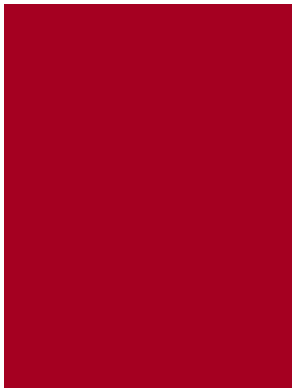
learning to work together, working to learn together
apprendre à collaborer, collaborer pour apprendre

Program Evaluation for Interprofessional Initiatives:
Evaluation Instruments/Methods of the 20 IECPCP Projects

A report from the Evaluation Subcommittee

SEPTEMBER 2009



The Canadian Interprofessional Health Collaborative (CIHC) promotes collaboration in health and education. We are a group of educators, policymakers, researchers, health providers, students and citizens from across Canada who believe interprofessional education and collaborative patient-centred practice are key to building effective health care teams and improving the experience and outcomes of patients. The CIHC identifies and shares leading practices and its extensive and growing knowledge in interprofessional education and collaborative practice.

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CIP data will be made available

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Summary of Results/Key Findings

Number of Instruments/Methods

- A total of 119 differently named evaluation instruments/methods were reported by 20 interprofessional education and collaborative patient-centred practice (IECPCP) projects.

Common Instruments/Methods

- Interviews and focus groups were the most commonly used evaluation strategies.
- Six evaluation instruments were commonly used or adapted by the projects. These are referenced in the published literature and are validated instruments:
  - ATHT: Attitudes Toward Health Care Teams
  - RIPLS: Readiness for Interprofessional Learning Scale
  - ITPS: Interprofessional Team Performance Scale
  - IEPS: Interdisciplinary Education Perception Scale
  - IPRQ: Interprofessional Reciprocity Pre-Questionnaire
  - CSCD: Collaboration and Satisfaction about Care Decisions Scale

Validation of Instruments

- From an examination of the types of references supplied (if any) for the evaluation instruments, it appears that most of the evaluation instruments were newly developed and not validated.

Common Purposes/Key Words

- The projects used both qualitative and quantitative data.
- Given the evaluation instrument purpose and keywords outlined in Table 1 and 2, three key intents are common to most projects, as follows:
  - Identify emerging themes in IECPCP based on their project experience, from project management to participant level
  - Assess the effectiveness of the educational strategy employed in the project
  - Identify perceived readiness and/or self efficacy of the project participants with respect to engaging in IECPCP

Introduction

Evaluation of any initiative and/or intervention is critical to judging the outcome and determining if the initiative/intervention achieved its intended purpose. Interprofessional education (IPE) and collaborative patient-centred practice (CPCP) are emerging as necessary for the betterment of health care, in terms of both quality of and health outcomes (Romanow 2002, Health Canada 2007). Capturing the success of either is challenging as few measurements exist which are valid and reliable for the many different environments where IPE and/or CPCP take place (herein referred to as IECPCP).

Health Canada values best practice, and provided funding to 20 projects across the country to begin investigations into IECPCP. It also supported the establishment of the Canadian Interprofessional Health Collaborative (CIHC) to store and disseminate IECPCP resources, and to conceptualize future directions and activities, thus promoting sustainability and capacity of IECPCP in Canada.

CIHC's organizational structure included a steering committee and five subcommittees. The Evaluation Subcommittee was one of these committees, and its goal was to provide leadership in the implementation of an overall strategy to support and promote collaboration and knowledge exchange concerning evaluation across the 20 Health Canada-funded IECPCP learning projects. The five objectives of the committee were as follows:

1. Catalogue evaluation frameworks, methodologies and tools used by the IECPCP projects
2. Create a rubric/matrix of the evaluation plans/activities for the IECPCP projects
3. Identify "good" practices and gaps to inform future evaluation of IECPCP and research
4. Develop strategies to facilitate collaboration/knowledge exchange among internal and external stakeholders and National Health Sciences Student Association.
5. Create strategies for communication among projects

This report is based on objective #1, specifically, the cataloguing of evaluation frameworks, instruments, and/or methods used by the 20 learning projects. The tables in this report may provide some guidance for researchers in selecting appropriate evaluation tools for future studies.

This report is a companion report to the CIHC Evaluation Subcommittee Report called "Program Evaluation for Interprofessional Education: A Mapping of Evaluation Strategies of the 20 IECPCP Projects" (CIHC 2008b) Much of the work behind each of these two reports was done concurrently.

Information Gathering Methods

The data in this report was generated through a review of the proposals for the 20 IECPCP learning projects funded by Health Canada 2005-2008. Once the data was compiled, projects were asked to verify the content and to update data where necessary. See the report above "Program Evaluation for Interprofessional Education: A Mapping of Evaluation Strategies of the 20 IECPCP Projects" (CIHC 2008b) for more detailed descriptions including the cover email sent to projects. This report is available at: http://www.cihc.ca/files/publications/CIHC_EvalMappingStrategiesReport_Sept08_Final.pdf .

Results

Tabulation of the responses culminated in four tables as follows:

- TABLE 1. EVALUATION INSTRUMENTS/METHODS AND APPROACH (FOR THE 20 IECPCP PROJECTS)
  This table identifies the evaluation instruments/methods, the approach (i.e. quantitative, qualitative or a mix of both), the purpose and keywords of the instrument/method, and the IECPCP project(s) that used the instrument/method.
  - Table 1 also gives each instrument/method a unique identification number. This number allows navigation and cross referencing between tables.
- TABLE 2. IECPCP PROJECTS AND THEIR EVALUATION INSTRUMENT(S)/METHOD(S)
  This table identifies the projects by title and lead/location of the project, and describes the purpose, keywords, and evaluation instrument(s)/method(s) used by the projects.
- TABLE 3. EVALUATION INSTRUMENT/METHOD REFERENCES
  This table provides citations for the 40 evaluation instruments that the projects referenced from the literature.
- TABLE 4. EVALUATION FRAMEWORKS
  This table contains a description of each project's evaluation framework.

The 20 IECPCP projects collectively reported using a total of 119 differently named instruments and/or methods to evaluate their IECPCP initiatives (See Table 1). Results are presented as reported by the projects with no attempt made to further group the evaluation instruments by type, other than focus groups and interviews; for example, a project reporting using two feedback forms and naming these two forms separately (different audience) was counted as two means of measurement.

Five of the 20 projects (25%) reported using 15 or more instruments, four projects (20%) used 10-14 instruments, eight projects (40%) used five to nine instruments, one project (5%) used two to four instruments, and two projects (10%) used only one instrument.

Of the 119 reported evaluation instruments/methods, 20 (17%) were quantitative, 31 (26%) were qualitative, and 36 (32%) included a mix of both methods. Methodology was not reported for all instruments.

Table 1 shows that the most common data collection method used by the projects was focus groups (used by 15 projects) and interviews (used by 13 projects). The focus groups assessed various issues, including reactions and perceptions of the learning experience from both the students' and clinicians' perspectives, group functioning, team patient-centredness, and clinicians' appreciation of the learning experience. One project used focus groups as a group reflective exercise. The interviews were of various types, including semi-structured or structured personal interviews, and key informant interviews. The interviews also assessed a variety of issues, including students' reactions to the intervention and the educational experience, patient satisfaction, educators' perceptions of online web-based learning (e-learning) and facilitation

experiences, and factors that facilitate or challenge the practice of interprofessional communication and collaboration in clinical settings.

Table 3 presents those instruments/methods with references provided by the projects. Six quantitative, published instruments/methods were used or adapted for use by several projects. These six instruments/methods are described in more detail in the Discussion and Synthesis of Results section.

Table 4 summarizes project evaluation frameworks. Although all 20 projects provided a description of an evaluation framework or model used by their project, only 13 provided reference citations for the framework used. Nine projects (45%) specifically stated the use of various editions of the Kirkpatrick evaluation framework, including modifications by other authors. Two projects (10%) reported the direct use of the D'Amour and Oandasan IECPCP model (2005). Seven projects (35%) identified a framework, model, process other than Kirkpatrick and D'Amour and Oandasan, for example, Stufflebeam's (1983) CIPP (content, input, process, and product) Evaluation Model, and Results Based Logic Model.

Information regarding the IECPCP Framework and Kirkpatrick's Model of Educational Outcomes is discussed in detail in the report entitled "Program Evaluation for Interprofessional Education: A mapping of Evaluation Strategies of the 20 IECPCP Projects." (CIHC 2008b) (http://www.cihc.ca/files/publications/CIHC_EvalMappingStrategiesReport_Sept08_Final.pdf)

Discussion and Synthesis of Results

This report focuses only on the information gathered in Phase IIIa, as reported by the IECPCP projects. Based on that information, using a simple tabulation, we summarize the following key findings:

Number of Instruments / Methods

A total of 119 differently named evaluation instruments/methods were reported by 20 IECPCP projects.

Common Instruments / Methods

Interviews and focus groups were the most commonly used evaluation strategies.

Six evaluation instruments/methods were commonly used or adapted to a project. These are referenced in the published literature and are validated instruments/methods:

- ATHT: ATTITUDES TOWARD HEALTH CARE TEAMS
  The Attitudes Toward Health Care Teams (ATHT) scale was validated in two published sources. This scale was originally developed by Heinemann et al (1999, 2002) as a 20-item research measure of general attitudes about teams, with two subscales: Quality of Care/Process and Physician Centrality in teams. It was modified by Leipzig et al (2002) into a 21-item tool with three subscales: Attitudes Toward Team Value, Attitudes Toward Team Efficiency, and Attitudes Towards Physician's Shared Role on Team. The IECPCP projects that used or modified this scale have referenced either one or the other article, implying that both are currently in use. It would be interesting to compare and contrast the similarities / differences / ease of use, etc., from projects using this evaluation instrument
- RIPLS: READINESS FOR INTERPROFESSIONAL LEARNING SCALE
  The Readiness for Interprofessional Learning Scale (RIPLS) is a 19-item questionnaire that uses a 5-point Likert scale. This instrument is intended for use with health students–questions measure attitudes toward shared learning with students from other professions. The number of subscales in the instrument varies across studies (Parcel & Bligh, 1999; McFayden et al, 2005). There is very low internal consistency in some of the subscales, thus McFayden et al (2005) suggest that the RIPLS should be used carefully and that some scales are not appropriate for all students (such as inexperienced students with low levels of professional development). They encourage further research on the instrument's reliability and on for whom the instrument is appropriate
- ITPS: INTERPROFESSIONAL TEAM PERFORMANCE SCALE
  The Interprofessional Team Performance Scale is cited in two published references. Temkin-Greener et al (2004) adapted an instrument by Shortell et al (1991) to measure interdisciplinary team processes in a long-term setting. This instrument comprises 59 items with a 5-point Likert scale. The domains include leadership, communication, coordination, conflict management, team cohesion and perceived unit effectiveness.

