

Rady Faculty of Health Sciences

OFFICE OF INTERPROFESSIONAL COLLABORATION

ANNUAL REPORT

Academic Year 2020–2021

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Preamble

Since 2016, the Rady Faculty of Health Sciences (RFHS) 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 RFHS 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 “one-off” events, the OIPC’s key objective is to expose all RFHS 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 (Canadian Interprofessional Health Collaborative [CIHC], 2010).

The OIPC has grown from five RFHS College Leads to the implementation of the Interprofessional Practice Coordinator (in 2017), the Rady Chair in Interprofessional Collaborative Practice (in 2019), the Director (Education) position (in 2019), a Northern and Rural Student Placement Coordinator (2020) and the Program Assistant, Northern and Rural Student Placements (2021).

Following is the report on the OIPC curriculum delivered in 2020-2021 by the education team, highlights of activities from the Practice Team and the 2020-2021 activities of the Rady Chair in Interprofessional Collaborative Practice. Of note, the COVID-19 pandemic and the ensuing physical distancing requirements meant a complete virtual pivot in the delivery of the interprofessional collaborative care curriculum by the OIPC for the past academic year, which, as described in the following report, had both advantages and disadvantages.

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.

Education

College of Nursing Lead:

Lori Davis (until May 2021) and Trina Arnold (from June 2021)

College of Pharmacy Lead:

Alexandra Cooper

College of Rehabilitation Sciences Lead and OIPC

Director: Moni Fricke

Dr. Gerald Niznick College of Dentistry and School of Dental Hygiene Lead:

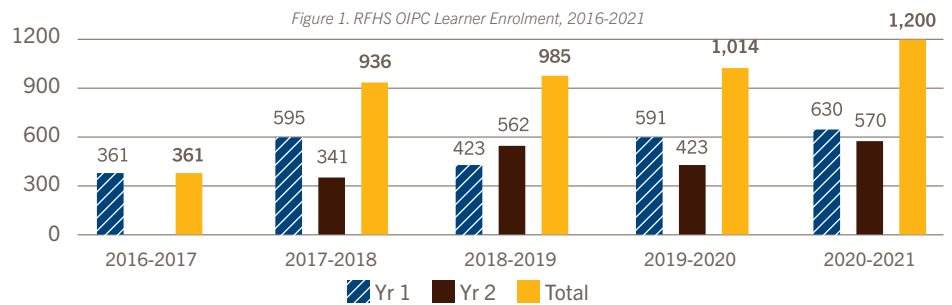
Laura MacDonald

Max Rady College of Medicine

Lead: Camisha Mayes

Enrolment

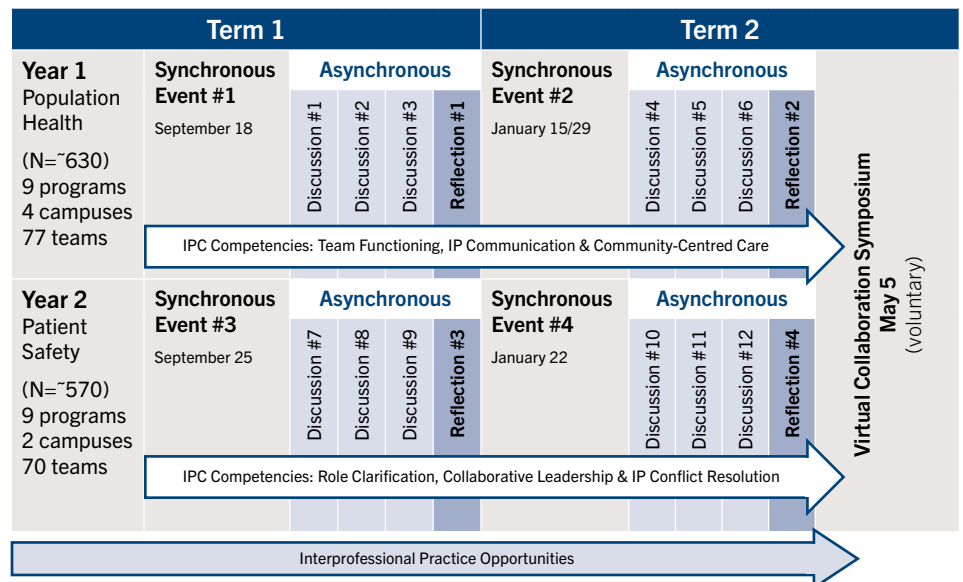
The OIPC interprofessional learning activities are embedded in each unit’s own relevant course(s) and are provided to all first-year and second-year learners from nine health professional programs. Enrolment in the OIPC activities has steadily increased over time (Figure 1) to 1,200 students in the fall of 2020. First-year and second-year entry-level health-care professional learners participated in 2020-2021 from five colleges representing nine pre-licensure health professional programs: dental hygiene (~26/year); dentistry (~29/year); medicine (110/year); nursing (280/year); occupational therapy (50/year); pharmacy (55/year); physical therapy (50/year); physician assistant studies (15/year); and respiratory therapy (16/year). New this academic year was the inclusion of the two Bachelor of Nursing Program cohorts based in Thompson (n=20) and The Pas (n=20), made possible only because of the virtual delivery of the curriculum.



Curriculum Content

Given the complexity of coordinating nine units, the OIPC curriculum was intentionally designed with a blended learning approach. Each term begins with a facilitated synchronous face-to-face event, followed by multiple asynchronous facilitated online discussions using UM Learn as the learning platform (Figure 2). An individual guided written reflection is required from each student to culminate each term. It should be noted that the second synchronous event delivered in January 2021 had to be delivered twice because some units began the second term in line with the university’s delayed start of the winter term due to the COVID-19 pandemic, while other units did not and could not change their timetables to accommodate the OIPC activities.

