

Interprofessional Education in Canadian Post-Secondary Institutions



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Background

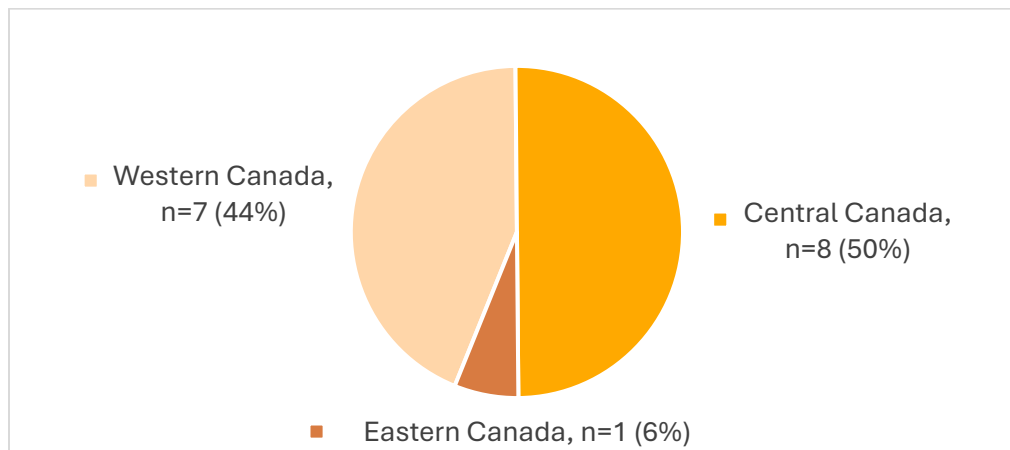
Interprofessional education (IPE) is a recognized approach to education wherein “students from two or more professions learning about, from, and with each other” (WHO, 2010, p. 7). IPE has been formally incorporated in post-secondary education in Canada, and globally, for well over a decade. The aim of this research was to assess the status of IPE at Canadian colleges and universities. We also sought to identify trends, strengths, needs, and future directions of IPE at Canadian post-secondary institutions.

Method

We asked: How are Canadian institutions of higher learning implementing IPE within their curriculum? To answer this research question, we undertook an environmental scan of web pages devoted to IPE through Canadian post-secondary institutions, as well as conducted interviews with key representatives at some Canadian post-secondary institutions. The web scan took place between April to October 2023 and interviews took place between June to December 2023. In total, we interviewed 16 faculty and staff from across Canada. One person interviewed was in Eastern Canada, 8 were in Central Canada, and 7 were in Western Canada (Figure 1).

Figure 1

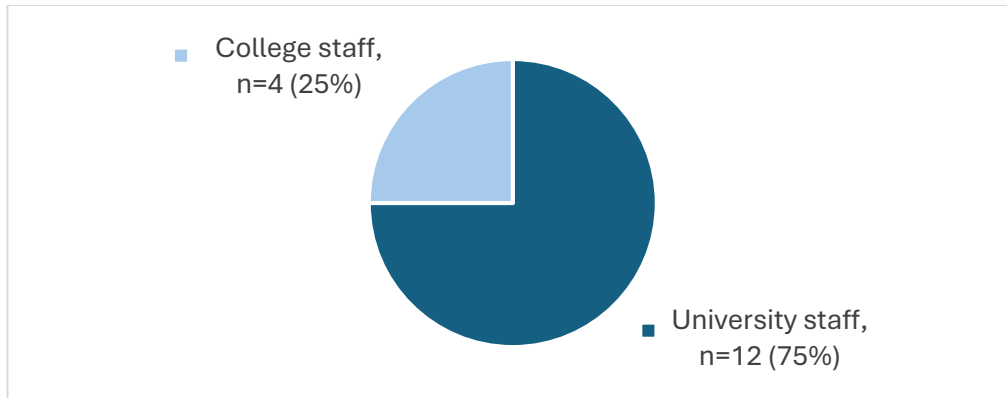
Faculty Members Interviewed in Canada



Four of the interviewees were employed by a college or institute of technology and 12 by a university (Figure 2).

Figure 2

Staff Members Interviewed



The following report shares a descriptive summary of our research findings. We begin with the number and distribution of IPE programs, by college and university, across Canada. We then provide a profile of the type of IPE being offered at Canadian post-secondary institutions. We include how IPE is defined by the faculty and staff at these institutions, as well as what frameworks are cited and what programs of study are included in IPE. We end with the intersection of IPE with other pedagogies we could identify through the web scan.

