Table of Contents

Overview ............................................................................................................................................. 1
Faculty of Health Context ..................................................................................................................... 2
Interprofessional Health Education (IPHE) Mini-Courses ................................................................. 4
Interprofessional Health Education Competencies ............................................................................. 5
Report of the Canadian Interprofessional Health Collaborative (CIHC) ........................................ 5
Interprofessional Health Education Portfolio Process for MHA Students [IPHE 5900] .... 10
Glossary of IPHE Terms .................................................................................................................... 11
Appendix A – NCHL Competencies – Canadian Version ................................................................ 12
Appendix B – Sample MHA IPHE 5900 Portfolio .......................................................................... 17
Student Reflections of IPHE Form .................................................................................................. 24
Student Evaluation of IPHE Form .................................................................................................... 25
Overview
Students enrolled in the Master of Health Administration (MHA) program in the School of Health Administration (SHA) must register for IPHE 5900 and complete a minimum of four approved IPHE experiences during their MHA course of study. Only one may be at the “exposure” level. All others must be at the “immersion” or “readiness” level. The four mandatory IPHE experiences for MHA students are as follows.

Dalmazing 1.0 Interprofessional Team Challenge (based on the Amazing Race); replacing the previous Health Mentor’s event. This event will focus on fostering an understanding of teamwork skills that underlie the CIHC interprofessional (IP) competencies while providing students with an engaging opportunity to experience working as part of an interprofessional team. The event is scheduled for Tuesday, September 24, 2019 from 4:00 – 5:30 pm. All MHA students as well as students from the faculties of Health, Medicine and Dentistry are required to participate in this event - up to 1200 participants.

Prior to the event, students must complete an online preparation module with pre-test regarding the CIHC IP competencies. The goal is to foster an understanding of the importance of IP collaborative practice as well as to familiarize the students with CIHC IP competencies. Completion of this work will be assessed via an online evaluation through Brightspace or similar learning management software.

On the event day, participants will meet in their teams for a brief welcome and instructions, followed by sequentially visiting 3 stations over a period of 1.5 hours where they must complete tasks demonstrating knowledge of the interprofessional competencies. These stations will primary be located on the Carleton campus in the Collaborative Health Education Building, Tupper link, Forrest Building, Student Union Building and the outdoor space between Tupper and Forrest. Throughout the event teams will maintain a “passport” which will be stamped on successful completion of the task modelling the respective IPE competency.

The event will end with a debrief session and pizza. Following the event, an online post-test module would be completed so the students could reflect upon their experience working as a team and the relationship to the IP competencies.

The Dalmazing Challenge will be followed by the Dalmazing 2.0 Interprofessional Team Care (IPHE Exposure) scheduled for Tuesday, October 29th from 4:00 – 5:30 p.m. Students will re-unite with their interprofessional teams and work collaboratively during this second event.

Further information on the 2019 Dalmazing Challenge and Event Two will be circulated to all students in the MHA program in early fall; once all details have been confirmed by the Dean’s Office.
Two IPHE requirements are also embedded within the **MHA Residency (IPHE Immersion)** and **Senior Seminar (IPHE Readiness)**. IPHE requirements are in the MHA Residency Handbook and the Senior Seminar course outline for the year in which students are registered for these courses. Appendix A lists the NCHL competencies to be attained by MHA students through these IPHE experiences.

Students may also wish to consider completing one of the **IPHE mini-courses**. Other IPHE opportunities might be to participate in the **School of Health and Human Performance Crossroads Conference** in late winter or other opportunities developed by the Association of Health Administration Students (AHAS) or the Faculty of Health Professions. For approval of other courses, please consult with the IPHE Coordinator for approval.

MHA students must satisfactorily complete IPHE requirements prior to MHA graduation. Appendix B provides an example of the IPHE 5900 portfolio. The submission of an acceptable IPHE Portfolio to the School of Health Administration (SHA) IPHE Coordinator is required. A ‘Certificate in Interprofessional Collaboration’ is then awarded, in addition to the MHA degree.

MHA full time students complete at least four IPHE experiences over two years. MHA part time students complete at least four IPHE experiences over the duration of their program of study (up to six years).

**Faculty of Health Context**

Since September 2011, all students commencing an entry-to-practice program in the Faculty of Health (FH) have been required to register for and successfully complete IPHE. Since IPHE is evolving over time, changes occur from year to year. The Faculty of Health website is at [https://www.dal.ca/faculty/health.html](https://www.dal.ca/faculty/health.html).

