Initiative News

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IPE Coordinator
Dr. Ruby Grymonpre

In this issue

Students' Corner ------ 2
The Impact of Social Media ---------- 3
Success Story -------- 4-8
Profile ---------- 6
Links and Resources --- 8

Welcome!

Welcome to the inaugural newsletter of the University of Manitoba Interprofessional Education Initiative (the Initiative). Newsletters will be published on a quarterly basis and will include some recurring sections and themes. There will always be a spot for students to talk about what they're doing (the Students' Corner), as well as a profile of one of the Deans of the participating academic units. An interprofessional success story will also be showcased.

The Initiative was created in 2008 by the Deans of the health sciences academic units within the University of Manitoba (UofM). The Deans saw the need to create a program that both enhanced and taught not only respect for all professions but also an understanding for their unique requirements and inputs. It is because of this vision that interprofessional learning activities have become embedded into UofM curriculum. The Initiative has also taken special care to include students in its activities as well as faculty and staff across UofM.

Organizationally, the Initiative is structured so that the roles and responsibilities of all the participants are clear and allows for a comprehensive and transparent communications mechanism that ensures that activities within the Initiative are coordinated and strategic. The IPE Coordinator answers directly to the Vice President (Academic) and Vice Provost (Programs). The Steering committee, comprised of the Deans of the participating academic units, serves as the decision making body. The IPE Coordinator is supported by a Liaison Advisory Committee, with faculty representation from the academic units to serve in an advisory capacity, oversee interprofessional curriculum implementation and facilitate communications between the Initiative and faculties. Various Working Groups are charged with the responsibility of designing, implementing and evaluating interprofessional education learning opportunities.

I had the honour of being appointed IPE Coordinator in 2008. The University of Manitoba IPE Initiative has experienced exponential growth since it inception. Over 60 Faculty participate on one or more IPE planning working groups, and we have developed strong partnerships with the Winnipeg Regional Health Authority (WRHA) and Manitoba Health Sciences Student Association (MaHSSA). Over 100 Faculty have participated in the 'Interprofessional Education Faculty Development Day', an event that will now be held twice a year. Over 60 students have participated in IP Clinical Placements at six WRHA sites. Our first offering of a non-practice IPE event, scheduled for March, 2012 will engage close to 500 students from health and social care professions learning about health promotion and IP communication. Several other working groups are planning various innovative practice and non-practice based IPE sessions. We have a team of experts developing a comprehensive communications strategy including this newsletter series, a website, fact sheet, and brochure. I look forward to continuing the work we have started and expanding the Initiative's reach to include social media (work in this area has already started).

I invite you to learn more about the work the Initiative is doing by visiting the website (you can find the link in the Links and Resources section) or by contacting us via email at IPE_initiative@umanitoba.ca. We truly value the feedback our readers have to offer, so please don't be shy. Drop us a line and let us know what you think, or if you have ideas for future stories.

Best Regards,
Ruby E. Grymonpre Pharm.D., FCSH, Professor,
Faculty of Pharmacy,
IPE Coordinator

Definitions:

Interprofessional Education:
Interprofessional Education (IPE) occurs when two or more professions learn about, with and from each other in order to improve collaboration and the quality of care. (adapted from World Health Organization (2010): Framework for Action on Interprofessional Education & Collaborative Practice)

Collaborative Practice:
Collaborative practice occurs when health providers work with people from within their own profession, with people outside of their profession and families/communities as required to support the health and wellness of individuals. Collaborative practice requires a climate of trust and value, where health providers can comfortably turn to each other to ask questions without worrying that they will be seen as unknowledgeable. (adapted from CIHC, 2010)

Person Centred-Health and Wellness:
Person Centred Health and Wellness means that the individual (and his/her family, if applicable) is in charge of their own health and wellness.
Person-centred Health and Wellness involves listening to individuals and their families and engaging them as a member of the health team when making health promotion and care decisions. (adapted from CIHC, 2010)

Students' Corner:

"...by working with faculty, students and academic units, we will achieve a standard of interprofessional practice by providing interprofessional opportunities across curricula and human sciences initiatives."

It is with great pleasure that I bring greetings from the Manitoba Health Sciences Students' Association (MaHSSA)! This is a very exciting time for the Interprofessional Education (IPE) Initiative within the province of Manitoba and we are very pleased to be involved in the process.

