Teaching Resource Manual for Collaborative Patient-Centred Practice Using Interprofessional Education

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Special acknowledgement to our course instructor, facilitator and mentor Dr. Dieter Schönwetter who provided the initial template for this manual and encouraged us with gentle challenging.

Thank you to David Schmucker, Mandy Tanner and Stefanie Turner for their assistance with the organization of the manual as well as with obtaining permission from the sources to reprint abstracts cited in the manual.

The opportunity to develop and participate in a graduate course on IECPCP was made possible by the Manitoba Initiative for Interprofessional Education for Collaborative Patient-Centred Practice: Mission Possible project funded by Health Canada # 6804-14-2005/6880031. Through the project’s vision, financial support and provision of the environmental context three graduate students and two faculty members were able to participate in this very unique opportunity. As a result of the course this resource manual will contribute to the sustainability of the IECPCP agenda.

II. Living Document

The teaching resource manual was developed as part of a graduate course and was intended to contribute to the sustainability of interprofessional education through the development of a graduate course in IPE at the University of Manitoba, (MacDonald et al., 2009), full text available from http://www.informaworld.com/smpp/content~db=all~content=a906590271

As a living document, that is a work in progress, this manual is an initial version of a teaching resource and as such we invite others in the field to add to the resources listed. Encouraging the submission of resources by others studying IECPCP will ensure that the manual retains its relevancy and currency.

New/Additional resources may be submitted to the Canadian Interprofessional Health Collaborative: Email: info@cihc.ca Fax: 604.822.2495 Address: #400 - 2194 Health Sciences Mall. Instructional Resource Centre. University of British Columbia. Vancouver, BC V6T 1Z3 Canada.
III. Introduction

Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) is an approach to health professional education. This approach entails educating and training students and practitioners from different health professions to work in a collaborative manner in providing client and/or patient-centred care (Curran, Deacon & Fleet, 2005). Interprofessional education refers to occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care. This is distinguishable from multiprofessional education, where two or more professions learn side by side (CAIPE, 2002). Mounting evidence affirms that if students of the health professions engage in interprofessional education (CAIPE, 2002) they are more likely to collaborate in providing patient-centred care as licensed practitioners.

Many of the early initiatives in IECPCP stem from work in the United Kingdom during the 1970's. Since that time, similar efforts have occurred elsewhere, including the United States of America and Australia. Many of the IECPCP projects in Canada can be linked to the 2003 First Ministers’ Accord on Health Care Renewal when a commitment to collaborative practice became part of the Health Human Resource Strategy.

This resource manual represents an on-going effort to compile the growing evidence and literature into one location. While this manual is not meant to be an exhaustive list of all existing resources pertaining to IECPCP, it is the hope that this manual may provide both students and educators in IECPCP a resource from which they can develop a firm foundation in IECPCP, (Wener et al., 2009) full text available from http://www.informaworld.com/smpp/content~db=all~content=a906606044 Furthermore, administrators and policy analysts who are looking to broaden their understanding of interprofessional practice may also find this resource manual of benefit.

The resource listings begin in Section III, General Teaching and Learning Resources with some generic teaching resources which the reader who is involved in education may find useful. This section is further subdivided into sections on refereed publications; popular media; online resources; assessment tools; and icebreaker activities for those involved in small group teaching. Resources are provided in terms of citations and where available, synopses.

Section IV. Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) provides a list of resources specific to interprofessional practice and education. The section is then divided further into sections on background information; collaboration and primary health care; curricula; partnerships and/or collaboration; research and evaluation; and knowledge translation. Resources from both referred publications and the grey literature are included. Citations are provided, and synopses where available. In addition to the resources contained within this manual, we would like to make special note of the resources available through the Canadian Interprofessional Health Collaborative (CIHC) e-library at URI: http://hdl.handle.net/10296/357. The CIHC e-library is an indexed repository of information stemming from the Health Canada funding of the IECPCP Projects from across Canada.

Please note: Many of the annotations in this document have been reproduced from the sources themselves, such as published abstracts of books and articles. Only those abstracts where permission for reproduction was received were reproduced.
IV. General Teaching and Learning Resources

Refereed Publications

A book of poems that encourages, inspires, and assists with various classroom strategies to motivate students.

The ongoing education and training of adults has become a necessity in many professional areas. Yet the staff who set up and administer these programs often lack skills for the very task that is so critical to the success of their efforts--the planning of the programs themselves.
Drawing on the tremendous success of the first edition, *Planning Programs for Adult Learners, Second Edition* covers the development of adult education programs in clear, specific detail. This popular guide contains information on every area of program planning for adult learners, from understanding the purpose of educational programs to obtaining suitable facilities.
Thoroughly expanded and revised, the book contains a wealth of new material and examples, and features new information on incorporating technology into the development and practice of adult education programs. Educators and practitioners alike will find this guide to be an essential tool.

An excellent selection of articles to increase awareness and understanding of the important issues in the principles of effective classroom teaching and learning in the college setting. The studies represent quantitative and qualitative perspectives. Although some of the articles are presented from a radical point of view, most of the readings have been helpful. Many assumptions about teaching and learning have been changed since reading the empirical based studies. The text is organized into themes for easy reference. This text is an excellent reference for new faculty who want to apply theory and research in teaching and learning in the classroom today.

This book contains a wide variety of interesting techniques from role-play to discussion in the classroom.

Focuses on the nature of professional education and the need to produce professionals capable of reflection upon practice. It derives comprehensive guidelines for developing curricula and teaching methods that encourage reflective thinking. It is heavily research-based with a unique multi-professional approach on this subject matter. It appeals to educators in all health science disciplines. It includes an introduction to the concepts of reflection and reflective thinking and describes action research methodology used to carry out this study. Findings are presented in the
form of case studies and the conclusions drawn are considered in the context of practical implementation. Tackles two of the most topical issues in health care today: integration of theory and practice in education, and reflection. A multi-professional focus with contributions from all the health science professions.

Permission for the printing of this abstract was granted from Blackwell Science.


This acclaimed text, now in its 10th edition, has been hailed by faculty and teachers (since 1951) as a very useful resource. Each edition has been revised to reflect changes in contemporary college life. This text is discipline specific, however, the theory and models provided could be applied to other disciplines. The information is useful when placed into a specific discipline. *McKeachie’s Teaching Tips* is a handbook designed to provide helpful strategies for dealing with both the everyday problems of teaching at the university level, and those that pop up in trying to maximize learning for every student. The suggested strategies are supported by research and are grounded in enough theory to enable teachers to adapt them to their own situations. The author does not suggest a “set of recipes” to be followed mechanically, but gives teachers the tools they need to deal with the ever-changing dynamics of teaching and learning. *Teaching Tips* was written to answer the questions posed by new college teachers, to place them at ease in their jobs, and to get them started effectively in the classroom. It has proven useful as well to experienced college instructors, who often find the research on teaching it provides an entirely new domain.

Permission for the printing of this abstract was granted from Health and Company.


The author suggests that the demands of teaching today may cause educators to lose heart in teaching. This subjective view of teaching emphasizes that good teaching comes from the identity and integrity of the teacher. The importance of the student-teacher connection is discussed. This is not unlike the nurse-patient relationship where complex interactions occur. The author offers insight into empowering students and inspiring educators.

Permission for the printing of this abstract was granted from Jossey-Bass.


This article describes the various aspects of multi-professional shared learning. Educational approaches are outlined and discussed. A summation is presented to readers as a guideline to the development of shared learning experiences.

Permission for the printing of this abstract was granted from Medical Teacher.


Pink discusses the Conceptual Age as the imaginative, inventive, creative age of thinking versus the Information Age which was strong in sequential, logical and analytical thinking. The former engages the right brain and the latter the left brain. He proposes that left brain thinking is necessary but not sufficient in this day and age and that the professional needs to draw from both in their thinking, thus awakening a 'whole new mind'. Attributes of the right brain thinker are high concept and high touch abilities which he describes as aptitudes in design, story, symphony,
empathy, play, and meaning. The health professional engaged in collaborative practice and education will enjoy this inspiring work as these aptitudes are those which enhance collaboration.

Permission for the printing of this abstract was granted from Riverhead Books.

This book attempts to link research on college students' experience of learning with ideas from research on teachers' experience of teaching in higher education. The first chapter provides an overview of the research and of the book. Chapter 2 presents a theoretical model and defines its concepts, including experience, variation, awareness, foreground/background, and a relational view. Chapters 3 through 6 have a similar structure. Each chapter is structured in terms of a foreground/background relation, where one aspect of the model is seen against the background of the model as a whole. These chapters address the following model components: students' prior experiences of learning; students' perceptions of their learning situation; students' approaches to learning; and students' learning outcomes. Chapter 7 focuses on teaching. It reports on recent research that links teachers' conceptions of teaching to their perceptions of their situation and their approach to teaching. The final chapter summarizes the implications of the model and findings for student learning, for teaching, and for academic development in higher education. The Approaches to Teaching Inventory is appended. (Contains approximately 140 references).

Permission for the printing of this abstract was granted from Open Press.

The fieldbook is an intensely pragmatic guide. It shows how to create an organization of learners where memories are brought to life, where collaboration is the lifeblood of every endeavor, and where the tough questions are fearlessly asked. The stories in this book show that companies, businesses, schools, agencies, and even communities can undo their “learning disabilities” and achieve superior performance. If ever a book gave meaning to the phrase *hands-on*, this is it. This book covers: reinventing relationships, being loyal to the truth, strategies for developing personal mastery, building a shared vision, systems thinking in an organization, designing a dialogues session, strategies for team learning, organizations as communities, and designing an organization's governing ideas.

Permission for the printing of this abstract was granted from Doubleday.

Written by leading educators in the field, this handbook covers lecturing, laboratory instruction, working with patients and families, delivering in-service to colleagues, and more. It contains clearly presented material on theory and application, as well as real-life, practical examples. Contents: Curriculum Design for Physical Therapy Educational Programs; Preparation for Teaching in Academic Settings; Techniques for Teaching in Academic Settings; Use of computer Technology to Enhance Teaching and Learning; Assessment and Improving the Teaching-Learning Process in Academic Settings; Preparation for Teaching in Clinical Settings; Techniques for Teaching in Clinical Settings; Teaching and Learning about Patient Education; Understanding and Influencing Patient Receptivity to Change; Facilitating Adherence to Healthy Lifestyle Behavior Changes in Patients; Teaching Psychomotor Skills; Educational Materials for Use in Patient Home Education Programs; Community Health Education; Postprofessional Clinical Residency Education

Permission for the printing of this abstract was granted from Butterworth Heinemann.

One of the best resources for lecturers with a sense of humour! Humour, when used appropriately, can add interest to lecture content, especially when the course content is particularly factual in nature. Topics and content in medical-surgical nursing can be quite dry and serious at times. Students remember course content when they can put meaning to the lecture; cartoons help students to retain often difficult concepts. Nursing students need to realize early in their careers that humour is essential in the health care field.

Permission for the printing of this abstract was granted from Universal Press Syndicate.

**Learning Styles**


Learning style instruments are widely used. But are they reliable and valid? Do they have an impact on pedagogy? This report examines 13 models of learning style and concludes that it matters fundamentally which model is chosen. Positive recommendations are made for students, teachers and trainers, managers, researchers and inspectors.

Permission for the printing of this abstract was granted from Coffield, F., Mosely D., Hall, E. & Ecclestone, K.


Much has been written about the relationships between learning styles and learning preferences with the aim of tailoring teaching methods to the ways that students prefer to learn. This study used a sample of 201 management undergraduates to examine the relationships between Kolb's four learning styles and four learning types, and 12 different learning preferences. Only three significant relationships were found. It is suggested that large individual differences in learning preferences within each style and type, and small differences in learning preference mean scores show that overall, there are weak linkages between learning styles and learning preferences. It is recommended that researchers control for Type I error rates and present effect sizes when statistically significant relationships are found to prevent chance and trivial findings from influencing educators. It is recommended that educators use a variety of learning methods and encourage students to be receptive to different learning methods rather than try to link specific learning methods to specific learning styles.

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**Popular Media**

**Books**


A quick resource for class ice breakers which helps to set the stage before a formal lesson begins.

A resource to add humour to a lesson or make an important point in a topic using a cartoon.

**Quotes**

There is nothing so practical as a good theory.
Kurt Lewin (1951, p. 169)

We don’t see things as they are; we see things as we are.
Anais Nin (Baldwin, 2000, p. xii)

The real voyage of discovery consists not in seeking new landscapes, but in having new eyes.
Marcel Proust (1981, p. 260)

**Websites**

http://www.brightquotes.com/team_fr.html

http://www.unitedmedia.com/comics/dilbert/

Dilbert comics often have a teamwork, communication or leadership slant – some very funny representations of real life situations.

**Music Suggestions**

Playing music that compliments the lecture material may engage students at the beginning of class and may re-engage them again later in class. Appealing to a variety of learning styles music may be an additional avenue to enhance students’ retention of course material.

<table>
<thead>
<tr>
<th><strong>Song Name</strong></th>
<th><strong>Theme</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>United We Stand, Brotherhood of Man</td>
<td>Being together in a couple or group works you can take on more than being separated</td>
</tr>
<tr>
<td>Cheers Theme song</td>
<td>Coming back to the same place may provide a sense of belonging</td>
</tr>
</tbody>
</table>

**Online Resources**


This upbeat, rather simplified article offers adult educators seven strategies to consider when delivering adult education. The features can be used for instructors to build into their course delivery method, whether in the virtual or real classroom.

Permission for the printing of this abstract was granted from New Horizons for Learning.
This is an excellent website that provides information about small group or team dynamics and process. It includes descriptions of the stages of team development as described by Bruce Tuckman (forming, storming, norming performing and adjourning). The website also includes information on learning styles, leadership, motivation and many models of communication. Businessballs is a free ethical learning and development resource for people and organizations, run by Alan Chapman, in Leicester, England. Businessballs.com launched at the end of 1999, although the concept began a few years earlier as an experimental online collection of learning and development ideas. Alan originally created the Businessballs name for juggling balls which he used in his training and development business. The philosophy of the website is hopefully ethical, practical, innovative, compassionate and enjoyable. The website may be freely used for self learning as well as for teaching others. Restrictions for the use of the website are discussed on its introductory page.

Permission for the printing of this abstract was granted from Businessballs.

Honolulu Community College
http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/teachtip.htm
Faculty Development Teaching Tips Index from the Honolulu Community College
Excellent resources for all aspects of teaching including:

<table>
<thead>
<tr>
<th>Communication</th>
<th>Core Abilities</th>
<th>Critical Thinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparing a Course Syllabus</td>
<td>Teaching Organization</td>
<td>How People Learn</td>
</tr>
<tr>
<td>HCC Curriculum Action Form</td>
<td>Professional Ethics for Teachers</td>
<td>Langevin Learning Services</td>
</tr>
<tr>
<td>Skip Downing on Course Resources</td>
<td>Teaching Techniques</td>
<td>How People Learn</td>
</tr>
<tr>
<td>Course Design</td>
<td>Dealing with Stress</td>
<td>Difficult Behaviours</td>
</tr>
<tr>
<td>WO Learning Champion Website</td>
<td>Tools For Students</td>
<td>Preparing a Lesson Plan</td>
</tr>
<tr>
<td>Richard Lyon's Online Resources</td>
<td>The First Day</td>
<td>Using Questions Effectively</td>
</tr>
<tr>
<td>Motivating Students</td>
<td>Human Development</td>
<td>Feel Good About Teaching</td>
</tr>
<tr>
<td>Assessment</td>
<td></td>
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</tr>
</tbody>
</table>

They separately identify resources for the first day of class.

40 Successes Inviting and disinviting comments, etc.
The First Day of Class Nine tasks for getting a class off on the right foot.
Checklists for a Smooth Course Startup Make sure you have completed a specific list of course startup tasks.

Learn the Students' Names How to learn names and faces quickly.
Magically "Learn" Names in Minutes A tongue-in-cheek idea for amazing your students
The Most Important Day Thorough discussion, checklist, references
Icebreakers and Group Games Fun group games and ice breakers useful for classrooms

http://www.howtomaster.com/freeDemo/qkdemo/1/aides/Group%20Observation%20Checklist.rtf
This is a website that contains a checklist that may be used to evaluate a team or to provide a structure for discussing well functioning teams. The checklist includes roles that contribute to both
completion of a task as well as those roles that develop and maintain a team. The authors or original source of this checklist could not be verified.

Permission for the printing of this abstract was granted from Info Source Inc.

Angles on learning: An introduction to theories of learning for college, adult and professional education. 
http://www.learningandteaching.info/learning/about.htm

General Teaching and Learning Assessment Tools and Procedures

The Kolb Learning Style Inventory (LSI) is a statistically reliable and valid, 12-item questionnaire and workbook, developed by David A. Kolb, Ph.D. It is based on Experiential Learning Theory, it identifies preferred learning styles and explores their implications for: 1) Problem solving, teamwork, and conflict resolution. 2) Communication at work or at home. 3) Considering a career that fits your preferences.
The LSI can be used purely for self-knowledge so individuals can understand and manage their learning preferences, and for facilitators/educators, so they can design learning events to appeal to all learning style preferences. In addition the Kolb has been useful for members of healthcare teams to better understand how they might work together in a respectful manner. As collaboration is key to interprofessional practice understanding ourselves as well as understanding our colleagues may facilitate successful collaborative practice.

Permission for the printing of this abstract was granted from Hay Group.

The VARK is a quick questionnaire that tells you what type of learner you are and strategies that are best for your learning. The questionnaire provides users with a profile of their learning preferences. These preferences are about the ways that they want to take-in and give-out information. Similar to the Kolb this tool may be used to help team members learn more about themselves as well as the similarities and differences among team members.

Permission for the printing of this abstract was granted from http://www.vark-learn.com/english/index.asp

Icebreaker Resources for the Classroom

Honolulu Community College, (n.d.). Faculty development, faculty guidebook, teaching tips index.
http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/breakice.htm
The first day of class is usually spent in part by getting acquainted and establishing goals. Icebreakers are techniques used at the first session to reduce tension and anxiety, and also to immediately involve the class in the course. Use an icebreaker because you want to, not as a time filler or because teaching guides say one should be used. Listed below are several examples of icebreakers.

- INTRODUCE MYSELF: Participants introduce themselves and tell why they are there. Variations: Participants tell where they first heard about the class, how they became interested in the subject, their occupations, home town, favourite television program, or the best book they have read in the last year.
- INTRODUCE ANOTHER: Divide the class into pairs. Each person talks about him/herself to the other, sometimes with specific instructions to share a certain piece of information. For example,
"The one thing I am particularly proud of is..." After five minutes, the participants introduce the other person to the rest of the class.

- **CHARACTER DESCRIPTIONS:** Have students write down one or two adjectives describing themselves. Put these on a stick-on badge. Have class members find someone with similar or opposite adjectives and talk for five minutes with the other person.

- **I'VE DONE SOMETHING YOU HAVEN'T DONE:** Have each person introduce themselves and then state something they have done that they think no one else in the class has done. If someone else has also done it, the student must state something else until he/she finds something that no one else has done.

- **FIND SOMEONE:** Each person writes on a blank index card one to three statements, such as favorite color, interest, hobby, or vacations. Pass out cards so everyone gets someone else's card. Have that person find the person with their card and introduce themselves.

- **FAMOUS PERSON:** People write a famous name on a piece of paper and pin it on someone else's back. Person tries to guess what name is pinned on his/her by asking others around the room yes or no questions. Variation: Use famous place instead of famous person.

- **MY NAME:** People introduce themselves and tell what they know about why they have their name (their mother wanted to name me after her great aunt Helen who once climbed Pike's Peak in high heels, etc.). It could be the first, middle or nickname.

- **HOW DO YOU FEEL?** Ask the students to write down words or phrases that describe their feelings on the first day of class. List the responses on the blackboard. Then ask them to write down what they think you as the teacher are feeling this first day of class. List them on the blackboard in a second column and note the parallels. Briefly comment on your feelings and then discuss the joint student/teacher responsibilities for learning in the course.

- **COMMON GROUND:** This works best for small groups or for each small group sitting together as a team (4-6 learners). Give the group a specific time (perhaps 5 minutes) to write a list of everything they all have in common. Tell them to avoid the obvious ("we're all taking this course"). When time is up, ask each group how many items they have listed. For fun, ask them to announce some of the most interesting items.

- **ME TOO:** This also works best for small groups or for each small group sitting together as a team (4-6 learners). Everyone in the group gets 10 pennies/toothpicks/scrap of papers, etc. The first student states something he/she has done (e.g. water skiing). Everyone else who has done the same thing admits it and puts one penny in the middle of the table. Then the second person states something (e.g. I have eaten frogs' legs). Everyone who has done it puts another penny in the center. Continue until someone has run out of pennies.

Permission for the printing of this abstract was granted from Honolulu Community College.

The following websites contain a variety of icebreaker and team building exercises that are excellent for developing and maintaining collaborative teams. As well some of the websites provide forms and checklist for understanding the stage of development of a particular team. Other websites contain tools for further development of collaborative practice.

http://wilderdom.com/games/
http://wilderdom.com/games/TeamBuildingExercisesWebsites.html
http://www.businessballs.com/teambuildinggames.htm
http://www.businessballs.com/workshops.htm
http://www.youthwork.com/activitiesinit.html
http://www.geocities.com/saskrescue/all_aboard/icebreakers.htm
V. Interprofessional Education for Collaborative Patient Centred Practice

Background

Refereed Publications

No synopsis available.

No synopsis available.

This article provides an overview of interprofessional education in Canada, with a view to defining programs at all levels in terms of what models have been employed. The available information implies that the lack of convincing evidence of the effectiveness of existing programs is probably the most serious problem for the expansion of interprofessional education. The objectives of the programs are both to increase the knowledge about the other professions and their scope of practice, and to improve team function, and there are a number of well-established interprofessional programs in Canada that are designed to achieve these objectives, and many other examples of programs that are partial or planned. Despite this, the present interprofessional education initiatives tend to involve only a small proportion of the total health work trainees. There is a need for programs that are more widespread. The most frequent model involves a mandatory experience, which is case-based, involves all the students registered in Health Faculties, and where the students form interprofessional student teams. In addition to examining believable cases, the students also learn some specific information about interacting with the other professions and gain knowledge about the roles, knowledge and contributions that can be made by professions other than their own.
Permission for the printing of this abstract was granted from Taylor and Francis full text available from:
http://informahealthcare.com/doi/abs/10.1080/13561820500082354

No synopsis available.

Working as a multidisciplinary or interdisciplinary team is an essential condition to provide good palliative care. This widespread assumption is based on the idea that teamwork makes it possible to address the various needs of the patient and family more effectively. This article is about teamwork and about the effectiveness of teams working in palliative care. First, the nature of teamwork will be highlighted. Second, attention will be paid to team effectiveness; what exactly is team effectiveness and with what parameters can it be measured? Third, the nature of moral reflection and moral deliberation in palliative care will be highlighted. A concrete process of moral deliberation will be described. In conclusion, we shall argue that the capacity for moral reflection is a feature of a team working effectively.

Permission for the printing of this abstract was granted from Taylor and Francis full text available from: http://www.informaworld.com/smpp/content~db=all~content=a713995851

No synopsis available.