Reliability is good to high for each of the domains and validity of the indicators is good. Thus, this appears to be a useful measure of team process and performance in a long-term setting

- IEPS: INTERDISCIPLINARY EDUCATION PERCEPTION SCALE
  The Interdisciplinary Education Perception Scale (IEPS) (Luecht et al, 1990) measures four attitudes important to a interdisciplinary setting: 1) professional competency and autonomy; 2) perceived needs for professional cooperation; 3) perception of actual cooperation and resource sharing within and across professions; and 4) understanding the value and contributions of other professionals / professions. These four factors are captured in the 18-item perceptual / attitudinal inventory. A 1-6 point scale allows dichotomization of the central agreement / disagreement values. Psychometric analysis indicates good item-factor groupings and scoring mechanism, as well as reliability. Sample size requirements have been determined. The IEPS reportedly has potential for research studies and program evaluation wanting to measure the affective effects of the experience on students
- IPRQ: INTERPROFESSIONAL RECIPROCITY PRE-QUESTIONNAIRE
  The Interprofessional Reciprocity Questionnaire (IPRQ) is referenced as Luecht et al (1990) and thus would seem to be the same as the IEPS. This report only reports that which the projects submitted
- CSCD: COLLABORATION AND SATISFACTION ABOUT CARE DECISIONS SCALE
  The Collaboration and Satisfaction About Care Decisions (CSCD) (Baggs, 1997) is a 7-item scale using a 7 point Lickert scale. Six of the items measure attributes of collaboration and the seventh is the global measurement of the amount of collaboration used. The scale was designed for physician and nurses working in ICU care. An additional section of 2 questions measures satisfaction collaboration. One of these questions is aimed at the process of decision-making, and the other is aimed at the actual decision. The scale is to be administered at the time of care so as to best capture the moment. In developing the scale, the author reviewed the literature specific to nursing-physician collaboration and satisfaction with working in ICU care, and conducted pilots on construct validity and reliability with clinicians. Given the instrument is to be completed at the time of the event, it is short and succinct, to respect the participant's busyness and still capture his / her perceptions of the event. Measuring both attributes of collaboration and satisfaction allows for correlational analysis between the two, and between the professional responses. CSCD is deemed to have good construct validity and reliability

Validation of Instruments / Methods

From an examination of the types of references supplied (if any) for the evaluation instruments/methods, it appears that most of the evaluation instruments/methods were newly developed and not validated.

Since not all instruments are referenced in published literature, researchers interested in a particular instrument/method may need to contact the project leads for more details about a

specific instrument/method. Since it is possible different projects used an identical name for an instrument/method, but measured different elements or variables, further investigation is warranted.

Common Purposes/Key Words

Both qualitative and quantitative data were collected by the projects. The tables in this report may provide some guidance for researchers in selecting appropriate evaluation instruments/methods for future studies. It is not surprising the keywords used by many projects include: "patient-centred care" or "patient-centred practice," "collaborate / collaborative / collaboration," "education and practice settings," and "interprofessional." These key words align with the call for proposals from Health Canada.

Given the evaluation instrument/method purpose and keywords outlined in Tables 1 and 2, three key intents are common to most projects. These appear to be as follows:

- Identify emerging themes in IECPCP based on their project experience, from project management to participant level
- Assess the effectiveness of the educational strategy employed in the project
- Identify perceived readiness of the project participants with respect to engaging in IECPCP

Limitations of Results

Information has been presented as reported by the projects. The following limitations are known to exist:

- Accuracy of the information reported has been dependent on verification by the projects. Different respondents may have provided input for the same project at different times.
- There are cases where different projects may have used identical names for instruments/methods when, in fact, they may actually be different. Conversely, instruments/methods with slightly different names may be identical.
- The number of 119 instruments/methods is likely slightly inflated since different forms/questionnaires/surveys were counted as separate instruments/methods (as reported by the projects), when in actuality they may be very similar.

Future Directions

The CIHC Evaluation Subcommittee sees great value in the continued cataloguing of IECPCP evaluation instruments/methods.

Inherent to that would be an approach that better categorizes each instrument/method as to type, intent/purpose, audience, previous users, etc.

Having a catalogue available would be a useful resource for the IECPCP community.

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Table 1. Evaluation Instruments/Methods and Approach for 20 IECPCP Projects

Instrument/Method (Table 1) Approach: Quantitative, Qualitative, or Mixed	Instrument/Method Purpose and Keywords	Projects That Used Instrument
1. Interprofessional education learning block (mixed)	Measures satisfaction with IP activity, perception of interprofessional small group activity, opinions of interprofessional teamwork	Memorial University
*2. Attitudes Toward Health Care Teams Scale / Attitudes towards healthcare teams (quantitative)	Measures attitudes towards interprofessional health care teams and interprofessional collaboration Measures bias against or in favor of health care teams	Memorial University SCO Health Service, Ottawa Council of Ontario Universities University of Manitoba Dalhousie University Université Laval
3. Attitudes towards interprofessional learning in the academic setting (mixed)	Measures attitudes toward interprofessional learning prior to the clinical setting	Memorial University Cancer Care Nova Scotia
4. Attitudes About Interprofessional Learning Scale (quantitative)	Measures health care providers' attitudes towards learning with other professions	Cancer Care Nova Scotia
5. Attitudes toward interprofessional education (mixed)	Measures relevance of interprofessional education to students' development as health care professionals	Memorial University
6. Course and Workshop assessment tools	Evaluates the socio-demographic characteristics of learners; the acquisition of competencies for patient-centred interprofessional collaborative practice; the change in attitudes regarding IPC; the appraisal of the educational methods and content of the courses; the acquisition of knowledge and comprehension regarding the benefits of IPE, the benefits of PI teams, the benefits of good IP collaborative practices, the benefits to imply patients in IPC	Université Laval
*7. IPRQ: Interprofessional reciprocity pre-questionnaire (Combination of: AHPQ, IEPS, ELIQ) (mixed)	Measures how the participants perceive their own and other professional roles; (2) how their role is perceived by other health care professionals; (3) the perception of the way health care professionals relate to each other when they interact Specifically, the factors it considers are: professional competency and autonomy, perceived needs for professional cooperation, and perception of actual cooperation and resource sharing within and across professional/professions	McGill University McMaster University University of Western Ontario Queen's University Council of Ontario Universities

Instrument/Method (Table 1) Approach: Quantitative, Qualitative, or Mixed	Instrument/Method Purpose and Keywords	Projects That Used Instrument
8. IEPS: Interdisciplinary Education Perception Scale (qualitative)	Self administered questionnaire - pre or post test evaluation of educational and/or experiential events as an effectiveness feedback assessment. Examines professional competency & autonomy, perceived needs for professional cooperation, perception of actual cooperation & resources sharing within & across professions and understanding the value & contributions of others.	McMaster University Council of Ontario Universities University of Western Ontario
9. Readmission and Length of Stay (mixed)	Readmission and Length of Stay: standardized and widely used, nationally or provincially	University of Toronto SCRIPT GIM
10. Collaboration Survey (mixed)	Measures staff members' perceptions of interprofessional collaboration	University of Toronto SCRIPT GIM
11. Patient Satisfaction (mixed)	Examines patients' perceptions of their hospital experience with a focus on overall impressions, communication, consideration and responsiveness	University of Toronto SCRIPT GIM
12. Quality of Communication (mixed)	A light-touch intervention to encourage interprofessional collaborative communication has been designed. The evaluation will focus on uptake of the 4 steps. They are: 1) Introduce yourself by name if it is not known 2) Explain your professional role in more detail 3) Say what you have to say in relation to the patient/topic under discussion 4) Elicit the other person's perspective	University of Toronto SCRIPT GIM
13. Shadowing (qualitative)	Shadowing will occur with a purposive sample of GIM staff from a range of professions and training levels. Shadowing will involve recording for continuous one-hour periods the behaviours, interactions, and activities of the participants in public areas where patient care is organized or discussed. During the shadowing session, the researcher will ask the participant to explain what s/he is doing in order to more fully understand the social and organizational reasons for the behaviour. The researcher will also attend to the presence and effect of the SCRIPT GIM interprofessional collaborative communication intervention (Instrument 9).	University of Toronto SCRIPT GIM
14. Interruptive Communications (not an instrument-based outcome) (quantitative)	Examines intervention/control group differences in use of hospital paging devices	University of Toronto SCRIPT GIM
15. Use of optimal drug therapy (not an instrument-based outcome) (quantitative)	Examines intervention/control group differences in optimal use of medication therapies	University of Toronto SCRIPT GIM
16. Practice Genogram	Visual representation of the strengths, vulnerabilities, behaviours and relationships within organizations	McMaster University