Figure 2 RFHS OIPC Longitudinal Curriculum 2020-2021



¹ Greenwood, M. (2019). Modelling change and cultural safety: A case study in northern British Columbia health system transformation. *Healthcare Management Forum*, 32(1), 11–14. <https://doi.org/10.1177/0840470418807948>

² Cahn, P.S. (2020). How interprofessional collaborative practice can help dismantle systemic racism. *Journal of Interprofessional Care*, 34(4), 431-434. <https://doi.org/10.1080/13561820.2020.1790224>

Content in Year 1 focused on population health from an interprofessional collaborative approach, grounded in the Public Health Agency of Canada’s Integrated Model of Population Health and Health Promotion (Hamilton & Bhatti, 1996) and the six competencies of interprofessional collaboration identified in the National Interprofessional Competency Framework (CIHC, 2010). New to 2021, learners engaged in interprofessional discussions on the role of interprofessional collaboration in disrupting racism in health care. The OIPC prepared the facilitated learning opportunity in partnership with the RFHS Office of Equity, Diversity and Inclusion, Ongomiizwin Indigenous Institute of Health and Healing – Education and the Department of Native Studies, Faculty of Arts. Theoretically the content was based on the Framework for Creating Change by Dr. Margo Greenwood¹ of the National Collaborating Centre for Indigenous Health as well as the work of Dr. Peter Cahn².

Content in Year 2 focused on quality and patient safety from an interprofessional collaborative approach using the Canadian Patient Safety Competencies (Canadian Patient Safety Institute [CPSI], 2020). The three collaborative competencies of team functioning, interprofessional communication and patient/client/ family/community-centred care were emphasized in Year 1, progressing to role clarification, interprofessional conflict resolution and collaborative leadership in Year 2.

Teaching and learning strategies progressed over the two-year period from mini-lectures, to case studies, to simulation with standardized patients, while interweaving interprofessional small group discussions and reflection throughout. The OIPC college leads provided facilitation for the first, third and fourth synchronous activities; the partners listed above, as well as individual faculty volunteers, Elders and Knowledge Keepers, assisted with facilitating the second synchronous activity. Two teaching assistants, both regulated health professionals, provided facilitation for online discussions.

Learner Assessment

Learner assessment is embedded within individual RFHS college courses, comprising 5% of the overall course grade for the majority of programs. In 2020-2021, the breakdown of that 5% in all four terms was based on the asynchronous online discussions (1% each x 3) and the individual written reflection (2%). Overall student grade means can be seen in Table 1; individual unit grades were shared with each unit in the spring of 2021. RFHS first-year grades were observed to be higher than second-year grades overall. Assessment criteria (Rubrics for Online Discussions and Reflections) are available upon request.

Table 1. Mean Student OIPC Grades, 2020-2021

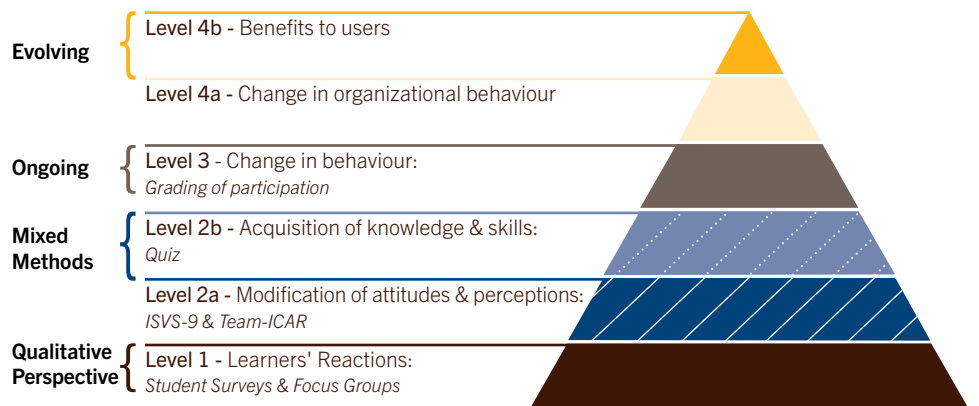
Year One Program	Assessment Strategy	
	Term 1 (Fall)	Term 2 (Winter)
	3 online discussions (3/5) + 1 personal reflection (2/5)	3 online discussions (3/5) + 1 personal reflection (2/5)
Nursing (n=277)	-	-
Pharmacy (n=45)	-	-
OT, PT, RT (n=113)	-	-
Dentistry & Dental Hygiene (n=55)	-	-
Medicine & PAS (n=128)	-	-
RFHS Year 1 (N=618)	4.28/5 (3.81 - 4.78)	4.39/5 (4.19 – 4.76)
Year Two Program	3 online discussions (3/5) + 1 personal reflection (2/5)	3 online discussions (3/5) + 1 personal reflection (2/5)
Nursing (n=227)		
Pharmacy (n=52)		
OT, PT, RT (n=112)		
Dentistry & Dental Hygiene (n=52)		
Medicine & PAS (n=124)		
RFHS Year 2 (N=567)	4.16/5 (3.92 – 4.57)	4.11/5 (3.35 – 4.46)

Note: OT – Occupational Therapy; PT – Physiotherapy; RT – Respiratory Therapy; PAS – Physician Assistant Studies

Program Evaluation

Formal and informal evaluation of the OIPC activities have been integrated since the inception of the program (Figure 3) based on [Appendix 1. OIPC Program Logic Model](#). Evaluation strategies were carried out throughout both years using a combination of mixed and multiple methods, including online 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 1 (pre), at the end of Year 1 (mid) and at the end of Year 2 (post). A modified version of the Interprofessional Collaborator Assessment Rubric (ICAR) (Curran et al., 2011) was used by each interprofessional team at every synchronous encounter to self-assess their own team development over time. Two student focus groups were held virtually in June 2021, in addition to year-end surveys of both years. Facilitators were also surveyed immediately following the synchronous event held in Year 1, in the winter of 2021. University of Manitoba Health Research Ethics Board (HREB) approval was obtained for all listed forms of program evaluation.

