Growing IPE in Rural Communities and Beyond:
A Collaborative Workshop for IRPbc Communities and Educators
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Introduction and Workshop Goals

Student placements in the summer of 2010 will mark the eighth year of the Interprofessional Rural Program of BC (IRPbc). In response to recent changes in the funding and structure of the program and the increasing complexity of the educational and health care practice environments, a provincial workshop was held in Vancouver on March 26, 2010 to continue the evolution of planning for IRPbc for this year and the future. Growing IPE in Rural Communities and Beyond: A Collaborative Workshop for IRPbc Communities and Educators provided an exciting opportunity to bring together IRPbc community leads and preceptors with clinical education coordinators from various academic programs, interprofessional education (IPE) and practice leaders, health authority representatives and provincial program coordinators to exchange ideas, share lessons learned and strategize solutions regarding interprofessional practice education, with a specific focus on IPE in rural communities. (For a list of attendees, see Appendix I.)

From the outset, the goals of the IRPbc program have been to 1) expand the capacity for educating health students, 2) model and evaluate interprofessional education and 3) support rural recruitment and retention. Ultimately the program aims to enhance the health care services in rural communities. From the outset, IRPbc has remained strongly committed to being a community driven program, engaging all stakeholders in the development and implementation of the program. This workshop served the dual purpose of planning for IRPbc and contributing to the larger IPE movement by focusing on developing learning objectives for IRPbc based on interprofessional competencies.

The objectives of this one day workshop were to:

1. Foster a shared understanding of Interprofessional Education (IPE)
2. Review learning objectives of students engaged in IPE and Interprofessional Collaboration (IPC)
3. Build on what we’ve learned from IRPbc and other rural and IPE practice education initiatives, and
4. Share opportunities and discuss key challenges of IPE and needs including:
   - How discipline specific objectives link / overlap with IPE objectives?
   - How do we build capacity for IPE and sustainability of IPE programs such as IRPbc in 1) rural communities and 2) across the province?

IRPbc has evolved considerably since its inception in 2003, however securing stable, ongoing funding has remained a significant challenge. Following a period of uncertainty at the end of 2009, financial support for the program was approved by the Joint Standing Committee (JSC) on Rural Issues. This built a partnership with the Rural Coordinating Centre of BC (www.rccbc.ca). The funding came with a mandate to ensure the program becomes sustainable following 2011 placements. Recognizing that the health care and education climate in which the program now operates is much different than it was eight years ago, there is a need to consider how to align the program with other initiatives. This workshop heard from academic programs as well as communities regarding ideas and strategies for moving the program forward and the supports necessary to do so.

IRPbc Program Manager, Kathy Copeman-Stewart welcomed all 36 participants and outlined the agenda for the day and reinforced the continuing challenges of embedding IPE into practice education, the complexities of practice education programs in rural BC and importance of aligning the program with other initiatives. To provide an overview of interprofessional practice, Linda Sawchenko, from the Professional Practice Office of the Interior Health Authority, drew upon her front line experience and spoke of the importance of relationships to health and well being and the ABCs of interprofessional collaboration and education relationships. Dr. Granger Avery, family physician in Port McNeill and Executive Director of the RCCbc, summarized the relationship between IRPbc and the RCCbc, and set the stage for the task of sustainability planning.
IRPbc Community Goals

Rural community representatives shared the benefits of their involvement in IRPbc. For some of the communities that have hosted teams since the beginning, the program has resulted in students returning to work in their community after graduation and thus has been a successful recruitment tool. Many communities remarked on how the program advances understanding and practice of IP collaboration amongst staff and health care professionals in their community. Having teams of students come to their community also raises the profile of the community and the health care services offered in rural areas and helps to build relationships between communities and academic institutions. Many of the communities and preceptors remarked that being involved in educating students recognized and reaffirmed why they do what they do and brought new energy and perspective to their workplace.