The objectives of interprofessional education in the FH include developing:

- knowledge and understanding of, and respect for, the expertise, roles and values of other health and human service professionals
- an understanding of the concept and practice of patient/client/family-centered care
- effective communication, teamwork and leadership skills applied in interprofessional contexts
- positive attitudes on the value of collaboration and teamwork in health and human services
- an understanding, from a multi-disciplinary perspective, of the Canadian health and social systems, the legal and regulatory foundation of professional practice, how health and human service institutions are organized and operate, and how different health and human service professions contribute to the systems and institutions.
Course Description: IPHE 5900 is intended to prepare students to work in collaborative and patient/client/community/family-centered work environments. Students in entry-to-practice graduate programs are required to maintain registration in this course for the duration of their studies. The student will be required to have completed, by the end of their program of study, a total number of different meaningful and relevant interprofessional collaborative learning experiences (as determined and approved by the School/College) equal to two times the number of years or part years of study in the program. At least one of these experiences will be in a practice setting (in the event there are no students from other professions in any of the student’s practice settings, credit may be granted for interactions with non-student professionals which follow an approved structured format). The experiences will include interactions with undergraduate and/or graduate students from a total of at least four different related professions with which there are natural affinities or linkages in the professional environment, some professions of which are outside the student’s home School/College. In accordance with the guidelines/requirements of the home School/College, students will prepare a portfolio which maps their interprofessional collaborative learning experiences on to the specific requirements of the School/College. The portfolio will be graded by the School/College on a Pass/Fail basis. Successful completion of this course is a requirement for graduation in all programs, and will be recognized further with the awarding of a ‘Certificate in Interprofessional Collaboration’ by the Faculty of Health.

While the IPHE process is relatively recent, there is a long history of Interprofessional education in the FH\(^1\) involving MHA students\(^2\). Further information can be found on the Interprofessional Health Education website. [https://www.dal.ca/faculty/interprofessional-education/programs---initiatives/IPE-activities/iphe-in-the-practice-setting.html](https://www.dal.ca/faculty/interprofessional-education/programs---initiatives/IPE-activities/iphe-in-the-practice-setting.html)

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Faculty of Health IPHE Mini Courses

At the beginning of the academic year, the FH will provide a set of IPHE Mini-Courses for students who have completed their first year of their program. All MHA students should check the website (https://www.dal.ca/faculty/interprofessional-education/programs-initiatives/mini-courses.html) in early September to determine the list of courses and dates, and to register for suitable IPHE mini-courses. All courses listed as mini-courses by the FH are approved for MHA students.

An interprofessional mini-course is a short (6-9 hours) self-contained module focusing on a topic that is inherently interprofessional in nature and that is offered to supplement IPHE experiences provided by individual Schools. Each mini-course is planned and taught by faculty members from more than one School, and is designed to maximize the likelihood that it will include students from at least three different professions with no one profession accounting for more than 50% of the students. The mini-course requires students from different professions to work together on projects, cases or an issue. Simply sitting in a classroom together is not interprofessional, nor is simply instruction by a faculty member from a profession different from your own.

Many, but not all, mini-courses will have the following format:

1) a relatively short plenary session to provide background material and perspective (in some cases this may be done on-line),
2) ample opportunity for small group student interaction on-site while working on a joint project that might be a case or situation,
3) to be followed then by another plenary session where the results of the small group work are presented and discussed.

Mini-courses are intended for graduate students in any year of their program. The courses are graded largely on a participation basis, and grades will be Pass or Fail. Students who miss one or more class meetings may not receive credit to use towards their IPHE 5900 requirement. Mini-courses are offered without cost to students in the three health Faculties. There is no actual course credit for participating in a mini-course.

Most mini-courses meet in the interprofessional health education common time (Tuesdays and Thursdays from 3:30 – 5:30 pm). Course dates and room assignments are listed on the IPHE mini-course site. MHA students wishing to join a mini-course should send an email to iphereg@dal.ca.

Further information is at https://www.dal.ca/faculty/interprofessional-education/programs-initiatives/mini-courses.html.
IPHE Competencies
The National Health Care Competencies (NHCL) covered in IPHE 5900 for MHA students are: Accountability, Collaboration, Communication Skills, Community Orientation, Impact and Influence, Interpersonal Understanding, Self-Confidence, and Team Leadership. A description of these NHCL competencies is in Appendix A.

IPHE competencies in the FH are guided by two reports: Canadian Interprofessional Health Collaborative (CIHC), and the World Health Organization (WHO) Report of the World Health Organization’s (WHO) Framework for Action on Interprofessional Education and Collaborative Practice.

Report of the Canadian Interprofessional Health Collaborative (CIHC)
In February 2010, the Canadian Interprofessional Health Collaborative (CIHC) released “A National Interprofessional Competency Framework”. The following text adapted from this CIHC Framework provides context for IPHE 5900 experiences and IPHE competencies expected to be attained by MHA students. Consult the full CIHC Report and references for support of the following text.

The overall goal of interprofessional education and collaborative practice is to provide health system users with improved health outcomes. (CIHC, 2010, Page 6) For interprofessional teams of learners and practitioners to work collaboratively, the integration of role clarification, team functioning, collaborative leadership, and a patient/client/family/community-centered focus to care/services is supported through interprofessional communication. Effective interprofessional communication is dependent on the ability of teams to deal with conflicting viewpoints and reach reasonable compromises. (CIHC, 2010, Page 8)

Role Clarification (CIHC, 2010, Page 12): To support interprofessional collaborative practice learners demonstrate role clarification by: describing their own role and that of others; recognizing and respecting the diversity of other health and social care roles, responsibilities and competencies; performing their own roles in a culturally respectful way; communicating roles, knowledge, skills, and attitudes using appropriate language; assessing others’ skills and knowledge appropriately through consultation; considering the roles of others in determining their own professional and interprofessional roles; and integrating competencies/roles seamlessly into models of service delivery.