Figure 3. OIPC Program Evaluation Strategy



Adapted by Barr et al. (2000) from Kirkpatrick (1967)

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” (p. 171). 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 1, after the first year and again after the second year of the curriculum.

Results from the 2019-2021 IP cohort (N=570 students from nine programs; 14% response rate) indicate that no significant differences were found across the two-year time period. Students indicated from the outset that they valued the role of interprofessional teams and this did not change over time. It should be noted that data analysis was limited by the anonymous data in Year 1. This has now been addressed for subsequent years with student self-identification markers 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 2019-2021 IP cohort (N=70 teams) indicate that IP teams demonstrate significant growth overall ($p < 0.05$, using Wilcoxon Signed-rank Tests, with a medium effect size over time of 0.56, 0.63 and 0.62 from Terms 1 to 4 respectively). Of the six domains of the collaboration competencies, role clarification showed the greatest increase across the two-year period of the longitudinal curriculum ($p < 0.05$, effect sizes ranging from 0.54 to 0.68).

Student Feedback

All first-year and second-year RFHS students were invited through email to participate in a year-end survey via SurveyMonkey®. Response rates were 15% for Year 1 (N=92) and 14% for Year 2 (N=78). All classes of all nine participating programs participated except the first-year Dentistry cohort, with no responses.

Year-end survey results found that:

- Only a minority of interprofessional teams met outside the pre-scheduled synchronous events (27% in Year 1; 16% in Year 2).
- The majority of respondents spent between 15 and 45 minutes on each online post (60% in Year 1; 62% in Year 2); 4% in Year 1 spent less than 15 minutes on each post compared to 23% in Year 2; 13% in Year 1 spent more than 60 minutes on each post compared to 2% in Year 2.
- The majority of respondents agreed or strongly agreed that:
 - › online discussions were a fair and appropriate method of assessment (64% in Year 1, 58% in Year 2).
 - › personal reflections were a fair and appropriate method of assessment (69% in Year 1, 55% in Year 2).
 - › the weight of the IPC curriculum in their program of study was appropriate (58% in Year 1, 55% in Year 2).
- On a scale of 1-100, overall satisfaction with the interprofessional curriculum was 61 in Year 1 (N=64; 10% response rate) and 53 in Year 2 (N=51; 9% response rate).
- Students used a variety of communication platforms including Zoom (34% in Year 1, 40% in Year 2), email (33% in Year 1, 15% in Year 2), WhatsApp (28% in Year 1, 42% in Year 2), Google Docs (13% in Year 1, 29% in Year 2), Facebook (16% in Year 1, 29% in Year 2) and MS Teams (8% in Year 1, 7% in Year 2)
- Free text comments suggested that:
 - › There were both advantages and disadvantages to asynchronous online discussions.
 - » *Able to complete discussions in our own time. Really spend time thinking about the scenarios before answering them.*
 - » *The conversation felt unnatural at times and some of the things that were discussed I'm not sure if they would ever come up in real life or if there would be time to look into the situation that deeply.*
 - » *It was difficult to form true connections with team members.*
 - › Students would like more synchronous in-person meeting time over the course of the two years.
 - » *Only seeing a team face-to-face (or virtually) 4x over 2 years does not allow you to truly move through the stages of group development. My team was always in the "forming" stage and never got through "storming", "norming", or "performing" as we simply did not have enough experience together to work effectively.*

- › Students feel the weighting of IPE grades should be similar across all participating units.
 - » *I think there should be even weight between all programs so all students are equally motivated to participate.*
 - » *The small % of weight that IPC is caused most to not take participating in discussions or reflections seriously.*

In light of new curriculum delivered in January 2021 on the role of interprofessional collaboration in addressing racism, the first-year RFHS learners were invited to complete an additional post-event survey. The survey yielded a 29% response rate (n=179; 5% dental hygiene; 3% dentistry; 16% medicine; 39% nursing; 10% occupational therapy; 13% pharmacy; 3% physician assistant; 9% physiotherapy; 2% respiratory therapy). Results indicated that:

- More than 75% of respondents agreed or strongly agreed with the statement, “Having participated in this virtual session, I have a better understanding of the impact of racism in the health-care system and the role interprofessional collaboration can play.”
- More than 73% of respondents agreed or strongly agreed with the statement, “This session has clarified what role I can personally and professionally play in addressing racism in the health-care system.”
- More than 74% of respondents agreed or strongly agreed with the statement, “This session gave me ideas on how interprofessional teams can start to dismantle racism in the workplace.”
- 41% of respondents reported never having personally experienced racism; 34% had experienced racism “once or twice”; 23% had experienced racism “frequently over their lifetime”; and 2% reported experiences of racism several times per week.

Free text comments were generally supportive of the intent and content of the curriculum. Some respondents suggested that the anti-racism curriculum did not go into enough details on strategies for dismantling racism, while others commented on the lack of engagement of all participants in the virtual environment, where facilitators were not present in each of the 77 breakout rooms. Some who self-identified as Black, Indigenous or a person of colour suggested there was an over-reliance on sharing their own lived experiences of racism, leaving them vulnerable in the small group breakout room.

- *Thanks for having a discussion about this, systemic racism is real and I hope this provides a better perspective for others when we get into our health profession to make change!*
- *It was a very powerful experience for me and I appreciate that there are programs set up like this that address very important matters such as racism.*
- *I found it hard to connect over Zoom. The conversations seemed shorter than I would have hoped and some people were not comfortable sharing.*
- *It's hard to have a 30 min. conversation when most of the team members don't engage but conversations that some of us had were great and stimulating.*
- *Personally, this session has impacted me emotionally and spiritually as I have recognized my own assumptions and biases that I have to change and also was able to listen to the personal stories of some of the members of my group that shaped my perspective into how much advocacy still needs to be done for people who are racially discriminated and oppressed.*
- *Yes, it was challenging for me to share personal experiences with racism, but none of my group members experienced racism themselves and so I wanted to offer my Indigenous perspective.*

In response to this input from students, the OIPC and its partners in this curriculum applied for and were successful in obtaining a University of Manitoba (UM) Scholarship in Teaching and Learning Grant. This funding will be used to employ student research assistants over the coming academic year to further develop, refine and evaluate this curriculum on interprofessional collaboration for dismantling racism. As well, the OIPC and its partners secured funding from the UM Faculty Development Initiative Funds and financial support from the RFHS to host a faculty/facilitators retreat series this upcoming academic year to help faculty members as a community develop and/or enhance their ability to respond to the RFHS policy on disrupting all forms of racism, particularly in interprofessional learning settings.

