THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Education Design Retreat

Working and Training Differently

December 4th to 5th, 2023

www.cfpc.ca/retreat

To help define the competencies needed to meet training expectations, the **CanMEDS Family Medicine Indigenous Health Supplement** outlines Indigenous-specific considerations relevant to all areas of physicians' professional activity, from medical expertise to advocacy and academic pursuits. Aiming to optimize the health outcomes of Indigenous people is part of family physicians' commitment to lifelong learning.

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Opening Plenary

Working and Training Differently

Theory **Design** **Action**

Good educational design is about **aligning teaching, learning and assessment** with intended **learning outcomes.**

Objective: explore how educational redesign and curricular change can nurture **interprofessional team-based primary care** that helps to achieve health equity with under-served communities, providing care that is anti-racist, culturally safe and trauma-informed.

www.cfpc.ca/futurefp

Curriculum Renewal Priorities

Learn to work sustainably in Interprofessional Teams

Care for underserved Communities

Build Skills to address existing gaps and societal need

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As part of the CFPC Board's commitment to halt the implementation of 'the third year' of residency training, the following actions will be taken and have been communicated with university partners and broadly to partner organizations and members.

STOP

The CFPC will cease all actions related to implementation of a three-year residency training requirement including:

1. Halting development of OTP Policy Alignment Group (Review of educational standards)
2. Halting change stewardship/partner engagement series

CONTINUE

Curriculum renewal efforts and priorities continue:

- The Residency Training Profile (RTP) continues to define comprehensiveness in training.

As per stipulations of the Service Canada Grant, the Team Primary Care (TPC) work will continue:

- University partner submission of Curriculum Renewal Plans and Change Readiness Reports, as scheduled*
- Contracted educational development work:
  - December 2023 Education Design Retreat (Interprofessionalism, Health Equity & Anti-racism)
  - Curriculum Renewal Guides
  - Educational Policy research

START

The CFPC will undertake a comprehensive review of this decision that engages multiple interest holders to look at existing educational evidence and reconsideration of recommendations and options.

Health System Dialogue
Curriculum Renewal

WHAT NOW?

Team Primary Care
Training for Transformation

Unique and timely initiative that aims to accelerate transformative change in the way primary care practitioners train to work together.

To do so, it brings together an extensive network of partners to enhance the capacity of interprofessional comprehensive primary care through improved training for practitioners, supports for teams, and tools for planners and employers.

Team Primary Care is an interprofessional initiative of the Foundation for Advancing Family Medicine. It is co-led by the College of Family Physicians of Canada and the Canadian Health Workforce Network, in partnership with over 65 health professional and educational organizations across Canada.

Foundation for Advancing Family Medicine
Fondation pour l'avancement de la médecine familiale

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RCPS Réseau canadien des personnels de santé
CHWN Canadian Health Workforce Network

Leading for a hopeful future

THE PROBLEM

Crisis in Family Medicine

The CFPC is calling on governments, family physicians, health organizations and the public to act and address the crisis.

THE SOLUTION

Prescription for Primary Care

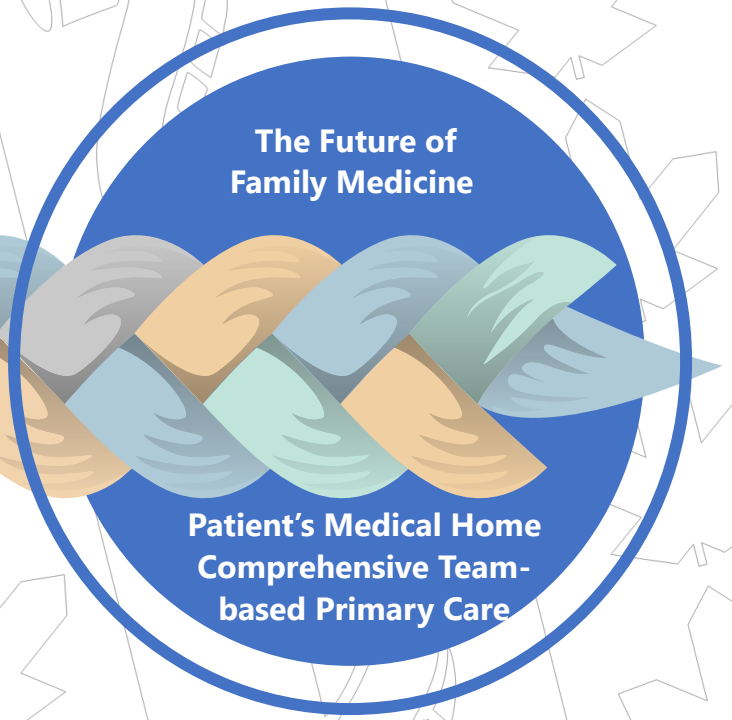
Urgent solutions to address pain points

- Fair pay for comprehensive family medicine
- Less paperwork
- More team support
- Digital support

THE JOURNEY

Education
Evaluation
Research
Advocacy

Educating for long-term meaningful change supports and prepares for a transforming health care system. Aligned with other primary care educations through federally-funded Team Primary Care and focused on family medicine through curriculum renewal.



It will have been a good retreat if…

Key Inquiry: What will a renewed curriculum look like (at my school)?

- ✓ **You to leave with more than you came.**
- ✓ **We meet you where you are.**
- ✓ **We generate lots of ideas.**
- ✓ **We have some fun and make connections.**

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Opening Plenary

Team Primary Care

TPC Resources and Tools for Team-Based Care and Health Equity

www.teamprimarycare.ca

Team Primary Care Training for Transformation

Vision: Team Primary Care

An integrated health system in which every individual receives equitable, high quality, comprehensive care from a well-trained, well-supported and optimally utilized primary care team.

Building High-Performing Primary Care Systems: After a Decade of Policy Change, Is Canada "Walking the Talk?"

MONICA AGGARWAL,* BRIAN HUTCHISON,† REHAM ABDELHALIM,‡ and G. ROSS BAKER*,‡

*Dalla Lana School of Public HealthUniversity of Toronto; †Centre for Health Economics and Policy AnalysisMcMaster University; ‡Institute of Health PolicyManagement and EvaluationUniversity of Toronto

Training Healthcare Providers to work <u>interprofessionally</u> in this system is critical.

The Milbank Quarterly. 2023; 00(0),1-52.

DELIVERING PRIMARY CARE DIFFERENTLY

Do we know what other providers do?

Are we open to learning about, from, and with others to improve care?

What are we aiming for in family medicine training?

Residency program accreditation

National examinations

Certification of candidates

Triple C Competency-Based Curriculum

Workplace-based assessment (CRAFT)

Family medicine identity and values

Four Principles of Family Medicine

Comprehensive scope of work

Core Professional Activities

Interdependent work arrangements

Patient's Medical Home vision

Family medicine competence

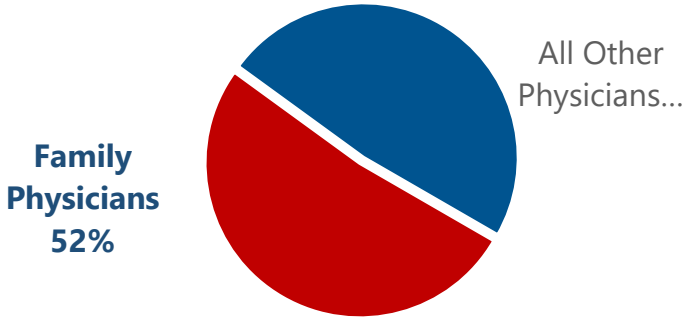
- CanMEDS-FM
- Assessment objectives

Family Physicians provide most medical care, and much tertiary care

Fee-for-service billings, Canada, 2020

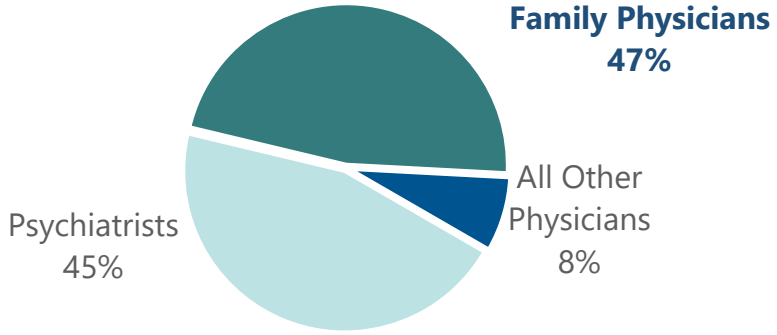
Total Services

(N=262,820,289)



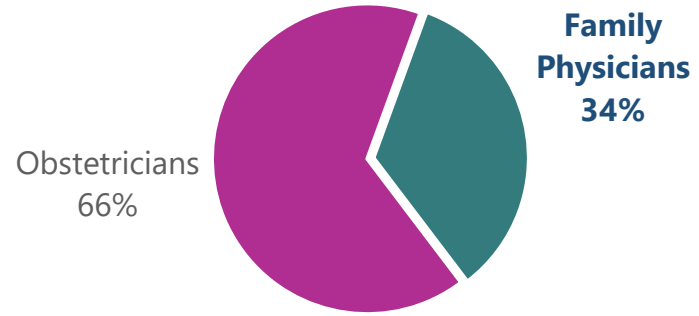
Psychotherapy/Counselling

(N=16,351,511)



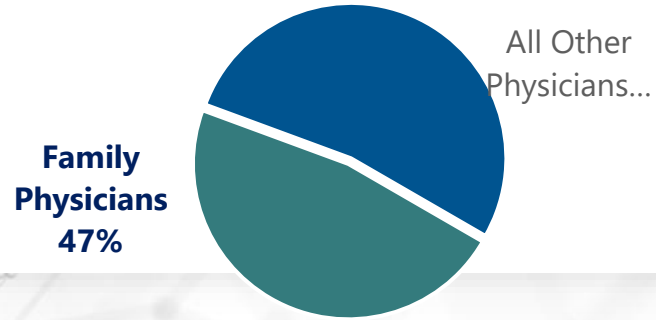
Deliveries (excluding c-section)

(N=207,254)



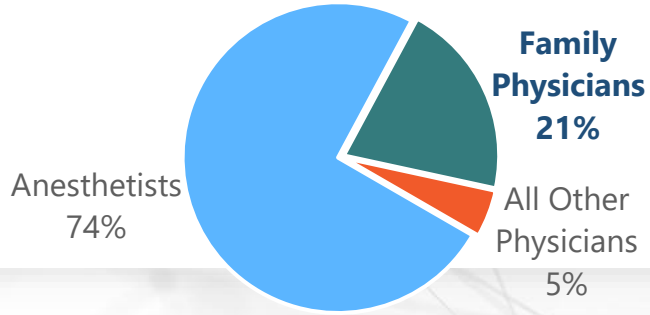
Surgical Assistance

(N=1,122,573)



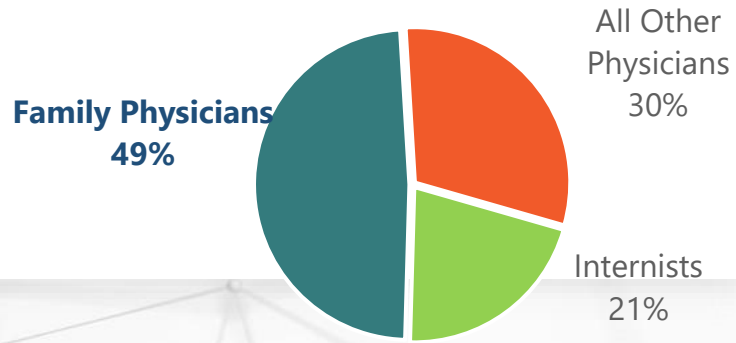
Anesthesia Services

(N=725,697)



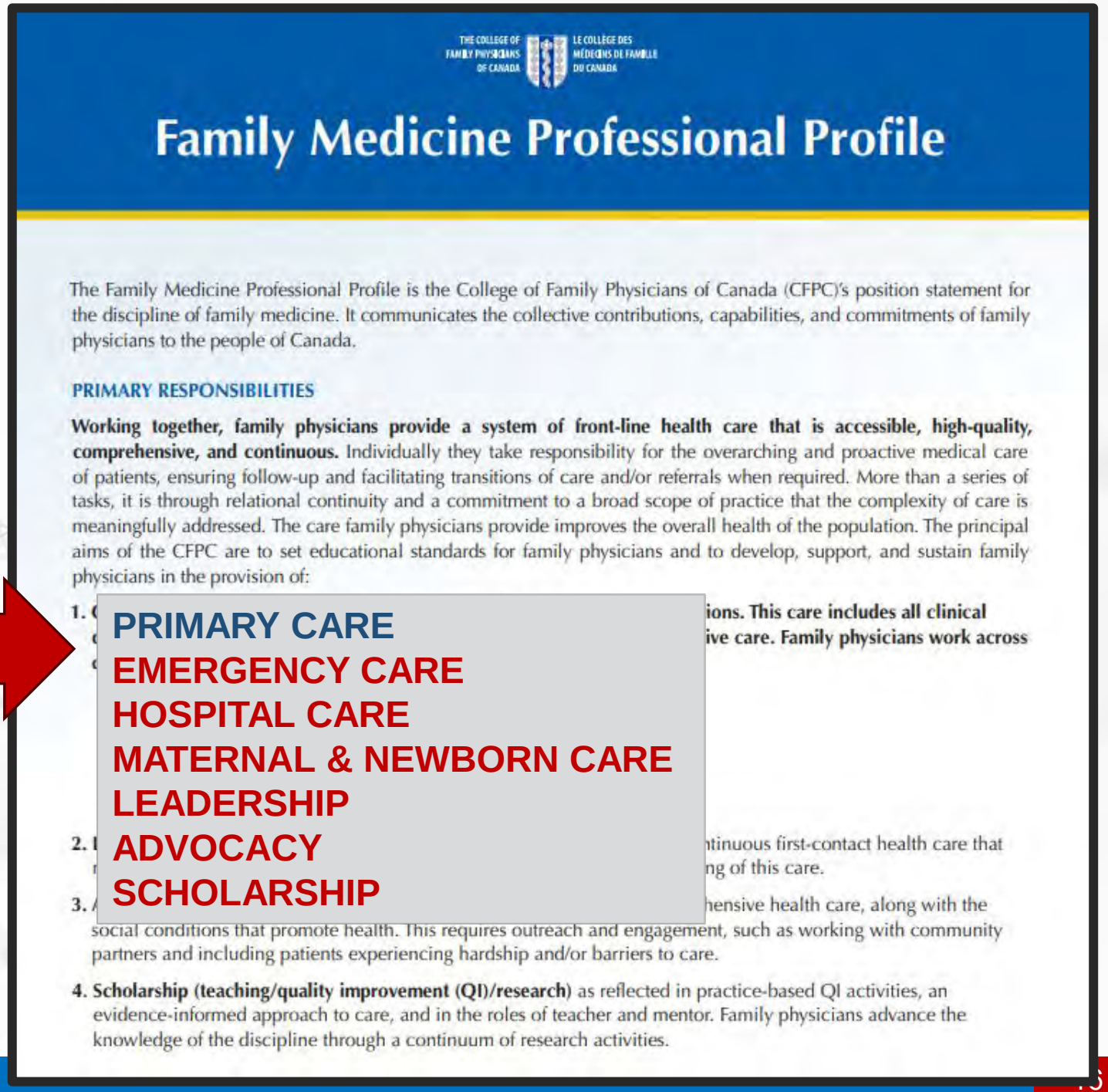
Hospital-based Assessments

(N=20,121,356)



Canadian Institute for Health Information. National Physician Database — Utilization Data, 2020–2021. Ottawa, ON: CIHI; 2022.

FAMILY MEDICINE is more than Primary Care



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Family Medicine Professional Profile

The Family Medicine Professional Profile is the College of Family Physicians of Canada (CFPC)'s position statement for the discipline of family medicine. It communicates the collective contributions, capabilities, and commitments of family physicians to the people of Canada.

PRIMARY RESPONSIBILITIES

Working together, family physicians provide a system of front-line health care that is accessible, high-quality, comprehensive, and continuous. Individually they take responsibility for the overarching and proactive medical care of patients, ensuring follow-up and facilitating transitions of care and/or referrals when required. More than a series of tasks, it is through relational continuity and a commitment to a broad scope of practice that the complexity of care is meaningfully addressed. The care family physicians provide improves the overall health of the population. The principal aims of the CFPC are to set educational standards for family physicians and to develop, support, and sustain family physicians in the provision of:

1. C… …ions. This care includes all clinical c… …ive care. Family physicians work across

PRIMARY CARE
EMERGENCY CARE
HOSPITAL CARE
MATERNAL & NEWBORN CARE
LEADERSHIP
ADVOCACY
SCHOLARSHIP

2. I… …ntinuous first-contact health care that r… …ng of this care.
3. A… …hensive health care, along with the social conditions that promote health. This requires outreach and engagement, such as working with community partners and including patients experiencing hardship and/or barriers to care.
4. **Scholarship (teaching/quality improvement (QI)/research)** as reflected in practice-based QI activities, an evidence-informed approach to care, and in the roles of teacher and mentor. Family physicians advance the knowledge of the discipline through a continuum of research activities.

Re-Envisioning Primary Care

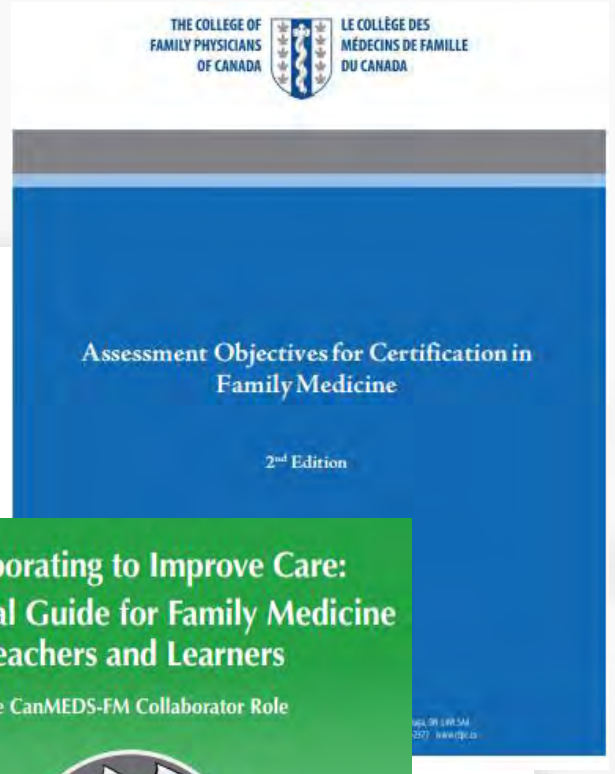
The Role of Family Physicians & Other Providers

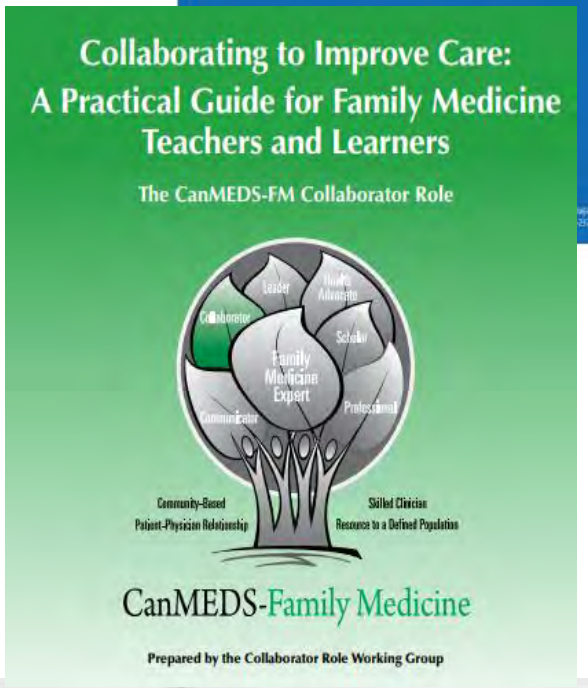
CPA 6 Team-based Care

CPA 6. Participate in collaborative and team-based care

This involves a range of related activities:

a. Make formal, written referrals to other health care professionals
b. Provide shared care with other medical specialists
c. Make a verbal case presentation to colleagues as part of the care process
d. Develop patient-centred care plans in collaboration with other health care colleagues
e. Facilitate clinical case conferences with other health professionals
f. Facilitate family meetings
g. Support and coordinate care with family and other community-based health care professionals
h. Seek feedback from patients and families about their care experiences and promote an environment where concerns can be expressed and addressed





Undergraduate Education Accreditation Standards across professions in Canada

Interprofessional education occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

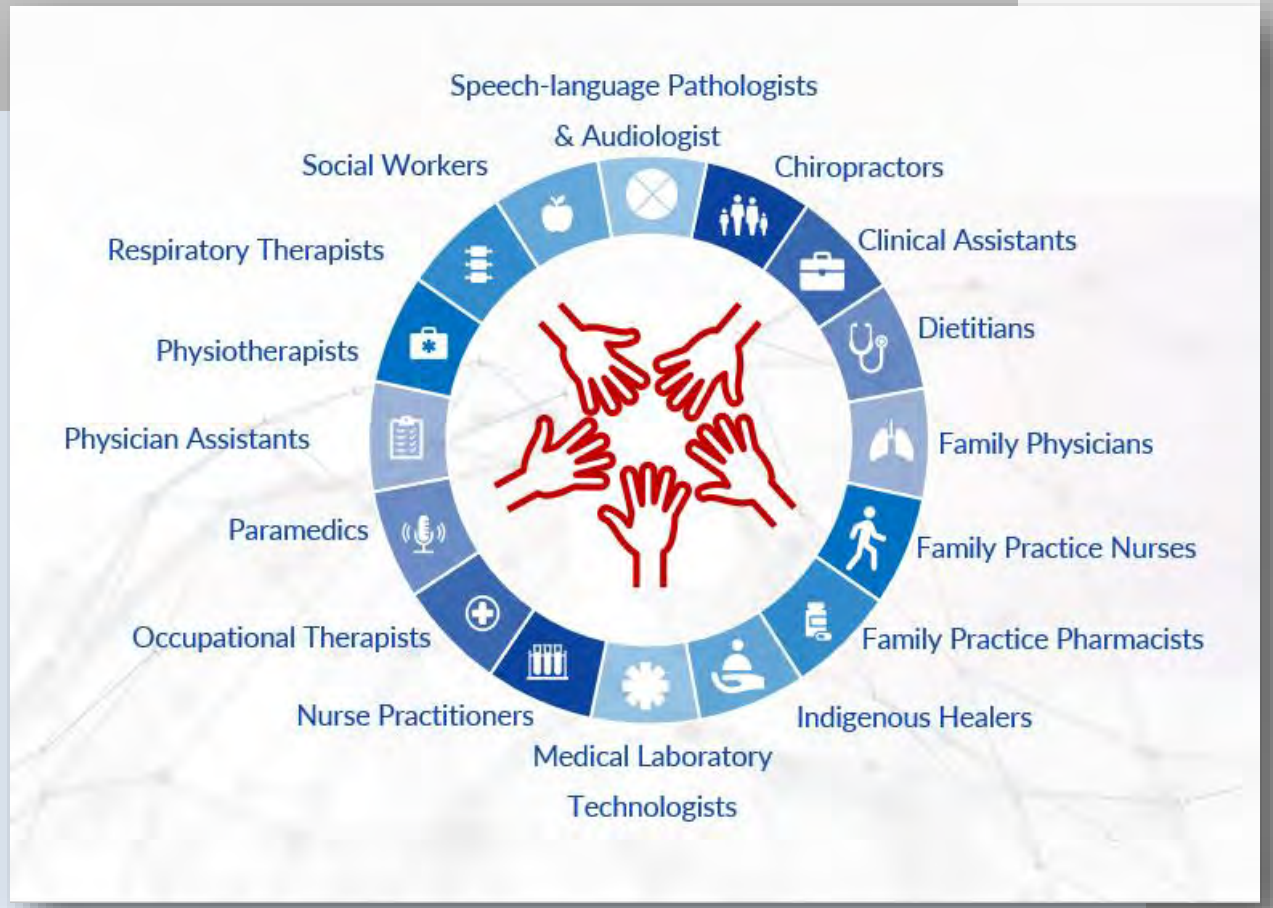
World Health Organization, 2010

Image: www.pexels.com

Provider Education

20+ Primary Care Provider groups exploring their roles in primary care and aligning curriculum.

Collaboration NOT Substitution



Plus, others at the Interprofessional Collaborative Table without funded projects:

Community Health Workers
Massage Therapists
Medical Radiation Technologists
Naturopaths
Midwives
Optometrists
Oral Health Practitioners
Psychologists

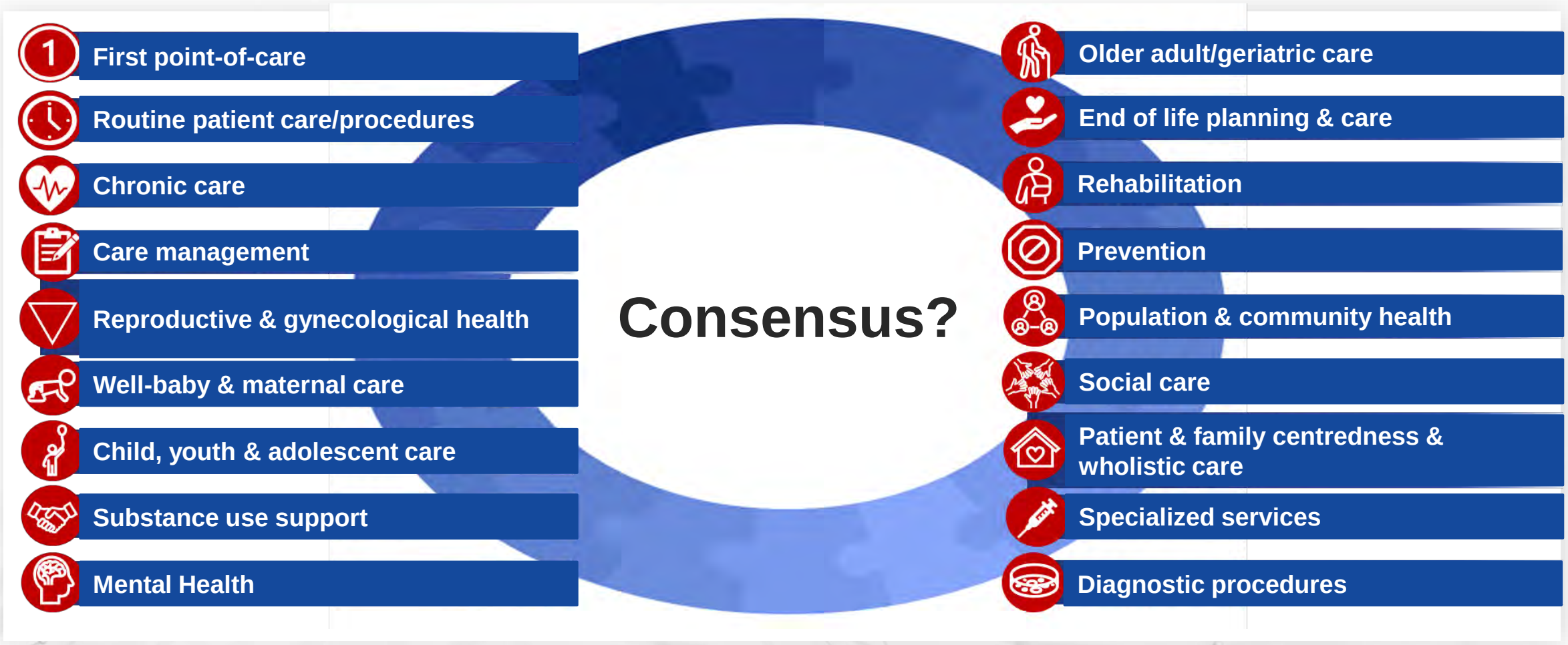
4 C's OF PRIMARY CARE

FAMILY PHYSICIAN TRADITIONAL HEALER

Capability of primary care provider *to handle any & all health issues* – if can not then treat & refer (connect to) coordinate with

Jimenez G, Matchar D, Koh GCH, Tyagi S, van der Kleij RMJJ, Chavannes NH, Car J. Revisiting the four core functions (4Cs) of primary care: operational definitions and complexities. Prim Health Care Res Dev. 2021 Nov 10;22:e68. doi: 10.1017/S1463423621000669. PMID: 34753531; PMCID: PMC8581591.

Comprehensive Primary Care Domains



Integrated Primary Care Competency Framework Overlay/Alignment (e.g., Nova Scotia)

Social Accountability

1. Best Possible Care and Service
2. Partnerships

Interprofessionalism

3. Communication
4. Role Clarification
5. Team Functioning
6. Conflict Resolution

First Contact, Comprehensive, Continuity, and Coordination

7. Primary Health Care Principles
8. Person/Family/Community-Centred Care

EDIA , Anti-Racism, Truth & Reconciliation, and Psychological Safety

9. Cultural Competency
10. Self-Management Support

The Clinic/Workplace is the Curriculum

What's it look like?

How far ahead can education change without equal practice reform?

Can patients wait?

Summary Reflections for Today

- What are the individual and collective contributions of primary care providers including family physicians to the care of Canadians?
- With varying levels of primary care reform across provinces, is there an educational opportunity for primary care provider educators to teach team-based primary care?
- What might learning look like if health professionals were given a chance to learn about, from and with each other in primary care contexts? How might patient care change?
- In what ways can primary care provide equitable, culturally safe access to care? What is our role as educators?

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THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Interprofessional Teaching & Learning

Introduction by Dr. Nikki Woods

Teaching for Collaboration:
Education Design and Innovation

Greater **complexity and severity** of illness among patients receiving care, reduced lengths of stay and increased administrative tasks.

