Collaborative Leadership for Health System Change to Globally Transform Education and Health

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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 report, *Education of Health Professionals for the 21st Century: A Global Independent Commission,* and are part of the IOM's Global Forum on Innovation in Health Professional Education launched in March 2012.

Goal - To develop, implement, evaluate and disseminate an evidence-based program in collaborative leadership that builds capacity for health systems transformation

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 and implement an evaluation framework that measures planned and emergent change at the educational, practice and system levels

PHASE 1: SET-UP

✓Early engagement of stakeholders
✓Successfully procured funding from the Ontario Ministry of Health and Long-Term Care
✓Dissemination of scholarship in Japan, Australia, US, and Canada
✓Participation at IOM Global Health Forums on Innovation in Health Professional Education
✓CIHLC highlighted in Global Commission (www.healthprofessionals21.org) and IOM (www.iom.edu) websites

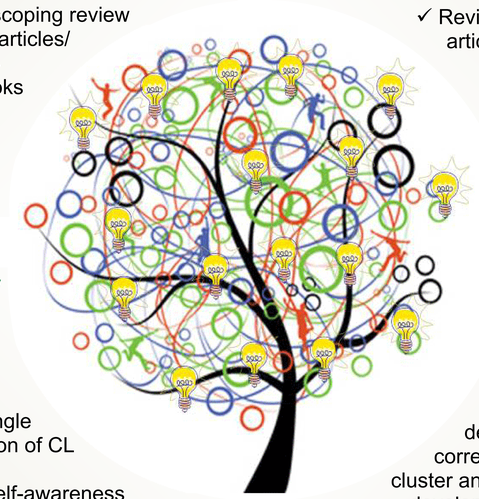
PHASE 2: KNOWLEDGE ACQUISITION

Environmental Scan to Define "Collaborative Leadership"

✓ Conducted qualitative research through key informant interviews (n=34 participants) for further refining of the term, "collaborative leadership" (CL)
✓ Conducted a scoping review of 183 journal articles/ reports and 24 theoretical books

Curriculum Literature Review

✓ Conducted systematic reviews of peer -reviewed and grey literature on CL curricula, including inventory of existing programs
✓ Reviewed 250 scientific articles and 349 health leadership courses
✓ Administered online survey to target audience



RESULTS: Key Elements of Collaborative Leaders

✓ There is no single shared definition of CL

- Humility and self-awareness
- Influencing / engaging others
- Co-creating a shared vision with others
- Effectively using group processes to bring in diverse perspectives

Analysis of Curriculum Literature

✓ Performed descriptive statistics, correlational tests and a cluster analysis to inform the development of the CIHLC program

Results: ✓ Identified knowledge, skills and attitudes for CL program

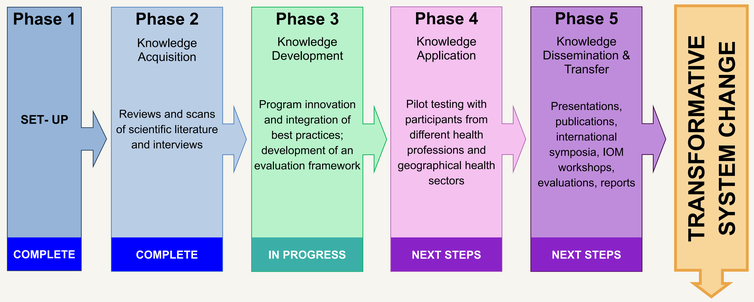
***CIHLC** will be grounded in the principles of social accountability and community engagement and is embedded in a context of interprofessional and relationship-centred care.*

PHASE 3: KNOWLEDGE DEVELOPMENT

1. Based on findings, there is a need and value for a unique focus on CL in health care
2. Currently creating the design and pilot for a collaborative leadership education program for emerging leaders
3. Mandate of CL program will be developing people to lead systems and enable socially accountable change with their community
4. Employing a modular and longitudinal approach
5. Innovative action learning project based on community engagement principles
6. Developing the **Evaluation Framework** using a developmental evaluation approach

VISION - Collaborative leadership for health system change to globally transform education and health

NEXT STEPS



BETTER CARE, BETTER HEALTH, BETTER VALUE