Instrument/Method (Table 1) Approach: Quantitative, Qualitative, or Mixed	Instrument/Method Purpose and Keywords	Projects That Used Instrument
17. Regenstrief Survey of Organizational Characteristics	Evaluates health care professionals' perceptions of where their respective organization is and where it should be.	McMaster University
18. St-Knowledge Questionnaire (qualitative)	Measures student IPEP knowledge and experiences from clinical placement at Shriners Hospital	McGill University
19. Interprofessional Group Work Questionnaire (qualitative)	Measures the opinions of members of an interprofessional workgroup concerning their experiences working together	McGill University
20. Readiness for Interprofessional Learning Scale (RIPLS) for Student (quantitative)	Measures readiness of health care students to undertake shared learning activities	Dalhousie University Queen's University Centennial College University of New Brunswick
21. Readiness for Interprofessional Learning Scale (RIPLS) for Faculty (quantitative)	Measures readiness of health care faculty/preceptors to facilitate interprofessional learning. Its two subscales explore: (a) attitudes and values regarding interprofessional practice; and (b) perceptions of the benefits of the interprofessional learning	Dalhousie University Queen's University Centennial College University of New Brunswick
22. Self Efficacy for Interprofessional Practice Competencies for Faculty/Preceptors/Students (quantitative)	Measures an individual's confidence in his/her ability to facilitate interprofessional learning Measures student confidence in ability to perform in the role of interprofessional learner	Dalhousie University
23. Self Efficacy for Facilitating Interprofessional Experiential Learning (SEFIEL) (quantitative)	Measures an individual's confidence in his/her ability to facilitate interprofessional experiential learning	Dalhousie University
24. Patient Self Management Scale (quantitative)	Measures patients' confidence in ability to manage their chronic disease	Dalhousie University
25. Interprofessional Team Performance Scale (quantitative)	Measures interdisciplinary team processes and perceived effectiveness	University of Western Ontario Council of Ontario Universities
26. Interim Interprofessional Questionnaire (IIQ) (quantitative)	Measures the attitudes, knowledge, skills and beliefs of health care professionals' and students' in four main components of interprofessional practice and education: communication and teamwork, interprofessional learning, interprofessional interaction and relationships	Calgary Health Region
27. Relational Coordination (quantitative)	Investigates the communications and relationships among professionals that contribute to effective coordination. Relational Coordination covers seven dimensions, four in communication (frequent, timely, accurate and problem-solving communication), and three in relationship (shared goals, shared knowledge and mutual respect)	Calgary Health Region

Instrument/Method (Table 1) Approach: Quantitative, Qualitative, or Mixed	Instrument/Method Purpose and Keywords	Projects That Used Instrument
28. Human Systems Dynamics: Change Maturity Model (qualitative)	Systemic patterns that emerge in the course of the project	Calgary Health Region
29. Human Systems Dynamics: CDE Model (qualitative)	Systemic patterns that emerge in the course of the project	Calgary Health Region
30. Human Systems Dynamics: Landscape Diagram (qualitative)	Systemic patterns that emerge in the course of the project	Calgary Health Region
31. Progress/Final Evaluation Template for each of the 26 projects of P-CITE (mixed)	Each of the sub-projects in P-CITE (26 in total) completes the evaluation template following completion of the sub-project. The evaluation template qualitatively and quantitatively measures "signs of success" including student record, task achievement, achievement of project goals and facilitating and challenging factors or conditions	University of Saskatchewan
32. Collaboration and Satisfaction about Care Decisions Scale (quantitative)	Assesses the association between collaboration and patient/provider outcomes	Council of Ontario Universities University of Western Ontario
33. Team Observation Scale (quantitative)	Used as an observation tool with which to assess changes in teaming behaviour over time	University of Manitoba
34. Document Review (qualitative)	The document review will monitor how the Interprofessional Communities of Practice were implemented, including the successes and challenges therein. It will include readiness for interprofessional collaborative study. Includes review of student projects and reflective journals	Calgary Health Region Queen's University
35. Discourse Review (qualitative)	Similar to Document Review	Centennial College
*36. Focus Groups (qualitative)	Captures faculty, clinicians and students' reactions and perceptions of the learning experience Informs participants of the study's findings and solicit feedback to inform the design of the intervention Captures clinicians' appreciation and perceptions of the learning experience	Memorial University Dalhousie University Calgary Health Region Council of Ontario Universities University of Manitoba Cancer Care Nova Scotia Capital Health District Authority SCO Health Service McMaster University University of Toronto (SCRIPT Primary Care) Queen's University Université Laval University of Western Ontario University of New Brunswick Centennial College

Instrument/Method (Table 1) Approach: Quantitative, Qualitative, or Mixed	Instrument/Method Purpose and Keywords	Projects That Used Instrument
37. Group Reflective Exercise (Focus groups) Mixed	Assesses group functioning, effectiveness of interprofessional learning, and team patient-centeredness	Dalhousie University
38. Student Team Reports (qualitative)	N/A	Dalhousie University
39. Recordings of student team meetings (qualitative)	N/A	Dalhousie University
*40. Semi-structured/structured personal interviews (qualitative)	Gauges students' reactions to the intervention and the educational experience Measures the patient's satisfaction / feelings of burden and learn about the patient self-care management abilities To gain educators' perceptions of the e-learning and facilitation experience Probes into factors that both facilitate and challenge the practice of interprofessional communication and collaboration in clinical settings Assesses the implementation process of the different axis of the program and their integration	McGill University Dalhousie University Calgary Health Region Council of Ontario Universities University of Manitoba Capital Health District Authority Laval University SCO Health Service McMaster University Centennial College University of Toronto (SCRIPT Primary Care, SCRIPT Rehab, SCRIPT Gen Med Arm) Queen's University Cancer Care Nova Scotia
*41. Non-participant Observation (qualitative)	Observes team functioning during student team meetings. Identify areas of concern Observes team members' communication and collaboration Observes and rates PICE facilitators' interprofessional facilitation skills, behaviours and competencies	McGill University Dalhousie University University of Toronto (SCRIPT Primary Care, SCRIPT Rehab, SCRIPT Gen Med Arm) Queen's University Cancer Care Nova Scotia
*42. Journal (Diary Sheet) (qualitative)	The Diary Sheet is intended to be used as an ongoing measure of individual behaviour change, as well as changes in organizational practice	McGill University University of Manitoba University of British Columbia Centennial College Dalhousie University
*43, Self-report - Critical Reflection (qualitative)	Ongoing measure of individual behaviour change, as well as changes in organizational practice	McGill University University of Manitoba University of British Columbia Centennial College Dalhousie University
44. Student feedback form, Student Module Feedback Form (qualitative)	To gain reactions to online modules, their content, and the learning experience	Council of Ontario Universities University of Western Ontario University of Manitoba (Project #17)
45. Clinician Module Feedback Form (qualitative)	To gain reactions to online modules, their content, and the learning experience	Council of Ontario Universities

Instrument/Method (Table 1) Approach: Quantitative, Qualitative, or Mixed	Instrument/Method Purpose and Keywords	Projects That Used Instrument
46. Clinical Placement Evaluation Form (qualitative)	Determines satisfaction with interprofessional clinical placement experience. Completed by students.	Council of Ontario Universities
47. Project Evaluation form for clinicians (qualitative)	Determines satisfaction with the online learning and team development experience	Council of Ontario Universities
48. Clinical Team Evaluation Post Experiential Block (Mixed)	Assesses the clinical team participants' reaction to their IEGC experiential block experience and teaming skills, in general	University of Manitoba
49. Clinical Team Evaluation Post IEGC Program (mixed)	Assesses the clinical team participants' reaction to their overall IEGC experience and teaming skills, in general	University of Manitoba
50. Faculty Evaluation Post IEGC Program (mixed)	Assesses the faculty participants' reaction to their overall IEGC experience and teaming skills, in general	University of Manitoba
51. Faculty Reflective Exercise Post IEGC Program (qualitative)	Assesses the faculty participants' reactions, feelings, and perceived behaviours surrounding interprofessional teaming and their IEGC experience	University of Manitoba
52. GITT Entry and Exit Questionnaire (mixed)	Comprised of BOTH the Attitude Towards Health Care Teams Scale (ATHCTS), and the Team Skills Scale (TSS), as well as three or four other questions	University of Manitoba
53. Key Informant Interview Questions (qualitative)	Collects feedback from key informants (older individuals or their informal care givers) regarding the proposed educational module and study procedures Collects feedback from IPE facilitators and from working group members regarding the development and implementation of the IE project	University of Manitoba University of Toronto (SCRIPT Primary Care) University of New Brunswick Centennial College
54. IEGC Knowledge Questionnaire (quantitative)	Assesses if participants' knowledge regarding the seven identified core competencies changes as a result of the IEGC educational interventions	University of Manitoba
55. Personnel Audit (qualitative)	Used as an ongoing measure of clinical team personnel changes within and across each of the participating day hospital sites	University of Manitoba
56. Steering Committee Standardized Questions (qualitative)	Assesses students', senior administrators' and government attitudes, perceived behaviours and reactions to the IEGC program and teaming in general	University of Manitoba
57. Student Evaluation Post IEGC Experiential Block (mixed)	Assesses the student participants' reaction to their IEGC experience and teaming skills, in general	University of Manitoba
58. Student Reflective Exercise IEGC Project 6 month Follow-Up (qualitative)	Assesses the student participants' reactions, feelings, and perceived behaviours surrounding interprofessional teaming and their IEGC experience	University of Manitoba