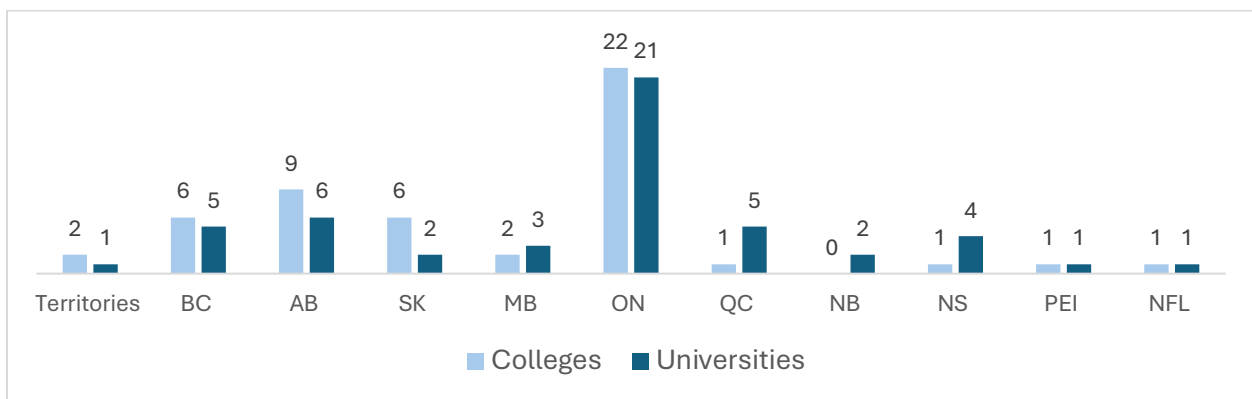
Findings

A Profile of IPE at Canadian Post-Secondary Institutions

We first sought to determine how many IPE programs were offered at colleges and universities in Canada. Using a comprehensive list of publicly funded post-secondary institutions in Canada, we searched for mentions of IPE at each institution. We identified IPE offerings at 102 Canadian post-secondary institutions (Figure 3).

Figure 3

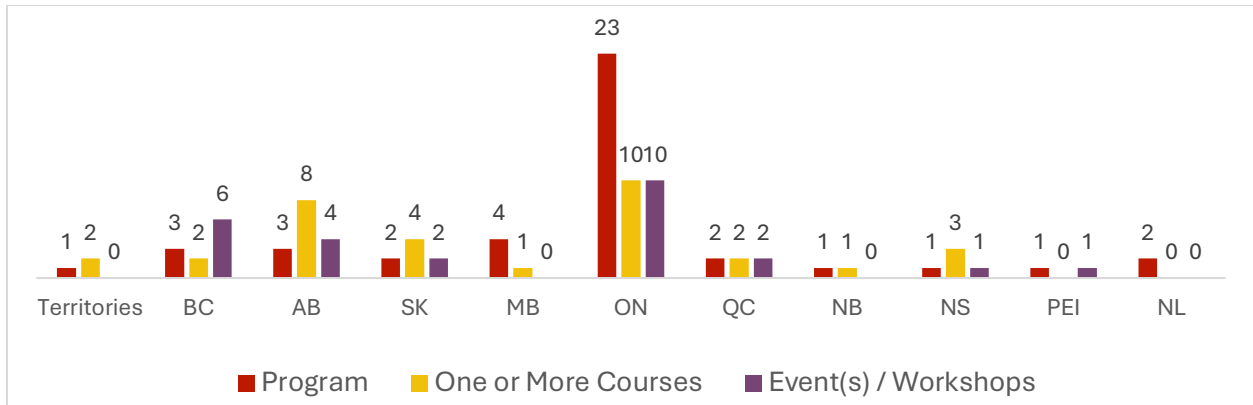
IPE Programs in Canadian Provinces



We categorized the type of IPE offered into programs, course(s), or event(s)/workshop(s) (Figure 4). We identified 43 IPE programs (making up 42% of all IPE offerings). Programs were defined as post-secondary institutions with centralized IPE offices and where competencies were integrated into coursework and extra-curricular programming (e.g., events, workshops). We identified 33 courses (making up 32% of all IPE offerings). Courses were defined as IPE integration in one or more individual courses but were not a part of a broader IPE program. We also identified 26 events/workshops (making up 25% of all IPE offerings). Event(s)/Workshop(s) were similarly defined as one or more conferences, workshops, and/or online modules that were often extra-curricular and offered periodically throughout the term, but not a part of a formal IPE program.

