

**Interprofessional Education Curricula Models for
Health Care Providers in Ontario**

**POST-REGISTRATION STRATEGIES TO GUIDE
THE TEACHING AND ASSESSMENT OF
INTERPROFESSIONAL COMPETENCIES IN
INTERPROFESSIONAL EDUCATION SETTINGS**

2009

4 of 6

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Executive Summary

This guide to teaching and assessment in interprofessional education was written for the use of educators working in post-registration education settings. 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, 2002).

Post-registration IPE may also be referred to as continuing education and post-graduate education. While these two types of post-registration education may have different goals and frequently occur in different settings, the literature is often unclear as to the definition and differences. Therefore, all education occurring after a professional completes their pre-registration education is referred to as post-registration education in this document. The opportunities discussed are tailored toward registered health professionals; these could be working professionals, or graduate students. Interprofessional education and/or collaboration must be a specific goal, component or mandate. Post-registration IPE can lead to a certificate, attendance acknowledgement, diploma, graduate level degree (MSc/PhD), or Continuing Medical Education (CME)/Continuing Professional Development (CPD) credits mandated by regulatory colleges.

This document presents a new model for post-registration IPE, titled the “Ontario Post-Registration Interprofessional Education Model,” integrating knowledge from previous models with information gathered from the Scoping Review of Post-Registration Literature on Curricula for Interprofessional Education (Health Force Ontario, 2009).

The National Interprofessional Competency Framework of the Canadian Interprofessional Health Collaborative (CIHC, 2009, Appendix A) is used in this document to guide the content that should be included in pre-registration IPE. In this framework, 6 main competencies are described. Two of the competencies are seen as over-arching, with effect to the 4 other competencies; these are interprofessional communication and interprofessional conflict management. The 4 remaining competencies are role clarification, patient/client/family/community centred, team functioning and collaborative leadership.

Included at the end of the document are articles that detail the teaching of particular CIHC (2009) competencies to post-registration students. These articles are given as curricula examples and were taken from the Scoping Review of Post-Registration Literature on Curricula for Interprofessional Education (Health Force Ontario, 2009). These articles have not been reviewed for the effectiveness of the curricula; educators should consider whether the information presented in the articles is suitable for their own particular use. It should be noted that gaps in Continuing Professional Development (CPD) opportunities exist in this Scoping Review. Learning opportunities may only be posted on an organization’s intranet or be made available on the Internet for a limited period of time then removed once the CPD event is over. The Post-Registration Literature Scoping Review reflects what was available for access by the working group during a specific window of time.

Introduction

This document is intended to guide the teaching and assessment of post-registration curricula in interprofessional settings in Ontario. A new model of post-registration IPE is presented, along with the CIHC National Interprofessional Competency Framework (2009). Also, a summary of articles that feature curricula related to the 6 CIHC IPE Competencies is included. These curricula examples were gathered from the Scoping Review of Post-Registration Literature on Curricula for Interprofessional Education (Health Force Ontario, 2009).

