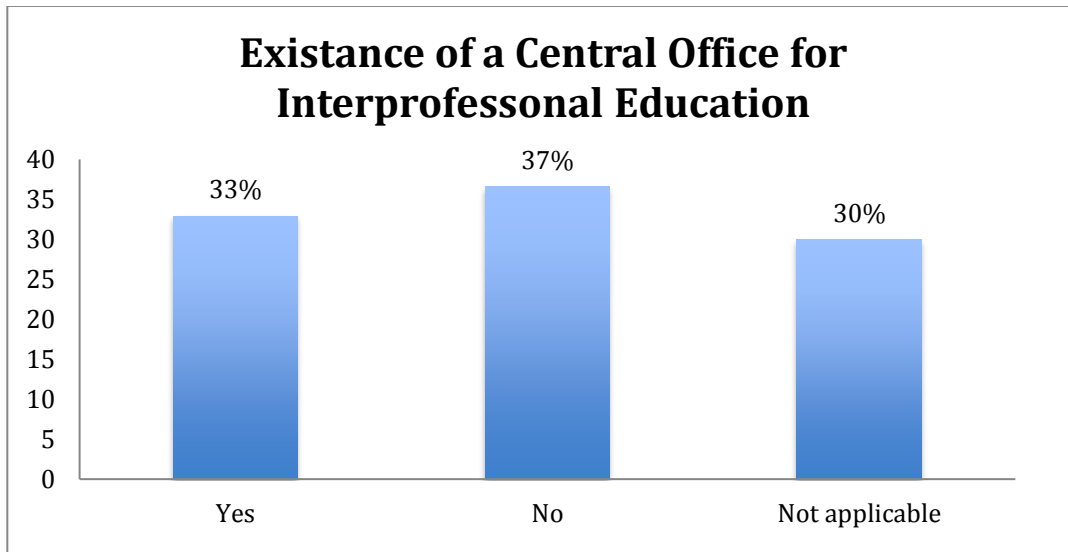
4. Shared their thoughts & perceptions as follows (n=9):

- it is difficult to incorporate IPE with programs that have different class schedules.

- Interprofessional education is still provided by dedicated staff. No institutional initiative to increase it since 2012.
- If question #5 was a 3, then question #6 is a 6. While there is a strategic plan and movement toward comprehensive development, there is still much work to do. Only this year have many programs been required to highlight IPE because of accreditation.
- As an organisation we do generic education resources and events, but do not explicitly support interprofessional learning/ collaboration.
- They've left it to be quite student specific. It appears if the student doesn't drive the initiative in clerkship, it is less likely to happen.
- This continues to be a focus for many of our members. We are considering more ways to bring it to the forefront
- Although we believe we "always work interprofessionally " we don't always name it or foreground it so there is not that intentionality
- It is recognized as important but there are limited resources for implementation
- Unstable

Question 7

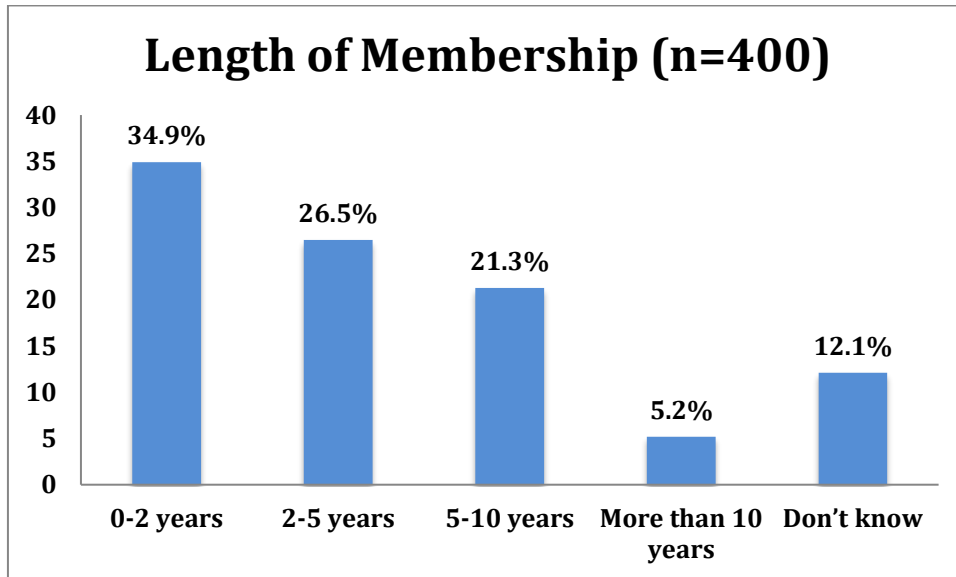
Does your University/College have a central office for Interprofessional Education?



According to those who answered "No", IPE activities are mostly organized / coordinated by faculty/department or by a coordinating committee rather than a central office.

