Contents

Preamble ....................................................................................................................................................... 2
Vision.......................................................................................................................................................... 2
Mission...................................................................................................................................................... 2
Enrolment ..................................................................................................................................................... 3
Curriculum Content ....................................................................................................................................... 4
Learner Assessment ...................................................................................................................................... 6
Program Evaluation ....................................................................................................................................... 7
Results...................................................................................................................................................... 7
   Interprofessional Socialization............................................................................................................... 8
   Team Development................................................................................................................................. 8
   Student Feedback ................................................................................................................................... 8
   Faculty Input ....................................................................................................................................... 10
Consultations and Collaborations .............................................................................................................. 10
   Internal ................................................................................................................................................ 10
   External ............................................................................................................................................... 10
Communications/Knowledge Translation ................................................................................................. 11
   Newsletters ........................................................................................................................................ 11
   Collaboration Symposium .................................................................................................................... 11
   Conference Presentations ....................................................................................................................... 11
Considerations for 2020-2021 .................................................................................................................... 12
Appendix 1. Interprofessional Practice Coordinator Activities, June 2019-July 2020 ................................. 13
Appendix 2. Rady Chair, Interprofessional Collaborative Practice Activities, 2019-2020 ......................... 15
Appendix 3. Interprofessional Collaborative Care Curriculum Timetable for 2019-2020 ......................... 17
Appendix 4. OIPC Program Logic Model ................................................................................................. 18
Preamble
Beginning in 2016, the Rady Faculty of Health Sciences Office of Interprofessional Collaboration (OIPC) has delivered a longitudinal curriculum in interprofessional collaboration for person/family/community-centred care. The activities of the OIPC are designed to align with the Rady Faculty shared values of community and collaboration; scholarship and innovation; equity and inclusion; professionalism; and social accountability (RFHS Strategic Framework 2016-2021). Building on a foundation of interprofessional collaborative research, theory and formerly singular events, the OIPC’s key objective is to expose all Rady Faculty early learners to the six competencies of interprofessional collaboration, namely: interprofessional communication, team functioning, person/family/community-centred care, role clarification, collaborative leadership and interprofessional conflict resolution (CIHC, 2010).

Vision
The Office of Interprofessional Collaboration (OIPC) will be recognized for our culture of interprofessionalism where the Rady Faculty of Health Sciences (RFHS) graduates and faculty are competent interprofessional practitioners and scholars.

Mission
To inspire RFHS students and faculty to develop their interprofessionalism, through learning about, with and from each other to promote the health of Manitobans.

Since its inception, the OIPC has grown from five Rady Faculty College Leads to the inclusion of an Interprofessional Practice Coordinator (in 2017); the Rady Chair in Interprofessional Collaborative Practice (in 2019); and a Director position (in 2019) (Figure 1). Following is the report on the OIPC curriculum delivered in 2019-2020; highlights from the Interprofessional Practice Coordinator Report for 2019-2020 (Appendix 1); and the 2019-2020 activities of the Rady Chair in Interprofessional Collaborative Practice (Appendix 2). Of note, is that the COVID-19 pandemic and the associated distancing requirements had little to no impact on the delivery of the interprofessional collaborative care curriculum by the OIPC as all activities ran their natural course by the end of March, 2020.
Members of the Office of Interprofessional Collaboration 2019-2020

Dr. Christine Ateah, Vice Dean, Education, Rady Faculty of Health Sciences
Dr. Moni Fricke, OIPC Director, College of Rehabilitation Sciences OIPC Lead
Dr. Laura MacDonald, Dr. Gerald Niznick College of Dentistry and School of Dental Hygiene OIPC Lead
Dr. Camisha Mayes, Max Rady College of Medicine OIPC Lead
Lori Davis, College of Nursing OIPC Lead
Alexandra Cooper, College of Pharmacy Lead
Lisa Mendez, Interprofessional Practice Coordinator, Rady Faculty of Health Sciences
Gayle Halas, Rady Chair in Interprofessional Collaborative Practice
Shannon Bloodworth, Administrative Assistant
Fiona Jensen (former College of Nursing OIPC Lead)
Robin Oliver (former College of Pharmacy Lead)
Susan Coutu (former Administrative Assistant)