TODAY'S HEALTHCARE

Armstrong, K., Ranganathan, R., & Fishman, M. (2018)

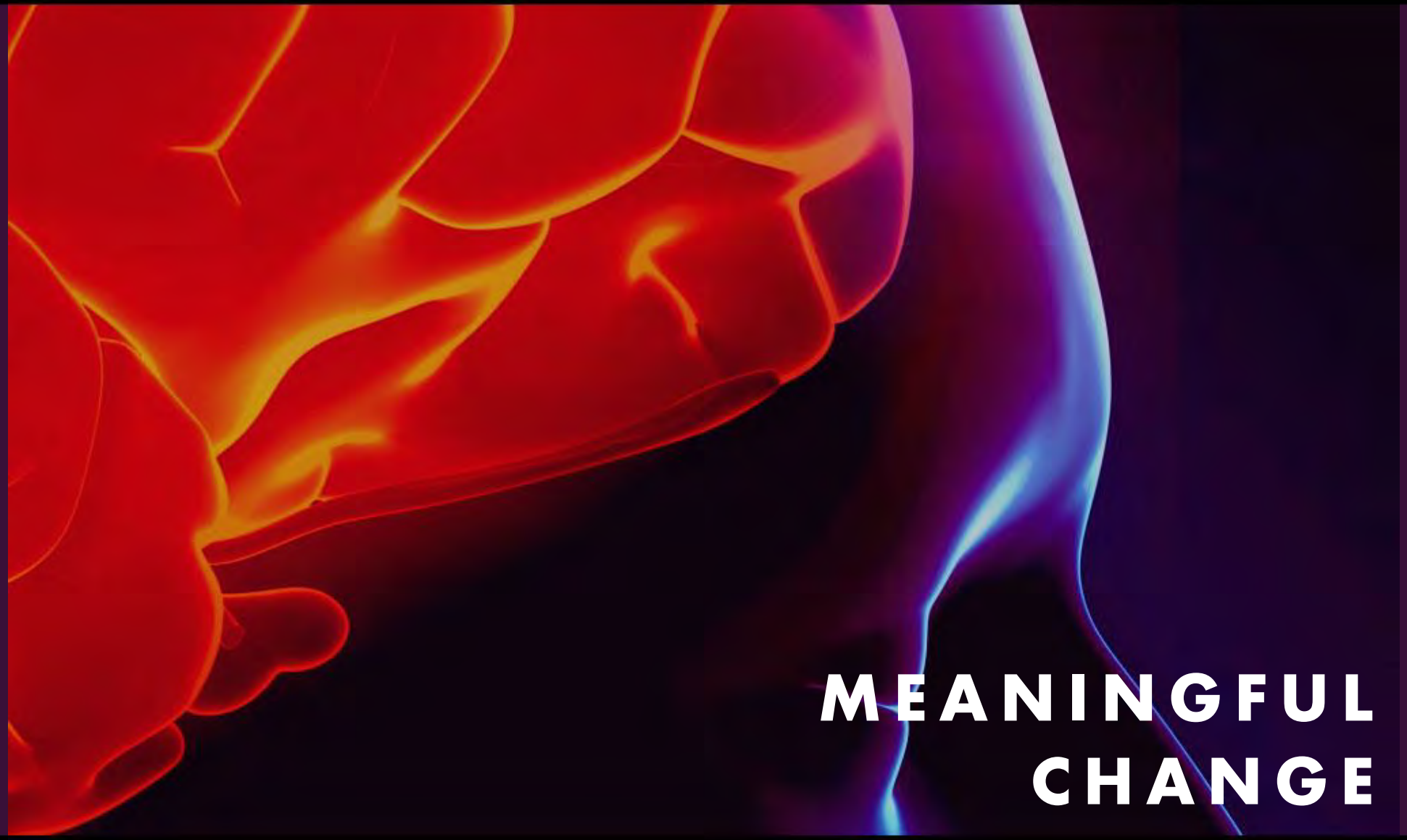

EXCEPTIONAL
EDUCATION

EVIDENCE-BASED EDUCATION


MEANINGFUL
CHANGE

DELIBERATE DESIGN

PROGRAM
COURSE
SESSION
INNOVATION


MEANINGFUL
CHANGE

Teaching for Collaboration:
Education Design and Innovation

BOOST!
Building Optimal Outcomes from Successful Teamwork

VITAL
Virtual Interprofessional Teaching and Learning

E-BOOST! for TPC

(Educating and Building Optimal Outcomes from Successful Teamwork for TPC)

December 4, 2023

UNIVERSITY OF TORONTO

Centre for Advancing Collaborative Healthcare & Education (CACHE)

UHN
Toronto General
Toronto Western
Princess Margaret
Toronto Rehab
Michener Institute

Demographic Questionnaire for Team Primary Care

- This demographic questionnaire is required as part of funding reporting from a national grant. Our goal is to limit the information collected to what is required to fulfill grant reporting requirements. For alignment with existing funding reporting metrics, much of the language and categories used are from established national surveys.

  Asking for demographic data supports building understanding of participants, reach, and potential inequities (e.g. who does not have access to initiatives), yet we acknowledge that the language and categories used for demographic data collection are not always specific or inclusive and might be alienating.

  Your privacy is important and collected data will be kept confidential and only shared in anonymous, aggregate form.

- https://brydgng.ca1.qualtrics.com/jfe/form/SV_9BpHPQiwyPQHULc

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Centre for Advancing Collaborative Healthcare & Education (CACHE)

Learning together for a healthier world

UNIVERSITY OF TORONTO

UHN Toronto General Toronto Western Princess Margaret Toronto Rehab Michener Institute

Agenda

1. **Interprofessional Education (IPE) Foundations**
   - Introduction to IPE: What, Why, and How
   - Sharing Good/Excellent Examples
   - Table Discussions: Reflecting on Existing Practices
2. **LUNCH (60 minutes)**
3. **Identifying Opportunities for Improvement**
   - Exploring Opportunities to Stop Ineffective Practices
   - Tweaking and Modifying to Enhance Interprofessionalism
   - Small Group Facilitation Techniques
   - Modeling Interprofessional Relationships for Learners
4. **Open Forum and Q&A**
   - Acknowledging and Addressing Participants' Questions
   - Encouraging Discussion and Shared Insights
5. **Closing Remarks**
   - Recap of Key Takeaways
   - Next Steps for Implementing IPE Practices

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Inter-organizational Collaboration: CACHE and Team Primary Care

Centre for Advancing Collaborative Healthcare & Education (CACHE)

Learning together for a healthier world

Team Norms

- Team norms are a set of rules/guidelines that a team establishes to shape the interaction of team members with each other and with employees who are external to the team.
- Once developed, team norms are used to guide team member behavior. Team norms are used to assess how well team members are interacting.

Today's Norms

- Be present and engaged – phones aside
- Please feel brave to express views, raise hand and ask questions
- Be comfortable and uncomfortable
- Share the space and pause to allow others to join in
- Listen actively when others are sharing
- Respect confidentiality of experiences shared in this space
- Speak from your own experiences and perspectives but be open to others
- Have fun!!
- Other suggestions?

(Adapted from 'Bringing Your Best Self to this Workshop", Sunnybrook Health Sciences Centre)

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Living Our Norms and Values

Team norms are the traditions, behavioural standards and unwritten rules that govern how we function when we gather.

Our team is committed to striving toward living its vision and mission by:

- Continually striving for a safe and open community where ideas are freely shared and co-created.
- Communicating with honesty and respect.
- Celebrating our successes and appreciating one another.
- Supporting one another and having each other's backs as we work toward common goals.
- Building equitable and diversely inclusive environments, relationships, and partnerships.
- Embodying lifelong collaborative education and reflective practices.
- Creating and sharing knowledge to foster collaboration in health education, practice, and research.
- Sharing leadership for collective learning and growth.

We keep ***learners***, ***communities***, ***patients/clients*** and ***family/caregiver partners*** at the heart of our work.

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National Curriculum Renewal

Priority 3: Learn to work sustainably in interprofessional teams, and across different practice environments as part of a commitment to effective practice and professional well-being.

- “Interprofessional education occurs when two or more professions learn **about, from** and **with** each other to enable effective collaboration and improve health outcomes.”

World Health Organization, 2010

Interprofessional Collaboration

Occurs when **multiple workers** from different "professional" backgrounds provide comprehensive health services by working with patients, their families, carers and communities to deliver the **highest quality of care across settings.**

Definition of team and professional includes anyone who supports a client and family's journey – clinical, non-clinical, regulated, non–regulated, health and social care

Framework for Action on Interprofessional Education & Collaborative Practice, WHO, 2010

World Health Organization

What Is a Team?

- A small number of people with complementary skills who are committed to a **common purpose**, performance goals and approach for which they hold themselves mutually **accountable.**

Katzenbach, J.R., & Smith, D.K. (1994). The Wisdom of Teams. New York: HarperCollins. (p.45)

- Members are **interdependent** and can be fluid
- A Team is **not** the same as a committee or a group

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Typology of Teams

- Teamwork (Synchronous Communication/Face to Face)
- Collaboration
- Coordination
- Networking (Asynchronous Communication/Virtual)

- Reeves, S., Xyrichis, A., & Zwarenstein, M. (2018). Teamwork, collaboration, coordination, and networking: Why we need to distinguish between different types of interprofessional practice. Journal of interprofessional care, 32(1), 1–3. https://doi.org/10.1080/13561820.2017.1400150

https://www.youtube.com/watch?v=uN48UMuu0EM&t=34s

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Video: One Less Thing

(Password: OTED2023!)

Image: www.lff.org.uk

Image: www.pexels.com

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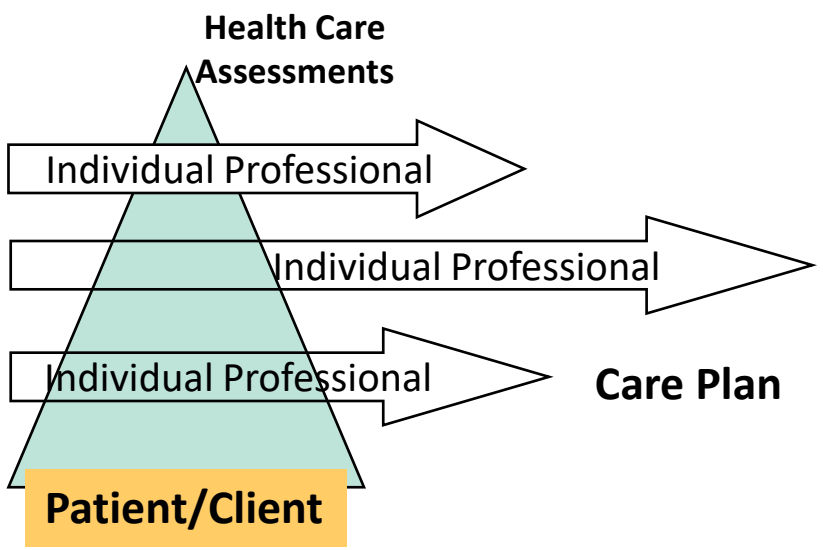
Is this how patients describe the team?

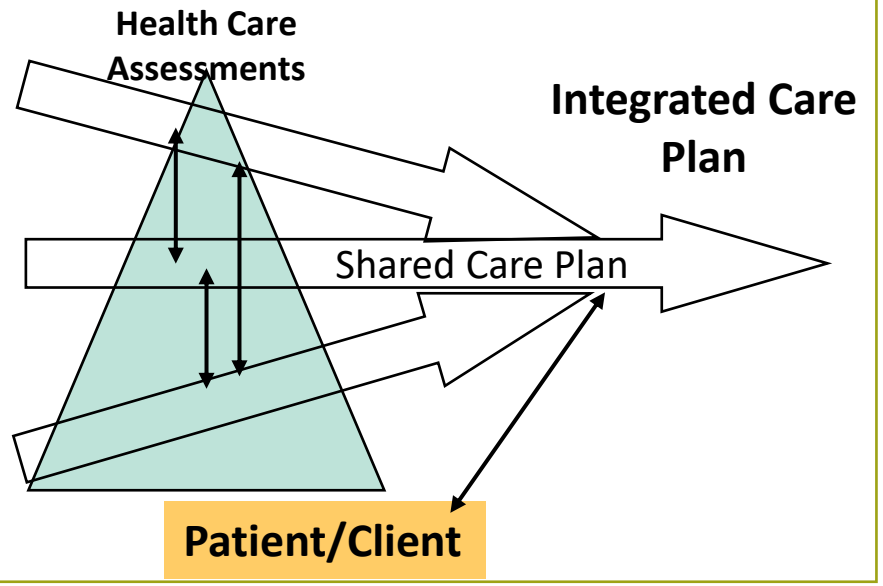
“I am stressed and I don't understand what to do...the family doctor tells me to do one thing at home, the nurse tells me something different and the pharmacist has another plan. We're a busy family....I don't have time and don't know how to do all these conflicting things. The only thing that matters is that my wife gets well.”

Why is interprofessional collaboration important?

Multiprofessional Practice:
Uniprofessional-centric model



Interprofessional Practice:
Collaborative Model



When one person is not enough → increasing complexity

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Collaboration should occur within & across settings, following clients throughout their journeys.

GOAL:
Regular and frequent dialogue between all health caregivers, within and between settings as necessary.

All health caregivers see themselves as part of the patient's care team.

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Small Group Table Discussion

Why is interprofessional education/collaboration important to you, your students, your team and your patients/families/communities?

Please share what IPE is already in place in your program and working well. What opportunities do you see do more IPE in the future?

Quality and Collaboration

Crossing the Quality Chasm envisions:

- A future where clinicians "understand the advantage of high levels of cooperation, coordination and standardization to guarantee excellence, continuity, and reliability.
- **Cooperation** in patient care is more important than professional prerogatives and roles.
- A focus on **good communication** among members of a team, using all the expertise and knowledge of team members"

Institute of Medicine (2001). Crossing the Quality Chasm: A New Health System for the 21st Century Institute of Medicine (US) Committee on Quality of Health Care in America, Washington (DC): National Academies Press (US); 2001.

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Quality Communication = Quality safe care

- Multiple hand-offs across teams, sectors and orgs
- Different language/jargon/acronyms
- Hierarchy and interprofessional interactions
- Common goal/vision

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Brief on Primary Care Part 3: Lessons Learned for Strengthened Primary Care in the Next Phase of the COVID-19 Pandemic

- Care provided through team-based models provides superior support for COVID-19 and Non-COVID-19 health issues in the community.
- In contrast with solo primary care practices (PCCs), IP team-based PPCs were better able to support integration with other parts of the health system as well as community organizations.
- PPCs had greater capacity to participate in community-led initiatives and to develop close relationships with hospitals, public health units, and other partners to access infection prevention and control expertise and access specialist advice and services.

Ivers N, Newbery S, Eissa A, et al. Brief on Primary Care Part 3: Lessons learned for strengthened primary care in the next phase of the COVID-19 pandemic. Science Briefs of the Ontario COVID-19 Science Advisory Table. 3(69). https://doi. org/10.47326/ocsat.2022.03.69.1.0

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Population Health & Interprofessional Education/Practice

- Including population health in IPE frameworks and models supports inclusion of clinical care providers, public health practitioners, and professionals from other non-clinical health fields to collaborate effectively and creatively together across disciplines/sectors to advance health at the population level.
- Collaboration is necessary to promote conditions and health behaviors that improve population health & outcomes

Anderson, O. S., August, E., Goldberg, P. K., Youatt, E., & Beck, A. J. (2019). Developing a Framework for Population Health in Interprofessional Training: An Interprofessional Education Module. Frontiers in public health, 7, 58. https://doi.org/10.3389/fpubh.2019.00058

American Association of Colleges of Nursing. (2008). The essentials of baccalaureate education for professional nursing practice. Washington, DC: Author. Retrieved from https://www.aacnnursing.org/Portals/42/Publications/BaccEssentials08.pdf

CACHE

Evidence: IPC Positively Impacts Outcomes

- Jabbarpour Y., et al., (2020). The Evolving Family Medicine Team. *The Journal of the American Board of Family Medicine*, 33 (4) 499-501.
- Cox et al., (2016). Measuring the impact of interprofessional education on collaborative practice and patient outcomes. *Journal of Interprofessional Care*, *30*(1), 1-3.
- Zwarenstein M, Goldman J & Reeves S., (2009). Interprofessional collaboration: Effects of practice-based interventions on professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, 3.
- Reeves S, Zwarenstein M, Goldman J, Barr H et al(2010) The effectiveness of interprofessional education: Key findings from a new systematic review, Journal of Interprofessional Care, 24:3, 230-241.

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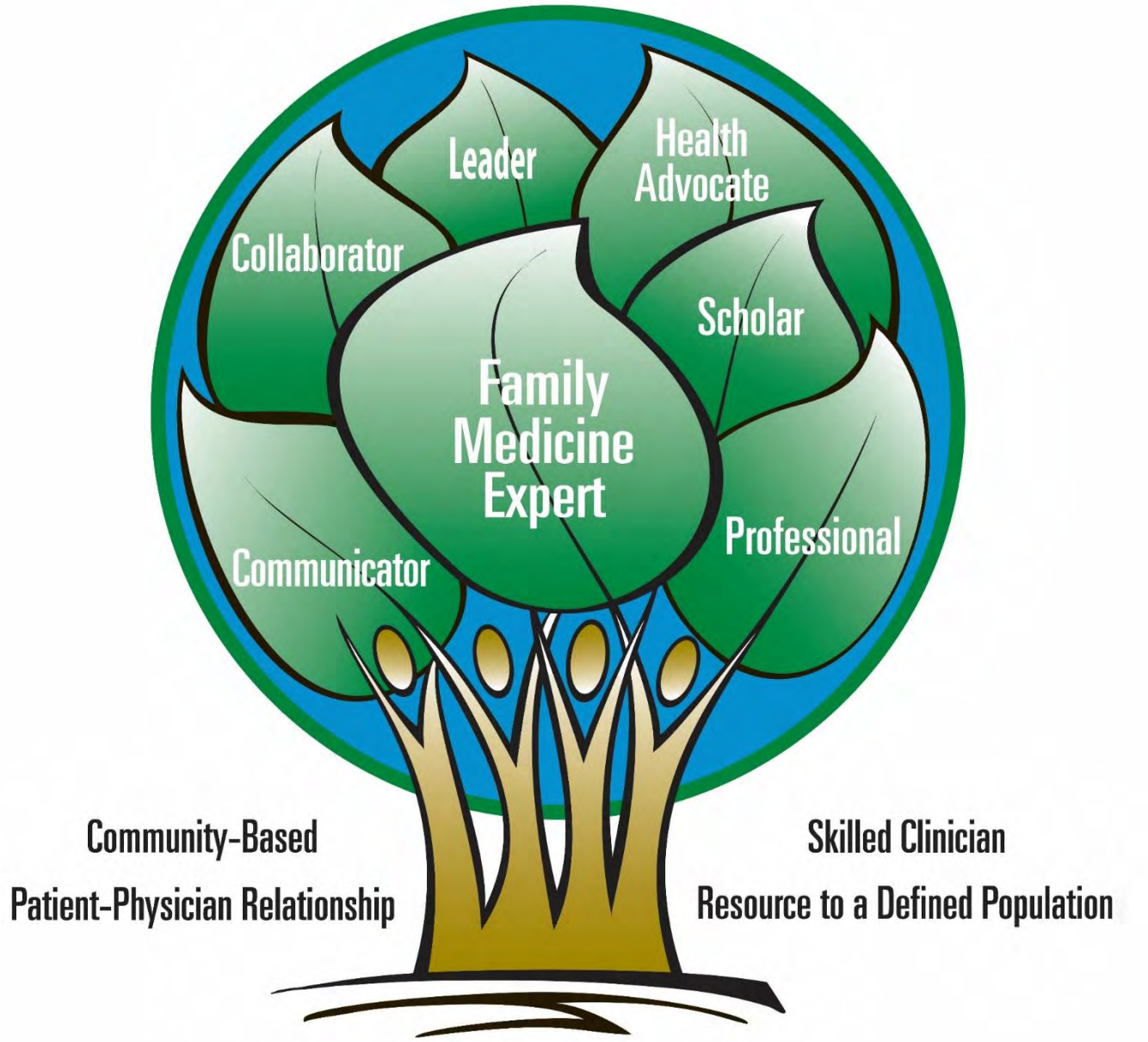
The CanMEDS-Family Medicine Collaborator Role

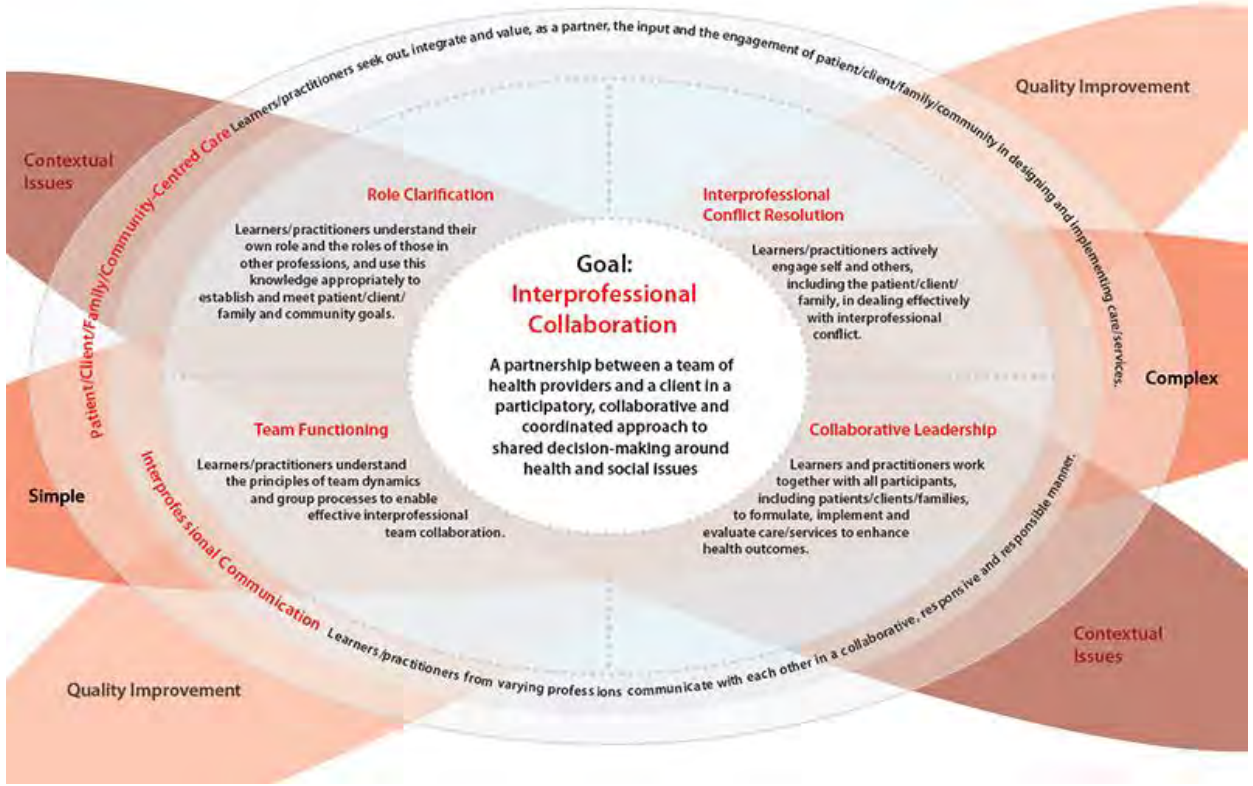


Accreditation as a Driver of Interprofessional Education

- Accreditation drives curriculum content including in IPE
- Standards helped justify the provision of resources to meet those standards and inform the programs' strategic plans.

(Azzam et al. 2022)

Proposed National Interprofessional Competency Framework 2023



http://www.cihc-cpis.com/

Competency Behaviours:	What is already in place?	What are the opportunities for change (Individual or collective)?
Role Clarification and Negotiation		
Team Functioning		
Collaborative Relationship Focused Care/Services		
Team Communication		
Team Disagreement Processing		
Collaborative Leadership		

Interprofessional Education:

Integrating Education Science into how we “do IPE”

Discussion versus Dialogue

- Reach a consensus or solution
- Persuasive, focused
- Objective knowledge
- Hierarchies preserved

- Generate new perspectives
- Exploratory, open-ended
- Objective & subjective knowledge
- Hierarchies flattened

Kumagai and Naidu, 2015
Kumagai et al., 2018
Boyd et al., 2022

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Integrated Instruction & Preparation for Future Learning

1. Teach competencies in an embedded and integrated fashion, not in isolation or apart from clinical knowledge
2. Try, and even struggle, *first* (e.g. Reader's theatre is followed by discussion. Simulation is followed by debrief)
3. The "time for telling" (direct instruction) or feedback & consolidation can come *after*

Key readings: the work of Maria Mylopoulos, Nicole Woods, & team on Productive Struggle, Preparation for Future Learning, Adaptive Expertise

Key resources: videos at ipe.utoronto.ca as potential provocations to which teams can respond

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Dialogic Facilitation

- To truly learn “about, with and from” it may be helpful to disrupt the typical teacher-learner (as well as interprofessional) hierarchy
  - How?
- Facilitators’ role is to support the above by:
  - Relinquishing power, control
  - Inviting multiple perspectives, making it explicit that everyone brings unique and valuable perspective
  - Holding space for differing views to co-exist and come together, rarely achieving consensus

Key readings: the work of Arno Kumagai, bell hooks, Victoria Boyd, & Stella Ng on critical pedagogy, reflection, and dialogue in education

Key resources: IP lens & PIPES documents at ipe.utoronto.ca and www.teachingfortransformation.com

In-situ IPE learning

- Clinical rotations/placements are ideal setting for authentic IPE learning
- Opportunities to experience role optimization and team communication
- See collective competence and competency interdependence
- Collaborative leadership based on patient needs
- The clinic is the curriculum

(Lingard 2021, Paradis and Whitehead 2018, Oandasan 2023)

Student/Learner-Led Environments

Key messages for IPE from education sciences

- Less is more. Focus on understanding and meaningful engagement rather than "covering" content.
- Be inspired, not ruled, by competencies. Integrate the learning of IP competencies with clinically relevant learning.
- Allow for productive struggle before "telling." Provide tools & frameworks that align with learners' needs *after* learning activities (which may have sparked interest).
- Truly and continually enact a value for multiple perspectives and possibilities, which requires constant critical reflection—*question anything that seems normal* and be open to another way.

Team Huddle Video

(Password: OTED2023!)

Small Group Discussion: Team Huddle Video

This huddle is one example of how teams collaborate together.

- What did you notice in this video?
- What seemed to work well in this context and why?
- How did you see the competencies at play in this clip?

Psychological Safety

- A ‘‘shared belief held by members of a team that the team is safe for interpersonal risk-taking.’’ Psychological safety is ‘‘a sense of confidence that the team will not embarrass, reject or punish someone for speaking up”
- ‘‘It describes a team climate characterized by interpersonal trust and mutual respect in which people are comfortable being themselves.’’

(Edmondson, 1999)

Power relations, and why they matter

If individuals are aware, they can acknowledge and even counter unhelpful hierarchies and navigate power relations.

(Kuper et al., 2017; Bochatay et al., 2021)

Why is psychological safety important to interprofessional teams?

(IPC Showcase 2019, Sunnybrook Lising, Cheng, Gagliardi, Sinclair)

- Learning in intensely interdependent environments
  - Personal learning: more able to listen, admit mistakes, gain information
  - Organization learning: allows process failure and discrepancies identified
- Risk management, as a collective
- Patient outcomes are highly dependent on the skillful coordination and decision-making among different staff members
- Innovation
  - Allows for more brainstorming, more possibilities, better assessment, greater testing of ideas that lead to rapid cycle learning processes
- Staff feel more valued and respected, feel more committed to the job and keeping it
- Why is Psychological Safety so important in health care? https://www.youtube.com/watch?time_continue=184&v=LF1253YhEc8

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Role Clarification & Negotiation

All understand and negotiate their own role and the roles of all partners and use their knowledge, skills, expertise and values appropriately to establish and achieve collaborative relationship-focused care/services and community goals.

http://www.cihc-cpis.com/

Let’s break down Role Clarification

Consider...

- Role Understanding
- Role Blurring
- Role Negotiation and Optimization

ROLES VS. SCOPE OF PRACTICE

ROLES:

Can be defined as a shared set of expectations, values, attitudes, norms and beliefs governing one's behavior in a particular position in society (Scott 1970, Linton 1945).

SCOPE OF PRACTICE:

May be shaped by educational preparation and legislation
(Oelke et al. 2008)

FHRCO Interprofessional Collaboration (IPC) eTool
http://ipc.fhrco.org/scopes.php

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The value of multiple roles coming together:

- Different perspectives
- Different experiences
- Different knowledge

Coming together to create a more nuanced and comprehensive whole.

Role Understanding

- Role clarity leads to better utilization of individual health care workers, improved communication, reduced error, and enhanced delivery of patient care.

Meuser et al. 2006
Meuser, J., Bean, T., Goldman, J., Reeves, S. (2006). Family Health Teams: A New Canadian Interprofessional Initiative. *Journal of Interprofessional Care*, *20(4): 436-438.*

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Video: Should I Refer?

(Password: OTED2023!)

Image: www.lff.org.uk

Image: www.pexels.com

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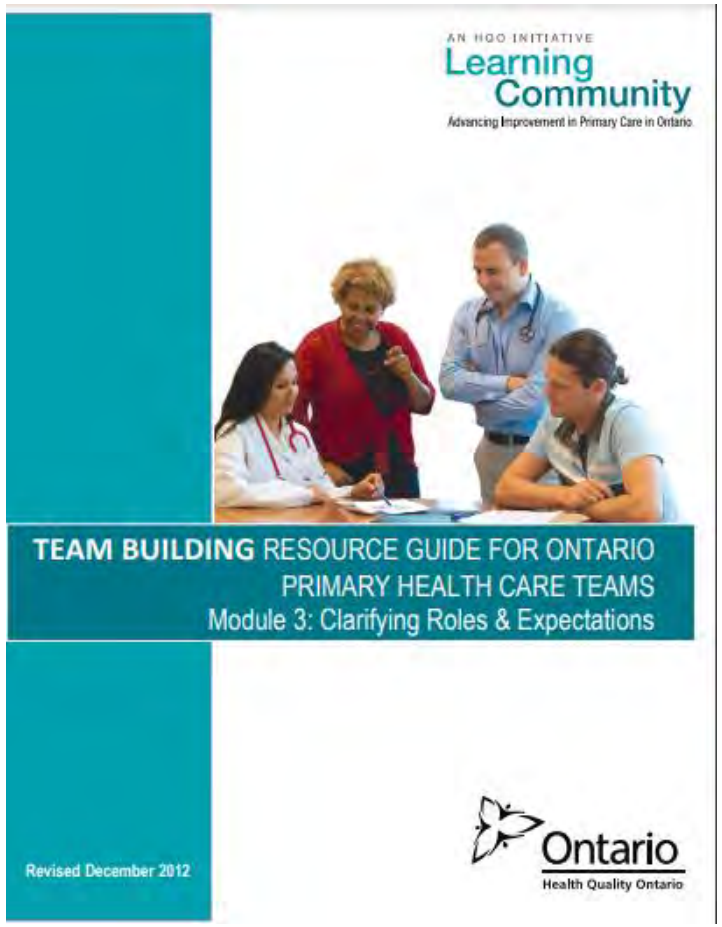
Small Group Breakout Video: Should I Refer?

- What did you notice?
- What are opportunities for role negotiation and optimization in interprofessional education of students and staff in primary care?

