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BACKGROUND/ RESEARCH QUESTIONS

- IPE is a key element to a sustainable health and social care workforce according to WHO and Health Canada.
- Funding was given by Health Canada to foster and sustain IPE in Canada
- The CIHC conducted a bilingual follow-up situational analysis (SA) to its 2008 Situational Analysis to better understand the state of interprofessional education (IPE) in Canada.

GOAL AND PURPOSE

The purpose was to identify the extent to which IPE is supported and structured within and across Canadian post-secondary institutions.

METHODOLOGY & METHODS

- The survey posed 19 two-level questions (close-ended and related openended) about structures, processes, and metrics of IPE programs.
- Institutions were eligible for this study if they received funding through the cycles of the Health Canada IECPCP Initiative and if they were known at the time of the survey to have structured health and social care (HASC) IPE programs.

ACKNOWLEDGMENTS: Thanks to CIHC Board of Directors for their support and comments in producing this Situational analysis

CIHC-CPIS SITUATIONAL ANALYSIS OF IPE IN CANADA: robust but fragile M.-A. Girard¹, R.Grymonpre², S. Langlois³, K. Lackie⁴ & J.H.V. Gilbert⁵

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A majority of professional academic programs since the Health Canada initiative implemented a flexible model of IPE organizational structure

Policies and academic support is key to ensure sustainability

Virtual teaching was present before the pandemic but thrive during the pandemic

REFERENCES:

Gilbert, J., Burton, A., & Sawatzky-Girling, B. (2008). Canadian Interprofessional Health Collaborative (CIHC) situational analysis: current state of interprofessional education (IPE) in Canada. Gilbert J. Et al. (2021) CIHC-CPIS SITUATIONAL ANALYSIS OF IPE IN CANADA, 2021, CIHC-CPIS

- November 2020 and February 2021.

- critical to advancement and investment.

CONCLUSIONS & CURIOSITIES

- program.
- sustainability of IPE programs in Canada.

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RESULTS

The survey was sent to a convenience sample (n=34) between

Nineteen responses were received (RR=56%) from diverse provinces. Although 79% said that their institutions supported a specific program for IPE, the organizational structure was not standardized nor uniform, going from structured Center of IPE to informal programs.

Participants expressed the need for better policies to guide practiceacademic interactions and to support programs and facilitators.

Education content, medium and resources varied also. 63% have some extend of virtual teaching, even before the pandemic.

Use of the CIHC Competency Framework was not consistent Only 32% have some patient involvement.

For metrics and evaluation, 47% did not have any outcome measures and most external accreditation reviews were not focused on the IPE program, although participants viewed a more formalized process as

The findings of this survey suggest that since 2005, Canadian academic institutions have made strides to improve access to and quality of IPE

However, there are still some challenges to address that will ensure