MaHSSA is one of 20 university-based chapters of the National Health Sciences' Association, the first and sole national interprofessional association in the world. We are a member of a network of local university and college-based chapters dedicated to the promotion of interprofessional education (IPE) and collaborative practice (CP). Our mission is to act as the unifying body that will enable holistic care through the promotion of interprofessional education and collaboration amongst health sciences students. We envision that by working with faculty, students and academic units, we will achieve a standard of interprofessional practice by providing interprofessional opportunities across curricula and human sciences initiatives.

MaHSSA was established in 2007 under the leadership and guidance two health sciences students who believed that our university needed a unifying body to represent and advocate for IPE on behalf of 12 health sciences units. With that in mind, and the push for the study and research of teams and IPE, MaHSSA was born. There was a also a focus on ensuring that students were being equipped with the skills and competencies required to function as professionals within a collaborative setting. This push to ensure that these skills were being developed during the pre-professional years, demanded that a student voice and movement be established to work and liaise with ongoing interprofessional initiatives.

Current student-led IPE initiatives in Manitoba include the Winnipeg Interprofessional Student Health (WISH) Clinic and Institute for Healthcare Improvement (IHI) programs. Recently, MaHSSA was also involved in the World Health Organization (WHO) Checklist Project, promotion of the Institute for Healthcare Improvement (IHI) Open Schools courses, and the Nightmare/Nightcare event, which took place amongst students in the faculties of Medicine and Nursing. The WISH Clinic continues to have ongoing social programming for the community, while students deliver care to residents of Winnipeg's inner core through the Mount Carmel Clinic. Future programming for MaHSSA includes the Healthcare Team Challenge, social events, and other professional development opportunities, including speakers and panel discussions.

For more information about our Association, I encourage you to visit our website at:
www.umanitoba.ca/programs/interprofessional/learners/mahssa.html
or send us an email at mahssa1@gmail.com.

Sincerely,
Omolayo Famuyide, RPh, BSc. (Pharm.), BSc.
President, Manitoba Health Sciences Students' Association
MD Candidate (2013),
University of Manitoba

The Impact of Social Media:

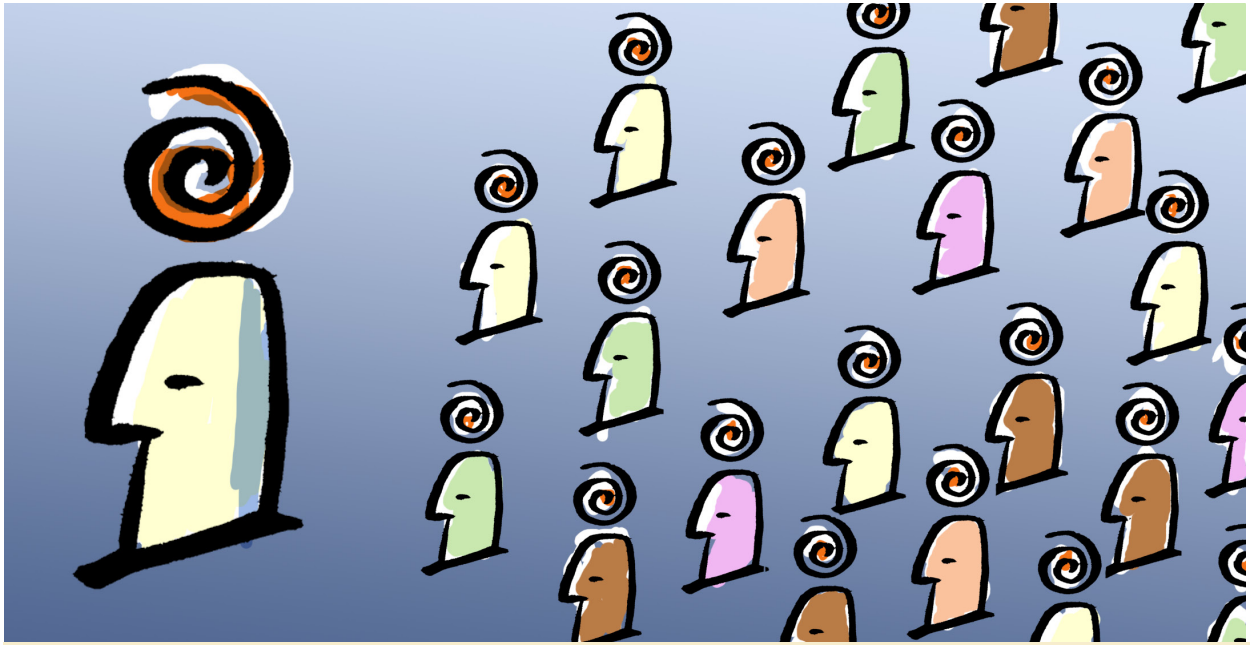


Illustration: Craig Terlson

"... how do health and healthcare organizations benefit from social media?"