TEAM BUILDING RESOURCE GUIDE FOR ONTARIO PRIMARY HEALTH CARE TEAMS

Clarifying Roles & Expectations



Activity 3.3: Learning about the Scope of Practice of All Team Members

Interprofessional Separate and Shared Functions I[7]

Primary Health Care Activities	Function										
	FP	NP	RN	SW	PT	OT	RD	PH	RPN	AS	Other
Health Promotion											
Outreach activity (community program development/ presentations)											
Promote self-efficacy/self-care											
Attention to the determinants of health											
Attention to lifestyle factors											
Nutrition											
Exercise											
Habits (drugs, alcohol, smoking)											
Disease Prevention											
Comprehensive health history											
Complete physical exam											
Laboratory/diagnostic evaluation											
Primary prevention											
Secondary prevention											
Tertiary prevention											
Curative (Acute Conditions)											
Triage											
Symptom-directed history											
Symptom-directed exam											
Acute episodic minor illness dx/tx											
Minor injury dx/tx											
Acute major complex illness dx/tx											
Major injury											
Medications											
Administering											
Prescribing											
Dispensing											
Monitor drug therapeutic and side effects, interactions											

https://www.hqontario.ca/quality-improvement/primary-care/tools-resources

Covid Care Learning

Critical Care Multiprofessional Role Matrix

	Pharmacy	Respiratory Therapy	Anesthesia Assistant	Physiotherapy	Nursing	Physician/ Medicine
Basic oxygen/ gas administration (includes Oxygen, Compressed Air)		✓	✓	✓	✓	✓
Advanced oxygen/gas Administration (includes High Flow, Specialty Gases)		✓	✓		✓	✓
Airway Management Endotracheal Intubation and Extubation		✓	✓			✓
Airway Management/Suctioning Endotracheal, Oropharyngeal, Basic Tracheostomy		✓	✓	✓	✓	✓
Airway Management Advanced Tracheostomy, Oral & Nasal Airway Insertion, Nasogastric Tube Insertion		✓	✓		✓	✓
Mechanical Ventilation Basic Invasive and Non-Invasive Ventilation,		✓	✓		✓	✓
Mechanical Ventilation Advanced Modes Ventilation		✓	✓			✓
Manual Ventilation Bag-Valve-Mask		✓	✓	✓	✓	✓
Diagnostic Testing Spirometry		✓			✓	✓
Diagnostic Testing Pulmonary Functioning Testing		✓			✓	✓
Invasive Vascular Procedures Injections, Line Insertions	✓	✓	✓		✓	✓
Medication Administration	✓	✓	✓		✓	✓
Mobility/Positioning				✓	✓	
Patient/Family/Caregiver Education	✓	✓	✓	✓	✓	✓

Last Updated: August 4, 2020

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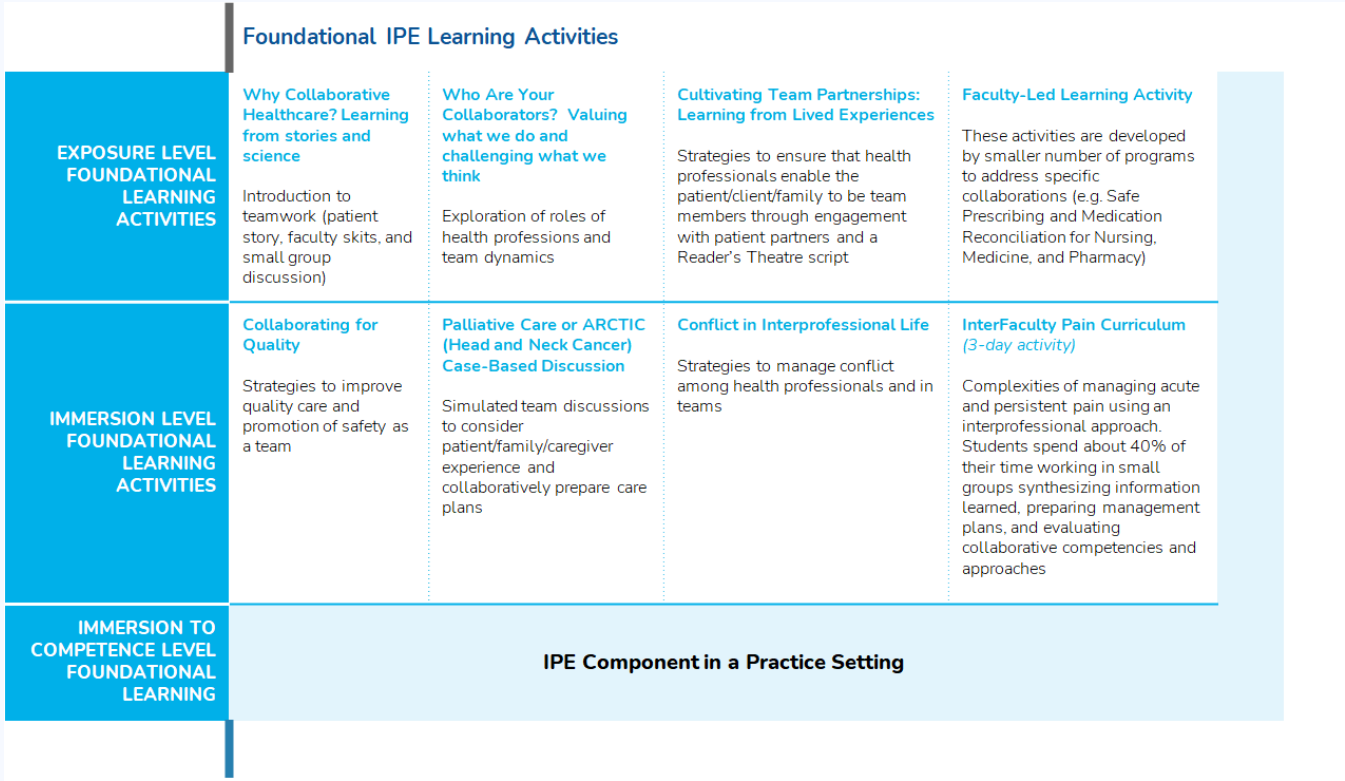
https://criticalcarelearning.ca/course/view.php?id=6
Critical Care Learning/Physiotherapy

Workplace Learning Opportunities

- Structured IPE Placements
- Flexible IPE Activities
- Student/Learner-Led Environments
- Practice-Based Electives and Simulations



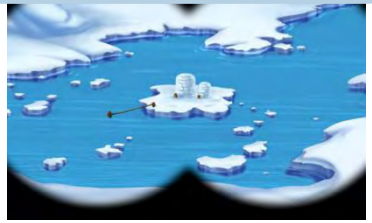
	Foundational IPE Learning Activities			
EXPOSURE LEVEL FOUNDATIONAL LEARNING ACTIVITIES	**Why Collaborative Healthcare? Learning from stories and science** Introduction to teamwork (patient story, faculty skits, and small group discussion)	**Who Are Your Collaborators? Valuing what we do and challenging what we think** Exploration of roles of health professions and team dynamics	**Cultivating Team Partnerships: Learning from Lived Experiences** Strategies to ensure that health professionals enable the patient/client/family to be team members through engagement with patient partners and a Reader's Theatre script	**Faculty-Led Learning Activity** These activities are developed by smaller number of programs to address specific collaborations (e.g. Safe Prescribing and Medication Reconciliation for Nursing, Medicine, and Pharmacy)
IMMERSION LEVEL FOUNDATIONAL LEARNING ACTIVITIES	**Collaborating for Quality** Strategies to improve quality care and promotion of safety as a team	**Palliative Care or ARCTIC (Head and Neck Cancer) Case-Based Discussion** Simulated team discussions to consider patient/family/caregiver experience and collaboratively prepare care plans	**Conflict in Interprofessional Life** Strategies to manage conflict among health professionals and in teams	**InterFaculty Pain Curriculum** *(3-day activity)* Complexities of managing acute and persistent pain using an interprofessional approach. Students spend about 40% of their time working in small groups synthesizing information learned, preparing management plans, and evaluating collaborative competencies and approaches
IMMERSION TO COMPETENCE LEVEL FOUNDATIONAL LEARNING	**IPE Component in a Practice Setting**			

IPE Component in a Clinical Placement

3 Flexible Activities

"Observing"

- Interviewing, Shadowing a Team Member
- Role Clarity, Patient and Family Centred Care



"Analyzing"

- Analyzing Team Interactions
- Communication, Team Functioning

"Doing"

- Collaborating with Team Members
- Collaborative Leadership, Conflict

Role Understanding Tool: Shadowing and Interviewing a Team Member

Interviewing Questions:

- What factors led to you deciding to enter your profession/role?
- How would you describe the scope of practice of your profession and the role you play on this team?
- What do you consider the biggest challenges in enacting your role?

University of Toronto IPE curriculum

https://ipe.utoronto.ca/u-t-ipe-curriculum

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Group Discussion

- What other practice-based opportunities do you see for IP learning?
- How else can we teach collaboration in clinical settings?

Interprofessional Facilitation and Precepting with an Interprofessional Lens

Your IP Facilitation is Critical

- Faculty play a key role in creating an environment that is supportive of the goals for IPC and indeed can act as role models
- The perceived status or importance of an interprofessional initiative can be negatively affected if faculty do not ‘walk the talk’

Oandasan & Reeves 2005

Medications Video

(Password: OTED2023!)

- What did you notice in this interaction with a faculty and IPE students in practice?
- How might you support your facilitators to recognize and facilitate IPE learning?

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IP Facilitation

(Banfield, Lackie, 2009)

- Demonstrates a commitment to IPE and practice.
- Demonstrates culturally appropriate knowledge of group development/**dynamics**.
- Demonstrates **positive role modelling**.
- Possesses an understanding of and confidence in **interactive** learning methods.
- Demonstrates **confidence** and **flexibility** in using professional differences creatively within groups.

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IPE and Practice Guide No. 1 - Developing Faculty to Facilitate IPE

Lessons learned:

- Creation of robust linkages between education and practice
- Focus on immersive learning – “hands on”
- Teach faculty to develop competency-driven initiatives
- Consider IPE as the implicit focus when planning curriculum (e.g., explicit focus on safety)
- Coaching/peer mentoring
- Additional resources for IPE (e.g. iCollaborative within MedEdPortal, etc.)
- **Reflection**

Hall, W. & Zierler, BK (2015)

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IP Facilitation Considerations

- Optimize IP learning opportunities (recognizing IP teachable moments)
- Address stereotypical beliefs about professions
- Jargon and clarification
- Language including ‘what we call things’ and words we use
- Links between effective team collaboration and client care (task and process)
- Explore interconnectedness of roles (e.g. direct care and support services)
- Facilitator understands issues of power and hierarchy

Video: Embedding Collaborative Learning into Practice

(Password: OTED2023!)

Image: www.lff.org.uk

Image: www.pexels.com

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How do we move from Uniprofessional to Interprofessional?

What is an Interprofessional Lens?

- It is a practical guide comprised of various questions for individuals/teams to foster interprofessionalism in any area
- Areas can include but not limited: care activities, meetings, projects, workshops.

Applying an Interprofessional Lens

- ✓ WHY? is the IP approach important to this work?
- ✓ WHAT? Is the goal of this work & how will working IP enable this goal?
- ✓ WHO? 2 or more different professions/roles involved?
- ✓ WHERE? Consider the space and location impact.
- ✓ WHEN? Time allotted to incorporate interactivity?
- ✓ HOW? IP facilitation and reflection.

Tips for Making an Educational Session more “Interprofessional”

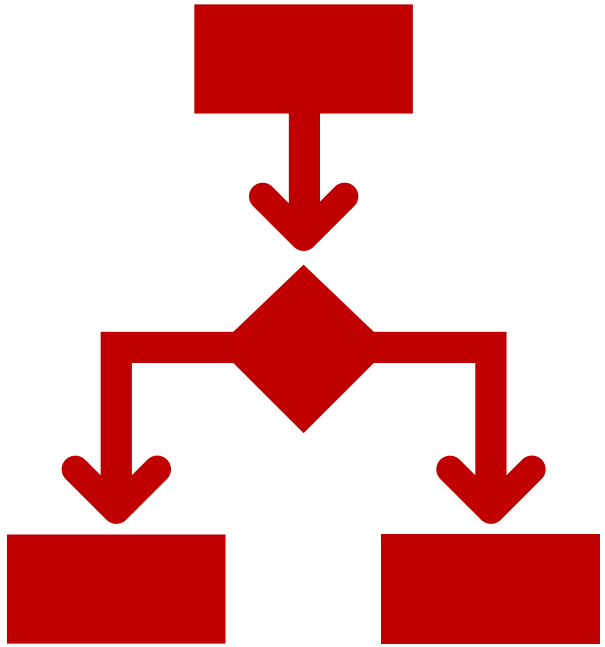
- ✓ Are **2 or more professions** involved?
- ✓ Does significant **interactivity** between participants occur?
- ✓ Are there opportunities to **learn about, from and with** one another?
- ✓ Are interprofessional teaching/learning moments discussed/addressed?
  - E.g. Are important contributions of different team members highlighted?
  - E.g. Are strategies that enable interprofessional communication discussed?

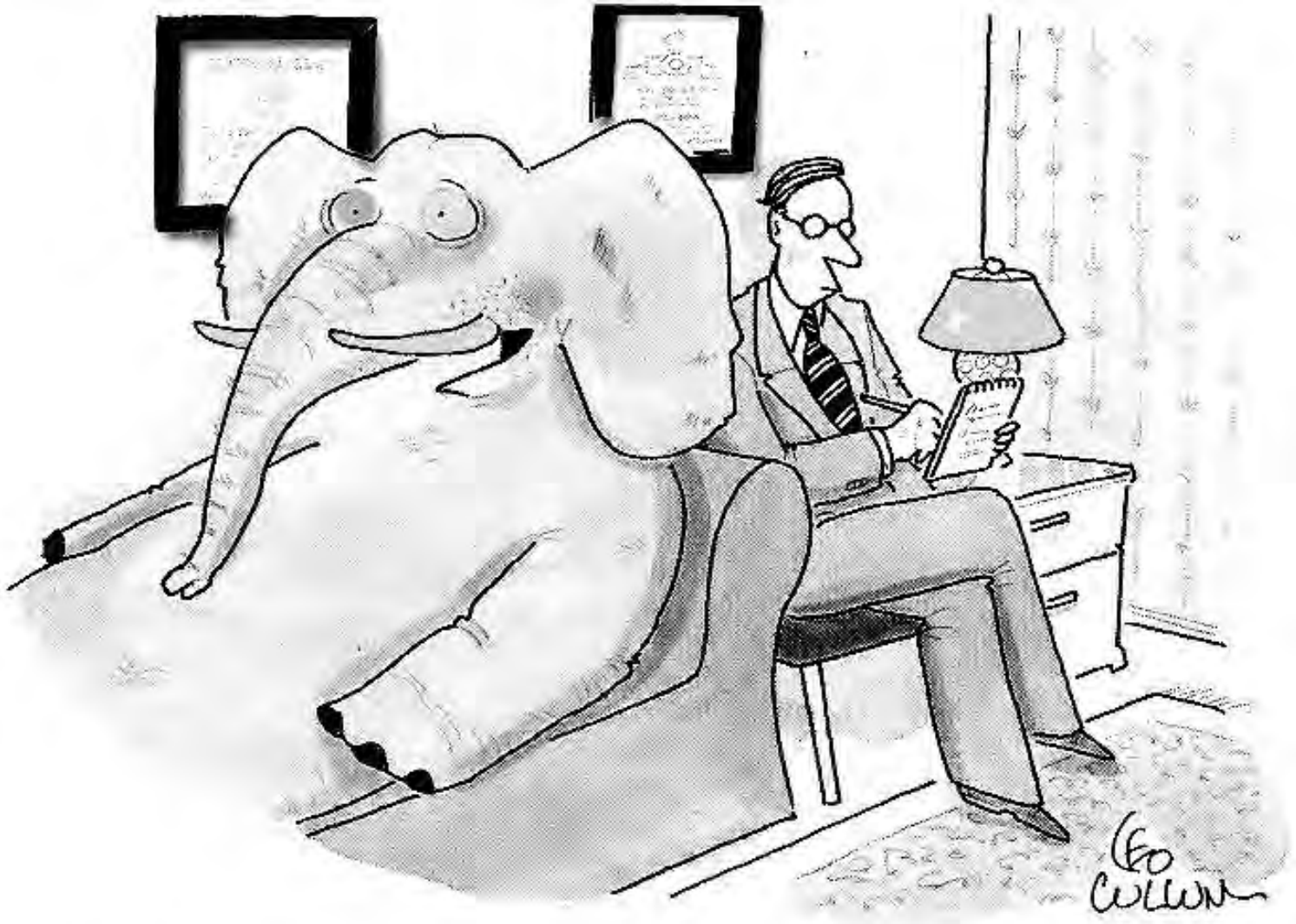
Competency Behaviors:	What is already in place?	What are the opportunities for change (Individual or collective)?
Role Clarification and Negotiation		
Team Functioning		
Collaborative Relationship Focused Care/Services		
Team Communication		
Team Disagreement Processing		
Collaborative Leadership		

Small Group Table Discussion

Reflecting on the IP Lens and your Action Plan, what could you tweak/modify in your current curriculums to make more interprofessional?

Power and Hierarchy





"I'm right there in the room, and no one even acknowledges me."

Power on the Interprofessional Team

- Power and status **influence relationships** amongst health professions and affect Interprofessional Collaboration
- Nurses are affected by power and disempowerment which **impacts their role** and function on the IP team
- Power **cannot be ignored** rather is required to be explicitly addressed within the context of IP team functioning

Hart, C. (2015). The Elephant in the Room. Nursing and Nursing Power on an Interprofessional Team. *Journal of Continuing Education in Nursing, 46(8)*, 349-355.

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Which resonate with you, and why or why not?

Other words/phrases/dynamics/ structures impact on collaborative leadership and power?

Seven Dirty Words That Undermine Interprofessional Collaboration and Team-Based Care and Possible Cleaner Alternatives

Dirty Word	Cleaner Alternative
Allied	Health professionals
Clinical	Experiential placement
Doctor	Physician[a]
Interdisciplinary	Interprofessional[b]
Medical	Health[c]
My	Our
Patient	Participant

[a]When referring to a medical doctor as an abstract role. For other doctorally prepared members of the care team, use the name of their profession (e.g., nurse).
[b]Just where "interdisciplinary" is serving as a synonym for "interprofessional."
[c]Where it is appropriate to do so (i.e., where the medical model is the only approach involved).

p. 2, Cahn, 2016

WHEEL OF POWER/PRIVILEGE

How do you support student discussions about power and hierarchy?

Leader Inclusiveness and Psychological Safety

- Successful leadership – particularly an inclusive leadership style – is related to the team's experience of psychological safety.
- Nembhard, I. M., & Edmondson, A. C. (2006). Making it safe: The effects of leader inclusiveness and professional status on psychological safety and improvement efforts in health care teams. *Journal of Organizational Behavior, 27*(7), 941-966.


ISQua

Review

Team dynamics within quality improvement teams: a scoping review

PAULA ROWLAND[1,2,3], DEAN LISING[2,4], LYNNE SINCLAIR[2,4], and G. ROSS BAKER[5]

Power of language…

Problem-Based questions: (Execution-focused)

- What's the problem?
- What went wrong?
- Why bother?
- Who was a part of this?
- Who's to blame?
- What's wrong with them?
- What's wrong with me?
- What happened (past-focused)?

Appreciative questions: (Learning-focused)

- What's the solution?
- What's working well?
- What are our choices?
- What additional perspectives could help?
- What is needed to make this work best?

It is **2025** (future-focused), things are going right:

- Where do we go from here?
- What small change would make the most difference?
- What's possible?

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Team Norms for Building Consensus

- Clearly present position *and* genuinely consider other team members' views beyond status/title/power.
- Avoid "win-lose" stalemates by exploring the most acceptable alternative for all team members.
- Ensure views are logical and data based, rather than "quick fixes" to avoid conflict.
- Hold the attitude that diversity is normal, that different viewpoints are natural and healthy.
- Be mindful of initial agreement . . . ensure all understand the implications and willingly support the decision.
- IPE Leaders Network

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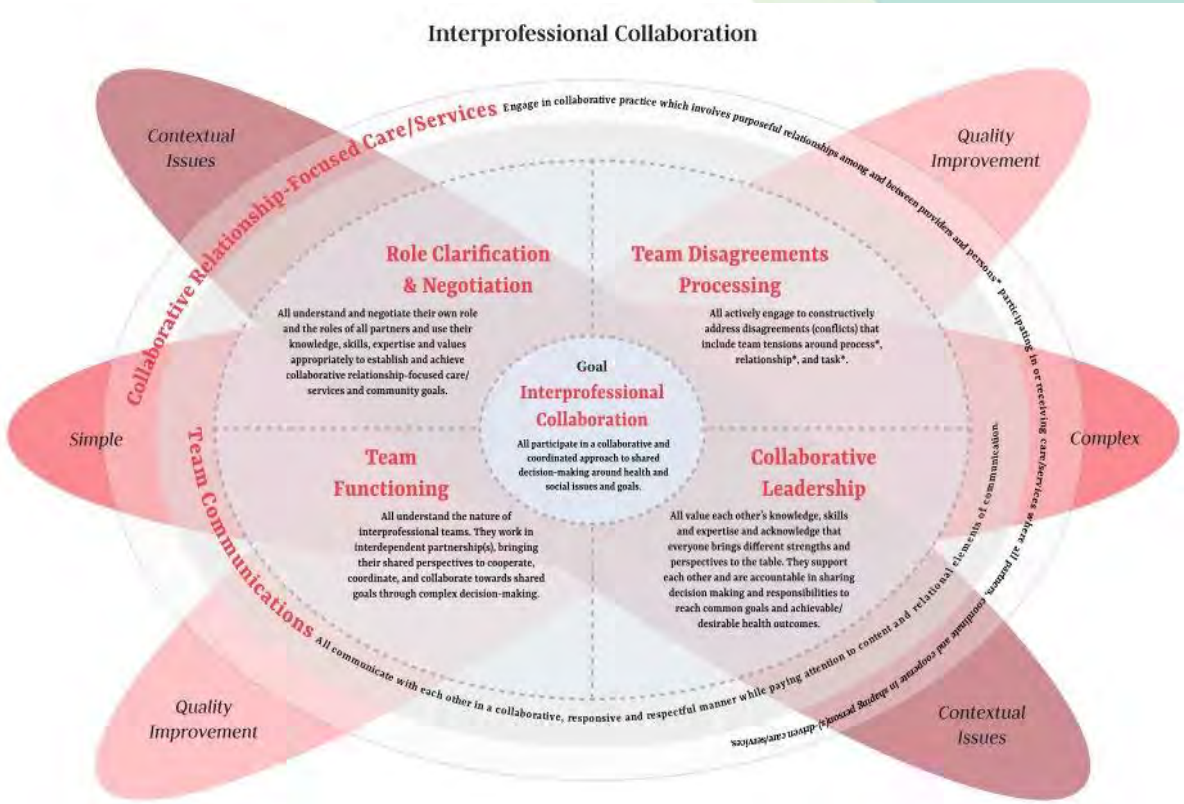
Bringing it All Together….

- Role Clarification & Negotiation
- Team Communications
- Team Disagreements Processing
- Team Functioning
- Collaborative Leadership
- Collaborative Relationship-Focused Care/Services



Group Task

Group Process

Balancing Act

Process is a here-and-now experience, addressing:

- **How** the group is functioning
- The **quality** of relationships between and among group members
- Emotional **experiences and reactions** of the group, and
- The group's **aspirations and apprehensions**

Adapted from p. 228, Brown, 2003

Brown, N.W. (2003). Conceptualizing Process. International Journal of Group Psychotherapy, 53, 225-244.

Learnings

Not everyone from your program is at this workshop. What key learnings from today could you share with them?


FUTURE AHEAD

Tools from Today

- Team Norms
- Action Plan
- IPC Competency Framework
- Integration of Education Science in IPE
- Role Negotiation and Optimization Tools
- Role Shadowing/Interviewing Activity
- Team Huddle Communication
- Psychological Safety Tips
- University of Toronto IPE Flexible Activities
- Language and Wheel of Power
- IP Facilitation Principles
- IP Lens

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Team Primary Care Webinar Series:

Applying the new Canadian Interprofessional Health Collaborative Competency Framework

https://www.youtube.com/watch?v=jEApSPYGSv8

cihcpis

cihcpis

Canadian Interprofessional Health Collaborative
Consortium pancanadien pour l'interprofessionnalisme en santé

Additional Resources

- *CACHE website: https://ipe.utoronto.ca/*
- *"Creating the Health Care Team of the Future: The Toronto Model of Interprofessional Education and Practice"* Book
- Canadian Interprofessional Health Collaborative, http://www.cihc-cpis.com/
- Health Professions Network, Nursing and Midwifery, Department of Human Resources for Health (2010). *Framework for Action on Interprofessional Education and Collaborative Practice*. Geneva, Switzerland: World Health Organization. http://www.who.int/hrh/resources/framework_action/en/
- Mitchell, P., M. Wynia, R. Golden, B. McNellis, S. Okun, C.E. Webb, V. Rohrbach, and I. Von Kohorn. 2012. *Core principles & values of effective team-based health care.* Discussion Paper, Institute of Medicine, Washington, DC. www.iom.edu/tbc

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Additional Resources

- Whitney, D., Trosten-Bloom, A., Cherne, J. and Fry, R. (2004) Appreciative Team Building: Positive Questions to Bring Out the Best of Your Team Paperback. iUniverse, Inc. New York.
- Adams, Marilee. (2015). Change Your Questions, Change Your Life: 12 Powerful Tools for Leadership, Coaching, and Life.
- Trentham,B., Andreoli, A.,Boaro,N., Velji,K. & Fancott,C.(2010). *SBAR:A shared structure for effective team communication. An implementation toolkit. 2nd Edition. Toronto Rehabilitation Institute: Toronto.*
- http://www.ahc-cas.ca/repo/en/Confirmed%20resources/2nd-edition-of-SBAR-Toolkit_May-2010.pdf

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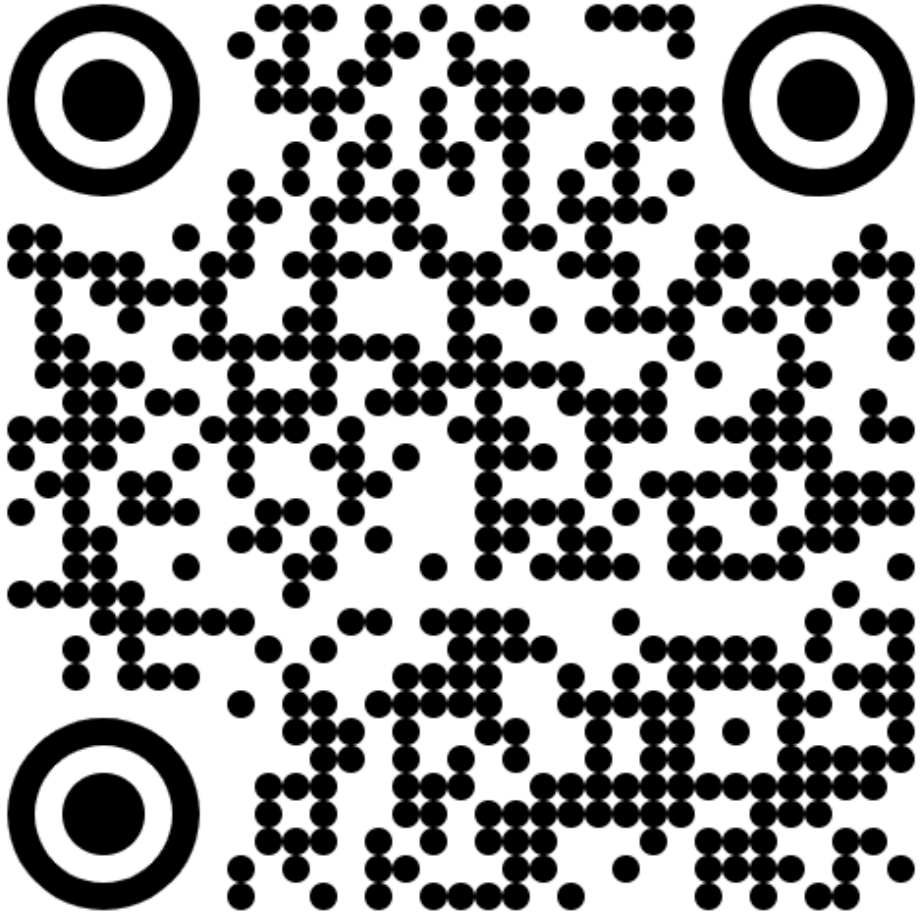
Evaluations



https://www.surveymonkey.com/r/TWFHT20231108

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  E: Belinda.Vilhena@uhn.ca

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THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

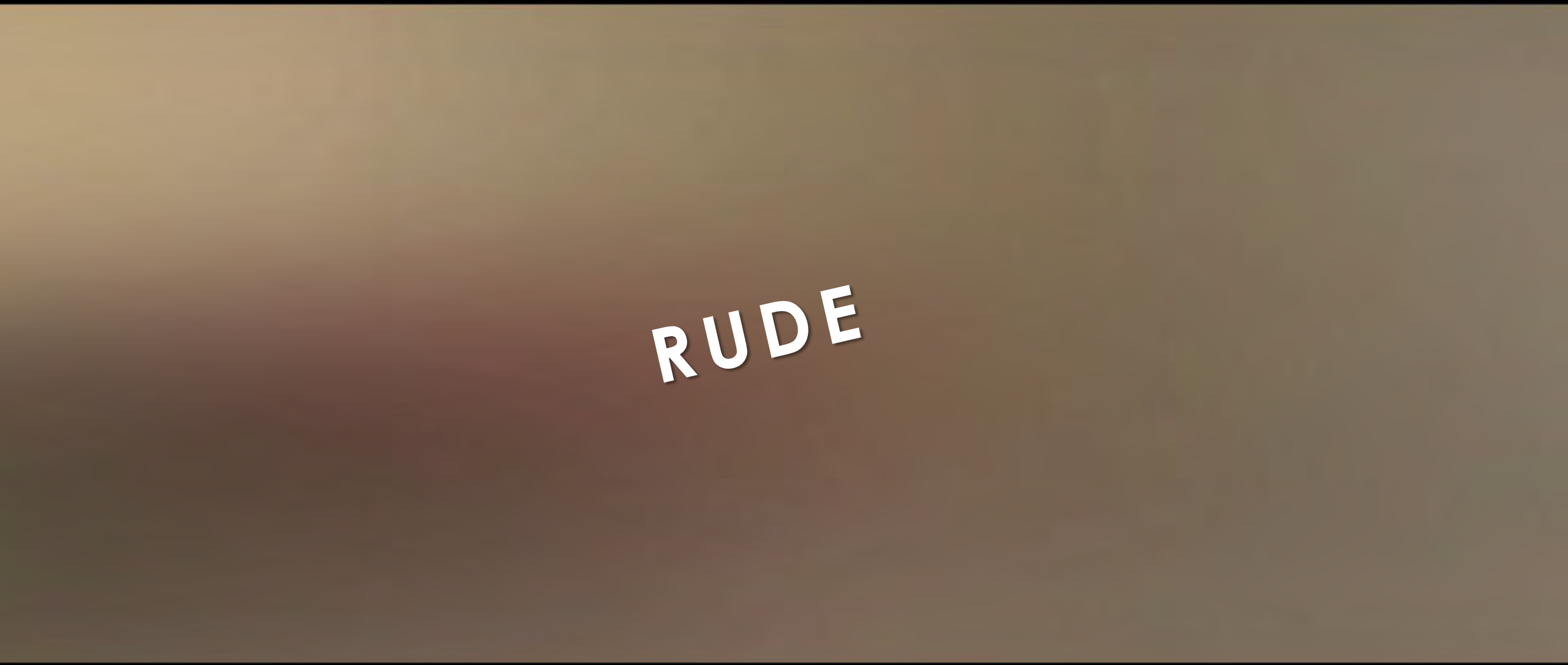
Culminating Activity

Integrating the knowledge that matters: Educating for collaborative and equitable care