Role clarification occurs when learners/practitioners understand their own role and the roles of others and use this knowledge appropriately to establish and achieve patient/client, family, and community goals. Students and practitioners need to clearly articulate their roles, knowledge, and skills. Each must have the ability to listen to other professionals to identify where unique knowledge and skills are held, and where shared knowledge and skills occur. Individuals must frequently determine who has the knowledge and skills needed to address the needs.

Community-Centered Care (CIHC, 2010, Page 13): To support interprofessional collaborative practice that is community-centred, learners need to: support participation of patients/clients and their families, or community representatives as integral partners with those health care personnel providing their care or service planning, implementation, and evaluation; share
information with clients and the community in a respectful manner and in such a way that is understandable, encourages discussion, and enhances participation in decision-making; ensure that appropriate education and support is provided by learners/practitioners to others involved with their care or service; and listen respectfully to the expressed needs of all parties in shaping and delivering care or services. In community-centred care, the interprofessional team integrates and values, as a partner, the input of the community in the design and implementation of services.

**Team Functioning** (CIHC, 2010, Page 14): To support interprofessional collaboration, learners are able to: understand the process of team development; develop a set of principles for working together that respects the ethical values of members; effectively facilitate discussions and interactions among team members; participate and be respectful of all members’ participation in collaborative decision-making; regularly reflect on their functioning with team learners/practitioners and patients/clients/families and communities; establish and maintain effective and healthy working relationships with learners/practitioners, patients/clients, families, and communities whether or not a formalized team exists; respect team ethics, including confidentiality, resource allocation, and professionalism.

Collaboration requires trust, mutual respect, availability, open communication and attentive listening – all characteristics of cooperative relationships. Learners/practitioners must be able to share information needed to coordinate care with each other and patients/clients, families and communities to avoid gaps, redundancies, errors that impact both effectiveness and efficiency of care delivery. Complex situations may require shared care planning, problem-solving and decision making for the best outcomes possible.

**Collaborative Leadership** (CIHC, 2010, Page 15): To support interprofessional collaborative practice learners collaboratively determine who will provide group leadership in any given situation by supporting: work with others to enable effective outcomes; advancement of interdependent working relationships among all participants; facilitation of effective team processes; facilitation of effective decision making; establishment of a climate for collaborative practice among all participants; co-creation of a climate for shared leadership and collaborative practice; application of collaborative decision-making principles; and integration of the principles of continuous quality improvement to work processes and outcomes.

Within collaborative or shared leadership, learners support the choice of leader depending on the context of the situation. Learners assume shared accountability for the processes chosen to achieve outcomes. There are two components to the leadership role: task-orientation and relationship-orientation. In the former, the leader helps other members keep on task in achieving a commonly agreed upon goal, while in the latter, the leader assists members to work more effectively together.

**Interprofessional Communication** (CIHC, 2010, Page 16): To support interprofessional collaborative practice, learners/practitioners are able to: establish team work communication principles; actively listen to other team members; communicate to ensure common understanding of decisions; develop trusting relationships; effectively use information and communication technology to improve interprofessional patient/client/community-centred care, assisting team members in: setting shared goals, supporting shared decision-making, sharing responsibilities across team members, and demonstrating respect for all team members. Communications in an interprofessional environment is demonstrated through listening and
other non-verbal means, and verbally through negotiating, consulting, interacting, discussing or debating. Respectful interprofessional communication incorporates full disclosure and transparency in all interactions with others.

Underpinning the CIHC framework are three considerations (CIHC, 2010, page 17) that influence the application of the framework:

**Complexity:** Interprofessional collaboration approaches may differ along a continuum from simple to complex. The team may need to become intersectoral in order to also address by including transportation, income security, education, social services, judicial/legal, food security, emergency preparedness and other childcare concerns.

**Quality Improvement:** By working together across professions and across institutional roles, improvement activities carried out by interprofessional teams, rather than individuals or uniprofessional teams, more effectively address quality issues, especially in complex systems. By working together across professions and across institutional roles, improvement activities can effectively address issues in any context of practice at any point along the continuum of simple to complex.

**Interprofessional Conflict Resolution:** To support interprofessional collaborative practice, team members consistently address conflict in a constructive manner by: valuing the potential positive nature of conflict; recognizing the potential for conflict to occur and taking constructive steps to address it; identifying common situations that are likely to lead to disagreements or conflicts, including role ambiguity, power gradients, and differences in goals; knowing and understanding strategies to deal with conflict setting guidelines for addressing disagreements; effectively working to address and resolve disagreements, including analyzing the causes of conflict and working to reach an acceptable solution; establishing a safe environment in which to express diverse opinions developing a level of consensus among those with differing views; allowing all members to feel their viewpoints have been heard no matter what the outcome.

