

BOOK REVIEW

Creating the Health Care Team of the Future: The Toronto Model for Interprofessional Education and Practice

Sioban Nelson, Maria Tassone, and Brian D. Hodges. Ithaca, NY: ILR Press, 2014. ISBN-13: 978-08014-7941-0, 176 pages, \$75.95 US (hard cover), \$24.82 (paperback), \$20.60 (Kindle).

Creating the Health Care System of the Future makes a strong case for the importance of interprofessional education and interprofessional care (IPE/C), and shares the University of Toronto's journey from 2002 until the book's publication in 2014. The authors possess extensive experience in the topic and provide a well-written and complete introduction, providing definitions of key terms, background information, and an overview of the project and the book. This background was essential for the reader because it set the stage. The University of Toronto uses the World Health Organization (WHO) definition for interprofessional education, which "occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes." Interprofessional care is defined as "provision of comprehensive health services to patients by multiple health caregivers who work collaboratively to deliver quality care within and across settings" (page 7). These definitions ground the book along with 4 basic principles for provision of excellent patient care: (1) practitioners must understand that they are part of a diverse team; (2) practitioners must communicate effectively with the patient and family, as well as with other members of their team; (3) practitioners must know what other members do, to limit duplication and prevent gaps in care; and (4) practitioners must know how to work together to optimize care so that the patient journey from inpatient care to home care, or from primary care to the specialist clinic is experienced as seamless (page 2).

The authors stated that this is a workbook designed for professionals "charged with revising curricula to incorporate interprofessional components," those in clinical settings "introducing IPE/C in their clinical programs" as well as those "charged with enhancing quality and patient safety" (pages 4-5). They also noted that this is meant to be used as a workbook with the reader accessing sections as needed, and is not intended to be read all in one sitting. Chapters 1 and 2 tell the story of how the University of Toronto built its IPE/C program. The discussion of the University of Toronto story is quite detailed and probably will be of most interest to those actually working on

establishing their own IPE/C system. However, I would recommend Chapters 3 to 5 to all readers, since these chapters provide important and basic information about common goals for IPE/C, and activities for classroom and clinical settings. Moreover, Chapters 3 and 4 in particular provide excellent stories about core courses, electives, and clinical experiences. These stories can allow any reader to relate to what has been accomplished and can stimulate thoughts about what might be possible in his/her school or clinical setting. Each chapter is described in more detail below.

The book was very carefully organized and used a chapter "compass" as a visual image to display the 17 major learning points. These 17 points nicely summarize the book's key messages. Each chapter opens with the relevant segment of the "compass."

Chapter 1: *Getting Started* provides a detailed history of the development of interprofessional education and care (IPE/C) at the University of Toronto and in its affiliated hospitals and other practice settings. This chapter's major points include the importance of champions, engaging key leaders, and establishing a unified vision for education and practice.

Chapter 2: *Structuring for Success* describes the organization and structure of the University of Toronto and its network of affiliated teaching hospitals, called the Toronto Academic Sciences Health Network (TASHN). The key points from the "compass" are creating partnerships among disciplines, building enabling structures, creating leaders at all levels, and how IPE/C is paid for.

Chapter 3: *Building the Curriculum* discusses the curricular goals and basic structure that is shared by the 9 health sciences programs at the University of Toronto: medicine, nursing, occupational science and occupational therapy, pharmacy, physical therapy, physician assistant, social work, speech-language pathology, kinesiology, dentistry, and medical radiation sciences. It includes the objectives, a description of each of the 3 core classroom experiences, and wonderful stories about sample elective courses. Their framework for learner development of values and competencies is presented as a Table on pages 52 to 53. It includes 3 basic constructs: values and ethics (eg, self-knowledge, respect for values of others, IP ethical decision making, and performance in an IP team), communication (eg, listening, giving, and receiving feedback, sharing information, building a common language,

and dealing with conflict), and collaboration (eg, context and culture of the health care system, roles and responsibilities of each profession, decision-making, self-reflection and change). It also describes the 3 levels of training in their model, 2 preclinical (exposure or introduction and immersion or development) and 1 at the clinical level (competence or entry to practice). The primary “compass” points are creating time and space for IPE, fostering engagement, maintaining commitment, and overcoming challenges.

Chapter 4: *Creating a Strong Education-Practice Interface* describes the evolution of the development of the growing number (just over 50 in 2012–2013) clinical “placements” that provide IPE experiences for the 3700 health sciences students at the University of Toronto. This chapter is particularly rich in stories, including many examples of how individual experiences were built in a multitude of clinical settings. The learning points from the compass were preparing the sites for clinical placements, coaching staff to support learners, and building team skills in practice.

Chapter 5: *Thinking about Impact and Sustainability from the Start* discusses current thinking on IPE/C and addresses the role of accreditation of programs and hospitals, the place that competency frameworks have, and progress in relation to evaluation of learning and participant/client outcomes. There also was a very cogent discussion of the challenges facing any transition to

interprofessional education and care. The final “compass” points are accreditation for education programs and service providers, evaluation – new directions, and competency in interprofessional education and practice.

The IPE/C experts in Toronto express a clear willingness to share their projects and process and even include QR codes (matrix or 2 dimensional bar codes) in the margins for direct linkage to key resources. Finally, they provided an annotated bibliography of key publications from their group that expands the available resource base. The book was eye opening. I was astonished by how much this group of dedicated professionals has accomplished in a short span of time. The book felt like a call to action – this is important – we did it – this is how – you can do it, too – now get started! I believe that you will feel the same way and there is a role for everyone – patient, family member, student, practitioner, educator, and administrator. Each of us can and should take part in a change toward IPE/C.

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