Figure 4

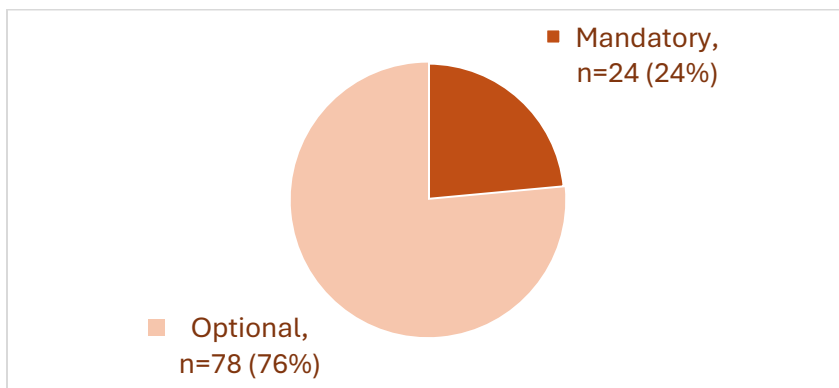
Types of IPE Offerings in Canadian Provinces



Based on available descriptions of the program, course(s), or event(s), we identified which IPE offerings were mandatory for students and which were optional (Figure 5).

Figure 5

Mandatory or Optional IPE Offerings



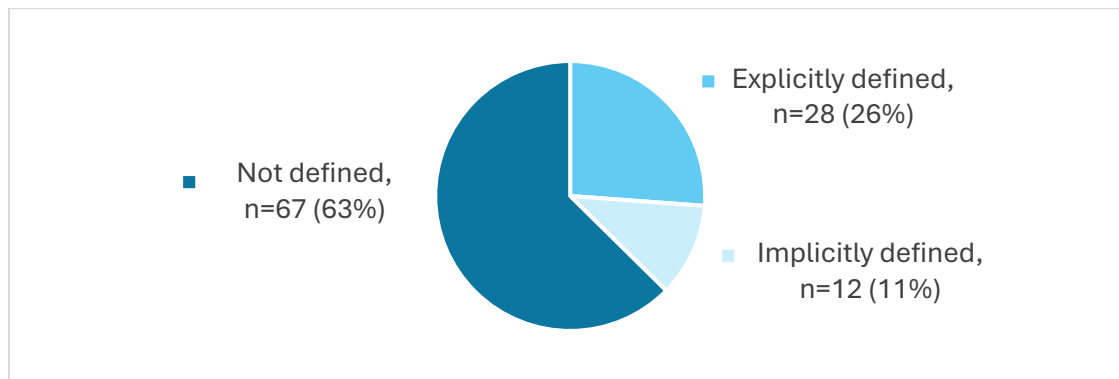
We found that nearly a quarter were mandatory. Examples of mandatory offerings might be a course on IPE or an IPE event that was mandatory for one or more programs of study. The remaining IPE offerings were optional, such as course electives on IPE or extracurricular IPE workshops for one or more programs of study.

How is IPE Defined?

To understand how IPE was defined by Canadian institutions, we captured the ways in which IPE was defined or described on each of the websites (either as pages devoted to the IPE program, course descriptions and/or course syllabi, and/or pages devoted to events/workshops). We categorized definitions as explicit, implicit, or not defined (Figure 6). In most cases, IPE was not defined (N = 67).

Figure 6

IPE Definitions



When defined, some definitions drew on well-known sources (N = 18), like the World Health Organization (WHO), Centre for the Advancement of Interprofessional Education (CAIPE), and the Canadian Interprofessional Health Collaborative (CIHC):

- “Interprofessional collaboration is ‘...when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers, and communities to deliver the highest quality of care across settings.’ (WHO 2010)” (cited by a university in Western Canada)
- “IPE occurs when two or more professions learn with, from and about each other in order to improve collaboration and the quality of care (CAIPE, 2002). IPC occurs when professionals from differing disciplines work together as part of a patient/client-centred health care team. Each profession contributes a unique aspect in achieving common goals.” (university in Central Canada)
- “The literature describes IPC as ‘...the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/clients/families, and communities to enable optimal health outcomes. elements of

collaboration include respect, trust, shared decision making, and partnerships’ (CIHC, 2010).” (college in Central Canada)

Many definitions of IPE were not attributable to any source. Examples include:

- “Finding ways to work together, across professions.” (college in Western Canada)
- “Interprofessional collaboration is a process of developing and maintaining a partnership between a team of healthcare providers and patients/clients/families and communities to enable optimal health outcomes. It requires a participatory, collaborative and coordinated approach to shared decision-making around health and social issues and includes respect, trust, communication and shared leadership.” (university in Central Canada)

One definition was attributable to another source:

- “Interprofessional Education (IPE) develops students’ knowledge, attitudes, and skills for Interprofessional Collaborative Practice (IPCP; D’Amour & Oandasan, 2005)” (college in Ontario)

We have labeled these as “explicit definitions” in Table 1.