Instrument/Method (Table 1) Approach: Quantitative, Qualitative, or Mixed	Instrument/Method Purpose and Keywords	Projects That Used Instrument
59. Participants' evaluation questionnaires (mixed)	Skill acquisition Change of attitude towards interprofessional patient-centred collaboration Accesses the participants' perceptions of skill acquisitions regarding interprofessional collaboration Assesses the perceived comprehension and knowledge acquisition regarding the benefits from: interprofessional education/training, interprofessional teams, collaborative interprofessional health care, patients' participation Assesses participants' appreciation of the educational content, the animation quality, the teaching approach and tools	Laval University
60. Key Features Case Study	Measures changes in knowledge	University of British Columbia
61. Online Discussions (includes Online Discussion Forum using WebCT) (qualitative)	Identifies areas of concern and provide an online mode of communication between students/preceptors Identifies the content of students' learning and the process of learning in an interprofessional environment	Dalhousie University Council of Ontario Universities Capital Hill District Authority
62. Interprofessional facilitation scale (self, observer & participant versions) (quantitative)	Rates facilitators' use of and competence with some interprofessional facilitation behaviours and skills	Cancer Care Nova Scotia
63. Intended and actual changes to interprofessional interactions questionnaire (ICC participants) (mixed)	Determines whether the ICC workshops were effective in helping health professional to change their IP practice	Cancer Care Nova Scotia
64. Interprofessional experiences, benefits and barriers; Teaching and facilitation experiences; Personal information/demographics	Records PICE facilitators' background information, teaching and facilitation experience and their views about the benefits and barriers to interprofessional education	Cancer Care Nova Scotia
65. Intended and actual interprofessional facilitation changes (facilitators) (mixed)	Determines if and how PICE facilitators' facilitation approaches and/or techniques are impacted by taking part in the PICE facilitator development program	Cancer Care Nova Scotia
66. Facilitator ICC Evaluation Questionnaire (mixed)	Evaluates the ICC module that was facilitated	Cancer Care Nova Scotia
67. The Movement Toward a Community of Practice Tool (quantitative)	Assesses participants' attitudes about the usefulness and effectiveness of the "community of practice" that is established with other PICE facilitators	Cancer Care Nova Scotia

Instrument/Method (Table 1) Approach: Quantitative, Qualitative, or Mixed	Instrument/Method Purpose and Keywords	Projects That Used Instrument
68. Tracking of E-communications (quantitative)	Tracking of electronic communications that take place on the PICE website as part of the community of practice of PICE facilitators	Cancer Care Nova Scotia
69. ICC participant evaluation questionnaire (mixed)	Evaluates the ICC module	Cancer Care Nova Scotia
70. Course Assessment Tool	N/A	Capital District Health Authority
71, Integration of ICC Content Questionnaire (mixed)	For nursing faculty to indicate ICC module content used in their courses and their opinions about usefulness and effectiveness	Cancer Care Nova Scotia
72. Trained Observer Rating of PICE Facilitators	N/A	Cancer Care Nova Scotia
73. EPIC communities of practice questionnaire (quantitative)	The overall purpose of the instrument will be to assess the development of interdisciplinary collaboration within the communities of practice (CoPs) that will be developed in two clinical sites	University of Montreal
74. Competency rating scale (quantitative)	To evaluate participants' perspectives regarding the extent to which core competencies have been acquired or demonstrated within specific learning and practice contexts	University of New Brunswick
75. Facilitator Activity Logs (qualitative)	To maintain records of example IPE readiness and core competency-building activities and will highlight facilitators' observations and reflections	University of New Brunswick
76. Pre- and Post-knowledge questionnaires (mixed)	N/A	SCO Health Service Centennial College University of Manitoba (Project #17)
77. Post process questionnaires (mixed)	What worked, what did not work, and what should be changed?	SCO Health Service
78. Questionnaires (mixed)	N/A	University of British Columbia
79. Video Observation (qualitative)	N/A	University of British Columbia Centennial College
80. Discourse Analysis & Discourse Analysis (field notes) (qualitative)	N/A	University of British Columbia McMaster University
81. Story telling (qualitative)	N/A	University of British Columbia
82. Web-based Survey (qualitative)	Learners and Clinicians baseline, 6, 12, 24 months to gauge extent to which new knowledge was acquired and understood	Queens University
83. Open-ended questions on IEPS/RIPLS surveys (qualitative)	N/A	Queens University
84. Team Skills Scale / Team Skill Assessments (qualitative)	Learner skills, competencies	University of Manitoba (Project #17)

Instrument/Method (Table 1) Approach: Quantitative, Qualitative, or Mixed	Instrument/Method Purpose and Keywords	Projects That Used Instrument
85. Pre-post tests of IECPCP – survey (mixed)	Social Network Analysis	Capital District Health Authority
86. Student Feedback Form (mixed)	Measures student response to interprofessionalism workshop learning activities	McGill University
87. Facilitator Feedback Form (mixed)	Measures workshop facilitator response to interprofessionalism workshop learning activities	McGill University
88, Workshop Evaluation Questionnaire (mixed)	Elicits attitudes of workshop attendees (health care professionals) concerning the utility of collaborative care plan development activities	McGill University
89. Feedback and Discussion Questionnaire (mixed)	Elicits workshop attendees opinions about the usefulness of uniprofessional and interprofessional care plan development	McGill University
90. Patient Feedback Interview (Qualitative)	Examines patients' medical needs after discharge and their patients' attitudes about the medical care they received	McGill University
91. Team Leaders Questionnaire (mixed)	Elicits attitudes of health care team leaders concerning how their team functions and their role	McGill University
92. Post IPE Activity Evaluation Survey (mixed)	Documents participants' perspectives regarding the implemented IPE activities, taking into account areas of change or impact (awareness of IPE concepts, knowledge of IPE core competencies, attitudes toward IPE processes, acquired skills and confidence to apply IPE competencies), as well as degree of satisfaction	University of New Brunswick
93. Pre-Post and Three Months Post Questionnaires (mixed)	N/A	Dalhousie University
94. Online Surveys	N/A	Capital Health District Authority
95. Course Performance Data	N/A	Capital Health District Authority
96. Self Report (for students, and for faculty)	For course evaluation	Capital Health District Authority
97. Preceptor Observations of Students' Behaviour and Interactions (mixed)	N/A	University of Manitoba (project #17)
98. Problem-solving Case Study	N/A	University of Manitoba (project #17)
99. Modified Ryan (no ID)	N/A	Centennial College
100. Collaborative Communication	Interprofessional collaborative communication intervention	University of Toronto SCRIPT GIM 4
101. Observation and Interview protocol	N/A	University of Toronto SCRIPT Primary Care
102. Collaborative Practice Assessment Tool	Measures general relationships, team leadership, general role responsibilities/autonomy, communication and information exchange, community linkage and coordination of care, decision making and conflict management, perceived effectiveness, and patient involvement	Queen's University

Instrument/Method (Table 1) Approach: Quantitative, Qualitative, or Mixed	Instrument/Method Purpose and Keywords	Projects That Used Instrument
103. Team reflective exercise	N/A	Dalhousie University
104. Facilitator Development Program evaluation questionnaire	N/A	Cancer Care Nova Scotia
105. Content analysis of website discussion forum	N/A	Cancer Care Nova Scotia
106. Interdisciplinary Team IQ (GITT)	Knowledge, competencies. Adapted	University of Manitoba (Project #17)
107. Team Fitness Test (GITT)	Professional beliefs (about teamwork)	University of Manitoba (Project #17)
108. Student Stereotypes Rating Questionnaire	Professional beliefs & attitudes, knowledge	University of Manitoba (Project #17)
109. Post Experiential Block (Learner) and Post Experiential Block (Faculty)	Learners overall satisfaction; educators professional satisfaction (with project)	University of Manitoba (Project #17)
110. Pre-test on Interdisciplinary Team Concepts (GITT)	N/A	University of Manitoba (Project #17)
111. Theory of Planned Behaviour	Learners attitude / behaviour, competencies	University of Manitoba (Project #17)
112. Trainee Feedback for Standardized Patient Exercise	Learners behaviour, competencies	University of Manitoba (Project #17)
113. Student Daily Reflections & Faculty Daily Reflections	N/A	University of Manitoba (Project #17)
114. Working Group Meeting Evaluation Form (Working Group & Steering Committee)	N/A	University of Manitoba (Project #17)
115. Steering Committee Survey	Sharing goals/vision. Educators. Institutional factors	University of Manitoba (Project #17)
116. Interprofessional Grand Rounds Evaluation	Learners educators satisfaction	University of Manitoba (Project #17)
117. IECPCP Facilitated Retreat Evaluation	Learners educators patient professionals satisfaction	University of Manitoba (Project #17)
118. Continuing Professional Education Offering Survey	N/A	Centennial College
119. Patient/Victim Satisfaction Survey	N/A	Centennial College
* indicates that more than 5 projects used this instrument / method.		

Table 2. IECPCP Projects and Their Evaluation Instruments/Methods

Project Title (Table 2)	**Lead & Location**	**Project Purpose Description**	**Keywords**	**Instruments/Methods Used** (Instrument Number refers to Table 1)
I. Creating an Interprofessional Learning Environment through Communities of Practice: An Alternative to Traditional Preceptorship	Esther Suter Calgary Health Region	Project focuses on lateral mentoring within an interprofessional environment that includes developing, implementing and evaluating interprofessional "communities of practice" designed to foster interprofessional education and collaborative patient-centred care.	mentoring communities of practice collaborative patient-centred education and practice settings interprofessional collaboration	Focus group (36) Individual interviews (40) Interim Interprofessional Questionnaire (IIQ) (26) Relational Coordination (27) Document Review (34) *Human Systems Dynamics (the following)* *(28*-30): Change Maturity Model (28) CDE Model (29) Landscape Diagram (30)
II. Structuring Communication Relationship for Interprofessional Teamwork (SCRIPT)	Ivy Oandasan University of Toronto Lynn Sinclair Toronto Rehab	Project targets changes at the organizational level to create a cultural shift in the way health professionals learn to collaborate by creating a professional development program to aid in the implementation and adaptation of SCRIPT communication tools. Project targets changes at the ward level to create a cultural shift in the way health professionals communicate and collaborate. This work-place based professional development program is focused on cultivating a culture of collaboration via a 4-step "collaborative communication" intervention	collaborate professional development program promote cultural change education settings	SCRIPT - Primary Care Focus Groups (36) Individual interviews (40) Shadowing (13) Non-participant Observation (41) Observation and Interview protocol (101) SCRIPT - Rehabilitation Medicine Individual interviews (40) Shadowing (13) Non-participant Observation (41)
II cont'd Structuring Communication Relationship for Interprofessional Teamwork (SCRIPT - GIM) - cont'd	Merrick Zwarenstein, Li Ka Shing Knowledge Institute, St. Michael's Hospital and University of Toronto and Institute for Clinical and Evaluative			SCRIPT - General Internal Medicine Arm (GIM) Readmission and Length of Stay (9) Collaboration Survey (10) Patient Satisfaction (11) Quality of Communication (12) Interruptive communication (14) Use of Optimal Drug Therapy (15) Individual Interviews (40)