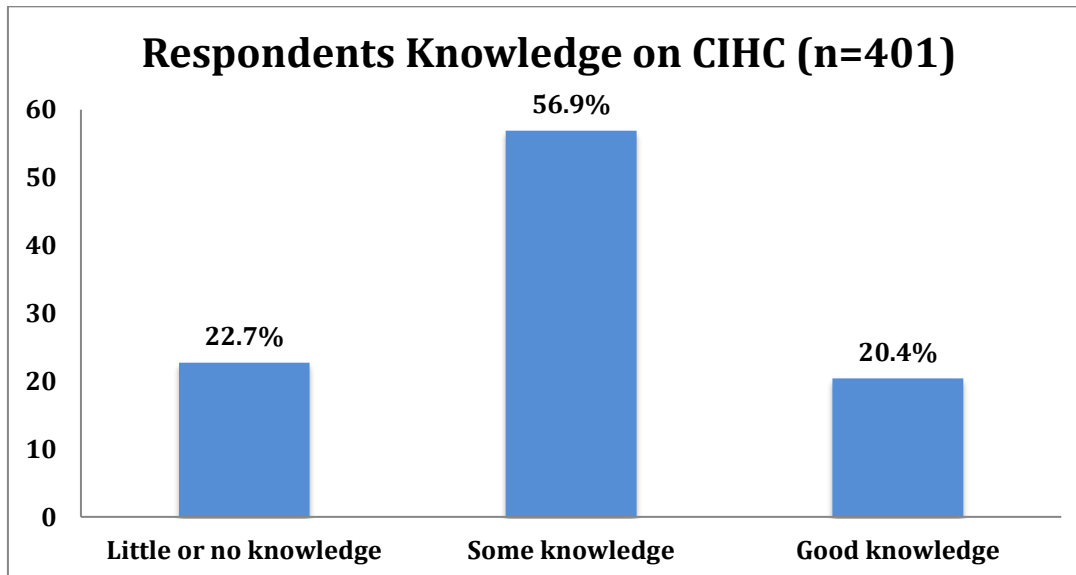
Question 8

How long have you been a member of the CIHC?



Question 9

How well do you feel you know what the CIHC represents and does?



Question 10

Please rank-order which CIHC Services Ranking of greatest benefit to you? (Use “1” to indicate greatest benefit through “6” for least benefit, and use the numeral “0” to indicate any services which have been of no real benefit to you.

	Rank (n=404)						
	0	1	2	3	4	5	6
CIHC resources related to IPE/IPC on the webpage	3.4%	38.3%	18.5%	15.9%	8.1%	7.6%	8.3%
Collaborating Across Borders (CAB) Conferences	26.8%	20.3%	18.4%	12.7%	8.2%	5.1%	8.5%
Continuing Education opportunities	21.9%	10.7%	18.7%	21.9%	12.4%	4%	10.4%
Help with networking	25.1%	10.1%	14.6%	22.3%	13.5%	5.4%	9%
Participating on study groups	45.9%	5.9%	3.8%	6.5%	8.5%	14.7%	14.7%
Support for research grant applications	44.1%	5.9%	5.6%	6.2%	7.7%	6.5%	24%

Those who responded "Other" to this question (n= 65) pertain to the following categories:

1. Don't know (n= 5)
2. Have not explored the resources because of the lack of communication with members, lack of time, lack of personal interest, lack of resources in French, and the fact of being a new member (n= 28)
3. Other CIHC Services of greatest benefit (n =32) were :
 - Access to a diversity of online resources (n=8)
 - CIHC competency framework to guide curriculum development and program evaluation (n=5)
 - French resources are needed (n=2)
 - Able to see what is happening in Canada to know what is in the pipeline.
 - As an international member (Germany), I am looking Forward to attending a CAB conference some time.
 - Awareness of what is going on nationally.
 - Because IPE became of little importance to the educational institution where I work the last 4 items in the list above became less important for me to pursue.
 - CAB conference needs to integrate IPE/IPC in the workplace more....it is very academic focused.
 - Have been part of CIHC projects which was very helpful.
 - Have used some resources in the past, in teaching. Currently working on obesity services in primary care - need to talk to someone about how to proceed in this confusing environment!
 - I have been very disappointed in the last many years about the lack of communication from CIHC.

- I was unaware of the continuing education, study groups and support for research grant applications. These would definitely be of great help. Is there a way to publicize these more effectively to members?
- I would love assistance with grant applications because I mentor many new faculty (including my ex grad students)
- I would love help with help with networking, participating on study groups and support for research grants -- however, my experience is that information and opportunities regarding these things are rarely pushed out to members. I don't know about emerging opportunities or how to access assistance and support.
- I would love to attend your conference especially as it is here in Banff where I live but it is very expensive.
- John Gilbert has been very supportive on a variety of fronts including reviewing a book on IPE which I co-authored and providing valuable feedback. His accessibility, approachability and knowledge base have been invaluable.
- keeping a focus on IPE/C
- Networking support has been a wonderful benefit. The support of the relationships built through the Collaborative has really helped promote some of our ground floor IP projects.
- Student support is invaluable
- When travelling internationally, the CIHC is well known in IP conversations. I have noticed a disappointing void in presence in the recent past and worry that potential is not being met.