Table 1

IPE Definition Sources

Source	Cited by explicit definitions (n=28)	Cited by implicit definitions (n=12)
World Health Organization (WHO)	11 (39%)	0
Centre for Advancement of Interprofessional Education (CAIPE)	6 (21%)	0
Canadian Interprofessional Health Collaboration (CIHC)	1 (4%)	1 (8.3%)
No source	10 (38%)	11 (91.6%)
Other source	1 (4%)	0

In what we have called “implied definitions” in Figure 4 and Table 1, IPE was not overtly defined:

- “Emphasis will be placed on interprofessional education - meaning graduates will be prepared to work in teams with other health professionals and education will focus on community engagement principles.” (college in Saskatchewan)
- “Work effectively with individuals, families, groups, interprofessional teams and organizations.” (college in a Maritime province)

In one instance, one of these implied definitions did not acknowledge any well-known sources, but resembled, or shared concepts, from CIHC:

- “This course will introduce students to the concept of Interprofessional Collaboration (IPC) as it relates to quality patient care.... Students will gain an understanding of the competency domains that provide a framework for IPC.” (college in British Columbia)

The most common words to describe Interprofessional Education across all institutions are visually depicted in Figure 7 and listed in Table 2.

Figure 7

Most Common Words in Institutions’ IPE Definitions



Table 2

Most Common Words in Institutions’ IPE Definitions

Words use to describe Interprofessional Education	Number of Institutions
partner / collaborate	37 (36%)
health / community / social / human service	31 (30%)
patient care / outcomes / engagement / client &/or family centred care / respectful care, care coordination / compassionate care	23 (23%)
disciplines / professions / programs / faculties / schools / fields	21 (21%)
team member	21 (21%)
competencies / skills / knowledge / capability / principles / understanding (as an objective) /ability / values / attitudes / philosophy / experience / thinking	19 (19%)
effective / best practices / evidence-informed / safe practice	19 (19%)
understand / communicate	15 (15%)
context / setting / environment / workplace / sectors / systems / systems	14 (14%)
teamwork / relations / functioning / team-based approach / team building	13 (13%)
roles & responsibilities / scope of practice	12 (12%)
individuals, families, groups, communities, organizations, institutions	11 (11%)
leadership / manager	10 (10%)
with, from, & about / across	9 (9%)
practitioners / colleagues / professionals / providers	8 (8%)
professional identity / practice	7 (7%)
connectedness / relationships	7 (7%)
coming together / work together	5 (5%)
advocacy, education, voice / empowerment	5 (5%)
conflict management	5 (5%)
simulation / tech	4 (4%)
quality / excellence / success	4 (4%)
safe, competent, & ethical, supportive, responsive	4 (4%)
Canadian & global	3 (3%)
mentorship	3 (3%)
career / job satisfaction	3 (3%)
contribute / facilitate / motivate	3 (3%)
scholarship / research	3 (3%)
social issues / change / justice	3 (3%)
stereotypes & hierarchies, diverse	3 (3%)
experiential	2 (2%)
clinical	2 (2%)
lifelong / continuing education	2 (2%)

community of practice	2 (2%)
participatory planning, decision making, & problem solving	2 (2%)
patient experience / patient perspectives	2 (2%)
community engagement / partners	2 (2%)
gerontology	2 (2%)
innovation / productivity / advance	2 (2%)
rapport / trust / respect	2 (2%)
sustainable	1 (1%)
quality of life	1 (1%)
helping	1 (1%)
health promotion	1 (1%)
organized	1 (1%)
modifications	1 (1%)
promote	1 (1%)
social networking	1 (1%)
theory	1 (1%)
function	1 (1%)
navigation	1 (1%)
common goals	1 (1%)
integrated programming	1 (1%)
patients as co-educators and trainers	1 (1%)
self-awareness & reflective practice	1 (1%)

Interprofessional Education Frameworks

We also collected information related to what frameworks were mentioned on IPE program sites, in course descriptions/outlines, and/or on event/workshop pages (Table 3). In most cases, no frameworks were listed (N = 63; 62%).