Additionally, all students were invited to participate in a facilitated focus group in the spring of 2021. This invitation resulted in two focus groups, one for each year. A summary of the student focus groups follows:

1. Valuing interprofessional collaboration education

- Learning about, with and from each other is a valuable experience

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

3. Wanting more focus on interprofessional collaboration and less on patient safety (Year 2)

- Felt that they covered patient safety content in their own uni-professional programs and did not see merit in discussing it interprofessionally
- Appreciated “no-blame” approach to interprofessional conflict resolution curriculum, but felt conflict could be intensified through role-playing or more complex issues (e.g., use of restraints in fall prevention)

Faculty Input

Given the virtual shift of the curriculum in 2020-2021, additional facilitators were sought for only one of the four synchronous events held over the past academic year. While facilitators for each breakout room would have been of benefit (77 and 70 breakout rooms for Year 1 and 2 synchronous events respectively), it was felt that facilitator recruitment of that magnitude was not possible. Because of the sensitive nature of systemic racism in health care, particular effort was made to recruit faculty facilitators for the winter term Year 1 synchronous event who were confident to facilitate the specific topic. This resulted in four to five facilitators for each of the four simultaneous Zoom sessions, with each facilitator hosting roughly 12 breakout rooms. An “on-call facilitator” approach was employed, meaning students could ask for a facilitator to join their breakout room; only one breakout group requested a facilitator. Facilitators were from various units across the RFHS, as well as the Department of Native Studies, Ongomiizwin Institute of Health and Healing and the RFHS Office of Equity, Diversity and Inclusion.

Facilitators were invited to provide comments following the virtual event in January 2021 via SurveyMonkey®. Eight responses were received (40% response rate), seven of whom had facilitated with the OIPC before and five of whom had previously facilitated discussions on the impact of racism on health outcomes. Survey results indicated that 62% (n=5) felt the questions and activities stimulated discussion related to racism as a determinant of health, but it was unknown whether the importance of interprofessional collaboration for anti-racism was achieved because facilitators were not present in the breakout rooms. All facilitators appreciated participating in this session, but one felt that the session would have been improved if students had actively participated more in the virtual large group setting. It was also suggested that facilitators could “drop in” to breakout rooms to encourage greater student engagement and accountability; this perspective was not shared by all facilitators.

Efforts are currently underway to consider how the OIPC can foster professional development in facilitation of such interprofessional teaching and learning sessions where difficult conversations are needed, while ensuring psychological safety for all.

Considerations for interprofessional education 2021-2022

It is anticipated that more than 1,200 first-year and second-year Rady Faculty of Health Sciences students distributed across more than 150 interprofessional learner teams will continue participating in the OIPC activities in the fall of 2021. Nursing cohorts in Thompson and The Pas will continue into the second year of the curriculum, with their participation made possible by the virtual pivot of the curriculum due to the COVID-19 pandemic. The OIPC will also welcome the inaugural first-year midwifery students in the College of Nursing in the fall of 2021.

The decision was made to continue virtual delivery of the curriculum given the uncertainty of potential future waves of the COVID-19 pandemic for the coming academic year. Curriculum committees across the 10 participating units have been made aware and have been kept up-to-date as program changes are initiated.

In response to ongoing requests by students for more face-to-face time, the 2021-2022 academic year will shift one of the asynchronous online discussions to a synchronous student team meeting structure. Interprofessional student teams will be responsible for coordinating their own meeting time and platform over a 10-day period during the fall term. Alternate opportunities for engagement by students unable to attend their team meeting are under development. Close attention will be paid to the anticipated and unanticipated outcomes of this new initiative across both years.

In terms of strategic planning for the OIPC, the process begun in 2019 was put on hold over the last year due to the pandemic. Plans are now underway to refresh the work that was begun and proceed in the coming year. Faculty, staff and students will be invited to participate in this process during the next academic year.



Interprofessional Practice Coordinator: Lisa Mendez

Northern and Rural Student Placement Coordinator: Melissa Balness

Program Assistant, Northern and Rural Student Placements: Ceilidh Miller



Elders Mary and Robert Maytwayashing and Rady students enjoy a feast after a day of teachings.

Practice

Interprofessional Practice Coordinator Activities, September 2020-September 2021

The pandemic significantly impacted the typical roles of the Interprofessional (IP) Practice Coordinator, especially in the area of engagement with First Nations communities. The IP Practice Coordinator was deployed by both the First Nations Rapid Response Team (COVID-19 Testing) and the Integrated Vaccine Operations Centre (IVOC). In these roles, support was provided for COVID-19 testing in six communities and vaccine administration in five communities. The IP Practice Coordinator was a co-lead of the “workforce” and “lessons learned” teams for the IVOC.

Learner Activities

The following are highlights of activities that proceeded despite pandemic-related restrictions.

Ndinawemaaganag: Interprofessional Community Engagement in Indigenous Communities

The two-week version of this program (the name of which means “All my relations” in Anishinaabemowin) continues to be on hold; it is still uncertain as to when the program will be able to proceed. A one-day land-based teaching event was held for a small group of interprofessional students who were working on a community-engaged learning project in First Nations communities as part of their professional programs. Elders Mary and Robert Maytwayashing provided teachings on tobacco and water while sharing the impact of residential school on their community.