Project Title (Table 2)	Lead & Location	Project Purpose Description	Keywords	Instruments/Methods Used (Instrument Number refers to Table 1)
	Sciences, University of Toronto			Key Informant Interviews (53) Non-Participant observation (41) Shadowing (13) Collaborative communication (100)
III. Queen's University Inter-Professional Patient-centered Education Direction (QUIPPED)	Jennifer Medves Queen's University	Project creates an interprofessional educational environment, or academy of interprofessionalism, that enhances the ability of learners and faculty to provide patient-centred care, while recognizing the contribution of the health care team within a respectful and collaborative framework.	interprofessional educational environment patient-centred care collaborative education settings teams	Interdisciplinary Education Perception Scale (IEPS) (8) Readiness for Interprofessional Learning Scale (RIPLS) (20, 21) Web-based Survey (82) Focus group (36) Individual interviews (40) Document review (34) Open-ended questions on IEPS/RIPLS surveys (83) Collaborative Practice Assessment Tool (102)
IV. Collaborating for Education and Practice: An Interprofessional Education Strategy for Newfoundland and Labrador	Dennis Sharpe Vernon Curran Centre for Collaborative Health Professional Education (CCHPE), Memorial University of Newfound-land	Project aims to expand and promote interprofessional collaboration and teamwork in education and practice settings.	interprofessional collaboration teams education and practice settings	Interprofessional education learning block (1) Attitudes towards interprofessional health care teams (2) Attitudes towards interprofessional learning in the academic setting (3) Attitudes toward interprofessional education (5) Focus Groups (36)
V. Interprofessional Education for Geriatric Care (IEGC)	Ruby Grymonpre University of Manitoba, Faculty of Pharmacy	Project works with current and future health care professionals in community-based geriatric settings to develop collaborative patient-centred practices with students during clinical blocks, day hospital clinical team members, and faculty. REVISED DESCRIPTION: The project has developed and implemented an IECPCP experiential learning program for advanced trained students in the area of community based geriatric care. Learner groups include: Students, Faculty and Day Hospital Clinicians.	community-based geriatric settings collaborative patient-centred practice settings teams	Team Observation Scale (33) Client Interview Questions (40) Clinical Team Focus Group Questions (36) Clinical Team Evaluation Post Experiential Block (48) Clinical Team Evaluation Post IEGC Program (49) IEGC Diary Sheet (42) Faculty Evaluation Post IEGC Program (50) Faculty Reflective Exercise Post IEGC Program (51) GITT Entry and Exit Questionnaires (52) Key Informant Interview Questions (53) IEGC Knowledge Questionnaire (54)

Project Title (Table 2)	Lead & Location	Project Purpose Description	Keywords	Instruments/Methods Used (Instrument Number refers to Table 1)
				Personnel Audit (55) Steering Committee Standardized Questions (56) Student Evaluation Post IEGC Experiential Block (57) Student Focus Group Questions (36) Student Journal Exercise (42) Student Reflective Exercise IEGC Project 6 month Follow-Up (58)
VI. Patient-Centred Interprofessional Team Experiences (P-CITE)	Liz Harrison University of Saskatchewan	Project promotes and enhances innovative interprofessional education programs; contributes to the knowledge base of best practice approaches; and supports the goals of enhancing patient care and improved quality of life through health professionals working in effective teams. The project is focusing on mental health and development in children and youth, chronic illness in middle age, transition from hospital to community for elders, and health in Aboriginal communities.	interprofessional education knowledge base of best practice effective teams. children and youth middle age elders Aboriginal communities education settings teams	Progress/Final Evaluation Template for each of the 26 projects of P-CITE (31)
VII. Patient-Centred Care: Better Training for Better Collaboration, Laval University	Andre Bilodeau Laval University	Project develops a collaborative patient-centred practice by establishing, conducting and assessing an integrated interprofessional education program, from University pre-graduate courses up to and including continuing education training.	collaborative patient-centred integrated interprofessional education education and practice settings	Participants' evaluation questionnaires (59) Semi-structured interviews (40) Focus groups (36) Courses and Workshop assessment tool (6)
VIII The McGill Educational Initiative on Interprofessional Collaboration: Partnerships for Patient and Family-Centred Practice	Margaret Purden David Fleiszer McGill University	Project enhances interprofessional collaborative patient- and family-centred practice by bringing together clinicians, educators, and students from five professional groups in a program delivered in academic and clinical environments.	collaborative patient- and family-centred education and practice settings	IPRQ: Interprofessional Reciprocity Pre-Questionnaire (7) St-Knowledge Questionnaire (18) Interprofessional Group Work Questionnaire (19) Semi-structured interviews (40) Observation - included with Nonparticipant Observation (41) Journal (42) Student Feedback Form (86) Facilitator Feedback Form (87)

Project Title (Table 2)	Lead & Location	Project Purpose Description	Keywords	Instruments/Methods Used (Instrument Number refers to Table 1)
				Workshop Evaluation Questionnaire (88) Feedback and Discussion Questionnaire (89) Patient Feedback Interview (90) Team Leaders Questionnaire (91)
IX. Building Capacity and Fostering System Change, Interprofessional Network of BC (In-BC: Assess)	Grant Charles Lesley Bainbridge Grace Mickelson College of Health Disciplines, UBC	Project connects health and education partners around BC and networks many projects that provide interprofessional education opportunities for students and practitioners in health care fields in diverse rural and urban clinical settings.	connects health and education partners networks many projects rural and urban clinical settings education settings	Key Features Case Study (60) Questionnaires (78) Focus Groups (36) Structured Interviews (40) Video Observation (79) Self Report (43) Discourse Analysis (80) Story telling (81)
X. Institute of Interprofessional Health Sciences Education, Council of Ontario Universities	Patty Solomon Council of Ontario Universities	Project uses Web- and team-based learning activities to facilitate interprofessional collaboration in educational and practice settings and build a network of expertise to develop knowledge, skills, and attitudes and promote cultural change in health sciences students and clinicians.	interprofessional collaboration promote cultural change education and practice settings	Student module feedback form (44) Clinician module feedback form (45) Focus Groups (36) Interdisciplinary Education Perception Scale (IEPS) (8) Attitudes Towards Healthcare Teams (2) Collaboration and Satisfaction about Care Decisions Scale (32) Clinical Placement Evaluation Form (46) Project Evaluation form for clinicians (47) Interdisciplinary Team Performance Scale (25) Semi-Structured Interviews (40) Online Discussion Forum (WebCT) (61)
XI Seamless Care: An Interprofessional Education Project for Innovative Team Based Transition Care	Judith McFetridge-Durdle Dalhousie University	Project brings together student teams from medicine, nursing, pharmacy, and dentistry and dental hygiene to help patients to develop skills and knowledge necessary to manage their illness and work with their health care team and within the health care system.	teams help patients to develop skills and knowledge necessary to manage their illness practice settings	Focus Groups (36) Semi- structured interviews (40) Non-participant observation (41) Recordings of student team meetings (39) Online discussions (WebCT) (61) Readiness for Interprofessional Learning Scale (RIPLS) (20) Readiness for Interprofessional Learning Scale for Faculty (21) Self Efficacy for Facilitating Interprofessional Experiential

Project Title (Table 2)	Lead & Location	Project Purpose Description	Keywords	Instruments/Methods Used (Instrument Number refers to Table 1)
				Learning (23) Self Efficacy for Interprofessional Practice Competencies for Faculty (22) Attitudes Towards Health Care Teams Scale (2) and faculty/preceptors Group Reflective Exercise (37) Team Reflective Exercise (103) Student Team Reports (38) Journals (42) Pre- Post and Three Months Post Questionnaires (93) Patient Self Management Scale (24)
XII Partners for Interprofessional Cancer Care (PICE): Cultivating Communities of Practice for Collaborative Care	Joan Sargeant Dalhousie University Anne Murray Cancer Care Nova Scotia (Donna Denny Department of Health)	Project cultivates a community of practice of health professionals in Nova Scotia and Prince Edward Island to facilitate the education of community-based practitioners; and to improve collaborative patient centered practice in those who provide care to oncology patients and their families, including health professionals from First Nations Communities.	community of practice collaborative patient centered interprofessional facilitation health care professionals First Nations Communities education and practice settings	PICE Facilitators: Teaching and facilitation experiences (64) Personal information/demographics (64) Interprofessional experiences, benefits and barriers (64) Attitudes About Interprofessional Learning Scale (4) Interprofessional facilitation scale (self,, observer & participant versions) (62) Intended and actual interprofessional facilitation changes (65) Interviews (40) Focus group (36) Facilitator ICC Evaluation Questionnaire (66) Trained Observer rating of PICE facilitators (72) The Movement Toward a Community of Practice Tool (67) Tracking of E-communications (68) Facilitator Development Program evaluation questionnaire (104) <u>ICC Participants:</u> Intended and actual changes to interprofessional interactions questionnaire (63) Interprofessional facilitation scale