Unlike the other contributions to this issue, this paper is concerned with the prospects and potential ramifications of implementing interprofessional practice from the legal standpoint. The authors focus on the two forums where the major legal issues are likely to be played out: the laws under which health care professionals are regulated; and the law of professional malpractice as applied by the courts under the tort of negligence. The goal is to examine the regulatory and medico-legal barriers that might prevent or inhibit health care professionals from working together on an interprofessional basis, and to forecast the kinds of changes within legal systems which will be necessary to accommodate the change.

The first part of the paper focuses on the legal regimes which govern the Canadian health care system, and argues that the essential integrity of the system of professional self-regulation must be protected in programs of reform that seek to create space for interprofessional practice. The authors also propose a number of specific initiatives of review and legislative change as examples of the role that legal reform can play in the shift to a culture of interprofessional regulation. The second part of the paper focuses on malpractice law and suggests that, while in the long term the superior quality of care brought about by interprofessional practice should produce less liability, in the short term interprofessional practice may fit uneasily within the legal constructs traditionally employed by the courts to evaluate malpractice claims. The authors propose three strategies designed to minimize this risk.

Permission for the printing of this abstract was granted from Taylor and Francis full text available from: http://www.informaworld.com/smpp/content~db=all~content=a713995851

No synopsis available.

Interprofessional practice is a way of practicing that is based on collaboration. We cannot assume that health professionals have either the skills or attributes required for interprofessional practice. They may need to learn how to collaborate. Developing interprofessional practice requires a commitment to engage in shared learning and dialogue. Dialogue has the potential to encourage collegial learning, change thinking, support new working relationships, and improve client care.

Permission for the printing of this abstract was granted from Contemporary Nurse.


No synopsis available.

Full text available from: http://www.informaworld.com/smpp/content~db=all~content=a713995856

Online Resources

Canadian Interprofessional Health Collaborative (CIHC). http://www.cihc.ca

The Canadian Interprofessional Health Collaborative (CIHC) is a two-year initiative funded by Health Canada (July 2006 – March 2008). The CIHC is working with education and health policy makers to build a more patient-centred approach to health care delivery. The function of the CIHC is to facilitate critical connections between many important stakeholders, including those involved in the IECPCP learning projects. The CIHC is not intended as a research forum. It is the mechanism to formally link with and share knowledge across projects, jurisdictions and systems. Educators, decision makers, researchers and practitioners can learn and benefit from the accumulating evidence base related to IECPCP.

Permission for the printing of this abstract was granted from Canadian Interprofessional Health Collaborative.


This is a research paper commissioned by Health Canada, composed through the collaboration of several universities, investigating the state of healthcare and the growing need for interprofessional development and collaboration.

Permission for the printing of this abstract was granted from Oandasan, I. et al.

The 2003 First Ministers' Accord on Health Care Renewal.

The agreement reached by the First Ministers on February 5, 2003, sets out a plan for reforms to improve access to quality health care for Canadians. This plan builds on the September 2000 First Ministers' agreement on health. Its reform themes are consistent with the recommendations of the Romanow Commission and the Kirby Senate Committee, as well as those of numerous provincial commissions on health reform. In the 2003 Budget, the Government of Canada supported the Accord, providing additional health care funding of $17.3 billion over the next three years and $34.8 billion over the next five years. A total of $85 million of the 2003 Budget has been specifically allocated for the Health Human Resource (HHR) Strategy:

$9.5 billion in increased cash transfers to provinces and territories over the next five years;
$2.5 billion in a Canada Health and Social Transfer supplement to relieve existing pressures, available to provinces and territories until the end of 2005-06;
$16 billion over five years in a Health Reform Fund for the provinces and territories to target primary care, home care, and catastrophic drug coverage;
$1.5 billion to improve access to publicly funded diagnostic services;
$600 million to accelerate the development of a national system of electronic health records;
$500 million for research hospitals;
$1.6 billion in direct Health Accord initiatives; and
$1.4 billion for other initiatives in support of health reform.

Regarding the health planning, coordination, and partnerships programme, the Accord stated that appropriate planning and management of HHR is key to ensuring that Canadians have access to the health services they need, now and in the future. Specifically, it identified that collaborative strategies will be undertaken to:
- strengthen the evidence base for national planning;
- promote interprofessional provider education;
- improve recruitment and retention; and
- ensure the supply of needed health providers (including nurse practitioners, pharmacists and diagnostic technologists).


**Collaboration and Primary Health Care**

**Refereed Publications**


A shared language and conceptual framework is essential to successful interprofessional collaboration. The World Health Organization's International Classification of Functioning, Disability and Health (ICF) provides a shared language and conceptual framework that transcends traditional disciplinary boundaries. This paper will familiarize readers with the ICF and describe the biopsychosocial perspective that is adopted in its conceptual framework and language. The presentation of a case study will illustrate how the ICF can enhance interprofessional learning by promoting a multidimensional perspective of an individual's health concerns. The case study will also highlight the value of the shared language and conceptual framework of the ICF for interprofessional collaboration. It is argued that a strong foundation in the principles exemplified by the ICF may serve to enhance interprofessional communication, and in so doing, encourage involvement in interprofessional collaboration and healthcare.

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Primary health care in the UK is currently centred around independent contractor organisations (general practices). Although the development of these organisations is considered necessary to improve the quality of health care, no structures exist to support the systematic development necessary to attain this goal. Part of the failure to change clinical processes has been the requirement that general practitioners attend passive educational events for continuing professional development, without reference to organisational or local health priorities. A feasibility
study to integrate professional and practice development planning sought to overcome this mismatch. NHS Staff College Wales, as a facilitating organisation in this study, developed a model to assist practices to identify, prioritise and implement developments, interlinked with individuals' professional development. The paper summarises the experiences of facilitators supporting this integrated approach, using Senge's model of the challenges to the successful implementation of change. The role of facilitation in negotiating these challenges is also explored. The paper concludes that the approach is effective in the integration of professional and practice development and offers a useful framework to progress the quality improvement agenda.

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This article outlines a federally funded (Australia) project that developed a new primary health care service. A discussion is provided of “best practice research” and recommendations for cross sectional collaborations are outlined.

Permission for the printing of this abstract was granted from International Journal of Nursing Practice.

This review article provides insight into the evolution of professional healthcare chaplaincy. It identifies key historical developments identifying the training, qualifications, and competencies of chaplains. Consideration is given to both the unique character of the pastoral role in healthcare as well as the contribution of chaplains to the interdisciplinary care of patients and families. The article points to the emerging need for chaplains to pursue research within the clinical context.

Permission for the printing of this abstract was granted from Southern Medical Journal.

This discussion paper brings together the concept of patient-centred practice with interprofessional working and the spectrum of preventive and restorative approaches to patient safety. I explore what might be involved in putting patients at the heart of a team-based approach to the prevention and management of potential clinical errors in their own care; and use the current literature to explore areas where interprofessional practice-based interventions may help to improve quality of care in ways that can prevent or minimize patient risk. I argue that involving patients in safety issues will only happen when staff are motivated by real rather than hypothetical needs, and will largely involve actions taken at an interpersonal level during routine health care. The paper describes a spectrum of practical approaches that can be implemented by teams and organizations, ranging from whole population prevention strategies to the learning that can be gained from avoidable deaths. It explores concrete examples of the ways in which individual patients might be included in a team approach to self protection, and addresses underpinning principles of effective interprofessional working which are needed to make such approaches effective.

Permission for the printing of this abstract was granted from Taylor and Francis full text available from: http://www.informaworld.com/smpp/content-db=all~content=a757726443
MacIntosh, J., & McCormack, D. (2001). Partnerships identified within primary health care literature. *International Journal of Nursing Studies, 38*, 547-555. This article provides a review of the literature surrounding interprofessional teams within primary health care. Strategies for collaboration as well as implications and barriers to collaboration as identified in the literature are discussed. Permission for the printing of this abstract was granted from International Journal of Nursing Studies.

Purden, M. (2005). Cultural considerations in interprofessional education and practice. *Journal of Interprofessional Care, 19*(Suppl. 1), 224-234. Promoting cultural competency in health care was examined from the Canadian perspective, and explored practice environments and educational programs for future health professionals that foster cultural awareness and support culturally sensitive care. Many of the issues raised are generic and likely to occur whenever patients' health practices and beliefs differ from conventional Western care. The main theme that emerged with respect to the practice environment was the use of a participatory action approach to foster collaboration with patients, traditional healers and the community. Successful collaboration is likely to result in a blend of ideas and perspectives from traditional health practices and conventional Western health care. With respect to education, programs need to focus on providing opportunities both in the classroom and in the clinical arena for students to work in interprofessional teams. These teams should not only comprise partners from medicine, nursing, physical therapy and other health professions but also include aboriginal paraprofessionals. Pedagogical initiatives also need to incorporate case-based formats and interactive sessions with patients and families. The principles underlying this approach: openness, mutual respect, inclusiveness, responsiveness and understanding one's roles should be fundamental to the delivery of culturally competent health care to all ethnic communities. Permission for the printing of this abstract was granted from Taylor and Francis full text available from: http://www.informaworld.com/smpp/content~db=all~content=a713995846


Way, D., & Jones, L. (1994). The family physician – nurse practitioner dyad: Indications and guidelines. *Journal of the Canadian Medical Association, 151*(1), 29-34. This article describes the nurse practitioner – physician dyad in a Canadian CHC and relates the processes developed for this collaboration to all primary health care settings. There is no evaluative component to this article. Permission for the printing of this abstract was granted from Journal of the Canadian Medical Association.

Final report of a pilot project funded by the HTF to develop, implement and evaluate an intervention that supports physician and nurse practitioner collaborative practice and to develop post graduate education for family medicine residents and nurse practitioners. Evaluation included qualitative and quantitative methodologies. Measurements were collected from various participant groups pre and post intervention. The report contains descriptions on data collection and analysis procedures as well as a discussion of curriculum development and recommendations.

Permission for the printing of this abstract was granted from Way, D., Jones, L., & Busing. (2000). Implementation strategies: Collaboration in primary care-family doctors & nurse practitioners delivering shared care. Discussion paper written for the Ontario College of Family Physicians. Toronto, ON.

A model that may be used to develop collaborative practices between family physicians and nurse practitioners is described in this discussion paper. The paper outlines key components of collaborative practice including role clarification and identification of shared and separate functions.

Permission for the printing of this abstract was granted from the Ontario College of Family Physicians.


No synopsis available.

Non refereed Publications


The role of family practice physicians in primary health care in Canada are discussed. Roles and functions are outlined under the various categories of care Family Practitioners provide: first contact care, continuing care, coordinated care, and comprehensive care. This position statement also contains recommendations for the strengthening of the primary care service delivery.

Permission for the printing of this abstract was granted from Working Group on Primary Health Care.


A curriculum model to assist educators in the development of courses regarding collaboration in primary health care is presented in this paper. The document contains learning activities, background info, and reference article for facilitators and students.

Permission for the printing of this abstract was granted from California Primary Care Consortium.

Online Resources

Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP)

The EICP Initiative was funded by Health Canada’s Primary Health Care Transition fund and was intended to provide research and recommendations that would change the way health care providers work together. The Steering Committee developed the principles and framework to
encourage and enhance interdisciplinary collaboration in primary health care in Canada as well as a collaboration toolkit containing the ‘tools’ needed to support interdisciplinary practices. Permission for the printing of this abstract was granted from Enhancing Interdisciplinary Collaboration in Primary Health Care.

Curricula

A curriculum is an academic plan (Stark & Lattuca, 1997). A plethora of factors, both external as well as internal, can play a role in how an academic plan develops and ultimately unfolds. In terms of interprofessional collaborative practice, concerns were raised as early as 1969 about the adverse effects of separatist and competitive cultures resulting from academically, and often geographically, distinct health care education programs (Szasz, 1969, as cited in Barr, 2002, p. 14). The following list of resources provides the reader with a wide array of efforts made in the development and implementation of interprofessional education initiatives.

The current challenge in higher education is to facilitate both learning and transformation. Education entails offering a set of experiences that will facilitate changes in students so that they themselves are transformed and are consequently able to effect transformation in their environments. Learning is seen to produce knowledge and inculcate (impress) skills that emancipate the learner to become an agent of change in super complex and continually transforming environments (Duncan et al, 2006, p. 60).

Refereed Publications


A one-year planning phase established a rolling programme of bi-monthly interprofessional clinical teaching workshops derived directly from patient experiences in an acute hospital. Pre-registration healthcare students from 8 professions spent an afternoon in the hospital training centre, randomly allocated to one of 6-8 small working groups. Using a problem-based methodology they analysed a ward case with patient consent, chosen to reflect the input of a wide range of health professionals. Students worked through a prepared workbook facilitated by a range of tutors from all disciplines. Each small group reported back on one aspect of team working to the entire cohort entering into debate and discussion with the support of clinical and academic tutors. Post course patient details were found on a website enabling students to progress their uni-professional knowledge, e.g., on anatomy, physiology, pharmacology etc. The questionnaire evaluation on over 126 students and 11 tutors identified that interprofessional competencies were understood and valued. Students related principles of team working and collaborative practice to their placement experiences of team work. Interactive learning enables further appreciation of professions roles and responsibilities and the importance of teamwork to optimize patient care (82.0 - 90.5%). The half-day learning model can be easily supported by busy clinical staff, led by hospital educators and accessed by students on hospital placements, at a mid-point in training, with learning supported by consenting in-patients or recent admissions prepared to share their experiences.

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Objectives: The aim of this project was to identify core topics of health care ethics that could be taught through an inter-professional approach to undergraduate education. Design: Five nominal group technique workshops. Setting and participants: Teaching staff from different professional disciplines in our university (nursing branches, occupational therapy and physiotherapy). Results: Seven core topics of health care ethics that are common across all disciplines were identified. However participants in all workshops identified the need for case studies used in teaching and learning to be specific to the clinical setting encountered by the student. Conclusion: Despite the identification of core topics that apply to all disciplines, caution should be taken when seeking to integrate these into an inter-professional undergraduate programme. There is evidence from other studies that students have difficulty in transferring knowledge from one context to another. In view of this, an inter-professional approach to health care ethics teaching to a group, members of which do not encounter shared clinical ethical problems may be inappropriate. It is suggested that inter-professional learning in undergraduate health care ethics should focus on facilitating learning in the clinical area with students who share similar ethical encounters, in which case the learning will be truly inter-professional.

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No synopsis available.


This paper describes an interprofessional education pilot project conducted in Dalhousie. Key learning principles and implementation strategies in the development of an interprofessional ethics module are defined. Evaluation consisted of quantitative and qualitative techniques. Barriers and recommendations for change (including mandatory attendance) are suggested.

Permission for the printing of this abstract was granted from Journal of Allied Health.


The current policy agenda purports the need for education establishments and practice agencies to join together to promote interprofessional working. It was within this policy context that in September 2000 the Faculty of Health and Social Care, University of the West of England (Bristol) introduced an interprofessional strand within 10 professional programmes. This article outlines a number of challenges associated with the incorporation of interprofessional education into the pre-qualifying curriculum and details the approaches used to meet these challenges. Logistical barriers associated with organising more than 700 students into interprofessional groups in a format that does not result in an over representation of any group, developing and selecting appropriate scenarios, resourcing the interprofessional modules, integrating interprofessional education
throughout the whole student experience and facilitating the delivery of the interprofessional modules are all considered, together with adjustments made in the light of evaluations to date. Permission for the printing of this abstract was granted from Taylor and Francis and is available from: http://www.informaworld.com/smpp/content-db=all-content=a713995817

Foundation training is the first step in the delivery of Modernising Medical Careers. Significant changes are occurring in the first year of foundation compared with previous preregistration house officer training. Career planning, new academic programmes, changes in general practice and interprofessional learning are all areas of real change. Some trusts are also developing innovation and creativity in the way that the curriculum is being delivered. Permission for the printing of this abstract was granted from British Journal of Hospital Medicine.

Carlisle, C., Cooper, H., & Watkins, C. (2004). “Do none of you talk to each other?”: The challenges facing the implementation of interprofessional education. Medical Teacher, 26(6), 545-552.
This paper describes the results of a feasibility study of interprofessional education (IPE) in North West England. Three focus groups were conducted with a total of 34 individuals, representing health care faculty, students and consumer groups. The three themes of advantages of IPE, challenges in implementation of IPE, and the role of IPE in the creation of professional identification are discussed. Permission for the printing of this abstract was granted from Medical Teacher.

The interdisciplinary education of health professionals in the USA has increasingly been tied to renewed efforts directed toward quality improvement in the healthcare system, where problems with communication, collaboration, and cooperation are seen as endemic. Many of the published reports and recommendations on interdisciplinary programming, however, have omitted or downplayed the difficulties and challenges of developing and sustaining efforts in this area. Through the presentation of a detailed case study and the exploration of two laws of interdisciplinary programming proposed from it, this paper explores the fundamental difficulties of developing and, more importantly, sustaining interdisciplinary health professions programs in higher educational settings. The utilization of strategies based on emerging forces in the healthcare system and in higher education itself is suggested for initiating interdisciplinary projects, and structural and procedural factors are explored as critical in guaranteeing the long-term sustainability of such programs. Recommendations for the successful development and implementation of interdisciplinary programs in higher educational contexts are suggested, focusing particularly on the role of an advocate in the top down and bottom up development and maintenance of the resources needed for the success of such programs. Permission for the printing of this abstract was granted from Taylor and Francis and is available from: http://www.informaworld.com/smpp/content-db=all-content=a713663404

A discussion paper touching on the development of interdisciplinary education in the context of developing and implementing an interdisciplinary bioethics course for health professionals. A
potential curriculum is outlined which includes didactic and interactive components. No evaluation is discussed.

Permission for the printing of this abstract was granted from Holistic Nursing Practice.

No synopsis available.

The purpose of this paper is to: identify and describe the specific characteristics of models of interdisciplinary learning programs in Canada throughout the health professional education continuum (undergraduate, postgraduate, and continuing professional education); and each model should include a detailed description of the design of the respective interdisciplinary learning program.

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Calls for greater collaboration between professionals in health and social care have led to pressures to move toward interprofessional education (IPE) at both pre- and post-registration levels. Whilst this move has evolved out of “common sense” demands, such a multiple systems approach to education does not fit easily into existing traditional educational frameworks and there is, as yet, no proven theoretical framework to guide its development. A research study of an IPE intervention at the University of Liverpool in the UK drew on complexity theory to conceptualize the intervention and to evaluate its impact on a group of ~500 students studying physiotherapy, medicine, occupational therapy, nursing and social work. The intervention blended a multidisciplinary (non-interactive) plenary with self-directed e-learning and a series of interdisciplinary (interactive) workshops. Two evaluations took place: the first when the workshops were facilitated by trained practitioners; the second when the practitioners co-facilitated with trained service users. This paper reports findings from the second evaluation which focused on narrowing the gap between theory and practice. A multi-stakeholder evaluation was used including: students’ reflective narratives, a focus group with practitioners and individual semi-structured interviews with service users. Findings showed that service users can make an important contribution to IPE for health and social care students in the early stages of their training. By exposure to a service user perspective, first year students can begin to learn and apply the principles of team work, to place the service user at the centre of the care process, to make connections between theory and “real life” experiences, and to narrow the gap between theory and practice. Findings also revealed benefits for facilitators and service users.

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http://www.informaworld.com/smpp/content~db=all~content=a759340801

An evidence-based interprofessional educational (IPE) intervention involving first year undergraduate students studying medicine, nursing, physiotherapy and occupational therapy was piloted at the University of Liverpool. Campbell's phased approach and Complexity Theory guided development of the intervention and its evaluation. The intervention included a staff-training programme, e-learning materials and interprofessional team working skills workshops. A multi method study design was used to evaluate outcomes and the processes by which the outcomes had transpired. The first year cohort of students (n = 442) was invited to attend the pilots. Fifty-four per cent (n = 237) opted to attend. Findings showed that the intervention promoted theoretical learning about team working. It enabled the students to learn with and from each other (p < 0.001), it significantly raised awareness about collaborative practice (p < 0.05), and its link to improving the effectiveness of care delivery (p < 0.01). The qualitative data showed that it served to increase students' confidence in their own professional identity and helped them to value difference making them better prepared for clinical placement. The findings support the need to start IPE early in students' training before professional doctrines have been built into their learning. As a result of the findings, the intervention has become compulsory for students to attend and the project has evolved to include trained service users/carers as co-facilitators of the workshops. It is also working on strengthening e-learning by integrating the generic materials into the curricula of all courses. Alongside this, strategies are being explored for interprofessional learning in practice.

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No synopsis available.

This article provides a summary of recommendations from the John A. Hartford association. Curriculum areas that include knowledge, attitude towards teaming and teaming skills are discussed. Instructions for facilitators are provided and a brief evaluation strategy is mentioned.
Permission for the printing of this abstract was granted from Journal of the American Geriatrics Society.

Interprofessional education is an approach to educating and training students and practitioners from different health professions to work in a collaborative manner in providing client and/or patient-centred care. The introduction and successful implementation of this educational approach is dependent on a variety of factors, including the attitudes of students, faculty, senior academic administrators (e.g., deans and directors) and practitioners. The purpose of this study was to examine attitudes towards interprofessional teamwork and interprofessional education amongst academic administrators of post-secondary health professional education programs in Canada. A web-based questionnaire in English and French was distributed via e-mail messaging during January 2004 to academic administrators in Canada representing medicine, nursing, pharmacy, social work, occupational therapy and physiotherapy post-secondary educational programs. Responses were sought on attitudes towards interprofessional teamwork and interprofessional...
education, as well as opinions regarding barriers to interprofessional education and subject areas that lend themselves to interprofessional education. In general, academic administrators responding to the survey hold overall positive attitudes towards interprofessional teamwork and interprofessional education practices, and the results indicate there were no significant differences between professions in relation to these attitudinal perspectives. The main barriers to interprofessional education were problems with scheduling/calendar, rigid curriculum, turf battles and lack of perceived value. The main pre-clinical subject areas which respondents believed would lend themselves to interprofessional education included community health/prevention, ethics, communications, critical appraisal, and epidemiology. The results of this study suggest that a favourable perception of both interprofessional teamwork and interprofessional education exists amongst academic administrators of Canadian health professional education programs. If this is the case, the post-secondary system in Canada is primed for the introduction of interprofessional education initiatives which support the development of client and patient-centred collaborative practice competencies.

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An evaluation study of an undergraduate HIV/AIDS interprofessional education program using standardized patients for medical, nursing and pharmacy students is discussed. Student reported greater awareness of roles and improved attitudes to teamwork as a result.

Permission for the printing of this abstract was granted from Education for Health.


This paper proposes a new concept and a frame of reference that should permit the development of a better understanding of a phenomenon that is the development of a cohesive and integrated health care practice among professionals in response to clients' needs. The concept is named "interprofessionality" and aims to draw a clear distinction with another concept, that of interdisciplinarity. The utilization of the concept of interdisciplinarity, which originally concerns the development of integrated knowledge in response to fragmented disciplinary knowledge, has caused some confusion. We need a concept that will specifically concern the development of a cohesive practice among different professionals from the same organization or from different organizations and the factors influencing it. There is no concept that focuses clearly on this field. Interprofessionality concerns the processes and determinants that influence interprofessional education initiatives as well as determinants and processes inherent to interprofessional collaboration. Interprofessionality also involves analysis of the linkages between these two spheres of activity. An attempt to bridge the gap between interprofessional education and interprofessional practice is long overdue; the two fields of inquiry need a common basis for analysis. To this end, we propose a frame of reference, an interprofessional education for collaborative patient-centred practice framework. The framework establishes linkages between the determinants and processes of collaboration at several levels, including links among learners, teachers and professionals (micro level), links at the organizational level between teaching and health organizations (meso level) and links among systems such as political, socio-economic and cultural systems (macro level).
Research must play a key role in the development of interprofessionality in order to document these linkages and the results of initiatives as they are proposed and implemented. We also believe that interprofessionality will not be pursued without the requisite political will.