IRPbc Community Objectives for Students

Before embarking on reviewing and developing learning objectives for IRPbc, the workshop began with the voice of the community. Communities identified what they would like IRPbc students to gain from their rural placement experience:

- Develop an appreciation for rural practice: the resources, the skills, the knowledge, the capability but also the limitations and recognizing the satisfaction of rural practice and benefits of rural life and that a work-life balance is achievable
- Have the opportunity to actually practice their skills and increase their confidence in their knowledge and skills
- Be exposed to the breadth of rural practice and the continuum of care
- Have a greater sense of teamwork and collaboration

In an effort to further evolve IRPbc, this workshop was focused on the interprofessional learning objectives for students. In the past there has been concern expressed by students and preceptors regarding to how to reconcile the discipline specific objectives of the program and the interprofessional learning that students participate in. Currently, interprofessional collaboration competencies have not been explicitly outlined in any of the health sciences programs. Establishing learning objectives for IRPbc that specifically related to IP competencies was considered a means of encouraging academic programs to embed interprofessional collaborative competencies in their programs as well as providing a consistent framework for student assessment and program evaluation. Learning objectives clearly define realistic expectations of the placement for both the student and preceptor. Communities can utilise learning objectives to plan and provide direction for students regarding what they feel it is important for students to know.

Donna Drynan, Fieldwork Coordinator for the Department of Occupational Science and Occupational Therapy at UBC and Chair of the Interprofessional Practice Education Committee for the College of Health Disciplines, provided a summary of interprofessional education within the provincial, national and international context. She referred to the recently released WHO report1 Framework for Action on Interprofessional Education and Collaborative Practice and the Health Canada initiative that resulted in eight national accreditation bodies adopting guidelines for including interprofessional education in the accreditation standards of six health professions in Canada (Medicine, Nursing, Social Work, Occupational Therapy, Pharmacy and Physiotherapy)2. In preparation for the development of learning objectives, Donna led workshop participants through the recently published National Interprofessional Competency Framework by the Canadian Interprofessional Health Collaborative3. This was followed by a small group activity designed to establish learning objectives for the interprofessional competencies laid out in the Framework: role clarification, collaborative leadership, team

3 www.cmhc.ca

www.irpbc.com
functioning, interprofessional conflict resolution, interprofessional communication and client-centred care. This gave participants an opportunity to 1) better understand the competencies, 2) develop achievable, measurable learning objectives for interprofessional collaboration and 3) share experiences and activities across communities. (See Appendix II for IP Collaboration Competency background)

The group was then asked to come up with activities and learning opportunities that take place in rural communities that could meet these learning objectives and competencies. Preceptors and Community Leads were encouraged to consider these interprofessional competencies when planning activities with their students on placement. This addresses the commonly asked question from both students and preceptor: what does Interprofessional Education actually look like in a rural community? Some examples of activities that relate to interprofessional competencies include:

**Figure 1: Mapping IRPbc Activities to the National IP Competencies**

<table>
<thead>
<tr>
<th>Activities / Competencies</th>
<th>IP Communication</th>
<th>Collaborative Leadership</th>
<th>Client Centred Care</th>
<th>Conflict Management</th>
<th>Role Clarification</th>
<th>Team Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>IP Rounds (Daily, Discharge planning, Research / In-service)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Weekly Student Team Meetings</td>
<td>✓</td>
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<td>✓</td>
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<td>✓</td>
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<tr>
<td>Case Studies</td>
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<td>✓</td>
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<tr>
<td>Family Conferences</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Shadowing (a student, a professional, a patient / client through the continuum of care)</td>
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<tr>
<td>Student Team Community Project</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>Reflective Practice</td>
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<td>Informal Activities: eg.</td>
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<tr>
<td>o Living together</td>
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<td>o Meeting with Community leaders</td>
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<td>o Participation in Aboriginal Health Services</td>
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</tbody>
</table>

(See Appendix II for IP Collaboration Competency background)
IRPbc Planning: Challenges and Strategies

In an effort to explore the future direction of the program and plan for long term sustainability, workshop participants brainstormed solutions, strategies and opportunities to a list of challenges faced by the program in preceding years. Themes from the brainstorming have been summarized under each Challenge Topic.