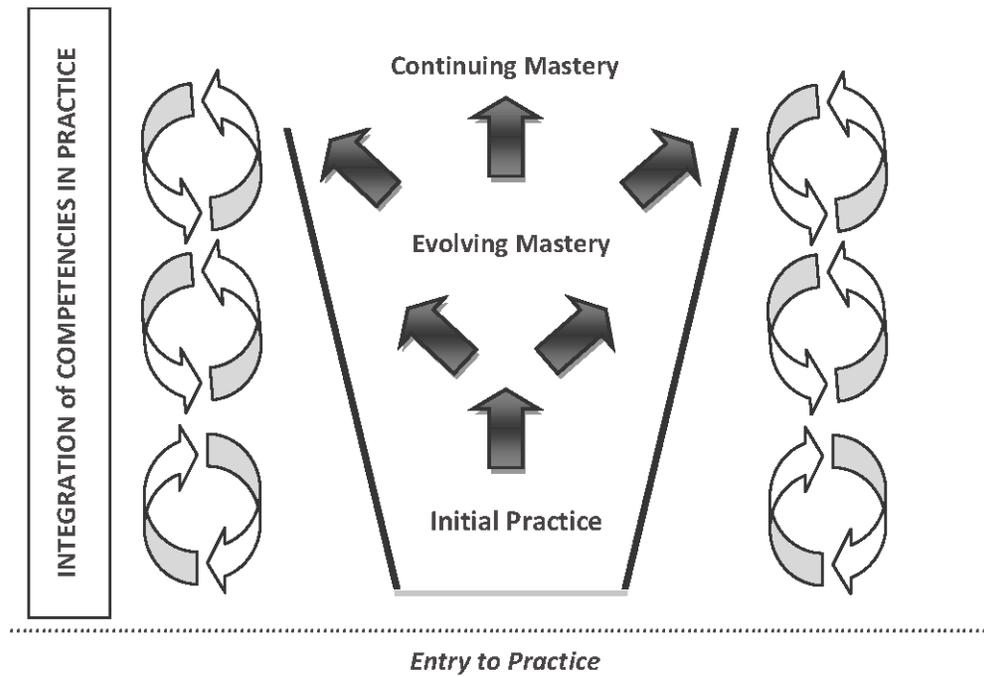
Ontario Post-Registration Interprofessional Education Model

The Ontario Post-Registration Interprofessional Education Model (Figure 1) has been designed to guide post-registration IPE efforts for professionals who have completed their pre-registration qualifications and are practicing in the health care field. Continuing education and post-graduate opportunities both fit within this model. This model evolved from information gathered regarding IPE curricula during the Post-Registration Scoping Review (Health Force Ontario, 2009) and was shaped by the Interprofessional Education Curricula Models Working Group in the fall of 2009.

The UBC Model of IPE (Charles, Bainbridge & Gilbert, In press) has been used as reference point for this model. The UBC model frames pre-registration IPE as flowing from exposure to immersion to mastery of skills/competencies. The following model for post-registration IPE builds from a new clinician's initial mastery of competencies and continues to expand and evolve as the practitioner participates in clinical practice and post-registration education.

In the Ontario Post-Registration Interprofessional Education Model (Figure 1), a health professional enters clinical practice at the initial practice stage of their interprofessional collaboration competencies (CIHC, 2009). At the stage of initial practice, a health professional is still becoming confident in their professional role, and is immersed in the reality of interprofessional collaboration as a registered health professional for the first time. As clinical practice and post-registration IPE experiences build, the health professional moves to the evolving mastery stage. This is a stage of self-reflection and consolidation, where clinical skills and professional confidence have grown, as well as exposure to and competence in interprofessional care. The health professional may engage in continuing education or post-graduate learning to further evolve as an interprofessional care provider. The final stage, continuing mastery, highlights the need for health professionals to continue post-registration IPE, coupled with reflective clinical practice, in order to sustain the mastery of interprofessional collaboration competencies. The model shows that competency in interprofessional practice is a continually expanding and evolving process with each experience (learning and practice) building on each other.

Figure 1: Ontario Post-Registration Interprofessional Education Model



Framework for Interprofessional Teaching and Assessment

It is recommended that interprofessional teaching and assessment activities include elements that give health professionals the opportunity to be exposed to and practice interprofessional collaboration competencies (CIHC, 2009, Appendix A). Specific ways to assess these competencies may include peer feedback, reflective journals, behaviour checklists or rating scales, performance evaluation or feedback from patients/clients/families. Table 1 details the hierarchical nature of post-registration interprofessional learning, with increasingly complex tasks, and the opportunity to reflect and integrate information as interprofessional practice evolves.