All students are charged with identifying those issues that are likely to lead to disagreements, termed ‘triggers to conflicts’. Practitioners then need to develop a set of agreements to enable effective management of such situations. Agreements need to incorporate a commitment to constructive dissent, willingness to address and resolve conflicts, and a commitment to evaluate and manage one’s own behaviours. Glouberman and Zimmerman suggest that there are three types of systems that correspond with three types of problems.³

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³ **Simple systems** are those similar to following a recipe. A recipe requires some basic understanding of technique and terminology, but once these are mastered, the recipe can be followed with a very high assurance of success. The outcomes can be predicted and procedures for intervention can be quantified, measured and replicated. **Complicated systems** typically involve a subset of simple systems, but cannot be reduced down to solely a simple system. Complicated systems are similar to that of sending a rocket to the moon. These systems require an understanding of techniques and terminologies, like a recipe, but also require coordination and specialized expertise. Complex systems can involve both complicated and simple systems, but cannot be reduced to either type. **Complex systems** have special requirements, like understanding unique local conditions, interdependency and non-linearity, and the capacity to adapt as conditions change. Complex systems also carry with them a large degree of ambiguity and uncertainty, similar to the challenges we face when raising a child.
There is an important relationship between interprofessional collaboration and quality improvement in that they both need and influence each other. Quality improvement, with its emphasis on working in systems, is inherently a “team sport”. By working together across professions and across institutional roles, improvement activities carried out by interprofessional teams, rather than individuals or uniprofessional teams, more effectively address quality issues, especially in complex systems. Team members may be engaged in quality improvement as a natural outcome of a patient safety issue that, when addressed collaboratively, improves health outcomes in a population, or improves the experience for people discharged from institutional care. (CIHC, 2010, Pages 19-20)

Accreditation Canada is addressing interprofessional collaboration in the accreditation of health service delivery in Canada. The competency framework assists in ensuring that organizational issues that relate to interprofessional collaboration and its impact on service delivery, quality of care, and patient safety are assessed within organizational accreditation standards and processes. (CIHC, 2010, Page 22)

The capacity of an individual to demonstrate the integration of these competencies in different contexts is a reflection of their comfort level and skill set within the practice setting. The ability of learners and practitioners to collaborate has a developmental nature - each of the competencies develops over an individual’s professional lifespan and all are exercised within changing practice/learning contexts. (CIHC, 2010, Page 23)

The World Health Organization (WHO) Framework for Action on Interprofessional Education and Collaborative Practice includes the following selected text. To obtain the full Report and references that support the text below, go to https://www.who.int/hrh/resources/framework_action/en/

Interprofessional education and collaborative practice for improved health outcomes: Research evidence has shown a number of results: Collaborative practice can improve: access to and coordination of health-services; appropriate use of specialist clinical resources; health outcomes for people with chronic diseases; patient care and safety. Collaborative practice can decrease: total patient; complications; length of hospital stay; tension and conflict among caregivers; staff turnover; hospital admissions; clinical error rates; mortality rates. In community mental health settings collaborative practice can: increase patient and carer satisfaction; promote greater acceptance of treatment; reduce duration of treatment; reduce cost of care; reduce incidence of suicide; increase treatment for psychiatric disorders; reduce outpatient visits. Terminally and chronically ill patients who receive team-based care in their homes: are more satisfied with their care; report fewer clinic visits; present with fewer symptoms; report improved overall health. Health systems can benefit from the introduction of collaborative practice which has reduced the cost of: setting up and implementing primary health-care teams for elderly patients with chronic illnesses; redundant medical testing and the associated costs; implementing multidisciplinary strategies for the management of heart failure patients; implementing total parenteral nutrition teams within the hospital setting. This evidence clearly demonstrates the need for a collaborative practice ready health workforce, which may include health workers from regulated; and non-regulated professions such as community health workers, economists, health informaticians, nurses, managers, social workers, and veterinarians. Cross-sectorial interprofessional collaboration between health and related sectors is also important because it helps achieve the broader determinates of health such as better housing, clean water, food security, education and a violence-free society. (WHO, 2010, Pages 18 to 20)

On page 36 and 37, the WHO Report states the following: Many health workers believe themselves to be practicing collaboratively, simply because they work together with other health workers. In reality, they may simply be working within a group where each individual has agreed to use their own skills to achieve a common goal. Collaboration, however, is not only about agreement and communication, but about creation and synergy. Collaboration occurs when two or more individuals from different backgrounds with complementary skills interact to create a shared understanding that none had previously possessed or could have come to on their own. It is no longer enough for health workers to be professional. In the current global climate, health workers also need to be interprofessional. By working collaboratively, health workers can positively address current health challenges, strengthening the health system and improving health outcomes.

As featured on page 40 of the WHO Report, in your role as students, you can be the leaders in interprofessional development as follows.
Student leaders as partners for change: Thousands of health professional students from across Canada came together in 2005 to form the National Health Sciences Students’ Association as a grassroots movement to champion interprofessional education. Drawing on a network of 22 university/college-based chapters and over 20 health professions, student leaders design and deliver local academic, social and community service programmes that promote collaborative practice. The Association’s University of Toronto chapter, for example, hosted a series of social events coinciding with the university’s interprofessional ‘Pain Week’ curriculum. The Dalhousie University chapter recruited hundreds of health professional students to participate in a breast cancer charity run while learning about, from and with one another. [italics added] The local chapter at the University of British Columbia partnered with its provincial Ministry of Health to coordinate innovative health programming for elementary and high school students.