Administrative Coordination of Students

- Promotion of the program amongst Academic programs
  - A better understanding of the IRPbc project and the community needs by Placement Coordinators
- Finding leadership by region
- Use of HSPnet by all placement coordinators
- Develop a calendar to tracking student placement activities and Community requests
- Develop a network of placement coordinators
- Develop a network of rural preceptors
- Use of RCCbc as a hub (for above 2 points?)
- Dedicate a single contact person in each community who can liaise with all preceptors in the community and the program for all placements (not just IRPbc)
- Year round coordinator

Difficulty in Finding Placements for Students

- Preceptor support: IP preceptor training, back fill and/or time for training, professional development,
- Preceptor recognition: acknowledgement and incentives (e.g. $)
- Foster a culture of teaching and learning:
  - Make precepting a requirement of licensure
  - Condition of employment
- Foster a culture of IP education within organizations and professional practice
- Highlight and promote the outcome / benefit for practitioners to be involved in IPE
  - Advertise the empowerment of teaching
- Career development, laddering, education pathways, faculty development
- Alternative practice education models: multiple students to one preceptor, supervision by a different health care professional, remote supervision
- “Parachute in” a preceptor for the duration of the IRPbc placement
- Explore possibilities in other communities such as Anaheim Lake
- IP coach and IP champion to support preceptors and teams
- Mentorship program for preceptors
- Establish Collaborative Learning Units / Clinical settings
- Year round IP placements
- Engage interested staff and community volunteers to be involved
- Health Authority partnerships academic

Transferring IP Learning Objectives to 2010 IRPbc Students – Student Orientation

March 27

Building on this IP Competency learning objective exercise, the following day IRPbc students were introduced to the National Competency Framework and guided on how to write clear learning objectives during the IRPbc Student Orientation. Students, in conjunction with their preceptor, are encouraged to write learning objectives for their IRPbc placement that consider both their discipline specific objectives and interprofessional competencies. Through this learning objective awareness, it is anticipated that there will be greater alignment of interprofessional education with curriculum requirements.

As a practice exercise, student teams were asked to write a learning objective that considered the interprofessional competencies and learning activities available in the community, using their community lead as a resource. Students were encouraged to engage in reflective practice during their placement as a means to enhance their rural and interprofessional learning experience.
Shortage of Health Human Resources in Rural Communities = Fewer Preceptors

- Explore alternative practice education models: multiple students to one preceptor, supervision by a different health care professional, remote supervision
- Build capacity through increasing the funding (???)
- Work with Human Resources to offer support / resources as part of recruitment and retention incentives
- Support preceptors that are in place to assist in retention
  - IP coach and IP champion to support preceptors and teams
  - Recognition of preceptors (financial....)
- Establish Collaborative Learning Units / Clinical settings

Preceptor Training

- Offer IP specific preceptor workshop
  - in conjunction with other Rural, IP or academic workshop, conference
  - Partner with / access resources / programs/ initiative across the province
  - Partner with other academic programs / organizations in delivering training
- Provide ongoing support and preceptor development
  - Provide communication, links, modules on website, tele / videoconferencing
  - Provide mentorship support system
  - Provide links with other communities
- Provide incentive (linked with preceptor recognition / acknowledgement)
- Provide manual for preceptors for IP Practice Education
  - Make Preceptor training a priority

Engaging First Nations Communities

- Cultural sensitivity & cultural competencies training for students
- Identify an Aboriginal Lead person for the IRPbc program
- Identify potential communities
- Make presentations to band council
- Engage Aboriginal leaders and ask them how best to participate
  - Listen and respect the opinion of First Nations participation
- Include them in the planning process as part of community engagement
- Build upon existing relationships and existing programs (provincial and federal e.g. Health Canada)
- Newsletter (outlining what benefits are of participation and successes to date)
- Include Aboriginal health care providers (e.g. Aboriginal Liaison and Community Health Representative from First Nations communities)
- Support the education of Aboriginal health providers
- Partner with a First Nation for the Team project e.g. Aboriginal Youth

Geographically Disperse Teams (Members are not physically located under one roof)

- Schedule (dedicated time) for learning opportunities, Team building activities in central/ neutral location
- Shadow student / professional / patient
  - Switch sites for a day to understand tone another’s experiences
- Social activities (pub night, hikes, preceptor and student get togethers)
- Locate students all in one house
- Make use of technology:
  - Social networking (Facebook), Skype, chat rooms
  - Video conferencing across sites
Housing Students

- Concentrate on finding permanent solutions and year round housing
  - Where housing exists, build partnerships to ensure its sustainability
- Approach community and municipality for ideas / support
  - Highlight the importance of housing to the success of HHR for the community
  - Partner with business on fundraising efforts
  - Canvass staff and community for supplies for house
  - Billet with other professionals in the community to enhance learning
- Use vacant health care and education facilities
- Share resources with other programs in the community, in the province, different levels of government
  - Use of the RCCbc website for linking students / professionals with options
- Encourage shared meals (?)
- Purchase an RV (!)