Facebook

The world's largest social networking site allows us to connect with friends, family and colleagues. People and organizations have a page on which updates and links can be posted. Family, friends and colleagues will see those links and updates and can comment if they choose to do so.

Twitter

A social networking tool and micro-blogging site that enables its users to send and read messages known as tweets. Tweets are short, 140 characters or less. A tweet can highlight people to a particular event or news article. Tweets are sent to people who are "following" you.

Blog

Used to share important information with friends and colleagues. A blog may contain announcements, op-ed commentaries from colleagues, updates on conferences, videos and/or interviews with students and other professionals. It's a one-stop shop for your social networking community.

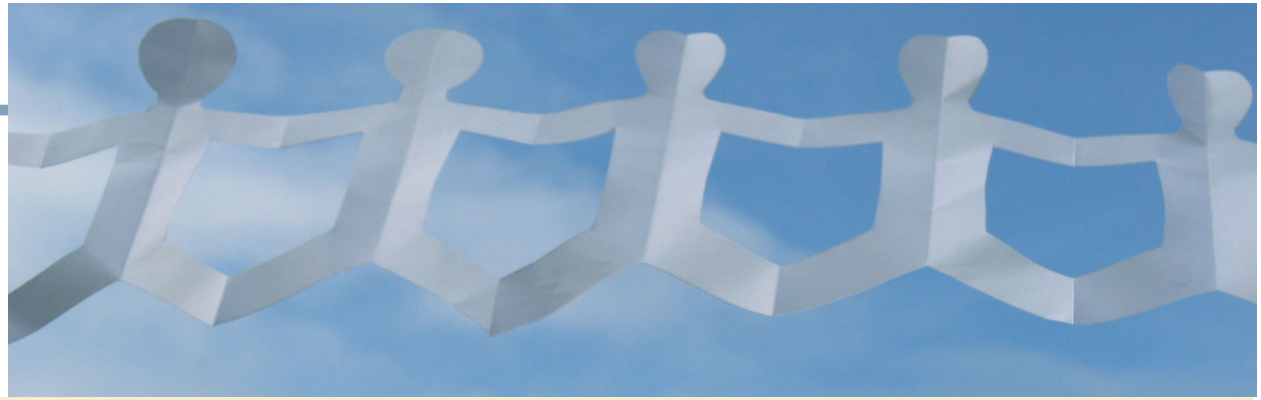
Chances are you're either on Facebook or you have a teenager that spends a fair portion of their day connecting with friends on this social networking tool. Maybe you watch as others use their mobile phones with lightning speed and precision as they "tweet" events in their life via Twitter. Perhaps you have a friend you check in with online who blogs about their travel. Or it could be that you are the friend with the interesting life that others want to read about. The point is most of us have encountered social media in some form or another.

The question is how do we take something that on the surface seems to be primarily for personal use and put it into the professional domain? As a professional organization, or program, the idea is to take the three core social media components noted above (Facebook, Twitter, blog) and use them to meet professional goals. The goals don't have to be complicated. They could be as simple as, generate more interest, drive people to my website, and/or build a community of people who are like-minded where my professional organization or program is a trusted leader. Used wisely and in combination, social media becomes a powerful tool.

The next question we can ask is how do health and healthcare organizations benefit from social media? One of the pioneers in this area is the Canadian Interprofessional Health Collaborative (CIHC). In the last 15 months, the CIHC has built a solid following on Facebook, Twitter and has developed a blog. The organization has become a well respected disseminator of useful and relevant interprofessional information. Every day new people sign up to receive tweets and to view the Facebook page. According to Sean Cranbury, CIHC Social Media Consultant, "The CIHC has been an innovator in the field of social media in healthcare organizations. We get a steady stream of new followers on Twitter, we have other health organizations come to us with requests for help in setting up their own social media network. And as a result, we've seen other healthcare organizations and programs sign up. This makes for a vibrant community in the social media sphere where real issues are discussed and information is shared. For us this has created an environment in which true interprofessional collaboration occurs."