A description of the Interprofessional Education for Collaborative Patient Centred Practice (IECPCP) framework is offered with details of factors that contribute to IPE.

Interprofessional education (IPE) has been promoted as a method to enhance the ability of health professionals to learn to work together. This article examines several approaches to learning that can help IPE fulfill its expectations. The first is aimed at the transfer of learning novel situations and involves two ideas. Students need to be challenged with progressively more complex tasks and those tasks need to reflect the reality in which they will be working. Second, the learning situation needs to be structured using the five elements of best-practice cooperative learning: positive interdependence, face-to-face promotive interaction, individual accountability, interpersonal and small-group skills, and group processing. Finally, the learning process itself needs to be approached from an experiential learning framework cycling through the four-stage model of planning, doing, observing and reflecting. By using increasingly complex and relevant cases in cooperative groups with an experiential learning process interprofessional education can be successful.

Described herein is the educational rationale guiding the curriculum design process of a multi-professional undergraduate course. The aim of this course is to lay an integrated foundation for the advancement of collective commitment to and understanding of national health and social development objectives, such as primary health care, human rights and professionalism in the South African context. Curriculum design was carried out by a multi-professional design team including both a range of health professions (audiology, medicine, occupational therapy, nursing, physiotherapy and speech therapy) and academic disciplines (anthropology, sociology, psychology, history, African studies, information technology and language literacy). Education specialists facilitate the ongoing design process ensuring compliance with adult learning principles and national higher education imperatives.

No synopsis available.

Meeting the health needs of individuals in rural communities involves addressing the challenges of complex multifaceted health problems, limited local health resources and services, isolation, and distance. Interdisciplinary collaboration can create solutions to health care problems that transcend conventional, discipline-specific methods, procedures, and techniques. This paper reports on the four-pronged approach of the Western Maryland Area Health Education Center used to prepare allied health students to be interdisciplinary team members in rural areas. It describes the development of four interdisciplinary instructional team member training venues (in-class instruction, Web-based modules, service-learning programs, and faculty development workshops) that integrate opportunities to develop and practice interdisciplinary health promotion skills in rural communities. Challenges to implementing the model are described, including developing faculty and student training participation, integrating training venues into existing programs at participating institutions, and designing a unified program evaluation.

Permission for the printing of this abstract was granted from *Journal of Allied Health.*


No synopsis available.


Structural changes need to be made within universities such that interprofessional education for patient-centred collaborative practice becomes a responsibility that crosses faculty jurisdictions and is accepted as the responsibility of all associated health and human service programs. In communities, the patient or client is the centre of professional attention requiring care that goes beyond the skill and scope of any one profession. Notions about collaboration inform and drive interprofessional education and should lead to sustainable system changes within centres of advanced education that ensure a permanent place for interprofessional education in all health and human service programs. This chapter explores the many barriers to achieving this goal, and offers insights into their removal from one university's experience.

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No synopsis available.


This paper describes the implementation and evaluation of a two day interprofessional education workshop for health and human service students at the University of British Columbia. During the interactive workshop students completed a team work simulation exercise using Lego. Evaluation of the workshop included several debriefing discussions and a written workshop evaluation. Participant feedback indicated that students found the exercise to be useful.

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This paper highlights a variety of issues from the organizational change literature that are especially relevant to the implementation of initiatives in interprofessional education (IPE) for collaborative practice (CP). At the level of the individual, these include the existence of strong professional cultures and the need to motivate change. At the level of the organization, context and leadership for IPE and CP are relevant. At the system level, a discussion of incremental versus radical forces for change is particularly germane. Drawing on relevant theoretical and empirical literature, we address each of these three domains and highlight lessons learned from the study of organizational change to the implementation and adoption of IPE and CP. The paper concludes with a set of key recommendations suggested for reducing the incidence of implementation failure.

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This article outlines the development of a new Master's programme that is suitable particularly for those who are interested in managing palliative care in generalist care contexts. Disseminating the essence of excellent palliative care provision, accessible by the minority to the majority in need, has been an issue for some time. National Service Frameworks identify the contribution of both education and workforce planning to facilitate such provision. A gradual shift in design of palliative programme provision has seen the emergence of education that is more malleable to varied practice contexts. This new MSc Palliative Care Programme is centred on interprofessional education, and through collaborative working, shares modules with a neighbouring university to produce financially viable provision. Essential palliative content is delivered in compulsory taught modules, however, elective options include open or work-based modules that facilitate palliative practice development tailored to specific context need. Postgraduate study, associated with leading practice, means that a few key staff can significantly impact disseminating enhanced palliative practice across care environments. In this way, in the community and in institutions where the majority of older people dying of chronic illness are cared for, resources can be used purposefully to maximize the chance of ‘a good enough death’ (McNamara, 2001).

Permission for the printing of this abstract was granted from International Journal of Palliative Nursing [http://www.ijpn.co.uk/](http://www.ijpn.co.uk/)


Each health care profession has a different culture which includes values, beliefs, attitudes, customs and behaviours. Professional cultures evolved as the different professions developed, reflecting historic factors, as well as social class and gender issues. Educational experiences and the socialization process that occur during the training of each health professional reinforce the common values, problem-solving approaches and language/jargon of each profession. Increasing specialization has lead to even further immersion of the learners into the knowledge and culture of
their own professional group. These professional cultures contribute to the challenges of effective interprofessional teamwork. Insight into the educational, systemic and personal factors which contribute to the culture of the professions can help guide the development of innovative educational methodologies to improve interprofessional collaborative practice.

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A need to introduce the concepts of death and dying to the medical and health sciences undergraduate curriculum was identified at the University of Ottawa, Ontario, Canada. As care of the terminally ill is complex and requires the collaborative involvement of a diverse group of health care professionals, an interprofessional educational approach was utilized to address this need. A seminar course was developed using popular literature as the basis for learning, and offered to first and second year medical students, fourth year nursing students and graduate students in spiritual care. The discussion of roles and the provision of care within the context of works of selected literature provided a focus that enabled the students to transcend their disciplinary barriers, and to better understand the perspectives and contributions that other team members bring to patient care. Evaluation findings suggest that meaningful interprofessional education can be introduced effectively to students either prior to or while they are maturing in their professional roles.

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In this article, interdisciplinary education in mental health is described. A conceptual framework under the umbrella of collaborative practice is discussed and challenges with interdisciplinary education for students and faculty are outlined.

Permission for the printing of this abstract was granted from Child Mental Health: Exploring Systems of Care in the New Millennium.


No synopsis available.


No synopsis available.


No synopsis available.

The authors describe the development and impact of CLARION, a student-run organization at the University of Minnesota founded in 2001. CLARION or the clinician/administrator relationship improvement organization is dedicated to furthering interprofessional education. This grassroots effort includes students from medicine, nursing, pharmacy and public health. The organization’s capstone event, the Interprofessional Case Competition is described.

Permission for the printing of this abstract was granted from Academic Medicine.


Health and welfare practitioners in the United Kingdom have experienced and continue to experience considerable turbulence as services and occupational boundaries undergo restructuring. To a significant extent such turbulence is driven by policies that promote interprofessional agendas. This paper reports on an evaluation of a higher education programme that adopted a social policy approach to the analysis of interprofessional working. The retrospective views were sought of nursing, midwifery, social work and community and youth work post-qualifying students with use of semi-structured questionnaires and focus groups. Although difficulties were encountered with the political science focus to the programme, overall the participants very positively evaluated the opportunity to engage in policy analysis in a shared learning environment. Given the highly politicised, complex and shifting environment of interprofessional working, it is suggested that the study lends support to the argument that ‘policy acumen’ is a central skill for contemporary health and welfare practitioners. The paper, therefore, starts to explore issues of particular relevance for educationalists involved in developing frameworks for interprofessional programmes particularly in higher education.

Permission for the printing of this abstract was granted from Taylor and Francis and is available from:
[http://www.informaworld.com/smpp/content~db=all~content=a713678604](http://www.informaworld.com/smpp/content~db=all~content=a713678604)


A two-day multiprofessional course for final year medicine undergraduates is explored. Students participated in a multiprofessional course and were interviewed by telephone one year after beginning their professional practices. Participants included physicians, dentists, physical therapists, occupational therapists and nurses. Participants reported an increased professional knowledge of others and increased attitudes towards multiprofessional teaming.

Permission for the printing of this abstract was granted from Medical Education.


In this paper an interdisciplinary rural health training program at East Carolina University is outlined. Possible curriculum areas for facilitators are discussed and the project design is outlined. This paper does not include an evaluative component.

Permission for the printing of this abstract was granted from Journal of Allied Health.


A pilot project outlining a model of interdisciplinary education for physicians, nurses and social workers is described in the care of pregnant women and chronically ill elderly individuals is
described in this article. Evaluation strategies included field notes and open ended questions. Implications of the curriculum model and benefits of collaboration are addressed. Permission for the printing of this abstract was granted from Nurse Educator.

Described herein are the practicalities of the curriculum design process of a multi-professional undergraduate course described in Part 1 (Duncan et al, 2006). The phases of the design process are described, as well as the educational outcomes envisaged during the process. Permission for the printing of this abstract was granted from Medical Teacher.

No synopsis available.
Full text available from [http://www.informaworld.com/smpp/content~db=all~content=a906590271](http://www.informaworld.com/smpp/content~db=all~content=a906590271)

A structured academic experience for senior medical, occupational and physical therapy students is presented. Students were instructed to read case studies and develop plausible hypotheses for individual programs in geriatric care. Findings showed that students shared a common research terminology and hypothesis development technique across all disciplines. Evaluation was based only on the academic problem solving activity and does not address application to clinical contexts. Permission for the printing of this abstract was granted from Physical and Occupational Therapy in Geriatrics.

This paper presented a model curriculum for the development of political skills in nursing undergraduate students. Implementation techniques and strategies are described for potential facilitators. There was no evaluation component of the presented curriculum. Permission for the printing of this abstract was granted from Clinical Nurse Specialist.

Until recently, higher education has had little to do with the multiple service reform efforts underway across the country in response to widely perceived crisis in services for families and children. By maintaining professional preparation programs that emphasize separation between disciplines and increasing specialization, universities have typically reinforced service fragmentation. This book suggests steps that universities can take toward solutions by changing current approaches to professional education in multiple disciplines, supplementing professional education with interprofessional training, and developing effective partnerships with communities to improve outcomes for families and children. A broad range of disciplines and perspectives are represented including social work, education, public administration, geography, urban planning, nursing, psychology and medicine, and other allied fields. The chapters are organized in four parts: the needs and challenges for interprofessional education, changing theories and infrastructures of
community practice, linking the university to the community, and challenges for universities for the next century.


Beginning stages of the Rural Interprofessional Education Project (RIPE) are discussed. The History of IPE in Australia is outlined. A three year pilot project is outlined which included 2 week rural placement programs for 3rd year nursing and medical students. Project procedures and evaluation methods are proposed and initial project strengths are outlined.

Permission for the printing of this abstract was granted from Australian Journal of Rural Health.


A discussion paper which examines a model of critical end of life care for ICU nurses. Interdisciplinary end of life care is proposed and a teaching approach is identified.

Permission for the printing of this abstract was granted from Critical Care Medicine.


This paper is an interim report of an ongoing interdisciplinary generalist curriculum project. A description of the models used during implementation of the curriculum are presented. Strengths and challenges of interdisciplinary curricula are outlined and a model that appears to be emerging though implementation is alluded to.

Permission for the printing of this abstract was granted from Academic Medicine.


This paper is the first of two that highlights key elements needed for consideration in the planning and implementation of interprofessional educational (IPE) interventions at both the pre and post-licensure qualification education levels. There is still much to be learned about the pedagogical constructs related to IPE. Part 1 of this series discusses the learning context for IPE and considers questions related to the “who, what, where, when and how” related to IPE. Through a systematic literature review that was conducted for Health Canada in its move to advance Interprofessional Education for Patient Centred Practice (IECPCP), this paper provides background information that can be helpful for those involved in an interprofessional initiative. A historical review of IPE sets the international context for this area and reflects the work that has been done and is currently being initiated and implemented to advance IPE for health professional students. Much can be learned from the literature related to the pedagogical approaches that have been tried and the issues that need to be addressed related to the learner, the educator and the learning context which this paper examines.

Permission for the printing of this abstract was granted from Taylor and Francis and is available from: http://www.informaworld.com/smpp/content-db=all-content=a713995859

In the second paper of this two part series on Key Elements of Interprofessional Education (IPE), we highlight factors for success in IPE based on a systematic literature review conducted for Health Canada in its “Interprofessional Education for Patient Centred Practice” (IECPCP) initiative in Canada (Oandasan et al., 2004). The paper initially discusses micro (individual level) meso (institutional/organizational level) and macro (socio-cultural and political level) factors that can influence the success of an IPE initiative. The discussion provides the infrastructure for the introduction of a proposed framework for educators to utilize in the planning and implementation of an IPE program to enhance a learner’s opportunity to become a collaborative practitioner. The paper also discusses key issues related to the evaluation of IPE and its varied outcomes. Lastly, it gives the reader suggestions of outcome measurements that can be used within the proposed IPE framework.

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This qualitative study explored student perceptions of an interprofessional component of an elective course. Fourteen students from medicine, nursing, pharmacy and social work participated in focus group interviews. Experiential components of the course were more meaningful to students than theoretical components. All results of the study are discussed.

Permission for the printing of this abstract was granted from Medical Teacher.


This paper gives an overview of two interdisciplinary projects that took place in the USA 1) The California State University Interprofessional Collaboration Training Project, and 2) The Catholic University of America School Nurse Practitioner Program. Implementation and teaching strategies of both programs are provided. Evaluation of the projects was not completed at the time the article was written, but pilot information shows that learners in both projects have reported an increased sense of bonding across disciplines.

Permission for the printing of this abstract was granted from Journal of School Health.


This article describes the various aspects of multi-professional shared learning. Educational approaches are outlined and discussed. A summation is presented to readers as a guideline to the development of shared learning experiences.

Permission for the printing of this abstract was granted from Medical Teacher.


This paper describes service learning and the potential application to nursing education. Different strategies of learner involvement are outlined for facilitators. Evaluation of the model consists of qualitative and quantitative techniques. Qualitative data showed that students valued their participation and found the work to be clinically relevant.

Permission for the printing of this abstract was granted from Journal of Nursing Education.

A curriculum model to assist educators in the development of courses regarding collaboration in primary health care is presented in this paper. The document contains learning activities, background info, and reference article for facilitators and students.

Permission for the printing of this abstract was granted from California Primary Care Consortium.


A longitudinal quantitative study in an English faculty of health and social care explored the effects of a pre-qualifying interprofessional curriculum for students from 10 professional programmes. Students completed questionnaires containing four attitude scales on entry to the faculty, during their second year and at the end of their final year. While the strongest influence on students’ attitudes at qualification appeared to be their professional programme, an interprofessional curriculum did seem to have an effect on the perception of their own professional relationships.

Permission for the printing of this abstract was granted from Health and Social Care in the Community.


Interprofessional education for collaborative patient-centered practice has been identified as a key mechanism to address health care needs and priorities. Faculty development can play a unique role in promoting interprofessional education (IPE) by addressing some of the barriers to teaching and learning that exist at both the individual and the organizational level, and by providing individuals with the knowledge and skills needed to design and facilitate IPE. This article highlights a number of approaches and strategies that can facilitate IPE. In particular, it is recommended that faculty development initiatives aim to bring about change at the individual and the organizational level; target diverse stakeholders; address three main content areas, notably interprofessional education and collaborative patient-centred practice, teaching and learning, and leadership and organizational change; take place in a variety of settings, using diverse formats and educational strategies; model the principles and premises of interprofessional education and collaborative practice; incorporate principles of effective educational design; and consider the adoption of a dissemination model to implementation. Clearly, faculty members play a critical role in the teaching and learning of IPE and they must be prepared to meet this challenge.

Permission for the printing of this abstract was granted from Taylor and Francis and is available from: http://www.informaworld.com/smpp/content~db=all~content=a713995843


The paper presents a general background of collaborative learning with a service learning focus. A holistic model of collaborative education is provided and several small projects that exemplify this model are described.

Permission for the printing of this abstract was granted from Holistic Nursing Practice.
Tamura, Y., Bontje, P., Nakata, Y., Ishikawa, Y., & Tsuda, N. (2005). Can one eat collaboration? Menus as metaphors of interprofessional collaboration. *Journal of Interprofessional Care, 19*(3), 215-222. The turn of the century has seen a sudden upsurge in publications and initiatives around the development of interprofessional collaboration in Japan. In Japanese, the term 'team-treatment' is generally used to mean interprofessional collaboration, but hitherto there have been no generally accepted definitions and conceptualizations of the term, nor are there guidelines as to how it may be implemented in practice. In order to facilitate understanding of the different modes of interprofessional collaboration and issues in practice, we introduced the use of menus as metaphors for interprofessional collaboration in a class of first year students of nursing. There were two 90-minute classes available for exploring this topic. Through the use of a metaphor the students demonstrated they were able to conceptualize interprofessional collaboration, identify the value of nurses working together with other professionals and issues involved in making team-treatment work. The purpose of this paper is to share the experience of using metaphors as a teaching/learning strategy, including reflection on the successes and some limitations of what, for us, was an interesting educational innovation.

Permission for the printing of this abstract was granted from Taylor and Francis and is available from: http://www.informaworld.com/smpp/content~db=all~content=a713995879

Tucker, K., Wakefield, A., Boggis, C., Lawson, M., Roberts, T., & Gooch, J. (2003). Learning together: Clinical skills teaching for medical and nursing students. *Medical Education, 37*(7), 630-637. This paper describes the activities of 113 Health discipline students (medicine and nursing) who participated in IPE activities that were led by multiprofessional facilitators. Pre and post intervention data was collected using quantitative and qualitative methods. Data was also collected from the facilitators. Quantitative data showed no significant difference between the groups – while qualitative data indicated that students wished to learn multiprofessionally.

Permission for the printing of this abstract was granted from Medical Education.

Tunstall-Pedoe, S., Rink, E., & Hilton, S. (2003). Student attitudes to undergraduate interprofessional education. *Journal of Interprofessional Care, 17*(2), 161-172. This paper reviews student attitudes before and after an interprofessional curriculum at Kingston University in London, England. The results of student surveys demonstrated stereotyped views of other health care professionals, and that these views appeared to become more exaggerated during the Common Foundation Programme.

Permission for the printing of this abstract was granted from Taylor and Francis and is available from: http://www.informaworld.com/smpp/content~db=all~content=a783493275.

Verma, S., Paterson, M., & Medves, J. (2006). Core competencies for health care professionals: What medicine, nursing, occupational therapy, and physiotherapy share. *Journal of Allied Health, 35*(2), 109-115. This paper describes the amalgamation of the core competencies identified for medicine, nursing, physical therapy, and occupational therapy and the "harmonization" of these competencies into a framework for interprofessional education. The study was undertaken at a Canadian university with a Faculty of Health Sciences comprised of three schools (namely, medicine, nursing, and rehabilitation therapy). Leaders in interprofessional education began to identify the common standards for the core competencies expected of learners in all three schools at commensurate levels to facilitate the integration of educational curricula aimed at interprofessional education across the Faculty. The model that was created serves as a basis for curriculum design and
assessment of individuals and groups of learners from different domains across and within the four professions. It particularly highlights the relevance of cross-disciplinary competency teaching and 360-degree evaluation in teams. Most importantly, it provides a launch pad for clarifying performance standards and expectations in interdisciplinary learning.

Permission for the printing of this abstract was granted from Journal of Allied Health.


The paper presents a description of developing the Needs Assessment Project. Project goals included increasing knowledge in teaching and increasing interdisciplinary exchange between students and faculty in the allied health professions. The 2 year course curriculum which guides students and faculty through the development of a needs assessment instrument is discussed. Development of the tool is discussed; however, the tool is not implemented. Pilot evaluation strategies are mentioned.

Permission for the printing of this abstract was granted from Journal of Allied Health.


PBL and SBL are both compared and contrasted according to the literature. The paper outlines a pilot project in which both PBL and SBL strategies are implemented and evaluated. The evaluation includes qualitative (interview) and quantitative (questionnaire) methodologies. Suggested competencies for interprofessional education are outlined. This paper is geared towards program directors who may be interested in teaching using PBL strategies.

Permission for the printing of this abstract was granted from Academic Medicine.

**Editorials/Forums**


A panel discussion is presented. IPE competencies as stated by the PEW commission are outlined and web page addresses detailing strategies for IPE are provided for facilitators.

Permission for the printing of this abstract was granted from the Journal of Allied Health.

National Health Science Students' Association (NaHSSA) Facebook Forum.

http://www.facebook.com/group.php?gid=5635777372

The National Health Sciences Students' Association (NaHSSA) was established in 2005 and is the first national interprofessional student association in the world. NaHSSA is a network of local university and college-based chapters and students that promote interprofessional education and collaborative practice within Canada. NaHSSA enables students to advocate for and learn from this form of education through social networking and leadership opportunities.

Permission for the printing of this abstract was granted from NaHSSA.

In this discussion paper, strategies to increase knowledge of collaborative practice and client care to multidisciplinary clinical staff are examined. Permission for the printing of this abstract was granted from Dimensions in Critical Care Nursing.

Opinion Papers

Cody, W. K. (2001). Interdisciplinary and nursing: “Everything is everything,” or is it? Nursing Science Quarterly, 14(4), 274-280. The author's opinion of the relationship between nursing and interdisciplinary education is presented. The author outlines the evolution of the interprofessional education movement and gives some recommendations of how interdisciplinary education can be increased in the nursing profession. Permission for the printing of this abstract was granted from Nursing Science Quarterly.

Colyer, H., Helme, M., & Jones, I. (Eds.). (2005). The theory-practice relationship in interprofessional education. http://www.health.heacademy.ac.uk/publications/occasionalpaper/occ7.pdf Varied and distinctive emerging perspectives confer more than a cloak of academic respectability to interprofessional education as it enters the mainstream of higher education. Diverse, diverse and sometimes diverting theoretical perspectives are being introduced. The well-chosen theories in this paper will help to: Explain the distinctive qualities of interprofessional education, Embed interprofessional education within professional education, Relate learning to outcomes, Connect education and practice, Inform teaching and learning, Stretch students, Enlist academic disciplines, Prompt critical reflection, Formulate propositions to be tested, and Encourage further development. Opinion pieces found within the varying chapters. Permission for the printing of this abstract was granted from Colyer, H., Helme, M., & Jones, I.

Team and Group Building


Bion, W. R. (1961). Experiences in groups. New York: Basic Books. Wilfred Ruprecht Bion, 1897-1979, was a British psychoanalyst. A pioneer in group dynamics, he was associated with the 'Tavistock group', the group of pioneering psychologists that founded the Tavistock Institute in 1946 on the basis of their shared wartime experiences, and trained in psychoanalysis under the influence of Melanie Klein. He later wrote the influential Experiences in Groups, London: Tavistock, 1961. Experiences in Groups was an important guide for the group psychotherapy and encounter group movements beginning in the 1960s, and quickly became a touchstone work for applications of group theory in a wide variety of fields. Permission for the printing of this abstract was granted from Basic Books.