Enrolment

The OIPC interprofessional learning activities are embedded in each unit’s own relevant course(s) and are provided to all first and second year learners from nine different health professional programs. Enrolment in the OIPC activities has steadily increased over time (Figure 2), to over 1000 students in the fall of 2019. Close to 600 first year and 423 second year healthcare professional learners participated in 2019-2020 from five different Colleges representing nine different pre-licensure health professional programs namely: dental hygiene (~24/year), dentistry (~29/year), medicine (110/year), nursing (240/year), occupational therapy (50/year), pharmacy (55/year), physical therapy (50/year), physician assistant (15/year) and respiratory therapy (16/year).
Curriculum Content
Given the complexity of coordinating nine different units, the OIPC curriculum was intentionally designed with a blended learning approach. Each term begins with a facilitated synchronous face-to-face event, along with multiple asynchronous facilitated on-line discussions using UM Learn as the learning platform (Figure 3). An individual guided written reflection rounds out each term, while an interprofessional team capstone assignment culminates the two-year long curriculum at the end of the second year. The dates and timelines for the 2019-2020 Year One and Two curriculum can be found in Appendix 3.
Content in year one focuses on population health from an interprofessional collaborative approach, grounded in the Public Health Agency of Canada’s Integrated Model of Population Health Promotion (Hamilton & Bhatti, 1996) and the six competencies of interprofessional collaboration identified in the National Interprofessional Competency Framework (CIHC, 2010). Content in year two focuses on Quality and Patient Safety from an interprofessional collaborative approach using the Canadian Patient Safety Competencies (CPSI, 2009). The three collaborative competencies of team functioning, interprofessional communication and patient/client/ family/community-centred care are emphasized in year one, progressing to role clarification, collaborative leadership and interprofessional conflict resolution in year two. Learning strategies progress over the two-year period from experiential, to a case study, to simulation, while interweaving interprofessional small group discussions and reflection throughout. Rady faculty and staff provide the facilitation of all small group learning sessions. In 2019-2020, this included faculty from all nine participating programs, as well as staff from the Office of Education and Faculty Development, Neil John MacLean Library, and the Office of Equity, Diversity and Inclusion (Table 1).

Table 1. Facilitator Home Unit, 2019-2020

<table>
<thead>
<tr>
<th>UNIT</th>
<th>Synchronous #1</th>
<th>Synchronous #2</th>
<th>Synchronous #3</th>
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<tr>
<td>Clinical Health Psychology</td>
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<td>0</td>
<td>1</td>
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<tr>
<td>Community Health Sciences</td>
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<tr>
<td>Dental Hygiene</td>
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<td>4</td>
<td>3</td>
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<td>Dentistry</td>
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<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Medicine</td>
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<td>2</td>
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<td>NJM Library</td>
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<td>2</td>
<td>1</td>
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</tr>
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<td>Nursing</td>
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<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Occupational Therapy</td>
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<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Office of Educational Faculty Development</td>
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<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Office of Equity, Diversity &amp; Inclusion</td>
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<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>OIPC TAs*</td>
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<td>2</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Pharmacy</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>3</td>
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<td>Physician Assistant Program</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Respiratory Therapy</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td><strong>31</strong></td>
<td><strong>39</strong></td>
<td><strong>27</strong></td>
<td><strong>31</strong></td>
</tr>
</tbody>
</table>
Learner Assessment

Learner assessment is embedded within individual RFHS college courses, generally comprising 5% of the overall course grade. In 2019-2020, the breakdown of that 5% in terms one, two and three was based on the asynchronous on-line discussions (1% each x 3) and the individual written reflection (2%). In the final term, term four, the two discussions counted for 2% (1 % each) while the team capstone assignment was worth 3 %; the final reflection was mandatory and graded on a pass/fail basis. Overall student grade means can be seen in Table 2; individual unit grades were shared with each unit in the spring of 2020. It is noteworthy that Rady Faculty first year grades were higher than second year for all students. Assessment criteria (Rubrics for On-line Discussions and Reflections) are available upon request.