The University of Manitoba Interprofessional Education Initiative (the Initiative) is currently working on a social media strategy. Starting in spring 2011, the Initiative will launch a variety of social media initiatives.

Success Story:



Many of the greatest success stories in innovation develop as a result of learning from challenges and applying those lessons learned. As forward-thinking health organizations adopt the principles and best practices of Interprofessional Education (IPE) and Interprofessional Collaboration (IPC) they advance the causes of engaged, committed healthcare workers and optimal health outcomes for their patients.

Clinical placement projects, such as the two highlighted here, are carving new territory in the development of IPE/IPC.

The first clinical placement project review features success stories from the interprofessional placement models implemented at four different sites in the Winnipeg Regional Health Authority (WRHA)'s pilot project. Susan Bowman, current Manager of Physiotherapy and Orthopaedic Clinic for the WRHA and former Project Manager for the pilot project, provides us with the overview. Interviews with Facilitator Stacie Karlowsky and former student Erin Duncan highlight outcomes of the pilot project in a WRHA tertiary care hospital.

Our second review features an ongoing interprofessional clinical placement project occurring at Grace Hospital, which grew out of the legacies of the initial pilot projects noted above. Andrea Thiessen, Clinical Service Lead for the Physiotherapy Department, provides the overview, while Dr. Elizabeth Cowden, Grace Hospital's Chief Medical Officer, highlights the project successes.

Winnipeg Regional Health Authority
Caring for Health

Office régional de la santé de Winnipeg
À l'écoute de notre santé

WRHA IP Clinical Placement Project

(October 2009 – May 2010):
Susan Bowman current Manager of Physiotherapy and Orthopaedic Clinic for the WRHA and former Project Manager for the WRHA pilot project

Project Overview:
In May of 2009 the Winnipeg Regional Health Authority (WRHA) hosted a meeting for members of the region with the intent to ascertain whether or not there was a desire for WRHA programs or sites to participate in an interprofessional clinical placement pilot project. Program Directors, CEOs and other key individuals indicated their interest in participating in the pilot project, which was targeted toward students. As a result of this planning meeting, the pilot project was initiated and operated from October 2009 to May 2010 in order to develop interprofessional placement models at four different sites within the Winnipeg Regional Health Authority (WRHA). The four sites included acute care, orthopaedic surgery at a community hospital, a clinical teaching unit for internal medicine at a tertiary care hospital, an inpatient palliative care unit and a geriatric day hospital. Each of these environments represented very different health needs.

Once the sites had been chosen, the WRHA began preparing the units to receive interprofessional teams.

A total of 34 students from ten different faculties participated in the pilot at the four sites.

Process:
To begin preparing the units for the interprofessional teams, the joint University/WRHA Interprofessional Clinical Placement Committee created a student manual that outlined the plan for the participating students as well as a "patient of the week" model with a site-based facilitator. The facilitator in turn was responsible for organizing the unit, selecting the patient of the week, planning meeting times and facilitating discussions around interprofessional competencies.

Each Monday, the students received the information about the patient they would see that week. One by one the students met with the patient to ascertain his/her health challenges from the perspective of their discipline. Mid-week the students met and compared and contrasted their findings and approaches through presentations and created a shared care plan for the patient. In addition, each week featured one of the IECPCP core competencies (see: http://www.cihc.ca/resources/publications).

Challenges:
Historically, the teams had not hosted students from so many disciplines on a single unit. Moreover, it was important that the teams at the designated sites understood the competencies. As a solution, staff at the sites were offered up to eight hours of education on the competencies to prepare them for the student teams. Challenges emerged in regard to the level of engagement of the respective sites. A couple of sites were quite keen to participate and so many of their staff participated in the eight-hour education session, while another site felt that they were already practising interprofessionally and did not need to participate.

Challenges also arose in terms of administration and planning. Additionally, students in different disciplines had varying amounts of time dedicated to clinical placements during the project timeline, making their engagement more difficult. Since all faculties have different placement patterns, and there is not necessarily any communication between the faculties about how they place students, coordination became a challenge.