Table 1: A framework for incorporating interprofessional education competencies in curriculum

Ontario Post-Registration IPE Model (2009)		Teaching Activities/Strategies	Assessment Activities
INTEGRATION OF IP COMPETENCIES IN CURRICULA		CONTINUING MASTERY	Performance evaluation, feedback from patients/clients/family/community, behaviour checklists/rating scales, video audits, peer feedback, professional portfolios
		EVOLVING MASTERY	<i>Clinical context based tests:</i> Exam, quiz, essay, oral <i>Other:</i> Peer feedback, behaviour checklists/rating scales
		INITIAL PRACTICE	<i>Factual tests:</i> Exam, quiz, essay, oral <i>Other:</i> On-line discussion rating, reflective journaling
<i>Life Experiences: Previous education and experiences at entry to clinical practice</i>			

Teaching at the post-registration level requires awareness of and sensitivity to differing levels of interprofessional practice expertise. Experienced clinicians may have more experience in a uni-professional, inter- or multi-disciplinary practice setting and thus will begin their IPE experiences at a less advanced stage of mastery, while clinicians educated in a program that included IPE at the pre-registration level could enter practice at a more advanced level of mastery. Competence in interprofessional collaboration is an expanding and evolving process, and post-registration learners will move through the continuum in diverse ways, depending on individual practice and IPE experience.

Interprofessional Collaboration Competencies (CIHC, 2009)

The National Interprofessional Competency Framework of the Canadian Interprofessional Health Collaborative (CIHC, 2009, Appendix A) is used in this document to guide the content that should be included in post-registration IPE. In this framework, 6 main competencies are described. It should be noted that the CIHC is currently in the process of finalizing the collaboration competencies and resulting framework; all information presented here is in draft form.

The 2 over-arching competencies of interprofessional collaboration, interprofessional communication and interprofessional conflict management, are seen as embedded in the practice of interprofessional collaboration and as guiding any teaching or assessment endeavour.

The 4 remaining competencies, role clarification, patient/client/family/community centred, team functioning and collaborative leadership can be more specifically targeted in IPE curricula.

Over-Arching IPE Competencies

Interprofessional Communication: *communicates effectively with health providers from other professions and disciplines, including patients/clients and families, in a collaborative, responsive and responsible manner.*

Interprofessional Conflict Management: *actively engages self and others in dealing effectively with interprofessional conflict.*

Targeted IPE Competencies

Patient/ Client / Family /Community Centred: *seeks out, integrates and values, as a partner, the input and engagement of the patient/ client / family /community in designing and implementing health care/services.*

Team Functioning: *understands the principles of team dynamics and group processes to enable effective interprofessional collaboration in a team setting, whether or not a formalized team exists.*

Collaborative Leadership: *co-creates an environment with all participants, including patient/client and family, to work together in formulating, implementing and evaluating care/services with the goal of enhancing patient/client outcomes.*

Role Clarification: *understands one's own role and others' roles, and uses this knowledge appropriately to establish and meet patient/client/family and community goals.*

IPE Competency Teaching Resources

The articles listed below are drawn from the Scoping Review of Post-Registration Literature on Curricula for Interprofessional Education (June, 2009) of the Interprofessional Education Curricula Models for Health Care Providers in Ontario working group. It should be noted that gaps in Continuing Professional Development (CPD) opportunities exist in this Scoping Review. Learning opportunities may only be posted on an organization's intranet or be made available on the Internet for a limited period of time then removed once the CPD event is over. The Post-Registration Literature Scoping Review reflects what was available for access by the working group during a specific window of time.

The following teaching resources have been organized using the 6 CIHC Competencies (CIHC, 2009, Appendix A). It should be noted that the research for the scoping review was completed before the release of the CIHC Competencies (May, 2009); while the competencies generally mirror topics found in the literature, the match was not always exact.

The articles are provided as examples only, as the effectiveness of the curricula were not evaluated in the scoping review. Educators should evaluate the curricula to determine the usefulness for their health care profession or education setting. A full listing of references for the following articles can be found in Appendix B.

CIHC IP Competencies (2009)

1. Interprofessional Communication: *communicates effectively with health providers from other professions and disciplines, including patients/clients and families, in a collaborative, responsive and responsible manner.*

The following table details 28 articles found in the post-registration scoping review that relate to the competency of interprofessional communication.