Question 11

Thinking ahead over the next three to five years, what do you think the primary roles of the CIHC should be locally, nationally and internationally? Please rank-order the following (1 being most important; 6 being of lesser importance) possible roles or functions on which the CIHC could focus:

	Rank (n=404)					
	1	2	3	4	5	6
Serving as a place to go for resources/toolkits related to IPE and IPC. This could include sponsoring webinars and facilitating collaborative networking	53.8%	15.3%	6%	5.5%	7%	12.5%
Systematically gathering and disseminating information on changes in the IPE/IPC environment nationally and internationally	24.4%	24.7%	16.5%	13.4%	12.1%	8.9%
Working with professional and organizational accreditation bodies to strengthen their IPE/IPC accreditation standards and to assist, where required, with the training of accreditation panel members in the areas of IPE and IPC	28%	19.2%	17.9%	14.1%	10.7%	10.1%
Advocating for targeted new research funds to support IPE/IPC research, knowledge translation, and the linkages between IPE and IPC	24%	19%	17.9%	14.5%	13.7%	10.8%
Facilitating the formation and maintenance of interest groups relevant to members' interests.	10.6%	14.8%	19.6%	16.4%	17.2%	21.4%
Supporting or organizing more frequent conferences on IPE/IPC such as the Collaborating Across Borders Conference.	13.6%	13.6%	20.9%	16%	14.4%	21.4%

Question 12

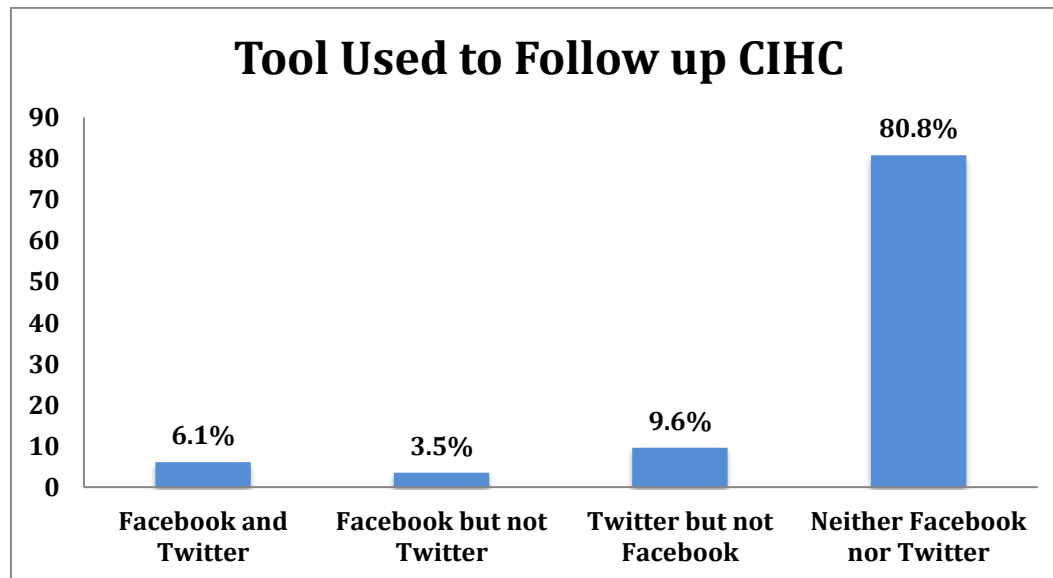
Are there other roles or functions that the CIHC should consider assuming?

The participants' responses could be summarized as follows :

- Provide more communication and contact with members (e.g. monthly news letter, update website regularly, offer webinars, share resources in French, offer training activities, mentorship) (**n=29**)
- Create standards of IPE nationally including accrediting and licensing bodies (**n=17**)
- Support universities /colleges to promote and implement IPE (**n=7**)
- No other roles to be considered (**n=17**)
- Don't know (**n=16**)