Building Capacity for Interprofessional Collaboration

- Gain Ministry of Health and Ministry of Advanced Education buy in to assist with
  - Vision
  - Funding
  - Energy
  - Coordination
- Continue to expand the program to include other professionals
- Build more bridges / partnerships at every level
  - IP teams within sites as well as across agencies
- Support for Interprofessional education courses across the curriculum
- More workshops and networking opportunities to collaborate
- Identify more IRPbc sites and grow the program and collaboration
- Continue to foster interprofessional collaboration in students to transfer it to the workplace
- Celebrate our successes, lessons learned
- Learn from International examples
- Make use of available technology: networking, blogs, website, list serves
- Year round IP placements

Different Placement Timetables

- Develop teaching communities / IP learning sites that take students year round
- Collaborative Learning Environments
- Encourage academic institutions to work together in planning
- Clarify expectations with students of the scheduling needs of communities and programs
- Develop students team projects that are longitudinal
- Emphasize the importance of and role of a Community Lead

Obtaining Support from the Health Authority for IPE

- Identify community and health authority champions
  - Create Network of these Leads within and across HAs
  - Practice Education Leads and Professional Practice Leaders
- Identify other initiatives within and across health authorities to align programs
- Engage HAs regarding:
  - Preceptor development or IP Collaboration training as a resource
- Showcasing the program through stories, testimonials and pictures
- Involve them in the planning process, building a business plan or proposal for developing expanding program
- Provide them with the evidence: improved health outcomes, staff satisfaction, increased recruitment and retention, other Health Authority experiences, national and International initiatives
- Link the program in with their strategic plan, Quality Improvement, Vision, Values and Mission statement
- Present proposals for funding
- Share information through newsletter
  - Embed IPE into Health Authority Accreditation and Ministry of Health Performance Indicators

**Moving forward**

This brainstorming exercise generated many valuable suggestions and realistic solutions. It also served to confirm that the IRPbc program 1) continues to provide a unique and valuable interprofessional education experience for students, professionals and communities, 2) should expand to other communities, 3) foster partnerships with a number of community and academic stakeholders in moving forward, and 4) assist in embedding competencies for interprofessional collaboration in the curriculum.

A number of suggestions can be enacted in the immediate and others will form part of the long-term sustainability plan.

**Short Term / Immediate Steps**

1. Participants were interested in gaining access to resources that would support them in their capacity as preceptor, communities engaged in interprofessional education. A list of resources related to preceptor support, IPE, IPC and team work that were mentioned during the workshop has been compiled and included in this report (See Appendix IV).
2. Additional resources, including reports, articles and reference materials related to IP preceptorship, IPE and collaborative practice will be posted on the preceptor page of the (RCCbc or IRPbc) website.
3. A plan will be created to utilise the website (RCCbc or IRPbc) to network preceptors, communities and others involved in IPE
4. Engagement of senior leaders from the health authorities and post secondary institutions

Other suggestions from participants:
  - Teleconference to keep the people at the workshop connected
  - Connect the dots between IRPbc, IPE and existing teams such as Integrated Health Networks, Primary Health Care teams, and Mental Health Teams.

**Long term and Sustainable Steps**

1. Preceptor development especially around IPE, IP competencies
2. Develop a Strategic plan for supporting existing communities, expanding program, identifying potential communities and building Collaborative Learning Units and Interprofessional Practice Education sites
3. Explore Communities of Practice for Rural IP Preceptors and Rural Collaborative Learning Sites
4. Identify and foster partnerships and allegiances for sharing resources
5. Embed competencies into curriculum of academic programs

**Summary**

The workshop proved to be a success with participants providing positive feedback that the session had met its objectives and knowledge exchange and networking regarding IPE and IPC was beneficial. Participants were satisfied that they had heard the rural perspective, discussed how to grow the program, discussed means to expand placements and build capacity, identified new opportunities, learned what and how to share with students.
highlighted the successes and worked through the identified challenges. The session had also been a fruitful opportunity to network.