Interprofessional Communication			
Reference ID	Health Professionals	Type of Learning	Length of Course
Birch_2007	midwives, physicians & surgeons	theory	1 time workshop
Browner_2004	audiologists, nurses, occupational therapists, physiotherapists, social workers, speech language pathologists	theory	4 day course
Carr_2003	nurses, occupational therapists, pharmacists, physicians & surgeons, physiotherapists, psychologists	theory	1 time workshop
Clark_1997	nurses, occupational therapists, physicians & surgeons	theory	1 time conference
Clark_2002	dietitians, nurses, occupational therapists, pharmacists, physicians & surgeons, physiotherapists, social workers	theory	several months/meetings

Interprofessional Communication			
Reference ID	Health Professionals	Type of Learning	Length of Course
Davis_2008	dental surgeons, nurses, pharmacists, physicians & surgeons	theory	several modules
DePoy_1997	nurses, psychologists, social workers	theory	several months/meetings
Farrell_2002	nurses, physicians & surgeons	theory	several modules/meetings
Featherstone_2005	nurses, physicians & surgeons, physiotherapists	theory	1 time workshop
Freeth_1998	nurses (new grads) & physicians (final year students)	theory	4, half days over 4 weeks
Grogan_2004	nurses, physicians & surgeons	theory	1 time workshop
Jones_2002	physicians & surgeons, psychologists, social workers	theory	1 time conference
Kearney_2008	nurses, physicians & surgeons	theory	1 time conference
Latimer_1998	nurses, occupational therapists, pharmacists, physicians & surgeons, physiotherapists, social workers, dietitians	theory	1 time conference
Lefebvre_2007	nurses, physiotherapists, psychologists, social workers	theory	several modules
Long_1996	midwives, nurses, physicians & surgeons	theory	1 time workshop
Milne_2007	midwives, nurses, physicians & surgeons	theory	several modules/meetings
Morey_2002	nurses, physicians & surgeons	theory/clinical combined	several modules
Nielson_2007	nurses, physicians & surgeons	theory	1 time workshop
Ostergaard_2004	medical radiation technologists, midwives, nurses, physicians & surgeons	theory	several modules/meetings
Papa_1998	dietitians, nurses, physicians & surgeons, physiotherapists, psychologists, social workers	theory	several months/meetings
Papadatou_1997	nurses, psychologists, social workers	theory/clinical combined	several months/meetings
Reeves_2000	nurses, physicians & surgeons	theory	several modules
Rushton_2006	dietitians, nurses, physicians & surgeons, respiratory therapists, social workers	theory/clinical combined	several months/meetings
Shapiro_2004	nurses, physicians & surgeons	theory	1 time workshop
Smith_2002	nurses, physicians & surgeons	theory	1 time workshop
Stein_1995	physicians & surgeons, social workers	theory	1 time conference
Sundar_2007	nurses, physicians & surgeons, respiratory therapists	theory	several courses

2. Interprofessional Conflict Management: *actively engages self and others in dealing effectively with interprofessional conflict.*

The following table details 9 articles found in the post-registration scoping review that relate to the competency of interprofessional conflict management.

Interprofessional Conflict Management			
Reference ID	Health Professionals	Type of Learning	Length of Course
Clark_1997	nurses, occupational therapists, physicians & surgeons	theory	1 time conference
Clark_2002	dietitians, nurses, occupational therapists, pharmacists, physicians & surgeons, physiotherapists, social workers	theory	several months/meetings
Curran_2007	dental hygienists, dietitians, medical laboratory technologists, medical radiation technologists, nurses, occupational therapists, pharmacists, physicians & surgeons, physiotherapists, psychologists, respiratory therapists, social workers, speech language pathologists	theory	several months/meetings
Long_1996	midwives, nurses, physicians & surgeons	theory	1 time workshop
Nielson_2007	nurses, physicians & surgeons	theory	1 time workshop
Ostergaard_2004	medical radiation technology, midwives, nurses, physicians & surgeons	theory	several modules/meetings
Papa_1998	dietitians, nurses, physicians & surgeons, physiotherapists, psychologists, social workers	theory	several months/meetings
Phelan_2006	nurses, physicians & surgeons, psychologists	theory/clinical combined	several months/meetings
Sundar_2007	nurses, physicians & surgeons, respiratory therapists	theory	several courses

3. Role Clarification: *understands one's own role and others' roles, and uses this knowledge appropriately to establish and meet patient/client/family and community goals.*

The following table lists 27 articles found in the post-registration scoping review relating to the competency of role clarification.