Businessballs http://www.businessballs.com/tuckmanformingstormingnormingperforming.htm This is an excellent website that provides information about small group or team dynamics and process. It includes descriptions of the stages of team development as described by Bruce Tuckman (forming, storming, norming performing and adjourning). The website also incudes

Much of the literature on interprofessional education (IPE) is descriptive, anecdotal, and atheoretical. To advance both practice and research in this field, IPE needs to develop theoretical frameworks that: (i) identify major concepts to guide the development of course and program structures and processes, (ii) specify learning objectives and effective methods for their achievement, (iii) suggest appropriate roles for faculty and students in the educational process, and (iv) aid in research and assessment of program impacts and outcomes. Following an exploration of what theory should mean and the role it might play in advancing IPE, this discussion surveys five different theoretical approaches for guidance in developing an IPE framework: (i) cooperative, collaborative, or social learning; (ii) experiential learning; (iii) epistemology and ontology of interdisciplinary inquiry; (iv) cognitive and ethical student development; and (v) education of the reflective practitioner. Common themes are discussed and their implications for IPE are explored. These include: (i) social context of collaborative and experiential learning, (ii) epistemology and ontology, facts and values, (iii) importance of reflection, and (iv) implications for student and faculty roles. Overall, this discussion aims to foster continued dialogue, discussion, and debate on the need for, and the role of, theory in IPE.


To lead effective groups or participate effectively on teams, healthcare professionals develop the skills of group facilitation, design group experiences using different frames of reference, and adapt group interventions to a broad range of client populations. A core text for over 12 years, this revised third edition of *Group Dynamics in Occupational Therapy* incorporates the AOTA's *Occupational Therapy Practice Framework* and provides an updated perspective on the design and use of groups in emerging practice areas. Throughout *Group Dynamics in Occupational Therapy, Third Edition*, both theory and application are updated with regard to the AOTA's Occupational Therapy Practice Framework and the WHO's International Classification of Functioning. New chapter topics include client-centered groups, groups as social contexts, and a laboratory experience for students in developing cultural competence. Cole's 7-step format for group leadership has been adapted for use in six different frames of reference: psychodynamic, behavioral and cognitive behavioral, cognitive disabilities, developmental, sensorimotor, and the model of human occupation. This helpful processing method
teaches students and therapists how to maximize client participation, facilitate group interaction, reinforce learning, and individualize application of occupational principles.

Permission for the printing of this abstract was granted from Slack Incorporated.

Corey, G., & Corey, M. (2002). *Groups: Process and practice*. (6th ed.). Pacific Grove, CA: Brooks/Cole. Drawing on their extensive clinical experience in working with groups, Marianne and Gerald Corey provide a realistic approach to the blending of theory with practice in group work. This best-selling text has been updated with new examples, guidelines, insights, and ideas that demonstrate how group leaders can apply the basic issues and key concepts of the group process to a variety of groups. Offering up-to-date coverage of both the "what is" and the "how to" of group counselling, the Seventh Edition features a greater focus on group work with children, the elderly, issues in both women's and men's groups and in school settings.


Ghaye, T. (2006). *Developing the reflective health care team*. Malden, MA: Wiley-Blackwell. Team working and learning through reflection are both fundamental to quality healthcare. This book is the first to explore the use of the practices of reflection to develop health care teams that can deliver sustainable, high-quality personalised care. Developing the Reflective Healthcare Team is structured in three parts which are about new views of reflective practice, improving team working, and the use of the TA2LK facilitative reflective process to develop high performing teams.

Permission for the printing of this abstract was granted from Wiley-Blackwell.


The GITT Kit Includes:

GITT Implementation Manual (2nd edition): The six chapters of this manual provide an overview of the GITT program including advice from interdisciplinary team experts on how to develop an action plan to adopt GITT at your institution, structure the clinical and didactic components of an interdisciplinary program and how to evaluate GITT at your institution.

GITT Curriculum Guide (2nd edition): Each of the following 6 topics included in this curriculum guide provide an overview of the topic with learning objectives for trainees: 1) Teams and Team Work, 2) Team Member Roles and Responsibilities, 3) Team Communication and Conflict Resolution, 4) Care Planning Process, 5) Multiculturalism and 6) Ethics and Teams.

CD-ROM (2nd edition): This electronic version of both the Implementation Manual and the Curriculum Guide provides a mechanism to individualize your GITT program. Reproduction of these materials, with proper references, is encouraged.

Videotape: This professionally produced videotape portrays four simulated team meetings. The scripts were written to demonstrate the following seven categories of behaviors: conflict, conflict management, teaching/learning, leadership styles, meeting behavior, meeting skills, and willingness to recognize other professional roles.
Nurse Practitioner Clinical Preceptor Guide: Developed by the GITT Nursing Special Interest Group, this clinical preceptor guide provides a useful tool for preceptors in the clinical site. Including in this pocket guide are tips on: the role of the preceptor, microskills for clinical teaching and setting up expectations for student performance.

Interdisciplinary Team Training Pocket Card: This pocket size card created by the GITT Medicine Special Interest Group features quick tips for team members. Including in this card are: eight principles of successful team work, the seven step meeting process, how to be an effective team, member guidelines for using different conflict-handling styles.

Permission for the printing of this abstract was granted from John A. Hartford Foundation.


This volume presents the work of clinical health care teams and natural work groups, quality improvement teams, committees, and task forces made up of employees in health care settings. Collaboration and interdependence in health care is necessary for health professionals to provide quality treatment and care to patients with complex, chronic problems. Working together fosters collaboration and interactive problem-solving among professionals from diverse disciplines and promotes understanding of the roles and contributions all disciplines make in delivering care and services to patients. Evaluating quality in the delivery of care and services to patients is also an important component of team performance as well as patient responses. This text discusses proven multidimensional instruments that measure team performance along with future needs for measuring team performance.

Permission for the printing of this abstract was granted from Kluwer Academic.


To discover what differentiates various levels of team performance, where and how teams work best, and how to enhance their effectiveness, the authors talked with hundreds of people involved in more than fifty different teams. The Wisdom of Teams includes stories and case examples involving real people and situations and shows why teams will be the primary building blocks of company performance in the future. Commitment to performance goals and common purpose is more important to team success than team building. Opportunities for teams exist in all parts of the organisation. Successful team leaders do not fit an ideal profile and are not necessarily the most senior people on the team.

Permission for the printing of this abstract was granted from Harvard Business School.


Building a team is similar to building a house—you have to start from the ground up. A team is made up of individuals with different talents, skills, and personal working styles. Learning to work together as a group can be as challenging as it is rewarding. Team Building, one of Crisp's most popular Fifty-Minute Books, is a primer on how to formulate strong teams through a climate of open communication, trust, and accountability. Like building a house, the fourth edition takes readers step by step through the process from creative ways to encourage teamwork to tips for handling conflicts effectively.

Permission for the printing of this abstract was granted from Crisp Publications.

Why do some people consistently inspire others to follow their lead? According to John C. Maxwell, author of 24 books and a regular speaker on the topic, it's the "character qualities" they possess. In *The 21 Indispensable Qualities of a Leader*, Maxwell identifies these top traits as character, charisma, commitment, communication, competence, courage, discernment, focus, generosity, initiative, listening, passion, positive attitude, problem-solving, relationships, responsibility, security, self-discipline, servanthood, teachability, and vision--and then defines them in ways that readers can absorb and utilize. Each is covered in a separate chapter opening with a high-concept definition and continuing with relevant anecdotes, details on its meaning, suggestions for further reflection, and exercises for improvement. For example, in the section on vision ("You can seize only what you can see"), Maxwell describes how Walt Disney initially developed the theme-park concept after accompanying his daughters to a fun-filled but rather shabby amusement park. He then analyzes how Disney's resultant projects drew on his personal history while meeting other's needs, and explains how readers must "listen to several voices" to develop successful foresight in a similar way. Finally, Maxwell suggests methods to articulate these visions and measure their implementation.

In the tradition of his CBA bestseller *The 21 Irrefutable laws of Leadership* and his sell-out seminars, author John C. Maxwell now provides a concise, accessible leadership book that helps readers become more effective leaders from the inside out. Daily readings highlight twenty-one essential leadership qualities and include "Reflecting On It" and "Bringing It Home" sections which help readers integrate and apply each day's material.


The number of organizations using teamwork is increasing. The team phenomenon has heightened our need to better understand what makes these groups more or less effective. Unfortunately, methods of assessing dynamic team processes such as group development have been limited. The purpose of this study was to create a simpler quantitative method of measuring temporal changes in group processes. A retrospective questionnaire was developed to measure the constructs of Tuckman's stage development model. Both the reliability and content validity analyses provided evidence that the retrospective method can be used to evaluate group development stages.


After taking this course, you will discover five tools that will help you recognize a problem, learn how to analyze a problem and its cause, find out how to outline your problem solving/decision making, and learn the eight tips that can improve a team's process.


This practical handbook helps nurses and associated personnel facilitate team development in health care settings. Each chapter focuses on a specific area of team development that serves as groundwork for team processes and operation. The book covers the full range of activities related to health care teams within a context of the health continuum. These team-building activities will
help build a strong foundation for effective teamwork. In addition, special team-building tools are provided, to use from the conception and design of a team through the successful implementation and continuation of activities.

Table of Contents: Transitions and Transformations: Making Sense of Change in Health Care · Working in a New World: Transforming the Organizational Structure · Getting Started with Teams · Getting Started: Making Teams Work · The Manager's Role in a Team-Based System · Effective Teams Begin with the Self · Supporting Teams: Creating Seamless Linkage · Trust: A Prerequisite for Sustaining a Team-Based System · Functioning in an Effective Team · Good Team Outcomes: The Promise and the Reality · Team-Based Performance Evaluation · Evaluating the Team

Permission for the printing of this abstract was granted from Mosby.

Tuckman, B. W. (1965). Developmental sequence in small groups. Psychological Bulletin, 63(6), 384-399. Fifty articles dealing with stages of group development over time are separated by group setting, as follows: therapy-group studies, T-group studies, and natural- and laboratory-group studies. The stages identified in these articles are separated into those descriptive of social or interpersonal group activities and those descriptive of group-task activities. Finally, 4 general stages of development are proposed, and the review consists of fitting the stages identified in the literature to those proposed. In the social realm, these stages in the developmental sequence are testing-dependence, conflict, cohesion, and functional roles. In the task realm, they are orientation, emotionality, relevant opinion exchange, and the emergence of solutions. There is a good fit between observed stages and the proposed model. Further study of temporal change as a dependent variable via the manipulation of specific independent variables is suggested. The purpose of this article is to review the literature dealing with the developmental sequence in small groups, to evaluate this literature as a body, to extrapolate general concepts about group development and to suggest fruitful areas for further research.

Copyright © [1965] by the American Psychological Association. Reproduced [or Adapted] with permission.

Tuckman, B. W., & Jensen, M. A. (1977). Stages of small-group development revisited. Group & Organizational Studies, 2(4), 419-427. The purpose of this review was to examine published research on small-group development done in the last ten years that would constitute an empirical test of Tuckman's (1965) hypothesis that groups go through the stages of "forming," "storming," "norming," and "performing." Of the twenty-two studies reviewed, only one set out to directly test this hypothesis, although many of the others could be related to it. Following a review of these studies, a fifth stage, "adjourning," was added to the hypothesis, and more empirical work was recommended.

Permission for the printing of this abstract was granted from Group & Organizational Studies.

Yalom, I. D., & Leszcz, M. (2005). The theory and practice of group psychotherapy. (5th ed.). New York: Basic Books. Hailed by Jerome Frank as "the best book that exists on the subject, today and for the foreseeable future," Irvin D. Yalom's The Theory and Practice of Group Psychotherapy has long been the standard text in its field. Indeed, in an earlier survey reported in the American Journal of Psychiatry, it was cited as one of the ten most influential psychiatry publications of that decade. Now Dr. Yalom is joined by Dr. Molyn Leszcz for this completely revised and expanded fifth edition. The authors present the latest research and clinical guidelines on group psychotherapy, and explore the most recent developments in the field, drawing on nearly a decade of new research as
well as their own broad clinical wisdom and experience. This edition features new sections on brief group therapy, online therapy groups, ethnocultural diversity, trauma, managed care, and specialized and structured groups (addictions and groups for the medically ill), as well as updated references and new clinical vignettes drawn from the authors' recent practice. The Theory and Practice of Group Psychotherapy is an informative text that is at once scholarly and lively. This new edition is the most up-to-date, incisive, and comprehensive text on group therapy available today.

Additional Resources for Team or Group Building


Popular Media for Curricula


Parker, F., & Faulk, D. (2004). Lights, camera, action: Using feature films to stimulate emancipatory learning in the RN to BSN student. Nurse Educator 29(4), 144-146. Nurse educators are continually challenged to develop and implement effective activities to stimulate reflective learning in the RN to BSN student. The authors discuss the successful use of the feature film My Life as a reflective learning activity for a family health systems course. While feature films have been used constructively to teach family systems and social development, there is scant literature on the use of feature film as a teaching strategy within the discipline of nursing. The authors present evidence of how a film promoted stimulating and powerful transformative learning.

Poirier, S., & Lipetz, M. (1987). Pharmacy in interprofessional education: A course on images of the health professions in the media. American Journal of Pharmaceutical Education, 51(2), 133-7. For the pharmacist or pharmacy student, who may not appear frequently on the hospital floor, lack of interaction with other health professionals may have unfortunate consequences. At a time when pharmacy is asserting its clinical role, isolation can be particularly counterproductive. Pharmacy students will daily encounter future colleagues who characterize (or caricature) the pharmacist as a "pill counter," who works in a lost corner of a chain "drugstore" or in the dingy basement of a
Such images, drawn from popular media as well as professional stereotypes, impede the integration of the pharmacist into the health care team in the eyes of both the public and other health professionals. Images of the Health Professions in the Media was designed to study popular stereotypes of several health professions in an interprofessional setting, with the goals of challenging stereotypes, fostering team attitudes among future health professionals, and creating an awareness in students of the power of the media in shaping the public images of the health professions.

Permission for the printing of this abstract was granted from the American Journal of Pharmaceutical Education.

Online Curricula Resources

Canadian Interprofessional Health Collaborative (CIHC). http://www.cihc.ca

The Canadian Interprofessional Health Collaborative (CIHC) is a two-year initiative funded by Health Canada (July 2006 – March 2008). The CIHC identifies and shares best practices and research in interprofessional education and collaborative practice. The goal of the CIHC is to evolve into an innovative, interactive and permanent hub for Canadian interprofessional activity. The synthesis of interprofessional education and collaborative patient-centred practice (IECP) research is a key component of CIHC’s work. As the CIHC identifies the best approaches to achieving IECPCP Canada-wide, subsequent changes to health professions curricula (pre and post-licensure) are necessary. The work of the CIHC Curricula Committee centers around studying and learning how current curricula relates to various groups impacted by IECPCP.

Permission for the printing of this abstract was granted from Canadian Interprofessional Health Collaborative.

Additional Curricula Resources

University of Toronto Office of Interprofessional Education

University of Toronto Office of Interprofessional Education has produced a series of 4 DVDs about different aspects of interprofessional education for collaborative patient-centred practice. The materials are intended to be used to educate healthcare professionals and health care students about interprofessional education.

The series includes:

DVD 1: Student Experiences in Interprofessional Education. "Note: This DVD is available only to those who have taken the Faculty Development "Leaders in IPE" course. This DVD contains 4 scenarios that set the basis for group discussions on teamwork and interprofessional collaboration.

DVD & CD Set 2: Collaboration in Primary Care: A Professional Development Multi-Media Toolkit. The DVD component of this kit contains a variety of video clips. The CD component of the kit contains a series of handouts and 3 PowerPoint presentations.

DVD 3: Interprofessional Education and Collaboration in Primary Care. This DVD contains 9 video clips that highlight interprofessional collaboration in a primary care setting.

DVD 4: Carole Laurin: Reflections on Interprofessional Care. In this DVD, Carole Laurin tells of her experiences with the health care system after suffering a stroke. Carole estimates that she saw over 300 healthcare providers during the course of her treatment and recovery process.

DVD 5: Don’t These People Talk to Each Other? A 21-minute video that engages members of the health services community, researchers and government representatives about IPE and the imperative for action.
DVD 6: Facilitating Interprofessional Collaboration with Students. A DVD and teaching insert that highlights key teaching principles, potential facilitation challenges and provides examples of effective facilitation with interprofessional groups of students.

All of the DVDs are available for purchase however you must possess a certificate of completion from the University of Toronto from their continuing education course "IPE for Leaders." All of the DVDs are $99.00 each except for the 2 DVD set of Collaboration in Primary Care which is $199.00. Orders or inquiries may be made by contacting: Office of Interprofessional Education, University of Toronto at University Health Network, Toronto Western Hospital, 750 Dundas Street West, Suite 3-302, Toronto, Ontario M6J 3S3, Tel: (416) 603-5800 ext: 2577 Fax: (416) 603-5580

Permission for the printing of this summary was granted from University of Toronto of Interprofessional Education.

Curricula Assessment Tools and Procedures


Permission for the printing of this abstract was granted from Blackwell.

http://www.health.heacademy.ac.uk/projects/miniprojects/occp5.pdf
The Health Sciences and Practice Subject Network applauds this guide as a timely addition to the growing literature on interprofessional education which has been given relatively recent emphasis in health and social work education in the UK. It is clear that there is a need for rigorous evaluation to determine the most effective methods for educational practice. Most educators do not have the time to delve into educational literature over and above their subject literature. A practical guide is therefore greatly welcomed. The guide also contains a glossary, which is an important feature especially in IPE where different disciplines use different terms. One of the barriers to IPE is that of the language used which this feature will help to overcome. Although the guide is set in the context of health and social care much of it is sufficiently generic to be of interest to people working in other fields of educational evaluation. In addition it is reassuringly realistic, as the authors try to ‘distinguish between the counsel of perfection and demands of reality in a busy teaching post’. We trust it will help us strengthen the evidence base of interprofessional education.

Permission for the printing of this abstract was granted from Higher Education Academy.

The authors describe the development and psychometric testing across three study phases of an Attitudes Toward Health Care Teams Scale. The measure contains two subscales: Quality of Care/Process (14 items) and Physician Centrality (6 items). The Quality of Care/Process subscale measures team members’ perceptions of the quality of care delivered by health care teams and the
quality of teamwork to accomplish this. The Physician Centrality subscale measures team members' attitudes toward physicians' authority in teams and their control over information about patients. Tests of reliability and validity demonstrate that each subscale is a strong measure of its respective underlying concept. The measure has potential for use as a research tool and as a pre- and posttest tool for educational interventions with teams and for evaluating clinically based team training programs for medical and health professions students and residents.

Permission for the printing of this abstract was granted from Evaluation and the Health Professions.


Permission for the printing of this abstract was granted from John A Hartford Foundation Inc.


No synopsis available.


The increased growth of interdisciplinary education programs in the allied health professions has presented the need for alternate forms of assessment that go beyond basic performance indicators. These assessments would gauge professionally oriented perceptions and related affective domains for participants in such programs. The present study describes the design and validation of an Interdisciplinary Education Perception Scale (IEPS) to meet that added assessment need. In addition to presenting the instrument and its scoring procedures, this study also offers cross-disciplinary normative data and statistical power estimates for appropriate use of the IEPS in evaluative and related research settings.

Permission for the printing of this abstract was granted from the Journal of Allied Health.


The extent to which health and social care (HSC) students hold stereotypical views of other HSC professional groups is of great potential importance to team working in health care. This paper explores students' perceptions of different HSC professional groups at the beginning of their university programmes. Findings are presented from an analysis of baseline data collected as part of the New Generation Project longitudinal cohort study which is assessing the impact of interprofessional education over time on a range of variables including stereotyping. Questionnaires were administered to a cohort of over 1200 students from 10 different HSC professional groups entering their first year of university. Stereotypes were measured using a tool adapted from Barnes et al. (2000) designed to elicit stereotype ratings on a range of nine characteristics. The findings confirm that students arrive at university with an established and
consistent set of stereotypes about other health and social care professional groups. Stereotypical profiles were compiled for each professional group indicating the distinctive characteristics of the groups as well as the similarities and differences between groups.

Midwives, social workers and nurses were rated most highly on interpersonal skills and on being a team player whilst doctors were rated most highly on academic ability. Doctors, midwives and social workers were perceived as having the strongest leadership role, whilst doctors were also rated most highly on decision making. All professions were rated highly on confidence and professional competence and, with the exception of social workers, on practical skills. A comparison of profiles for each professional group reveals that, for example, pharmacists and doctors were perceived as having very similar characteristics as were social workers, midwives and nurses. However, the profiles of nurses and doctors were perceived to be very different. The implications of these similarities and differences are discussed in terms of their potential impact on interprofessional interactions, role boundaries and team working.

Permission for the printing of this abstract was granted from Taylor and Francis and is available from: http://www.informaworld.com/smpp/content~db=all~content=a745952197

Partnerships/Collaboration

Collaborative practice is an interprofessional process for communication and decision-making that enables the separate and shared knowledge and skills of care providers to synergistically influence the client/patient care provided (Way, Jones & Busing, 2000).

Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) is grounded in partnerships and collaboration. These relationships can take the shape of the interface between providers, administrators, educators, students, agencies, and government. Central to this framework, however, is the client, be that an individual, a group or a community level. Much of the current literature on collaboration focuses on the relationship between individual health care provider groups. A discernable gap on client/patient-provider-health care system collaboration in terms of IECPCP exists but will hopefully evolve over time.

Refereed Publications


This paper discusses the concept of interprofessional learning based on empirical data from an evaluation of an interprofessional learning project that was set in a British primary health care centre. A process evaluation methodology was chosen to collect the data using semi-structured interviews and focus groups with stakeholders and staff to gather their experiences and views of the project and documentary data from records written over the lifetime of the project. The paper argues that an interprofessional learning culture requires time to become embedded in everyday practice and to achieve such a culture, shared values, aims and clear communication are essential. The data suggest that there is a need to recognize responsibility for one's own learning as individuals as well as learning as teams of work colleagues if interprofessional learning is to be successful. However, even when these pre-requisites of interprofessional learning are agreed and acknowledged openly in the workplace, participants in the development of a learning culture need
to recognize that there are structural controls which influence and constrain such developments which are external to participants and beyond their immediate control.

Permission for the printing of this abstract was granted from Taylor and Francis and is available from:
http://www.informaworld.com/smpp/content-db=all~content=a727325308

Arcangelo, V., Fitzgerald, M., Carroll, D., & Plumb, J. D. (1996). Collaborative care between nurse practitioners and primary care physicians. *Models of Ambulatory Care*, 23(1), 103-113. Background of NP role and responsibilities are outlined throughout this paper and compared to the role and responsibilities of primary care physicians. Collaboration is defined for readers and various models of collaboration are described. Advantages to collaboration are included in the discussion.

Permission for the printing of this abstract was granted from Models of Ambulatory Care.


Barr, H. (1998). Competent to collaborate: Towards a competency-based model for interprofessional education. *Journal of Interprofessional Care*, 12(2), 181-188. Barr deemed the following competencies to be necessary for effective collaboration to occur: contribute to the development and knowledge of others; enable practitioners and agencies to work collaboratively; develop, sustain and evaluate collaborative approaches; contribute to joint planning, implementation, monitoring and review; coordinate an interdisciplinary team; provide assessment of needs so that others can take action, evaluate the outcome of another practitioner’s assessment.