In response to the workshop evaluation question that asked participants what messages they would take away from this workshop, the summarized responses are as follows:

- A better understanding of the IRPbc program
- A broader understanding of Interprofessional Education and Practice
- Proactive ways to assist and support students, preceptors and health care teams for IP collaborative practice
- A commitment to establish ways to integrate IPE and IP competencies into curriculum
- An awareness of the need to find sustainable solutions to support the program

Finally, an enormous THANK YOU to all of the participants for their thoughtful input and contributions to this workshop, for their dedication to interprofessional education and for their support and commitment to IRPbc.
APPENDIX I
List of Participants

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School of Social Work, UBC

Jo-Ellen Zakoor  
Nursing Program, VCC

Kathleen Harris  
Nursing Program, Kwantlen

Kathy Copeman-Stewart  
Program Manager, IRPbc

Linda Sawchenko  
Regional Practice Leader, Interior Health Authority, IRPbc Community Lead for Trail

Lisa Avery  
Speech Language Pathology, UBC

Lorinda Andersen  
Director of Patient Care, Bella Coola General Hospital, IRPbc Community Lead for Bella Coola

Marie Duperreault  
Leader, Primary Care, Mt. Waddington, IRPbc Community Lead for Port McNeill

Marion Briggs  
Practice Consultant, Interprofessional Education and Practice and Research, Providence Health Care

Martie Dobbs  
Nursing Program, Langara

Paul Kendal  
Administrative Coordinator, RCCbc

Robin Roots  
Rural and IPE Curriculum and Evaluation Lead, IRPbc

Sue Murphy  
Clinical Education Coordinator, Department of Physical Therapy, UBC

Tasha Jensen  
Nurse Preceptor, Clearwater

Tracy Christianson  
Clinical Placement Coordinator, Nursing Program, Thompson Rivers University

Troy Stirzaker  
Team Lead Nursing Department, Port McNeill
Interprofessional collaboration is the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/clients/families and communities to enable optimal health outcomes. (1) The 2010 World Health Organization publication Framework for Action on Interprofessional Education and Collaborative Practice notes that collaborative practice is emerging as a powerful vehicle to solve some health systems issues and provide better patient outcomes. (2) The WHO defines a collaborative practitioner as someone who has learned how to work in an interprofessional team and is competent to do so. (2) The elements of collaboration are respect, trust, shared decision making, and partnerships.

The Canadian Interprofessional Health Collaborative (CIHC) National IP Competency Framework describes the competencies required for effective interprofessional collaboration. The Framework identifies six competency domains and highlights the knowledge, skills, attitudes and values that together shape the judgements and actions essential for interprofessional collaborative practice. A competency is defined as a complex ‘know‐act’ that encompass the ongoing development of an integrated set of knowledge, skills, attitudes, and judgments enabling one to effectively perform the activities required in a given occupation or function to the standards expected in ‘knowing how’ to be in various and complex environments and situations.(3)

During the workshop, participants were asked to identify learning objectives and learning activities that reflect the six competency domains of the National Framework. These learning objectives are in an attached document labelled: **IP PE Learning Objectives Template CIHC Framework**.

APPENDIX III
Interprofessional Initiatives Profiled during the Workshop

IP-CLS: Interprofessional Collaborative Learning Series
Developed by the College of Health Disciplines in collaboration with stakeholders from across the province, this Train the Trainer Professional Development Learning Series can be modified for any context and can be delivered to participants at all levels of an organization from management to front line workers. The six learning modules build on each other and make use of the Plan-Do-Study-Act cycles from the Health Care Improvement Model. For more information see www.chd.ubc.ca or contact Dr. Christie Newton: Christie.newton@familymed.ubc.ca

Fraser Lake Community Health Centre
This Primary Health Care Team based in Fraser Lake of the Northern Health Authority, is an integrated health team of physicians, nurse practitioners, nurses, social workers and community support workers. The team provides an array of health care services, including integrated chronic disease management and using electronic medical records has been able to measure Quality metrics, a “scorecard” and CDM toolkit. They have been able to reduce physician and health care provider turnover, improve access to health care, and achieve high patient satisfaction. Dr. John Pawlovich, the lead physician on the Team, recently won a Distinguished Leadership Award in Primary Care in BC. For more information john.pawlovich@northernhealth.ca

