The Canadian Interprofessional Health Leadership Collaborative (CIHLC) has been chosen by the U.S. Institute of Medicine’s (IOM) Board on Global Health as one of four innovation collaboratives around the world tasked to incubate and pilot ideas for reforming health professional education.

The CIHLC, which comprises of the University of Toronto as the lead and the University of British Columbia, Northern Ontario School of Medicine, Queen’s University and Université Laval as partners, has a goal to develop, implement, evaluate and disseminate an evidence-based program in collaborative leadership that builds capacity for health systems transformation.

About the CIHLC

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Tools in Assessing Health Professional Education:

Canadian Exemplars

The Canadian Interprofessional Health Leadership Collaborative (CIHLC) has compiled information on four examples of Canadian exemplars of health professional education assessments for the Institute of Medicine’s (IOM) Global Forum on Innovation in Health Professional Education workshop, Assessing Health Professional Education – A Public Workshop of the Global Forum on Innovation in Health Professional Education (October 9-10 2013, Washington, DC).

The Canadian exemplars of health professional education assessments included in this package are:

- Canadian Interprofessional Health Collaborative (CIHC) competency framework (pg 3)
- Collaborative Practice Assessment Tool (CPAT) (pg 4)
- Interprofessional Collaborative Organizational Map & Preparedness Assessment (IP-COMPASS) (pg 5)
- Interprofessional Collaborator Assessment Rubric (ICAR) (pg 6-7)
Acknowledgements

We would like to acknowledge and thank the individuals that provided information for this package on Canadian exemplars of health professional education assessments. Thanks to Dr. Lesley Bainbridge and the evaluation team at the University of British Columbia for the CIHC handout; Drs. Margo Paterson and Rosemary Brander (Queen’s University) for the CPAT handout; Dr. Vernon Curran and the research team at Memorial University for the ICAR handout; and Drs. Kathryn Parker (Holland Bloorview Children’s Rehabilitation Hospital) and Ivy Oandasan (University of Toronto) for the IP-COMPASS handout.

We would also like to acknowledge that the Canadian exemplars presented in this package are examples only; they do not represent the full breadth of health professional education assessments in Canada. The exemplars in this package have been chosen as examples of competency, team, organizational and learner-based assessments.

Reliability

Reliability analysis of the original and modified versions of the Rubric demonstrate high levels of internal consistency (original, $\alpha = .939$; modified, $\alpha = .981$) and high levels of inter-rater percent agreement. Raters’ profession did not influence overall scores when modified ICAR version used in Multi-Source Feedback (MSF) assessment process (Hayward et al., 2013).

<table>
<thead>
<tr>
<th>Internal Consistency Reliability</th>
<th>Inter-Rater Agreement</th>
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<tr>
<td>Cronbach’s Alpha</td>
<td>Percent Agreement</td>
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<tr>
<td>Stage I - Pilot Test (Original Form)</td>
<td>$\alpha = .939$</td>
</tr>
<tr>
<td>Stage II - Field Test (Modified Form): Multi-Source Feedback</td>
<td>$\alpha = .981$</td>
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List of Institutions/Organizations using the ICAR

- Dalhousie University
- East Carolina University, College of Nursing
- Gundersen Lutheran Health System
- Memorial University of Newfoundland
- Monash University
- Ohio State University
- Regis University, School of Physical Therapy
- Spectrum Medical Education
- Tehran University of Medical Sciences
- Texas Tech University Health Sciences Center
- Toronto General Hospital
- University of Arkansas
- University of British Columbia
- University of Miami
- University of Michigan
- University of Otago Wellington
- University of Ottawa
- University of Pittsburgh
- Washington State University

References


ICAR Website: http://www.med.mun.ca/CCHPE/Faculty-Resources/Interprofessional-Collaborator-Assessment-Rubric.aspx
The Interprofessional Collaborator Assessment Rubric (ICAR) is intended for use in the assessment of interprofessional collaborator competencies. Development of the Rubric tool was guided by an interprofessional advisory committee comprising educators from the fields of medicine, nursing, and the rehabilitative sciences.

**Stage I – Competency Development**

The first stage of development was to identify, develop, and validate a set of interprofessional collaborator competencies that would be relevant to a variety of health and social care interprofessional learning environments. The second stage of development was to construct and evaluate the Rubric across partner sites.

**Literature Review**

A comprehensive analysis of the peer-reviewed and grey literature pertaining to interprofessional collaborator competencies was conducted. Typological analysis was used to compare, contrast, and categorize competency themes, statements, and descriptors related to knowledge, skills, and attitudes that corresponded with successful interprofessional collaboration. Investigators then constructed a final list of competency statements and associated performance criteria/behavioral indicators. These items were translated and cross-referenced by Francophone educators active in the field and were adjusted accordingly to produce a document equivalent in both official languages.