Role Clarification			
Reference ID	Health Professional	Type of Learning	Length of Course
Browner_2004	audiologists, nurses, occupational therapists, physiotherapists, social workers, speech language pathologists	theory	4 day course
Carpenter_2006	nurses, occupational therapists, physicians & surgeons, psychologists, social workers	theory/clinical combined	2 year program
Cornish_2003	nurses, physicians & surgeons, physiotherapists, psychologists, social workers	theory	several months/meetings

Role Clarification			
Reference ID	Health Professional	Type of Learning	Length of Course
Crozier_2003	midwives, physicians & surgeons	theory/clinical combined	several months/ meetings
Curran_2007	dental hygienists, dietitians, medical laboratory technologists, medical radiation technologists, nurses, occupational therapists, pharmacists, physicians & surgeons, physiotherapists, psychologists, respiratory therapists, social workers, speech language pathologists	theory	several months/ meetings
Dagnone_2008	nurses, physicians & surgeons	theory	several modules/meetings
Davis_2008	dental surgeons, nurses, pharmacists, physicians & surgeons	theory	several modules
DePoy_1997	nurses, psychologists, social workers	theory	several months/ meetings
Dowswell_1999	nurses, physiotherapists	theory/clinical combined	several months/meetings
Farrell_2002	nurses, physicians & surgeons	theory	several modules/meetings
Freeth_1998	nurses (new grads) & physicians (final year students)	theory	4, half days over 4 weeks
Gonzales_2004	audiologists, dietitians, nurses, occupational therapists, physicians & surgeons, physiotherapists, psychologists, social workers	theory	several months/ meetings
Houghton_2007	nurses, occupational therapists, physiotherapists, chiropodists/podiatrists, dietitians	theory/clinical combined	Master's program
Latimer_1998	nurses, occupational therapists, pharmacists, physicians & surgeons, physiotherapists, social workers, dietitians	theory	1 time conference
Leathard_2003	midwives, nurses, occupational therapists, social workers	theory	several months/meetings
Lewis_1998	dietitians, nurses, physicians & surgeons, psychologists, social workers	theory/clinical combined	several months/ meetings
Long_1996	midwives, nurses, physicians & surgeons	theory	1 time workshop
Mann_1996	dietitians, nurses, pharmacists, physicians & surgeons, social workers	theory	several months/ meetings
Papa_1998	dietitians, nurses, physicians & surgeons, physiotherapists, psychologists, social workers	theory	several months/meetings
Pullon_2005	nurses, pharmacists, physicians & surgeons, physiotherapists	theory/clinical combined	several months/ meetings
Reeves_2000	nurses, physicians & surgeons	theory	several modules
Reeves_2007	nurses, social workers	theory	several modules

Role Clarification			
Reference ID	Health Professional	Type of Learning	Length of Course
Rushton_2006	dietitians, nurses, physicians & surgeons, respiratory therapists, social workers	theory/clinical combined	several months/ meetings
Shapiro_2004	nurses, physicians & surgeons	theory	1 time workshop
Smith_2002	nurses, physicians & surgeons	theory	1 time workshop
Stein_1995	physicians & surgeons, social workers	theory	1 time conference
Sundar_2007	nurses, physicians & surgeons, respiratory therapists	theory	several courses

4. Patient/ Client / Family /Community Centred: *seeks out, integrates and values, as a partner, the input and engagement of the patient/ client / family /community in designing and implementing health care/services.*

This specific topic was not one identified in the June 2009 Post-Registration Scoping Review. Although the topics of community care and primary care exist in the scoping review, these categories were not defined in alignment with the above competency, and as such have not been included in this document. It is recommended that curricula be developed with this competency in mind.