Permission for the printing of this abstract was granted from Taylor and Francis and is available from:
http://www.informaworld.com/smpp/content-db=all~content=a790853147

Bitros, B. S. (2005). Becoming an advocate for cancer pain management. *Journal of the American Osteopathic Association*, 105(11 Suppl 5), S4-8. Management of cancer pain is still a significant problem in healthcare today despite the fact that cancer pain can be controlled in approximately 90% of patients. Emotional, psychosocial, and spiritual suffering associated with the disease complicates the problem. Guidelines issued by the Agency for Healthcare Research and Quality address management of cancer pain. Pain intensity scales, complementary and alternative methods, and the role of the interdisciplinary care team, as well as the need to provide spiritual support to the patient and family, are included in the discussion.

Permission for the printing of this abstract was granted from the Journal of the American Osteopathic Association.

This article outlines a federally funded (Australia) project that developed a new primary health care service. A discussion is provided of “best practice research” and recommendations for cross sectional collaborations are outlined.

Permission for the printing of this abstract was granted from the International Journal of Nursing Practice.

This paper described the process and results of an interview with 5 physicians regarding their perceptions of the role of nurse practitioners. Themes include acceptance, reluctance to trust and legal liability. Interview results indicate that one of the largest barriers to physician-nurse practitioner collaboration is lack of role understanding.

Permission for the printing of this abstract was granted from the Journal of the Academy of Nurse Practitioners.

This paper describes a study in progress which examines the amount of collaboration that exists between district nurses, general practitioners, and health visitors (patients, family members, etc.) in the UK. An evaluation component is described to include qualitative and quantitative methodologies. Data collection methods used included: structured interview, attitudes towards collaboration questionnaires, and semi-structured interviews. Preliminary data shows that collaboration does exist between all participant groups. Results indicate that proximity (between general practitioners and district nurses) plays a role in the amount of collaboration perceived.

Permission for the printing of this abstract was granted from Nursing Times.

The Interprofessional Rural Program of British Columbia IRPbc was established in 2003 as an important first step for the Province of British Columbia, Canada, in creating a collaborative interprofessional education initiative that engages numerous communities, health authorities and post-secondary institutions in working toward a common goal. Designed to foster interprofessional education and promote rural recruitment of health professionals, the program places teams of students from a number of health professional programs into rural and remote British Columbia communities. In addition to meeting their discipline specific learning objectives, the student teams are provided with the opportunity to experience the challenges of rural life and practice and advance their interprofessional competence. To date, 62 students have participated in the program from nursing, social work, medicine, physical therapy, occupational therapy, pharmaceutical sciences, speech language pathology, audiology, laboratory technology, and counseling psychology. While not without numerous struggles and challenges, IRPbc has been successful in meeting the program mandate. It has also had a number of positive outcomes not anticipated at the time the program was established.

Permission for the printing of this abstract was granted from Taylor and Francis and is available from:
http://www.informaworld.com/smpp/content~db=all~content=a743775069

A model of nurse-physician interaction in proposed and presented by the author. The article also contains a review of the literature surrounding nurse-physician collaboration, an analysis of the existing research associated with the nurse-physician relationship, and ideas for future research. Permission for the printing of this abstract was granted from the Scholarly Inquiry for Nursing Practice: An International Journal.


This paper describes the nature of a collaborative practice agreement and provides guidelines for the development and implementation of the collaborative practice agreement from a nursing perspective. Permission for the printing of this abstract was granted from AACN Clinical Issues.


In this project, quantitative surveys were administered to male and female physicians in university and community affiliated hospitals in the United Sates and Mexico. Evaluation focused on attitudes towards physician – nurse collaboration. Results indicate the most negative attitudes towards collaboration occur in male Mexican physicians, and nurses from the United States are the most open to collaboration. Implications and limitations of the findings are discussed. Permission for the printing of this abstract was granted from Nursing Research.


This paper describes a collaborative initiative in which multidisciplinary meetings were held to help staff members on continuing care units decrease the fear of loss experienced by elderly clients. Qualitative evaluation included a structured interview. Overall students reported that they found the learning to be appropriate and useful. Implications for future research are discussed. Permission for the printing of this abstract was granted from Nurse Education Today.


Benefits and barriers to collaborative practice in the context of midwifery are discussed throughout this article. The relationship between mid-wives and collaborative practice is examined briefly. Permission for the printing of this abstract was granted from the Journal of Nurse-Midwifery.


Most health professionals in training, as well as those in practice, lack the knowledge and skills they need to play an effective role in systems improvement. Until very recently, these competencies were not included in formal (or informal) educational curricula. Interprofessional collaboration - another core competency needed for successful systems improvement - is also
inadequately taught and learned. Achieving Competence Today (ACT) was designed as a new model for interprofessional education for quality, safety and health systems improvement. The core of ACT is a four-module active learning course during which learners from different disciplines work together to develop a Quality Improvement Project to address a quality or safety problem in their own practice system. In this paper we describe the ACT program and curriculum model, discuss our strategies for maximizing ACT’s interprofessional potential, and make recommendations for the future.

Permission for the printing of this abstract was granted from Taylor and Francis and is available from:
http://www.informaworld.com/smpp/content~db=all~content=a757726442

Lassen, A., Fosbinder, D., Minton, S., & Robins, M. (1997). Nurse/physician collaborative practice: Improving health care quality while decreasing the cost. Nursing Economics, 15(2), 78-100. This paper offers a critical examination of collaboration through a cost benefit analysis in the context of client care. A collaborative practice protocol is offered and benefits of adopting such a protocol are discussed.

Permission for the printing of this abstract was granted from Nursing Economics.

Lorenz, A., Mauksh, L., & Gawinski, B. A. (1999). Models of collaboration. Mental Health, 26(2), 401-410. This paper outlines factors contributing to successful collaboration in primary care settings, while at the same time presenting a theoretical spectrum upon which health care consumers may fall to varying degrees in a mental health context.

Permission for the printing of this abstract was granted from Mental Health.

MacIntosh, J., & McCormack, D. (2001). Partnerships identified within primary health care literature. International Journal of Nursing Studies, 38, 547-555. This article provides a review of the literature surrounding interprofessional teams within primary health care. Strategies for collaboration as well as implications and barriers to collaboration as identified in the literature are discussed.

Permission for the printing of this abstract was granted from the International Journal of Nursing Studies.


Permission for the printing of this abstract was granted from Outcomes Management for Nursing Practice.

McLain, B. R. (1988). Collaborative practice: The nurse practitioner’s role in its success or failure. Nurse Practitioner, 13(5), 31-38. This paper describes the relationship between physicians and nurse practitioners in both private and public joint practice. Explanations for joint practice are offered by participants and keys for conducting relationships that are conducive to collaborative practice are explained.

Permission for the printing of this abstract was granted from Nurse Practitioner.

The conceptual framework ‘The Web of Causation’ is applied to the concepts of interdisciplinary shared language when dealing with infant mortality. The framework is presented as a way to understand all factors influencing infant mortality rates.

Permission for the printing of this abstract was granted from Holistic Nursing.

The paper presents MD and NP perceptions of collaborative practice as examined through a mixed model, mail back survey. A longitudinal follow up to work done by Mautsh and Campbell was also conducted. Findings revealed that NPs perceive collaboration in a more positive light than MDs. Implications and limitations of the study are discussed.

Permission for the printing of this abstract was granted from Nursing and Health Care Perspectives.

Collaboration between Nurse Practitioners and primary health care physicians is defined and the current situation in the USA is examined. Barriers to collaboration are discussed and strategies for successful collaboration are outlined.

Permission for the printing of this abstract was granted from Clinical Nurse Specialist.

Possessing a wide mix of non-clinical competences is important for professionals involved in managed clinical networks (MCNs). Skills that stand out are related to interpersonal issues, problem solving, decision-making, and managing change. Interprofessional and interorganizational collaboration is important in health care generally and is not confined to MCNs. Skills are likely to have relevance in wider contexts. Training needs identified for professionals in MCNs relate to skills associated with working in challenging situations, including: 'managing change,' 'conflict resolution,' and 'negotiation.' Limited generalizations about profession-specific skills and training needs can be made. However, it is more appropriate to identify skills needed for the specific role(s) an individual is asked to perform, and to investigate if there are performance gaps between skills and competencies.

Permission for the printing of this abstract was granted from Taylor and Francis and is available from: http://www.informaworld.com/smpp/content~db=all~content=a713726411

This paper describes service learning and the potential application to nursing education. Different strategies of learner involvement are outlined for facilitators. Evaluation of the model consists of qualitative and quantitative techniques. Qualitative data showed that students valued their participation and found the work to be clinically relevant.

Permission for the printing of this abstract was granted from the Journal of Nursing Education.

No synopsis available.

Team functioning in primary health care is discussed in this document. Models for implementing primary health care teams are provided in various settings. Benefits of collaboration are provided. Permission for the printing of this abstract was granted from the Journal of Ambulatory Care Management.


This article describes the benefits of a collaborative practice agreement for nurse practitioners. Permission for the printing of this abstract was granted from the Journal of Pediatric Health Care.


The paper presents a general background of collaborative learning with a service learning focus. A holistic model of collaborative education is provided and several small projects that exemplify this model are described. Permission for the printing of this abstract was granted from Holistic Nursing Practice.


In this discussion paper, strategies to increase knowledge of collaborative practice and client care to multidisciplinary clinical staff are examined. Permission for the printing of this abstract was granted from Dimensions in Critical Care Nursing.


This paper describes the activities of 113 Health discipline students (medicine and nursing) who participated in IPE activities that were led by multiprofessional facilitators. Pre and post intervention data was collected using quantitative and qualitative methods. Data was also collected from the facilitators. Quantitative data showed no significant difference between the groups – while qualitative data indicated that students wished to learn multiprofessionally. Permission for the printing of this abstract was granted from Medical Education.


Collaboration styles between nurses and physicians are examined through the type of communication used between the parties. Three of Norton’s Communication styles are examined through interactions between physicians and nurses working in ambulatory and inpatient medical centres. Evaluation strategies are not fully explained. The strongest study findings indicate that perceptions of collaboration and quality of patient care vary depending mostly on the type of communication style used by the physician. Permission for the printing of this abstract was granted from the Journal of Nursing Care Quality.

A discussion paper in which a definition for collaborative practice is provided along with an outline of potential barriers, benefits and keys for success in collaborative practice. Permission for the printing of this abstract was granted from Outcomes Management for Nursing Practice.

This article describes the nurse practitioner – physician dyad in a Canadian CHC and relates the processes developed for this collaboration to all primary health care settings. There is no evaluative component to this article. Permission for the printing of this abstract was granted from the Journal of the Canadian Medical Association.

Final report of a pilot project funded by the HTF to develop, implement and evaluate an intervention that supports physician and nurse practitioner collaborative practice and to develop post graduate education for family medicine residents and nurse practitioners. Evaluation included qualitative and quantitative methodologies. Measurements were collected from various participant groups pre and post intervention. The report contains descriptions on data collection and analysis procedures as well as a discussion of curriculum development and recommendations. Findings from this work were published as a manuscript: Permission for the printing of this abstract was granted from the University of Ottawa.

Background: Collaborative practice involving nurse practitioners (NPs) and family physicians (FPs) is undergoing a renaissance in Canada. However, it is not understood what services are delivered by FPs and NPs working collaboratively. One objective of this study was to determine what primary health care services are provided to patients by NPs and FPs working in the same rural practice setting. Methods: Baseline data from 2 rural Ontario primary care practices that participated in a pilot study of an outreach intervention to improve structured collaborative practice between NPs and FPs were analyzed to compare service provision by NPs and FPs. A total of 2 NPs and 4 FPs participated in data collection for 400 unique patient encounters over a 2-month period; the data included reasons for the visit, services provided during the visit and recommendations for further care. Indices of service delivery and descriptive statistics were generated to compare service provision by NPs and FPs. Results: We analyzed data from a total of 122 encounters involving NPs and 278 involving FPs. The most frequent reason for visiting an NP was to undergo a periodic health examination (27% of reasons for visit), whereas the most frequent reason for visiting an FP was cardiovascular disease other than hypertension (8%). Delivery of health promotion services was similar for NPs and FPs (11.3 v. 10.0 instances per full-time equivalent [FTE]). Delivery of curative services was lower for NPs than for FPs (18.8 v. 29.3 instances per FTE), as was provision of rehabilitative services (15.0 v. 63.7 instances per FTE). In contrast, NPs provided more services related to disease prevention (78.8 v. 55.7 instances per FTE) and more supportive services (43.8 v. 33.7 instances per FTE) than FPs. Of the 173 referrals made during encounters with FPs, follow-up with an FP was recommended in 132 (76%) cases and with an NP in 3 (2%). Of the 79 referrals made during encounters with NPs, follow-up with an NP was recommended in
47 (59%) cases and with an FP in 13 (16%) (p < 0.001). Interpretation: For the practices in this study NPs were underutilized with regard to curative and rehabilitative care. Referral patterns indicate little evidence of bidirectional referral (a measure of shared care). Explanations for the findings include medicolegal issues related to shared responsibility, lack of interdisciplinary education and lack of familiarity with the scope of NP practice.

Permission for the printing of this abstract was granted from the Canadian Medical Association Journal.

A model that may be used to develop collaborative practices between family physicians and nurse practitioners is described in this discussion paper. The paper outlines key components of collaborative practice including role clarification and identification of shared and separate functions.

Permission for the printing of this abstract was granted from the Ontario College of Family Physicians.

Collaborative practice was investigated through a study which examined physician involvement and IPE strategies. Staff members placed on patient care units completed 2 surveys that utilized both qualitative and quantitative techniques. Physicians, pharmacists, social workers, therapists, dieticians, and nurses from 7 hospital wards participated in this study. Study results indicated that among other things, attitudes towards collaboration were higher on wards where physician involvement was high.

Permission for the printing of this abstract was granted from Clinical Nurse Specialist.

The relationship between general practitioners and practice nurses in Australia and Britain examined through a methodological review of the literature. Best practices for collaboration are extrapolated from the literature and outlined.

Permission for the printing of this abstract was granted from Contemporary Nurse.

Books

This chapter contains definitions and indicators of ‘collaboration’. Strategies for effective collaboration are described and nursing perspectives on collaboration in various settings is outlined. This chapter also provides a cost benefit analysis of collaboration.

Permission for the printing of this abstract was granted from Springer.

Editorials/Forums

A panel discussion is presented. IPE competencies as stated by the PEW commission are outlined and web page addresses detailing strategies for IPE are provided for facilitators. Permission for the printing of this abstract was granted from the Journal of Allied Health.

Powell, J. Y., Privetter, A., Miller, S. D., & Whittaker, J. K. (2001). In quest of an interdisciplinary helping process framework for collaborative practice in systems of care. *Child Mental Health: Exploring Systems of Care in the New Millennium, 5*(4), 25-34. This paper reviews a symposium held to facilitate the development of interdisciplinary collaborative practice initiatives for families with children who have emotional dysfunctions. The first step of the initiative is the development of a framework. Presentations included a review of the relevant literature and a question and answer period. Permission for the printing of this abstract was granted from Child Mental Health: Exploring Systems of Care in the New Millennium.


Thompson, E. J., & Inama Roda, P. (1999). Ensuring competencies of multidisciplinary staff in patient-focused care. *Dimensions in Critical Care Nursing, 18*(4), 36-45. In this discussion paper, strategies to increase knowledge of collaborative practice and client care to multidisciplinary clinical staff are examined. Permission for the printing of this abstract was granted from Dimensions in Critical Care Nursing.

Zwarenstein, M., & Reeves, S. (2002). Working together but apart: Barriers and routes to nurse-physician collaboration. *Journal on Quality Improvement, 28*(5), 242-247. Discussion of factors that constrain (barriers) collaboration between nursing and medicine disciplines. Human factors are described through an engineering approach in health care. Permission for the printing of this abstract was granted from the Journal on Quality Improvement.

**Opinion Papers**

Disch, J. (2002). Collaboration is in the eye of the beholder. *Journal of Quality Improvement, 28*(5), 233-234. The author positions herself between two contrasting arguments regarding the facilitation and usefulness of collaboration. This article is based on the author’s opinion of two standpoints extrapolated from the literature. Permission for the printing of this abstract was granted from the Journal of Quality Improvement.


The authors share their opinion of the professional issues facing nurses and nurse practitioners in Britain. Aspects of the nurse practitioner role discussed include prescribing and support.

Permission for the printing of this abstract was granted from the British Journal of Nursing.


This in an opinion paper where the implications of collaborative practice on quality of patient care is discussed from the author’s point of view.

Permission for the printing of this abstract was granted from the American Journal Health-Systems Pharmacist.


An opinion paper that describes the author’s view of a nursing perspective to an interdisciplinary team. The author presents that nursing should stand out on a team and not become part of the ‘melting pot’ syndrome which occurs on interdisciplinary teams. The culture of nursing is discussed from the author’s perspective.

Permission for the printing of this abstract was granted from Nursing Outlook.


The author discussed barriers to collaborative health care through the presentation of models for collaboration. Strategies for collaboration are also presented.

Permission for the printing of this abstract was granted from Nanchoff-Glatt, M.


Opinion paper outlining the perceived relationship between doctors and nurses; issues discussed include stereotypes and resentment.

Permission for the printing of this abstract was granted from the British Medical Journal.

**Popular Media**


Inpatient treatment strategies are presented in a psychological context. Describes a physician orientation to a traditionally psychological team and multidisciplinary roles are discussed.

Permission for the printing of this abstract was granted from the Bulletin of the Menninger Clinic.


Publication of a lecture presented in 1992. The lecture discusses the nature of nurse collaboration and responsibilities.

Permission for the printing of this abstract was granted from Watermann, Taylor, J.
Whitehead, D. (2000). Applying collaborative practice to health promotion. *Nursing Standard, 15*(1), 33-37. This article outlines areas for collaboration among nursing professionals. The different types of working environments nurses may encounter and settings in which these environments occur are recognized. Advantages and disadvantages of collaboration are brought forward. Permission for the printing of this abstract was granted from Nursing Standard.

### Online Resources

Canadian Interprofessional Health Collaborative (CIHC). http://www.cihc.ca

The Canadian Interprofessional Health Collaborative (CIHC) is a two-year initiative funded by Health Canada (July 2006 – March 2008). The CIHC identifies and shares best practices and research in interprofessional education and collaborative practice. The goal of the CIHC is to evolve into an innovative, interactive and permanent hub for Canadian interprofessional activity. The synthesis of interprofessional education and collaborative patient-centred practice (IECPCP) research is a key component of CIHC’s work. CIHC’s structure is designed to link with and share knowledge across IECPCP projects, jurisdictions and systems, and ultimately with those stakeholders who will best benefit from the knowledge we create. The CIHC Partnerships Committee is a working group to develop partnership strategies to further the work of the CIHC and enable sustainability. Permission for the printing of this abstract was granted from Canadian Interprofessional Health Collaborative.

### Partnership/Collaboration Assessment Tools and Procedures

Heinemann, G. D., Schmitt, M. H., Farrell, M. P., & Brallier, S. A. (1999). Development of an attitudes toward health care teams scale. *Evaluation and the Health Professions, 22*, 133-142. The authors describe the development and psychometric testing across three study phases of an Attitudes Toward Health Care Teams Scale. The measure contains two subscales: Quality of Care/Process (14 items) and Physician Centrality (6 items). The Quality of Care/Process subscale measures team members’ perceptions of the quality of care delivered by health care teams and the quality of teamwork to accomplish this. The Physician Centrality subscale measures team members’ attitudes toward physicians’ authority in teams and their control over information about patients. Tests of reliability and validity demonstrate that each subscale is a strong measure of its respective underlying concept. The measure has potential for use as a research tool and as a pre- and posttest tool for educational interventions with teams and for evaluating clinically based team training programs for medical and health professions students and residents. Permission for the printing of this abstract was granted from Evaluation and the Health Professions.

Baggs, J. G. (1994). Development of an instrument to measure collaboration and satisfaction about care decisions. *Journal of Advanced Nursing, 20*, 176-182. This paper explains the development of a tool to measure the level of collaboration required between MDs and nurses when making patient care decisions. Reliability and validity of the instrument was tested using a sample of ward nurses and physicians. Preliminary tests of the scale appear to be supported. Permission for the printing of this abstract was granted from the Journal of Advanced Nursing.


Permission for the printing of this abstract was granted from John A Hartford Foundation Inc.


The increased growth of interdisciplinary education programs in the allied health professions has presented the need for alternate forms of assessment that go beyond basic performance indicators. These assessments would gauge professionally oriented perceptions and related affective domains for participants in such programs. The present study describes the design and validation of an Interdisciplinary Education Perception Scale (IEPS) to meet that added assessment need. In addition to presenting the instrument and its scoring procedures, this study also offers cross-disciplinary normative data and statistical power estimates for appropriate use of the IEPS in evaluative and related research settings.

Permission for the printing of this abstract was granted from the Journal of Allied Health.


No synopsis available.

Research and Evaluation

Many of the following resources can be categorized as either research or evaluation. The Canadian Interprofessional Health Collaborative distinguishes the two as follows:

The purpose of evaluation is to improve, not prove. Evaluation is project specific, assessing the processes required to achieve a particular set of outcomes with the purpose of revising or refining the project (formative evaluation) and assessing whether or not a set of outcomes have been achieved (summative evaluation).

Research studies must be conceptualized, designed and conducted in such a way that its findings can be generalized or extrapolated to circumstances outside of any particular project. (CIHC, 2007)

Refereed Publications


This paper describes the interim data of a study examining physicians' perceptions of the roles and responsibilities of nurse practitioners. Preliminary data show that physicians that have had
experience working with primary care nurse practitioners have a more positive attitude towards collaboration than those with no experience.

Permission for the printing of this abstract was granted from the Archives of Family Medicine.


This paper describes an interprofessional education pilot project conducted in Dalhousie. Key learning principles and implementation strategies in the development of an interprofessional ethics module are defined. Evaluation consisted of quantitative and qualitative techniques. Barriers and recommendations for change (including mandatory attendance) are suggested.

Permission for the printing of this abstract was granted from the Journal of Allied Health.


Health Canada (the federal government department in Canada responsible for health issues) commissioned a research team to conduct an environmental scan and research report in order to understand interprofessional education and collaborative patient-centred practice (IECPCP). This paper presents the findings from semi-structured telephone interviews with key informants conducted as part of the environmental scan. Grounded theory analysis was employed in order to identify factors associated with interprofessional education and collaborative practice initiatives. These factors were grouped according the following themes: lack of consensus regarding terminology; the need for both champions and external support; sensitization to the effects of professional culture, and logistics of implementation. Findings are discussed related to the literature and to the other papers included in this supplement to the Journal of Interprofessional Care.

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Integrated interprofessional care teams are the focus of Canadian and American recommendations about the future of health care. Keeping with this, a family medicine teaching site developed an educational initiative to expose trainees to interprofessional care processes and learning (Interprofessional Care Review; IPC). A formative evaluation pilot study was completed using one-on-one interviews and a focus group (n=6) with family medicine residents. A semi-structured guide was utilized regarding: knowledge, skills and attitudes related to interprofessional care; their experience of the processes utilized in IPC. Data were analyzed using content analysis. Residents' perspectives on their learning revolved around four themes: changes to understanding and practice of interprofessional care; personal impact of IPC; learning about other health professionals; tension and challenges of IPC learning and clinical implementation. Residents valued the educational experience, but identified that faculty supervisors provided “mixed messages” in the value of collaborating with other health professionals. Implications regarding future educational and research opportunities are discussed.

