

Diabetes and Society

Interprofessional Education for Collaborative Patient-centred Practice: A Canadian Perspective

“Health science education needs to be transformed by integrating parts of what are now separate academic programs and by a focus on team-building.” – *Health Council of Canada Report, January 2005*

Interprofessional education is not easy to implement, for a number of reasons: differences in prerequisites for admission to professional programs; length of professional education; extent and nature of the utilization of community and hospital resources for clinical education; students' freedom in the selection of professional courses; time-tabling differences across professional programs; faculty teaching loads and research interests; and the powers vested in deans of faculties through statutory legislation, e.g. the power to appoint faculty members and develop curricula. Convincing both faculty and students of the value of interprofessional education is a major barrier, making it difficult to attain the idealized goals of interprofessional teamwork and collaboration.

Finding space in diverse curricula, and finding time for students to engage in joint activities, needs creative rethinking of structural obstacles inherent not only in research universities, but also in the college and institute system where many technical programs are offered. In particular, however, we need to seriously consider the tremendous opportunities for interprofessional education that are offered when our students go into the community to receive their clinical training, or fieldwork – or what we are coming to call practice education. It is, therefore, exciting that over the past 10 years, interprofessional collaboration in education, research and practice has emerged as a field of academic endeavour. Indeed, in the past 5 years, Canada has emerged as the world's leader in this field.

Under Health Canada's Human Resource strategy, >\$20 million has been made available from 2005 to 2009 to support initiatives in Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP). The goals of the funding program for IECPCP are to promote and demonstrate benefits of interprofessional education (IPE); stimulate networking and best approaches; increase the number of health professionals trained in IPE; increase the number of educators to teach IPE; and facilitate interprofessional collaborative care in education and practice settings.

Projects funded by the IECPCP initiative include a focus on education and training, linked to practice; IPE activities, pre- and post-licensure; creation of a clinical learning environment that models competencies; curriculum devel-

opment and evaluation; and networking and knowledge translation. Projects were funded only if they could demonstrate their sustainability past the period of federal funding and could show that they would be clearly evaluated.

Many of the projects across Canada focused their efforts on capacity building while at the same time fostering system change. In British Columbia and Saskatchewan, concerted efforts were made to build partnerships between community and post-secondary institutions, thereby creating networks for ongoing collaborations. All provinces have provided workshops and built tool kits to better prepare students and preceptors for interprofessional collaboration. These workshops and tool kits set out a variety of programs for curriculum change, evaluation, research, knowledge translation and dissemination, and effective community partnerships.

Many of the IECPCP programs include rural sites, and all include ≥ 3 health professions in their activities. During the past 2 years of the IECPCP initiative, Health Canada has funded a complementary project – the Canadian Interprofessional Health Collaborative, which is serving as a hub for all IECPCP activities in Canada, and is poised to become a national organization serving the practice and education needs of individuals and agencies engaged in carrying forward the work associated with IECPCP. The Collaborative has an active website (<http://www.cihc.ca>), at which practitioners and educators can freely access work covering curricula, evaluation, research, dissemination and other aspects of IPE.

The >1000 people associated with IECPCP projects have come to realize that to promote interprofessional education, and to measure its effectiveness, we need to ensure that students' attitudes to such work are clearly assessed at a number of points: on entry to their professional program of study; on completion of their practice education (their clinical/fieldwork experiences); on completion of their professional education; and finally (and most difficult), once they are practising. The National Health Sciences Students' Association (<http://www.nahssa.ca>) is working actively to ensure that such work takes place.

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