Table 3

Frameworks Referenced on IPE Websites

Framework	College	University	Total
CIHC/CPIS (Canadian Interprofessional Health Collaborative)	9 (26%)	14 (47%)	23 (36%)
WHO (World Health Organization)	3 (9%)	1 (3%)	4 (7%)
AIPHE (Accreditation of Interprofessional Health Education)	0 (0%)	1 (3%)	1 (2%)
IPE Skills Training Series Model	0 (0%)	1 (3%)	1 (2%)
Program-specific IPE framework	1 (3%)	5 (17%)	6 (10%)
Other disciplinary accreditation standards	1 (3%)	0	1 (2%)
Other disciplinary framework	3 (3%)	5 (17%)	8 (13%)
No framework listed	33 (33%)	30 (29%)	63 (62%)

When a framework was provided, CIHC was the most often cited framework (N = 23; 35%). This was echoed in interview responses:

- “CIHC, a big thing we get from it is the competency framework because it guides what we do.” (Faculty/staff at a university in Eastern Canada)
- “We start out with a kickoff event where everyone comes together and get(s) a chance to kind of hear what IPE is and learn a little bit about it. And then we have what we call electives, kind of like the passport model that many people have, there they can choose which type of activities they participate in. They’re usually about two hours in length and they all, there’s a variety of topics, but they all link back to the CIHC competencies.” (Faculty/staff at a college in Western Canada)

Next most frequent were miscellaneous disciplinary frameworks (N = 8), frameworks developed by a specific program (N = 6), and the WHO (N = 4). Examples include:

- Disciplinary:
 - the “Philosophical Framework for Health Education” (university in the Territories)
- Program specific:
 - “Psychiatric Nursing Conceptual Framework” (college in Western Canada)
- World Health Organization
 - Framework for Action on Interprofessional Education & collaborative Practice (university in Eastern Canada)

Two programs cited accreditation standards as part of their Interprofessional Education frameworks:

- Accreditation of Interprofessional Health Education (AIPHE)
 - “The Faculty seeks to provide students with the knowledge, skills, and attitudes that are delineated as core competencies as outlined in the National Interprofessional Competency Framework and the Accreditation of Interprofessional Health Education (AIPHE) Standards Guide. The core competencies of role clarification, team functioning, collaborative leadership, interprofessional communication, dealing with interprofessional conflict, and patient/client/family community-centred care are recognized as required for interprofessional patient/client-centred collaborative practice.” (university in Central Canada)
- Disciplinary
 - “It also aligns with the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) Accreditation Standards for Canadian Pharmacy Technician Programs.” (college in Central Canada)

Interview findings also identified eclectic approaches using multiple frameworks for curriculum development:

- “We’ve actually taken principles from that and some other documents and actually create what is our own to make it fit for us.” (Faculty/staff at a college in Central Canada)

Professions/Disciplines

We identified 67 unique professions and/or disciplines participating in IPE across the 102 institutions in Canada (Table 4). Most professions/disciplines were related to healthcare and human health (N = 45 / 67%). We also identified 9 professions/disciplines in community services and social sciences, seven in public safety/justice, three in education, two in non-human health, and one in gerontology.

Table 4

Disciplines and Professions Participating in IPE Categorized by Type of Service

Profession / Discipline / Major Subject Area of Study	Number and percentage included in IPE programs/courses/events
Healthcare & Applied/Public Health	45 (67%)
nursing	67 (21%)
medicine	26 (8%)
health services, health studies, & health sciences (general)	15 (5%)
kinesiology/sport	13 (4%)
medical laboratory science/technician/assistant	13 (4%)
physio/physical therapy	12 (4%)
occupational therapy	11 (3%)
pharmacy	11 (3%)
diagnostic medical imaging & technologies (MRI, sonography, radiography)	9 (3%)
nutrition & dietetics	9 (3%)
dentistry	8 (3%)
paramedicine	8 (3%)
pharmacy technician	8 (3%)
therapeutic recreation/leisure	8 (3%)
personal support worker	7 (2%)
pre-health sciences	7 (2%)
respiratory therapy	7 (2%)
speech & language pathology	7 (2%)
dental hygiene / dental assistant / dental technicians	6 (2%)
health leadership/administration	6 (2%)
occupational therapy assistant/physiotherapy assistant	6 (2%)
public health	6 (2%)
audiology/hearing sciences	4 (1%)
digital health &/or health information assistant/management	4 (1%)