In spite of the challenges that came about on the planning and administrative side, the students really enjoyed their experiences and developed a much clearer understanding of their full scope and roles.

(continued on page 5)

Success Story:

Part I
WRHA IP Clinical Placement Project (continued)

For example, at one site dentistry students were part of the project. Their presence alone helped others to understand how important the role of dentistry is in overall health care. Students came to their placements without bias and were open and willing to learn from, with and about each other.

Key recommendations included:

- Continued partnerships between WRHA and the University of Manitoba to ensure that opportunities for IP student placements increase.
- Continued commitment on the part of the participating sites to remain IP practice environments.
- Continued engagement of students.
- Further engagement of front line staff in the planning phases of IP placements.
- Greater centralized coordination of student placement sites.

Go Forward:

In addition to working to apply the recommendations that came about as a result of the pilot projects, the WRHA has moved to a second rollout of interprofessional student placement sites, one of which we'll highlight next.

Without a doubt the biggest legacy to come out of the four pilot projects is that there has been a continuation of the work that was started. For example, the orthopaedic and palliative care sites are both committed to supporting IPE on their units. Sustainability is tricky: funding is limited, and resources are limited. That noted, there is a strong grassroots movement within the WRHA administration to keep interprofessional education and collaborative practice at the forefront of the work that is being done. This support from WRHA administration will help to continue moving IPE/IPC forward.

Stacie Karlowsky Manager Quality, Patient Safety and Risk

I understand that you were a facilitator for a clinical teaching unit for internal medicine at a tertiary care hospital during the clinical placement pilot project.
I think most of our readers will be familiar with what a facilitator does but could you describe the role for those who may not know?

Primarily the work involved reviewing materials that were being presented to students and having a good understanding of the goals of the project in order to be able to facilitate and provide the educational information to the students about what IPC looks like and what's expected of them based on the curriculum that was developed in the program.

What was the goal of the program?

To capture health students before they finish their education and provide them with practical experience and tools for working collaboratively with people of other disciplines in a practice setting. Our goal was to model the collaborative work for them, not just in theory but by putting it into practice and giving them the opportunity to educate themselves about who is on the team and have the opportunity to practice collaboratively in a real-world environment.

What was the composition of the student team?

There were dentistry students, pharmacy, respiratory therapy and social work. Nursing had intended to participate but participated in only the last half of the second session I facilitated. Also a Dietetic Intern was present for the second session. I'm not aware of which disciplines were present for the modules that my colleagues facilitated.

Why do you have a personal interest in IPC?

I was asked to be a co-facilitator the International Medical Graduate (IMG) program at the University of Manitoba, Faculty of Medicine. As a result of being in this IMG program a whole new world opened to me. I'm a social worker and I had a chance to learn about other disciplines. It really opened my eyes to the way that various disciplines think and how I can integrate that into my own profession, and what it means for our clients. IPC is a system issue and working to rectify deficiencies in collaborative practice is important. I discovered that I had a real passion for this work and felt that it was making a lasting system change that made sense from a holistic perspective. Since then, I've sought out opportunities to foster and promote IPC.

What were the overall successes and challenges of this particular clinical teaching unit?

Let me state first that I would facilitate again in a minute. This was exciting work and I enjoyed it. I think fundamentally that the students did learn about other disciplines and that the primary goals of the project were met. In my opinion, one of the biggest challenges was that the unit where the students were placed faced their own challenges in terms of their interprofessional practice to start with. I think the idea was that the team already working on the unit could learn from the students as well, but realistically it was a challenge to place the students in a unit that was functioning as a less than optimal interprofessional team. Even on the most highly functioning of interprofessional teams there is bound to be some tension and of course it's important to see how that tension can be mitigated and worked through. From what I understand, in the case of this particular unit their challenges were a bit of a hindrance for the students and didn't' give them the opportunity to be able to observe and be a part of an interprofessional team that worked well together. I guess the other challenge I faced was in that as a facilitator I would have liked more structure than was initially provided. I developed agendas for my sessions, and defined our learning goals based on what was written in the module, but there was no "facilitator's plan" for how the ses-

(continued on page 6)

Success Story:

WRHA IP Clinical Placement Project (continued)

sions should be structured. While I enjoyed this process of developing my own plan, a bit more structure at the outset would have been beneficial for the students' sake, to have some consistency in the format of the sessions to support their learning environment. This noted, I'll reiterate that I think that these CP&LEs are a fantastic idea and should continue in hospitals and communities all over. We learn from our challenges and it helps us better understand what we can do next time to make it work better.