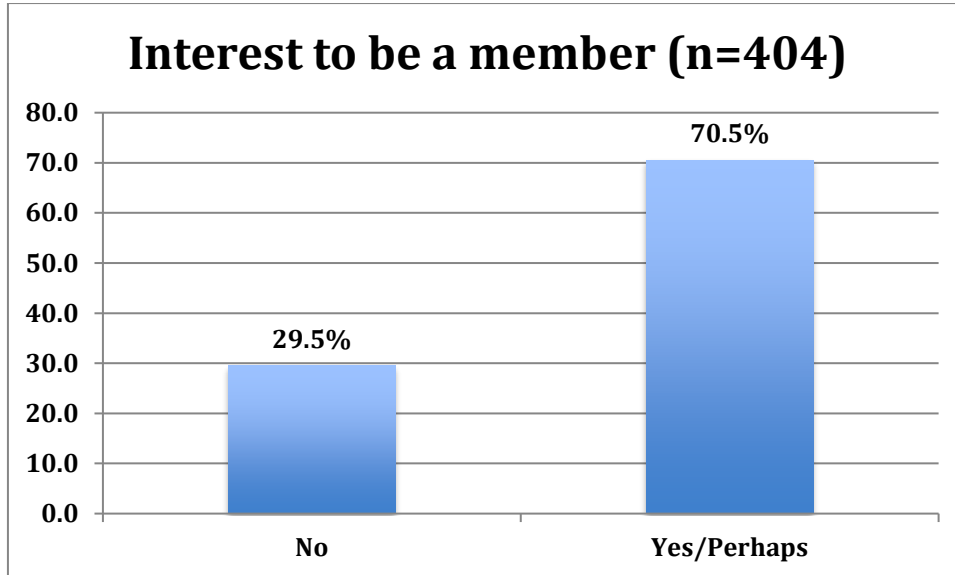
Question 13

Do you follow CIHC on Facebook and/or Twitter?

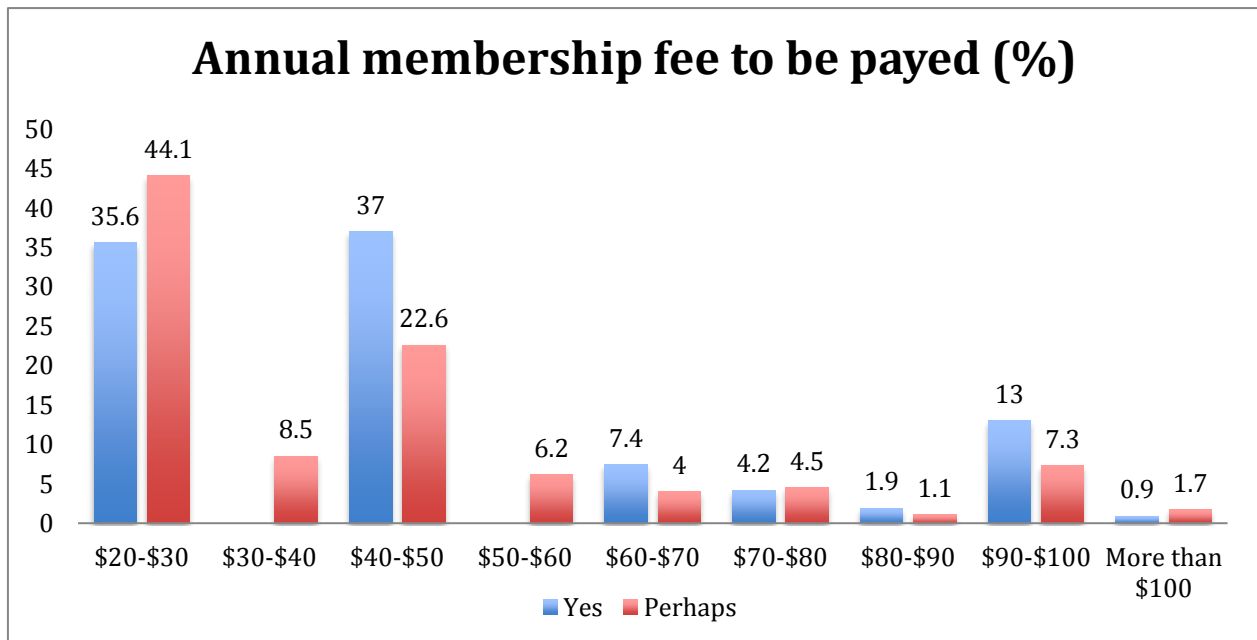


Question 14

CIHC has no core funding and we are looking at the option of a modest annual membership fee. Would you be prepared to pay a fee to allow CIHC to develop and maintain needed services/resources?



Those who mentioned "Yes/Perhaps" are willing to pay the following fees :