massage therapy	4 (1%)
continuing care/supportive care assistant	3 (1%)
health, wellness, & fitness promotion	3 (1%)
healthcare assistant / aide	3 (1%)
midwifery	3 (1%)
Chinese medical practitioners	2 (1%)
global health	2 (1%)
health & social systems navigation	2 (1%)
healthcare cook/food service	2 (1%)
homeopathic & naturopathic practitioners	2 (1%)
optometry	2 (1%)
physician assistant	2 (1%)
health ethics	1 (>1%)
lactation consultant	1 (>1%)
rehabilitation sciences (general)	1 (>1%)
activity assistant	1 (>1%)
osteopathy	1 (>1%)
biomedical science	1 (>1%)
child health	1 (>1%)
chiropractic	1 (>1%)
community health	1 (>1%)
Community Services & Social Sciences	9 (13.5%)
social work	17 (29%)
psychology / behavioural sciences	13 (22%)
community mental health &/or addictions/substance use	7 (12%)
social service/developmental service worker	7 (12%)
child & youth care	6 (10%)
social services / social sciences (general)	4 (7%)
counselling	3 (>1%)
family studies	1 (>1%)
sport management	1 (>1%)
Public Safety / Justice	7 (10.5%)
criminal justice / justice studies	4 (27%)
police foundations	4 (27%)
inspections/safety/investigations	2 (13%)
paralegal	2 (13%)
customs border services	1 (7%)

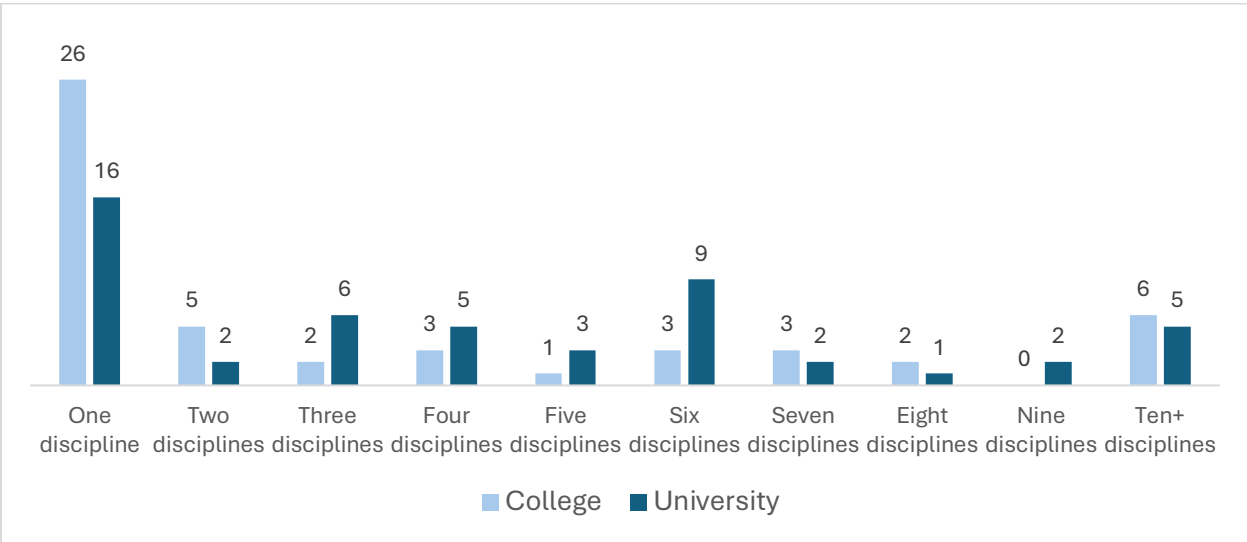
forensics	1 (7%)
pre-service firefighter	1 (7%)
Education	3 (4.5%)
education (including adult education)	8 (47%)
early childhood education	6 (35%)
education assistant / educational support worker	3 (18%)
Non-human Health	2 (3%)
veterinary technician/animal care aide	2 (67%)
veterinary medicine	1 (33%)
Gerontology	1 (1.5%)
gerontology	6 (100%)

We categorized gerontology separately, because gerontologists come from multiple disciplinary and professional backgrounds that could be located in more than one category (e.g., gerontological nursing would fall under healthcare, while gerontological social work would be categorized under community services and social sciences).