Table 2. Mean Student OIPC Grades, 2019-2020

<table>
<thead>
<tr>
<th>Year One Program</th>
<th>Assessment Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Term 1 (Fall)</td>
</tr>
<tr>
<td></td>
<td>3 on-line discussions (3/5)</td>
</tr>
<tr>
<td></td>
<td>+ 1 personal reflection (2/5)</td>
</tr>
<tr>
<td></td>
<td>Term 2 (Winter)</td>
</tr>
<tr>
<td></td>
<td>3 on-line discussions (3/5)</td>
</tr>
<tr>
<td></td>
<td>+ 1 personal reflection (2/5)</td>
</tr>
<tr>
<td>Nursing 1 (n=220)</td>
<td>-</td>
</tr>
<tr>
<td>Pharmacy 1 (n=55)</td>
<td>-</td>
</tr>
<tr>
<td>OT, PT, RT 1 (n=114)</td>
<td>-</td>
</tr>
<tr>
<td>Dentistry &amp; Dental Hygiene 1 (n=53)</td>
<td>-</td>
</tr>
<tr>
<td>Medicine &amp; PAP 1 (n=126)</td>
<td>-</td>
</tr>
<tr>
<td>RFHS 1 (N=568*)</td>
<td>4.51/5 (4.18 - 4.84)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year Two Program</th>
<th>Assessment Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Term 1 (Fall)</td>
</tr>
<tr>
<td></td>
<td>3 on-line discussions (3/5)</td>
</tr>
<tr>
<td></td>
<td>+ 1 personal reflection (2/5)</td>
</tr>
<tr>
<td></td>
<td>Term 2 (Winter)</td>
</tr>
<tr>
<td></td>
<td>2 on-line discussions (2/5)</td>
</tr>
<tr>
<td></td>
<td>+ 1 team capstone assignment (3/5)</td>
</tr>
<tr>
<td></td>
<td>+ 1 personal reflection (P/F)</td>
</tr>
<tr>
<td>Nursing 2 (n=106)</td>
<td>-</td>
</tr>
<tr>
<td>Pharmacy 2 (n=0)</td>
<td>-</td>
</tr>
<tr>
<td>OT, PT, RT 2 (n=115)</td>
<td>-</td>
</tr>
<tr>
<td>Dentistry &amp; Dental Hygiene 2 (n=54)</td>
<td>-</td>
</tr>
<tr>
<td>Medicine &amp; PAP 2 (n=125)</td>
<td>-</td>
</tr>
<tr>
<td>RFHS 2 (N=401***</td>
<td>4.19/5 (3.74 – 4.73)</td>
</tr>
</tbody>
</table>

*The lower number of students at the end of the year compared to the initial enrolment reflects student attrition.

**The lower number of students participating in year two was a combined result of no new pharmacy students during the transition year to the new PharmD program and the transition to integrating both fall and previous winter intakes in Nursing (from the fall Nursing intake only).
Program Evaluation
Formal and informal evaluation of the OIPC activities have been integrated since the inception of the program (Figure 4), based on the OIPC’s logic model located in Appendix 4. Evaluation strategies were carried out throughout both years using a combination of mixed and multiple methods, including on-line surveys of learners and facilitators. Individual learner perceptions about interprofessional team collaboration were assessed with the 9-item Interprofessional Socialization and Valuing Scale (ISVS-9) (King et al., 2016) prior to the first event in year one (pre); at the end of year one (mid); and at the end of year two (post). A modified version of the Interprofessional Collaborator Assessment Rubric (Curran et al., 2011) was used by each interprofessional team at every face-to-face synchronous encounter to self-assess their own team development over time. A virtual student focus group was held virtually in June, 2020, in addition to year-end surveys of both years. Faculty facilitators were surveyed immediately following each synchronous face-to-face event.

Results
Interprofessional Socialization

Individual learners are assessed for their interprofessional socialization with the Interprofessional Socialization Valuing Scale-9 (King et al., 2016). This tool is intended to “capture the role of interprofessional education in preparing students and health practitioners to function as part of interprofessional health care teams”. This condensed version of the original 21-item tool takes roughly three minutes to complete and is administered prior to the commencement of the longitudinal curriculum in year one, after the first year and again after the second year of the curriculum.

Results from the 2018-2020 IP cohort (N=480 students from nine different programs) indicate that no significant differences were found across the two year time period. It should be noted that data analysis was limited by the anonymous data. This will be addressed in subsequent years with a secure and private student self-identifier to enable pairing of the data over time; HREB approval has been granted for this modification.

Team Development

The Team-ICAR (Interprofessional Collaborator Assessment Rubric) is a team assessment tool adapted from the original ICAR (Curran et al., 2011) intended for each IP team to reflect on their team development at the end of each synchronous event. The tool includes 14 questions based on the six collaboration competencies (CIHC, 2010) and takes on average 10 minutes to complete. Learners are instructed to complete the tool together as a team before submitting.