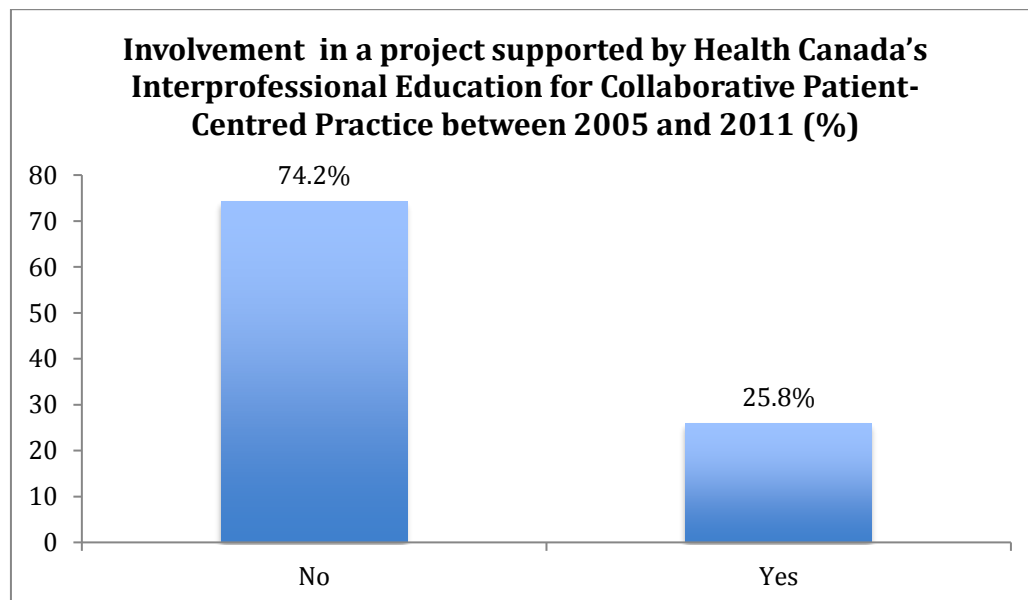


Those who said "No" (n=119) and provided an explanation do pertain to one of following categories:

- CIHC needs to clarify its mission, offer more benefits to its members, more communication to stay connected and sufficient gain/return on investment from membership. (n=41)
- No available resources to support the fees (e.g. students, individuals from poor income countries and individuals with no support from their organization) (n=29)
- CIHC should request funding from organization instead of individuals (n=20)
- Have a least one membership with an organization focusing on their profession (n=12)
- CIHC do not support their profession (e.g. dietetics) (n=5)
- Not interested to be a CIHC member (n=5)

Question 15

Were you, or was anyone in your primary organization, involved directly in a project supported by Health Canada's Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) funding program between 2005 and 2011?



Those who responded "Yes" and indicated the title of the project and the names of co-investigators shared the following information:

- Collaborating for Education and Practice: An Interprofessional Education Strategy for Newfoundland and Labrador - Dr. Dennis Sharpe and Dr. Vernon Curran
- CancerCare project in Nova Scotia - Cultivating Communities of Practice for Collaborative Care: Project Partners: Registered Nurses Professional Development Centre; Cancer Care Nova Scotia; Dalhousie University Faculty of Medicine, Office of Continuing Medical Education; Dalhousie University College of Pharmacy, Division of

Continuing Pharmacy Education; St. Francis Xavier University School of Nursing; Nova Scotia First Nations Communities (Union of Nova Scotia Indians & the Confederacy of Mainland Mi'kmaq); Nova Scotia District Health Authorities; IWK Health Centre; PEI Department of Health.

- Karen Mann, Kelly Lackie & Valerie Banfield: Cultivating Communities of Practice for Collaborative Care? can't think of name, but was affiliated with cancer Care NS
- Seamless Care - Co PI's were Karen Mann and Judy McFetridge-Durdle
- Cultivating communities of practice for collaborative care (n=2)
- BRAID (Bridging Relationships Across Interprofessional Domains) _University of New Brunswick , Dalhousie University (Medicine), New Brunswick Community College, Atlantic Health Sciences Corporation. Dr. Keith De'Bell was Project Lead Internationally Educated Med Lab Technologists
- Université Laval project- Serge Dumont, ECIP: Éducation et collaboration interprofessionnelle
- The McGill Educational Initiative on Interprofessional Collaboration: Partnerships for Family-Centred Practice: Purden & Fleiszer
- The McGill Educational Initiative on Interprofessional Collaboration: Partnerships for Family - Centred Practice. McGill University PI: Purden and Fleischer
- The McGill Educational Initiative on Interprofessional Collaboration: Partnerships for Family - Centred Practice. The co PIs were Margaret Purden & David Fleiszer and Liliane Asseraf-Pasin as a Co-Investigator.
- Paule Lebel, Hélène Lefebvre et al. Éducation à la collaboration interprofessionnelle centrée sur le patient atteint de maladies chroniques et ses proches. 2006-2008
- The McGill Educational Initiative on Interprofessional Collaboration: Partnerships for Family - Centred Practice
- not sure of the title but Wilma Jelley, Betty Craig, Pippa Hall would be coinvestigators on different projects.
- Jennifer Medves et al (including myself, B. Michalska on "team functioning" - several projects at Queen's including interprofessional health sciences faculty courses
- Queen's University Interprofessional Patient-Centred Education Direction (QUIPPED) Dr. Margo Paterson, Dr. Jennifer Medves, Dr. Corinne Schroder
- Oandassan, Preece, Burns, Bandali, Parker
- Patty Solomon & Alan Neville-don't remember name of project, SCRIPT
- 'Learning to Care together' . Co-investigators- Gary Kapelus et al.
- Cory Ross, Julie Gaudet (co-PIs); many others; Scott Reeves as senior author.
- Ivy Oandasan, IECPC Framework
- Training of Interprofessional education from WHO, Gunma University, Japan
- Marlene Raasok, Conestoga College, Interprofessional Education, Interprofessional Health Sciences Education; interprofessional education around mental health and homelessness, Maris International Group for Indigenous Health Measurement (IGIHM) ERIC Project at NOSM
- Fort McMurray fires. Alison Fyfe-Carlson, Manitoba was very fortunate to receive two of the Health Canada IECPCP projects: Interprofessional Education in Geriatric Care. Grymonpre R, vanInveld C, Boutscha E, Swinamer J, Booth A, Jensen F. And Interprofessional Education the Manitoba Project. Anderson, J, Ateah C, Wener P, Dean H, MacDonald L.