TIER UHN The Institute for Education Research

UNIVERSITY OF TORONTO

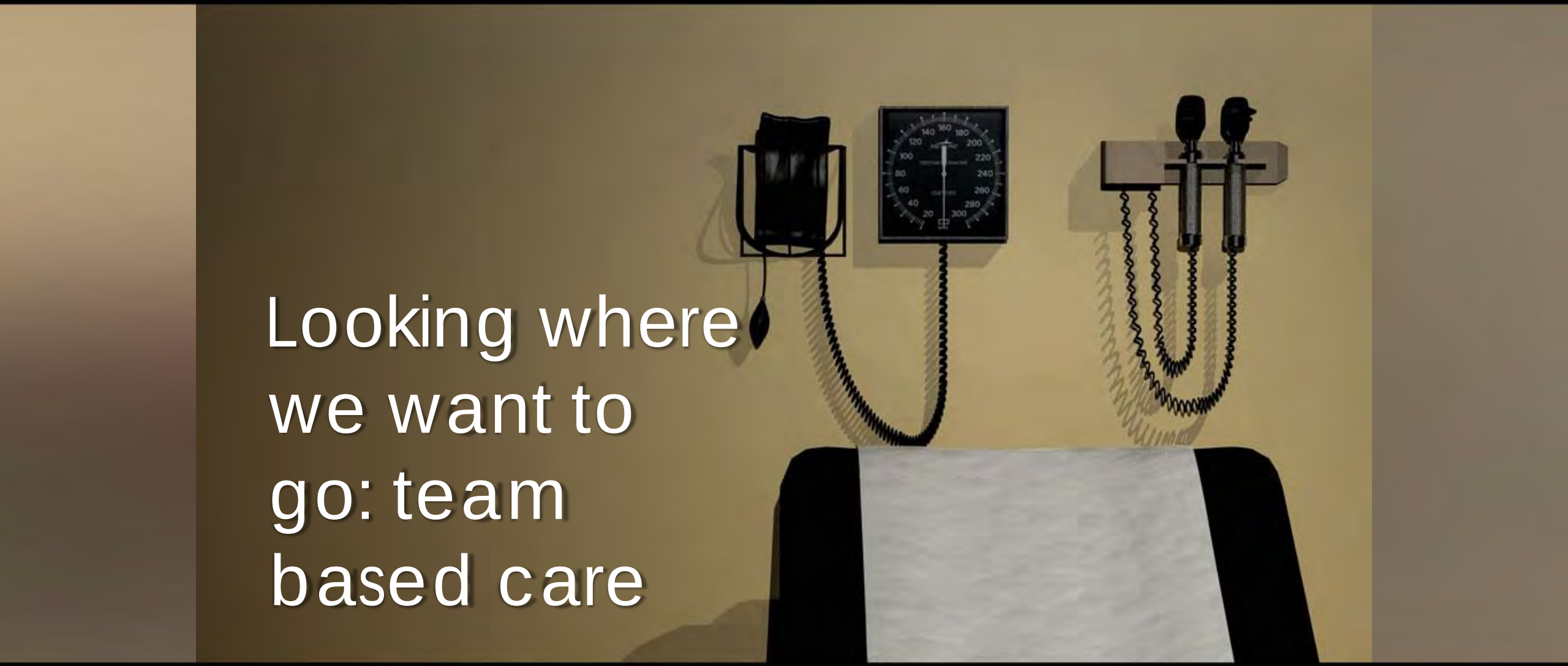
Centre for Advancing Collaborative Healthcare & Education

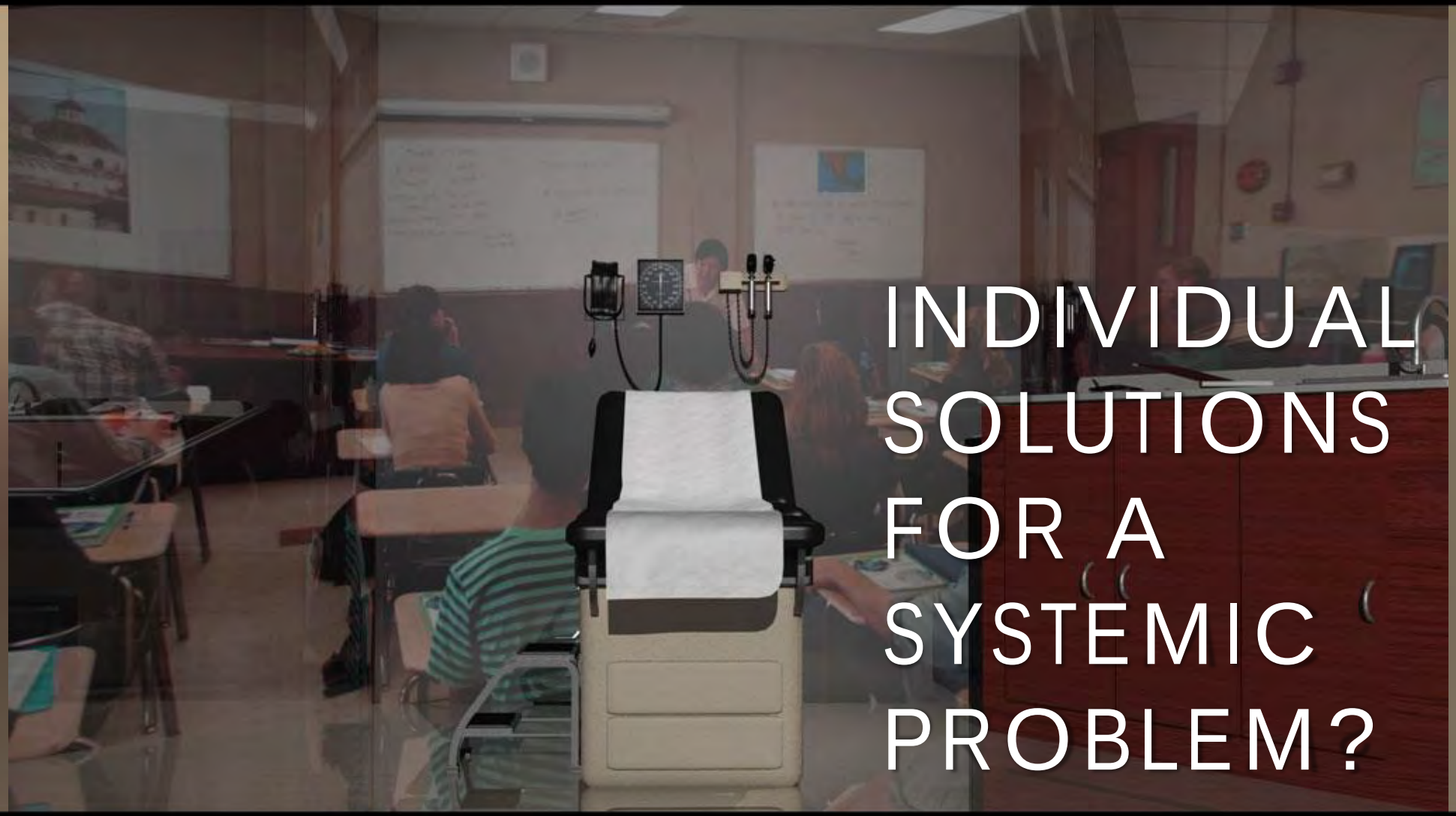

RUDE

Team primary care for equitable access

(Osazuwa-Peters et al., 2016; Karanth et al., 2023; Liu et al., 2023; Mukhergee et al., 2020; Park et al., 2019)

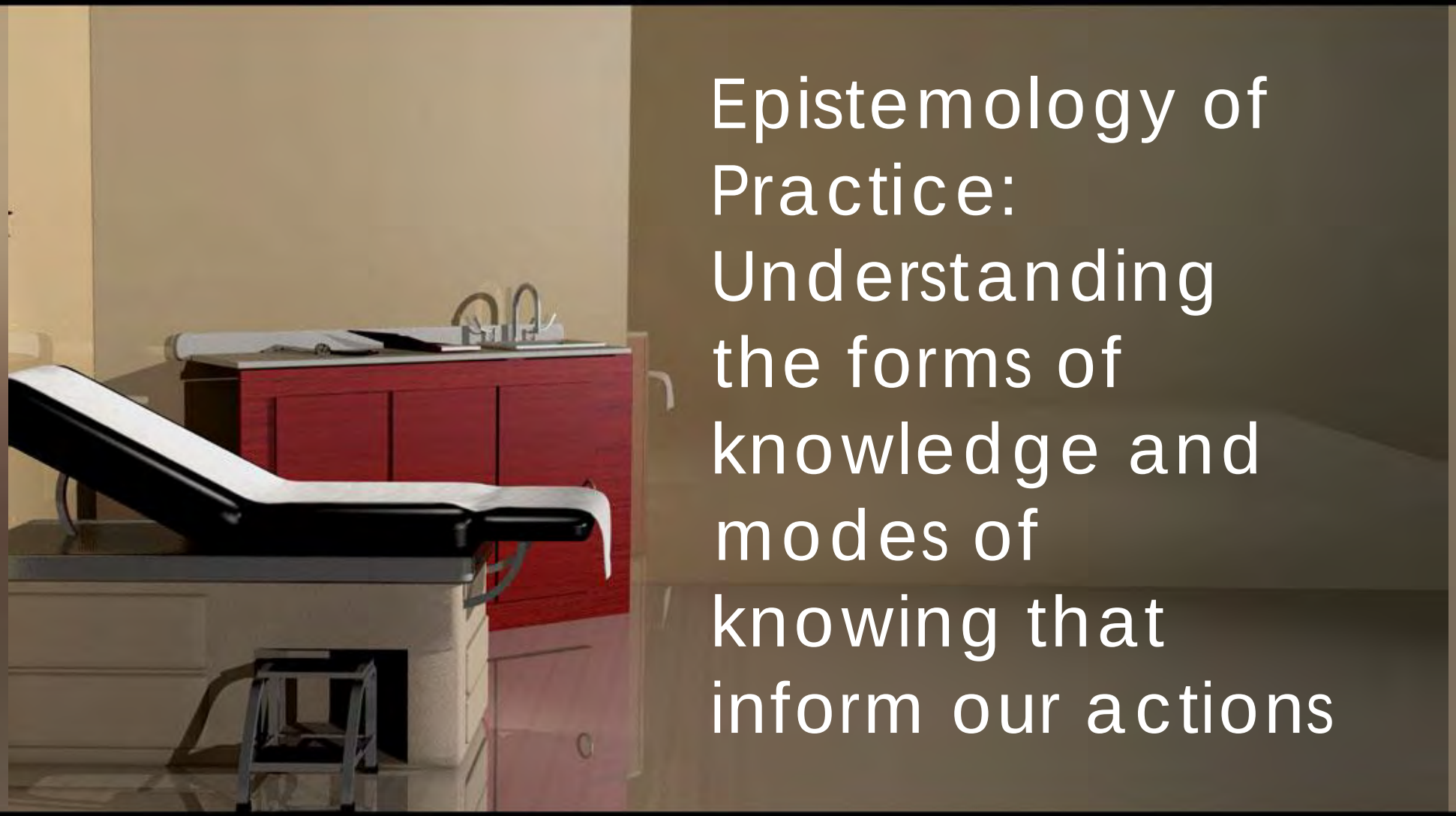
Looking where we want to go: team based care





INDIVIDUAL SOLUTIONS FOR A SYSTEMIC PROBLEM?

CRITICALLY REFLECTIVE, COLLABORATIVE PRACTICE

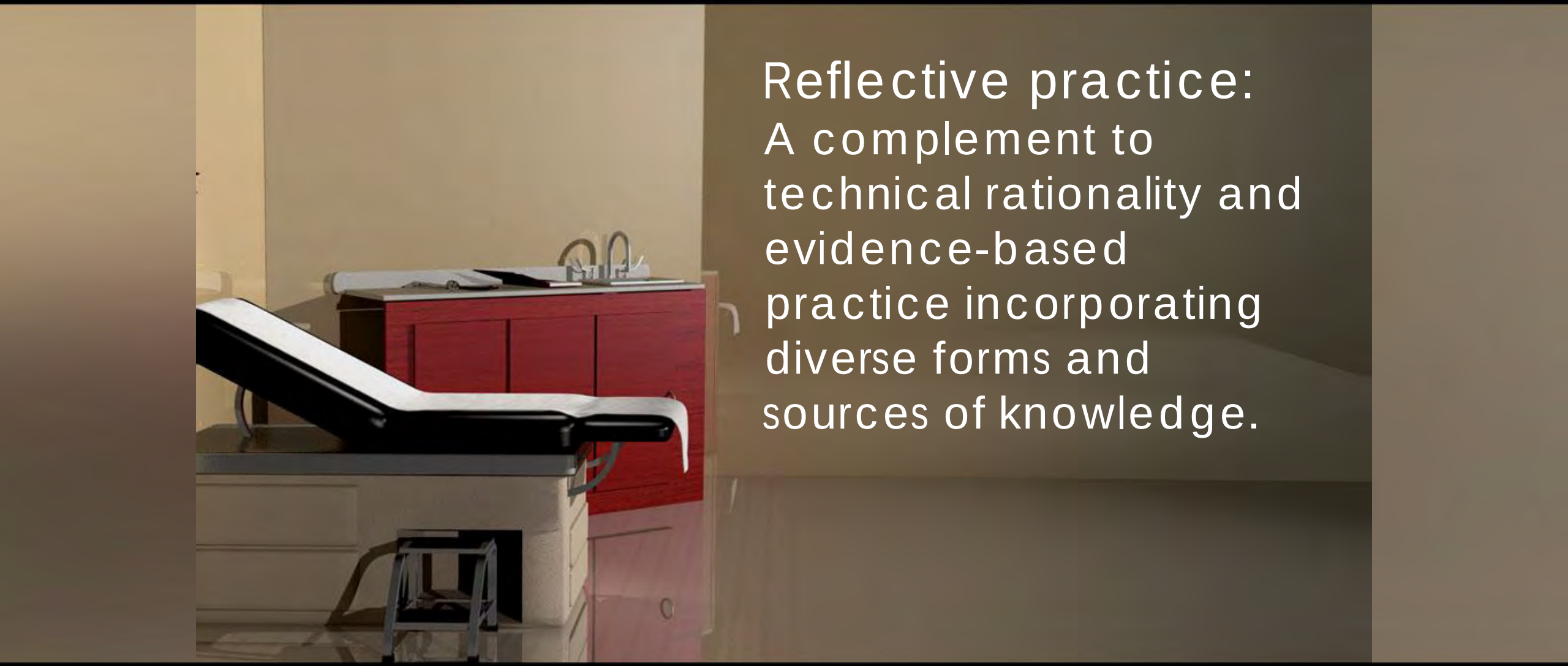


Epistemology of Practice: Understanding the forms of knowledge and modes of knowing that inform our actions

REFLECTIVE PRACTICE

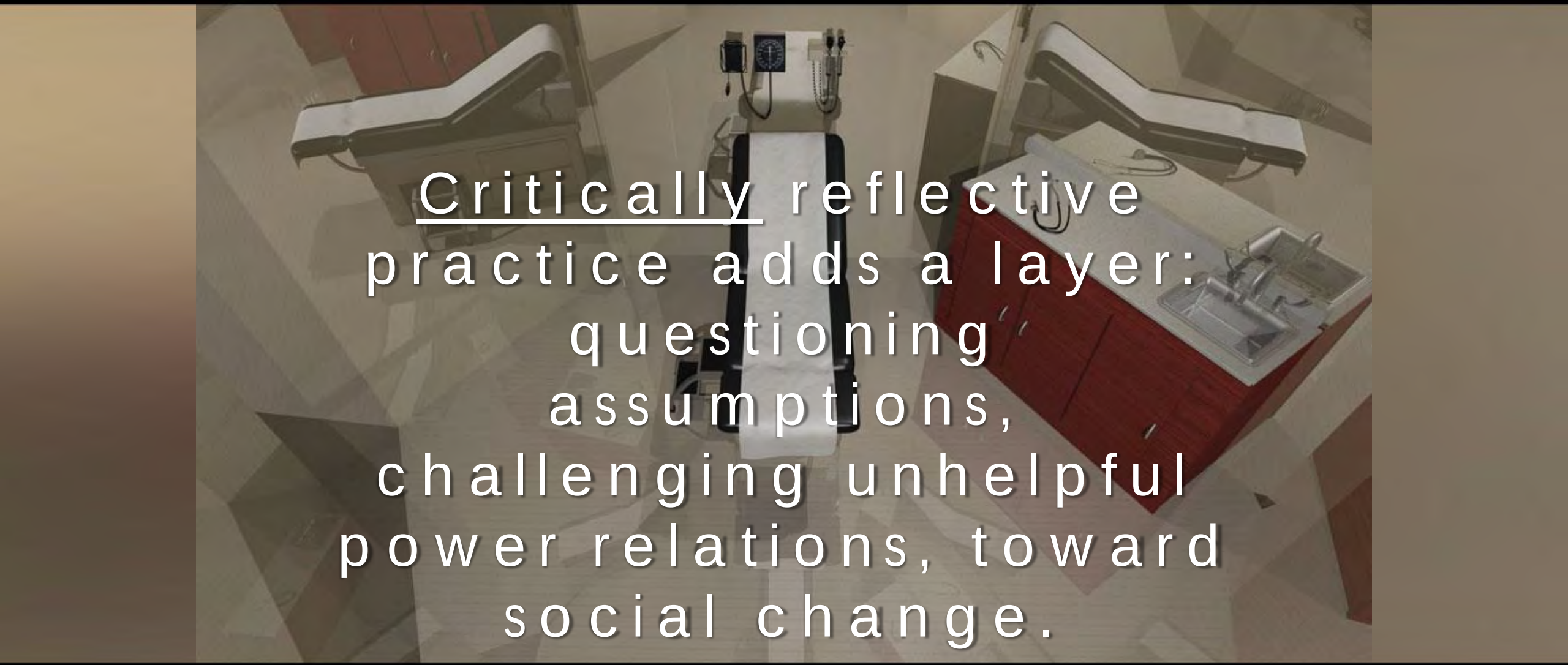
INDETERMINATE ZONES of practice

Uncertain, unstable, unique, value-conflicted



Reflective practice:

A complement to technical rationality and evidence-based practice incorporating diverse forms and sources of knowledge.


Critically reflective
practice adds a layer:
questioning
assumptions,
challenging unhelpful
power relations, toward
social change.

Critically Reflective Practice (CRP) leads to:

compassionate

collaborative

equitable

care

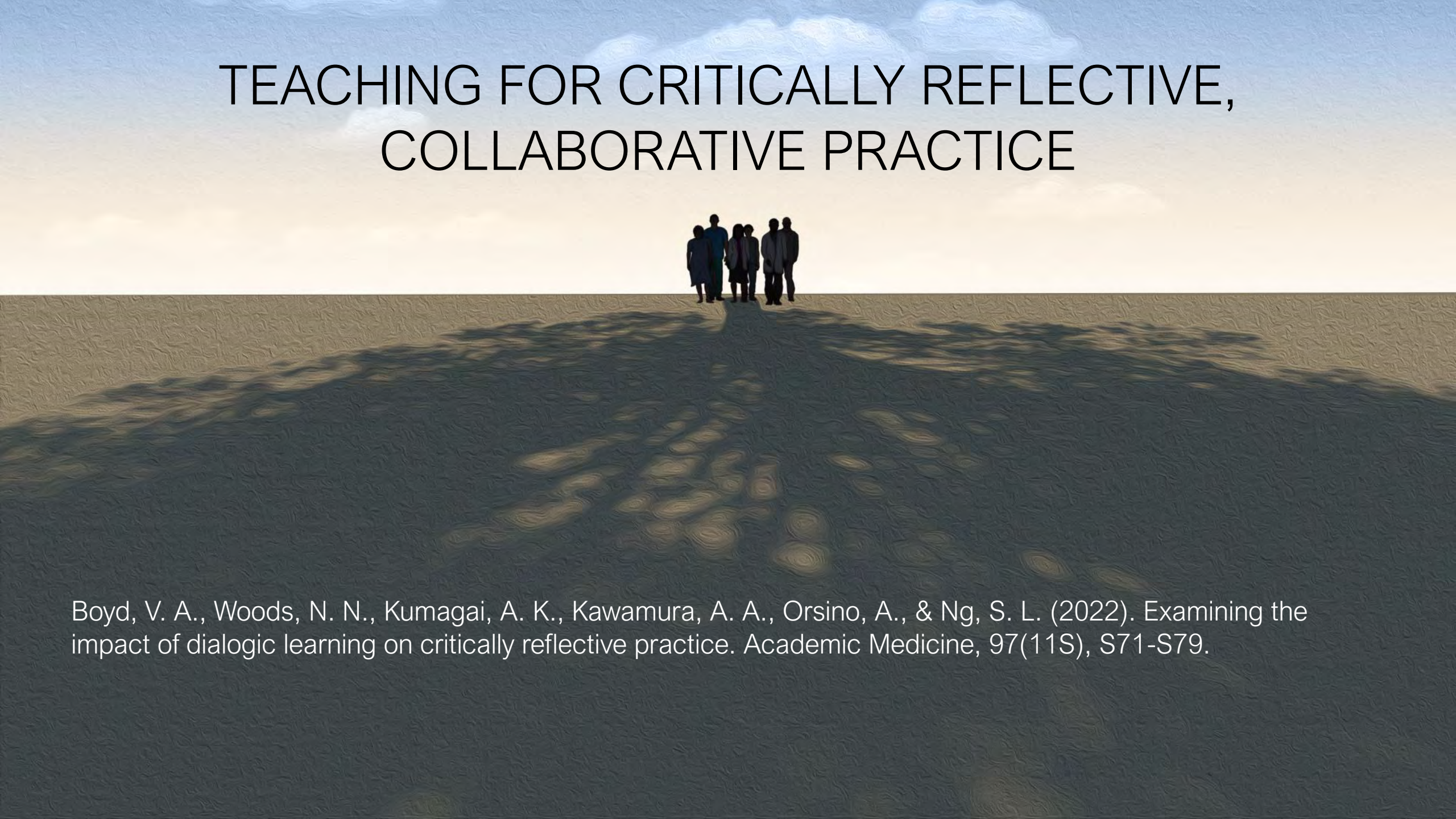
Ng et al., 2020; Mykhalovskiy, 2005; Rowland & Kuper, 2017

However, it is
often learned “by accident”

Ng et al., 2020; Mykhalovskiy, 2005;
Rowland & Kuper, 2017

And yet, it *can* be taught!

TEACHING FOR CRITICALLY REFLECTIVE, COLLABORATIVE PRACTICE



Boyd, V. A., Woods, N. N., Kumagai, A. K., Kawamura, A. A., Orsino, A., & Ng, S. L. (2022). Examining the impact of dialogic learning on critically reflective practice. Academic Medicine, 97(11S), S71-S79.

LANGUAGE AS AN OPPORUNITY FOR CRITICALLY REFLECTIVE PRACTICE

ACTIVITY

FIRST WORDS PROJECT

Child's Name: _____

Examiner: _____ **Date:** _____

Setting: Home Observation **Age in months:** _____

Systematic Observation of Red Flags of Autism Spectrum Disorder (SORF)

Amy M. Wetherby, Juliann Woods, Charly Nottke, Sheri Stronach, Deanna Dow, & David McCoy

A. Impairment in Social Communication and Social Interaction	
1) Deficits in Social-Emotional Reciprocity	
	1. Limited sharing warm, joyful expressions
	2. Flat affect or reduced facial expressions
	3. Limited sharing interests
	4. Lack of response to name or social bids
2) Deficits in Nonverbal Communication Used for Social Interaction	
	5. Poor eye gaze directed to faces*
	6. Limited use of conventional gestures—showing and pointing*
	7. Uses person's hand/body as a tool without gaze

B. Restricted and Repetitive Patterns of Behavior, Interests, or Activities	
1) Repetitive and Stereotyped Behavior	
	12. Repetitive movements with objects*
	13. Repetitive movements or posturing of body
	14. Repetitive speech or intonation
2) Excessive Adherence to Routines and Ritualistic Behavior	
	15. Ritualized patterns of behavior
	16. Marked distress over change
3) Restricted, Fixated Interests Abnormal in Intensity or Focus	
	17. Excessive interest in particular objects, actions, or activities*

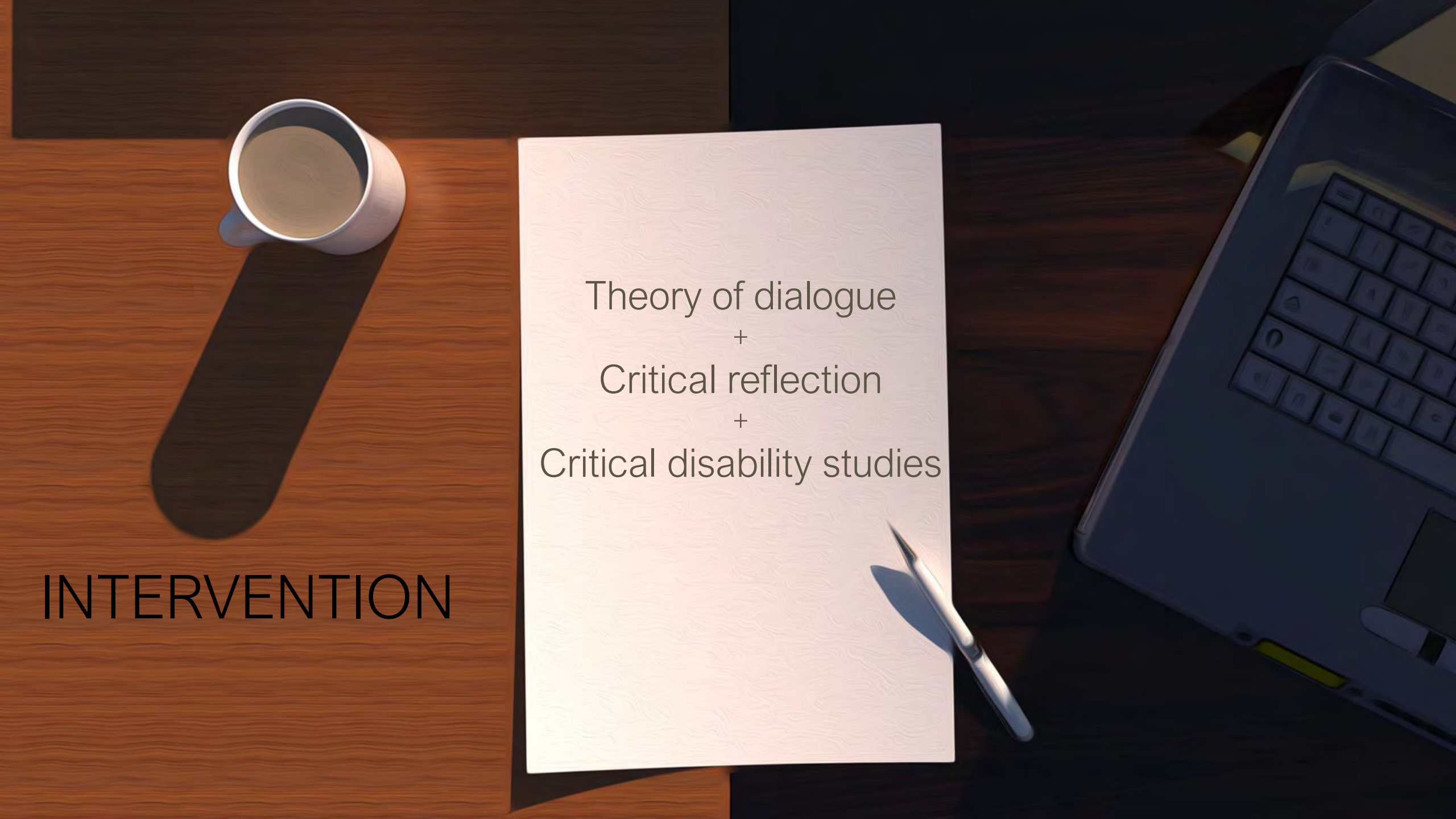
DISCUSSION

- Reach a consensus or solution
- Persuasive, focused
- Objective knowledge
- Hierarchies preserved

DIALOGUE

- Generate new perspectives
- Exploratory, open-ended
- Objective & subjective knowledge
- Hierarchies flattened

Kumagai and Naidu, 2015
Kumagai et al. 2018



INTERVENTION

STUDY DESIGN

REFLECTIVE DISCUSSION
ABOUT A PATIENT CASE

CRITICALLY REFLECTIVE DIALOGUE
ABOUT A PATIENT CASE

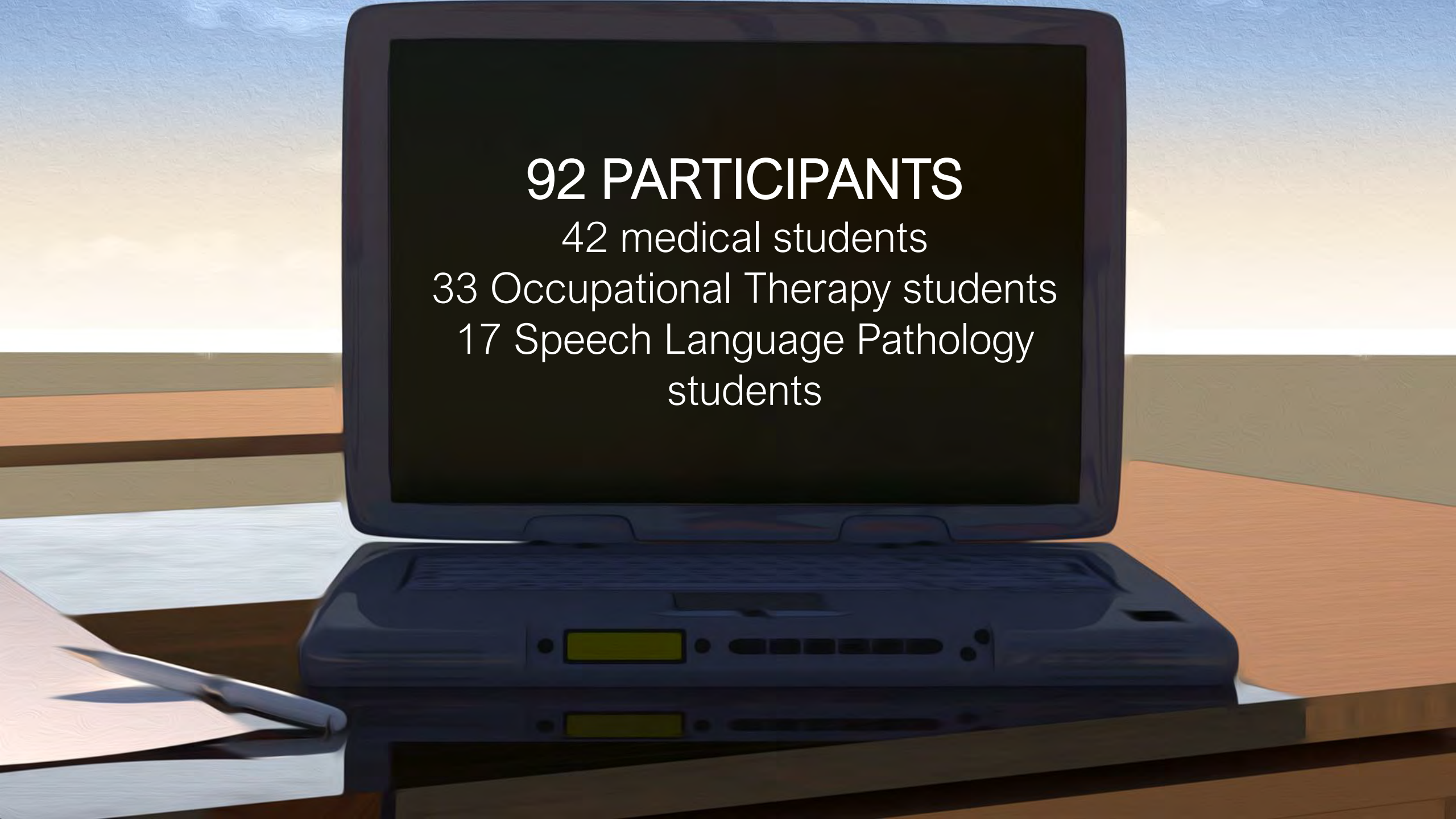
CONTROL

INTERVENTION

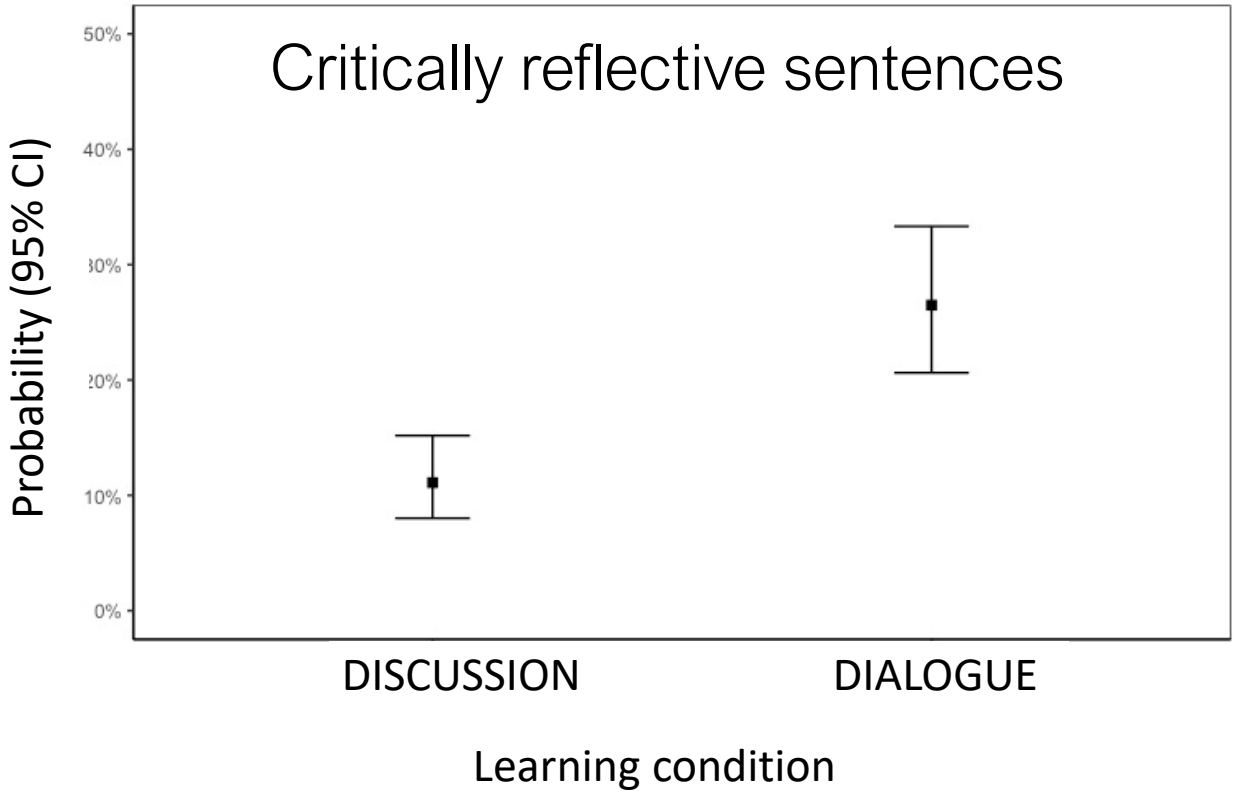
BRIEF ORIENTATION TO SCHOOL-BASED HEALTHCARE CONTEXT