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Barr, H., & Ross, F. (2006). Mainstreaming interprofessional education in the United Kingdom: A position paper. *Journal of Interprofessional Care, 20*(2), 96-104. Interprofessional education (IPE) is being built into the mainstream of professional education for all health and social care professions throughout the United Kingdom (UK) driven by the Labour Government elected in 1997, coincidentally the year that this Journal hosted the first All Together Better Health conference in London. The incoming government prioritized pre-qualifying IPE to be provided in partnership by universities and service agencies supported regionally by workforce development confederations, later absorbed into strategic health authorities (SHAs), and centrally by educational, professional and regulatory bodies. Ambitious agenda for pre-qualifying IPE set by government are being tempered by realistic assessment of current outcomes borne of experience and corroborated by evidence. This paper suggests some ways to ease constraints and improve outcomes, but emphasizes the need to generate continuing interprofessional learning opportunities that build on the basics. It argues that accumulating experience and evidence must be brought to bear in formulating criteria for the approval and review of IPE within regulatory systems for professional education. Can IPE be sustained within mainstream professional education once initial enthusiasm ebbs and earmarked funds run dry? That is the issue.

Permission for the printing of this abstract was granted from Taylor and Francis and is available from: http://www.informaworld.com/smpp/content~db=all~content=a745952187


Careberry, C. (1998). Outcomes steering practice: When the ends determine the means. *International Journal of Nursing Practice, 4*, 2-8. This article outlines a federally funded (Australia) project that developed a new primary health care service. A discussion is provided of “best practice research” and recommendations for cross sectional collaborations are outlined. Permission for the printing of this abstract was granted from the Journal of Nursing Practice.

Cario, M. J. (1996). Emergency physicians' attitudes toward the emergency nurse practitioner role: Validation versus rejection. *Journal of the Academy of Nurse Practitioners, 8*(9), 411-416. This paper described the process and results of an interview with 5 physicians regarding their perceptions of the role of nurse practitioners. Themes include acceptance, reluctance to trust and legal liability. Interview results indicate that one of the largest barriers to physician-nurse practitioner collaboration is lack of role understanding. Permission for the printing of this abstract was granted from the Journal of Academy of Nurse Practitioners.
This paper describes a study in progress which examines the amount of collaboration that exists between district nurses, general practitioners, and health visitors (patients, family members, etc.) in the UK. An evaluation component is described to include qualitative and quantitative methodologies. Data collection methods used included: structured interview, attitudes towards collaboration questionnaires, and semi-structured interviews. Preliminary data shows that collaboration does exist between all participant groups. Results indicate that proximity (between general practitioners and district nurses) plays a role in the amount of collaboration perceived.

Permission for the printing of this abstract was granted from Nursing Times.

This paper describes the results of a feasibility study of interprofessional education (IPE) in North West England. Three focus groups were conducted with a total of 34 individuals, representing health care faculty, students and consumer groups. The three themes of advantages of IPE, challenges in implementation of IPE, and the role of IPE in the creation of professional identification are discussed.

Permission for the printing of this abstract was granted from Medical Teacher.

We report a comprehensive, longitudinal evaluation of a two-year, part-time postgraduate programme designed to enable health and social care professionals in England to work together to deliver new community mental health services, including psychosocial interventions (PSIs). The study tracked three successive cohorts of students (N = 111) through their learning. Outcomes were assessed according to the Kirkpatrick/Barr et al. framework using a mixed methodology, which employed both quantitative measures and interviews. The students evaluated the programme positively and appreciated its focus on interprofessional learning and partnership with services users, but mean levels of stress increased and almost one quarter dropped out. There was considerable evidence of professional stereotyping but little evidence of change in these during the programme. Students reported substantial increases in their knowledge and skills in multidisciplinary team working and use of PSIs (p < 0.001). Experiences in the implementation of learning varied; in general, students reported significantly greater role conflict (p = 0.01) compared to a sample of their team colleagues (N = 62), but there was strong evidence from self-report measures (p < 0.001) and work-place interviews that the students’ use of PSIs had increased. Users with severe mental health problems (N = 72) randomly selected from caseloads of two cohorts of students improved over six months in terms of their social functioning (p = 0.047) and life satisfaction (p = 0.014). Having controlled statistically for differences in baseline score, those in the intervention (programme) group retained a significant advantage in terms of life skills (p < 0.001) compared to service users in two non-intervention comparison groups (N = 133). Responses on a user-defined measure indicated a high level of satisfaction with students’ knowledge, skills and personal qualities. We conclude that that there is strong evidence that a well-designed programme of IPE can be effective in helping students to learn new knowledge and skills, and to implement
their learning in the workplace. Further, we consider that there is some modest evidence of the benefits of such learning for service users.

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This article describes an IPE program for medical and nursing students. The contact hypothesis in relation to IPE is described. The research contained measures of knowledge (re: roles), attitudes towards teaming and process evaluations. Students demonstrated increased knowledge and indicated that IPE was of value to them.

Permission for the printing of this abstract was granted from Medical Education.

In this article we report the results of a longitudinal study of an intervention to enhance interdisciplinary team functioning in a primary care setting. Components of the team development intervention are outlined. Team members’ assessments of progress towards expressing values consistent with an effective team—as measured through the System for the Multiple Level Observation of Groups (SYMLOG)—are presented and discussed. Institutional, organizational, and team related supports and barriers that affect the development of collaborative, integrated teams are identified and discussed; implications for ensuring teams’ success are presented.

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An evaluation study of an undergraduate HIV/AIDS interprofessional education program using standardized patients for medical, nursing and pharmacy students is discussed. Student reported greater awareness of roles and improved attitudes to teamwork as a result.

Permission for the printing of this abstract was granted from Education for Health.

This study examined the attitudes of Canadian academic administrators in medicine, nursing, pharmacy, social work, occupational therapy, and physiotherapy post-secondary programs towards IPE. Attitudes, perceived barriers, and suggested pre-clinical subject areas are discussed.

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Interprofessional collaboration is a key factor in initiatives designed to increase the effectiveness of health services currently offered to the public. It is important that the concept of collaboration be well understood, because although the increasingly complex health problems faced by health professionals are creating more interdependencies among them, we still have limited knowledge of the complexity of interprofessional relationships. The goal of this literature review was to identify conceptual frameworks that could improve our understanding of this important aspect of health organizations. To this end, we have identified and taken into consideration: (A) the various definitions proposed in the literature and the various concepts associated with collaboration, and (B) the various theoretical frameworks of collaboration. Our results demonstrate that: (1) the concept of collaboration is commonly defined through five underlying concepts: sharing, partnership, power, interdependency and process; (2) the most complete models of collaboration seem to be those based on a strong theoretical background, either in organizational theory or in organizational sociology and on empirical data; (3) there is a significant amount of diversity in the way the various authors conceptualized collaboration and in the factors influencing collaboration; (4) these frameworks do not establish clear links between the elements in the models and the outputs; and (5) the literature does not provide a serious attempt to determine how patients could be integrated into the health care team, despite the fact that patients are recognized as the ultimate justification for providing collaborative care.

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This paper explores the factors that influence the persistence of unsafe practice in an interprofessional team setting in health care, towards the development of a descriptive theoretical model for analyzing problematic practice routines. Using data collected during a mixed method interview study of 28 members of an operating room team, participants' approaches to unsafe practice were analyzed using the following three theoretical models from organizational and cognitive psychology: Reason's theory of "vulnerable system syndrome", Tucker and Edmondson's concept of first and second order problem solving, and Amalberti's model of practice migration. These three theoretical approaches provide a critical insight into key trends in the interview data, including team members' definition of error as the breaching of standards of practice, nurses' sense of scope of practice as a constraint on their reporting behaviours, and participants' reports of the forces influencing tacit agreements to work around safety regulations. However, the relational factors underlying unsafe practice routines are poorly accounted for in these theoretical approaches. Incorporating an additional theoretical construct such as "relational coordination" to account for the emotional human features of team practice would provide a more comprehensive theoretical approach for use in exploring unsafe practice routines and the forces that sustain them in healthcare team settings.

Permission for the printing of this abstract was granted from Quality & Safety in Health Care.
A pilot test of the Training Ward (London, England) is discussed in this paper. Evaluation included qualitative and quantitative measures pre, mid and post intervention. Focus of the evaluation was on learning outcomes (knowledge, skills), expectations, and actual experiences. A patient satisfaction questionnaire was also mentioned. Areas for improvement and initial benefits of the program are outlined.
Permission for the printing of this abstract was granted from Nurse Education Today.

This report provides a clinical review of 220 clinical evaluations of interprofessional education based on a systematic review of Medline CINAHL and the British Educational Index.
Permission for the printing of this abstract was granted from Learning and Teaching Support Network (LTSN).


This study examined students’ perceptions of interdisciplinary health care practice in a facilitated, community-based practicum experience. Students’ perceptions of interdisciplinary practice relative to their own profession and other health disciplines were examined before and after involvement in mobile service delivery to the older adult in a collaborative team approach. The Interdisciplinary Education Perception Scale was used to collect data before and after planned and facilitated interdisciplinary experiences of students enrolled in health professional programs (nursing, dietetics, physical therapy, occupational therapy, pharmacy, health education, social work, and physician assistant). Univariate repeated-measures analysis of variance revealed significant pretest to posttest and discipline effects following the interdisciplinary interaction of students in the practicum experience. Univariate analysis revealed a significant change in students’ perceptions of professional competence and autonomy, actual cooperation and resource sharing within and across professions, and understanding of the value and contributions of other professionals from pretest to posttest. The findings support the need for educators to facilitate communication through innovative interdisciplinary clinical opportunities for health professions students to influence perceptions that promote active participation in a team approach to care delivery in an increasingly complex health care system.
Permission for the printing of this abstract was granted from the Journal of Allied Health.
Hean, S., & Dickinson, C. (2005). The contact hypothesis: An exploration of its further potential in interprofessional education. *Journal of Interprofessional Care, 19*(5), 480-491. This paper highlights the research challenges that face researchers wishing to build the evidence base around interprofessional education (IPE). It concentrates specifically on the short-term impact of IPE on a student population. The Contact Hypothesis is a particularly useful theoretical framework to address these challenges as well as guide the development of IPE interventions. A brief description of this theory and the closely-related theories of social identity and categorization is made in order to support and clarify this theoretical position. The application of the Contact Hypothesis as it has already been made in the IPE field is also described. The paper then addresses how the Contact Hypothesis can be further utilized to address IPE research needs. Through consideration of critique of this theory outside of this field, the development of this framework beyond its early applications to the IPE field are addressed in terms of future direction, the caveats and models of IPE that now require empirical testing.

Permission for the printing of this abstract was granted from Taylor and Francis and is available from: http://www.informaworld.com/smpp/content~db=all~content=a727325296

Hojat, M., Nasca, T. J., Cohen, M. J. M., Fields, S. K., Rattner, S. L., Griffiths, M., Ibarra, D., de Gonzalez, A., Torres-Ruiz, A., Iberra, G., & Garcia, A. (2001). Attitudes toward physician-nurse collaboration: A cross cultural study of male and female physicians in the United States and Mexico. *Nursing Research, 50*(2), 123-128. In this project, quantitative surveys were administered to male and female physicians in university and community affiliated hospitals in the United States and Mexico. Evaluation focused on attitudes towards physician – nurse collaboration. Results indicate the most negative attitudes towards collaboration occur in male Mexican physicians, and nurses from the United States are the most open to collaboration. Implications and limitations of the findings are discussed.

Permission for the printing of this abstract was granted from Nursing Research.

Holman, C., & Jackson, S. (2001). A team education project: An evaluation of a collaborative education and practice development in a continuing care unit for older people. *Nurse Education Today, 21*, 97-103. This paper describes a collaborative initiative in which multidisciplinary meetings were held to help staff members on continuing care units decrease the fear of loss experienced by elderly clients. Qualitative evaluation included a structured interview. Overall students reported that they found the learning to be appropriate and useful. Implications for future research are discussed.

Permission for the printing of this abstract was granted from Nurse Education Today.

Horsburgh, M., Perkins, R., Coyle, B., & Degeling, P. (2006). The professional subcultures of students entering medicine, nursing and pharmacy programmes. *Journal of Interprofessional Care, 20*(4), 425-431. This study sought to determine the attitudes, beliefs and values towards clinical work organization of students entering undergraduate medicine, nursing and pharmacy programmes in order to frame questions for a wider study. In the Faculty of Medical and Health Sciences, The University of Auckland students entering medicine, nursing and pharmacy programmes completed a questionnaire based on that used by Degeling et al. in studies of the professional subcultures working in the health system in Australia, New Zealand, England and elsewhere. Findings indicate that before students commence their education and training medical, nursing and pharmacy students as groups or sub-cultures differ in how they believe clinical work should be organized.
Medical students believe that clinical work should be the responsibility of individuals in contrast to nursing students who have a collective view and believe that work should be systemized. Pharmacy students are at a mid-point in this continuum. There are many challenges for undergraduate programmes preparing graduates for modern healthcare practice where the emphasis is on systemized work and team based approaches. These include issues of professional socialization which begins before students enter programmes, selection of students, attitudinal shifts and interprofessional education.

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Pain is a prevalent problem in community care and there is evidence that knowledge and understanding of pain management can be lacking among health professionals, leading to undertreatment. This mini-review aimed to assess the effectiveness of interprofessional education on health professionals’ pain documentation and on the pain intensity reported by patients. A search of key databases identified two randomized controlled trials and two quasi-experimental studies. Two studies assessed change in pain documentation following interprofessional education; one revealed a statistically significant improvement and another indicated 29% increase in documentation of pain assessments. Two studies demonstrated no significant changes in patient outcomes, while the other revealed significant improvements. However, integration of the results was not possible because of the various methods of measurement used by the different researchers. Although broadly supportive of interprofessional education, the evidence is not helpful in determining the best way of improving pain management in the community.

Permission for the printing of this abstract was granted from the British Journal of Community Nursing.


Background: A multidisciplinary approach to the education of health professionals is being increasingly promoted as a means to cultivate collaborative practice between professions in the health care sector and to enhance patient care. Method: One hundred and two students from seven different University of Queensland Health Science disciplines completed between one and three interprofessional seminars involving small group work, case discussion, expert panel presentation, and interactive question and answers. Results: Paired sample T testing indicated significant differences in pre- and post-responses related to knowledge of effective clinical management, multidisciplinary assessment, goal setting, roles and responsibilities, and referral networks across all disciplines. Similar testing also indicated significant shifts in attitude to increased job satisfaction, reduced fragmentation of care, and reduction in professional boundaries related to multidisciplinary care. Ninety-six percent of participants indicated that the benefit of a team approach was effectively modelled. Discussion: Undergraduate interprofessional education can result in highly significant shifts in knowledge of, and attitudes to, multidisciplinary team care.

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Interprofessional education among health care professionals has been recommended as a way to improve the quality of services. This paper analyses the results of an evaluative study of a
practitioner-led, interprofessional programme for preregistration health care students, the Trust-Based Education and Training Programme, developed by South West London and St George's Mental Health NHS Trust in collaboration with several local universities. Permission for the printing of this abstract was granted from Nursing Times.

Jones, M., & Salmon, D. (2001). The practitioner as policy analyst: A study of student reflections of an interprofessional course in higher education. *Journal of Interprofessional Care, 15*(1), 67-77. Health and welfare practitioners in the United Kingdom have experienced and continue to experience considerable turbulence as services and occupational boundaries undergo restructuring. To a significant extent such turbulence is driven by policies that promote interprofessional agendas. This paper reports on an evaluation of a higher education programme that adopted a social policy approach to the analysis of interprofessional working. The retrospective views were sought of nursing, midwifery, social work and community and youth work post-qualifying students with use of semi-structured questionnaires and focus groups. Although difficulties were encountered with the political science focus to the programme, overall the participants very positively evaluated the opportunity to engage in policy analysis in a shared learning environment. Given the highly politicised, complex and shifting environment of interprofessional working, it is suggested that the study lends support to the argument that 'policy acumen' is a central skill for contemporary health and welfare practitioners. The paper, therefore, starts to explore issues of particular relevance for educationalists involved in developing frameworks for interprofessional programmes particularly in higher education. Permission for the printing of this abstract was granted from Taylor and Francis and is available from: [http://www.informaworld.com/smpp/content-db=all~content=a713678604](http://www.informaworld.com/smpp/content-db=all~content=a713678604)

Juggins, K. J., Feinmann, C., Shute, J., & Cunningham, S. J. (1995). Psychological support for orthognathic patients: What do orthodontists want? *Journal of Orthodontics, 33*(2), 107-115. Aims: (1) To evaluate consultant orthodontist opinion on referral of orthognathic patients to a liaison psychiatrist or psychologist and (2) To investigate the value of training orthodontic specialists in recognition of patients with psychological profiles that might affect orthognathic outcome. Design: Questionnaire-based study. Subjects and Methods: A structured questionnaire was distributed to all consultant orthodontists in the UK. Results: Approximately 40% of consultants thought that up to 10% of their orthognathic patients would benefit from psychological assessment by appropriately trained personnel. Twenty per cent of consultants were not certain what proportion of their patients would benefit from referral and over half the respondents said they do not refer any orthognathic patients for assessment. The most common reasons for referral were past/current psychiatric history (36%), unrealistic expectations (32%), 'gut instinct' (14%), no significant clinical problem (13%). Reasons not to refer were: nobody to refer to (30.5%), fear of patient reacting badly (15.8%), not sure who to refer to (14.7%), response from mental health team not useful (12.4%), waiting list too long (9.6%). The majority of clinicians felt they would benefit from training in this field (84.7%), as over 80% reported no teaching or training in psychological assessment/management. Conclusions: Although we have no evidence to prove that interdisciplinary care is better for patients, clinical experience and reports from clinicians working in large centres, tells us there are probable advantages. The development of a training programme for both orthodontists and mental health teams would seem to be beneficial for both clinicians and patients. Permission for the printing of this abstract was granted from the Journal of Orthodontics.

Interprofessional education in health care in general and palliative care has been the focus of increasing attention in recent years. However, there is still controversy about its outcomes and few courses have been evaluated. The aims of this evaluation were to explore (1) the career progression of former students who attended an interprofessional MSc in palliative care; (2) the activities former students were engaged in as a result of attending the course; and (3) the experience of attending an interprofessional postgraduate course in palliative care. Former students who attended the course between January 1998 and January 2004 were surveyed using a postal questionnaire. Of the 56 students who completed the course, 44 (79%) responded; 23 (52%) were doctors, 20 (45%) nurses, and one an occupational therapist. Career progression was significant for doctors (Z=-2.08, p=0.04) and for nurses (Z=-2.4, p=0.017). Thirty-nine (89%) former students believed this was due to attending the course. Former students described a wide range of clinical, research, and service development activities they were involved in as a result of attending the course. Qualitative data highlighted the benefits of attending an interprofessional course where the following themes became evident: lateral thinking, challenging misconceptions, enhancing teamwork opportunities, and professional networks and confidence. Funding should be made available to extend interprofessional education to a wide range of professionals who care for patients with advanced disease and their families.

Permission for the printing of this abstract was granted from the Journal of Palliative Care.


No synopsis available.


Modern medicine is complex. Reports and surveys demonstrate that patient safety is a major problem. Health educators focus on professional knowledge and less on how to improve patient care and safety. The ability to act as part of a team, fostering communication, co-operation and leadership is seldom found in health education. This paper reports the findings from pilot testing a simulated training program in interprofessional student teams. Four teams each comprising one medical, nursing, and intensive nursing student (n = 12), were exposed to two simulation scenarios twice. Focus groups were used to evaluate the program. The findings suggest that the students were satisfied with the program, but some of the videos and simulation exercises could be more realistic and more in accordance with each other. Generally they wanted more interprofessional team training, and had learned a lot about their own team performance, personal reactions and lack of certain competencies. Involving students in interprofessional team training seem to be more likely to enhance their learning process. The students’ struggles with roles, competence and team skills underline the need for more focus on combining professional knowledge learning with team training.

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A 2-year interprofessional family-oriented training programme for professionals working in the field of primary services (e.g. health care, social welfare, schools, day care) started in Oulu Province, Finland, in 2000. It aimed to provide the trainees with skills to work with families in interprofessional teams, to support them to cope better and to encourage them to develop new models for helping clients. Seventy-six trainees from 13 professions participated. This paper describes the structure, methods and the content of the programme and evaluates its success. Material was content analysed from participants' evaluations at the end of the programme and discussion during a focus group in which three trainees and three trainers participated. During the programme trainees' working methods moved from being detached experts towards client and family-orientation. Job satisfaction also improved. They began to appreciate interprofessional teamwork and found that client and family-oriented working methods supported families in using their own resources in solving problems. The study indicated that the sufficiently long process of education where the interprofessional collaboration has been put in practice already during the education is needed to change the theoretical framework and practical working methods of the trainees.


A two-day multiprofessional course for final year medicine undergraduates is explored. Students participated in a multiprofessional course and were interviewed by telephone one year after beginning their professional practices. Participants included physicians, dentists, physical therapists, occupational therapists and nurses. Participants reported an increased professional knowledge of others and increased attitudes towards multiprofessional teaming.


This paper describes the development and preliminary validation of a measure to investigate interprofessional attitudes and how these attitudes change over time. Items for the questionnaire were elicited from 'construct exercises' with staff from different Health Schools resulting in a 20-item 'Attitudes to Health Professionals Questionnaire' (AHPQ). The questionnaire was completed by first year students from five different health professions. Its structure was evaluated using principal components analysis, the internal consistency was determined and the test-retest reliability assessed. Analysis of these data led to rephrasing/removal of certain items and a revised form of the AHPQ. The revised AHPQ was completed by a different cohort of students and a preliminary validation was carried out. A solution with two main components labelled 'caring' and 'subservient' emerged from analysis of the structure of the initial AHPQ, the overall internal consistency was good although the test-retest reliability varied. Preliminary validation of the revised questionnaire suggested significant differences, on both scales, in students' attitudes towards different health professions at the outset of their training. The AHPQ appears to be a useful instrument for the assessment of interprofessional attitudes in the health professions.

This paper describes the development and evaluation of an interprofessional learning (IPL) programme at the pre-registration level. The principal aim of the study was to investigate whether case-based learning in cross-professional groups is a feasible and an effective way to conduct interprofessional education (IPE). Student volunteers from five different health professional training programmes were allocated to two groups: an intervention group and a control group. Interprofessional attitudes of all students were measured at the beginning and at the end of the study. Group members fed back their views about their learning experience after the 9-week long intervention. The study reports significant effects of the intervention on students' attitudes to different health professions. For example, students in the intervention group tended to view each profession as more 'caring' when compared to the control group. Student feedback was positive, with the main message to integrate the programme in the timetable and to introduce an opportunity for IPE in future years. The initial findings reported in this paper show that this is a feasible and an effective way to deliver IPE across the wide range of professions in the study and that the learning programme was viewed positively by the students who took part.

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The Toronto Rehabilitation Institute (Toronto Rehab) is a current leader in the movement of interprofessional education (IPE) initiatives in Ontario, Canada. Nine students from seven different health care disciplines, including medicine, nursing, occupational therapy, pharmacy, physiotherapy, social work, and speech language pathology participated in the second IPE clinical placement in the winter of 2005 on Toronto Rehab's Stroke inpatient unit. In an effort to increase interprofessional collaboration, improve communication skills, foster respect and enhance knowledge of the different roles each discipline plays on the health care team, these students met together over a five week period and participated in interprofessional group sessions led by different health care professional leaders from the unit. This paper discusses the students’ perspectives on this IPE experience and the corresponding benefits and challenges. All participants in the study recognized the importance of interprofessional teamwork in patient care and agreed that all health care education should include opportunities enabling them to develop the skills, behaviours and attitudes needed for interprofessional collaboration.