We also sought to understand collaboration among students from different programs of study (i.e., professions, disciplines, and/or majors), so we noted the number of disciplines targeted by each institutions' IPE offerings (Figure 9).

Figure 9

Number of Different Professions/Disciplines/Majors Targeted by Institutions' IPE Offerings



We found 42 (41%) of the IPE programming offered at Canadian post-secondary institutions involved students from only one program of study. For example, there were 16 IPE programs, courses, and/or events/workshops that only involved nursing students. Arguably, this type of

education involves learning *about* other professions, but fails to practice interprofessional collaboration by learning *with and from* students in other professions. Other disciplines involved in single-discipline IPE programming are listed in Table 11.

Table 5

Professions/Disciplines/Majors Targeted by Single-Discipline IPE Offerings

Profession / Discipline / Major Subject Area of Study	Number and percentage included in single-discipline IPE programs/courses/events
Nursing	16 (38%)
Health services, health studies, & health sciences (general)	4 (10%)
Education	2 (5%)
Gerontology	2 (5%)
Nutrition	2 (5%)
Pre-Health	2 (5%)
Personal Support Worker	2 (5%)
Child & Youth Care	1 (2%)
Community mental health &/or addictions/substance use	1 (2%)
digital health &/or health information assistant/management	1 (2%)
Health & Social System Navigation	1 (2%)
Medicine	1 (2%)
Medical laboratory science/technician/assistant	1 (2%)
Nutrition & Dietetics	1 (2%)
Pharmacy	1 (2%)
Pharmacy Technician	1 (2%)
Social Service Worker	1 (2%)
Social Work	1 (2%)

In IPE involving students from two professions, we sought to identify the degree of involvement in IPE of students from similar programs of study and of students from different programs of study. In terms of similarities, we found that when more than one discipline, field, major, or profession was included in IPE, the collaborations were all (N = 25) among healthcare (Table 6).

Table 6

Similar Disciplines/Fields/Majors/Professions Working Together in IPE Programming

Type of Similar-Discipline Collaboration	Frequency
One or more Community Services & Social Sciences	0
One or more Education	0
One or more Gerontology	0

One or more Healthcare & Applied/Public Health	25
One or more Nonhuman Health	0
One or more Public Safety/Justice	0

In terms of differences, we found 14 IPE offerings involving health-related professions and community service/social science professions. Four IPE offerings involved students from health-related professions and students in education. We also found one case each of IPE involving students from health-related professions and gerontology, health-related professions and non-human (veterinary) health, health-related professions and public safety/justice, and community service/social science and public safety/justice.

Similarly, in IPE involving students from three or more professions, we found seven instances involving students from health-related professions, community service/social sciences, and education. There were three instances of IPE involving students from health-related professions, community service/social sciences, and public safety/justice. Two IPE offerings involved students from health-related professions, community service/social sciences, and gerontology. The following combinations of programs were only found to collaborate in one IPE offering, respectively:

- Community Services & Social Sciences + Education + Healthcare & Applied/Public Health + Nonhuman Health
- Community Services & Social Sciences + Education + Healthcare & Applied/Public Health + Public Safety/Justice
- Community Services & Social Sciences + Education + Gerontology + Healthcare & Applied/Public Health + Nonhuman Health + Public Safety/Justice

Intersections of IPE

We sought to identify how many IPE programs, courses, and/or events/workshops also mentioned particular topics, concepts, strategies, and trends affecting post-secondary education (Table 7). This was important to establish if IPE is being taught discretely and siloed from, or whether the curricula intersect with, other important issues affecting health and social service care delivery.

Table 7

Topics Mentioned on IPE Programming Websites

Topics	Number of IPE programs, courses, and/or events/workshops
Equity, diversity, justice, and inclusion	44 (43%)
Changing political / economic landscape	39 (38%)
Accessibility	37 (36%)
Micro-credentials or changing student demographics	25 (25%)
Cultural safety	24 (24%)
Francophone IPE	21 (21%)
Anti-Oppressive and Anti-Racist Pedagogies	20 (20%)
Indigenizing / decolonizing	20 (20%)
Changes to IPE since the start of the pandemic	20 (20%)
Technologies (virtual reality, online education, etc.)	12 (12%)
Population aging	12 (12%)

We looked for evidence of equity, diversity, inclusion, and justice being discussed within IPE, as well as the changing economic and political landscape (e.g., healthcare worker shortage) affecting health and social service care. We also looked for evidence of accessibility for disabled students and/or services users in health and social service care, and for micro-credentials and changing student demographics due to more international and non-traditional students. Given Canada's diverse demographics, we were interested in IPE that also incorporated content on cultural safety, serving Francophone communities, anti-oppressive and anti-racist pedagogies, and Indigenous Reconciliation (including Indigenization and decolonization). As this study started in 2023, we also looked for mentions of changes to IPE related to the COVID-19 pandemic and the more widespread adoption of educational technologies. Finally, we were curious to identify mentions as to how population aging (either aging and retirement of the current workforce or aging of the client populations many professions serve) might be relevant to IPE.