- "Mission Possible" Dr. Judy Anderson and Dr. Christine Ateah PIs as well as the second local IECPCP project led by Ruby Grymonpre.
- Ruby Grymonpre, The University of Manitoba Initiative: Interprofessional Education for Collaborative Patient-Centred Practice
- The MB Initiative: IPE for Collaborative Patient-Centred Practice (Judith Anderson and Christine Ateah). There was another project led by Ruby Grymonpre and Crystal VanAreakal on IPC in Geriatric Settings
- IPE Western Collaborative for Health Sciences Programs - Lesley Bainbridge from UBC and Liz Harrison from U of S
- In BC Suter, et al. Alberta IPE project.
- In BC, Lesley Bainbridge; BCAHC; irpbc, Interprofessional Education for Patient Centred Practice
- Dr Judy Burgess University of Victoria, Creating an IP Learning Environment through CoPs: An Alternative to Traditional Preceptorship

Question 16

If yes, is the work from the project still evident in your organization? Please indicate how it is evident

The responses (n=90) pertain to the following categories:

- 1. Don't know/Unable to answer/not sure (n= 14)**
- 2. Not applicable - no longer with the organization (n = 7)**
- 3. Work from the project **not** still evident in the organization (n = 16). Those who explained their point of view shared the following details:**
 - Not as evident as desired. Some progress in identifying IPE as a major goal with recent strategic planning in Colleges. Some provincial funding for IPE in health education and delivery.
 - The project was not focused on the disciplines that primarily organize and lead IPE events. No long lasting effect
 - No but cfpna is currently working on competency development. We would be very interested in collaborating
 - No. Current IPE is quite separate from what was done as part of the IECPCP project.
 - No. I sense that there are remnants of the project but the closure of the Office a year ago removed most of the strategies for maintaining resources, databases and the opportunity for ongoing research and education.
 - That initial work formed the ground for PIPER-the Program for Interprofessional Education & Research. There has not been a great deal of innovative work since then.
- 4. Work from the project still evident in the organization (n = 53). Those who explained their point of view shared the following details:**

- Advocacy for leadership roles in healthcare which are representative of a broad range of professional backgrounds -Collaborate with other national organizations to create one Interprofessional Competency Framework that all can refer to in program development, research etc. -Provide access to resources that speak to the importance of culture and organizational structures which support IPE/IPC.
- Absolutely. The work done by Vernon and Dennis provided the faculty, student and administration buy in for the IPE programming in place today. The detailed and comprehensive evaluation of the original IPE programming allowed us to identify areas for improvement and changes desired by students and faculty. Unfortunately funding has remained only within medicine and as budgets are cut the Centre is very vulnerable.
- adopted in curricula.
- Always informing our process and direction
- Collaborated research of IPE.
- Established curriculum framework that we are still using
- I suspect that much of what we have is a benefit from the funding that flowed from the initiative. Similar support is needed now. Partly because federal funding buys credibility with the players in health sciences education i.e. medical faculties, health sciences deans, academic administrators - sort of a legitimized effect
- I think so -especially in terms of networking & continuing connections,for example, in my own work of clinical psychotherapy supervision with psychiatry residents I do integrate a 'psychological perspective' with identification of various CanMeds Roles being used; but I'm less in touch with faculty teaching at this time.
- IPE/C research is still being done, but it's not directly related to these projects.
- It has been reduced in scope and depth. Several small pockets remain.
- It seems that there has been quite an uptake in IP collaborative practice. I would think this project contributed to that, but I'm not sure.
- Launched the initiative of an IPE curriculum at McGill University which has evolved since 2006.
- Leadership roles
- Many of the relationships are still in place.
- Nous avons par contre reçu du financement du Gouvernement de l'Ontario pour la formation interprofessionnelle entre 2006 et 2009. La clinique universitaire interprofessionnelle que nous avons créé à l'aide de ces fonds existe toujours et dans notre université, c'est encore un des rares moyens de formation interprofessionnelle où les étudiants de diverses professions apprennent ensemble . En plus de la clinique, il y a quelques autres initiatives isolées où des étudiants de 2 ou 3 professions apprennent ensemble. Les étudiants ont aussi des présentations en classe sur l'approche interprofessionnelle, mais ce n'est pas la même chose que de vivre une expérience interprofessionnelle.
- Of the nine learning blocks and modules developed under the IECPCP grant in 2005, three are still being offered for undergraduate students. The lessons learned from evaluation of the project have informed new curriculum development and implementation.
- yes - has been the backbone of the development of serveral IPE initiatives both within the academic environment, and the direct patient care environment