5. Team Functioning: *understands the principles of team dynamics and group processes to enable effective interprofessional collaboration in a team setting, whether or not a formalized team exists.*

The following table details 63 articles found in the post-registration scoping review that relate to the competency of team functioning.

Team Functioning			
Reference ID	Health Professionals	Type of Learning	Length of Course
Birch_2007	midwives, physicians & surgeons	theory	1 time workshop
Browner_2004	audiologists, nurses, occupational therapists, physiotherapists, social workers, speech language pathologists	theory	4 day workshop
Campbell_2001	nurses, physicians & surgeons, social workers	theory	1 time conference
Carpenter_2006	nurses, occupational therapists, physicians & surgeons, psychologists, social workers	theory/clinical combined	2 year program
Carr_2003	nurses, occupational therapists, pharmacists, physicians & surgeons, physiotherapists, psychologists	theory	1 time workshop
Clark_1997	nurses, occupational therapists, physicians & surgeons	theory	1 time conference
Clark_2002	dietitians, nurses, occupational therapists, pharmacists, physicians & surgeons, physiotherapists, social workers	theory	several months/ meetings
Conyne_2008	nurses, psychologists, social workers	theory	several months/ meetings

Team Functioning			
Reference ID	Health Professionals	Type of Learning	Length of Course
Cornish_2003	nurses, physicians & surgeons, physiotherapists, psychologists, social workers	theory	several months/ meetings
Crofts_2006	nurses, occupational therapists, pharmacists, physicians & surgeons, physiotherapists	theory	20 days
Crozier_2003	midwives, physicians & surgeons	theory/clinical combined	several months/ meetings
Curran_2007	dental hygienists, dietitians, medical laboratory technologists, medical radiation technologists, nurses, occupational therapists, pharmacists, physicians & surgeons, physiotherapists, psychologists, respiratory therapists, social workers, speech language pathologists	theory	several months/ meetings
Dagnone_2008	nurses, physicians & surgeons	theory	several modules/ meetings
Davis_2008	dental surgeons, nurses, pharmacists, physicians & surgeons	theory	several modules
DePoy_1997	nurses, psychologists, social workers	theory	several months/ meetings
DeVita_2005	nurses, physicians & surgeons, respiratory therapists	theory	1 time workshop
Dowswell_1999	nurses, physiotherapists	theory/clinical combined	several months/meetings
Farrell_2002	nurses, physicians & surgeons	theory	several modules/ meetings
Featherstone_2005	nurses, physicians & surgeons, physiotherapists	theory	1 time workshop
Freeth_1998	nurses (new grads) & physicians (final year students)	theory	4, half days over 4 weeks
Gonzales_2004	audiologist, dietitians, nurses, occupational therapists, physicians & surgeons, physiotherapists, psychologists, social workers	theory	several months/ meetings
Grant_2007b	nurses, physicians & surgeons, psychologists, social workers	theory/clinical combined	1 time conference,
Grogan_2004	nurses, physicians & surgeons	theory	1 time workshop
Harris_1995	midwives, nurses, physicians & surgeons, respiratory therapists	theory/clinical combined	several modules/ meetings
Houghton_2007	nurses, occupational therapists, physiotherapists, chiropodists/podiatrists, dietitians	theory/clinical combined	Master's program
Jones_2002	physicians & surgeons, psychologists, social workers	theory	1 time conference
Kelley_2004	nurses, physicians & surgeons	theory/clinical combined	30 h for 3 years