IPHE 5900 Portfolio Process for MHA Students

MHA students must register for IPHE 5900 (section 01) in the fall and winter terms of each year of their MHA program. A grade of in-progress (IP) will be applied to the course until the final term of study, at which time each MHA student planning to graduate must submit an IPHE Portfolio. Appendix B provides examples of an IPHE 5900 Portfolio cover page, reports on a minimum of four individual IPHE experiences, reflections across the IPHE events, and the evaluation.

Following this review, the IPHE grade will then be entered (Pass or Fail). Once the IPHE Student Portfolio has been reviewed by the SHA IPHE Coordinator, the IPHE Student Portfolio and original sign-off sheet will be maintained in the School of Health Administration’s Interprofessional Health Education file.

Students are required to fulfill the IPHE Portfolio requirements before they can graduate from the MHA program. Students who satisfactorily complete IPHE 5900 will be awarded a ‘Certificate in Interprofessional Collaboration’ by the Faculty of Health.

MHA students who plan to graduate during the Spring convocation ceremonies must submit their IPHE Portfolio by March 15th to Shelley Weir for review by the SHA IPHE Coordinator.

MHA students who plan to graduate during the Fall convocation ceremonies must submit their IPHE Portfolio by August 15th to Shelley Weir for review by the SHA IPHE Coordinator.

PLEASE NOTE: Fall graduates should also register for IPHE during the summer term of the year they will be graduating.

Further information on the Faculty of Health IPHE requirements is available at https://www.dal.ca/faculty/interprofessional-education/programs initiatives.html

IPHE Contacts

Students seeking clarification on the IPHE requirements or submission of their IPHE Portfolio, should contact the IPHE Coordinator or Shelley Weir, Administrative Assistant for guidance.

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4 David Persaud will be the IPHE Coordinator for the 2019-20 academic year.
Glossary of IPHE Terms

The following definitions are from page 13 of the “Framework for Action on Interprofessional Education and Collaborative Practices” released by the World Health Organization in 2010 (Complete text - https://www.who.int/hrh/resources/framework_action/en/)

Health worker is a wholly inclusive term which refers to all people engaged in actions whose primary intent is to enhance health. Included in this definition are those who promote and preserve health, those who diagnose and treat disease, health management and support workers, professionals with discrete/unique areas of competence, whether regulated or non-regulated, conventional or complementary

Interprofessional education occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

• Professional is an all-encompassing term that includes individuals with the knowledge and/or skills to contribute to the physical, mental and social well-being of a community.

Collaborative practice in health-care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings.

• Practice includes both clinical and non-clinical health-related work, such as diagnosis, treatment, surveillance, health communications, management and sanitation engineering.

Health and education systems consist of all the organizations, people and actions whose primary intent is to promote, restore or maintain health and facilitate learning, respectively. They include efforts to influence the determinants of health, direct health-improving activities, and learning opportunities at any stage of a health worker’s career.

• Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization, 1948).

• Education is any formal or informal process that promotes learning which is any improvement in behaviour, information, knowledge, understanding, attitude, values or skills (United Nations Educational, Scientific and Cultural Organization, 1997).
## Table 1: Attainment and Evaluation of Competencies

<table>
<thead>
<tr>
<th>NCHL Competency Map</th>
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<tbody>
<tr>
<td>LEARNING OBJECTIVES</td>
</tr>
<tr>
<td>1. To work collaboratively with students of other professions to achieve team outcomes</td>
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<td>2. To communicate respectfully with other professions</td>
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<td>3. To align personal and organizational values with those of the community</td>
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<td>4. To influence other students during inter-professional</td>
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<td>Exercises to follow a course of action</td>
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<td>--------------------------------------</td>
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<tr>
<td>5. To understand people and accurately hear what they are communicating</td>
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<tr>
<td><strong>Collaboration (3)</strong></td>
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<tr>
<td>The ability to work cooperatively with others, to be part of a team, to work together, as opposed to working separately or competitively. Collaboration applies when a person is a member of a group of people functioning as a team, but not the leader.</td>
</tr>
<tr>
<td>1. <strong>Conducts Work in a Cooperative Manner</strong>  Supports team decision; Does his or her share of the work; Keeps other team members informed and up-to-date about what is happening in the group; Shares all relevant or useful information.</td>
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<td>2. <strong>Expresses Positive Attitudes and Expectations of Team or Team Members</strong>  Expresses positive attitudes and expectations of others in terms of their abilities, expected contribution, etc.; Speaks of team members in positive terms, either to the team member directly or to a third party; Develops effective working interactions with teammates.</td>
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<td>3. <strong>Solicit Input</strong>  Genuinely values other’s input and expertise; Actively seeks the input of others to increase the quality of the solutions developed; Displays willingness to learn from others, including subordinates and peers; Solicits ideas and opinions to help form specific decisions or plans; Works to create common mindset.</td>
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<tr>
<td>4. <strong>Encourage Others</strong>  Publicly credits others who have performed well; Encourages others; Empower others.</td>
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</table>
5. **Builds Team Commitment**  Acts to promote good working relationships regardless of personal likes or dislikes; Breaks down barriers across group; Builds good morale or cooperation within the team, including creating symbols of group identity or other actions to build cohesiveness; Encourages or facilitates a beneficial resolution to conflict; Creates conditions for high-performance teams.