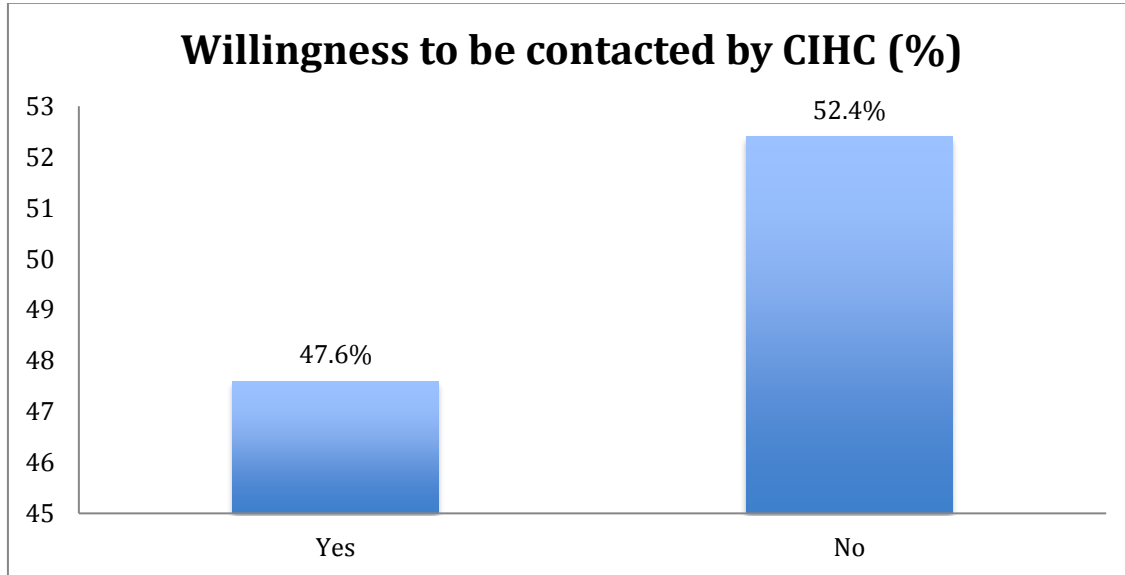
- Yes -we are currently using the work that was done to assist us in planning for interprofessional clinical places in remote and northern Manitoba. -modules developed are used to education students -modules developed were used as a spring board for development of graduate studies projects
- Yes Continuing education
- Yes embedded in courses
- Yes I see a shift to patient/family centred approaches to care in our community (hospitals and university curricula) Insufficient space to type in all the co-investigators but you can email me if you need that info
- Yes it is the seed that launched all of our other work with our practitioners
- Yes the current OIPC had its genesis in the 2 projects and their leadership
- yes there is still work ongoing
- Yes work around orientation for new staff and for student experiences on placement.
- yes- office for IPE/IPC, ongoing mandatory training for students from multiple programs
- Yes, but it is difficult to quantify as there are multiple influences. We are currently working with practice educators, health authority staff and clinicians and students to foster change for more intentional IPC/IPC within student placements. I believe, that the language within discipline/program accreditation requirements, if made stronger/clearer, would definitely spur programs to place more resources/focus on the student experience in the placement setting.
- Yes, following the project termination a grassroots group formed (HELP - Health Educators Learning Partnership) with members representing all 4 partners. The advocacy group mounted many educational initiatives, several of which are now embedded in the partner organization. The group disbanded this year as a formal IPE group became operational (IPE Tucker Park Collaborative).
- Yes, IPE is an annual mandatory event for nursing students.
- Yes, Kelly is the faculty support person mentioned above.
- Yes, membership includes indigenous colleagues in Australia, Canada, New Zealand and USA see see https://www.cdc.gov/nchs/isp/isp_multilateral_collaborations.htm <http://www.aihw.gov.au/igihm/> , also, <http://sydney.edu.au/health-sciences/scatsis/igihm.shtml>
- Yes, still pockets of IPE and IPC
- Yes, we now have an Office of Interprofessional Education, an IPE curriculum with 3 required courses addressing CIHC competencies for all health professional students (1,200 per year) in the Faculty of Medicine, M Purden (co-PI of the Health Canada project) is the Director of the OIPE. In addition, our Faculty Development program for IPE has prepares more than 40 faculty each year to teach IPE and they have received CEU credits. Members of the OIPE have presented their work at national and international conferences (CAB, All Together Better Health, Royal College Simulation Summit, CCME etc)
- Yes. The products of both of these funding are still available and have been regularly updated and expanded on our office website.
- Yes. The project was done years before I joined so I cannot comment on the specifics
- Yes. The project was done years before I joined so I cannot comment
- on the specifics
- yes... CHD work continues at UBC in new UBC Health format.

