

# Building An Interprofessional Practice Approach In a Polytechnic Institution Beginning With Health-Care Education and Embracing The Concept As An Operational Leadership Imperative

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## Abstract

Polytechnic educational institutions have led the way in providing innovative and dynamic programming to students that meet industry needs. They serve as leaders of collaboration and agents of change not only in their respective programs but also in the way they conduct themselves as responsible businesses. This essay chronicles a series of decisions and events that have allowed one polytechnic higher education institution to adapt to changing times and embrace a new model of budget planning for the future. The ability for the polytechnic to change and move forward is truly remarkable. George Brown College has been able to incorporate crucial new ways of designing and creating budgets that assist the college workforce to feel connected and determined to effect its mission.

## Introduction

**Professor Hugh Barr, a pioneer in the development of interprofessional education (IPE),** listed in an early paper the key elements needed in order for interprofessional practice to flourish: “The interprofessional movement thrives where conditions are conducive; where openness and mutual support in the workplace characterise relations; where democratisation in universities liberalises learning; where the need for change to improve health and social care is addressed.” (Barr, 2015).

Back in 2007, George Brown College acknowledged the paradigm shift that was needed in order to produce the IPE experience for its students. As a group, the Faculty of Health Sciences and Community Services kept these drivers at the forefront of their design of new curricula or activities that showcase IPE. The key concepts of IPE were to be used as a filter to any suggestions that were received in order to enrich and promote the IPE experience for all students in the respective divisions. Once agreement was achieved about the curricular change or the insertion of the educational opportunity, sustainability of that change would be planned.

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\***Essays** The primary purpose of an essay is to advance a new idea, summarize a development, or initiate or engage in discussion. The subject matter is of general scholarly interest.

George Brown College, located in Toronto, is among the leaders in the interprofessional healthcare education movement in Canada. “Interprofessional Education (IPE) occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care” (CAIPE 2007). George Brown provides undergraduate and postgraduate training programs for health professionals, health service workers and other professionals spanning over 20 disciplines.

Policy planners, educators and practitioners in the healthcare community have long discussed the importance of increasing cooperation, collaboration and teamwork among healthcare professionals. As far back as the 1980’s, the World Health Organization advocated for ‘multi-professional’ education among undergraduate healthcare students to build “the skills necessary for solving the priority health problems of individuals and communities that are known to be particularly amenable to team-work. The emphasis was on learning how to interact with one another” (WHO, 1988). More recent research is demonstrating the important patient care outcomes arising from improvements to health care teamwork.

Much has been accomplished in the past two decades around the world to create, foster, support and evaluate interprofessional educational programs for pre-licensure healthcare students and licensed practitioners which aim to build the knowledge, skills and attitudes which underlie collaborative practice and teamwork (Sorbaro et al 2008). In Canada, the federal government has actively promoted and supported research and education programs across the country through its Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) Strategy (Health Canada) and more recently, in supporting the Canadian Interprofessional Health Collaborative (CIHC), the pan-Canadian network of interprofessional activity.

Within the Faculty of Community Services and Health Sciences at George Brown College, we have created and continue to evolve innovative and interactive opportunities to bring together students and faculty of different professions in order to share their perspectives while learning together in areas of common interest in the practice of healthcare. Our goal is to enable George Brown graduates to be job-ready as successful collaborators and team players in healthcare practice with the ultimate goal of improving patient outcomes.

Over the years, we have established four foundational interprofessional learning outcomes which will assist us in graduating well-rounded and better collaborators and healthcare team members. These involve developing: (i) a broader understanding and appreciation of the relationship between one’s own profession and the background, scope and roles of other healthcare professionals, (ii) team skills, (iii) collaborative skills as a member of a patient-centred healthcare team, and (iv) a broad appreciation for the organization and ethical issues of the healthcare system in which they will work. These outcomes have also served to build curriculum in other programs that are not directly associated with healthcare i.e., Business, Engineering, Arts and Design, Culinary and Hospitality.

To meet these interprofessional learning outcomes, we have developed over the years an exciting array of interprofessional education opportunities for students of all programs. (GBC, 2008). These IPE experiences range on a continuum from collaborative interactive learning with students of other professions in the classroom to applied collaborative practice with students of other professions in simulated and actual clinical situations. The latter includes our on-campus outpatient clinic, our simulated practice centre, our research centres, administrative and capstone projects. We have strategically partnered deeply with the sector, industry and the community.

The following is a short list of examples of the range of IPE experiences we have created through the years, providing opportunities for our students and faculty.

### **The Interprofessional Learning Clinic (GBC 2008)**

At George Brown’s Interprofessional Learning Clinic, the general public and members of the college community are offered a number of health and wellness services. All services are provided by student clinicians under the direct supervision of George Brown’s expert health sciences faculty, all of whom are registered professionals. These services include dental health, hearing and community health promotion.

The Health Promotion service provides students with a unique interprofessional applied learning experience in the practice of health promotion. Initiated in September 2007, the health promotion service supports the

community clinical/field placement requirements from several programs, including nursing, dental hygiene, lifestyle management, hearing instrument specialist, health information management and social service worker. In addition, we have partnered with the Fitzgerald Academy at St. Michael's Hospital to enable second-year medical students from University of Toronto to join our interprofessional student health promotion teams. This supervised field experience enables and supports student collaboration and interprofessional student learning, applied practice and scholarly research related to community-based health promotion. A series of grand rounds were created to help augment the experience of our entire student base. The grand rounds focused on interprofessional practice and care and served to reinforce the IPE curriculum delivered in the classroom.