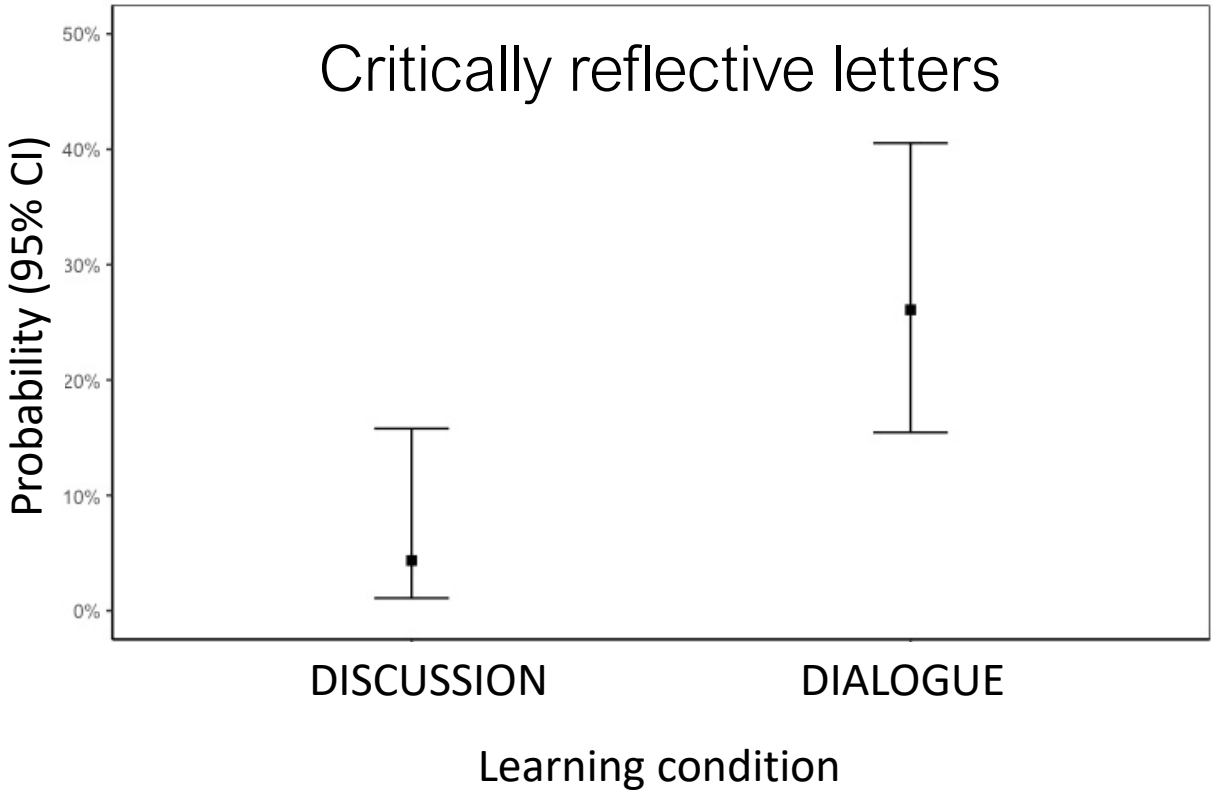
LETTER WRITING ACTIVITY (BASED ON REPORT FOR NOVEL PATIENT)

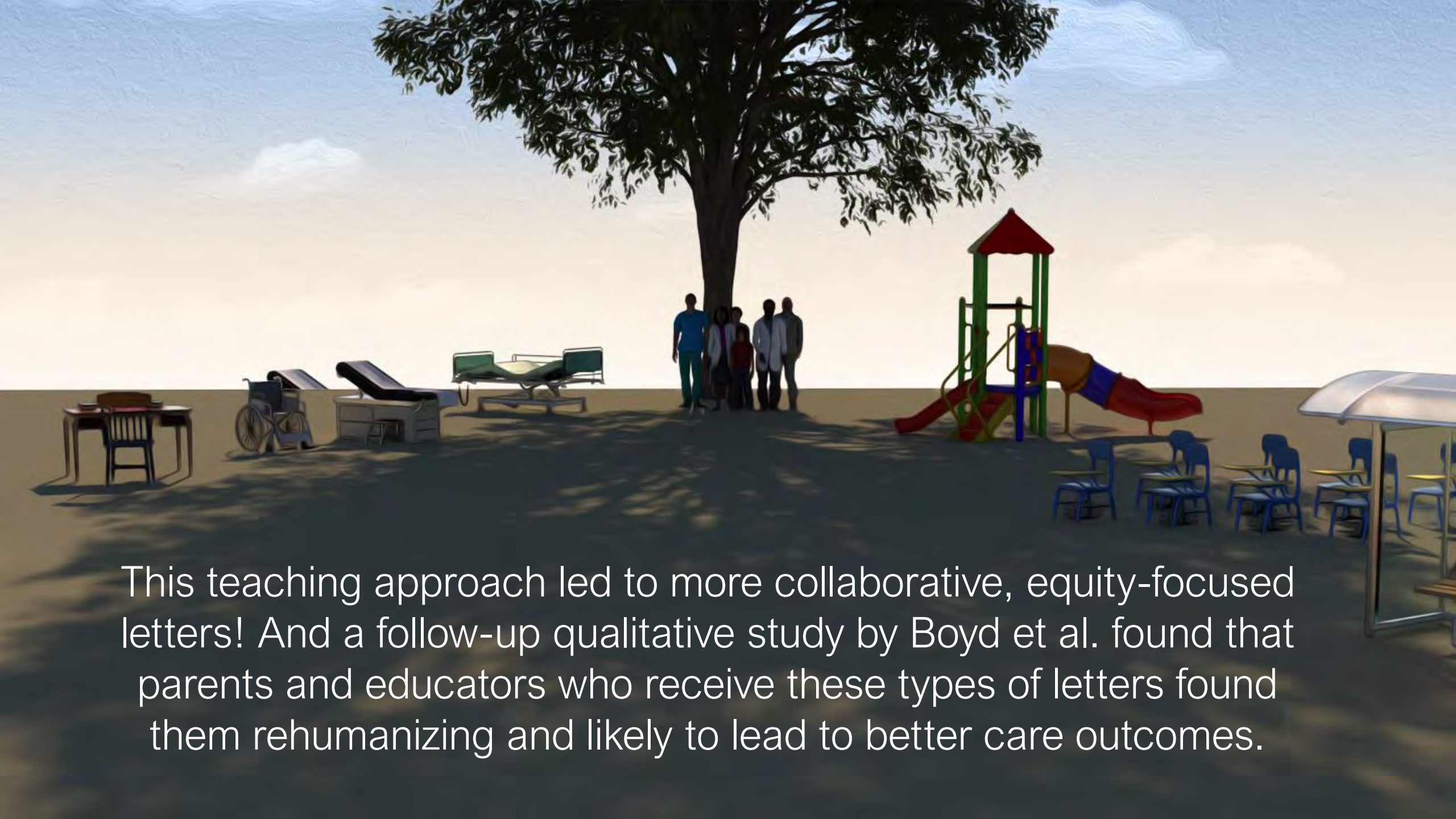
OUTCOME MEASURES:
1) Sentences
2) Letters


92 PARTICIPANTS
42 medical students
33 Occupational Therapy students
17 Speech Language Pathology students

Teaching for CRP impacted how learners wrote

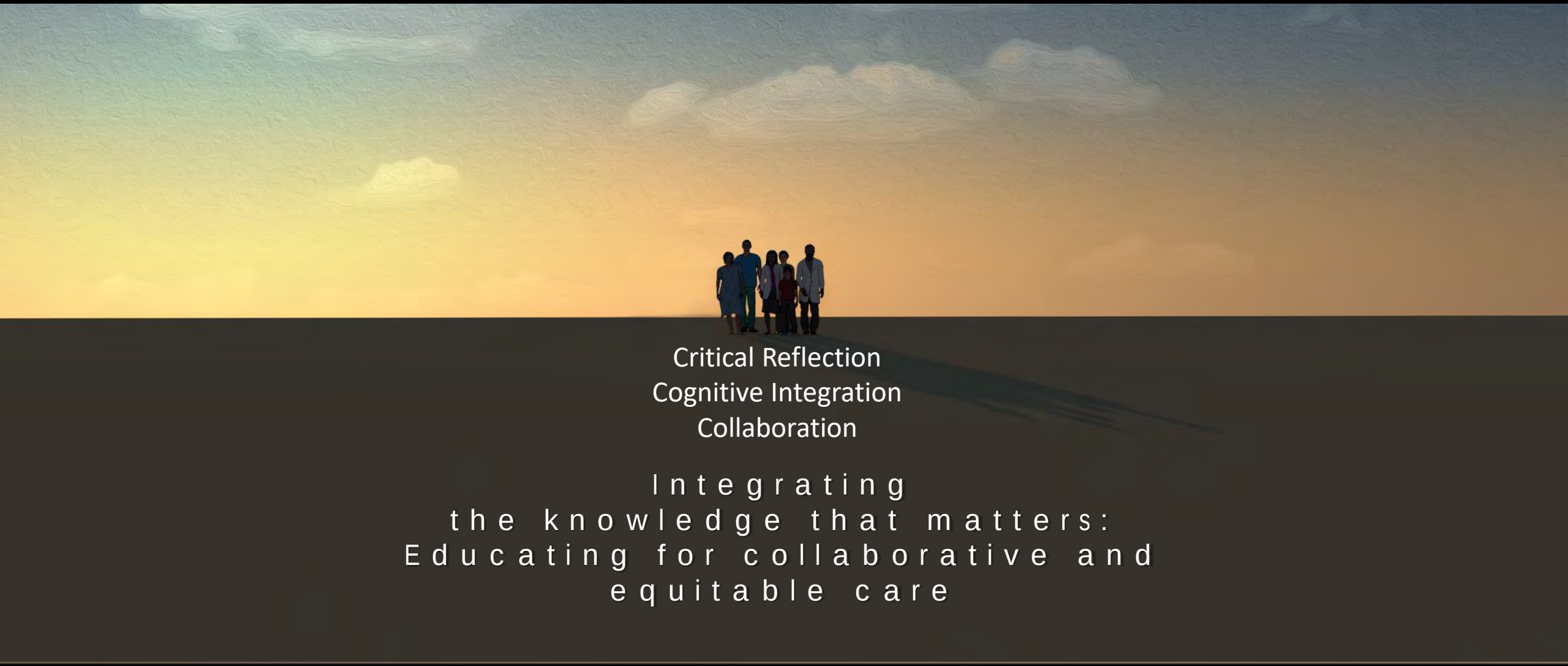






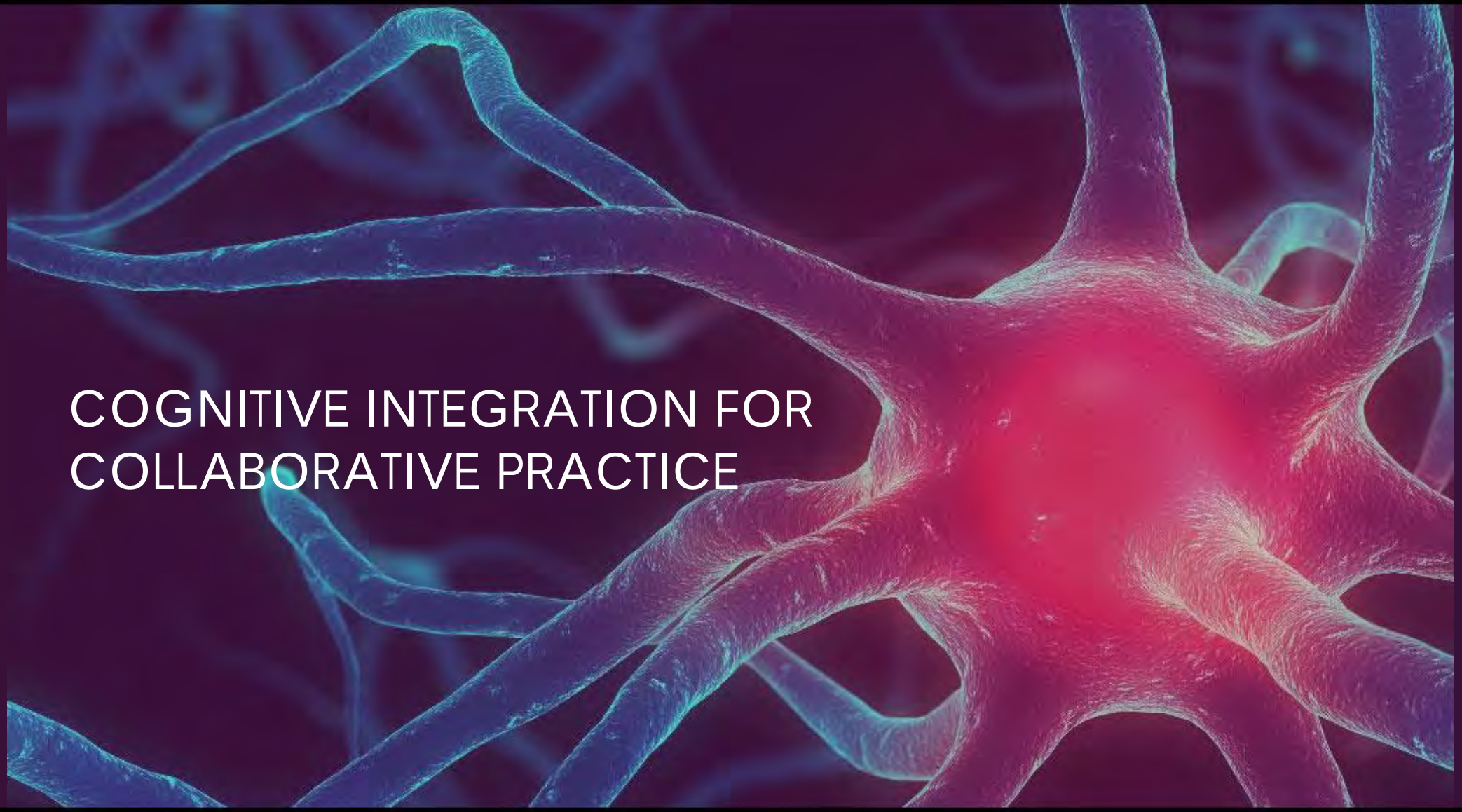
This teaching approach led to more collaborative, equity-focused letters! And a follow-up qualitative study by Boyd et al. found that parents and educators who receive these types of letters found them rehumanizing and likely to lead to better care outcomes.

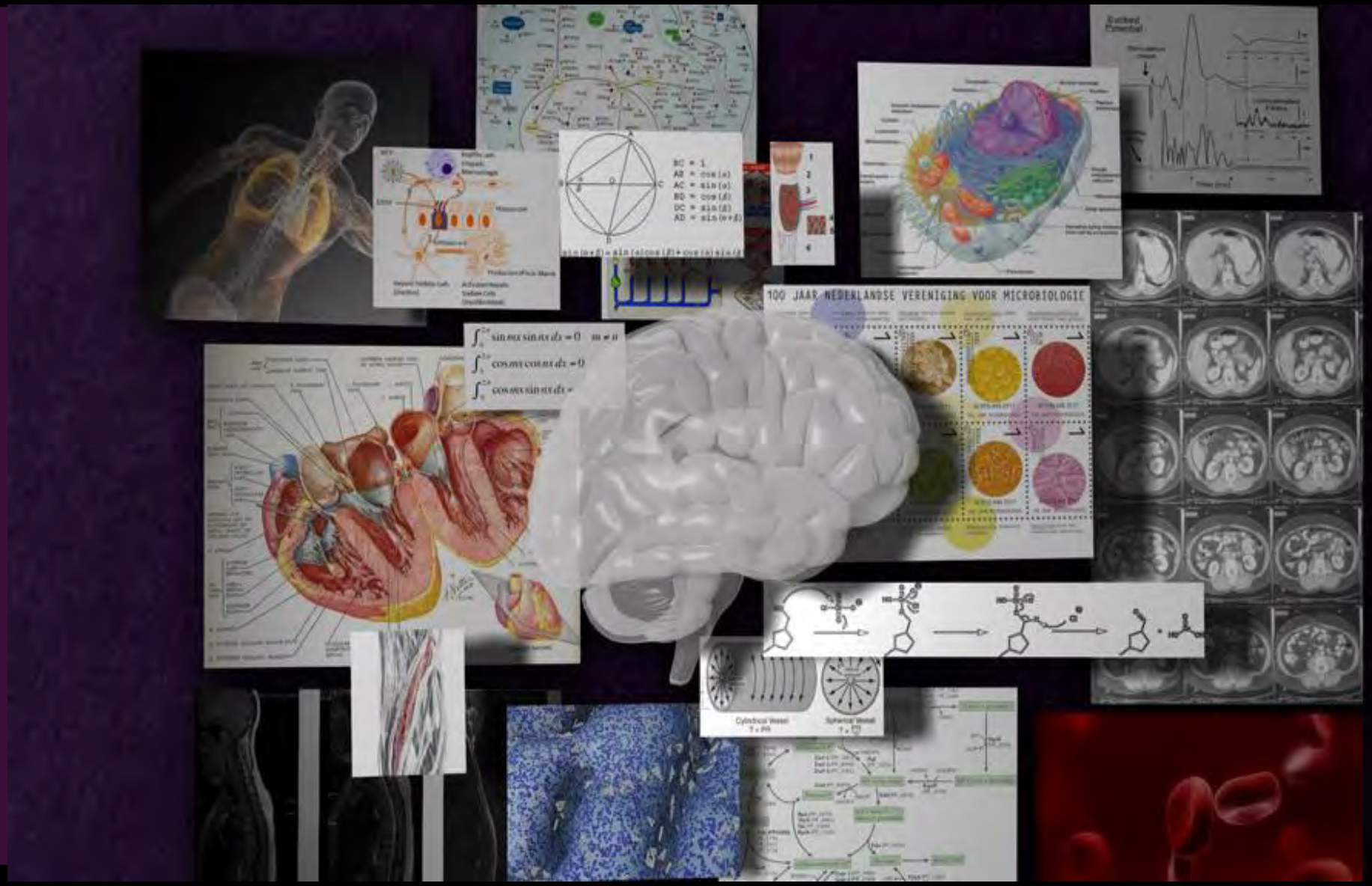
“We cannot simply attempt to cultivate the intellect without changing the unjust social context in which such minds operate. Critical educators cannot just work to change the social order without helping to educate a knowledgeable and skillful group of students. Creating a just, progressive, creative, and democratic society demands both dimensions of this pedagogical progress.” – Joe Kincheloe

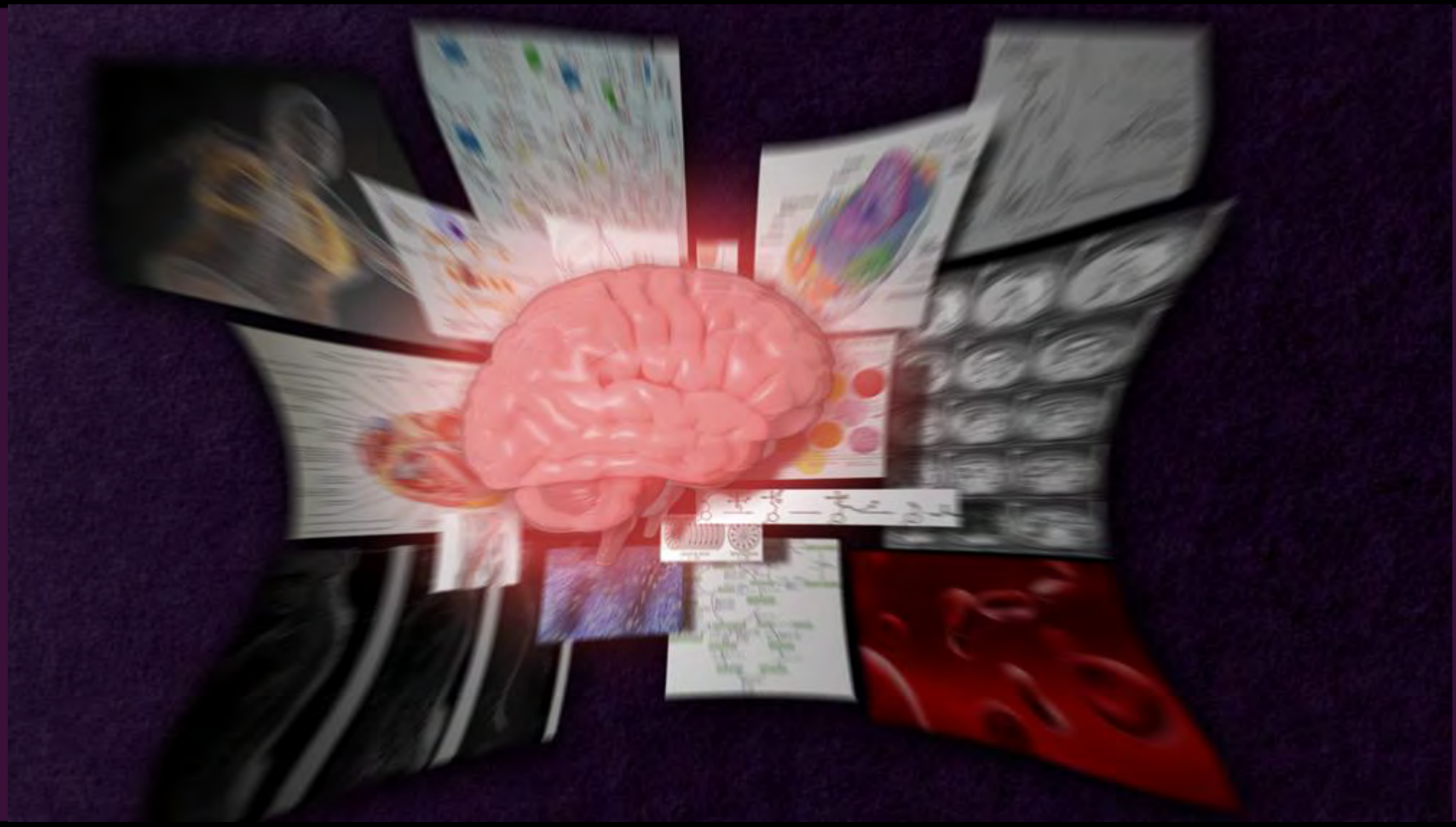


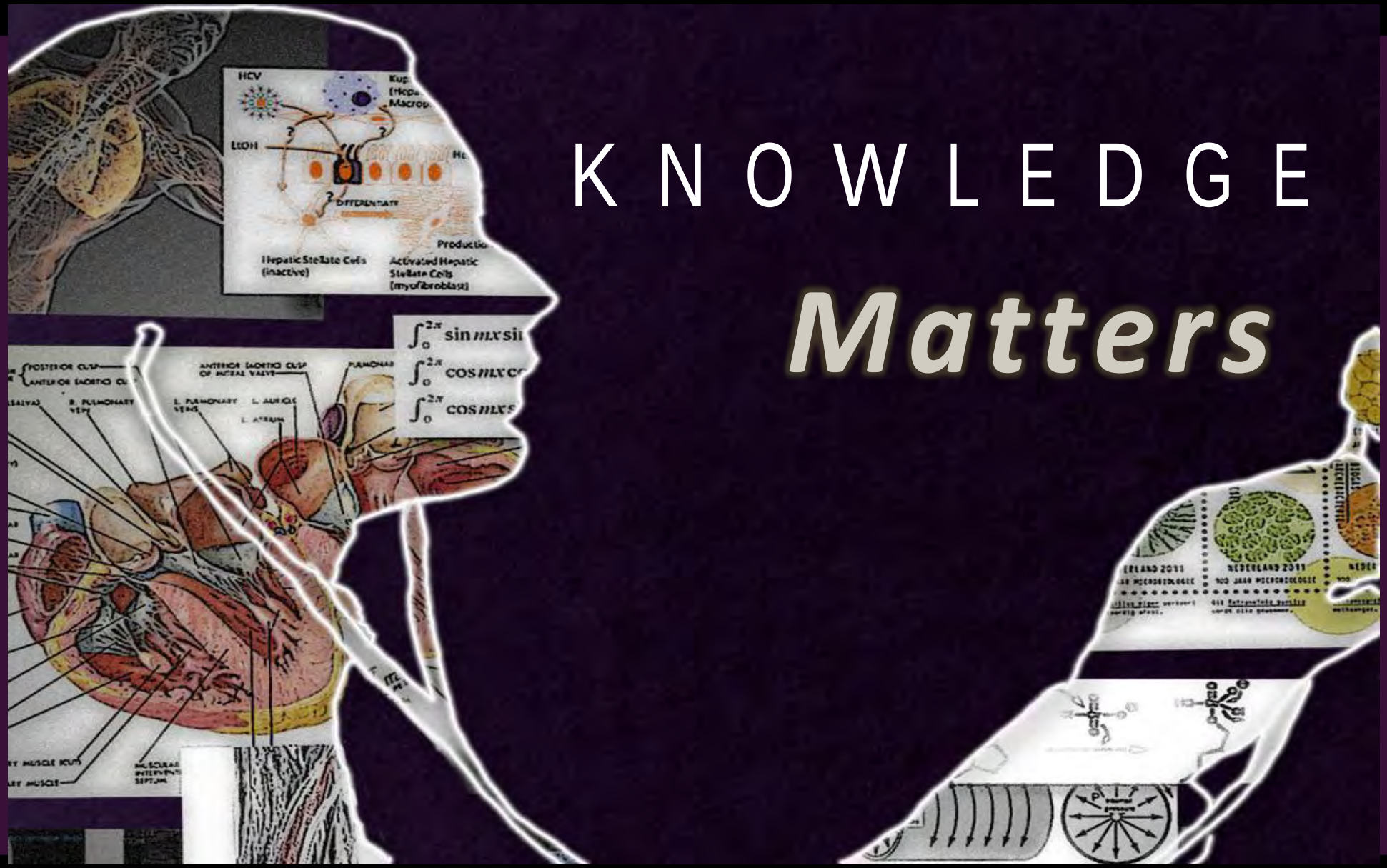
Critical Reflection
Cognitive Integration
Collaboration

Integrating the knowledge that matters: Educating for collaborative and equitable care


