



# Building Community in Generating a Canadian Interprofessional Health Leadership Collaborative

Sarita Verma [1], Maria Tassone [1, 2], Lesley Bainbridge [3], Margo Paterson [4], Sue Berry [5], David Marsh [5], Serge Dumont [6]

1. University of Toronto 2. University Health Network 3. University of British Columbia 4. Queen's University 5. Northern Ontario School of Medicine 6. Université Laval

## BACKGROUND

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. The collaboratives are intended to incubate and pilot ideas for reforming health professional education called for in the Lancet Commission report, and are part of the IOM's new Global Forum on Innovation in Health Professional Education launched in March 2012.

## VISION

Collaborative leadership for health system change to globally transform education and health.



## GOAL

To co-create, develop, implement and evaluate a global collaborative leadership model, through the pan-Canadian collaborative and engagement of the global community.

## OBJECTIVES

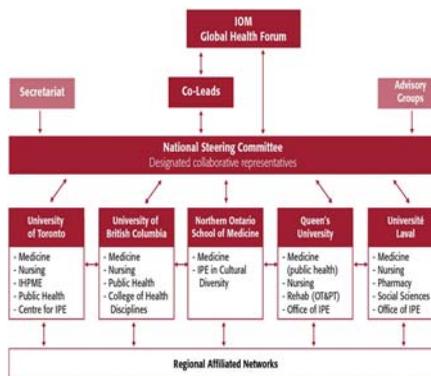
1. Develop a collaborative leadership model for health system change.
2. Build and leverage existing partnerships within Canada to facilitate and implement collaborative leadership programs.
3. Utilize IT and social media to support communities in leadership training.
4. Develop new academic productivity and scholarship to influence global policy reform.
5. Develop an evaluation framework that measures planned and emergent change at the educational, practice and system levels.

## CIHLC MEMBERS

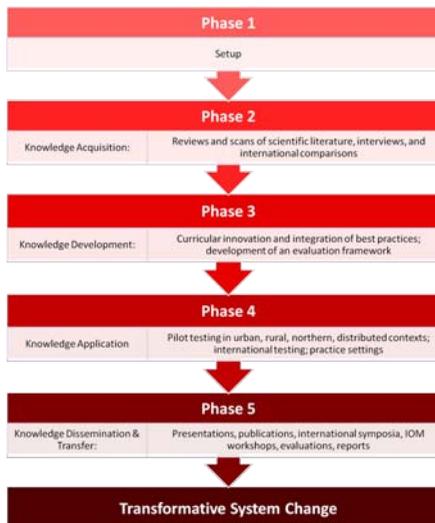
The CIHLC, led by the University of Toronto, consists of the University of British Columbia, the Northern Ontario School of Medicine, Queen's University and Université Laval as partners.



## CIHLC STRUCTURE



## PROCESS



## WHERE WE ARE NOW

Completed (Phase 1):

- ✓ Established the National Steering Committee (NSC) with representation from all five universities to lead the project
- ✓ Early engagement of stakeholders
- ✓ Developed a business plan
- ✓ Fundraising efforts with over 20 contacts
- ✓ Statement of collaboration between partners
- ✓ Presentations at national, provincial, regional and local meetings
- ✓ Dissemination of scholarship in Kobe, Japan; Thunder Bay, Canada; Washington DC, USA
- ✓ Attended two IOM Global Health Forums on Innovation in Health Professional Education
- ✓ Highlighted in Global Commission ([www.healthprofessionals21.org](http://www.healthprofessionals21.org)) and IOM websites ([www.iom.edu](http://www.iom.edu))

In progress (Phase 2):

- Conducting reviews of peer reviewed and grey literature. The **literature reviews** are leading the evolution of the program and its key components, namely:
  - The definition and impact of **collaborative leadership for health system change**
  - The existing evidence base for collaborative leadership **education and curricula**
  - The principles of **community engagement** and **social accountability**
  - Validity of potential **evaluation frameworks**
- **Qualitative research** through **key informant** interviews for further refining "**collaborative leadership**"
- Developing an **evaluation framework** for **systematic implementation** and to support pilot testing of the collaborative leadership curriculum

## DELIVERABLES & OUTCOMES

- Collaborative leadership competencies
- Collaborative leadership curriculum for health care students, practitioners and leaders
- Evidence-based products anchored in the principles of social accountability
- Evaluation framework for systematic implementation
- Global education and practice partnerships
- Health reform with improved health outcomes