

We are all teachers and we are all learners: Program design for teaching collaborative leadership

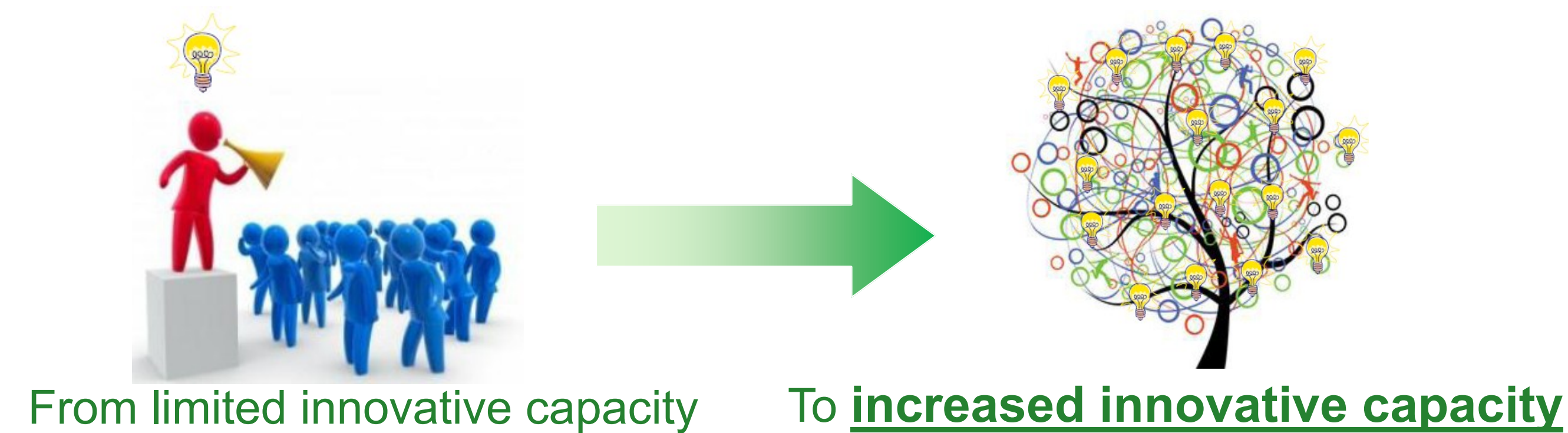
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CIHLC BACKGROUND



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 tasked to incubate and pilot ideas for reforming health professional education.

Vision: Collaborative leadership for health system change to globally transform education and health