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. This is the third year that the Office of Interprofessional Collaboration has collaborated to create interprofessional experiences. In the summer of 2021, we had three projects in three regions:

Interlake Eastern Regional Health Authority (IERHA): A group of four students (medicine, nursing, OT, pharmacy) worked together on a project called “Substance Use Disorders in Interlake-Eastern Regional Health Authority: An Interprofessional Student Project – Impacts of the COVID-19 Pandemic on People Who Use Substances in the IERHA.” The students focused on learning about the patient experience, identifying areas for improvement and providing recommendations for change to senior management. The project lead was Kurt Schroeder, Director of Pharmacy for the region.

Northern Regional Health Authority: A group of five interprofessional students (two medicine, one nursing, two OT) worked together on a project related to anti-Indigenous racism. The students supported the region’s Anti-Racism Working Group to contribute to a blueprint for a robust Anti-Indigenous Racism Strategy. They supported the development of an anti-racism policy, reviewed current policies with an anti-racism lens and collaborated to support the development of an institutional and professional declaration against racism. The project lead was Charlene Lafreniere, Chief Indigenous Health Officer for the region.

Southern Health/Santé-Sud: A pair of students (nursing) worked in collaboration with the Rapid Access to Addictions Medicine (RAAM) Clinic to address food security and create community connections and build awareness of community resources. They established a community garden for the RAAM Clinic and worked to provide community resources and supported the COVID-19 vaccination sites in Portage la Prairie. The project lead was Dana Human, Director of Mental Health for the region.



These students from rehabilitation sciences, nursing and dental hygiene participated in the RBC Experiential Learning Travel Initiative in 2019.

Individual Student Experiential Learning in Northern and/or Indigenous Communities

The OIPC administers the RBC Experiential Learning Travel Initiative, which covers student costs for rural and remote placements. These placements provide experiences to meet the complex health issues affecting Indigenous peoples. Given the pandemic-related restrictions, only a few experiences were funded in this academic year.

Flexible Student-Led Interprofessional Practice-Based Activities

These student-led activities are available to programs wanting to integrate them into their practice-based experiences.

Poverty Awareness and Community Action: Interprofessional Collaboration for Resource Development and Advocacy

This is a collaboration between the OIPC and Community Engaged Learning. Interprofessional students from the Rady Faculty of Health Sciences and beyond (nursing, occupational therapy, nutrition, social work, human rights, etc.) had the opportunity to build a deepened awareness of the impacts of poverty within our greater community while moving toward skill development related to eliminating barriers, navigating resources and advocacy. This project was funded by the Government of Canada's Innovative Work-Integrated Learning Initiative (I-WIL). The following are quotes regarding the students' experiences:

We have an amazing group of people coming together to learn lessons and engage. I've never been so proud in my life to see a group of people coming together. We are a community, and it really shows.

Very cool to be part of a group that is very intentional on accountability and working on making a different kind of space than the norms of society.

This has been a life changing program.

Promoting BIPOC Excellence in Health Professions

This project was initiated by students in the Master of Occupational Therapy Program with logistical support from the IP Practice Coordinator and funding from the Government of Canada's Innovative Work-Integrated Learning Initiative (I-WIL). These students came together from May to August while on their practice-based experience to discuss anti-racism and strategies for promoting excellence among health profession students who identify as BIPOC (Black, Indigenous and/or a person of colour). As the group has gained momentum, its members have broadened the group invitation to include students in other Rady Faculty of Health Sciences programs.

Coordinator – Northern and Rural Student Placements

This position was created in January 2021. It is the result of the Rady Faculty of Health Sciences Accommodation Working Group and its analysis of the supports needed to overcome barriers to student placements in rural and remote regions.

The Northern and Rural Student Placement Coordinator is the central contact to bring together all northern and rural placements in the RFHS. The position leads in the implementation of the RFHS travel policy and works closely with all colleges in the RFHS, regional health authorities, communities and both federal and provincial partners to expand rural placement opportunities within Manitoba.

As this was a new position, systems were developed for tracking placements, expenses and reporting, and communication templates were created. These systems will be used to share interprofessional opportunities with the Interprofessional Practice Coordinator, complete reporting requirements for funding and identify gaps in regional placements.

In collaboration with RFHS colleges, the items outlined below highlight progress since the start of this position in January 2021.

Placement Expansion

Nursing: New placements in Churchill; restarting of placements to First Nations Nursing stations staffed by First Nations and Inuit Health for the first time in several years; commitment from regions to take a minimum of two fourth-year nursing student placements to rural communities; and discussions regarding Year 3 and 4 Bachelor of Nursing Program, midwifery and nurse practitioner student placements with regions.

Dentistry: Six new student placements to First Nations communities to start in the fall term of 2021.

Relationship Building

The coordinator has regular meetings with the Manitoba Healthcare Providers Network, regional coordinators, University of Manitoba staff and students. These meetings are building blocks to developing relationships and trust that will drive the success of the program.

Presentations

Information is provided to all RFHS students regarding the program, policy and placement opportunities. Presenters include staff from the university, regions and province.

Program Assistant, Northern and Rural Student Placements

The newly created position of Program Assistant for the Northern and Rural Student Placements in the Rady Faculty of Health Sciences was filled in May 2021. The program assistant has been communicating with all the RFHS colleges and programs regarding the student placement schedules for the first, second and third quarters of the fiscal year.

The program assistant has enhanced the process for tracking all the schedules for each college and program. The program assistant reviews and processes all student reimbursement claims that are submitted and all information for reimbursement is inputted into the tracking spreadsheet.

The program assistant has created a process of gathering student feedback. This includes an email to the student(s) prior to the start of their student placement and after their student placement has been completed.



Research

| **Rady Chair:** Gayle Halas

Rady Chair, Interprofessional Collaborative Practice Activities, 2020-2021

The Rady Chair in Interprofessional Collaborative Practice focuses on interprofessional collaborative practice research and scholarship, and on advancing knowledge that will improve the quality of patient care, patient safety, retention of health-human resources and delivery of cost efficiencies.