COGNITIVE INTEGRATION FOR
COLLABORATIVE PRACTICE


100 JAAR NEDERLANDSE VERENIGING VOOR MICROBIOLOGIE

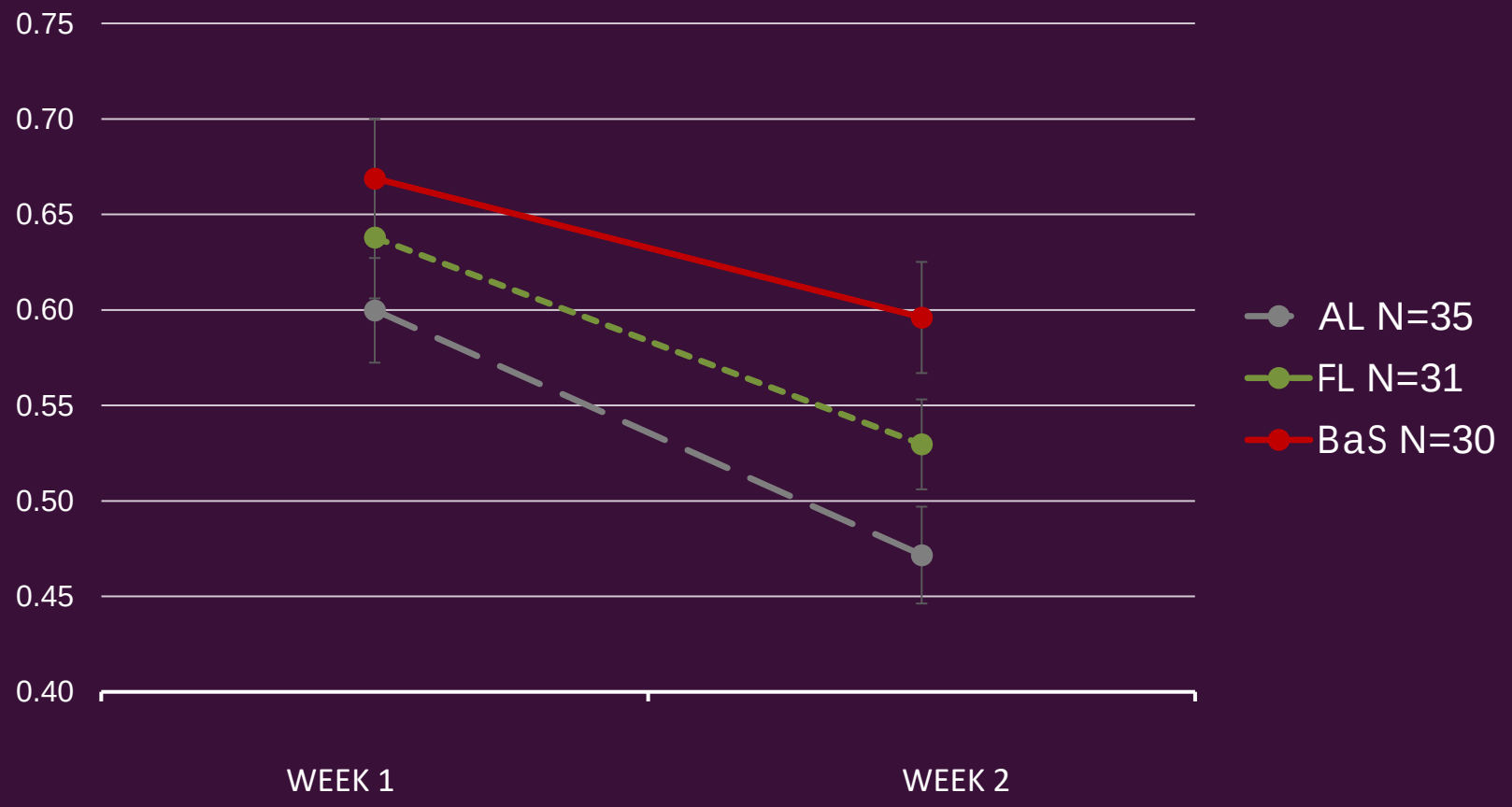


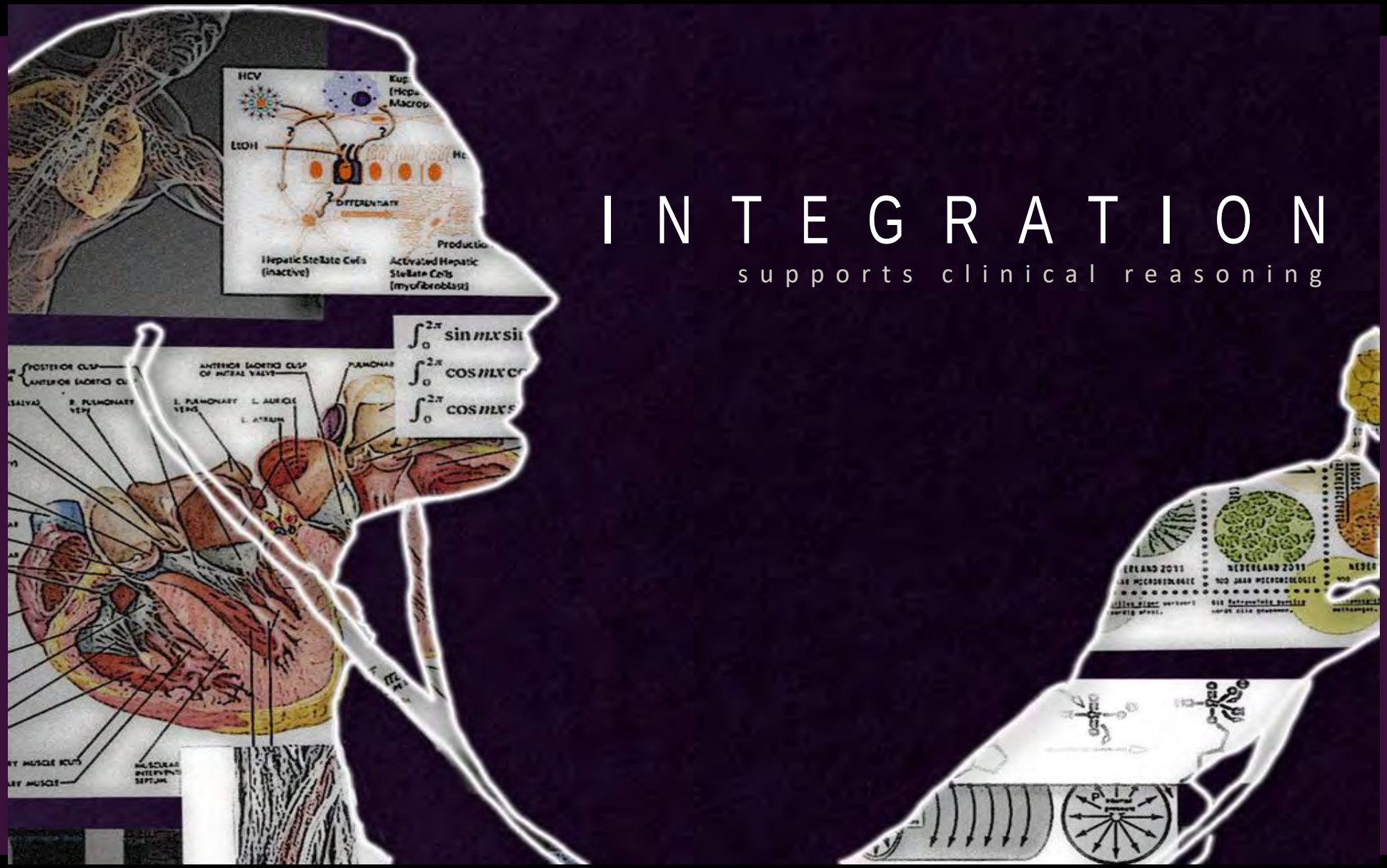

HCV
EtOH
Hepatic Stellate Cells (inactive)
Activated Hepatic Stellate Cells (myofibroblast)
KNOWLEDGE
Matters

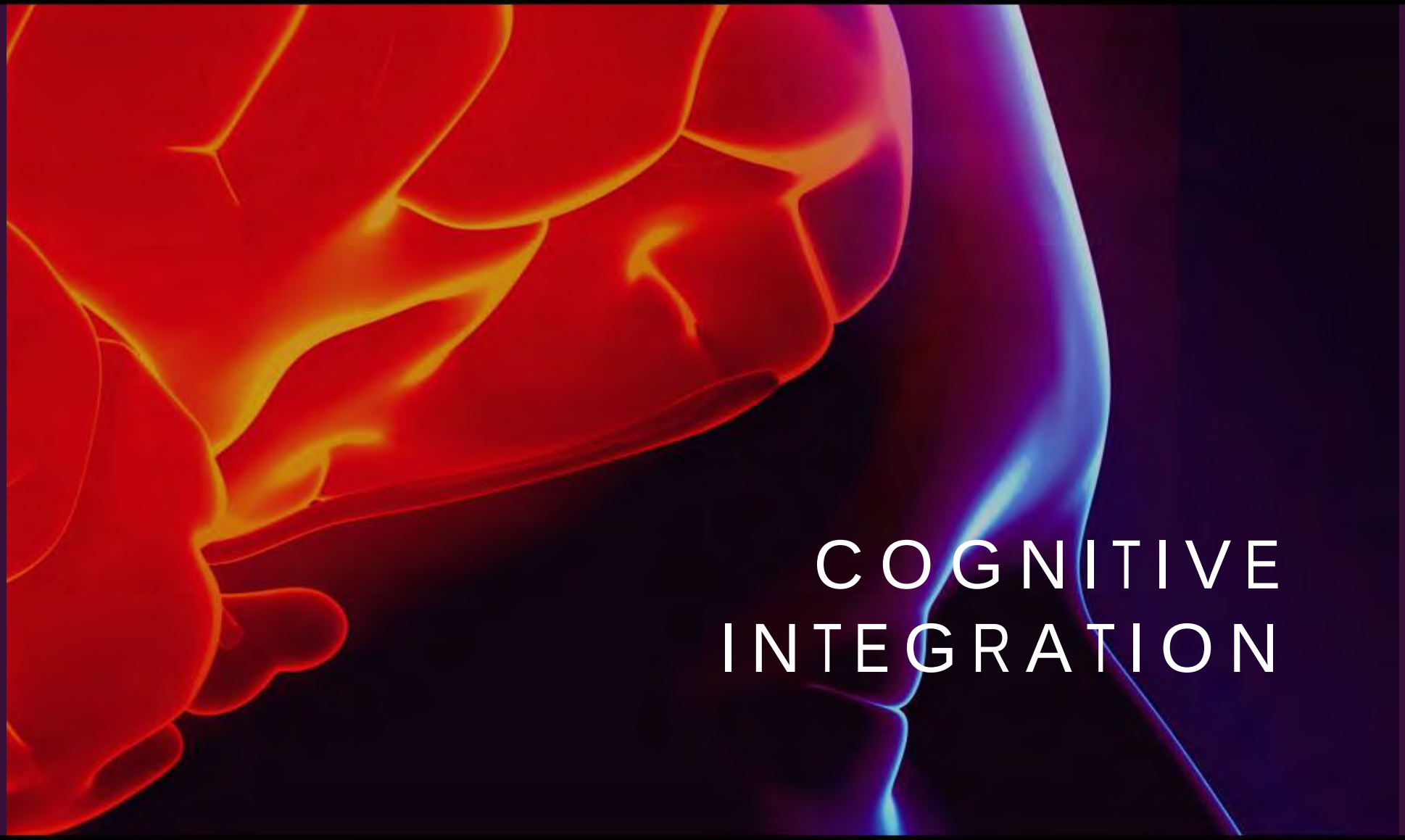
Question the forms of knowledge that are essential to inclusive care and collaboration

Basic Science	Structured Algorithm	Feature List
Study Phase (15 – 20 minutes)		
	Comprehension Test	
	Diagnostic Test	
	Recall Quiz	
One-Week Delay		
	Diagnostic Test (novel)	
	Recall Quiz	

Mean Score (percent correct) on Diagnostic Test




HCV
EtOH
Hepatic Stellate Cells (inactive)
Activated Hepatic Stellate Cells (myofibroblast)
INTEGRATION
supports clinical reasoning

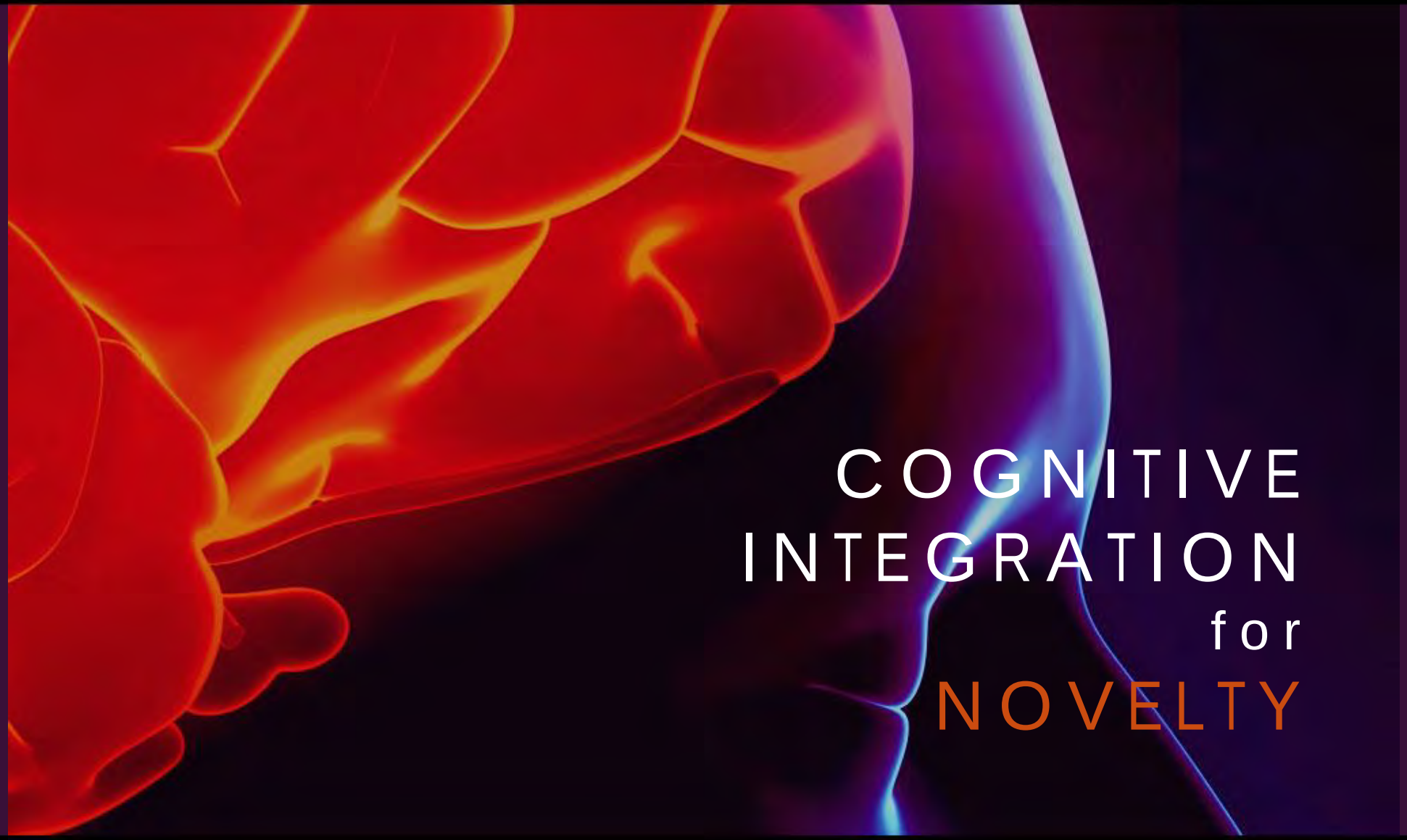


COGNITIVE INTEGRATION

Kulasegaram, K. M., Martimianakis, M. A., Mylopoulos, M., Whitehead, C. R., & Woods, N. N. (2013)

COGNITIVE INTEGRATION for COMPLEXITY

Cheung JJ, Kulasegaram KM, Woods NN, Brydges R. (2019)



Lisk K, Agur AM, Woods NN. (2016)

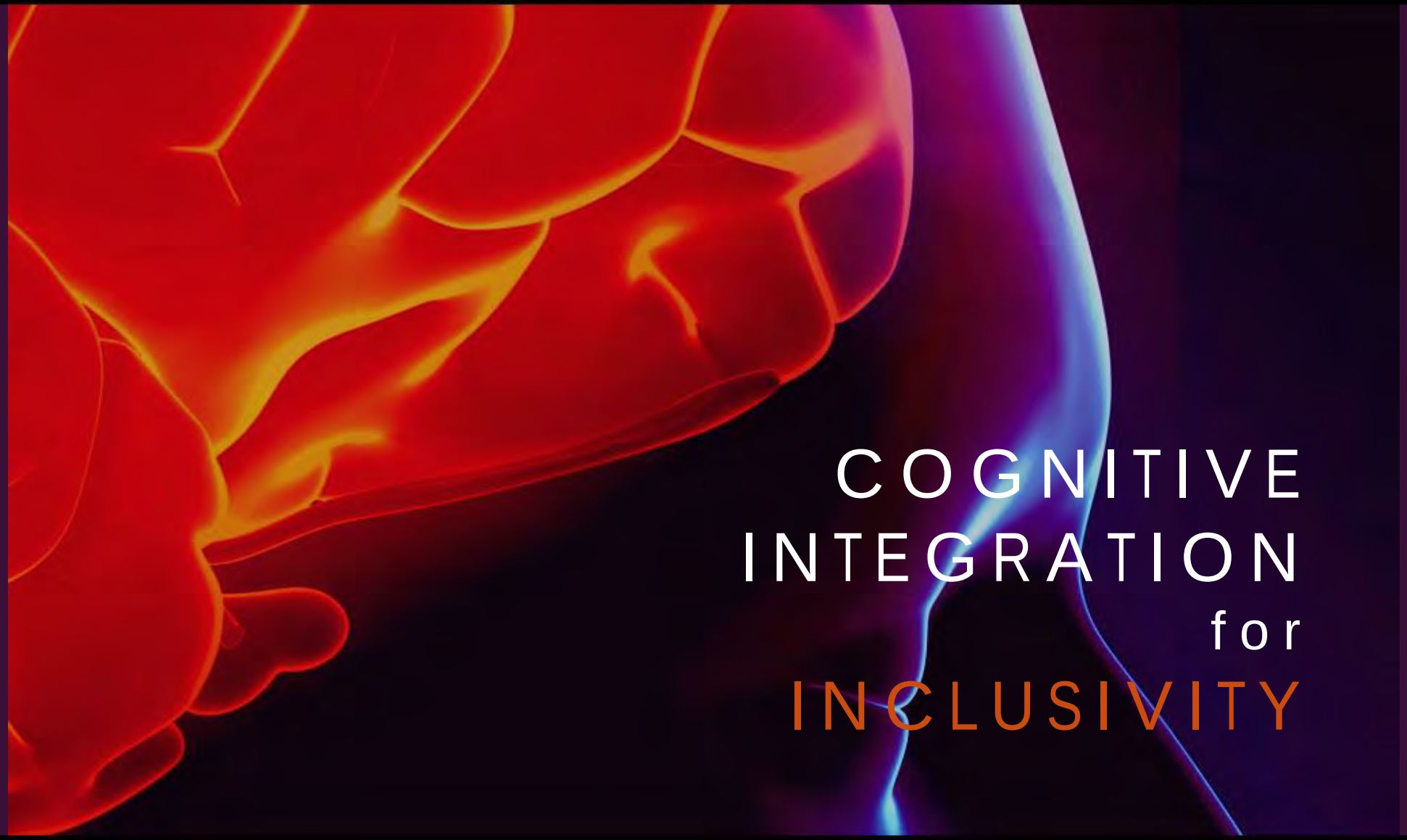
M Mylopoulos, DT Borschel, T O'Brien, et al. (2017)

The workforce needed for the 21st century not only must embrace the enduring competencies of professionalism, service to patients, and personal accountability, but also must embrace new competencies that are better suited to addressing today's health challenges…

Lucey CR, Johnston SC. Jama. (2020)

These emerging competencies include the ability to address population and public health issues; design and continuously improve health care systems; incorporate data and technology in service to patient care, research, and education; and eliminate health care disparities and discrimination in medicine.

Lucey CR, Johnston SC. Jama. (2020)


COGNITIVE
INTEGRATION
for
INCLUSIVITY

Education should integrate the forms of knowledge that support collaboration, earn trust and foster inclusivity

SOCIAL, BEHAVIOURAL, SYSTEMS SCIENCE

Chaudhary ZK, Mylopoulos M, Barnett R, Sockalingam S, Hawkins M, O'Brien JD, Woods NN. (2019)

KNOWLEDGE IS CONSTRUCTED

What knowledge matters?

Empowerment includes “people developing capacities to act successfully within the existing system and structures of power”

Emancipation “concerns critically analyzing, resisting and challenging structures of power” (Inglis, 1997, p. 4).

Kangasjarvi et al., 2023

Critical reflection is a necessary addition to the knowledge of “Social Determinants of Health”

Sharma et al, 2018
Carmen Black, 2022
Paton et al., 2020

TIER UHN The Institute for Education Research

UNIVERSITY OF TORONTO

Centre for Advancing Collaborative Healthcare & Education

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www.eqhslab.com

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Centering Anti-racism, Anti-oppression and Accessibility in Curriculum to address health system inequities

Equity in Health Systems Lab

EqHS
Equity in Health Systems Lab

Anishnawbe Health Foundation

GIVE NOW | ANISHNAWBE HEALTH TORONTO

WHY GIVE | YOUR IMPACT | WAYS TO GIVE | NEWS AND EVENTS | ABOUT US

"Guided by the teachings of traditional healers, elders and medicine people, we aim to build a healthy, strong Indigenous community by looking at health holistically. We don't just offer a bandage solution – we are helping clients to overcome barriers to health and living a good life; barriers such as homelessness, poverty, trauma, abuse and addiction."

Joe Hester, Executive Director, Anishnawbe Health Toronto


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We're all sick of waiting.
Unless we act now,
our health care system will only get worse.
Join the fight for change.
cfpc.ca/stopwaiting

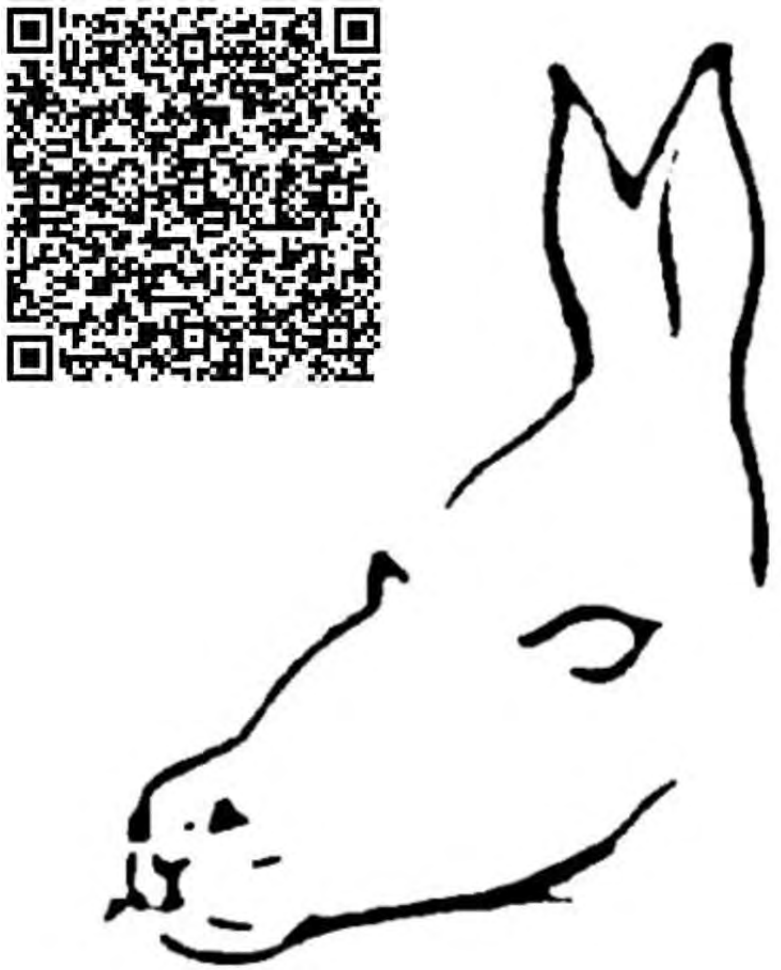


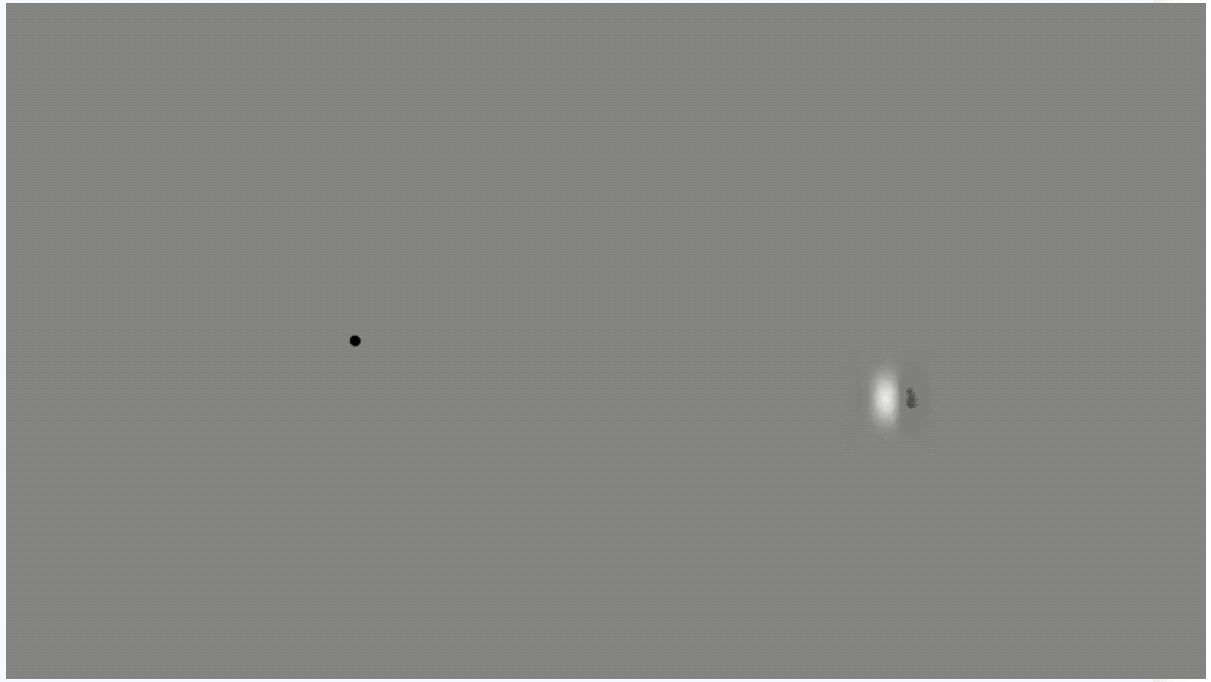
Figure 2. Ambiguous horse–seal figure used in Studies 2–4. From "Ambiguity of Form: Old and New," by G. H. Fisher, 1968, *Perception & Psychophysics, 4,* p. 191. Copyright 1968 by the Psychonomics Society. Reprinted with permission.

SCIENCE

"Reality" is constructed by your brain. Here's what that means, and why it matters.

What the science of visual illusions can teach us about our polarized world.

By Brian Resnick | @B_resnick | brian@vox.com | Jun 22, 2020, 8:30am EDT



Patrick Cavanagh

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CULTURE

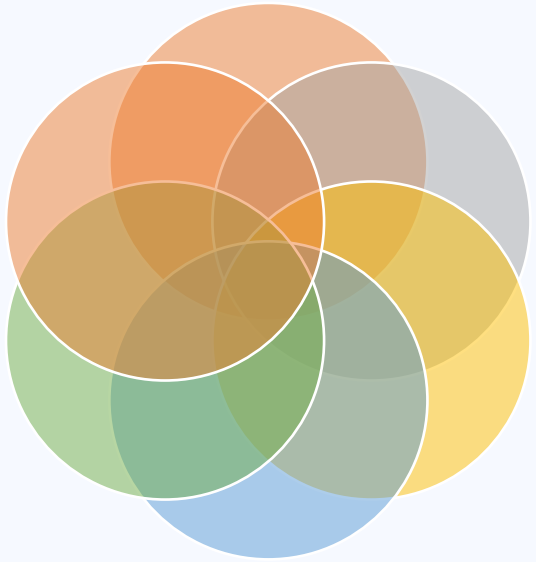
- **Anti-racism**
- **Anti-oppression**
- **Accessibility**

Systems of Oppression

White Supremacy

Cis-Heteropatriarchy

Capitalism and Neoliberalism



Colonialism, Coloniality and Settler Colonialism

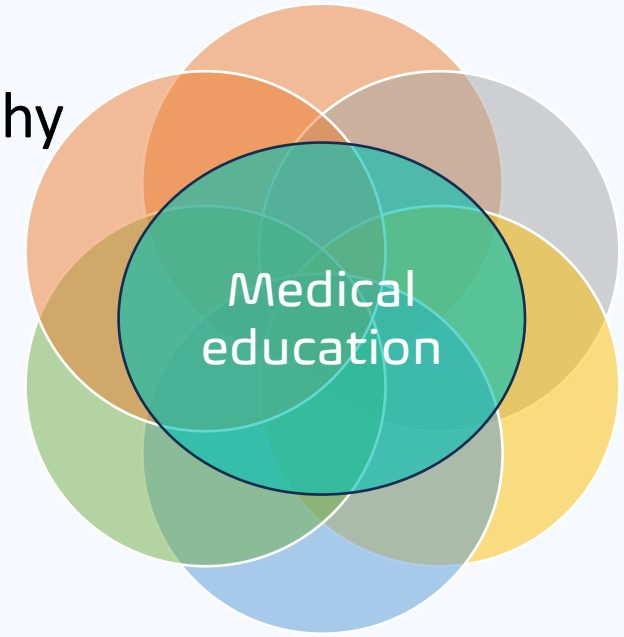
Christian Hegemony

Ableism

White Supremacy

Capitalism and Neoliberalism

Cis-Heteropatriarchy



Colonialism, Coloniality and Settler Colonialism

Christian Hegemony

Ableism

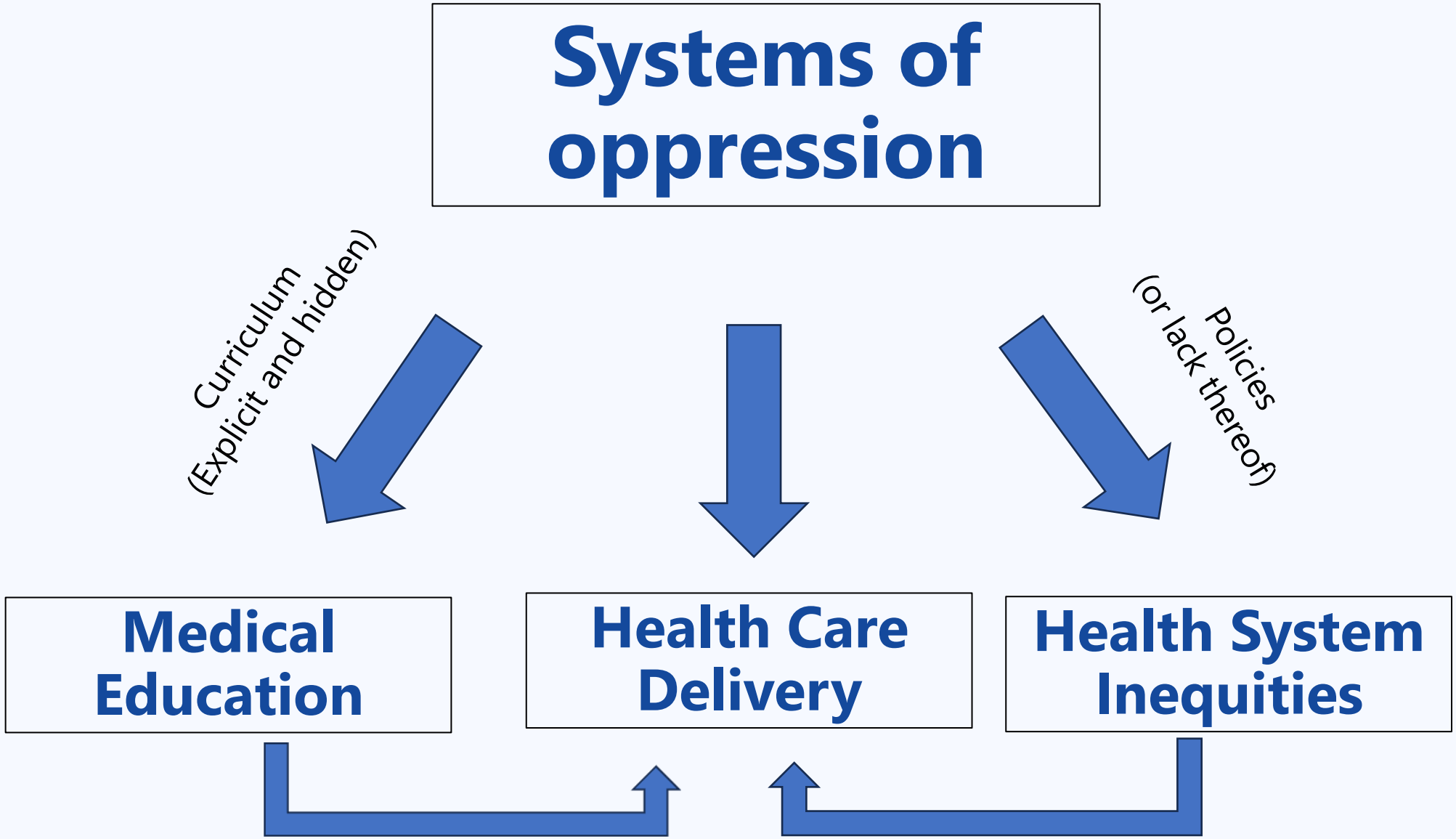
Systems of oppression

Curriculum (Explicit and hidden)

Policies (or lack thereof)

Medical Education

Health System Inequities


Systems of oppression
Curriculum (Explicit and hidden)
Policies (or lack thereof)
Medical Education
Health Care Delivery
Health System Inequities

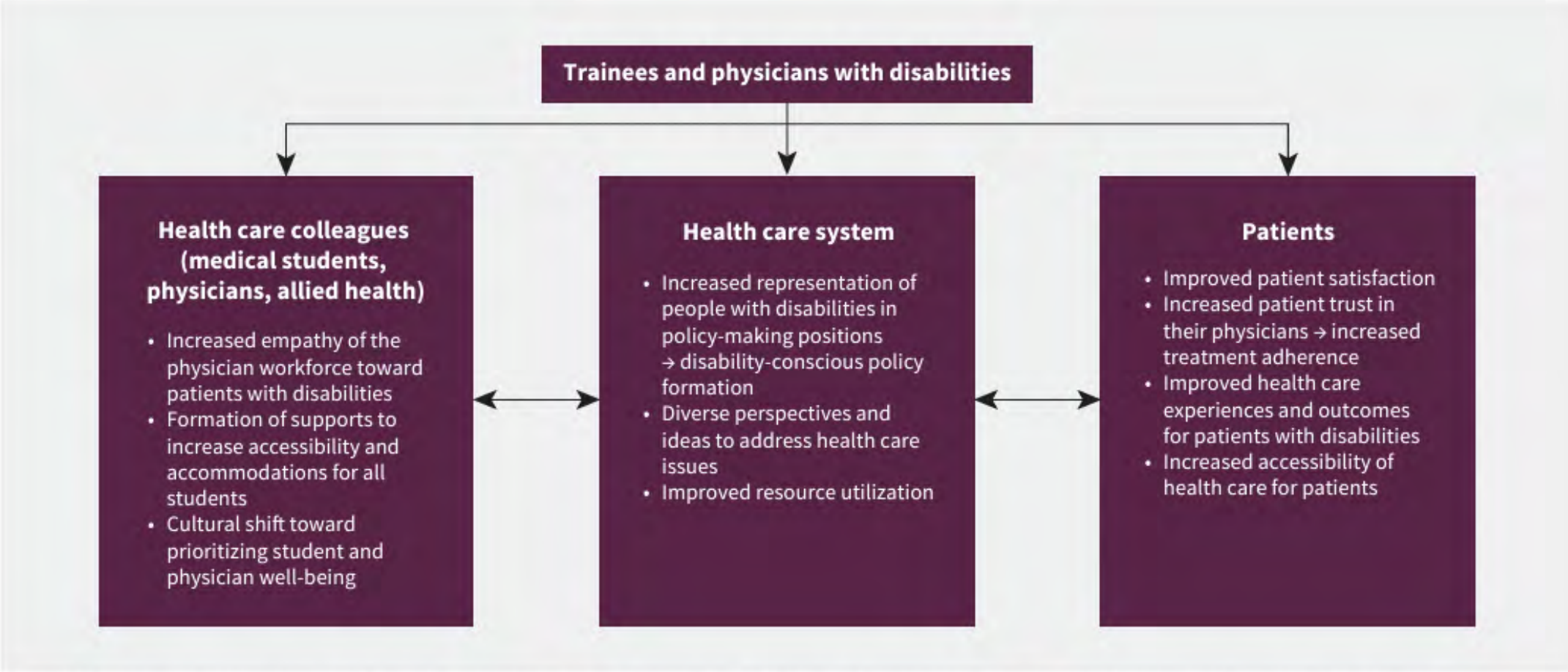


Figure 1: Benefits that trainees and physicians with disabilities may offer to fellow health care workers, the health care system and patients.[4,8–11]

Gertsman S, Dini Y, Wilton D, Neilson S. Tackling barriers in Canadian medical school admissions for students with disabilities. CMAJ. 2023 Nov 14;195(44):E1512-E1516. doi: 10.1503/cmaj.230734. PMID: 37963617.