Erin Duncan Social Worker and former student at the clinical teaching unit for internal medicine at the tertiary care hospital

Was this practicum your first introduction to IPE/IPC?

It was not a new concept for me. I was a Social Work representative for the Manitoba Health Science Students' Association (MaHSSA).

Was the experience rewarding?

Because it was a pilot project it had a few kinks to be worked out. I was only on the pilot for a two week period so I didn't get to see the whole process through. Being honest I would say that there is a definite need for this type of project but there were some problems that needed to be ironed out. Notably I think that if we're going to do interprofessional education properly then we need to figure out a way to have all health sciences students participate. There was no occupational therapy, no medicine and no nursing for example. It was a good project and important to do but I think we can improve as well. There was also some discord on the unit that made it difficult as well.

How did that experience, and your time with MaHSSA, prepare you for practice?

In my position now I see good examples of IPE/IPC. In my previous social work job I worked at an interprofessional clinic and it's been great.

What makes IPC/IPE work well? What's the key ingredient in your opinion?

Communication! In order to work as a team there has to be communication but especially in an IP team. There also has to be conversation and communication between the disciplines. Students have to understand their own roles, define them, and then they can come together as a team and bring their own knowledge. Each person has their knowledge base and the goal is to present it as a team.
In terms of IPE I think it's important to start early, like in the first year of the curriculum for all of the health science disciplines.
I also think an organization like MaHSSA has a lot to bring to the table. MaHSSA has student involvement of all kinds. There are medical students, dentistry students, pharmacy students, social work students, occupational therapy etc. When these students are interacting as part of MaHSSA the "walls" between the professions that can exist in practice aren't yet established. What's critical is how we take that student experience and move it to practice.

(Part II of the Success Story continues on page 7)

Profile:

In each newsletter, a Dean of one of the participating academic units will be profiled. Starting in alphabetical order, please meet Dauna Crooks, RN, DNS, Professor & Dean, Faculty of Nursing.

Dean Crooks received her DNSc at the State University of New York at Buffalo, her MScN at the University of Western Ontario and her BScN at the University of Toronto. Her teaching areas include education and administration. Clinically, her primary specialty is cancer nursing. Dean Crooks also has a variety of research interests including: supportive cancer care and health services research with a focus on access, burden and appropriate use of nursing practitioners within the cancer system.

Her most recent publications include:

• Durrant, M.,Pietrolungo, L., Crooks, D., (2009) (In press). A clinical externship program evaluation: Implications for nurse educators. Journal of Clinical Nurse Educators.

• Koldsgaard-Rogan, M., Crooks, D., Durrant, M., (2009) (In press). Nurse Educator Standards of practice. Journal of Nursing Staff Education

• Sze, J., Marisette, S., Williams, D., Nyhof-Young, J., Crooks, D., Husain, A., Bezjak, A., & Wong, R. (2006). Decision making in palliative radiation therapy: Reframing hope in caregivers and patients with brain metastases. Supportive Care in Cancer, 14(10), 1055-1063.

• Wright, F.C, Crooks, D., Fitch, M., Hollenberg, E., Maier, B.A., Last, L.D., Greco, E., Miller, D., Law, C.H.L., Sharir, S., Fleshner, N.E., Smith, A.J. (2006). Qualitative Assessment of Patient Experiences Related to Extended Pelvic Resection for Rectal Cancer. Journal of Surgical Oncology, 93, 92-99.