**Communication Skills (2)**
The ability to speak and write in a clear, logical, and grammatical manner in formal and informal situations to prepare cogent business presentations and to facilitate a group.

1. **Uses General Accepted English Grammar**  Uses subject-verb agreement and parallel structure; Uses rules of punctuation and sentence and paragraph construction; Uses concise thematic construction.
2. **Prepares Effective Written Business Cases or Presentations**  Uses accurate and complete presentation of facts; Uses logical presentation of arguments pro and con; Develops well-reasoned recommendations; Prepares concise executive summary.
3. **Makes Persuasive Oral Presentations**  Uses clear and understandable voice that is free of extraneous phrases (i.e., “uhm” and “you know”); Uses effective audiovisual medias (presentation software, exhibits, etc.); Stays on the topic; Engages in non-defensive Q&A; Stays within time allotment.
4. **Facilitates Group Interactions**  Uses varied communication management techniques, brainstorming, consensus building; Demonstrates good meeting management techniques (e.g., agenda development, time management).

**Community Orientation (2)**
The ability to align one’s own and the organization’s priorities with the needs and values of the community, including its cultural and ethnocentric values and to move health forward in line with population-based wellness needs and national health agenda.

1. **Responds Appropriately to Community Needs**  Follows through, when asked, on inquiries, requests, complaints; Keeps stakeholders up-to-date about progress of projects or other events that impact them.
2. **Maintains Clear Communication**  Maintains clear communication with community leaders and constituents regarding mutual expectations; Monitors community satisfaction and potential health needs; Regularly distributes helpful information to key stakeholders; Gives friendly, cheerful service.
3. **Take Personal Responsibility for Initiating Collaborative Planning**  Corrects problems promptly and non-defensively; Take personal responsibility for correcting service problems; Initiates collaborative planning; Mobilizes resources to meet community health needs and challenges.
4. **Participates with and Understands the Community**  Sponsors activities, take action, and conducts data gathering to understand the health needs of the local and regional communities; Gets involved in the community for the purposes of increasing wellness and presenting a good image of the organization; Is routinely involved in community health programs, interventions, and services.
5. **Provides Services to the Community** Takes deliberate action to support the local and regional community’s health values and needs; Initiates or develops a new service or array of services to address the specific needs of the population and how it wants to receive health, recognizing ethnic and cultural differences; Works with other regional health organizations and constituencies to create a comprehensive and integrated health system to promote long-term wellness and serve community needs; Advocates for community health needs and priorities.

6. **Advocates for the Broader Health Environment** Engages in meaningful actions at the national level to move recognized priorities forward; Partners across health constituencies to create a coordinated and dynamic health system on a national basis; Understands needs of health stakeholders nationally and pushes their agenda forward.

**Impact and Influence (4)**

The ability to persuade, convince, influence, or impress others (individuals or groups) in order to get them to go along with or to support one’s opinion or position. The “key” is understanding others, since Impact and Influence is based on the desire to have a specific impact or effect on others where the person has a specific type of impression to make, or a course of action that he or she wants the others to adopt.

1. **Expresses Logical Intention but Takes No Action** Intend to have a specific effect or impact; Communicates intentions; Expresses concern with reputation, status, appearance, etc., but does not take any specific actions.

2. **Takes a Single Action to Persuade** Uses direct persuasion in a discussion or presentation; Appeals to reason, data, other’s self-interest; Uses concrete examples, visual aids, demonstrations, etc.; Makes no apparent attempt to adapt presentation to the interest and level of the audience.

3. **Takes Multiple Actions to Persuade** Takes two or more steps to persuade without trying to adapt specifically to level or interest of an audience; Includes careful preparation of data for preparation; Makes two or more different arguments or points in a presentation or a discussion; Uses multiple points of view and delivery alternatives.

4. **Calculates Impact of Actions or Words** Analyzes the needs, interests, and expectations of key stakeholders; Anticipates the effect of an action or other detail on people’s image of the speaker; Prepares for others’ reactions; Tailors messages to interests and needs of audience; Aligns persuasion actions for targeted effects or impact; Takes a well-thought-out dramatic or unusual action in order to have a specific impact.

5. **Uses Indirect Influence** Uses chains of indirect influence: “Get A to show B so B will tell C such-and-such”; Takes two or more steps to influence, with each step adapted to the specific audience; Enlists endorsements of others (e.g., experts or other third parties).