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A systematic review of interprofessional education (Freeth et al., 2002) revealed that there were many weaknesses in the current body of knowledge of interprofessional education outcomes. One reason for this was the lack of good quality study designs for evaluating the outcomes of interprofessional education. This paper discusses the range of tools that were found in the literature and describes the production and validation of two questionnaires that can be used as part of an interprofessional evaluation strategy. Firstly, a Generic Role Perception Questionnaire...
which can be used for measuring the perception of the role of a range of professions and a Nursing Role Perception Questionnaire used specifically for measuring the perception of the role of a nurse. Repertory grid technique was selected to elicit constructs from a multiprofessional group of final year undergraduate students. This pool was then used to develop the two questionnaires. Factor analysis, internal consistency and test re-test measures are used along with evidence of validity. The questionnaires were found to have acceptable validity and reliability and could be used as part of an IPE evaluation strategy to measure changes in professional role perception in an undergraduate population.

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Successful collaboration in health care teams can be attributed to numerous elements, including processes at work in interpersonal relationships within the team (the interactional determinants), conditions within the organization (the organizational determinants), and the organization's environment (the systemic determinants). Through a review of the literature, this article presents a tabulated compilation of each of these determinant types as identified by empirical research and identifies the main characteristics of these determinants according to the conceptual work. We then present a "showcase" of recent Canadian policy initiatives - The Canadian Health Transition Fund (HTF) - to illustrate how the various categories of determinants can be mobilized. The literature review reveals that very little of the empirical work has dealt with determinants of interprofessional collaboration in health, particularly its organizational and systemic determinants. Furthermore, our overview of experience at the Canadian HTF suggests that a systemic approach should be adopted in evaluative research on the determinants of effective collaborative practice.

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The original version of the Readiness for Interprofessional Learning Scale (RIPLS) was published by Parsell and Bligh (1999). Three sub-scales with acceptable or high internal consistencies were suggested, however two publications suggested different sub-scales. An investigation into how to improve the reliability for use of the RIPLS instrument with undergraduate health-care students commenced. Content analysis on the original 19 items involving experienced health-care staff resulted in four sub-scales. These sub-scales were then used to formulate a possible model within a structural equation model. The goodness of fit was assessed using a sample (n = 308) of new first year undergraduate students from 8 different health and social care programmes. The same data was fitted to each of the two original sub-scale models suggested by Parsell and Bligh (1999)
and the results compared. The fit of the new four sub-scale model appears superior to either of the original models. The new four factor model was then tested on subsequent data (n = 247) obtained from the same students at the end of their first year. The fit was seen to be even better at the end of the academic year.

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A pilot interprofessional education (IPE) placement for undergraduate health care professional students was undertaken in rural Victoria, Australia from 2001 to 2003. Medical, nursing, physiotherapy and pharmacy students were involved, and the project is ongoing. This paper briefly outlines the educational model, then focuses on the evaluation methods and results obtained from student evaluations. The placement experience improved self-reported teamwork skills and knowledge, and supported participating students' belief in the value of interprofessional practice. Placements strengthened nursing and allied health students' intention to work in rural health settings after graduation. The rural interprofessional educational experience improved interprofessional abilities in a group of students who have the potential to influence change towards collaborative practices in their future workplaces. The results obtained provide sufficiently strong evidence to justify the continuation and expansion of this educational model in the Australian setting. Pedagogical and evaluation modifications are discussed that may benefit future IPE programs.

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This study into understanding health care teams began with listening to participants’ teamwork experiences. It unfolded through a dialectic of iterations, analyses and critique towards a simplified model comprising six key characteristics of effective teams. Using the complementary theoretical perspectives of personal construct theory and inductive theory building, three research methods were used to collect a range of participant perspectives. A purposive sample of 39 strategic informants participated in repertory grid interviews and clarification questionnaires. A further 202 health care practitioners completed a purpose designed Teamwork in Healthcare Inventory. All responses were transformed through three iterations of interactive data collection, analysis, reflection and interpretation. Unstructured participant perspectives were qualitatively categorised and analysed into hierarchies to determine comparative contributions to effective teamwork. Complex inter-relationships between conceptual categories were investigated to identify four interdependent emerging themes. Finally, a dynamic model of teamwork in health care organisations emerged that has functional utility for health care practitioners. This Healthy Teams Model can be utilised in conjunction with a Reflective Analysis and Team Building Guide to facilitate team members to critically evaluate and enhance their team functioning.

Permission for the printing of this abstract was granted from Taylor and Francis and is available from: http://www.informaworld.com/smpp/content-db=all~content=a723985018

Management practice arising from parallel policies for modernizing health systems is examined across a purposive sample of 16 countries. In each, novel organizational developments in primary care are a defining feature of the proposed future direction. Semistructured interviews with national leaders in primary care policy development and local service implementation indicate that management strategies, which effectively address the organized resistance of medical professions to modernizing policies, have these four consistent characteristics: extended community and patient participation models; national frameworks for interprofessional education and representation; mechanisms for multiple funding and accountabilities; and the diversification of non-governmental organizations and their roles. The research, based on a two-year fieldwork programme, indicates that at the meso-level of management planning and practice, there is a considerable potential for exchange and transferable learning between previously unconnected countries. The effectiveness of management strategies abroad, for example, in contexts where for the first time alternative but comparable new primary care organizations are exercising responsibilities for local resource utilization, may be understood through the application of stakeholder analyses, such as those employed to promote parity of relationships in NHS primary care trusts.

Permission for the printing of this abstract was granted from Health Services Management Research.


The paper presents MD and NP perceptions of collaborative practice as examined through a mixed model, mail back survey. A longitudinal follow-up to work done by Mautsh and Campbell was also conducted. Findings revealed that NPs perceive collaboration in a more positive light than MDs. Implications and limitations of the study are discussed.

Permission for the printing of this abstract was granted from Nursing and Health Care Perspectives.


In an adaptation of Weiss’ classification, Nutley, Walter and Davies identify four main types of research utilization: 1. Instrumental: research feeding directly into decision-making (this is the least common outcome, and is more likely when findings are non-controversial and require little change or support the status-quo); 2. Conceptual: change in decision-makers’ understanding of a situation, even if the findings themselves don’t lead to a change in policy; 3. Mobilization of support: research as an instrument of persuasion; 4. Wider influence: beyond the institutions and events being studies (by influencing, for example, policy paradigms or belief communities).

These authors also identify two main process models: 1. Research into practice – the evidence is external to the world of stakeholders, this is a one-dimensional, linear and logical process (the underlying assumption being that if an idea/finding is good enough, it will be used); 2. Research in practice – evidence generation and professional practice are much more closely involved, the gap between the “two-communities” is effectively being bridged. Research is now conceptualised as a learning process. In this context, “change initiatives need to be considered in relation to the heterogeneous framework of political power, agency interests and professional knowledge in which they are embedded” (Nutley, Walter and Davies, 2003; 133).

Permission for the printing of this abstract was granted from Evaluation.

This qualitative study explored student perceptions of an interprofessional component of an elective course. Fourteen students from medicine, nursing, pharmacy and social work participated in focus group interviews. Experiential components of the course were more meaningful to students than theoretical components. All results of the study are discussed.

Permission for the printing of this abstract was granted from *Medical Teacher*.


This is a study exploring participants' views regarding a series of shared or interprofessional learning sessions carried out in a primary care setting in Bradford, UK. One-hundred-and-twenty-four participants including doctors, practice nurses, nurse practitioners and health visitors attended six expert-led, case-based learning sessions on clinical topics relevant to their work. The evaluation of the sessions is presented, from questionnaire feedback including open responses. Participants had high expectations of shared learning, which was largely met in terms of sharing ideas regarding professional roles and sharing clinical knowledge and skills. Variations between professionals, and between sessions, are noted and discussed. It was concluded that shared or interprofessional learning in the workplace is valued by clinicians, can help improve understanding of professional roles and also enhance clinical learning.

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This paper describes service learning and the potential application to nursing education. Different strategies of learner involvement are outlined for facilitators. Evaluation of the model consists of qualitative and quantitative techniques. Qualitative data showed that students valued their participation and found the work to be clinically relevant.

Permission for the printing of this abstract was granted from the *Journal of Nursing Education*.


A longitudinal quantitative study in an English faculty of health and social care explored the effects of a pre-qualifying interprofessional curriculum for students from 10 professional programmes. Students completed questionnaires containing four attitude scales on entry to the faculty, during their second year and at the end of their final year. While the strongest influence on students’ attitudes at qualification appeared to be their professional programme, an interprofessional curriculum did seem to have an effect on the perception of their own professional relationships.

Permission for the printing of this abstract was granted from *Health and Social Care in the Community*.

A study in an English Faculty of Health and Social Care explores the effects of a pre-qualifying interprofessional curriculum incorporating interprofessional modules in each year of study. The study design involves collecting data on entry to the Faculty, after completion of the second interprofessional module, on qualification and after 9 months qualified practice. At each point, students complete questionnaires concerning communication and teamwork skills and interprofessional learning and working. This paper presents results from 723 students at the second data collection point. Although most students were positive about their communication and teamwork skills, they were less positive than on entry to the Faculty. Similarly there was a negative shift in students' attitudes to interprofessional learning and interprofessional interaction. Nevertheless, most students were positive about their own interprofessional relationships. Mature students' responses were more positive than those of younger students. The emergence of differences in responses based on a professional programme suggests that interprofessional education may not necessarily influence professional socialization. Demographic and professional variables affecting students' responses in their second year of study demonstrate the complexity of student learning. The planned follow-up of the students will show whether variables affecting interim data have a long-term effect on attitudes.

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There is considerable evidence to indicate that patient satisfaction is directly related to the communication skills of health care providers. However, communication is an area in which health care practitioners often fail to meet patients' needs. Interprofessional education (IPE) is advocated as one way of improving health care communication for the consequent development of interprofessional care. However, poorly planned and delivered IPE can reinforce professional differences, so it is imperative that its introduction is based upon sound evidence of local need, opportunity and resources. A multidisciplinary and cross university project was designed to identify opportunities for, and best practice in, IPE in communication skills amongst undergraduate health care practitioners within one Workforce Development Directorate (WDD) in England. Methods included a comprehensive literature review of relevant educational initiatives, together with telephone and e-mail interviews with key informants in higher education institutions (HEIs) across the UK. This paper reports the findings from the interviews. Based upon these findings, a series of recommendations are made for the planning, implementation, and evaluation of IPE in communication skills, which should be taken into account by local curriculum planning groups.

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http://www.informaworld.com/smpp/content~db=all~content=a713995878


This paper explores attitudes to, and perceptions of, the impact of interprofessional postgraduate education for primary health care professionals, based on a postal survey of 153 primary health care professionals undertaking postgraduate qualifications in New Zealand. The response rate was 75% (114/153 responses); comprising 79 doctors, 28 nurses, 7 other health professionals. As a result of their postgraduate education, 92% (104/113) reported improvement in their own practice; 68% (72/106) reported a positive influence on their workplace practice. Forty-eight percent
(53/111) increased their understanding of their own professional role; 79% (77/98) increased their understanding of another professional groups' skills and competencies. Twenty-two percent (25/114) perceived increased career opportunities within a year; 56% (64/114) in the longer term. Only 12% (14/114) perceived future increases in income as a result of their study. Interprofessional postgraduate qualification study for primary health care professionals in New Zealand resulted in personal and professional benefit for individuals and their clinical practice, and increased understanding about their own and other health professionals' roles. The interprofessional nature of the education was seen as positive, contributing to a modest increase in collaboration between health professional groups. Barriers to furthering participation in interprofessional learning and increasing intersectorial collaboration in the workplace are identified and discussed.

Permission for the printing of this abstract was granted from Taylor and Francis and is available from:
http://www.informaworld.com/smpp/content~db=all~content=a727498049

Rafter, M. E., Pesun, I. J., Herren, M., Linfante, J. C., Mina, M., Wu, C. D., & Casada, J. P. (2006). A preliminary survey of interprofessional education. *Journal of Dental Education, 70*(4), 417-427. The purpose of this article is to review the literature on interprofessional education (IPE) and report on a preliminary survey of the current status of interprofessional education in seven academic health centers (AHCs) that have schools of dentistry associated with them. There is wide variability in interpretation of the term "interprofessional," and many barriers to interprofessional education exist including already overcrowded curricula in health professions schools, lack of support from faculty and administration, and financial constraints. Based on interviews completed at the authors' home institutions, it was recommended that topics such as ethics, communication skills, evidence-based practice, and informatics could be effectively taught in an interprofessional manner. Currently, some academic health centers are attempting to develop interprofessional education programs, but most of these efforts do not include dental students. Of the seven AHCs investigated in this study, only two had formal interprofessional educational activities that involved students from two or more health professions education programs. Dental school participants in this study professed a strong interest in interprofessional programs, but many interviewees from other professional schools and AHC administrators perceived that the dental school was isolated from other schools and disinterested in IPE. Many health care setting models in the future will include dentists as part of an interdisciplinary health care team; consequently, it is important for dental schools to become an active participant in future interprofessional educational initiatives.

Permission for the printing of this abstract was granted from the Journal of Dental Education.

Reeves, S., & Pryce, A. (1998). Emerging themes: An exploratory research project of an interprofessional education module for medical, dental, and nursing students. *Nurse Education Today, 18*, 534-541. In this paper, qualitative and quantitative research methods were used to evaluate a community-based model of interprofessional education for medicine, dentistry and nursing students. Preliminary study results indicated that a perceived knowledge gap exists between medical and nursing students based on the academic status of these two groups. Further research ideas are proposed. Overall positive attitudes towards interprofessional teaming were observed.

Permission for the printing of this abstract was granted from Nurse Education Today.

Rodger, S., Mickan, S., Marinac, J., & Woodyatt, G. (2005). Enhancing teamwork among allied health students: Evaluation of an interprofessional workshop. *Journal of Allied Health, 34*(4), 230-235. This report outlines the teamwork learning outcomes of an interprofessional workshop conducted with a cohort of 81 graduate-entry students of occupational therapy, physiotherapy, speech pathology, and audiology. This four-hour workshop was based around a case scenario of a child with developmental coordination disorder. This report describes and evaluates the development of knowledge and skills of teamwork that were facilitated through this workshop. Students completed questionnaires before and after the workshop about their knowledge of teamwork, requisites for working together, the utility of the workshop, and learning outcomes. The evaluation indicated that the workshop was successful from the students' perspectives in confirming the importance of teamwork and the processes of communication and collaborative goal setting. Students refined their own professional roles and developed an appreciation of the contribution of other professions and parents. This recognition of the comparative value of different professional contributions in providing holistic patient care is one of the starting points for education about interprofessional teamwork.

Permission for the printing of this abstract was granted from the Journal of Allied Health.

Russell, L., Nyhof-Young, J., Abosh, B., & Robinson, S. (2006). An exploratory analysis of an interprofessional learning environment in two hospital clinical teaching units. *Journal of Interprofessional Care, 20*(1), 29-39. An analysis of a teaching environment with regard to interprofessional practice was done using both qualitative and quantitative methods. Medical, nursing and other health professional staff and students from two hospital units (medical and surgical) completed two surveys. The students were also interviewed. Staff differed in survey results among disciplines, with nurses and other health professionals having a more positive view of interprofessional collaboration than physicians. Student interviews supported our hypothesis that little formal or informal interprofessional education occurred during clinical rotations. Students had little understanding of the nature of collaborative behavior, and appeared to learn their discipline's attitudes and practices through tacit observation of staff behaviors. This appears to reinforce disciplinary stereotypes, and may be a significant barrier to the development of collaborative practice. These results have implications for the design of interprofessional curriculum in clinical practicums.

Permission for the printing of this abstract was granted from Taylor and Francis and is available from: http://www.informaworld.com/smpp/content-db=all-content=a743775059


Stew, G. (2005). Learning together in practice: A survey of interprofessional education in clinical settings in South-East England. *Journal of Interprofessional Care, 19*(3), 223-235. This article describes the outcomes of a two-year project, commissioned by the Department of Health, to investigate the development of pre-registration education for the allied health professions in Kent, Surrey and Sussex. A range of data collection methods were adopted in order to identify where and how interprofessional education (IPE) was occurring in clinical settings. It was found
that IPE is highly contextualized, and develops according to a variety of situational factors. The types of IPE encountered are described and their respective features, strengths and limitations are discussed.

Permission for the printing of this abstract was granted from Taylor and Francis and is available from: http://www.informaworld.com/smpp/content~db=all~content=a713995871

This paper explores some issues associated with evaluating interprofessional education (IPE) programs. It proposes options that harness the synergy made possible through interdisciplinary and multi-method approaches. Both qualitative and quantitative research approaches are suggested. It is argued that traditional, control group experimental designs may not be adequate, appropriate or reasonable as the sole means of evaluating interprofessional education. The example of the four-year Rural IPE (RIPE) project, from south eastern Australia, is provided to suggest ways to identify indicators and implement features of successful IPE programs. It offers an interdisciplinary approach to measuring the effectiveness of IP programs. A particular focus is the use of self-assessment to both monitor and promote structured reflective learning and practice. Sample triangulatory data are presented from a range of evaluation methods collected from the RIPE project. The results suggest evidence of some significant educational gains as a result of this intervention. The data, the methods and the analyses may be useful for others interested in implementing or strengthening interprofessional education. The paper suggests a judicious, customized and balanced blend of methods and methodologies may offer more useful ways forward than relying on single method controlled studies which are, in any case, rarely feasible.

Permission for the printing of this abstract was granted from Taylor and Francis and is available from: http://www.informaworld.com/smpp/content~db=all~content=a747733257

No synopsis available.

Objectives: A two-year family-oriented interprofessional education programme for professionals working in the field of primary services (e.g. health care, social welfare, school, day care) was started in the Province of Oulu, Finland in 2000. The programme aimed to provide the participants (n = 76) with skills to work with families in interprofessional collaboration. The study investigated the views and working methods of all the 14 nurses who participated in the course. STUDY Design: Qualitative study employing the content analysis method. Methods: The data were collected by using open-ended questions at the beginning and at the end of the education and analysed with the method of content analysis. Results: Initially, the nurses were aware of the significance and the premises of family-oriented interprofessional collaboration, but seldom implemented them in practice. At the end of the programme, their working methods had changed from expert- to client- and family-oriented direction. They began to appreciate interprofessional collaboration and found that client- and family-oriented working methods supported families' own resources. Conclusions: In order to change the theoretical framework and practical working methods of the professionals a sufficiently long process of education is needed where the interprofessional collaboration is put into practice already during the education. Even though this education programme was developed and
implemented for professionals working in the primary social and health care services in the Northern Finland, we believe that it is applicable to the teaching of interprofessional collaboration in different settings in different countries.

Permission for the printing of this abstract was granted from the International Journal of Circumpolar Health.

Tucker, K., Wakefield, A., Boggis, C., Lawson, M., Roberts, T., & Gooch, J. (2003). Learning together: Clinical skills teaching for medical and nursing students. Medical Education, 37(7), 630-637. This paper describes the activities of 113 Health discipline students (medicine and nursing) who participated in IPE activities that were led by multiprofessional facilitators. Pre and post intervention data was collected using quantitative and qualitative methods. Data was also collected from the facilitators. Quantitative data showed no significant difference between the groups – while qualitative data indicated that students wished to learn multiprofessionally.

Permission for the printing of this abstract was granted from Medical Education.

Tunstall-Pedoe, S., Rink, E., & Hilton, S. (2003). Student attitudes to undergraduate interprofessional education. Journal of Interprofessional Care, 17(2), 161-172. Summary Interprofessional education in health care has been the focus of increasing attention in recent years. However, there is still great debate about when and how to introduce it in undergraduate studies. St George’s Hospital Medical School with the Joint Faculty of Health Care Sciences of Kingston University was ideally placed to introduce, as part of its 1996 new curriculum, a Common Foundation Programme (CFP). This incorporated degree students in medicine, radiography, physiotherapy, and nursing learning together for the first term of their courses. As part of the evaluation of the CFP, students’ attitudes to the course and each other were surveyed at the beginning and the end of the term, for the 1998 and 1999 intakes. The results showed that students arrive at university with stereotyped views of each other, and that these views appeared to become more exaggerated during the CFP. Students felt that the CFP would enhance interprofessional working, but there were concerns that it forced them to learn irrelevant skills. Students whose parents worked as health care professionals, held stronger stereotyped views. Our findings challenge any notion that students arrive without preconceived ideas about the other professions. Further work is needed to determine how best to break down stereotypes, and to advance our understanding of the most appropriate models for interprofessional education, to enable graduates to work effectively in today’s environment.

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No synopsis available.

education for family medicine residents and nurse practitioners. Evaluation included qualitative and quantitative methodologies. Measurements were collected from various participant groups pre and post intervention. The report contains descriptions on data collection and analysis procedures as well as a discussion of curriculum development and recommendations.

Permission for the printing of this abstract was granted from the authors.


Weiss provides a useful roadmap to the various meanings of research utilization, which he defines as the use of social science research in the sphere of public policy. 1. Knowledge-Driven Model (linear): New research findings lead to new applications and new policies. The existence of knowledge is seen to lead directly to its use; 2. Problem-Solving Model (linear): direct application of results to solve a problem that was previously identified by the ‘user’; 3. Interactive Model: policymakers seek information from a variety of sources, including social scientists, and the process of decision-making and research-to-policy dynamics involves interconnectedness and multiple-way exchanges; 4. Political Model: constellations of interests or opinions predetermine the positions of policy makers, and research is used as ammunition to support these positions; 5. Tactical Model: research is not being used for its content, but rather the fact that it is being done is used by policy makers when pressed to take action on a particular issue; 6. Enlightenment Model: concepts and theoretical perspectives that social science research has engendered permeate the policy-making process.

Permission for the printing of this abstract was granted from Public Administration Review.


Collaborative practice was investigated through a study which examined physician involvement and IPE strategies. Staff members placed on patient care units completed 2 surveys that utilized both qualitative and quantitative techniques. Physicians, pharmacists, social workers, therapists, dieticians, and nurses from 7 hospital wards participated in this study. Study results indicated that among other things, attitudes towards collaboration were higher on wards where physician involvement was high.

Permission for the printing of this abstract was granted from Clinical Nurse Specialist.


Interdisciplinary health care training is advocated by numerous government and philanthropic organizations. Educators in the health professions are increasingly offering training in interdisciplinary health care in a variety of contexts, including ambulatory settings. This paper describes a three-year program to teach skills in interdisciplinary care to learners from internal medicine, social work, pharmacy, and nursing in a geriatrics clinic at a major academic institution in the United States. Framed in a critical review of existing evidence for the effectiveness of interdisciplinary training and health care and expert recommendations, specific recommendations are made to educators interested in interdisciplinary training in ambulatory settings.
This paper explores the notion that interprofessional working is often hampered by the lack of a common language set and the variety of language sets used across the caring professions. The use of art as a common ground communication tool is presented with particular reference to the medium of magazine picture collage work. The paper describes how the use of this medium can enhance the understanding of individuals in interprofessional study days and workshops, where particular issues can be presented and explored by the participants, resulting in the increased awareness of the different perceptions of shared issues. In this way the use of magazine picture collage is advocated as a communication tool aimed to build bridges across the range of language sets used by different professionals.