Project Title (Table 2)	Lead & Location	Project Purpose Description	Keywords	Instruments/Methods Used (Instrument Number refers to Table 1)
				(62) ICC participant evaluation questionnaire (69) Content analysis of website discussion forum (105) St FX Nursing Faculty: Integration of ICC Content Questionnaire (71) Focus group (36)Patient interviews (40) - 20 means
XIII An Innovative National Distance Education Initiative for Interprofessional Practice in Psychosocial Oncology (IPODE Project/Projet ÉDOPI)	Deborah McLeod Capital Health District Authority	Project addresses gaps in formal education in interprofessional psychosocial oncology by a distance course using blended learning strategies for graduate students that will also be adapted and provided as a web-based professional development course for practicing professionals; and establishing a Canadian network of psychosocial oncology educators and researchers committed to enhancing the health of Canadians affected by cancer through collaborative and interprofessional initiatives.	interprofessional psychosocial oncology collaborative and interprofessional initiatives education settings	Focus Groups (36) Online discussions (Web CT) (61) Pre-post tests of IECPCP - social network survey - key stakeholders (85) Course Assessment Tool (70) Course evaluation – Mixed methods: Students: discussion board analysis (61) / online surveys (94) / focus groups (36) / self report (96) / course performance data (95) Faculty: focus groups (36) / self report (96)
XIV Projet ECIP: Éducation à la Collaboration Interprofessionnelle centrée sur le Patient	Hassan Soubhi Robert Thivierge Université de Montréal	Creates model environments for training and practice in collaborative patient-centred care for patients affected by chronic diseases. The main focus is on developing communities of practice with groups of people having common interests in engaging in collaborative learning opportunities for interprofessional practice.	collaborative patient-centred care chronic diseases communities of practice education and practice settings	EPIC communities of practice questionnaire (73)
XV A Process Oriented Approach to Enhancing Interprofessional Education and Collaborative Relationship Centred Care (PIER)	Susan Baptiste McMaster University, Faculty of Health Sciences	Project enhances interprofessional team function and education from pre-licensure curricula to collaborative practice settings by making foundational process-oriented changes including transformation in the organization's expectations and attitudes, in daily conversations	promote cultural change collaborative practice education and practice settings teams	IEPS – Interdisciplinary Education Perception Scale (8) Practice Genogram (16) Regenstrief Survey of Organizational Characteristics (17) Interviews (40) Discourse Analysis (Field notes) (80)

Project Title (Table 2)	Lead & Location	Project Purpose Description	Keywords	Instruments/Methods Used (Instrument Number refers to Table 1)
		and discourses, and ultimately in personal identity.		Focus Groups (36)
XVI Teaching Interprofessional Collaborative Patient-Centred Practice Through the Humanities: Partnership between SCO Health Service, the University of Ottawa and Saint Paul University	Pippa Hall Susan Brajtman Sisters of Charity Organization of Ottawa (SCO) Health Service (Lynda Weaver - Palliative Care Education & Quality Management, SCO Health Service)	Project provides health professional learners with planned interactions with an interprofessional team during their clinical rotations. As learners work with a chosen patient and family, they use a framework of the Humanities (human experience, historical perspectives, law and ethics, and professionalism) to reflect on the health care system, the impact of illness on the patient and family through the lens of interprofessional collaborative team practice.	interprofessional collaborative team practice practice settings teams	Attitudes Towards Healthcare Teams (2) Pre- and Post-knowledge questionnaire (76) Post process questionnaires (77) Focus groups (36) Interviews (40)
XVII A University of Manitoba Initiative: Interprofessional Education for Collaborative Patient-Centred Practice	Judy Anderson University of Manitoba	Project establishes interprofessional groups of faculty and students who value, understand, practice and promote collaborative patient-centred practices. The focus is on primary-care practice sites in northern and remote communities, particularly those with Inuit and Aboriginal populations as well as core-area (under-served) populations in Winnipeg.	collaborative patient-centred practices northern and remote communities Inuit and Aboriginal populations practice settings teams	Pre- and Post-knowledge questionnaire re: knowledge, skills, attitudes and intended behaviours (76) Preceptor observations of students' behaviour and interactions (97) Diary sheet of key impacts/learnings by students (42) Student feedback form (44) Problem-solving case study (98) Team Skill Assessments (84) Focus groups (36) Attitudes Towards Health Care Teams Scale (2) Interdisciplinary Education Perception Scale Interdisciplinary Team IQ (GITT) (106) Team Fitness Test (GITT) (107) Student Stereotypes Rating Questionnaire (108) Post Experiential Block (Learner) and Post Experiential Block (Faculty) (109) Pre-test on Interdisciplinary Team Concepts (GITT) (110) Theory of Planned Behaviour (111) Trainee Feedback for Standardized Patient Exercise

Project Title (Table 2)	Lead & Location	Project Purpose Description	Keywords	Instruments/Methods Used (Instrument Number refers to Table 1)
				(112) Student Daily Reflections & Faculty Daily Reflections (113) Working Group Meeting Evaluation Form (Working Group & Steering Committee) (114) Steering Committee Survey (115) Interprofessional Grand Rounds Evaluation (116) IECPCP Facilitated Retreat Evaluation (117)
XVIII Interprofessional Education for Collaborative Patient-Centred Chronic Disease Care Commonly known as - BRAID: Bridging Relationships Across Interprofessional Domains	Keith De'Bell University of New Brunswick	Project increases the capacity for health educators to deliver interprofessional education, builds IPE competencies in pre-licensure learners, health professions' educators and post-licensure health professionals, and provides opportunities for learners and professionals to apply interprofessional competencies on intra- and/or inter-professional health care teams.	patient-centred practice education and practice settings teams	Readiness for Interprofessional Learning Scale (RIPLS) (20,21) Focus groups (36) Key Informant Interview Questions (53) Competency rating scale (74) Facilitator Activity Logs (75) Post IPE Activity Evaluation Survey (92)
XIX Interprofessional Disaster/Emergency Action Studies (IDEAS)	Renee Kenny Centennial College	Project improves interprofessional team performance in patient-centred practice, and increases the perceived efficiency of health care systems in a disaster/emergency or pandemic situation.	practice settings patient-centred practice efficiency of health care systems interprofessional teams disaster/emergency online curriculum	Interviews (40) Journals (42) Discourse Review (35) Video Observation (79) Questionnaires (76) RIPLS (20,21) Focus Groups (36) Key Informant Interviews (53) Modified Ryan (no ID) (99) Continuing Professional Education Offering Survey (118) Patient/Victim Satisfaction Survey (119)
XX Consortium for Interprofessional Health Education & Research (CIPHER)	Evelyn Vingilis Cheryl Forchuk University of Western Ontario	Project facilitates interprofessional collaborative mental health care in both education and practice settings, while augmenting the work toward provincial priorities such as mental health care reform, care of the homeless, and development of Local Health Integration Networks.	collaborative education and practice settings mental health care	Interprofessional Education Perception Scale (IEPS) (8) Interprofessional Team Performance Scale (25) Collaboration and Satisfaction about Care Decisions Scale (32) Focus Groups (36) Student / participant feedback forms (44)

Table 3. Evaluation Instrument References

Instrument (Table 3) (Numbers in brackets refer to Table 2 instruments)	**References**
Interprofessional education learning block – questionnaire (1)	**Satisfaction scale**: Developed by Centre for Collaborative Health Professional Education. **Perception scale**: Adapted from: 1972, The Small Group Tutorial, McMaster University Educ. Monograph 3. Jacques, D. (2000). Learning in Groups (3rd ed.) (p. 246). London, UK: Kogan Page Ltd. **Opinions**: Adapted from Clark, P. G. (1994). Learning on interdisciplinary gerontological teams: Instructional concepts and methods. *Educational Gerontology, 20,* 349-364.
Attitudes towards interprofessional health care teams - incl. GITT Entry and Exit Questionnaires (2, 52)	Heinemann, G. D., Schmitt, M. H. and Farrell, M. P. Attitudes toward health care teams. In Heinemann, G. D., and Zeiss, A. M. (Eds.) *Team performance in health care: Assessment and development.* (pp. 155-159). New York: Kluwer Academic/Plenum Publishers, 2002. Heinemann GD, Schmitt MH, Farrell MP, & Brallier SA. (1999). Development of an attitudes towards health care teams scale. *Evaluation & The Health Professions,* 22(1): 123-142. Hyer, K., Flaherty, E., Fairchild, S., Bottrell, M., Mezey, M., Fulmer, T., et al. (Eds). (2003). *Geriatric Interdisciplinary Team Training: The GITT Kit, 2nd Edition.* New York: John A. Hartford Foundation, Inc. Leipzig RM, Hyer K, Ek K, Wallenstein S, Vezina ML, Fairchild S, Cassel CK, and Howe JL. (2002). Attitudes toward working on interdisciplinary healthcare teams: A comparison by discipline. *J Am Geriatr Soc*, 50(6): 1141-1148.
Attitudes towards interprofessional learning in the academic setting (3)	Adapted from an instrument developed by Dr. S. Gardner, Pharm.D., Ed.D., Department of Pharmacy Practice, University of Arkansas for Medical Sciences
Attitudes About Interprofessional Learning Scale (4)	Pollard K, Miers ME & Gilchrist M (2005). Second year scepticism: Pre-qualifying health and social care students' midpoint self-assessment, attitudes and perceptions concerning interprofessional learning and working. *Journal of Interprofessional Care*, 19(3): 251-268. This is one section of: the Interprofessional Interim Questionnaire.
Attitudes toward interprofessional education (RIPLS) (5, 20, 21)	Parsell, G., and Bligh, J. (1999). The development of a questionnaire to assess the readiness of health care students for interprofessional learning (RIPLS). *Medical Education 33*(2), 95-100. McFadyen, AK, Webster V, Strachan K, Figgins E, Brown H, & Mckechnie J. (2005)The readiness for Interprofessional Learning Scale: A possible more stable sub-scale model for the original version of RIPLS. *Journal of Interprofessional Care*, 19(6): 595-603.
IPRQ: Interprofessional reciprocity questionnaire (pre-) Includes: AHPQ, IEPS, ELIQ (7)	Luecht RM., Madsen MK, Taugher MP, Petterson BJ. (1990) Assessing professional perceptions: design and validation of an interdisciplinary education perception scale. *Journal of Allied Health,* 19(2): 181-91.
Interdisciplinary Education Perception Scale (IEPS) (8)	Luecht RM, Madsen MK, Taugher MP, Petterson BJ (1990). Assessing professional perceptions: Design and validation of an interdisciplinary education perception scale. *Journal of Allied Health*, Spring, 19(2): 181-191.
Readmission and Length of Stay (9)	CIHI Discharge Abstract Database
Collaboration Survey (10)	*Collaboration with Medical Staff Scale*. Known as the *CMSS* of the *Nurses' Opinion Questionnaire*, Adams, Bond, and Arber, 1995. Adaptations for SCRIPT-GIM use and preferences. *Source*: Administered by SCRIPT-GIM