Key Activities

- Nominated principal investigator on a team project funded by Research Manitoba entitled *Virtual Visits and Management of Primary Care in a Pandemic Environment*. Over the past year, the team has been conducting research using four data sources primarily focused on patient and provider experiences and outcomes related to virtual care. The team is now analyzing the data and preparing for dissemination.
- Collaboration with Dr. Malcolm Doupe (Community Health Sciences) on various projects related to older adult care continuums, including transitions in care, cross-sectoral collaboration and communication, as well as student programs designed to address these topics. One example is the newly launched iSTEP exchange program with students/faculty in Bergen, Norway.
- Collaboration with Dr. Erin Knight (Psychiatry and Family Medicine; medical director of Addiction Services at Health Sciences Centre) to develop work entitled *Integrated Care Pathways for Healthcare Providers and Patients Confronting Substance Use Disorders*. Together we have supervised several medical students over the summer. Prasansa Subedi completed a review and synthesis of chart data to describe “A snapshot of substance use disorder in primary care for designing integrated care pathways.”
- Worked with Miray Eskandar, who was awarded a University of Manitoba Undergraduate Research Award. A project has been launched in partnership with Moni Fricke, Laura MacDonald, Alexandra Cooper, Jamie Penner and the Manitoba Alliance of Healthcare Regulatory Colleges Continuing Competence Interest Group, beginning with a scan of research instruments to evaluate interprofessional collaboration in practice. Ms. Eskandar will be continuing on as we collaborate with Dr. Teresa Cavett (Family Medicine) and explore patient experiences with multi-provider team-based care in one primary care setting.
- The Manitoba Primary and Integrated Healthcare Innovation Network (MPN) is a SPOR-funded network with management assistance from Dr. Alanna Baldwin, and a strong Manitoba patient partnership coalition (facilitated by Jen Pepneck). MPN has supported several community-based projects and has connected researchers in primary care to collaborators across Canada. MPN is also one of the pan-Canadian partners working with an international initiative (<https://www.oecd.org/health/paris/>) to collect patient-reported measures in primary care. MPN is now facing funding renewal, and we have been actively involved in strategizing and developing a plan for future network support.
- Collaboration with Dr Alex Singer (Family Medicine) to sponsor work with a visiting professor from Minnesota State University Moorhead – Dr. Jitendra Singh. Dr. Singh is Professor and Co-Chair, School of Nursing & Healthcare Leadership and offers expertise and interest in interprofessional collaborative practice and education, as well as leadership and change management approaches.

Consultations and Collaborations

Internal

- RFHS Office of Educational and Faculty Development for the effective virtual delivery of curriculum, including the adaptation of one clinical case to a Powtoon animated representation
- RFHS Integrated Accreditation Unit regarding IPE curriculum mapping
- RFHS Clinical Learning and Simulation Program for the delivery of virtual interprofessional simulation
- Ongomiizwin Indigenous Institute of Health and Healing for the development of a new Indigenous health-related case for the Year 1 curriculum
- Manitoba Centre for Nursing and Health Research for data analysis
- George and Fay Yee Centre for Healthcare Innovation for support of strategic planning processes
- Dr. Pamela Wener, RFHS College of Rehabilitation Sciences, for collaboration on a new session on collaborative leadership in the fourth-year undergraduate medical curriculum
- Max Rady College of Medicine, Undergraduate Medical Education (UGME) Leadership Curriculum. Created and delivered facilitated interactive session, *Leading with others: The power of collaborative leadership in medicine and health care*, April 26, 2021
- Max Rady College of Medicine Interprofessional Pain Event, April 20, 2021, to provide facilitator and logistical support

External

- Dr. Tina Guinaldo, Louisiana State University, and Dr. Hossein Khalili, University of Wisconsin, *Validation of the Interprofessional Socialization Valuing Scale-9 (ISVS-9A and B)*
- Dr. Vernon Curran, Memorial University, *Validation of the Team-ICAR*
- Choosing Wisely Manitoba, *Case Night*, April 27, 2021
- Amsterdam University of Applied Sciences and West Virginia University, *Hey! What do they do?: A comparison of international health systems*, optional student interprofessional education event, June 12, 2021
- Manitoba Alliance of Healthcare Regulators Continuing Competence Interest Group, *Survey Development of Post-licensure Interprofessional Collaborative Practice*
- Gayle Halas was appointed to the Canadian Interprofessional Health Collaborative Nomination Committee
- Moni Fricke was appointed to the Canadian Interprofessional Health Collaborative Board of Directors
- Moni Fricke and Camisha Mayes are members of the Association of Faculties of Medicine of Canada (AFMC), IPE-Network
- Gayle Halas was invited to serve as External Adjudicator for the 31st Annual Residents' Scholarship Day, Department of Academic Family Medicine, University of Saskatchewan. May 28, 2021

Communications/Knowledge Translation

News

Newsletters are published twice yearly by the OIPC. The current edition can be found on the OIPC homepage at <https://umanitoba.ca/health-sciences/sites/health-sciences/files/2021-05/oipc-current-newsletter.pdf>

UM Today, the University of Manitoba's news website, published several stories on the activities of the OIPC over the last academic year, including the following:

[Interprofessional curriculum readies students to join health care teams](#), July 19, 2021

[Interprofessional health symposium addresses systemic racism](#), May 19, 2021

[Interprofessional program addresses racism in health care](#), April 8, 2021

[Teamwork skills developed through interprofessional curriculum](#), January 18, 2021

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 held virtually on May 5, 2021.

Dr. Peter Cahn, associate provost for academic affairs and director of the Center for Interprofessional Studies and Innovation at MGH Institute of Health Professions in Boston, Massachusetts, provided the keynote address on *How Interprofessional Collaborative Practice Can Help Dismantle Structural Racism*. Trained as a cultural anthropologist, Dr. Cahn successfully challenged the more than 80 attendees to consider how all health-care providers can work individually and collectively to dismantle systems of oppression, racism and power for better health outcomes for all.