Expectations

CPA 9. Provide medical care that challenges systemic racism and supports health equity with/for Indigenous peoples* and other racialized or underserved patient communities[29]

This involves a range of related activities:

a. Provide culturally and psychologically safe care experiences for patients and families

b. Provide trauma-informed care experiences for patients and families

c. Provide care that is sensitive to the health impact of racism and other social determinants

d. Attend to language barriers and work with or facilitate access to interpreter services as required

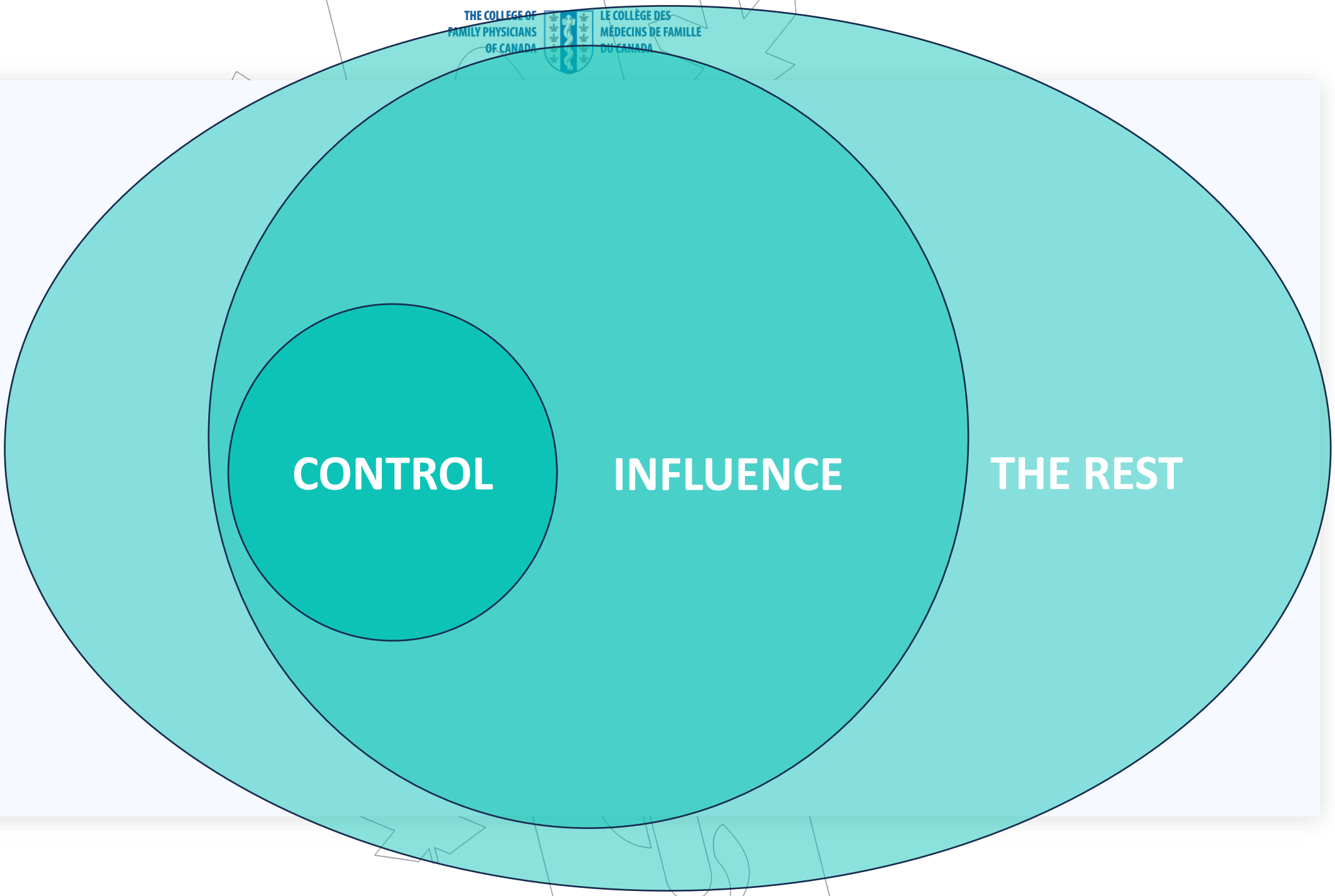
e. Attend to personal and professional development to gain knowledge, cultural humility, and self-awareness and to challenge systemic racism

MEDICAL COUNCIL OF CANADA | LE CONSEIL MÉDICAL DU CANADA

MARCH 2023

Updates to the MCC Objectives for the Qualifying Examination

REVISED Objectives	Reference
Providing anti-oppressive health care – **NEW**	127
Quality improvement and patient safety – **NEW**	78-12
Health of special populations – **DELETE**	78-7


CONTROL
INFLUENCE
THE REST

What does it look like?

Anti-oppressive health care education

- **Cultural transformation**
- Providing knowledge on systems of oppression
- Opportunities for critical reflexivity in practice
- Fostering collaborative leadership

"When I liberate myself, I liberate others."

"Nobody's Free Until Everybody's Free."

Fannie Lou Hamer

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MERCI!

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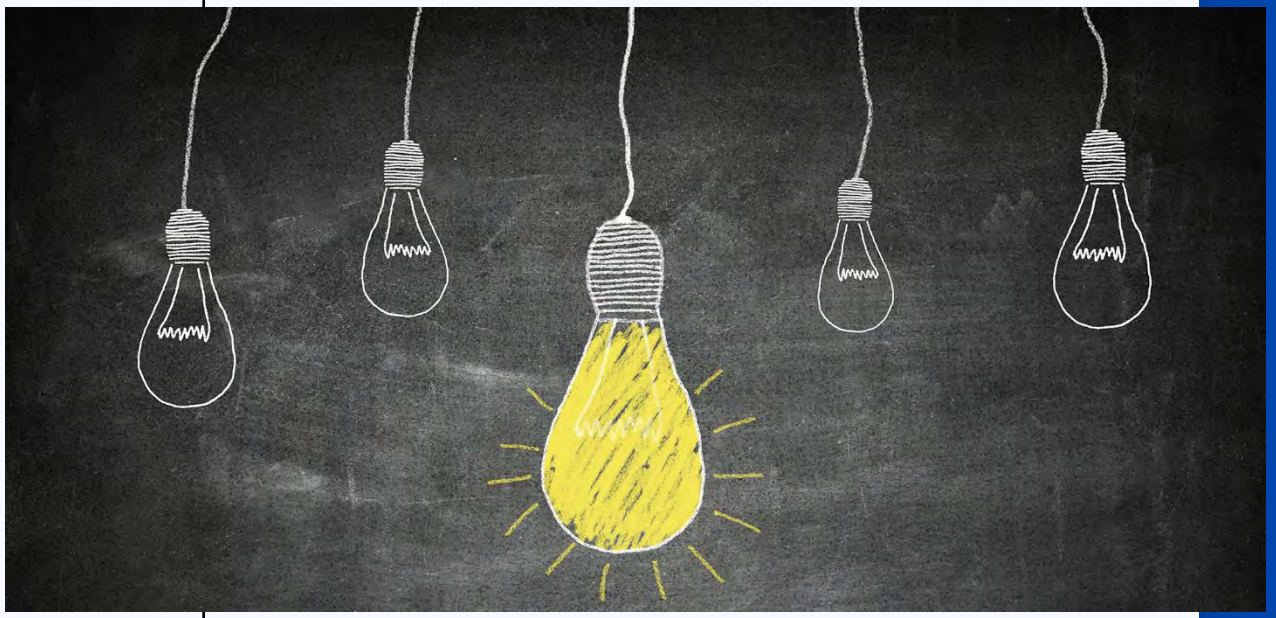
Curriculum Renewal Guide Marketplace



Lens for today…

You are the end users of the ***8 National Curriculum Renewal Guides.*** Today is a culmination of our intel and inquiry phase. Over the past several months, we designed a workplan and conducted a series of inquiries and governance checkpoints on the “shape” of the guides. This included expert panel meetings, literature reviews, and surveys with family medicine programs. Today, we want to showcase what is emerging and have you help us discern, refine, and prioritize the work.

Our Roadmap

Phase 1 – Strategy

Phase 2 – Execution

1a. Discover
What are we aiming for in family medicine residency training?

The Residency Training Profile

1b. Define
How are we doing relative to this?

Evidence Summaries Series

Problem Definition
Where are we going?

Report and Recommendations

WE ARE HERE

2a. Develop
How will we get there?

March 2024

Curriculum Renewal

Change Stewardship

Developmental Evaluation

2b. Deliver
When will we get there? How will we know we made it?

2024–2027…

Planning for Implementation

Outcomes Evaluation

2018

2020

2022

2024

National Snapshot

Curriculum Renewal Plans

Change Readiness Assessment Reports

2027…

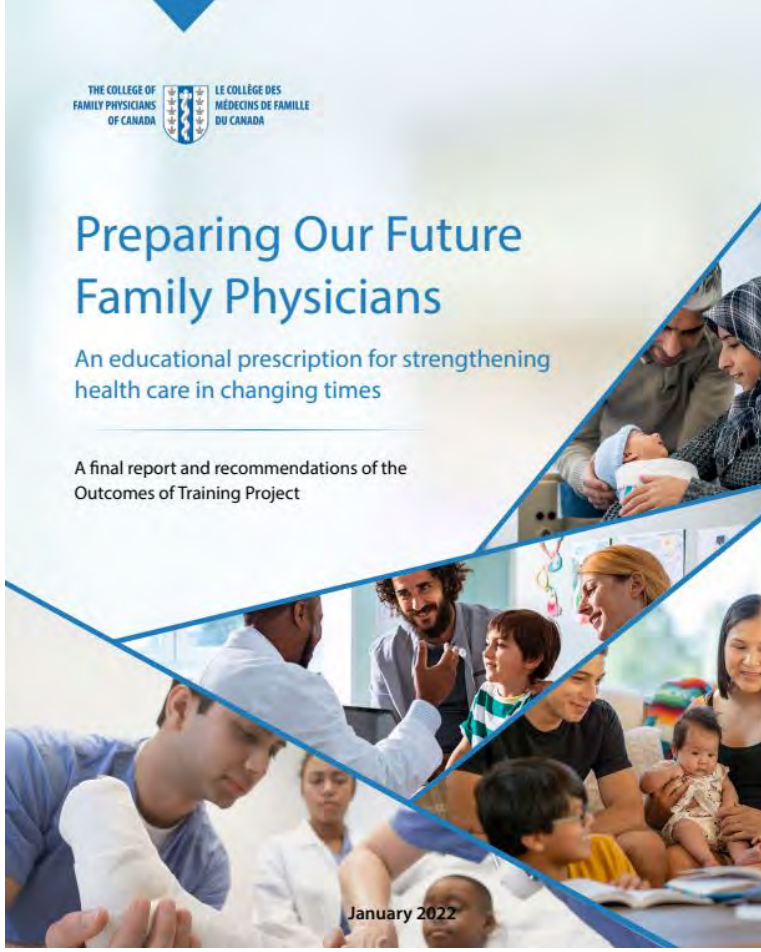
Recommendations

1. **Implement the Residency Training Profile for core family medicine**
   Standard length of training of three years to enable enhancements and consolidation of core skills (acute/procedural care)

2. **Implement the Residency Training Profile for CAC related Enhanced Skills**
   Build a focus on advanced leadership and practice skills, practice eligible routes and re-entry training opportunities

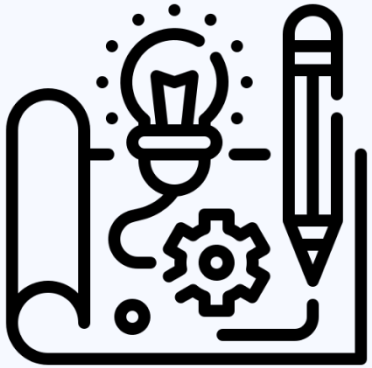
3. **Establish a national cycle of educational evaluation-for-improvement**
   Build the framework and infrastructure for national data stewardship, research and evaluation

4. **Enhance physician skills in priority areas**
   Home and Long-Term Care; Addiction & Mental Health; Indigenous Health, Cultural Safety & Trauma-informed care; Virtual Care & Informatics



www.cfpc.ca/futurefp

Design, Development and Dissemination

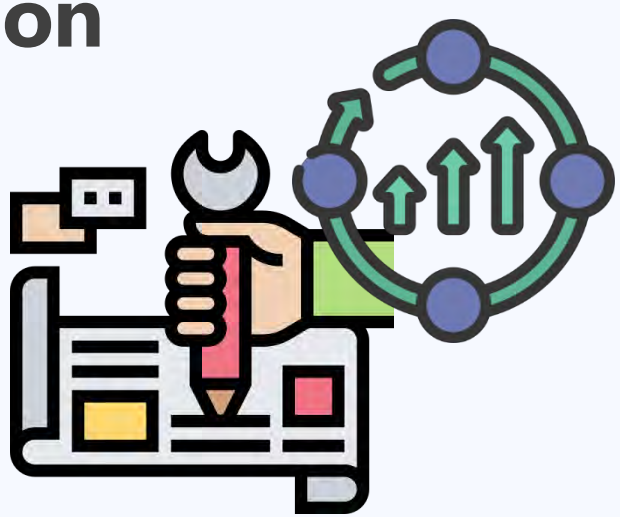


March 2024

DEVELOPED Version 1.0

November 2024 FMF

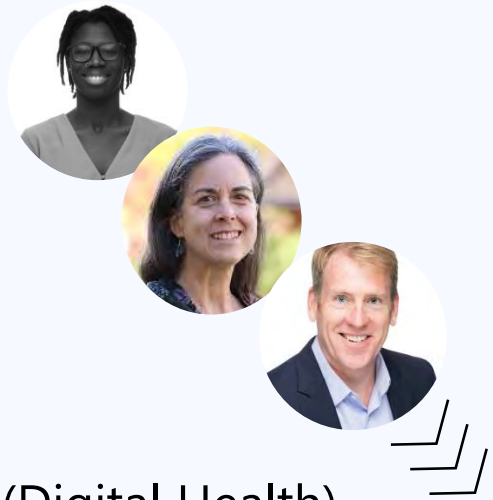
PRODUCED (Bilingual) & DISSEMINATED Version 1.0



q18-24 months

Sustainability and Quality Improvement Cycle

The 8 Curriculum Renewal Guides



- Health Equity and Anti-Racism
- Indigenous Health
- Home and Long-Term Care
- Mental Health and Addiction Care
- Virtual Care and Health Informatics (Digital Health)
- Emergency/Acute Care Medicine
- Within Enhanced Skills Programs, training on leadership, advocacy, and how to act as a consultant
- Assessment of Procedure Skills in Family Medicine (ReFACE Project)

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What are the Curriculum Renewal Guides?

The Curriculum Renewal Guides are a new product for the CFPC. The guides are grounded in the Residency Training Profile (RTP). They are not a new standard or directive.

The Curriculum Renewal Guides (are):

- Target audiences are **educational leadership and curriculum planners.**
- Aids for programs in making a more purposeful and generative representation of content in their local curriculum renewal plans.
- Enable programs to actively interpret and implement the expectations in the Residency Training Profile
- Share low-resource innovations and solutions for bolstering existing curriculum
- Support educational leaders in considering preparedness vs. competence
- Living documents for programs to continue to learn from each other and iteratively improve the guides (quality and practice improvement).

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What will the Curriculum Renewal Guides Look Like?

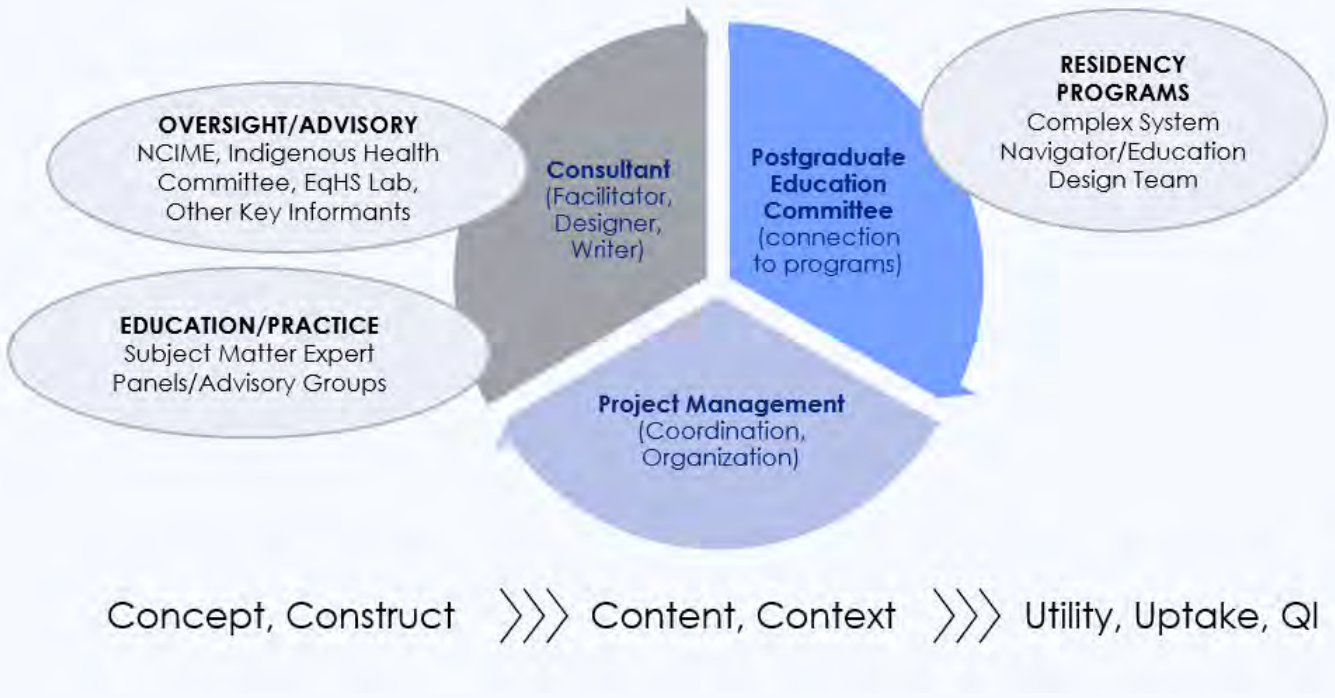
Compile Existing:

- Guide Topic description
- Excerpt from applicable CFPC standards
  - Residency Training Profile (RTP) and Core Professional Activities (CPAs)
  - CanMEDS-FM
  - Assessment Objectives for Certification in Family Medicine
- References

Share New

- Environmental scan of programs
  - Current state, challenges, wise practices, resources
- Peer Guidance
  - Learning priorities/outcomes for the given topic
  - Generates reflection on what prepared looks like and what can be assessed
- Strategies, Resources, Innovations
  - Challenges and solutions for teaching, including strategies and tools, innovations, limitations, and resources (time, teaching, space, etc.).
  - Programmatic curriculum, assessment approaches, faculty development

Who/How will we develop the Curriculum Renewal Guides?



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What is the role of the Expert Panels/Advisory Groups?

These groups help drive Guide development. Expert Panels/Advisory Groups:

- Contribute input on both the format and content so they are relevant and easy to use.
- Provide a link to knowledge and innovation through educational and practice experience.
- Provide reflection and generative discussion.

Governance: The CFPC **Education Reform Taskforce (ERTF)** is responsible for guiding the broader curriculum and change processes. The creation of the guides will be overseen by the ERTF and approved by the **Family Medicine Specialty Committee (FMSC)** prior to publication. Again, even though the FMSC is providing approval, the guides are not new standards, they are interpretations of the expectations in the RTP.

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Curriculum Renewal Guide Panel Showcase

What's emerging?

Aimée Bouka

Christy Anderson

Jeff Goodyear

Sonia Labbé

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Équipe de soins primaires – FORMER POUR TRANSFORMER

Team Primary Care – TRAINING FOR TRANSFORMATION

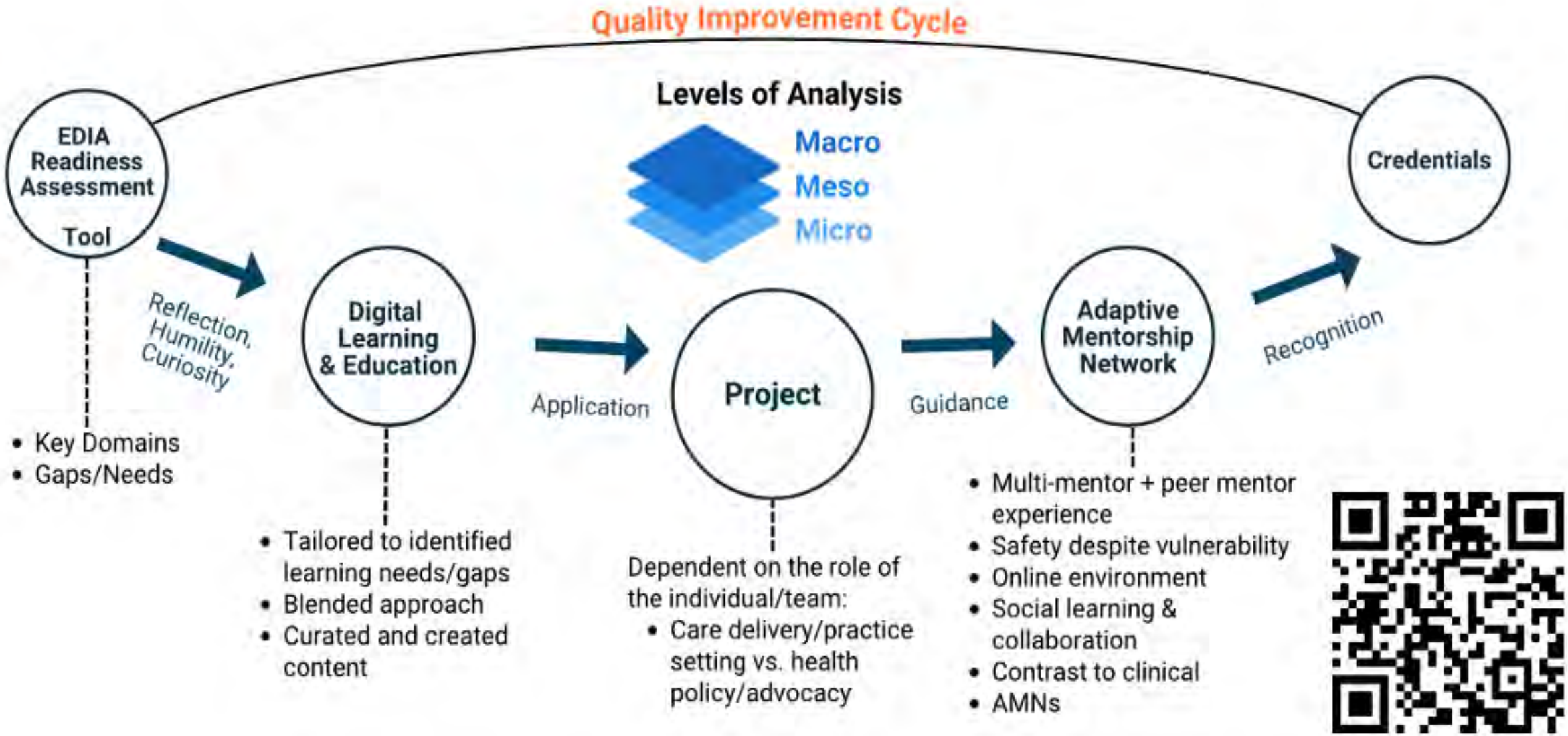
EqHS Equity in Health Systems Lab

Health Equity and Anti-Racism Curriculum Renewal Guide

Aimée Bouka, MD, M.Sc, DTM&H, CCFP

Health Equity and Anti-Racism

- Centered in **anti-oppression**
- Adopting continuous quality improvement (**cQI**) principles
- Promotes a **co-learning** approach
- Adapted to program size, sites and **resources**
- Supported by **virtual platform** for educational content


Quality Improvement Cycle
Levels of Analysis
Macro
Meso
Micro
EDIA Readiness Assessment Tool
Reflection, Humility, Curiosity
Digital Learning & Education
Application
Project
Guidance
Adaptive Mentorship Network
Recognition
Credentials
• Key Domains
• Gaps/Needs
• Tailored to identified learning needs/gaps
• Blended approach
• Curated and created content
Dependent on the role of the individual/team:
• Care delivery/practice setting vs. health policy/advocacy
• Multi-mentor + peer mentor experience
• Safety despite vulnerability
• Online environment
• Social learning & collaboration
• Contrast to clinical
• AMNs

Highlights

**Informed by program survey, interviews, conversations and experience*

- Most respondents have components of health equity in curriculum – not always integrated/cohesive
- **3As** not unanimously explicit
- Breadth of opportunities, limited clinical capacity
- Faculty development in demand *Reliance on champions

Opportunities

- Content sharing and collaboration between family medicine programs
- Transferrable skills, principles and practices
- **Cultural transformation**

SEE YOU AT THE MARKETPLACE!

Indigenous Health

Christy Anderson, Clinician Educator for Indigenous Health, CFPC

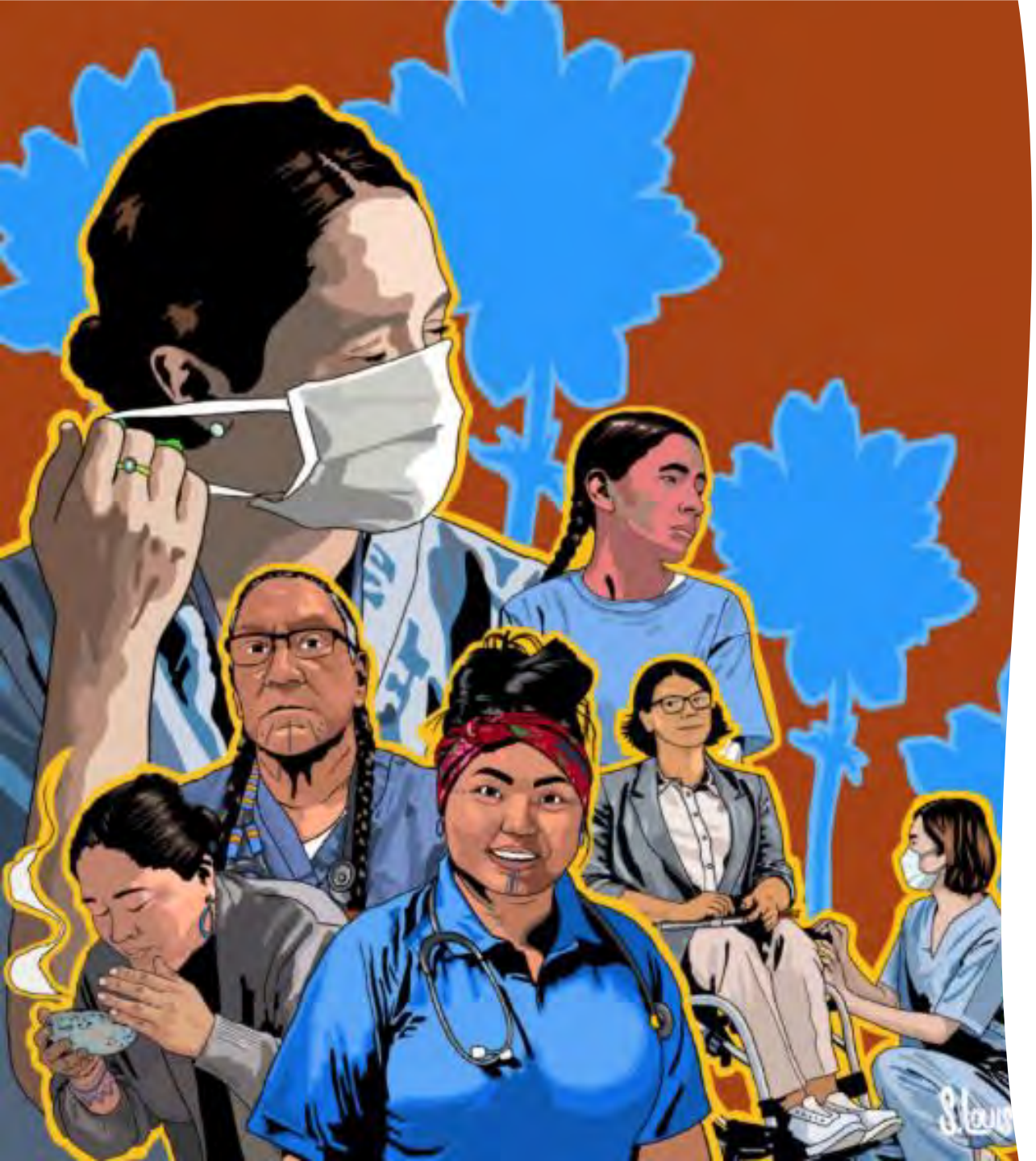
Indigenous Health

Create a **platform of resources** and guidelines for schools “where they are at” to move them along the integration continuum and align with Residency Training Profile

Develop a **self-assessment tool for schools** as entry point to the platform

Resources and guidelines curated specifically to the stage of Indigenous health integration the school identifies they are at

Partner with NCIME to utilize emergent guidelines and findings as to best practices around this work



Emergent and of Interest

- Alignment with:
  - CFPC Declaration of Commitment to Cultural Safety and Humility
  - CFPC Virtual Cultural Safety Talking Circles
  - CFPC Community of Practice for Indigenous Health is in development – peer support and expert guidance
  - Showcasing the NCIME key documents – releasing in early 2024

Emergent and of Interest

- CRG provides opportunity to respond to most present challenges and highlight success stories

- Survey, Fall 2023 10/17 schools responded:
  - 9/10 schools requested further assistance in this aspect of curriculum
  - 6/10 not yet using 'distinctions-based approach'
  - 5/10 not yet offering ongoing opportunities for faculty development
  - 6/10 have success projects they wish to share

Walking Together

Let's chat more at the marketplace about the journey of integration of Indigenous Health into medical education curriculum.