It is important to note that the intersections between IPE and the topics, concepts, strategies, and trends we selected for inclusion in this study may be underrepresented. One

possible reason for underrepresentation is because the results we are reporting are from materials freely available on the websites of Canadian post-secondary institutions and not the full curriculum of each of these IPE programs, courses, or events/workshops.

Discussion and Conclusion

This brief report provides a profile of IPE across Canada. Overall, we found that IPE remains very active in health and social service education across the country. IPE is offered as comprehensive programs, in courses, and as special events and workshops in colleges and universities in every province and territory in Canada. While mandatory for some professions, most IPE offerings we identified were optional for students. This may be because IPE is mandatory for the accreditation of a small number of health programs in Canada: medicine, nursing, pharmacy, physiotherapy, occupational therapy, and social work (Accreditation of Interprofessional Health Education [AIPHE]); whereas, our study identified significantly more programs than these six-health program that are involved in IPE across Canada.

In this report, we also provided an overview of the ways in which faculty and staff define IPE, as well as which IPE frameworks faculty and staff use when developing IPE curricula. Many programs, courses, and events/workshops did not provide a definition of IPE or identify a framework on which IPE was based. In the instances when IPE was defined or frameworks were identified, most were from reputable international (e.g., World Health Organization) and national (e.g., Canadian Interprofessional health Collaboration) bodies. This suggests that these bodies have a strong influence in shaping IPE curricula. Indeed, the widespread adoption of a common framework means is that students undertaking IPE at a college on Canada's east coast are likely to be developing the same competencies as students undertaking IPE at a university on Canada's west coast.

Likely due to Canadian accreditation requirements and the World Health Organization's championing of IPE, it is probably not surprising that most professions participating in Canadian IPE are related to human health and healthcare. However, we identified diversity in IPE programs, with social science, justice, education, nonhuman health, and gerontological professions also participating in IPE at Canadian colleges and universities. There are opportunities for the inclusion of these non-health related professions in more IPE programs, courses, and event/workshops. Such opportunities are especially important given the rising recognition of the need for interprofessional collaboration to address large-scale issues. For example, One Health, which recognizes the interdependent nature of human and nonhuman health, is increasingly being recognized as a social need to prevent future pandemics (Courtenay et al., 2015). Toward this aim, health, biological, and veterinary professions might engage in IPE and interprofessional collaboration.

This report focused on findings related to IPE in Canadian post-secondary education. We are currently preparing a manuscript to submit to a relevant scholarly journal related to our findings. In this manuscript, we intend to share analysis beyond the descriptive statistics included in this report, as well as a more robust content analysis of the qualitative interviews. In addition, the next steps of this project aim to understand how IPE competencies are reinforced when students enter their placements, as well as to understand the needs of the professionals who

supervise student placements in healthcare, community, and educational settings. We are also seeking to capture students' experiences of IPE and the degree to which students feel IPE prepared them for professional practice.

Next Phases

1. Assessing Impact of IPE in Healthcare and Community Settings

We are surveying and conducting interviews with community service provider in a health and/or social service field who oversaw a student co-op, placement, internship, or similar work-integrated learning experience between 2022-2024. **You are eligible to participate if you are:**

1. **a community service provider in a health and/or social service field,**
2. **supervised (or is currently supervising) a student co-op, placement, internship, or similar work-integrated learning experience anytime in the last two years (2022-2024),**
3. **and the student(s) were enrolled in a Canadian post-secondary program (university or college).**

We are inviting you to participate in [a brief survey](#) and/or virtual interview.

2. Evaluating Former Students' Preparedness for Practice

We are surveying and conducting interviews with recent graduates of IPE programs in Canada. **You are eligible to participate if you are:**

1. **a student,**
2. **who graduated from a Canadian post-secondary (university or college) program that offers IPE,**
3. **and has been working in your profession between 6 months-1 year.**

We are inviting you to participate in [a brief survey](#) and/or virtual interview.

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