No synopsis available.

No synopsis available.

Practice-based learning and improvement (PBLI) and Systems-based learning (SBL) are both compared and contrasted according to the literature. The paper outlines a pilot project in which both PBLI and SBL strategies are implemented and evaluated. The evaluation includes qualitative (interview) and quantitative (questionnaire) methodologies. Suggested competencies for interprofessional education are outlined. This paper is geared towards program directors who may be interested in teaching using PBL strategies.

In this paper we scanned and summarized the empirical research evidence and found that the effects of pre-licensure interprofessional education on patient/client care are unknown. In contrast, for post-licensure collaboration interventions, there is a growing body of evidence suggesting positive effects on the delivery of care. The coverage of this latter evidence, however, is patchy, being especially weak in primary care. In interprofessional education, where policy level interventions have been value driven for the last half century, we have identified a base of evidence for the effectiveness of certain post-licensure collaboration interventions; this evidence is lacking for pre-licensure interprofessional education. If interventions and policies for both pre-licensure interprofessional education and post-licensure collaboration are implemented without
accompanying rigorous evaluation research, we will remain mired in this same uncertainty into the
future.
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education: Effects on professional practice and health care outcomes. *Cochrane Database of
Systematic Reviews (Online)* (1), CD002213.
Background: As patient care becomes more complex, effective collaboration between health and
social care professionals is required. However, evidence suggests that these professionals do not
collaborate well together. Interprofessional education (IPE) offers a possible way forward in this
area. Objectives: To assess the usefulness of IPE interventions compared to education in which
the same professions were learning separately from one another. Search Strategy: We searched
the Cochrane Effective Practice and Organisation of Care Group specialised register, MEDLINE
(1968 to 1998) and Cinahl (1982 to 1998). We also hand searched the Journal of Interprofessional
Care (1992 to 1998), the Centre for the Advancement of Interprofessional Education Bulletin (1987
to 1998), conference proceedings, the ‘grey literature’ held by relevant organisations, and
reference lists of articles. Selection Criteria: Randomised trials, controlled before and after studies
and interrupted time series studies of IPE interventions designed to improve collaborative practice
between health/social care practitioners and/or the health/well being of patients/clients. The
participants included chiropodists/podiatrists, complementary therapists, dentists, dietitians,
doctors/physicians, hygienists, psychologists, psychotherapists, midwives, nurses, pharmacists,
physiotherapists, occupational therapists, radiographers, speech therapists and/or social workers.
The outcomes included objectively measured or self reported (validated instrument) patient/client
outcomes and reliable (objective or validated subjective) health care process measures. DATA
Collection and Analysis: Two reviewers independently assessed the eligibility of potentially relevant
studies. Main Results: The total yield from the search strategy was 1042, of which 89 were retained
for further consideration. However none of these studies met the inclusion criteria. REVIEWER’S
Conclusions: Despite finding a large body of literature on the evaluation of IPE, these studies
lacked the methodological rigour needed to begin to convincingly understand the impact of IPE on
professional practice and/or health care outcomes.

Permission for the printing of this abstract was granted from the Cochrane Database of Systematic Reviews.

Books

for interprofessional education in health and social care: A summary of findings from systematic
No synopsis available.

Online Resources

The Canadian Interprofessional Health Collaborative (CIHC) is a two-year initiative funded by
Health Canada (July 2006 – March 2008). The CIHC identifies and shares best practices and
research in interprofessional education and collaborative practice. The goal of the CIHC is to
evolve into an innovative, interactive and permanent hub for Canadian interprofessional activity.
The synthesis of interprofessional education and collaborative patient-centred practice (IECPCP)
research is a key component of CIHC's work. The CIHC Research committee is looking at how
IECPCP works or would work based on testable theories and models. The aim is to increase the
understanding of the processes involved and how they are linked to specific outcomes defined at
the level of the patient, the health care team, or the organizational level.

Permission for the printing of this abstract was granted from CIHC.

Cochrane Collaboration. http://www.cochrane.org/index0.htm
International network of individuals and institutions committed to preparing, maintaining and
disseminating systematic reviews (which are “like scientific investigations in themselves, using pre-
planned methods and an assembly of original studies that meet their criteria as ‘subjects’. They
synthesize the results of an assembly of primary investigations using strategies that limit bias and
random error”) of the effects of health care. It promotes the results of its reviews (which they see as
“unbiased reports of evidence obtained using rigorous methods”) as a resource for policy
recommendations.

Permission for the printing of this abstract was granted from the Cochrane Collaboration.

Research and Evaluation Assessment Tools and Procedures

http://www.health.heacademy.ac.uk/projects/miniprojects/ocep5.pdf
The Health Sciences and Practice Subject Network applauds this guide as a timely addition to the
growing literature on interprofessional education which has been given relatively recent emphasis
in health and social work education in the UK. It is clear that there is a need for rigorous evaluation
to determine the most effective methods for educational practice. Most educators do not have the
time to delve into educational literature over and above their subject literature. A practical guide is
therefore greatly welcomed. The guide also contains a glossary, which is an important feature
especially in IPE where different disciplines use different terms. One of the barriers to IPE is that of
the language used which this feature will help to overcome. Although the guide is set in the context
of health and social care much of it is sufficiently generic to be of interest to people working in other
fields of educational evaluation. In addition it is reassuringly realistic, as the authors try to
‘distinguish between the counsel of perfection and demands of reality in a busy teaching post’. We
trust it will help us strengthen the evidence base of interprofessional education.

Permission for the printing of this abstract was granted from Higher Education Academy.

interdisciplinary training: Revisiting the Heinemann, Schmitt and Farrell ‘attitudes toward health
care teams’ scale. Journal of Interprofessional Care, 14(3), 249-258.
Summary Findings from an exploratory factor analysis on the 21 item ‘attitudes towards health care
teams’ (Heinemann et al., 1999) are reported. Using data collected as part of an innovative
educational program on geriatric team training program in the United States we report an
exploratory factor analyses for 913 student trainees. The geriatric interdisciplinary team training
(GITT) program funded by a United States philanthropic foundation, The John A. Hartford
Foundation of New York City, requires medicine, nursing, and social work students to learn about
geriatric teams. A 3-factor solution with all 21-items is obtained. These factors are labeled to reflect
normative team constructs: team value, team efficiency and shared leadership. Though
conceptually these factors map onto those identified by Heinemann et al. (1999), some important
philosophical and methodological differences are noted. Implications for interdisciplinary education
and for the construct validity of this scale are discussed.

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Knowledge Translation

Knowledge Exchange for Interprofessional Education and Collaborative Patient-Centred Practice
(IPE/CPCP)

Knowledge exchange for Interprofessional Education and Collaborative Patient Centred Practice is
information sharing and collaborative problem-solving between an interprofessional team of stakeholders
and champions in such areas as: health research, health service delivery, education and health policy.
Effective knowledge exchange processes involve ongoing interactions, linkages and partnerships between
these stakeholders*. The desired approach is mutual learning for decision making through the process of
planning, producing, disseminating, and applying and evaluating existing or new research and leading
practices. For CIHC the focus is on interprofessional education and collaborative patient-centred practice
for improved health service delivery and population health outcomes. Knowledge exchange will result in
evidence-informed decision making (evidence includes both scientific and experiential evidence) on issues
relating to Interprofessional Education and Collaborative Patient Centred Practice leading to changes in
health outcomes.

* Description of the stakeholders is defined within the Partnership Framework

References used in developing this definition include: the objectives and mandate of the Canadian
Interprofessional Health Collaborative (CIHC), the draft “A Framework for Collaborative Pan Canadian
Health Human Resources Planning (revised March 2007), knowledge exchange definition from the
Canadian Health Services and Research Foundation (CHSRF) and a background document prepared for
the Knowledge Translation Sub-committee of CIHC (May 2007). In addition feedback for the definition has
been incorporated from the CIHC Steering Committee (June 2007) and the CIHC Knowledge Translation
sub-committee (August 2007).

KT is defined as “the exchange, synthesis, and effective communication of reliable and relevant research
results. The focus is on promoting interaction among the producers and users of research, removing the
barriers to research use, and tailoring information to different target audiences so that effective
interventions are used more widely” (WHO, 2004, p. 140).

According to a study of research organisations in Canada, conducted by Lavis et al. (2003), about one third
of the surveyed organisations develop messages that are targeted towards their audience that go beyond
project reports and summaries. Among this group, many detail their knowledge-transfer approach, but
fewer actually spend time and money getting to know their target audiences, and even fewer focus on skill
building among their audiences.
Relevant research results must be made available in a user-friendly format for IECPCP to evolve to the level of best practice standards. In this way only will true collaborative patient-centred practice come to fruition.

**Refereed Publications**

Knowledge utilization—research, scholarly and programmatic intervention activities aimed at increasing the use of knowledge to solve human problems—is presently in its third wave of activity in the United States. Definitions of the field, a historical analysis of each of the three waves (1920-1960, 1960-1980, and the present), and an overview of the knowledge base on knowledge utilization are presented in a brief state-of-the-art review for this field as of 1990. Seven larger societal trends that will affect knowledge utilization in the 1990s are explored, along with four significant challenges that the field will face internally, and some suggested mechanisms for creative response.
Permission for the printing of this abstract was granted from Science Communication.

No synopsis available.

No synopsis available.

Knowledge translation is seen as a holistic concept that focuses on health outcomes and changes in behaviour, and interventions are seen to work in function in three ways: 1. To predispose to change by increasing knowledge or skills; 2. To enable the change by promoting conducive conditions in the practice and elsewhere; 3. To reinforce the change, once it is made. They further develop their model of KT (which by their own admission is still intuitive and untested) and see a continuum from intervention to awareness to agreement to adoption to adherence.
Permission for the printing of this abstract was granted from the British Medical Journal.

The authors use an ‘interfaces and receptors’ model to provide a framework of analysis of research utilization. Factors that affect the extent to which research reaches the policy level include models of policy-making, categories of health research, and the interfaces between health research system and policy-makers. Models of policy-making include: 1. Rational model (ends-means); 2. Incrementalist (‘muddling through’); 3. Networks (role of interests and relationships); 4. Garbage can model (idiosyncratic approach). The interfaces and receptor model integrates various key issues, such as: A focus on the need for multi-layered analysis; An appreciation that both
researchers and policy-makers have their own values and interests; An emphasis on the role of the receptor; An approach that facilitates analysis of the key paradox highlighted by the systematic review.

Permission for the printing of this abstract was granted from Health Research Policy and Systems.

Jacobson, N., Butterill, D., & Goering, P. (2003). Development of a framework for knowledge translation: Understanding user context. *Journal of Health Services Research and Policy, 8*(2), 94-99. The authors developed a generic framework to be used in various contexts by researchers and other disseminators involved in KT, the intention being to increase their familiarity with the intended user group(s). The framework consists of five domains: 1. The user group – context within which the group operates (includes formal and informal structures), morphology, decision-making practices, access to and use of information (purposes, incentives, etc.), experience with KT; 2. The issue – its characteristics have an impact on the user group and on the KT process; 3. The research – look at what is available, what the user’s preferences are, and how relevant and congruent the research will be to them; 4. The researcher-user relationship – early engagement is key to facilitating KT; 5. The dissemination strategies – awareness, communication and interaction. Researchers need to consider what strategies will be most effective in light of the other four domains.

Permission for the printing of this abstract was granted from the Journal of Health Services Research and Policy.


Knott, J., & Wildavsky, A. (1980). If dissemination is the solution, what is the problem? *Science Communication, 1*, 537-78. The Knot and Wildavsky stages of knowledge utilization are still being used to explain how research evidence reaches the policy level, where utilization is seen as process rather than a one-time transfer. Accordingly, these stages are: 1. Transmission – results were transmitted to practitioners and professionals; 2. Cognition – findings were read and understood; 3. Reference – findings cited as a reference by stakeholders; 4. Effort – efforts made to adopt results; 5. Influence – results influences choices and decisions; 6. Application – search led to applications by stakeholders.

Permission for the printing of this abstract was granted from Science Communication.


Landry, R., Lamari, M., & Amara, N. (2001). Climbing the ladder of research utilization: Evidence from social science research. *Science Communications, 22*(4), 396-422. Previous studies that have used knowledge utilization scales as their dependent variable have aggregated the stages to construct overall indices of knowledge utilization and they have attempted to identify factors explaining the extent of utilization. In this paper, each stage of the knowledge utilization scale is considered separately and compared to the previous stage in order to find factors explaining that researchers are able to climb up in the ladder of knowledge utilization.
from the echelon of no transmission to the echelon of transmission, then from the stage of transmission to that of cognition, from cognition to reference, from reference to effort, from effort to influence, and finally, from influence to application. To our knowledge, no prior empirical studies have examined the factors explaining why researchers succeed in climbing up the echelons of the ladder of knowledge utilization. The results suggest that the crucial stage of knowledge utilization is the stage of transmission. Nearly 30% of the scholars fail to climb the echelon of transmission and scholars differ on most of the explanatory variables when attempting to reach the echelon of transmission. Likewise, scholars do not differ on most of the explanatory variables when they try to climb from transmission to the higher echelons of the ladder of knowledge utilization. These results suggest that there are barriers to entry and that these barriers are primarily located between the stage of no transmission and the stage of transmission. These results carry theoretical and policy implications that need to be explored carefully.

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The authors highlight the determinants that should guide knowledge translation efforts: 1. Message (WHAT?) – actionable messages are preferable to single research reports or the results of single studies. “Research on managerial and policy decision making has taught us that research in the form of ‘ideas’, not ‘data’, most influences decision-making” (Lavis et al., 2003; 223). 2. Target Audience (WHO?) – The types of decisions being made and the types of decision-making environment at hand need to be considered (organisational and political factors cannot be neglected). When selecting a target audience, one should consider who will be able to act on the basis of the research, who can influence those who act, and with which audience can the most success be expected. 3. Messenger (BY WHOM?) – the key here is credibility. 4. Knowledge transfer process and support system (HOW?) – passive processes are widely recognised as ineffective, and interactive engagement is preferred. Two-way exchanges can, in the long term, produce beneficial cultural shifts. 5. Evaluation (with what EFFECT should it be transferred?) – judgements about the success of an initiative depend on the objective: are we looking for a change in behaviour? An increase in awareness? Introduction of the issue into a debate? Measures can capture: 1. A process (e.g. a presentation). There is still disagreement over the extent to which researchers should be able to set their own research agenda, free from the influence of funders or policy makers. On the one hand are those that still support Polanyi’s (1962) belief that “the best science comes from the freedom of researchers to pursue the priorities that emerge from the scientific imperatives.” This is referred to as the ‘internalist’ view of research. In recent decades, however, and as explained by Kogan and Henkel, there has been a shift towards the belief that “if health research is ‘internalist and freely sponsored, the problem for government will be that of securing adequate brokerage with it...because it has not taken part in the setting of problems”’ (1983; 14). 2. An Intermediate outcome (e.g. a change in awareness, knowledge, attitude). 3. An actual outcome (e.g. a decision to select the suggested course of action).

The authors also highlight opportunities for improvement upon current practices, including: Developing more and better targeted actionable messages for decision-makers; Developing knowledge uptake skills among target audiences; Developing knowledge transfer skills within organisations; and Evaluating the impact of activities (this area is seem as particularly under-explored).
Lavis et al. suggest that research funders “could structure the knowledge transfer requirements for the research organizations they fund in ways conducive to these opportunities. For example, a funder could require research organisations to move beyond transferring reports on research projects to transferring actionable messages based on whole bodies of research knowledge. Such a move could help counter the academic incentives for focusing on peer-reviewed publications and against transferring research knowledge to decision makers” (243).

The authors also propose a classification of the different ways in which research is or can be used:
1. Instrumental: when research is acted upon in specific and direct ways, i.e. to solve the problem at hand; 2. Conceptual: more general and indirect form of enlightenment 3. Symbolic: to justify a position or course of action taken for reasons that have nothing to do with the research findings ('political use'), or use the fact that research is being done to justify inaction on other fronts ('tactical use'). For Lavis et al., effectiveness is judged in terms of the impact that research findings are having on decision-making processes, and not on the impact in terms of health, economic and social outcomes.

Permission for the printing of this abstract was granted from The Milbank Quarterly.


No synopsis available.


The past decade has witnessed widespread interest in the development of policy and practice that is better informed by evidence. Enthusiasm has, however, been tempered by recognition of the difficulties of devising effective strategies to ensure that evidence is integrated into policy and utilized in practice. There is already a rich but diverse and widely dispersed literature that can be drawn upon to inform such strategies. This article offers a guide to this literature by focusing on six main interrelated concerns: (1) the types of knowledge relevant to understanding research utilization/evidence-based practice (RU/EBP) implementation; (2) the ways in which research knowledge is utilized; (3) models of the process of utilization; (4) the conceptual frameworks that enable us to understand the process of RU/EBP implementation; (5) the main ways of intervening to increase evidence uptake and the effectiveness of these; (6) different ways of conceptualizing what RU/EBP means in practice.

Permission for the printing of this abstract was granted from Evaluation.


This paper focuses on the process of policy formation. It begins with a review of the published literature on the role of technical information in the making of public policy. It then examines more general models of the policy process (again drawing from the current literature) in an effort to fashion a conceptual vocabulary that will help us to talk and think more clearly about the ways in which research and analysis contribute to policy making. Finally, it starts to outline a framework that we hope will prove useful in planning and evaluating project activities aimed at improving policy decision making.

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Knowledge-translation interventions and interprofessional education and collaboration interventions all aim at improving health care processes and outcomes. Knowledge-translation interventions attempt to increase evidence-based practice by a single professional group and thus may fail to take into account barriers from difficulties in interprofessional relations. Interprofessional education and collaboration interventions aim to improve interprofessional relations, which may in turn facilitate the work of knowledge translation and thus evidence-based practice. We summarize systematic review work on the effects of interventions for interprofessional education and collaboration. The current evidence base contains mainly descriptive studies of these interventions. Knowledge is limited regarding the impact on care and outcomes and the extent to which the interventions increase the practice of evidence-based care. Rigorous multi-method research studies are needed to develop and strengthen the current evidence base in this field. We describe a Health Canada-funded randomized trial in which quantitative and qualitative data will be gathered in 20 general internal medicine units located at 5 Toronto, Ontario, teaching hospitals. The project examines the impact of interprofessional education and collaboration interventions on interprofessional relationships, health care processes (including evidence-based practice), and patient outcomes. Routes are suggested by which interprofessional education and collaboration interventions might affect knowledge translation and evidence-based practice.

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Online Resources

The Coalition has a 'task group' that focuses on linking research into action. Specifically, they: Serve as a “broker”, linking providers, funders and users of research to bridge the gap between research production and its practical application, and; Promote best practices in translating knowledge into policies, programs and action.” Their activities include: Linking researchers with KT experts and building capacity in KT (summer institute, mentoring exchange via web-based discussion); and Create an inventory of best practices in KT, communicate and make this available to a network and provide a clearinghouse function.

Permission for the printing of this abstract was granted from the Canadian Coalition for Global Health Research.

Canadian Health Services Research Foundation. http://www.chsrf.ca/home_e.php
The foundation focuses on knowledge transfer and exchange, and on evidence-based management of Canada's health care system (see their role as helping to bridge the 'know-do' gap). Knowledge exchange is defined as “collaborative problem-solving between researchers and decision makers.” Their web site makes available various resources for researchers, decision makers and knowledge brokers. For example, they have assembled a guide to knowledge exchange resources to assist applications for research funding and to help decision makers and
researchers incorporate knowledge exchange in their work. They have also created short communications notes that address issues such as the development of a dissemination plan, dealing with the media, designing a great poster, giving research presentations to decision-makers, reader-friendly writing, and self-editing, as well as a communications primer.

Permission for the printing of this abstract was granted from the Canadian Health Services Research Foundation.

Canadian Interprofessional Health Collaborative (CIHC). http://www.cihc.ca
The Canadian Interprofessional Health Collaborative (CIHC) is an initiative funded by Health Canada (July 2006 – March 2010). The CIHC identifies and shares best practices and research in interprofessional education and collaborative practice. The goal of the CIHC is to evolve into an innovative, interactive and permanent hub for Canadian interprofessional activity. The synthesis of interprofessional education and collaborative patient-centred practice (IECPCP) research is a key component of CIHC’s work. The CIHC Knowledge Translation Committee provides the expertise to ensure the research, evidence, and promising practices identified by the CIHC are translated, packaged and distributed in a format that is user-friendly for students, educators, practitioners and decision-makers.

Permission for the printing of this abstract was granted from CIHC.

Canadian Institute of Health Research (CIHR). http://www.cihr-irsc.gc.ca/

Cochrane Collaboration. http://www.cochrane.org/index0.htm
International network of individuals and institutions committed to preparing, maintaining and disseminating systematic reviews (which are “like scientific investigations in themselves, using pre-planned methods and an assembly of original studies that meet their criteria as ‘subjects’. They synthesize the results of an assembly of primary investigations using strategies that limit bias and random error”) of the effects of health care. It promotes the results of its reviews (which they see as “unbiased reports of evidence obtained using rigorous methods”) as a resource for policy recommendations.

Permission for the printing of this abstract was granted from the Cochrane Collaboration.

The International Development Research Centre (IDRC) is a public corporation created by the Parliament of Canada in 1970 to help developing countries use science and technology to find practical, long-term solutions to the social, economic, and environmental problems they face. Support is directed toward developing an indigenous research capacity to sustain policies and technologies that developing countries need to build healthier, more equitable, and more prosperous societies.

While the need for policy decisions to be based on sound evidence has widely been acknowledged, the relationship between researchers and decision makers remains, in many circumstances, characterized by mutual tensions and misunderstandings. The idea of two distinct communities, which Nathan Caplan coined in 1979 to describe the gap between these two groups of actors, is indeed still being used today.

Research and evidence, however, can have an immense impact on policy and practice, resulting in tangible positive outcomes. In the field of health, for example, successfully incorporating evidence into practice can save millions of lives. Take the case of the Free State province of South Africa,
where researchers were invited to collaborate with the Department of Health in the conception and implementation of the Comprehensive Care and Treatment Program (which includes the provision of free anti-retroviral treatment). Not only did researchers provide timely and important information to health officials, but they also designed various aspects of the implementation process, or ARV rollout. Concretely, this has resulted in evidence-based decisions that have led to more effective policies and interventions.

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The Report focuses on bridging of the "know do" gap, the gulf between what we know and what we do in practice, between scientific potential and health realization. The bridging of this gap is central to achieving the health-related Millennium Development Goals (MDG’s) by 2015. The gap exists for each of the MDG’s and represents a fundamental and pragmatic knowledge translation challenge that must be addressed to strengthen health systems performance towards achieving the MDG’s. The Report will expound the message that we must turn scientific knowledge into actions, which improves people’s health, and that health improvement through knowledge applications is a critical factor in human development and alleviation of ill-health and poverty worldwide.


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Knowledge management is a set of principles, tools and practices that enable people to create knowledge, and to share, translate and apply what they know to create value and improve effectiveness. Many of the solutions to health problems of the poor exist, but are not applied. This is called the "know-do" gap -- the gap between what is known and what is done in practice. The Global WHO Knowledge Management team aims to bridge the know-do gap in global health by fostering an environment that encourages the creation, sharing, and effective application of knowledge to improve health.

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