### **Learning To Care Together (GBC 2010)**

Learning To Care Together (LTCT) involved a unique collaboration between George Brown College and Revera Inc., an operator of long-term care and retirement living residences across North America. Together, we created an innovative interprofessional education partnership including interprofessional field placements for our students at Revera's long-term care residences. This experience enabled interprofessional interaction between George Brown students and Revera's staff caregivers and exposed learners to positive examples of collaboration and resident-centred practice in long-term care. As well, we created a new interprofessional curriculum to be used both at the college and for professional development at Revera, in key areas related to the care of seniors. This program has endured the test of time and has been embedded into practice.

In order to create this program, the project received provincial funding over three years through the Interprofessional Health Education Innovation Fund, co-sponsored by the Ontario Ministry of Health and Long-Term Care and the Ministry of Training, Colleges and Universities. Eight modules were created from this initiative. Today, these modules are embedded in different program curricula and have been evaluated for their effectiveness and currency.

### **Course Work: (1) Collaboration – The Future of Health Care**

GSSC 1053 was our first formal interprofessional education course. Initially offered in Fall 2007, this 14-week, 42-hour

course provides students from several programs with a broad understanding of how collaboration and teamwork are key to Canada's healthcare system in the new millennium. Students in this course learn about the theories of teamwork and collaboration and put this into practice through a project which emphasizes teamwork.

### **(2) Health-Living the Connections**

This portfolio course provides an opportunity for the learner to experience firsthand being a client/patient in four of the health science programs offered at George Brown College. The programs selected were Dental Hygiene, Fitness and Lifestyle Management, Hearing Instrument Specialist and Orthotic/Prosthetic Technician. The learner participates in screening tests from each program and receives follow-up recommendations based on their personal needs. The learner is expected to implement the recommendations by utilizing resources available to them at the college. Through seminars led by program staff and students in their areas of expertise, reading of relevant articles, journaling and viewing health-related seminars, the student is exposed to the importance of health promotion, interprofessional education and collaboration.

### **Expansion of the Interprofessional Practice Model To Budget Planning At The College (Ross et al., 2011)**

For years, educators and practitioners in the healthcare community have discussed the importance of increasing cooperation, collaboration and teamwork among healthcare professionals. As far back as the 1980's, the World Health Organization advocated for "multi-professional" education among undergraduate healthcare students to build "the skills necessary for solving the priority health problems of individuals and communities that are known to be particularly amenable to team-work. The focus has been on styles of learning how to interact with one another" (WHO 1988).

Within the Division of Community Services and Health Sciences at George Brown College, we created innovative and interactive opportunities to bring together students and faculty of different professions in order to share their perspectives while learning together in areas of common interest in the art, science and philosophy of practicing their healing profession. Using this as an example, we have expanded the concepts and practices learnt from healthcare

to the budget planning and creation of new programs. Instead of talking about patient-centred care, we now speak about a student-centred focus. Our goal is to enable George Brown graduates to be job-ready by being successful collaborators and team-players in practice with the ultimate goal of improving the sectors they serve. The first pilot of the interprofessional approach to planning and in particular budget planning was incubated in the Division of Community Services and Health Sciences.

Recognizing that in the polytechnic post-secondary system there are always competing needs for resources, we acknowledged that planning needed to change. By using the fundamental principles that anchor interprofessional practice, we succeeded in embracing and modeling a new strategic business planning process utilizing the fundamental tenets of interprofessionalism. We recognized early on that we cannot create plans any longer in siloes. By using interprofessional practice at the forefront of our planning, we have discovered a powerful way of engaging our community. The result of this engagement has paid dividends in making budget planning more transparent and demystifying the process. The end result of the integrated budget planning process is a budget that reflects the voices of our talented workforce and the power of leveraging the expertise at our polytechnic. By incorporating Appreciative Inquiry as a guiding principle in how we communicate with one another, the conversations and ideas presented have led to some of the greatest innovations in our educational landscape. The definition of Appreciative Inquiry is: “the cooperative search for the best in people, their organizations, and the world around them. It involves systematic discover of what gives a system “life” when it is most effective and capable in economic, ecological, and human terms. Appreciative Inquiry involves the art and practice of asking questions that strengthen a system’s capacity to heighten positive potential. It mobilizes inquiry through crafting an “unconditional positive question” often involving throughout the literature, it is supported that “in order for collaboration to occur there must be a means of bringing together, valuing and aligning the diversity of experiences, strengths and ideas that will inevitably exist among all the relevant stakeholders” (Anderson et al, 2008).

The richness of thought leadership and exploration in the process has expressed a professional diversity of solutions to our constraints and resulted in a dynamic and

robust business plan. This process has helped us regain connectedness in our educational institution that was lost during the pandemic.

## Conclusion

As polytechnic institutions grow and mature, the need for finding more innovative ways of operating is paramount. One of the monikers used at our college is “respect the past, embrace the future.” There was always a need for change; however with the pandemic, we accelerated our rate of change. This paper is a good example of how we, as a polytechnic organization, piloted, incubated and changed the way we function as a provider of education and a business.

Our polytechnic has committed to design its business practices and plans in a very transparent way utilizing the interprofessional paradigm. By bringing together the corporate centres with our academic divisions, we feel that our business plans have been enriched and have sequestered support college-wide. The end result of this change will be an polytechnic institution that grows and develops in a responsible and sustainable manner. This example of collaboration will serve us, our industry partners and our future students well as we aspire and transform our institution into a high-performing organization.

## Note on Contributor

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