CIHLC 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

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

KNOWLEDGE ACQUISITION

Environmental scans 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

Results: Key Elements of Collaborative Leaders

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



- ✓ There is no single shared definition of CL

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

Analysis of Curriculum Literature

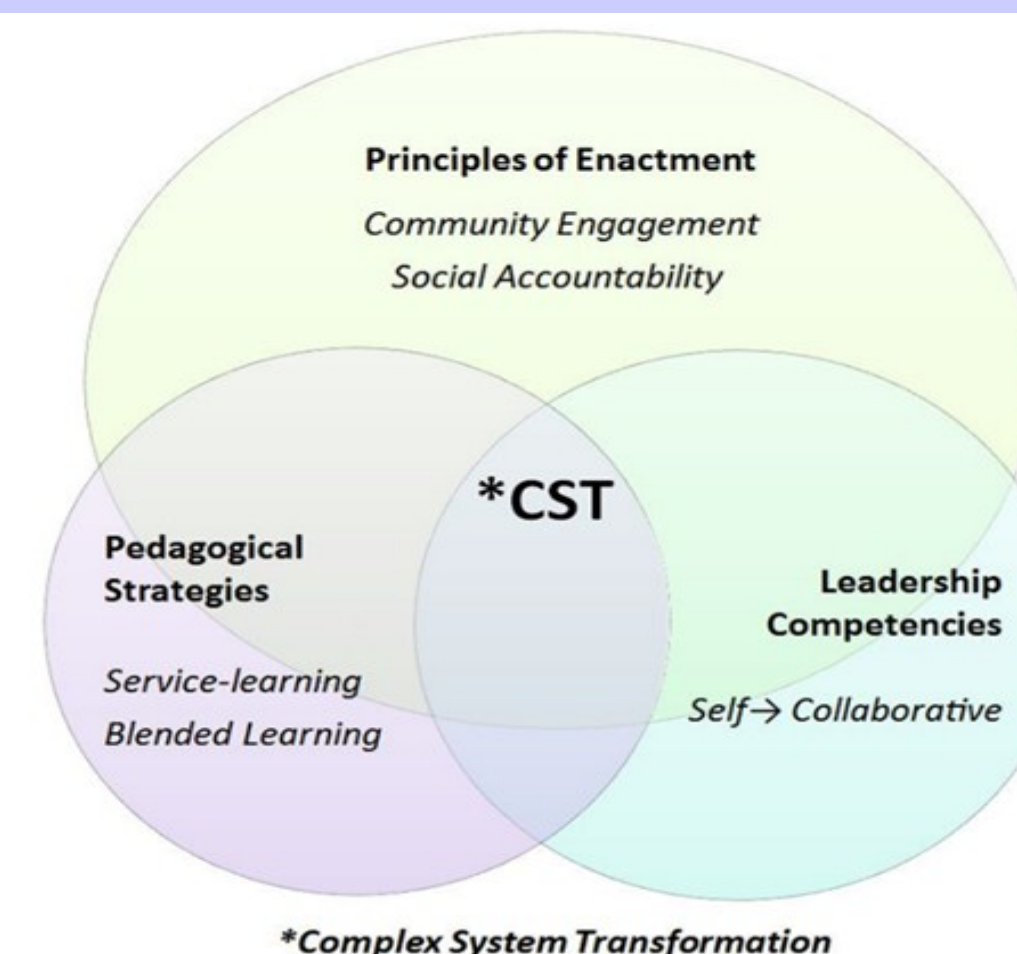
- ✓ Performed descriptive statistics, correlational tests and a cluster analysis to inform the development of the CIHLC program

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

CIHLC EDUCATION PROGRAM MODEL

Program encompasses

- Collaborative leadership competencies
- Principles of enactment (social accountability and community engagement)
- State of the art pedagogical strategies (blended-learning and service-learning project)