Team Functioning			
Reference ID	Health Professionals	Type of Learning	Length of Course
Ladden_2006	nurses, pharmacists, physicians & surgeons	theory/clinical combined	several modules
Latimer_1998	nurses, occupational therapists, pharmacists, physicians & surgeons, physiotherapists, social workers, dietitians	theory	1 time conference
Leathard_2003	midwives, nurses, occupational therapists, social workers	theory	several months/meetings
Lefebvre_2007	nurses, physiotherapists, psychologists, social workers	theory	several modules
Lewis_1998	dietitians, nurses, physicians & surgeons, psychologists, social workers	theory/clinical combined	several months/meetings
Liakos_2008	dental surgeons, nurses, occupational therapists, pharmacists, physicians & surgeons, physiotherapists	theory	variety of opportunities
Lowenstein_2005	nurses, occupational therapists, physicians & surgeons, physiotherapists, social workers	theory/clinical combined	Master's Program
Macdonald_2008	nurses, pharmacists, physicians & surgeons	theory	several months/meetings
Madden_2006	dental surgeons, nurses, occupational therapists, pharmacists, physicians & surgeons, psychologists, social workers	theory/clinical combined	several months/meetings
Mann_1996	dietitians, nurses, pharmacists, physicians & surgeons, social workers	theory	several months/meetings
Milne_2007	midwives, nurses, physicians & surgeons	theory	several modules/meetings
Morey_2002	nurses, physicians & surgeons	theory/clinical combined	several modules
Nielson_2007	nurses, physicians & surgeons	theory	1 time workshop
Ostergaard_2004	medical radiation technologists, midwives, nurses, physicians & surgeons	theory	several modules/meetings
Papa_1998	dietitians, nurses, physicians & surgeons, physiotherapists, psychologists, social workers	theory	several months/meetings
Papadatou_1997	nurses, psychologists, social workers	theory/clinical combined	several months/meetings
Pettifer_2007	nurses, occupational therapists, physicians & surgeons, physiotherapists	theory	1 time workshop
Phelan_2006	nurses, physicians & surgeons, psychologists	theory/clinical combined	several months/meetings
Pullon_2005	nurses, pharmacists, physicians & surgeons, physiotherapists	theory/clinical combined	several months/meetings
Reeves_2000	nurses, physicians & surgeons	theory	several modules

Team Functioning			
Reference ID	Health Professionals	Type of Learning	Length of Course
Reeves_2007	nurses, social workers	theory	several modules
Rushton_2006	dietitians, nurses, physicians & surgeons, respiratory therapists, social workers	theory/clinical combined	several months/ meetings
Shapiro_2004	nurses, physicians & surgeons	theory	1 time workshop
Sibbald_2004	nurses, occupational therapists, pharmacists, physicians & surgeons, physiotherapists, chiropractors/podiatrists	theory	8-month certificate program; will become a Master's
Sievers_2006	nurses, physicians & surgeons	theory/clinical combined	several modules/ meetings
Smith_2002	nurses, physicians & surgeons	theory	1 time workshop
Stein_1995	physicians & surgeons, social workers	theory	1 time conference
Straussner_2005	dental surgeons, nurses, occupational therapists, pharmacists, psychologists, social workers	theory/clinical combined	several projects
Sundar_2007	nurses, physicians & surgeons, respiratory therapists	theory	several courses
Thompson_2008	nurses, social workers	theory	1 time conference, several modules/meetings
Windrim_2006	midwives, nurses, physicians & surgeons	theory	annual event
Young_2005	nurses, physicians & surgeons, social workers	theory	several modules
Zolezzi_2008	nurses, pharmacists	theory	several modules/ meetings

6. Collaborative Leadership: *co-creates an environment with all participants, including patient/client and family, to work together in formulating, implementing and evaluating care/services with the goal of enhancing patient/client outcomes.*

The following table details 3 articles found in the post-registration scoping review that relate to the competency of collaborative leadership. It is suggested that further curricula be developed to teach collaborative leadership in a post-registration IPE setting.

Collaborative Leadership			
Reference ID	Health Professionals	Type of Learning	Length of Course
Dagnone_2008	nurses, physicians & surgeons	theory	several modules/meetings
Ostergaard_2004	medical radiation technologists, midwives, nurses, physicians & surgeons	theory	several modules/meetings
Sundar_2007	nurses, physicians & surgeons, respiratory therapists	theory	several courses

Summary

The above information regarding teaching and assessment has been drawn from the Scoping Review of Post-Registration Literature on Curricula for Interprofessional Education (June, 2009) of the Interprofessional Education Curricula Models for Health Care Providers in Ontario working group. This scoping review revealed many teaching and assessment techniques in use in IPE, and this document provides an overview of the use of these techniques, within the framework of interprofessional collaboration competencies (CIHC, 2009). Please see Appendix A for a visual depiction of the CIHC interprofessional collaboration competencies.