6. **Use Complex Influence Strategies** Assembles coalitions; Build “behind-the-scenes” support for ideas; Uses in-depth understanding of the interactions within a group to move toward a specific position (e.g., may give or withhold information among individuals to have specific effects).
Interpersonal Understanding (3)
Ability to understand people as well as to accurately hear and understand unspoken or partly expressed thoughts, feelings, concerns of others with increasing complexity and depth of understanding of others and includes cross-cultural sensitivity.

1. **Recognizes Emotions and Concerns of Others**  Recognizes emotion by reading body language, facial expression, and/or tone of voice; Attends to thoughts and concerns (spoken and unspoken) displayed by others.

2. **Accurately Interprets Emotions and Verbal Content**  Understands both emotion (by reading body language, facial expression, and/or tone of voice) and the content of what the person is saying; Accurately interprets emotion and content of what others say; Recognizes when the emotion and content do not appear to be in sync.

3. **Commits to Understanding Others**  Takes time to get to know people beyond superficial or job-related information; Genuinely seeks to understand people as individuals and their points of view; Uses insight gained from knowledge of others to know “where they are coming from” or why they act in certain way.

4. **Displays Sensitivity to Cultural, Ethnic, and Social Issues**  Is sensitive to cultural, ethnic, and social backgrounds of individuals and groups; Understands their differences with an eye toward accommodating or appreciating them; Displays an in-depth understanding of the ongoing reasons for a person’s behaviour or responses.

5. **Actively Increases Diversity and Multicultural Approaches**  Uses own insights and perceptions to create greater diversity and multiculturalism; Uses understanding to shape future care scenarios to respond more positively to different community and demographic groups.
Appendix B – Sample MHA IPHE 5900 Portfolio

COVER PAGE

STUDENT IPHE PORTFOLIO

IPHE 5900

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Iam Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banner Number</td>
<td>B000000000</td>
</tr>
<tr>
<td>Program</td>
<td>MHA</td>
</tr>
<tr>
<td>Enrolment Date</td>
<td>September 2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IPHE Event</th>
<th>Date Completed</th>
<th>Summary Submitted</th>
<th>Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dalmazing Challenge 1.0</td>
<td>September 24, 2019</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Dalmazing 2.0</td>
<td>October 29, 2019</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>MHA Residency</td>
<td>May-August 2020</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>MHA Senior Seminar</td>
<td>January-April 2021</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

IPHE Requirement Met: ☐ Pass ☐ Fail

COMMENTS:

_____________________________________________________

_____________________________________________________

SHA IPHE Coordinator: ☐ David Persaud

Grade Recorded: ☐ Date: ________________________________
Example of an IPHE Learning Experience Summary

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Iam Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banner Number</td>
<td>B00000000</td>
</tr>
<tr>
<td>IPHE Event</td>
<td>Dalmazing 1.0 Challenge</td>
</tr>
<tr>
<td>Learning Level</td>
<td>Immersion</td>
</tr>
<tr>
<td>Date</td>
<td>September 2020</td>
</tr>
</tbody>
</table>

**Details of your IPHE Super Event experience:**

I was working in a student team with [names/professions]. Our faculty advisor was _____ from the School/College of _____.

The process we followed was ..... 

I completed the pre-event assignment ....

In addition, following the event, our team ....

Overall, key points that I learned from this experience were ..... 

I was able to help students in my group understand more about health administration in the following ways ...

What I learned from them about collaborative practice was ...

From this experience, I learned that ....

Advice I would give to new MHA students next year would be ..... 

Advice I would give to the SHA regarding this IPHE event would be ..... 

Provide an overall assessment of the experience
Example of an IPHE Learning Experience Summary

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Iam Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banner Number</td>
<td>B00000000</td>
</tr>
<tr>
<td>IPHE Event</td>
<td>Dalmazing 2.0</td>
</tr>
<tr>
<td>Learning Level</td>
<td>Immersion</td>
</tr>
<tr>
<td>Date</td>
<td>October 2020</td>
</tr>
</tbody>
</table>

**Details of your IPHE Super Event experience:**

I reconnected with my team from Dalmazing 1 and we . . .

Overall, key points that I learned from this experience were .....  

I was able to help students in my group understand more about health administration in the following ways ....

What I learned from them about collaborative practice was ...

From this experience, I learned that ....

Advice I would give to new MHA students next year would be .....  

Advice I would give to the SHA regarding this IPHE event would be .....  

Provide an overall assessment of the experience
Example of an IPHE Learning Experience Summary – MHA Residency

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Iam Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banner Number</td>
<td>B00000000</td>
</tr>
<tr>
<td>IPHE Event</td>
<td>Health Administration Residency</td>
</tr>
<tr>
<td>Learning Level</td>
<td>Immersion</td>
</tr>
<tr>
<td>Date</td>
<td>May – August 2020</td>
</tr>
</tbody>
</table>

Details of your IPHE Learning for your Residency should relate to your answer to the IPHE question on your Residency evaluation. Further information is available at https://www.dal.ca/faculty/interprofessional-education/programs---initiatives/healthprofessionals.html

Interprofessional collaboration was undertaken during my Residency Placement at ...

We collaborated on a ___________________ project which involved ...

This new learning about Interprofessional practice in a real-world setting built upon my IPHE FH Dalmazing I and Dalmazing 2 in the following ways ...