Results from the 2018-2020 IP cohort (N=60 teams) indicate that IP teams demonstrate significant growth in all six domains of the collaboration competencies, particularly in role clarification and team communication across the two-year period of the longitudinal curriculum (p < 0.05, effect sizes ranging from 0.28 to 0.41).

Student Feedback

All first and second year Rady Faculty students were invited through email to participate in a year-end survey via Survey Monkey®. Response rates were 24% for year one (N=136); and 18% for year two (N=72), with representation from across all nine participating programs.

Survey results found that:

- The majority of interprofessional teams did not meet outside the pre-scheduled synchronous events (84% in year 1; 58% in year 2)
- The majority of students spend between 15 and 45 minutes on each on-line post (64% in year 1; 49% in year 2); 18% in year 1 spend less than 15 minutes on each post compared to 42% in year 2; 17% in year 1 spend more than 45 minutes on each post compared to 9% in year 2.
• The majority of learners agreed or strongly agreed that on-line discussions were a fair and appropriate method of assessment (74% in year 1, 45% in year 2)
• The majority of learners agreed or strongly agreed that personal reflections were a fair and appropriate method of assessment (75% in year 1, 62% in year 2)
• The majority of year 2 learners (65%) agreed or were neutral that the final capstone assignment was a fair and appropriate method of assessment

In addition, students were invited to participate in a facilitated focus group in the spring of 2020. This invitation resulted in one focus group and two additional individual interviews for learners who were unavailable to attend the focus group. The five participants in total came from across the two years of the program, representing three different programs.

One member of the OIPC facilitated the focus group and another conducted the two interviews. All sessions took place between June 16th and 24th, 2020. The focus group took 47 minutes while one interview took 48 minutes and the other took 31 minutes. The two OIPC members analyzed the transcripts (approximately 18,162 word count) for common themes. Three key themes emerged as follows:

1. Valuing interprofessional collaboration education
   • Learning about, with, and from each other is a valuable experience
   • Appreciating doing so in early years of study helps create a foundation for future practice

2. Wanting to know more about each other’s professional roles and responsibilities as early as possible
   • Wanting emphasis on authentic experiences
   • Appreciating learning based on simulated experiences and or practice stories
   • Wanting more emphasis on pragmatic perspective to facilitate development of interprofessional collaborative behaviors
   • Asking for more face-to-face time versus frequent asynchronous online discussions

3. Suggesting use of communication platforms other than UML online discussions
   • Wanting more of a natural dialogue than what asynchronous online discussions via UML seems to offer
Faculty Input
All faculty were invited to provide comments following each of the four synchronous face-to-face events in 2019-2020 via Survey Monkey®. In total, 69 responses were received: 23, 17, 17, and 12 from events #1, #2, #3 and #4 respectively.

Across the four events, 93% of respondents agreed or strongly agreed with the statement, “Overall, the groups of RFHS students in my room were engaged actively in meaningful discussion”.

Comments included relying more heavily on facilitators with health care experience who can share stories of clinical relevance; and the importance of role modeling shared facilitation across professions. Further suggestions included revisiting the original vision of the OIPC and considering the inclusion of other educational units beyond the Rady Faculty.

Consultations and Collaborations

Internal
- Office of Educational and Faculty Development regarding patient safety
- Rady Faculty of Health Sciences Integrated Accreditation Unit regarding IPE curriculum mapping
- Clinical Learning and Simulation Program regarding simulation in IPE
- Ongomiizwin regarding case development
- Manitoba Centre for Nursing and Health Research regarding data analysis
- George and Fay Yee Centre for Healthcare Innovation regarding strategic planning
- Dr. Pamela Wener, College of Rehabilitation Sciences regarding student-led IPE activities
- Community Health Sciences regarding Get Your Benefits program
- International Centre for Oral-Systemic Health (ICOSH) regarding IPE event
- Facilitator support for other IPE activities:
  - Day Shift Saturday February 1, 2020 cancelled due to lack of student participation
  - IPE Pain Day Tuesday April 21, 2020 cancelled due to the COVID-19 pandemic

External
- In the fall of 219, University of Tennessee Health Science Center, Dr. Waletha Wassan visited the OIPC to consult on the development, implementation and evaluation of our longitudinal IPC curriculum.
- On November 30, 2019 during Patient Safety Week, the Manitoba Institute of Patient Safety, the WRHA and the Office on Interprofessional Collaboration co-hosted the viewing and facilitated discussion of Falling Through the Cracks: Greg’s Story.
- The OIPC embarked on a research collaboration on the validation of the ISVS-9 and comparison of longitudinal IPE curricula with Louisiana State University, Dr. Tina Guinaldo and University of Wisconsin, Dr. Hossein Khalili.
Communications/Knowledge Translation

Newsletters
Newsletters are published twice yearly by the OIPC. They can be found on the OIPC homepage at http://umanitoba.ca/faculties/health_sciences/education/oipc-newsletters.html.

