

**All Together Better Health III – Challenges in Interprofessional Education & Practice
Imperial College, London, UK April 2006**

Session: A patchwork of learning and teaching initiatives

Group: AE

IPE and space: the creation of controlled learning applied environments or “Pride Without Prejudice”

Presented by:

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George Brown College (GBC) is one of the largest and most diversified colleges in Ontario Canada, with more than 14,000 full-time students in approximately 150 programs ranging from one-year certificates to four-year bachelor’s degrees. In addition, there are more than 50,000 continuing education students enrolled in over 1,300 courses. Educational offerings are aligned with economic growth sectors including: Business and Financial Services, Health Sciences and Community Services, Hospitality and Tourism, Construction, Engineering and Creative Arts.

The Centre for Health Sciences is comprised of 4 Clusters: Nursing, Oral Health, Wellness and Health Promotion, and Health Services Management and Technology. The Dean is responsible not only for these 4 clusters but for over 14 full-time and several part-time programs under the Centre for Community Services. This organizational structure with one Dean has facilitated the rapid and innovative collaboration between programs since the Interprofessional Education (IPE) agenda was initiated 3 years ago.

A recent publication by the Association of Colleges of Applied Arts and Technology of Ontario (ACAATO) stated that 70% of health care professionals are educated at Colleges rather than at Universities, including Nursing, Med-lab, Oral Health, Health Information Management, Paramedics, Orthotics and Prosthetics, etc. Ontario’s Colleges therefore need to prepare their students for a changing health-care workplace in which skills related to teamwork and health promotion and prevention are highly valued.

The IPE agenda at GBC includes three components: a stated key principle, 4 learning outcomes and 5 strategies. The “key principle” is that the focus of the education curriculum is on client-centred care, not just the provider’s role. The learning outcomes address a number of issues including the relationship of the provider with other health care professionals as it relates to patient-care outcomes.

We recognized that if shared learning is to occur to facilitate collaborative practice, we needed to revisit our current applied learning spaces (such as our existing dental clinics and our simulated spaces). We were fortunate that the College already had an established dental clinic which acted as a lab for our dental hygiene students, denturists, and dental assistants as well as a large but not very learner friendly nursing resource centre. These two spaces had good foundations and potential but we needed to better understand how space and IPE worked so that any renovations would be more forward thinking to reflect our IPE agenda. We also had other programs such as Orthotics/ Prosthetics, Fitness and Lifestyle Management and Hearing Instrument Specialist who

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were not currently part of these clinics but nevertheless had their own clients. Finally, we recognized that the process would need to be iterative as we are continuously learning more about IPE and best practices each day.

The team looked to existing literature for best practices, visited several institutions, interviewed architects and faculty and staff before commencing space design.

Over the last three years, two spaces have been renovated into CALEs (Controlled Applied Learning Environments) which are the focus of this presentation. They include the Nursing Resource Centre, now referred to as the Simulated Practice Centre and the existing Dental Clinic which is now called the Interprofessional Learning Clinic.