- Some of the concepts have been implemented but once the committee was disbanded, the major purpose of trying to get programs to work together fell through.
- Somewhat evident. Development of IP space has occurred since this project to reinforce the initial work. Development of student IP group. Only a couple of college faculty/admin continue to go to IP conferences--and share this at school.
- Somewhat. It prepared staff for essentially what is now happening with the Special Needs Strategy that is being implemented provincially
- The online educational material developed for the IPC project served as a base for the development of the IPE curriculum in 2008-2009. Since then the online modules have completely been revisited and many educational activities face to face and virtual teams have been added.
- The project was the beginning of our IPE work with McGill. It led to the creation of the Joint Curriculum Committee (representing all schools within the faculty of medicine), and eventually to the recent creation of the Office of interprofessional Education. <http://www.mcgill.ca/ipeoffice/home>
- The work from this project is not really still evident in the organization.
- this work led to the creation of three mandatory courses for over 700 students within the Faculty of Medicine (Nurses, Doctors, Dentistes, OTs, PTs and SLPs)
- To some degree yes - currently working on a project to continue the work
- to some degree. we continue to use it as an example and model of student ip learning
- Upon completion of both Health Canada funded IECPCP projects (2008) the University of Manitoba had 15 trained IPE Ambassadors. The IPE Initiative was formed allowing for development, implementation and evaluation of various (approximately eleven) practice and non-practice based inter professional learning opportunities (two of which were mandatory for all participating) as well as three different IP Faculty development sessions ('Intro to IPE', 'How to Facilitate IPE' (with over 300 faculty participating), and 'Facilitating IPE' (with over 150 faculty participating), Lunch 'N Share' (over 30 faculty participating). Student engagement (through our Manitoba Health Sciences Students Association or MaHSSA) was vibrant. With the transition at the UofManitoba from four Faculties and one school to one Faculty of Health Sciences and five colleges (Pharmacy, Medicine, Nursing, Dentistry and Rehabilitation Sciences), the IPE Initiative ceased to exist (2008-2015) and the Office of Interprofessional Collaboration was established (2015-present). This was perceived very favorably by all, as it was a sign that senior administration continued it's commitment to IPE despite severe fiscal challenges. The organizational structure changed from a 1.0 FTE IPE Coordinator to five x 0.4 FTE College leads (a distributed leadership model). To date, it appears the OIPC has been challenged with implementing inter professional learning. It appears the IP undertakings of the OIPC are not systematically tracked, evaluated or reported/publicized so I cannot comment on the progress of IPE at the UofM since March, 2015. It appears MaHSSA or any equivalent IP student advocacy group no longer exists. I am hoping members of the UofM OIPC will take the time to respond to this survey to offer a more recent update of the progress of IPE at the UofM
- we are still using the lessons learned from that project and relying heavily on the interprofessional relationships fostered during that team. Specifically, we have IP northern placements occurring in June 2017, which are relying on both local Health Canada funded projects for orientation and facilitator materials.

- We use the domains on a regular basis from position interviews to clinical practice.

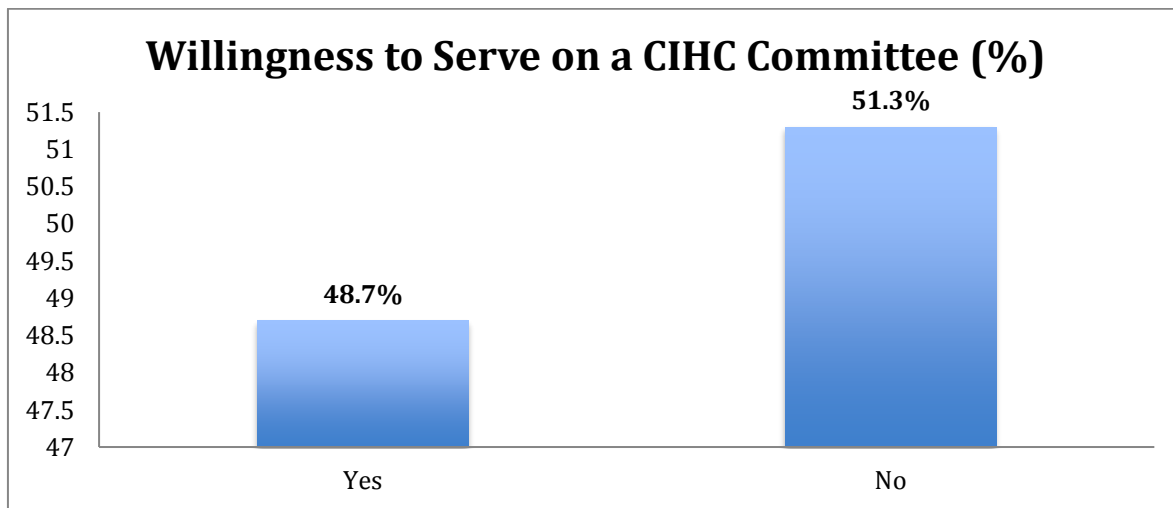
Question 17

Would you be willing to have the CIHC contact you to discuss further your responses to any of the questions?



Question 18

Would you be willing to consider serving on a CIHC committee?



Question 19

Thank you very much for your assistance. If you answered “Yes” to questions 17 and/or 18, or if you wish to receive a copy of the summary of the survey results as well as updates from the CIHC

Board of Directors on evolving directions of the CIHC, please provide your name and e-mail address”

ADDRESSES DELETED