The Ontario Post-Registration Interprofessional Education Model (Health Force Ontario, 2009) is designed to be used in conjunction with the CIHC Interprofessional Collaboration Competencies (CIHC, 2009) to guide the design and implementation of post-registration IPE curriculum in Ontario.

IPE Model and Framework References

CAIPE (2002). <http://www.caipe.org.uk/about-us/defining-ipe/>

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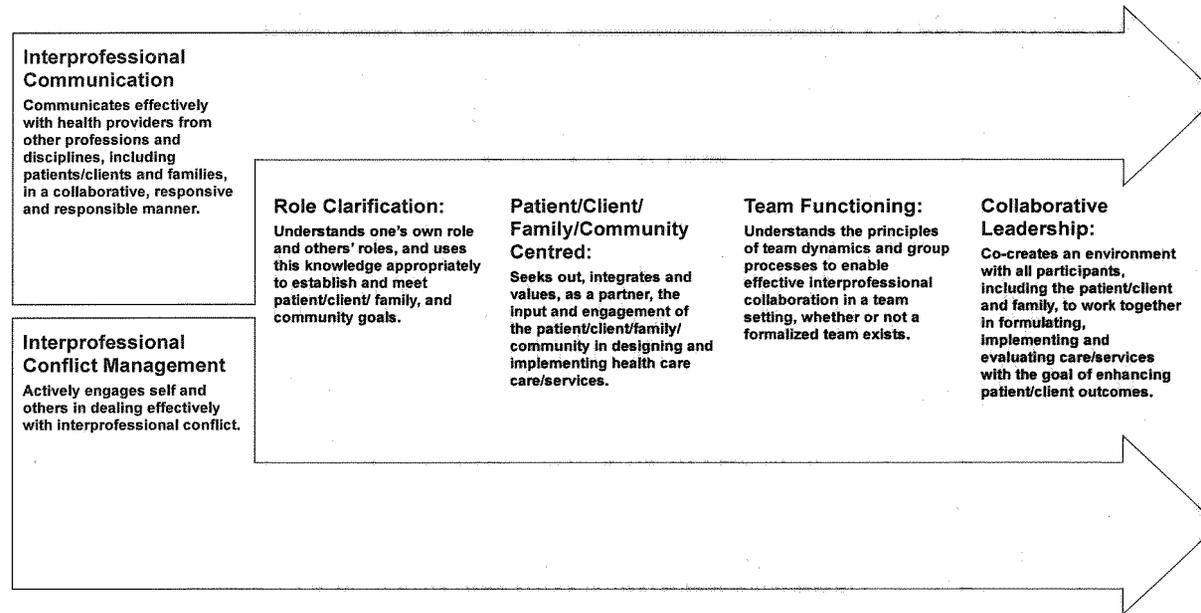
McMaster University. (2009). *Description of IPE Activities and Competencies*. Accessed July 2, 2009 at http://fhs.mcmaster.ca/ipe/competency_intro.htm

Appendix A: National Interprofessional Competency Framework of the Canadian Interprofessional Health Collaborative (CIHC, 2009)

National Interprofessional Competency Framework

Goal: Interprofessional Collaboration:

The process of developing and maintaining effective interprofessional working relationships with colleagues, patients/clients, and families to enable optimal health outcomes.



This diagram is presented in draft version, currently under revision by the CIHC. When a final version of the framework is published, that version should be used by health professionals and educators.

Appendix B: IPE Teaching References

Full Reference	Reference ID
Birch, L., Jones, N., Doyle, P.M., Green, P., McLaughlin, A., Champney, C., Williams, D., Gibbon, K., Taylor, K. (2007). "Obstetric skills drills: Evaluation of teaching methods". <i>Nurse Education Today</i> , 27, 915-922.	<i>Birch_2007</i>
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