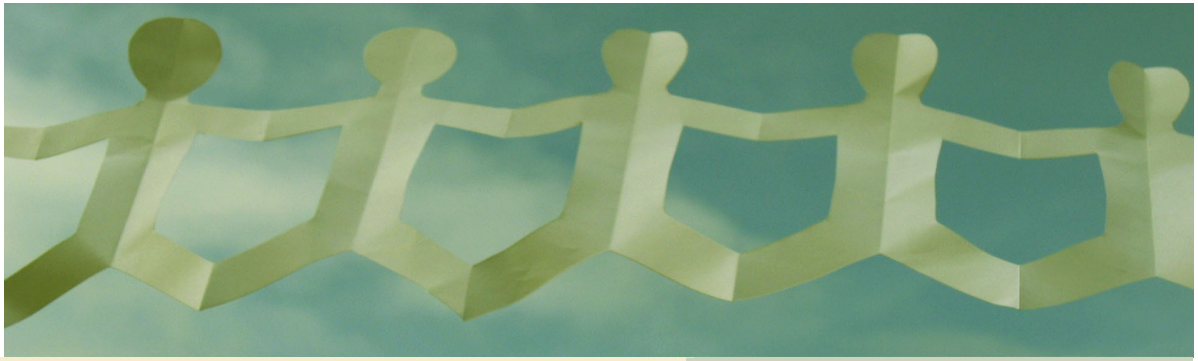
• Crooks, D., Carpio, B., Brown, B., Black, M., O'Mara, L., & Noesgaard, C. (2005). Development of professional confidence by post diploma baccalaureate nursing students. Nurse Education in Practice, 5, 360-367.

In 2006, Dean Crooks was awarded the PfizerAward of Excellence in Research by the Canadian Association of Nurses in Oncology.

You may contact Dean Crooks by emailing her at: Dauna_Crooks@umanitoba.ca .

Success Story:

Part II
Current IP Clinical Placement at Grace Hospital:



Andrea Thiessen Clinical Service lead for the Physiotherapy Department

Can you give our readers an overview of the clinical placement project at Grace Hospital?

First, I want to say that this project is quite new. My role is to work primarily with the students. We use a patient of the week methodology on a clinical teaching unit, the team members on the unit have been tremendously supportive of the process. The Manager selects the patient of the week who is someone with complex health needs that allows the students to discuss that patient comprehensively from a variety of points of views, all of which are critical to the person's care. It's a six week project and (at the time of interview) we're only two to three weeks into it. Thus far time and scheduling have been challenges for us. Additionally the number of professions can vary. The first week we had four professions represented and then the following week there were seven so it does vary.

Was there strong support in sending students to the Grace Hospital placement?

For the most part, yes, very much so. In the beginning there were a couple of preceptors who felt they needed to better understand the focus of the placement before they wanted to send students our way. It was an easy win though. We simply talked to them about the team approach and the collaboration that would be occurring. Once people understood what we were up to, they wanted to send us the students because they felt it would be beneficial.

How are the students responding to this type of placement thus far?

The first week is always the hardest as people are getting to know each other. The second week, things were a bit more relaxed and students were able to discuss the patient of the week with a bit more comfort. Of course some students contribute more than others. Our students are also at varying stages of experience, from first to fourth year. So far they are doing really well and I think they're seeing the benefits of having the conversations about the patient of the week. It's only been a couple of weeks but just in these few meetings I can see how well the students are settling in and how well they are responding to the collaborative approach to care.

From your perspective, what do you notice most about the way students respond to the collaborative environment?

What's interesting to me is how natural it is to the students to converse about client care in this type of setting. At this stage, they are quite comfortable to work in an interprofessional setting, but at some point we know that for many this changes. So we go from a natural state of behaviour to something that becomes foreign. This is our challenge, to ensure that students take this more natural approach to person-centred care and carry it into their clinical practice. We give them the instincts they need to move forward and to understand that in a clinical environment it's okay to not know the answers, to rely on colleagues to work through complex patient needs.

Dr. Elizabeth Cowden Grace Hospital Chief Medical Officer

Dr. Cowden works with students on the project at Grace Hospital. Her primary work with students occurs in an out-patient setting. Below are some thoughts from Dr. Cowden.

Before we talk about the current project, can you give our readers a sense of your background in interprofessional collaboration and practice?

It is my practice model. I'm an endocrinologist and in my area of speciality there is a long history of care being the most effective when it is delivered by a team. So typically we have nursing, nutrition, social work, pharmacy and psychiatry often. In my day to day work I work with a nursing educator, dietitian educator and a physician. We also work with a variety of other disciplines. So this model of care is normal. In my role as Chief Medical Officer, I am acutely aware when looking at adverse outcomes that the roles of communication and team work are crucial. There is no question that the outcome for the patient isn't as good if the team does not work together.

How are things working with the current project at Grace Hospital and are there any challenges thus far?