The OIPC wishes to thank all the presenters who participated that day, representing various RFHS programs, students, faculty and staff, as well as our community partners:

- Arielle Bieniek & Emma Gervin, *Student service learning project: Beading table*
- Josephine Armah & Ana Grabovac, *CanU: Challenge accepted*
- Katherine Lee, *A community-driven approach to food security*
- Meagan Wiebe, *Multidisciplinary approach to lingual frenectomy in ankyloglossia*
- Sheralin Spring & Phillip Snarr, *Why every journey needs a guide*
- Coleen Schneider, *Unconscious bias and its impact on patient experience, treatment, and outcomes - perspectives from the public and staff*
- Amy Tieu & Laura Brinkman, *Surveying virtual interprofessional education: Scouting for best practices*
- Gayle Halas, Dan Nagel & Jamie Penner, *Student-infused community health centre (SICHC) development: An innovative experiential learning model for interprofessional, community-based collaboration*
- Kathy Yerex, Cheryl Dika & Laura MacDonald, *Nurse practitioner and oral health students interprofessional educational initiative to promote oral system health*

Awards

Alan Klass Memorial Health Equity Award

Named after Dr. Alan Klass (1907-2000), a member of the University of Manitoba's Faculty of Medicine and an outspoken advocate for social justice, this award provides seed money to a project led in partnership with a community agency. Sharing the award this year were two separate projects: Arielle Bieniek and Emma Gervin for their *Student service learning project: Beading table*; and Sheralin Spring and Phillip Snarr for their *community initiative CF: Why every journey needs a guide*.

Community Impact Award

This award recognizes a community-based project in Manitoba that strives to improve the health equity of those it serves. The 2021 winner was Meagan Wiebe and her team for their project *Multidisciplinary approach to lingual frenectomy in ankyloglossia*. Honourable mentions went to Josephine Armah and Ana Grabovac for *CanU: Challenge accepted* and Katherine Lee for *A community-driven approach to food security*.

Exemplars of Interprofessional Collaboration

Individual – Dawn Powers, RN, Grace General Hospital

Dawn encouraged us to seek the members of the team whenever something comes up with our patients, be it residents, attendings, pharmacists, social workers, dietitians, OTs and PTs. She went as far as walking us through possible scenarios of phone calls to any of the IP members, by pretending to be the other team member on the line. Dawn ensured we were comfortable with IPC. Dawn is an enthusiastic teacher and supervisor who is committed to seeing her students be impacted with the needed knowledge and skills to do well in their present and future clinical rotations, as well as their future careers as health-care professionals.

Team - Pediatric Surgical Team, Health Sciences Centre

The Pediatric Surgery Team deserves the award for "Outstanding Role Models of Interprofessional Collaboration" because of their team-based approach to patient care, their respectful communication skills and mentorship. The team is made up of a pediatric surgery fellow, a nurse practitioner, two physician assistants, various surgical residents, medical students on rotation and attendings... They were positive role models for interprofessional collaboration, as they were always working closely with nursing staff, dietitians, pharmacists and other allied health professionals.

Conference Presentations

Singer, A., Halas, G., Kosowan, L., LaBine, L., Shenoda, D., Katz, A., Baldwin, A., & Abrams, E. (2021, November 10-13). Virtual visits and management of primary care in a pandemic environment. Family Medicine Forum (Virtual).

Halas, G., Baldwin, A., Singer, A., Katz, A., MacKay, K., Fogarty, V., Abraham, L., Labine, L., Kirby, S., Wong, S., Talpade, S., Abrams, E., Bohm, E., & Francois, J. (2021, October 4-7). Public experiences and perspectives of virtual primary care visits: Outcomes and future options. North American Conference on Integrated Care (NACIC-Virtual), Toronto, ON.

Halas, G., Eskandar, M., Penner, J., Nagel, D., Macdonald, L., Cooper, A., & Fricke, M. (2021, October 4-7). Understanding interprofessional practice challenges for advancing integrated care. Poster presentation at North American Conference on Integrated Care (NACIC-Virtual), Toronto, ON.

Fricke, M., MacDonald, L., Cooper, A., Davis, L., & Mayes, C. (2021, July 12). The development of an interprofessional curricular mapping framework for interprofessional education initiatives. Canadian Physiotherapy Association Virtual Summit Series.

Fricke, M., MacDonald, L., Cooper, A., Davis, L., & Mayes, C. (2021, May 18-19). Real-time virtual simulation in interprofessional education. Teaching in Practice-Based Professions Conference. Hosted by Mount Royal University Faculty of Health, Community and Education, Calgary, AB.

Fricke, M., MacDonald, L., Davis, L., Cooper, A., Mayes, C., & Oliver, R. (2021, May 13-16). The exploration of the impact of interprofessional education: Dental hygiene, pharmacy, nursing and physiotherapy student perspectives. Canadian Physiotherapy Association Congress, Vancouver, BC.

Halas, G., Nagel, D., & Penner, J. (2021, May). Student-Infused Community Health Centre (SICHC) Development: An innovative experiential learning model for interprofessional, community-based collaboration. Poster presented at University of Manitoba Office of Interprofessional Collaboration's 4th Annual Communities & Collaboration Symposium, Winnipeg, MB.

Lobchuk, M., Brown, C., Cavette, T., **Fricke, M., Halas, G.,** Harder, N., Hoplock, L., Luo, H., & Turcotte, N. (2021, May 3-7). Clinician empathy is not just for patients: A proposal for an interprofessional team empathy project. The Canadian Association of Schools of Nursing (CASN) Biennial Canadian Nursing Virtual Education Conference 2021.