Instrument (Table 3) (Numbers in brackets refer to Table 2 instruments)	**References**
Patient Satisfaction (11)	Hospital sites and Ontario's Hospital Report Research Collaborative See http://www.hospitalreport.ca
Practice Genogram (16)	McIlvain , H., Crabtree, B., Medder, J., Stange, K. C., & Miller, W. L. (1998)
Regenstrief Survey of Organizational Characteristics (17)	Original authors unknown; survey was modified for use by the Regenstrief Institute and was initially presented at the Immersion Conference, Innovations in Professionalism hosted by the Indiana University School of Medicine in August 2005. We have discussed use of the measure with Drs. Inui and Frankel and D. Mossbarger, project manager of the Regenstrief Institute.
Readiness for Interprofessional Learning Scale (RIPLS) for Faculty (21)	Karen Mann, Judy Mc Fetridge-Durdle & Maria Sarria and the project team. Adapted with permission from the authors of the Readiness for Interprofessional Learning Scale (Parsell, G.& Bligh, J. The development of a questionnaire to assess the readiness of health Care students for interprofessional learning (RIPLS). Medical Education 1999, 33. 95-1000) Work in progress. Paper accepted for the conference "Practice Makes Perfect" Vancouver Nov. 2007.
Self-Efficacy for Interprofessional Experiential Learning (SEIEL) (22)	Mann, K., Mc Fetridge-Durdle, J., Sarria, M. & the Project team. Work in progress. Paper accepted for the conference "Collaborating Across Borders" Minnesota. Oct. 2007.
Self Efficacy for Facilitating Interprofessional Experiential Learning (SEFIEL) (23)	Mann, K., Mc Fetridge-Durdle, J., Sarria, M. & the Project team. Work in progress. Paper accepted for the conference "Practice Makes Perfect" Vancouver Nov. 2007.
Patient Self Management Scale (24)	Adapted from: Law, M., Baptiste, S., Carswell, A., McColl, M. A., Polatajko, H. & Pollock, N. (1998). *The Canadian Occupational Performance Measure*. (3rd ed.). Toronto: CAOT.
Interprofessional Team Performance Scale (25)	Temkin-Greener H, Gross D, Kunitz SJ, Mukamel D (2004). Measuring Interdisciplinary Team Performance in a Long-Term Care Setting. *Medical Care.* 42(5), 472-481. Adapted from original validation study : Shortell SM., Rousseau DM, Gillies RR, Devers KJ., & Simons TL. (1991).Organizational assessment in intensive care units: construct development, reliability, and validity of the ICU nurse-physician questionnaire. *Medical Care.* 29(8): 709-727.
Interim Interprofessional Questionnaire (IIQ) (26)	Pollard K, Miers ME, & Gilchrist M. (2005). Second year skepticism: Pre-qualifying health and social care students' midpoint self-assessment, attitudes and perceptions concerning interprofessional learning and working. *Journal of Interprofessional Care, 19*(3), 251-268.
Relational Coordination Evaluation tool (27)	Gittell, JH, & Weiss L. (2004). Coordination networks within and across organizations: A multi-level framework. *Journal of Management Studies, 41*(1), 127-153
Human Systems Dynamics: - Change Maturity Model (28) - CDE Model (29) - Landscape Diagram (30)	Eoyang, G. H. (1997). *Coping with chaos: Seven simple tools*. Circle Pines: Lagumo
Progress/Final Evaluation Template (31)	Interprofessional Network of British Columbia (In-BC): Evaluation Framework. March 14, 2006. Prepared by Treena A. Chomik. PhD. Evaluation Framework Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP). June 1, 2006. Prepared by Office of Nursing Policy. Health Canada.
Collaboration and Satisfaction about Care Decisions Scale (32)	Baggs, JG. (1994). Development of an instrument to measure collaboration and satisfaction about care decisions. *Journal of Advanced Nursing*, 20: 176-182.
Team Observation Scale (33)	Cole, K. D., Waite, M. S., & Nichols, L. O. (2003). Organizational structure, team process and future direction of Interprofessional health care teams. *Gerontology &*

Instrument (Table 3) (Numbers in brackets refer to Table 2 instruments)	**References**
	Geriatrics Education 24(2), 35-49.
Observation Guide (41)	Mann, K., McFetridge-Durdle, J., Sarria, M. & the Project team. Work in progress. Paper accepted for the conference "Collaborating Across Borders" Minnesota. Oct. 2007.
Intended and reported changes to interprofessional practice (63)	Wakefield, JG (2004). Commitment to change: Exploring its role in changing physician behavior through continuing education. *Journal of Continuing Education in Health Professions*, 24(4): 197-204.
Intended and reported interprofessional facilitation initiatives (65)	Wakefield, J (2004). Commitment to change: Exploring its role in changing physician behaviour through continuing education. *Journal of Continuing Education in Health Professions*, 24, 197-204.
The Movement Toward a Community of Practice Tool (67)	Used with permission of RL Thivierge, RJ Gagnon, E Sauve, J Parboosingh. CPD Office, University of Montreal, Montreal, Quebec. November, 2006.
Course Assessment Tool (70)	This pre and post-course tool has been adapted, with permission. For more information on the original tool refer to: Stone N (2006). Evaluating interprofessional education: the tautological need for interdisciplinary approaches. *Journal of Interprofessional Care*, 20 (3): 260-275.
EPIC communities of practice questionnaire (73)	Sicotte, C., D'Amour, D., & Moreault, M. P. (2002). Interdisciplinary collaboration within Quebec community health care centres. *Social Science & Medicine,* 55, 991-1003. Temkin-Greener H, Gross D, Kunitz SJ, Mukamel D. (2004). Measuring Interdisciplinary Team Performance in a Long-Term Care Setting. *Medical Care* 42: 472-81. Gittell, JH, Fairfield KM, Bierbaum B, et al. (2000). Impact of Relational Coordination on Quality of Care, Postoperative Pain and Functioning, and Length of Stay: A Nine-Hospital Study of Surgical Patients." *Medical Care 38*(8), 807-19.
Team Skills Scale (84)	Hyer K, Heinemann GD, Fulmer T (2002). Team Skills Scale. In GD Heinemann & AM Zeiss (Ed.) Team performance in health care: Assessment and development (pp. 159-163). New York: Plenum.
Collaborative Communication (100)	Findings from the qualitative investigation (non-participant observation, key informant interviews, and shadowing) informed the design of the SCRIPT GIM 4 step interprofessional collaborative communication intervention
Student Stereotypes Rating Questionnaire (108)	Hean S, MacLeod-Clark J, Adams K, Humphris D (2006). *Journal of Interprofessional Care*, 20: 162-181.
Post Experiential Block (Learner) and Post Experiential Block (Faculty) (109)	Adapted, with permission, from the Interprofessional Education in Geriatric Care Project (IEGC) - Version 1.0, November 14, 2005. Grymonpre RE, van Ineveld C, Boustcha E et al (2005).
Continuing Professional Education Offering Survey (118)	Adapted from a survey developed by Ryan and colleagues and has been validated in numerous studies. Reference: Ryan M, Campbell N, Brigham C. (1999). *The Journal of Continuing Education in Nursing* 30(4): 168-175.
Patient/Victim Satisfaction Survey (119)	Survey adapted from the Group Health Association of America Consumer Satisfaction Survey. Validated in earlier studies.

Table 4. Evaluation Frameworks

Organization (Table 4)	Project Title	Evaluation Framework
Calgary Health Region	Creating an Interprofessional Learning Environment through Communities of Practice: An Alternative to Traditional Preceptorship	The evaluation is built on the approach outlined by Health Canada (2000) and the W.K. Kellogg Foundation (1998). Both approaches focus on a participatory approach. The evaluation framework designed for this project focuses on both *processes* and *outcomes* to ensure a comprehensive understanding of the project. Both qualitative and quantitative methods will be used. Outcome evaluation based on **Kirkpatrick (1998) model**.
University of Toronto	Structuring Communication Relationship for Interprofessional Teamwork (SCRIPT)	SCRIPT-GIM: this project employs a mixed methods evaluation framework. Both qualitative and quantitative measures are used to assess, design and evaluate interprofessional collaboration and communication in GIM. A cluster randomized control trial design will evaluate the effectiveness of the intervention and both the patient and staff levels of analysis. SCRIPT-Primary Care: The primary care arm of the SCRIPT Programme focuses on interprofessional collaboration (IPC) in urban academic family practice clinics. The study combines the use of ethnography and interview data to assess interprofessional communication and collaboration amongst all staff including both clinical and administrative/clerical, and the implementation of an IPC intervention in one family practice clinic. SCRIPT-Rehabilitation Care: The rehab care arm of the SCRIPT Programme focuses on interprofessional collaboration (IPC) in 3 rehabilitation programs of a rehabilitation hospital. The study combines the use of ethnography and interview data to assess interprofessional communication and collaboration amongst all staff including both clinical and administrative/clerical on the ward and within family conferences, as well as family conferences, and the implementation of an IPC intervention in one family practice clinic.
Queen's University	Queen's University Interprofessional Patient-Centred Education Direction (QUIPPED)	QUIPPED is using a critical action research methodology, which allows the researchers and the participants to work in an interactive partnership to explore change in a reflective cycle and to modify steps throughout the process. Framework to monitor the changes in knowledge, attitude, behaviour and beliefs, through pre and post tests of workshops of faculty, instructors, learners, and patients.
Memorial University of Newfoundland	Collaborating for Education and Practice: An Interprofessional Education Strategy for Newfoundland and Labrador	The model for assessing educational outcomes **is Kirkpatrick's model (1967),** as modified by **Freeth, Hammick, Koppel, Reeves and Barr (2002)** in their meta-analysis of the IPE literature. The model succinctly presents four levels of educational outcome, with two levels sub-divided for clearer visualization of outcomes for evaluation purposes. The **Staged Innovation Design (Wagner, 1984)** will be used as a study design for the evaluation of the curriculum framework program components.
University of Manitoba, Faculty of Pharmacy	Interprofessional Education for Geriatric Care	Consistent with the conceptual framework for IECPCP developed by **D'Amour, Oandasan in 2004**, our evaluation will identify and characterize various factors within the learning institution (University of Manitoba) and the clinical practice sites (Geriatric Day Hospitals) which influence the development and implementation of a successful and sustainable IEGC experience. The outcomes of the IEGC experience on learners and educators will also be assessed according to Kirkpatrick's model of educational outcomes with modifications by Freeth, Hammick,