What stage is your school at?

What's 'sticky'?

What is exciting?

The Work

Objective = Version 1.0

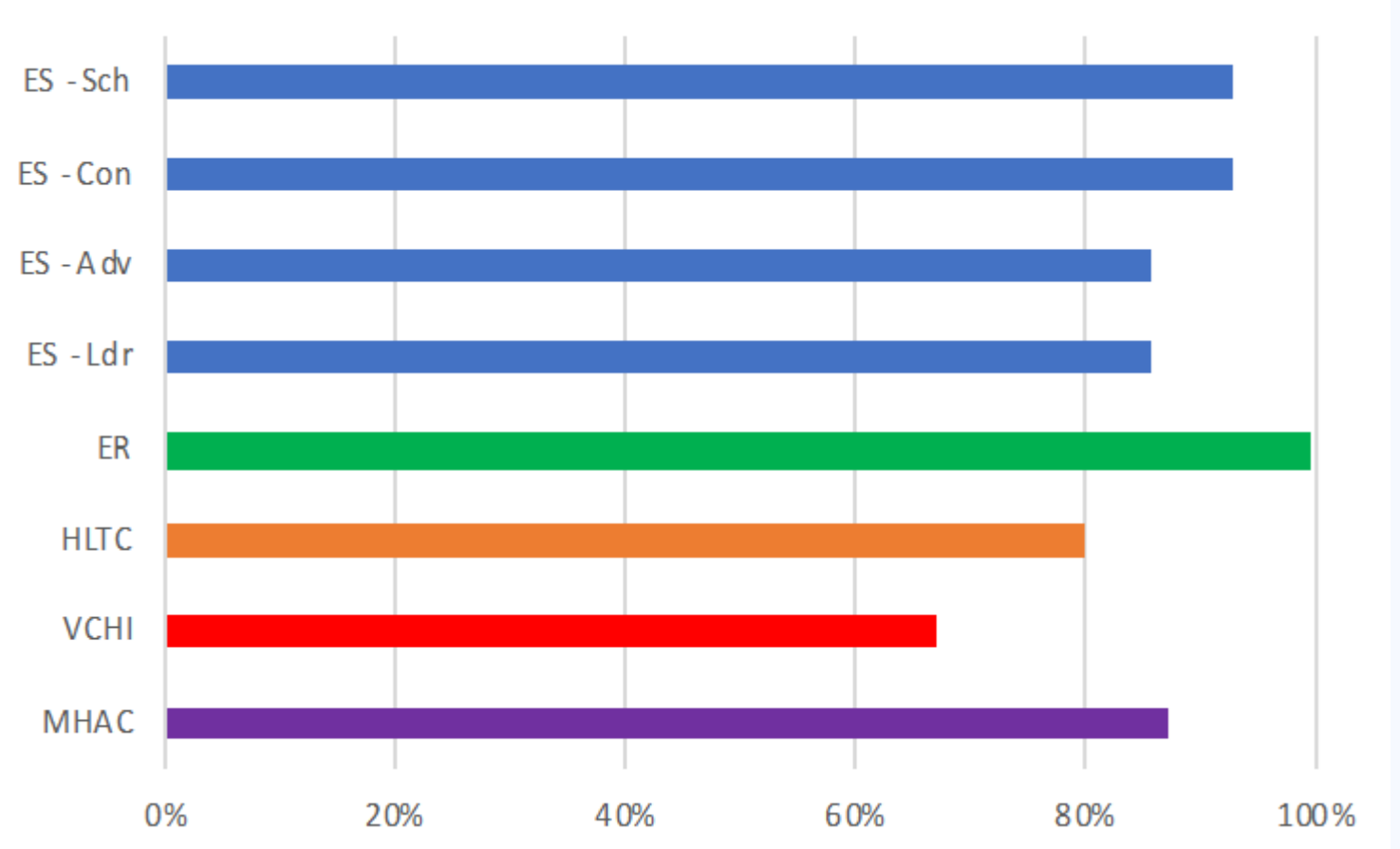
Trusted starting point/resource

Aid for generative discussion and on-going improvement of programs

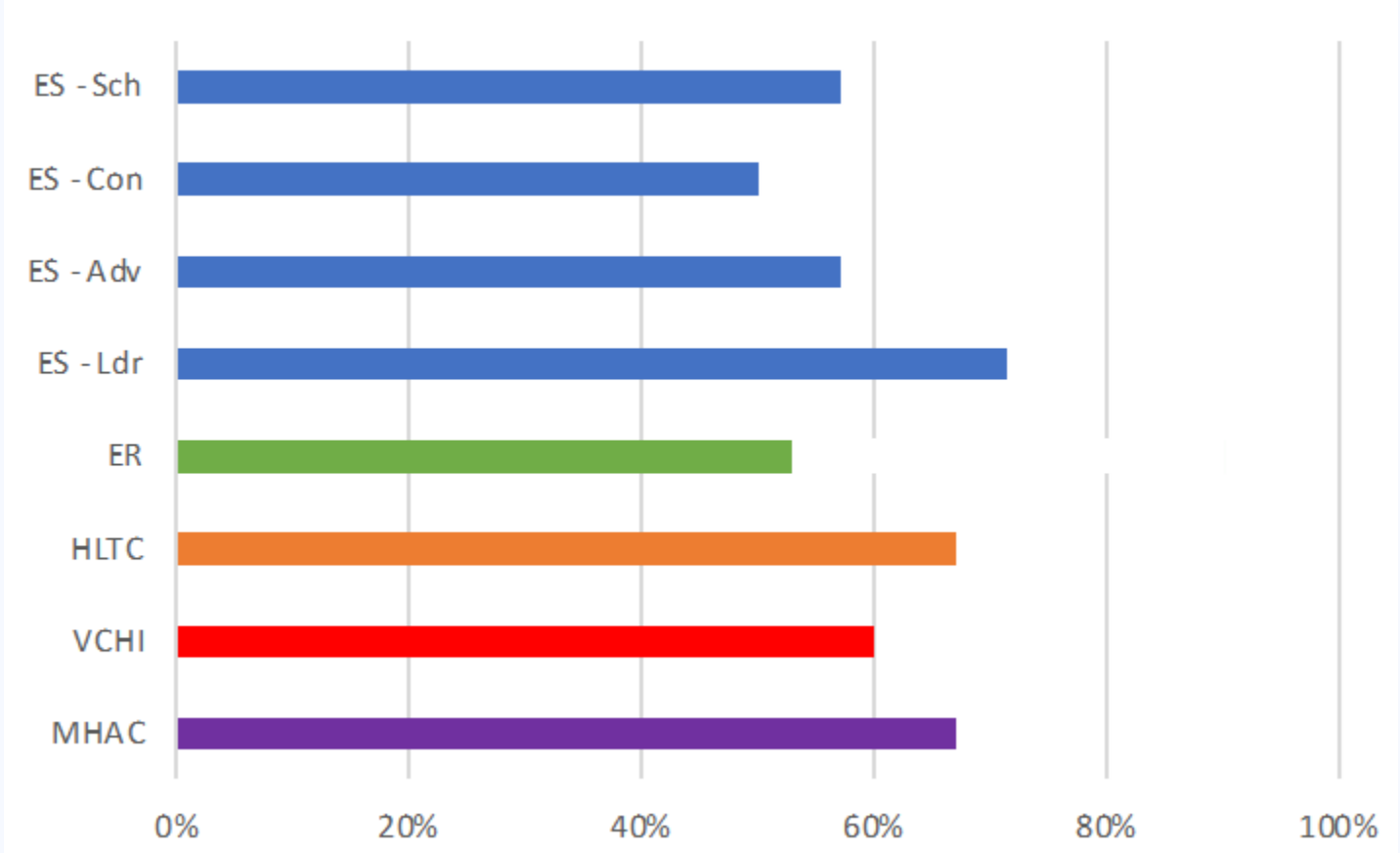
Living document that evolves with the work over coming years

- Mental Health and Addiction Care
- Home and Long-Term Care
- Virtual Care and Health Informatics (Digital Health)
- Emergency/Acute Care Medicine (Core FM)
- Advocacy, consultancy, leadership, and scholarship in Enhanced Skills

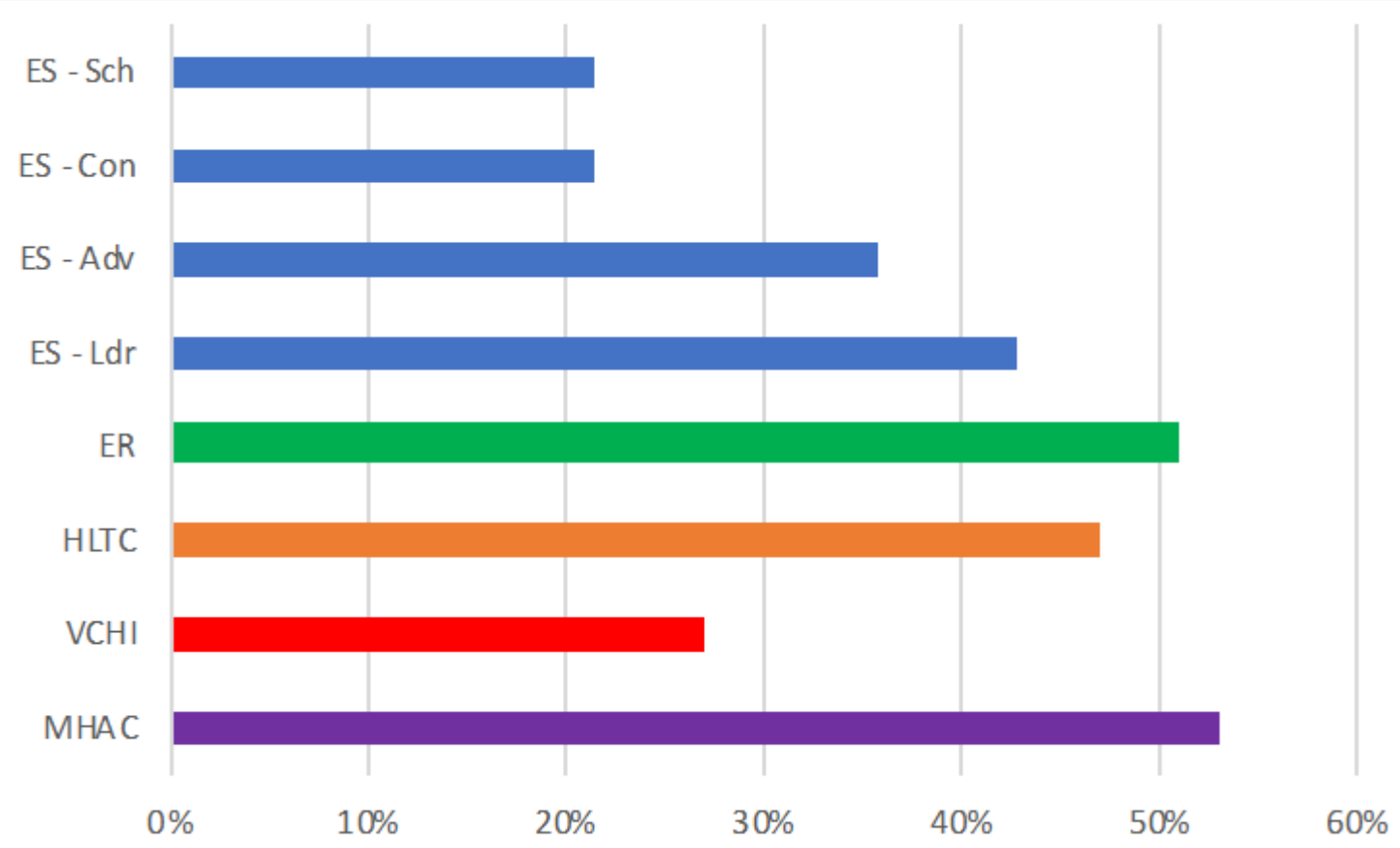
Currently Programs with Learning Objectives



Currently
Programs Requiring Support to meet Residency Training Profile



Currently
Programs Able to Help/Share Resources



What we heard – some things to consider

- Programs want to know the learning priorities...**specifically**
- **The clinic is the curriculum** – preceptor practice drives the learning experiences
- **Preceptor resources** and supports are key to success – need for faculty development and interprofessional teaching
- **Learning happens everywhere** and can be transferable among settings
- **Clinical exposure** to all scenarios can be challenging – desire for additional case study and simulation content
- Consider what is **essential in residency** versus in practice knowledge – ability to integrate new content in practice

Key Themes by Topic

Mental Health and Addiction

- Focus on **confidence building** in baseline management of patients
- Enhance **patient connections** and **reduce stigma**
- **Continuous integration of new content** after residency, e.g., ADHD
- **Resources exist,** need to **curate** and disseminate

Home and Long-Term Care

- **Holding the patient relationship** is key focus
- Inconsistent **access to preceptors and learning**
- Integration and **engagement with interprofessional teams**
- Better **faculty development**
- Need for **specific modules or resources**

Virtual Care & Health Informatics

- Broad area, need **support in identifying the specific learning priorities**
- **Privacy, security and consent basics** to allow for effective use of digital health
- Support on **how to teach appropriateness of virtual care,** e.g., patient safety
- **Assessment of new technology** in future practice

Emergency Care

- **Clarify expectations upon graduation** – managing emergency room patients
- **Value in simulation and case studies**
- **Alternative approaches for low occurrence high acuity situations** especially smaller centres and rural context

Enhanced Skills

- Focus on **formalizing the existing non-clinical content** in the curriculum
- **Commonality across the ES programs**
- **Active exposure to scenarios** in residency

What we want from you?

Your perspectives on the key learning priorities – what ranks highly for you?

What is needed in residency and what can be acquired after entering practice?

What do you want in a curriculum renewal guide?

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Procedure Skills in Family Medicine

As part of the **Re-envisioning the Future of Assessment, Certification and Examinations** (ReFACE) **Project**

Assessment of Procedure Skills

- Qualitative interviews of programs
- Consultation at FMF 2022 Assessment Directors meeting
- Consultation at the June Outcomes of Training Design Retreat
- Procedural Skills Assessment Working Group
- Sampling Strategy consultation at FMF 2023 Assessment Directors meeting
- Curriculum Renewal Guide

Considering Procedure Skills when Awarding Certification

Decision A	Decision B	Decision C
(Program)	(CFPC)	(Program)
Resident can sit the Certification examination	Resident passes the Certification examination	Resident successfully completes residency

Sign-off on procedures preparedness?

Work Emerging

62 procedures from the Residency Training Profile

Tier 1 – Foundation skills

Safe - simple

Clear indication - straightforward context

Few steps - limited number of tools

Performed solo

Adequate sampling to identify learners needing remediation

38 procedures

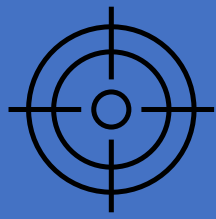
Tier 2 – Advanced skills

Greater degree of organization and preparation

More tools, instruments or personnel

Complex in both skills and content

24 procedures



Prepared to perform procedures in practice

Emerging Sampling Strategy

Assess procedures from each group*

Have a certain % of each foundational and advanced procedures assessed to determine preparedness to perform procedures in practice

*All Resuscitation mandatory – High acuity/low occurring events

Procedure Skills Renewal Curriculum Guide Content

- Implementing a teaching and assessment strategy for procedural skills
  - Program evaluation
  - Assessment strategy
  - Curriculum design and teaching considerations
  - Best practices
- Implementing a high-level learning trajectory
  - Tiers of learning
- Develop a sampling strategy
- Resources and innovations

Challenge

How best to share:

- Best practices
- Resources
- Innovations

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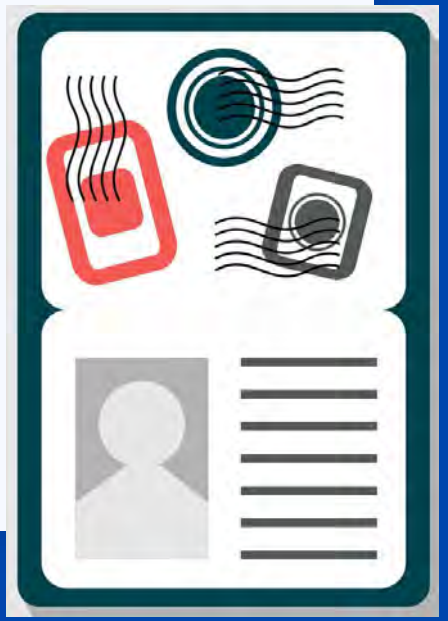
Curriculum Renewal Guide Marketplace

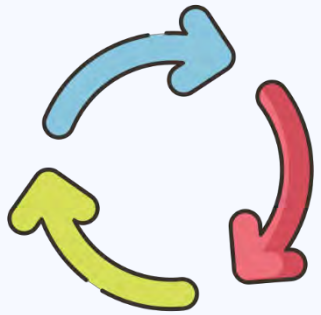
You have 30 seconds!

In your university groups, map out 3 stations you will <u>each</u> visit in the Marketplace. Collectively, each school must visit all 8 stations.

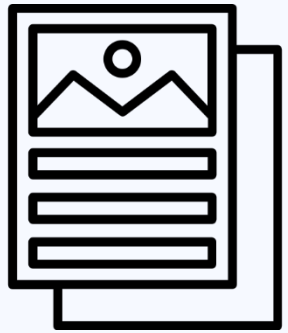


Curriculum Renewal Guide Marketplace

At each station:



3 x 20-minute cycles



Marketplace Poster (principles, themes, and discussion prompts)

Retreat Team (facilitator, notetaker)

Design team members: Take ideas back to your University tablework

Working Time for the Afternoon

LUNCH (Graydon Hall Foyer) – 12:30 p.m.

(Start by 1:30 p.m.)

Local University Teams Working Session

Graydon Hall

BREAK (Everyone back in seats) – 2:45 p.m.

Key & Emerging Concepts | Open Mic

Closing and Next Steps

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Working Time for the Afternoon

LUNCH
(Graydon Hall Foyer)

Local University Design Teams

Taking all ideas and input over the past two days into consideration:

- How does this impact your local curriculum renewal design/plan?
- What elements of your plan will you introduce, adapt or expand to reflect these ideas?
- What does your forward planning look like?
- January 2024 is the next milestone where the CFPC will review draft plans and programs will engage in peer sharing. What priorities/themes might the Complex System Navigators across the country come together to share and refine?

BREAK
(Graydon Hall Foyer)

Consultants/Presenters are available to "float" and engage with your teams

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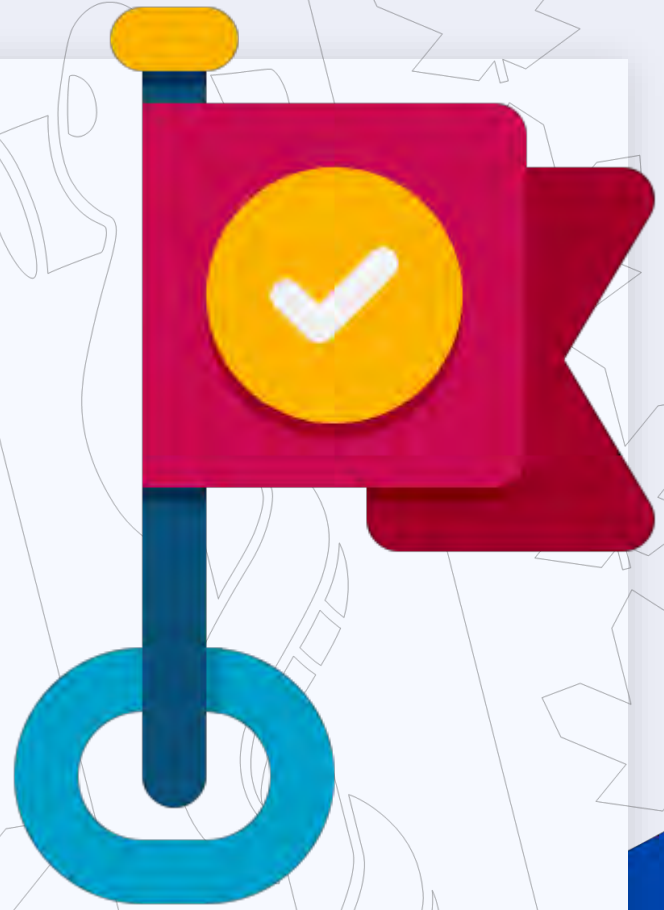
Large Group Discussion

Key and Emerging Concepts | Q&A

Consultants and Presenters are available during Q&A

January 2024 Project Milestone

Submitting your DRAFT Curriculum Renewal Plan



Provided in February 2023

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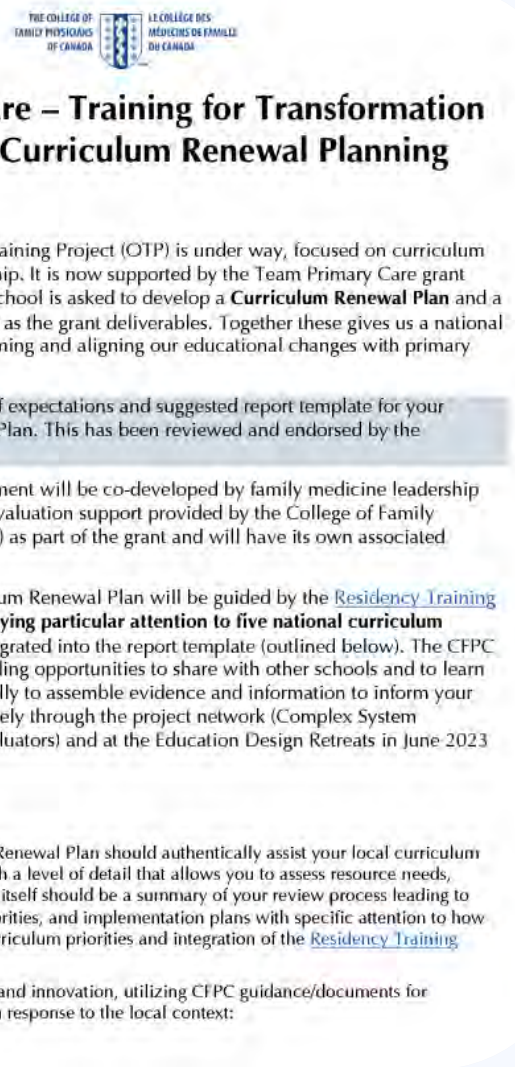

Team Primary Care – Training for Transformation
Family Medicine Curriculum Renewal Planning

Background

Phase 2 of the Outcomes of Training Project (OTP) is under way, focused on curriculum renewal and change stewardship. It is now supported by the Team Primary Care grant ending in March 2024. Each school is asked to develop a **Curriculum Renewal Plan** and a **Change Readiness Assessment** as the grant deliverables. Together these gives us a national snapshot—a milestone—informing and aligning our educational changes with primary care transformation.

Presented here is the outline of expectations and suggested report template for your school's Curriculum Renewal Plan. This has been reviewed and endorsed by the Education Reform Taskforce.

The Change Readiness Assessment will be co-developed by family medicine leadership (Chairs) with developmental evaluation support provided by the College of Family Physicians of Canada™ (CFPC) as part of the grant and will have its own associated process and resources.

Development of your Curriculum Renewal Plan will be guided by the Residency Training Profile (in scope and detail) **paying particular attention to five national curriculum renewal priorities** that are integrated into the report template (outlined below). The CFPC functions as a convenor providing opportunities to share with other schools and to learn from work being done nationally to assemble evidence and information to inform your work. This will happen iteratively through the project network (Complex System Navigators/developmental evaluators) and at the Education Design Retreats in June 2023 and November 2023.

Considerations

Development of the Curriculum Renewal Plan should authentically assist your local curriculum review and planning process, with a level of detail that allows you to assess resource needs, capacity, and costing. The report itself should be a summary of your review process leading to conclusions about your local priorities, and implementation plans with specific attention to how you have considered national curriculum priorities and integration of the Residency Training Profile.

The CFPC encourages relevance and innovation, utilizing CFPC guidance/documents for consistency and adapting them in response to the local context:

"Outline of Expectations and Suggested Report Format for your Curriculum Renewal Plan"

Expectations

As it relates to Curriculum Renewal Planning, the Memorandum of Understanding outlines the following expectations:

Create a Curriculum Renewal Plan in the form of a written report based on the **Residency Training Profile**, that achieves defined national objectives for graduate preparedness, training to full scope, emphasis on underserved populations and communities, and skill building to meet changing societal needs in priority areas. Specifically:

1. Constitute a local education design team (including the Complex System Navigator)
2. Participate in and contribute to Curriculum Renewal Planning, which will include up to six Design Workshops/Retreats (both in-person and virtual) and interim virtual meetings over the duration of the MOU period
3. Develop a draft Curriculum Renewal Plan at defined interval (due beginning of January 2024) and final Curriculum Renewal Plan (due March 2024) aligned with Design Retreats and/or funding installments according to a suggested national template
4. Collaborate and stay connected

Each university's Curriculum Renewal Plan will look a little different, reflecting local realities and aspirations while following national principles, objectives, and templating.

Timeline: Interim (draft) Curriculum Renewal Plan due January 5, 2024
Final Curriculum Renewal Plan due March 31, 2024

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Suggested curriculum renewal report template

1. Curriculum Review Process

Describe the process undertaken to review your curriculum and establish local priorities and plans across all program streams/sites.

2. Curriculum Renewal Planning – Contextualizing national priorities

For each of the national curriculum renewal priorities, outline your program review findings, the resulting local priorities, and your plans for curriculum changes in these areas. How do you plan to address each of these within your program, across all streams/sites?

National curriculum priorities:

- **Priority 1:** Enhance preparedness and intentions to practice comprehensive, continuity-based family practice anywhere in Canada with a better supported transition into practice.
- **Priority 2:** Optimize scope of training per the Residency Training Profile (including Procedural Skills) published in 2021. *Based on a review of your curriculum, what elements are you expanding, introducing, or adapting to reflect the scope of expectations for training in the Residency Training Profile?*
- **Priority 3:** Learn to work sustainably in interprofessional teams, and across different practice environments as part of a commitment to effective practice and professional well-being.
- **Priority 4:** Care for underserved communities by improving exposure to and learning to work with underserved communities as part of a commitment to improved social accountability and health equity.
- **Priority 5:** Build skills to address existing gaps, and enhance skills in areas of priority social need including:
  - Home and long-term care
  - Addiction and mental health
  - Emergency/acute care medicine
  - Indigenous health
  - Health equity and anti-racism
  - Virtual care and health informatics

3. Implementation Plans – Three-year renewed curriculum

Coupled with the expectations for a Curriculum Renewal Plan is an accompanying Change Readiness Assessment. Based on your Change Readiness Assessment, describe the existing opportunities to offer a three-year Renewed Core Family Medicine Curriculum within your program starting in 2027.

Beyond 2027? Describe your plans to introduce, scale up, and spread the three-year renewed curriculum in your program.

Going Glocal!

Local curriculum design work and faculty engagement

National Education Design Retreats

- June 2023 – Priority 1 and 2
- December 2023 – Priority 3, 4 and 5

National Curriculum Renewal Guides in 8 skill-building areas

Team Primary Care Developmental Evaluation to support development of Change Readiness Assessment

OTP Communications Toolkit | Monthly Learning Sessions | Monthly Drop-In's

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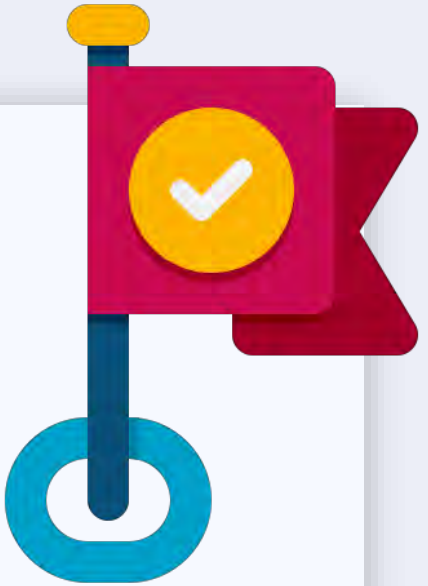
Goals/Purpose for January 2024 Milestone



1. For Team Primary Care initiative…

- General accountability measure/checkpoint

2. For CFPC…

- Creating a National Snapshot of emerging plans – "meat on the bones" – "What will the renewed curriculum look like?"

3. For programs…

- Program/Peer Sharing ("Best Brains Exchange")

What this is not…

An adjudication or accreditation exercise

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January 2024 Milestone - Process & Timeline

Starting week of December 11

Friday January 5th

Month of January

Mid January to Mid February

Online Survey/Intake Form to submit your Draft Curriculum Plan

- Admin Details
- Chairs/Program Directors Sign-off
- Upload Plan
- Consent/Permission to share (part of plan) with other programs
- Sign-up for Coffee Chat with CFPC

Review Period by CFPC

- Review tool to help gain national snapshot
- National curriculum renewal priorities reflected?
- Common themes, features, ideas?
- Ideas and innovations for sharing?
- Specific gaps/flags or significant feedback warranted?

Peer Sharing

Online Platform

Program Townhall

Coffee Chats with CFPC

- Online space to access Curriculum Renewal Plans from around the country
- Peer Sharing Townhall (Friday February 2nd)
- Coffee Chat with CFPC (February)

All optional, indicate preferences in Intake Form

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Retreat Evaluation

www.cfpc.ca/retreat

www.cfpc.ca/reflexion