Catalyzing and Sustaining Communities of Collaboration
Around Interprofessional Care
A University of Toronto and Toronto Academic Health Sciences Network Partnership

Background
In response to the evolving emphasis on interprofessional care (IPC) and its impact on quality and system efficiencies in health care, the Catalyzing and Sustaining Communities of Collaboration Around Interprofessional Care (CCIC) Project was created (http://www.ipe.utoronto.ca/initiatives/ipc/implc/). This multi-modal project spearheaded by the University of Toronto (UofT) brought together thirteen health care organizations spanning the health care sector (acute, complex continuing care, rehabilitation) affiliated with the Toronto Academic Health Sciences Network (TAHSN); ten health care disciplines; and evaluation and change leadership expertise. Through this collaborative partnership six initiatives were developed and piloted involving over 1000 participants from January – June 2007. Aligned with MOHLTC priorities and an exemplar of the criteria outlined for the Ted Freedman Award, the CCIC project was grounded in the shared vision of interprofessional education (IPE) and interprofessional care (IPC) amongst providers, healthcare leaders, preceptors, students and patients as a means to advance heath education, services and management in Ontario. This unique project provided the first interprofessional faculty development program offered to teams of leaders across the TAHSN teaching hospitals by U of T and the first multi-hospital/University collaboration affecting simultaneous and interdependent change.

The themed projects led by institutions included:

Leadership
UofT Faculty of Medicine Centre for Faculty Development, at St. Michael’s Hospital (SMH) & the UofT Office of IPE at University Health Network (UHN) implemented an interprofessional care (IPC) course with 13 leadership teams from across TAHSN hospitals.

Mentorship
SMH and Bridgepoint Hospital created an IPC mentorship model.

Preceptorship
The Toronto Rehabilitation Institute developed an interprofessional education (IPE) clinical placement tool.

Coaching
UHN, Sunnybrook Health Sciences Centre, and Mount Sinai Hospital engaged healthcare leaders/providers in the departments of emergency and general internal medicine to advance IPC.

Evaluation
The Wilson Centre for Research in Education at UHN led the program evaluation.
Integration and Change Leadership

The Potential Group linked the projects collectively using change leadership theory.

A Sustainability Summit was held at the end of the project to share learnings and maintain momentum (http://www.ipe.utoronto.ca/initiatives/ipc/impc/sustainabilityconference.html). A toolkit was created to share all IPE/IPC tools with the community (http://www.ipe.utoronto.ca/initiatives/ipc/impc/supertoolkit.html)

The Value of Innovation as a Change Agent

The CCIC project was innovative through its: 1) partnership between an academic institution and thirteen teaching health care organizations that role modeled at a governance level the interprofessional collaboration the project aimed to ameliorate in the practice settings; 2) technological component that enabled real time communication with a repository of educational resources; 3) knowledge translation strategy that included a stakeholder sustainability conference and toolkit; and 4) comprehensive evaluation framework.

Of the 166 interviews and 497 surveys conducted as part of the program evaluation (Reeves et al 2009 in print JRIPE) the following themes emerged:

- The CCIC project was successful in: raising awareness of IPC issues; enhancing IPC knowledge/skills; creating IPE/IPC learning materials; introducing organizational change to promote IPE/IPC; and catalyzing a cultural shift.
- Early evidence revealed changes in attitudes, expectations and experiences of IPE/IPC across participants
Two years later further evidence of impact includes:
- the approval of a Joint UofT/TAHSN Centre for IPE [link](http://ipe.utoronto.ca/about/Office%20of%20IPE%20June%202009.htm)
- IPE clinical placements being piloted in all 13 TAHSN hospitals
- dedicated funded IPE/IPC leadership positions across 10 TAHSN hospitals
- Approval for a mandatory IPE curriculum for UofT starting 2010. [link](http://www.ipe.utoronto.ca/IPE%20Curriculum%20Overview%20FINAL%20Oct%202028.pdf)
- the institution of benchmarks across a few TAHSN hospitals with indicators for IPE/IPC instituted
- 25 UofT/TAHSN projects (out of 121) were funded by HealthForceOntario from 2007 – 2009; and [link](http://www.healthforceontario.ca/WhatIsHFO/AboutInterprofessionalCare/InterprofessionalCareEducationFund.aspx);
- The creation and sustainability of a Community of Practice (over 200 educators and providers) meeting monthly to support and further the advancement of IPE/IPC. [link](http://www.ipe.utoronto.ca/initiatives/ipc/cop.html)

The use of innovative technologies was a mainstay strategy for advancing the cultural shift within this project and hence provides a legacy of information including:
- a documentary film entitled: Capturing the Cultural Shift shared with CHSRF and Health Canada accessible on the web: [link](http://www.youtube.com/watch?v=JBQIW1xiSO0)
- An on-line collaborative knowledge network to link members across TAHSN and UofT IPC [link](https://www.linkhealthpro.com/index.cfm)?
- A website supported by the Office of IPE that acts as a repository of information [link](www.ipe.utoronto.ca)

**Conclusion**
The collaborative partnerships across institutions and disciplines, use of technology as both a learning modality and communication tool, knowledge translation strategies, and evaluation framework were essential components that distinguished the CCIC as an innovative strategy to advance IPC and IPE. Not only did the CCIC project demonstrate positive outcomes, it has served as a catalyst for the next generation of practice and organizational changes required to advance IPC and IPE in Ontario and beyond.