Collaboration Symposium
The annual OIPC Collaboration Symposium is an opportunity for faculty, students and community agencies to share their interprofessional collaborative activities. Due to the COVID-19 pandemic, this half day event was cancelled in April, 2020.

Conference Presentations
Considerations for 2020-2021

In the fall of 2020, more than 1200 first and second year Rady Faculty of Health Sciences learners across a minimum of 140 interprofessional teams are expected to continue participating in the OIPC activities.

Work has begun to develop a new case study for year one term two of the curriculum, in partnership with Ongomiizwin Indigenous Institute of Health and Healing; and possibly a new capstone assessment at the end of year two.

Due to physical distancing requirements related to the COVID-19 pandemic, plans are underway to shift the entire curriculum on-line, continuing with the combination of synchronous and asynchronous activities. Consideration of moving the Collaboration Symposium to virtual delivery is also underway.

Plans are underway to expand enrolment to include UofM nursing cohorts in Thompson and The Pas in the fall of 2020, made possible by the shift of the curriculum to virtual means. Discussions regarding the expansion of learners beyond the Rady Faculty of Health Sciences are also on-going.

The George and Fay Yee Centre for Healthcare Innovation has been engaged to begin a process of program review and strategic process planning for the next five-year cycle. Faculty, staff and students will be invited to participate in this process for the academic year 2020-2021.
Appendix 1. Interprofessional Practice Coordinator Activities, June 2019-July 2020

The Interprofessional Practice Coordinator supports the development and administration of interprofessional practice experiences in the Rady Faculty of Health Sciences. In particular, this coordinator supports securing practiced based opportunities in northern and rural communities. The position also includes organizing and facilitating other interprofessional practice experiences being developed for health profession students that may be located in urban settings and facilities. The following are highlights of activities; for a full report, please contact Lisa Mendez at lisa.mendez@umanitoba.ca.

Ndinawemaaganag: Interprofessional community engagement in Indigenous Communities
This program provides students with an opportunity to learn about an Indigenous community, its people, and its health services while developing skills related to interprofessional collaboration. In 2019, 25 students representing 9 professional programs and 6 communities participated. The students were from dentistry (2), dental hygiene (3), medicine (3), midwifery (1), nursing (7), occupational therapy (5), pharmacy (1), physiotherapy (2), and respiratory therapy (1). The 6 communities were: Lake Manitoba First Nation, Pinaymootang First Nation, and Misipawistik Cree Nation, Norway House Cree Nation, Hollow Water First Nation and Poplar River First Nation.

A Rady faculty member additionally supported the students in the community. In 2019, the facilitators were Adrienne Morrow (CoM), Susan Wintoniw, Christa Degagne, Lori Davis (CoN), and Lisa Mendez (CoRS/OIPC).

The RBC Experiential Learning Travel Initiative covered costs related to food, travel, and accommodations for the students and faculty facilitators. UM Today featured some of the participants: https://news.umanitoba.ca/ip-experience-on-first-nations/

In 2020 we received 42 applications from 10 programs/departments. The students were ranked, selected, and assigned a community prior to travel being suspended due to COVID-19. The students in professional programs were from: dentistry (2), dental hygiene (2), medicine (6), nursing (18), occupational therapy (7), pharmacy (3), and physiotherapy (2). There were no applicants from the physician assistant program due to scheduling and none from respiratory therapy. There was one applicant from the Department of Community Health Sciences and another from the Masters of Science in Rehabilitation, both of whom were doing research in Indigenous health.

Interprofessional “Home for the Summer” Program
“Home for the Summer” is a program offered by the Manitoba Healthcare Providers Network in collaboration with the rural regional health authorities in Manitoba. The purpose of this program
is to provide summer employment opportunities for health care students in rural/remote regions with the intent to promote recruitment.