Singer, A., **Halas, G.,** Kosowan, L., LaBine, L., Katz, A., Baldwin, A., & Abrams, E. (2021, May). Virtual visits and management of primary care in a pandemic environment. Canadian Association for Health Services and Policy Research (CAHSPR) 2021 Annual Conference (Virtual).

Grants

Mendez, L. (May-August 2021). *Promoting BIPOC excellence in health professions.* Government of Canada's Innovative Work-Integrated Learning Initiative (I-WIL). \$5,960 CAD

Mendez, L., & Chen, A. (May-August 2021). *Poverty awareness & community action: Interprofessional collaboration for resource development and advocacy.* Government of Canada's Innovative Work-Integrated Learning Initiative (I-WIL). \$28,800 CAD

Fricke, M. (PI), MacDonald, L., Davis, L., Arnold, T., Beach-Ducharme, D., Buss, M., **Cooper, A.,** Gruber, J., **Mayes, C., & Miller, C.** (June 2021-December 2022). *Collective action for anti-racism interprofessional health education: Ensuring a safe teaching and learning environment for all.* University of Manitoba Major Project Grant, Scholarship of Teaching and Learning Program. \$24,905 CAD

MacDonald, L. (PI), Arnold, T., Cooper, A., Fricke, M., & Mayes, C. (July –November 2021). *Building capacity: A faculty retreat series on interprofessional collaboration to disrupt all forms of racism.* University of Manitoba Faculty Development Initiative Fund. \$3,015 CAD

Halas, G., Singh, J., Singer, A., Udod, S., Gagnon, S., Penner, J., & Nagel, D. (January 2021-January 2023). *Advancing leadership performance and capacity for interprofessional teamwork and integrated primary healthcare.* Funding by University of Manitoba University Collaborative Research Program. \$24,983 CAD

Halas, G., Penner, J., & Nagel, D. (June 2021-June 2022). *Experiential student learning to enhance interprofessional collaboration in healthcare practice: A scoping review of educational strategies beyond the classroom.* Funding by University of Manitoba Scholarship of Teaching and Learning Program Seed Projects. \$5,000 CAD

Penner, J.L., Nagel, D., & **Halas, G.** *Priorities for community-based interventions to support rural family caregivers: A modified Delphi survey.* (July 2021-June 2023). Funding by Manitoba Centre for Nursing and Health Research (MCNHR) Research Grant Competition. \$7,500 CAD

Avery, L., **Halas, G.**, Liu, S., Udod, S., Wiebe, A., & Rebenchuk, K. (March 2021-March 2022). *Addressing barriers to maintain heart health following a heart attack for individuals experiencing homelessness*. Funding by George and Fay Yee Centre for Healthcare Innovation Preparing for Research by Engaging Public and Patient Partners (PREPPP) Award. \$4,000 CAD

Journal Articles

Jeyaraman, M. M., Copstein, L., Al-Yousif, N., Alder, R. N., Kirkland, S. W., Al-Yousif, Y., Suss, R., Zarychanski, R., Doupe, M., Berthelot, S., Mireault, J., Tardif, P., Askin, N., Buchel, T., Rabbani, R., Beaudry, T., Hartwell, M., Shimmin, C., Edwards, J., **Halas, G.**, Sevcik, W., Tricco, A. C., Chochinov, A., Rowe, B. H., & Abou-Setta, A. M. (2021). Interventions and strategies involving primary healthcare professionals to manage emergency department overcrowding: A scoping review. *BMJ Open*, 11(5), Article e048613. <https://doi.org/10.1136/bmjopen-2021-048613>

Kosowan, L., Katz, A., **Halas, G.**, Labine, L., & Singer, A. (2021). Using information technology to assess patient risk factors in primary care clinics: Pragmatic evaluation. *JMIR Formative Research*, 5(2), Article e24382. <http://dx.doi.org/doi:10.2196/24382>

Kosowan, L., Katz, A., **Halas, G.**, & Singer, A. (2021). Patient perspectives on tablet-based technology to collect risk factor information in primary care. *BMC Family Practice*, 22: 103. <https://doi.org/10.1186/s12875-021-01443-7>

Kosowan, L., Shannon, S., Rothney, J., **Halas, G.**, Enns, J., Holmqvist, M., Wener, P., Goertzen, L., & Katz, A. (in press). Informing the physical activity evaluation framework: A scoping review of reviews. *American Journal of Health Promotion*. <https://doi.org/10.1177/08901171211050059>

Zaki, N., Cavett, T., & **Halas, G.** (2021). Field note use in family medicine residency training: Learning needs revealed or avoided? *BMC Medical Education*, 21(1), Article 451. <https://doi.org/10.1186/s12909-021-02883-6>



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Canadian Interprofessional Health Collaborative. (2010). A National Interprofessional Competency Framework. <https://phabc.org/wp-content/uploads/2015/07/CIHC-National-Interprofessional-Competency-Framework.pdf>

Canadian Patient Safety Institute. (2020). The safety competencies: Enhancing patient safety across the health professions (2nd ed.). <https://www.patientsafetyinstitute.ca/en/toolsResources/safetyCompetencies/Pages/default.aspx>

Curran, V., Hollett, A., Casimiro, L., Mccarthy, P., Banfield, V., Hall, P., Lackie, K., Oandasan, I., Simmons, B., & Wagner, S. (2011). Development and validation of the Interprofessional Collaborator Assessment Rubric (ICAR). *Journal of Interprofessional Care*, 25(5), 339-344. <https://doi.org/10.3109/13561820.2011.589542>

Hamilton, & Bhatti (1996). Population health promotion: An integrated model of population health and health promotion. <http://www.phac-aspc.gc.ca/ph-sp/php-ppsp/index-eng.php>

King, G., Orchard, C., Khalili, H., & Avery, L. (2016). Refinement of the Interprofessional Socialization and Valuing Scale (ISVS-21). *Journal of Continuing Education in the Health Professions*, 36(3), 171-177. <https://doi.org/10.1097/CEH.000000000000082>

Appendix 1. OIPC Program Logic Model