Southside Health and Wellness Centre
In a unique partnership between Health Canada, Northern Health Authority and the Carrier Sekani Family Services, the Nee Tahì Buhn Band, Skin Tyee Nation and the Cheslatta Carrier Nation, this health centre provides community based programs in prevention, promotion, rehabilitative and supportive areas of primary health care. The health care team includes community health nurses, nurse practitioners, community health representatives and a mental health therapist. For more information check out: www.southsidewellness.ca or contact Cynthia Heslop at 250-694-3270 Cynthia.heslop@northernhealth.ca

Care for Elders Interprofessional Education Project
This curriculum consists of a series of modules of best practices geriatric evidence based care for interprofessional teams of students and professionals. The program aims to improve the health care of elders through improving interprofessional team functioning. For further information please contact Jacquie Bailey at jabailey@interchange.ubc.ca or 604-875-4461

Interprofessional Education for Geriatric Care
Marion Briggs spoke of an initiative to bring all students from all professions who are on placement at the same time in their facility in Providence together to review Geriatric care using a case based study. Contact: Marion Briggs Practice Consultant, Interprofessional Practice, Education and Research at Providence Health Care. marion.briggs@vch.ca

CIHC Collaborative Care Study: A Multi-Site Evaluation of Collaborative Care Improvement within Communities of Practice
This research proposal intends to evaluate the impact of interprofessional learning and patient outcomes of a collaborative care improvement within communities of practice. In this study, collaborative care and interprofessional learning will be examined in clinical settings among health professionals and the students interacting with them. Eight centres in six provinces (BC, Sask, Man, Ont, Que, and Nfld) will contribute to the proposal which will be submitted by the summer of 2010 and with successful funding, the multisite study will begin in winter 2011. For more information contact Dr. Christie Newton: Christie.newton@familymed.ubc.ca
APPENDIX V

References, Supports and Resources for Preceptors, Communities and Educators: Interprofessional Education and Collaborative Practice

**BC Academic Health Council:** Practice Education Guidelines from the Health authority Working Group.  

**BC Preceptor Initiative:** Extensive resource for Preceptors including tools, publications, reports, Preceptors Blog, online library and more. Some reference to Interprofessional education.  
[http://practiceeducation.net/](http://practiceeducation.net/)

**E-Tips:** BC Initiative to provide preceptors with practical tips on taking students.  
[http://www.practiceeducation.ca/](http://www.practiceeducation.ca/)

**IP-CLS:** College of Health Disciplines: Series of Professional Development learning modules for Interprofessional Collaboration based on a Train the Trainer model.  
[www.chd.ubc.ca](http://www.chd.ubc.ca)

**Office of Interprofessional Education at University of Toronto:** Website includes many resources including PPT presentations, papers and tool kits for Team work, collaborative practice and interprofessional education.  
[http://www.ipe.utoronto.ca/](http://www.ipe.utoronto.ca/)

**Preceptor Education Program for Health Professionals and Students:** Online learning modules for students and preceptors.  
[http://www.preceptor.ca](http://www.preceptor.ca)

**Interprofessional Collaborative Practice**

**Canadian Interprofessional Health Collaborative (CIHC):** Organization dedicated to identifying and sharing best practices regarding interprofessional and collaborative education and practice. Library includes resources such as *Teaching Resource Manual for Collaborative Patient-Centred Practice Using Interprofessional Education*.  
[www.cihc.ca](http://www.cihc.ca)

Watch this short electronic video documentary on teamwork in healthcare produced by CHSRF (scroll down to the section called "Lights, Camera, Action! Premiere of teamwork eVD"):  
[www.chsrf.ca/research_themes/workplace_e.php](http://www.chsrf.ca/research_themes/workplace_e.php)

**Team Work**

Barbara Casson and Marcia Choi: Effective Team and Interprofessional Practice consultants:  
[www.cassonandchoi.com](http://www.cassonandchoi.com)

University of Monash:  

**Interprofessional Education**

Centre for Advancement of Interprofessional Education (CAIPE)  
[www.caipe.uk.org](http://www.caipe.uk.org)

[www.cihc.ca](http://www.cihc.ca)

World Health Organization: Framework for Action on Interprofessional Education and Collaborative Practice  