In 2019, the Rady Faculty of Health Sciences collaborated with The Manitoba Health Care Providers Network and the Northern Health Region (NHR) to create a pilot interprofessional learning opportunity focused on aging and wellness in Manitoba’s Northern Health Region, specifically in the community of Thompson. The project was eight weeks in duration and the team of four students represented medicine, pharmacy and nursing. Given the success of the project, four projects were planned for summer 2020. Only one of four projects proceeded in 2020. In Prairie Mountain Health Region, 4 students (2 OT, 1 nursing, and 1 medicine) worked to evaluate best practice for virtual health care options and create learning modules for staff. Feedback from students and community stakeholders was very positive.

Individual Student Experiential Learning in northern and/or Indigenous communities
The OIPC administers the RBC Experiential Learning Travel Initiative. These funds cover student costs related to travel and accommodations for pre-licensure students in a community that provides experiences to meet the complex health issues affecting Indigenous peoples. In 2019, 37 students received financial support for practice experiences in Norway House Cree Nation, Ebb and Flow First Nation, Garden Hill First Nation, Meadow Lake, Thompson, Flin Flon, and The Pas. In 2020, travel restrictions impacted many practice based opportunities, however over 20 students received funding to support their travel costs. In 2020, over 20 students were supported by the RBC experiential learning travel fund. Despite the pandemic, experiences occurred in Rankin Inlet, Baker Lake, Norway House Cree Nation, Lake Manitoba First Nation, Pinaymootang First Nation, Cross Lake Cree Nation, Thompson, Flin Flon, and The Pas. Practice areas include primary care, pharmacy, hospital, home care/community, and pediatrics.

Improving Collaboration between existing Rady rural/remote practice experiences
The IP coordinator is working to increase/improve the opportunities for student collaboration in rural and remote environments. Strategies include 1) tracking of opportunities to identify opportunities 2) creating a faculty strategy to support student travel and accommodations and 3) creating connections with rural and remote regions. In 2019, Beausejour, Brandon, Selkirk, Steinbach, The Pas, Thompson, and Winkler were the most likely communities to have at least one-week overlap between students.

Flexible Student-Led Interprofessional Practice Based Activities
The IP Practice coordinator worked with Dr. Pamela Wener to further revise and edit the activities that were created by College of Rehabilitation Sciences (CoRS) students with funding from the CoRS Endowment Fund. These student-led activities are available to programs wanting to integrate them into their practice based experiences.
Appendix 2. Rady Chair, Interprofessional Collaborative Practice Activities, 2019-2020

The Rady Chair in Interprofessional Collaborative Practice focuses on interprofessional collaborative practice research and scholarship; and advancing knowledge that will improve the quality of patient care, patient safety, retention of health-human resources, and delivery of cost efficiencies. The following are highlights of activities; please contact Dr. Gayle Halas at gayle.halas@umanitoba.ca for further details.

As Rady Chair, Dr. Halas’ research agenda prioritizes teamwork in primary health care to address the complex challenges related to transitions in care; medically and socially complex care issues; and the continuum of care and needs among elderly community members and those suffering with multi-morbidity. There are a number of community-based approaches addressing addiction, vulnerable peoples and patients’ experiences of gaps in the system.

Initial work during her first year as Chair has been strengthened by bridging connections and building relationships among the practices, patients/caregivers and decision-makers who collectively make up a “team” and are taking up these challenges to further develop and sustain integrated care. Dr. Halas has had the opportunity to make new connections within and beyond Manitoba, and participate with teams who are focusing on various aspects of transitional care and the challenges faced by various patient cohorts, as well as investigations regarding the Health Workforce, and strategies and initiatives to enhance interprofessional, integrated care.

Summary of Activities

Funded Research
Dr. Halas is involved in nine projects which received funding over the past year. The topics largely focus on transitional care – both in terms of patient care (older adult care continuum, acute coronary syndrome) and training (an international program to be launched). Other work is related to Addiction Medicine (patient access experiences, approaches for Methamphetamine treatment), as well as a project regarding use of Field Notes in Family Medicine training. With the pivot to COVID related issues, Dr. Halas joined several projects looking at leadership roles and decreased utilization of heart-related services. Dr. Halas is leading a Research Manitoba-funded study entitled Virtual Visits and Management of Primary Care in a Pandemic Environment.