However, my Residency provided a much richer Interprofessional experience because .....  

My residency also provided me with the opportunity to critique Interprofessional practice. Given the CIHC, WHO and other reports, my assessment of the strengths and weaknesses of collaborative practice experienced in my IPHE Residency learning is as follows. ....

The strengths and weaknesses that I observed of managers in the enablement of collaborative practice were important for me to observe. Examples include ....

Opportunities for collaborative practice abound. Some of my evolving principles for encouraging collaborative practice are ....

There are threats to and concerns with collaborative practice. In particular, I noted that ...

As a manager, I would handle such concerns by ....

Further learning that I now know that I need to gain includes ....

Take-home lessons for me regarding support for collaborative practice include .....  

In conclusion . . .
Example of an IPHE Learning Experience Summary – Senior Seminar

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Iam Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banner Number</td>
<td>B00000000</td>
</tr>
<tr>
<td>IPHE Event</td>
<td>Global Health</td>
</tr>
<tr>
<td>Learning Level</td>
<td>Readiness</td>
</tr>
<tr>
<td>Date</td>
<td>January – March 2021</td>
</tr>
</tbody>
</table>

**Provide details of your IPHE Learning:**

During Senior Seminar, various resources were made available via Brightspace including video and audio tapes by Dr. Hans Rosling, the Karolinska Institute, Sweden, Dr. Heather Castleton, Queen’s University (geography and public health) and others that provided insights into global, national and local health system structures. The Medicus Mundi website provided a comprehensive syllabus on global health. On site, a team of professionals from various disciplines including – health administration, epidemiology, bioethics, public and environmental health presented two cases captured under the rubric “local health as global health”. This was accompanied by a small group problem solving exercise and discussion. I was particularly interested in this IPHE experience in relation to....

By focusing together with my MHA class and others on one specific case requiring collaborative practice, new insights were gained. Unlike in my residency experience where I saw collaboration working relatively well in practice, this IPHE case revealed many ways in which collaboration is not working effectively in practice today. Therefore, this learning added to my understanding on the need for professions to work collaboratively in that . . .

Individual, community and health system outcomes that could be adversely affected by the lack of adequate inter-professional collaboration are....

The need for a strategic approach to global and local health can only increase in the future. The notion that a community or nation-state can set its priorities and implement policies without acknowledging the growing interconnectedness and interdependency of the global community is ill-conceived. It is becoming increasingly evident that health is global and that more can be achieved by cooperative action, and through interdisciplinary action and equitable solutions. As a health administrator, I would try to make progress in dealing with this issue by ....

Problems I expect to encounter are ....

From this IPHE experience, I can now see these ways in which our local and national health system in Canada is problematic ...
Example of an IPHE Learning Experience Summary – FH Mini Course

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Iam Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banner Number</td>
<td>B00000000</td>
</tr>
<tr>
<td>IPHE Event</td>
<td>FH Mini-Course (please include course number and title)</td>
</tr>
<tr>
<td>Learning Level</td>
<td>Immersion or Readiness (not Exposure)</td>
</tr>
<tr>
<td>Date</td>
<td>TBA</td>
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</tbody>
</table>

Details of FH IPHE Mini-Courses are available online at [http://www.dal.ca/faculty/healthprofessions/programs/interprofessional-education/iphe-mini-courses.html](http://www.dal.ca/faculty/healthprofessions/programs/interprofessional-education/iphe-mini-courses.html).

Details that you provide here will vary depending on the mini course that you select.

Refer to other pages in this example portfolio for ideas on what you might include, and/or the mini-course itself might provide a structure upon which to frame this report.
Example of an IPHE Learning Experience Summary - Other

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Iam Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banner Number</td>
<td>B00000000</td>
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<tr>
<td>IPHE Event</td>
<td>Other IPHE Experience</td>
</tr>
<tr>
<td>Learning Level</td>
<td>Immersion or Readiness (not Exposure)</td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

*Provide details of your IPHE Learning:*

The IPHE experience was ....

The participants were .... The professions they represented were ....

Participants were provided with a topic and given the opportunity to discuss how health professionals should ideally work together to ...

Other health professions involved in this IPHE were ....

My learning from other health professions included ....

My new learning about collaborative practice included ...

In my future position as a healthcare administrator, this IPHE provided many aspects to ponder regarding collaborative practice from the vantage point of . . .

I would (or would not) recommend this IPHE event for MHA students because ....
IPHE STUDENT REFLECTIONS ACROSS THE FOUR REQUIRED OF IPHE EXPERIENCES

1. Using the FH, CIHC, and WHO report information and the Glossary of Terms (pages 4-9) and other resources if relevant, reflect upon your IPHE experiences.

2. Provide your assessment of the level of the NHCL competencies (see Appendix A, pages 10-14) that you feel you attained in IPHE 5900.
STUDENT’S EVALUATION OF IPHE 5900

From your perspective:

1. What are the strengths of the School of Health Administration’s IPHE 5900?

2. What were the weaknesses?

3. If you were responsible for providing IPHE 5900, what would you have provided, how, and why?