**Stage II – Rubric Development**

**Delphi Survey**

A Delphi survey was utilized to gather opinions of a pan-Canadian interprofessional group of English and French speaking experts in interprofessional education (IPE) and collaborative care. The Delphi survey asked experts to rate the importance and clarity of the competency statements and associated performance criteria/behavioral indicators. A list of categories, competency statements, and a corresponding set of performance/behavioral indicators were organized into English and French language assessment rubrics.

**Focus Groups**

Multi-site focus groups were conducted across research sites (Toronto, Ottawa, St. John’s). Student and faculty focus groups were comprised of an interprofessional mix of pre-licensure students or faculty currently instructing in programs of pre-licensure education in their respective profession. Based on feedback concerning the utility, clarity, practicality, and fairness of the Rubric, revisions were made to produce the final, validated version.

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The Canadian Interprofessional Health Collaborative (CIHC) commissioned a national competency framework for interprofessional collaboration. The framework was developed by a national working group and the co-authors of the final framework were Dr. Lesley Bainbridge (University of British Columbia) and Dr. Carole Orchard (Western University). The competency framework uses an integrated approach and emphasizes not only knowledge, skills and attitudes but also judgments. It also grounds the concept of interprofessional collaboration in the context of practice, the simple to complex continuum and quality improvement.

Over the 2 years since the framework was released, it has been increasingly used in many contexts not only as a framework for structuring and evaluating interprofessional education, but also as a means of assessing collaborative practice. More specifically, the framework as a self-assessment tool has been used in the practice setting to help determine areas for professional development.

**Who uses it?**

The CIHC framework is used increasingly by health education programs across many professions and universities/colleges and by provincial/regional health authorities to frame their interprofessional education strategies for students and practitioners. In both education and practice contexts, the framework is being used in ways that meet the local needs to assess/self-assess competence in collaboration and to help determine the most needed areas for further training.

**Impacts & Outcomes**

- A common language across the country is helping to bring some consistency to interprofessional education in both education and practice contexts.
- Because people can see themselves in the framework, they are able to determine the areas in which they need to improve and so in the practice setting especially, there has been a greater emphasis on professional development related to collaboration.
- Faculty and professional development programs are using the framework to provide a consistent outline for training programs related to collaboration.
- Repeat application of the framework as an assessment tool is demonstrating positive change in collaboration practices.

For more information, please visit http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf
The Collaborative Practice Assessment Tool (CPAT) was designed to assess perceptions of constructs of collaborative practice identified in the literature. The survey includes 56 items across 8 domains including: mission, meaningful purpose, goals; general relationships; team leadership; general role responsibilities, autonomy; communication and information exchange; community linkages and coordination of care; decision-making and conflict management; and patient involvement, in addition to three open-ended questions.

The tool is intended for use in a variety of settings involving a diversity of healthcare providers with the aim of helping teams to identify perceived levels of collaboration within the different domains so that professional development needs can be identified, leading to corresponding action plans. The tool is designed to be completed by individual members, however, results are to be aggregated in order to create an understanding of overall team functioning while protecting anonymity. The results of two pilot tests demonstrated that the CPAT is a valid and reliable tool for assessing levels of collaborative practice within teams.


The CPAT is available upon request from the Office of Interprofessional Education and Practice at: http://healthsci.queensu.ca/education/oipep/contact_us.

What is IP-COMPASS?

IP-COMPASS is a quality improvement framework intended to help clinical settings improve interprofessional collaboration (IPC) and become better prepared to provide intentional interprofessional education (IPE). It provides a structured process to help you understand the types of organizational values, structures, processes, practices and behaviors that, when aligned, can create an environment that is conducive to interprofessionalism.

Who Can Use IP-COMPASS?

IP-COMPASS is designed to be used in hospital units where there are two or more types of healthcare professionals working together to provide patient care, and that host healthcare students. You can use the IP-COMPASS if you are already providing interprofessional learning experiences to students, or if you would like to do so in the future.

What Does the Process Involve?

IP-COMPASS is a four step process. It involves:

- Assembling a team of 3-5 interested people;
- As a team, completing a guided self-assessment process;
- Developing and implementing an action plan; and
- Revisiting your action plan to determine next steps.

Where Can I Get More Information?

Please contact Ivy Oandasan (ioandasan@utoronto.ca) or Kathryn Parker (kparker@hollandbloorview.ca) for information on access to the IP-COMPASS.