We're still early on in the project, but I think we're moving in the right direction. If you get an opportunity to learn together you are more likely to be able to work together. People talk about teams, but often their care model reflects multiple disciplinary silos, not a team. And for many, the results of working in teams are not always clear. We know they tend to enjoy it and that they enjoy the process of talking to their colleagues. That said, will this in the long run translate into their professional practice? It's hard to know. We hope that when they get to their professional practice and they don't work in an interprofessional team, that they can take the lessons learned from projects like the one through Grace Hospital and apply them in future. What we're doing is a start at that founda-

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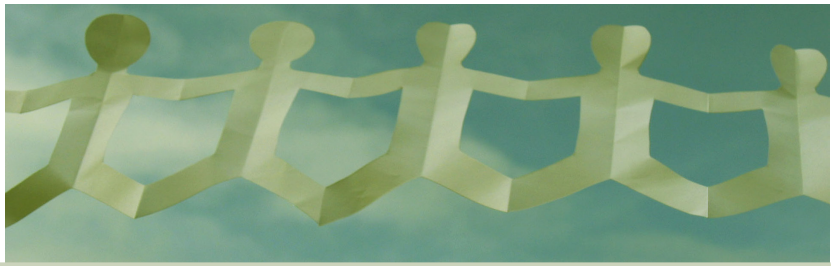
Success Story:

Current IP Clinical Placement at Grace Hospital: (continued)



tional building process and that's a good thing. As far as challenges go we often have challenges with respect to medical learners.

The learners at Grace Hospital are working on a CLU that is a very standard and long-standing model developed to optimize learning of acute care skills for undergraduate and graduate students. Learners of all domains come to the environment to learn, which is great, but the way they function in the CLU is quite different. In medicine the medical learner isn't an observer, isn't a watcher, he is integrated in a structured way. There is a team of physicians and the learners are part of the team. So if the learner is on call the night before, he may not be available the next day. This has a big impact on how to structure the way in which the learners get together. It has nothing to do with the commitment of the medical learner. It's that the structure of their learning and their discipline poses challenges compared to many of the other disciplines when acquiring skills.

In looking at the big picture, what needs to happen to more deeply embed IPE/IPC into the system?

In terms of training we need to look at the clinical component. Where it's done and who it's done with. There are big opportunities to expose students to interprofessional teams but they tend to be specialized areas such as endocrinology, rural primary care, congestive heart failure etc. Core learners sadly have little exposure to these teams. If we look at these areas and opportunities differently and incorporate them into core training we can expose those core learners to interprofessional teams. Most of us learn by seeing and if you never see the highly functional teams that do exist in pockets, than it's slow to incorporate. In the practice environment there are turf issues, money challenges and competencies that should be worked through by various organizations to address bigger issues that are barriers to interprofessional practice. There has to be a public education component too. It can be hard to have your patient population understand the value of an IP team. This can be off putting to the people who are trying to deliver good care. We need to highlight the value of an IP team by letting the patient population know that we understand that their needs are complex and that there are a variety of health care professionals who can help.

Any additional words you'd like to share about the Grace Hospital project?

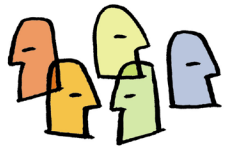
We are delighted to have the rotation at the hospital. I hope that we can continue to progress and that we apply lessons learned from this rotation to future projects.

With such enthusiasm for these IPE/IPC projects to date for those involved, we look forward to following up with the Grace Hospital project in our next issue. Thank you to all of those who agreed to be interviewed.

Teamwork must be taught

Links and Resources:

1. The University of Manitoba Interprofessional Education Initiative: www.umanitoba.ca/programs/interprofessional/
2. The Manitoba Health Science Students' Association (MaHSSA): www.umanitoba.ca/programs/interprofessional/learners/mahssa.html
3. Winnipeg Interprofessional Student-Run Health Clinic (WISH): http://wish.med.umanitoba.ca/index.html
4. Winnipeg Regional Health Authority (WRHA): www.wrha.mb.ca
5. University of Toronto Centre for Interprofessional Education: www.ipe.utoronto.ca/
6. Canadian Interprofessional Health Collaborative (CIHC): www.cihc.ca
7. CIHC ResearchNet: www.cihc.ca/researchnet
8. National Health Science Students' Association (NaHSSA): www.nahssa.ca



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