Knowledge Translation
In addition to four accepted publications (and two under review), Dr. Halas was a member of nine team presentations at conferences, and was also invited to be a presenter and break-out facilitator at the Health System Integration Summit held May 8 to 9, 2019 in Saskatoon. Dr. Halas delivered a UM Faculty Development presentation, From Research to Teaching: Including the Patient Voice (Halas, Baldwin, & Thiessen) May 22, 2019 and was invited to speak at the Dr. Gerald
Niznick College of Dentistry/School of Dental Hygiene International Women’s Day event in March 2020.

**Leadership/Service**

Dr. Halas has maintained a leadership role with the SPOR-funded Manitoba Primary and Integrated Healthcare Innovation Network (NPI: Dr. Alan Katz) which held a number of events to build primary healthcare research capacity. The Network has an active role in supporting an OECD initiative to develop mechanisms for collecting patient-reported indicators across Canada. In addition, Dr. Halas was involved in mentoring/supervising several students, including both undergraduate as well as postgraduate.
Appendix 3. Interprofessional Collaborative Care Curriculum Timetable for 2019-2020

### Year 1 Timetable 2019-2020

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face-to-Face event</td>
<td>September 20 1-5 pm</td>
<td>Discussion #4</td>
<td>Jan 6-16</td>
</tr>
<tr>
<td>Discussion #1</td>
<td>Sept 27-Oct 7</td>
<td>Face-to-Face event</td>
<td>January 17 3-5 pm</td>
</tr>
<tr>
<td>(Thanksgiving)</td>
<td>Oct 14</td>
<td>Discussion #5</td>
<td>Jan 24-Feb 3</td>
</tr>
<tr>
<td>Discussion #2</td>
<td>Oct 18-28</td>
<td>Discussion #6</td>
<td>Feb 7-14</td>
</tr>
<tr>
<td>(Uni reading week)</td>
<td>Nov 14-15</td>
<td>(Louis Riel Day)</td>
<td>Feb 17</td>
</tr>
<tr>
<td>Discussion #3</td>
<td>Nov 1-25</td>
<td>(Uni reading week)</td>
<td>Feb 17-21</td>
</tr>
<tr>
<td>Reflection #1</td>
<td>Due Nov 29</td>
<td>Reflection #2</td>
<td>Due Mar 13</td>
</tr>
</tbody>
</table>

### Year 2 Timetable 2019-2020

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face-to-Face event</td>
<td>September 13 3-5 pm</td>
<td>Discussion #10</td>
<td>January 10-20</td>
</tr>
<tr>
<td>Discussion #7</td>
<td>Sept 13-23</td>
<td>Face-to-Face event</td>
<td>January 24 3-5 pm</td>
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<tr>
<td>Discussion #8</td>
<td>Oct 4-15</td>
<td>Discussion #11</td>
<td>Jan 24-Feb 10</td>
</tr>
<tr>
<td>(Thanksgiving)</td>
<td>Oct 14</td>
<td>(Louis Riel Day)</td>
<td>Feb 17</td>
</tr>
<tr>
<td>Discussion #9</td>
<td>Oct 25-Nov 4</td>
<td>(Uni reading week)</td>
<td>Feb 17-21</td>
</tr>
<tr>
<td>(Uni reading week)</td>
<td>Nov 11-15</td>
<td>Team Capstone Assignment</td>
<td>Due Mar 13</td>
</tr>
<tr>
<td>Reflection #3</td>
<td>Due Nov 29</td>
<td>Reflection #4</td>
<td>Due Mar 30</td>
</tr>
</tbody>
</table>
## Appendix 4. OIPC Program Logic Model

### Inputs
- OIPC College Leads
- OIPC IP Practice Coordinator
- Administrative Support
- All Yr 1 & 2 RFHS Learners
- UM Learn

### Activities
- Synchronous Events
- Asynchronous On-line Discussions
- Individual Reflections
- IP Practice Activities
- IP Service Learning

### Outputs
- IP longitudinal teams
- IP blended curriculum
- IP practice opportunities
- Scholarly works

### Immediate Outcomes
- Increased knowledge of IPC
- Increased skill in IPC
- Enhanced attitudes towards IPC
- Unanticipated outcomes

### Intermediate Outcomes (indirect)
- enhanced IP communication
- enhanced IP team functioning
- enhanced IP conflict resolution
- shared leadership

### Final Outcomes
- enhanced employee recruitment/retention
- reorganization of healthcare delivery
- increased patient safety & quality care

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