Organization (Table 4)	Project Title	Evaluation Framework
		Koppel, Reeves, and Barr (2002). Evaluation will address the following research areas: Administrative structure/process and outcomes Student learning Faculty/preceptor learning
University of Saskatchewan	The Patient-Centred Interprofessional Team Experiences	This project links a program logic model to the four-level **Kirkpatrick (1994) model** for assessing training effectiveness. These four levels of training are reactions, learning, behaviour, and results. Each builds on the previous level. To map these to a program logic model, reactions and learning are process or activity measures, behaviour is an output measure, and results are an outcome measure. Formative and summative evaluation will be key components of the evaluation design.
Laval University	Patient-Centred Care: Better Training for Better Collaboration	L'évaluation des axes du programme de formation porte sur 1) les caractéristiques structurelles des axes; 2)les processus déployés pour leur mise en œuvre et les réalisations (outputs); 3)les résultats immédiats. Les quatre axes sont analysés séparément à la manière d'une étude multi-cas, qui, selon Yin (1994). L'évaluation du programme intégré vise à examiner la cohérence et la complémentarité des réalisations interaxes selon un continuum de formation (1er cycle, stages cliniques, formation continue). Le cadre de référence utilisé repose sur une combinaison d'un cadre classique, emprunté à l'évaluation des services de santé, inspiré des travaux de **Donabedian** (1980, 1985) et du modèle logique utilisé pour l'évaluation de l'initiative canadienne FIPCCP (Santé Canada, 2006).
McGill University	The McGill Educational Initiative on Interprofessional Collaboration: Partnerships for Patient and Family Centred Practice	The **Stufflebeam (1983) CIPP model** (context, input, process, product) will be used to guide the evaluation component of this project. This evaluation model is aimed at promoting development and to help leadership, partners and staff to systematically collect useful feedback to better meet stakeholders' needs given the available resources. Through the process of defining, collecting, and providing valuable information for use in judging decision alternatives, the CIPP model facilitates the decision making of program managers and administrators, and provides a useful framework for collecting relevant information.
College of Health Disciplines, UBC	The Interprofessional Network of British Columbia (In-BC)	Results-based logic model leveraging the work-to-date on Primary Health Care by the Centre for Health Services and Policy Research (CHSPR) and the Interprofessional Rural Program of BC. Evaluation will be driven by theories of learning from which can be developed clear and measurable objectives, both quantitative and qualitative.
Council of Ontario Universities (COU)	The Institute of Interprofessional Health Sciences Education	Evaluation framework designed to evaluate educational processes and outcomes. A comprehensive evaluation using quantitative and qualitative measures will be integrated throughout the project. Includes student evaluations, practice site evaluations, post-experience survey of Faculty members.
Dalhousie University	Seamless Care (Interprofessional Education Project for Innovative Team Based Transition Care)	The **Kirkpatrick (1969) model** of interprofessional development forms the basis of the evaluation framework for student, faculty, patient, and clinical sites. The overall evaluation will be well-integrated in the faculty development phase of the project, throughout the eight-week teaching intervention itself and in the follow-up with patients, primary and clinical care providers/ staff, faculty and student learners.

Organization (Table 4)	Project Title	Evaluation Framework
Cancer Care Nova Scotia	Partners for Interprofessional Cancer Care (PICE): Cultivating Communities of Practice for Collaborative Care	The evaluation framework includes two overarching components: evaluation of educational *outcomes,* and evaluation of program development and dissemination *processes*. The primary evaluation focus is educational outcomes, guided by **Kirkpatrick's model (1967),** and modified by **Barr et al (2005)** in their meta-analysis of the IPE literature. The final model identifies six levels of educational outcome (reaction, attitudes/perceptions, knowledge/skills, behavioural change, change in organizational practice, benefits to patients).
Capital Health District Authority	An Innovative National Distance Education Initiative for Interprofessional Practice in Psychosocial Oncology	A **results-based logic model** will be used to guide the implementation of the program and subsequently inform the evaluation plan. A formative and summative evaluation plan will be developed as part of a participatory evaluation approach informed by stakeholders in the project. This approach has been shown to be successful when various stakeholder groups are involved in the development of an initiative and is an essential element in the uptake of innovation and implementation of change. A formative evaluation will allow the program to be refined as it is being developed and will provide the data to inform program change. The summative evaluation design will incorporate the use of mixed methods (quantitative and qualitative) and multiple data sources. The emerging evaluation framework is built on an augmentation of Kirkpatrick's model (Alliger, Tennenbaum, Traver & Shotland, 1997)
Université de Montréal	Projet ECIP: Éducation à la Collaboration Interprofessionnelle centrée sur le Patient`	Du fait de sa complexité, l'intervention proposée dans ce projet doit être évaluée de manière méthodique et rigoureuse pour pouvoir la développer, la documenter, la reproduire, et l'appliquer dans la pratique clinique. L'évaluation du projet ECIP poursuit ainsi deux buts: 1. un but formatif, qui vise à favoriser le développement et 'implantation dans des milieux cliniques de communautés de pratique (CdeP) dédiées à l'apprentissage et au développement de pratiques collaboratives interprofessionnelles. Cette composante formative permettra notamment a) d'identifier les mécanismes et les stratégies par lesquels les membres des CdeP font des apprentissages sur la collaboration centrée sur le patient atteint de maladies chroniques, et b) identifier les dynamiques et les outils relationnels permettant la collaboration interprofessionnelle dans les CdeP; 2. un second but, à plus long terme, vise à poursuivre l'évaluation du modèle de CdeP qui sera implanté dans d'autres milieux cliniques à la phase II. Cette evaluation suivra les différentes phases du modèle d'évaluation des interventions complexes.
McMaster University, Faculty of Health Sciences	A Process Oriented Approach to Enhancing Interprofessional Education and Collaborative Relationship-Centred Care	No specific model reference found. This project does not separate process from evaluation in the evaluation framework, and the tools proposed all serve a dual purpose: to encourage reflection and therefore contribute to learning, and also to assess how people's views have changed, thereby evaluating the process. Evaluation will take place through two processes: Ongoing and experiential evaluation and inquiry e.g. team meeting notes, self reflections of project participants, interviews Formal, defined applications of evaluation tools e.g. IEPS, Practice Genogram, Regenstrief The success of the project will be determined through the outcome of the multi-faceted evaluation.

Organization (Table 4)	Project Title	Evaluation Framework
Sisters of Charity Organization (SCO) Health Service	Teaching Interprofessional Collaborative Patient-Centred Practice through the Humanities	The **Guskey (2000) model** for evaluating professional development efforts will be used for process and impact evaluation. The model expands on the familiar **Kirkpatrick model (1996)** of education evaluation, by adding a section that examines the organization in which the education participant works. Five themes to be evaluated: – Participant's reaction – Participant's learning – Organizational support and change – Participant's use of knowledge and skills – Learner's outcomes**
University of Manitoba (Medicine)	A University of Manitoba Initiative: Interprofessional Education for Collaborative Patient-Centred Practice	The concept of an imitative envisioned on 3 platforms (education, practice, and research) was based on the **D'Amour and Oandasan model**. Principles in the Evaluation of the Initiative are as follows: 1. A protocol outlining the data collection (demographics, experiences, progressive learning, and changes in attitudes, values, skills, knowledge, communications and new practices) will be submitted to the Human Research Ethics Review Board. Pre and post measures of interprofessional and patient-centered behaviour (actions as evidence of values) will be conducted. An assessment survey will be developed to measure the actual behavioural changes. A checklist will be used to identify such behaviours at the outset and end of the Initiative, anticipating the number will increase. 2. A 'matrix' encompassing individual, interactional, and group levels, on each platform of education, practice and research, will be used to grade evaluation.
University of New Brunswick	Interprofessional Education for Collaborative Patient-Centred Chronic Disease Care Commonly known as BRAID: Bridging Relationships Across Interprofessional Domains	The evaluation framework is based on principles outlined by Kellogg **(W.K. Kellogg Foundation Evaluation Handbook)**. Emphasis is placed on utilizing a logic model and participatory methods
Centennial College	Interprofessional Disaster/Emergency Action Studies (IDEAS)	Two evaluation initiatives, reflective of two primary evaluation paradigms will assess the effectiveness of the 'IDEAS' curriculum; a process evaluation and an outcome evaluation. The process evaluation is similar in structure to an organizational readiness survey while the outcomes evaluation model is based on **Kirkpatrick's model** modified for IPE by **Freeth et al. (2002).**
University of Western Ontario	Creating Interprofessional Collaborative Teams for Comprehensive Mental Health Services (CIPHER)	No specific model reference found. Formative evaluation will include assessment of program processes, using quantitative and qualitative measures. Summative evaluation of program outcomes will not be possible in the nineteen month duration of this proposal, as only one cycle of student teams will go through the program in that time. Whenever possible, data collection for the project evaluation will be integrated with assessment of learning by participants in the various project activities. In this very short time frame for program development and implementation, only shorter term outcomes and impacts can be reasonably expected.