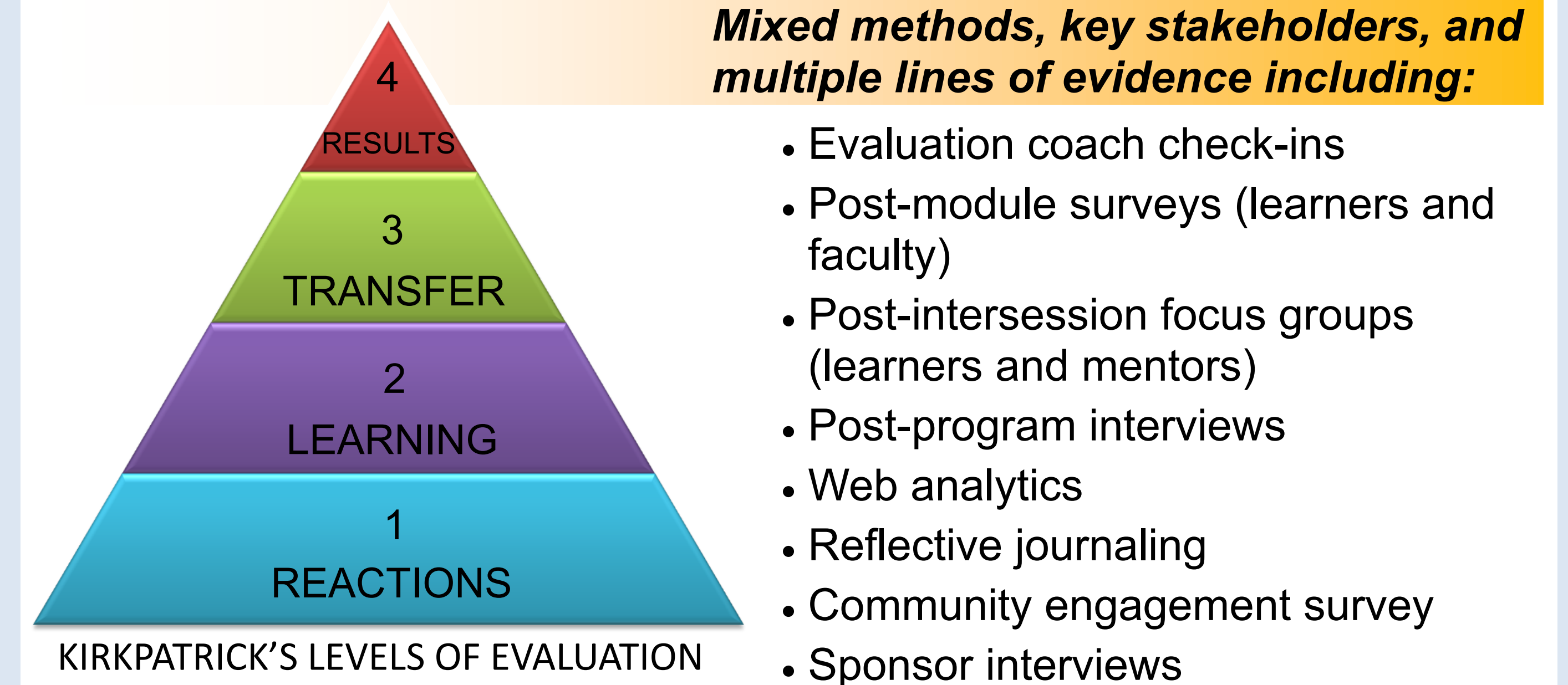


CIHLC is grounded in the principles of social accountability and community engagement and is embedded in a context of interprofessional and relationship-centred care

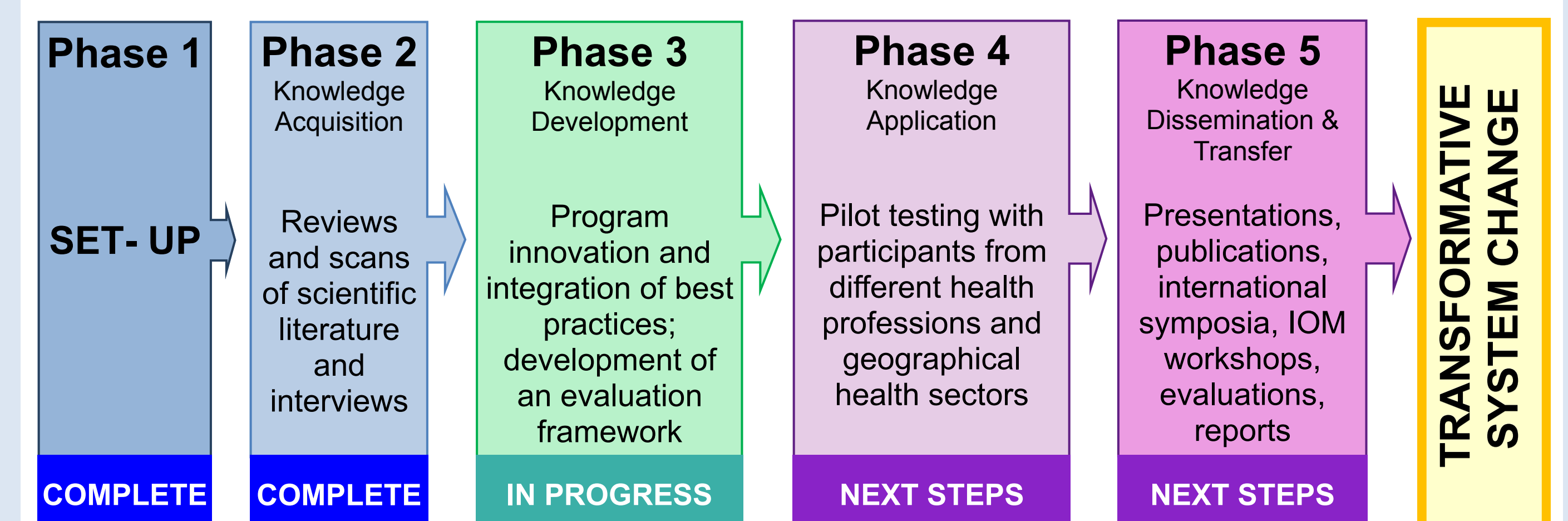
KNOWLEDGE DEVELOPMENT

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 within 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

EVALUATION COMPONENTS



NEXT STEPS



BETTER CARE, BETTER HEALTH, BETTER VALUE