Interprofessional Education in Four Canadian Undergraduate Nursing Programs: An Examination of the Supporting Data

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Abstract

Canadian nursing programs are required to provide Interprofessional Education (IPE) since formal inclusion in the undergraduate curricula in 2012. This multiple case study explored how four undergraduate university nursing programs in Northern Ontario integrated IPE into their curricula, including opportunities and challenges of meeting the new IPE requirements. Data collected and analyzed in the study were: interviews with program directors, focus groups and interviews with faculty members, program documentation and information on websites, and on-site program observations. This paper extends the findings of this study and the themes identified in it. These themes were as follows: 1) varied understandings of IPE, 2) diverse IPE learning activities within curricula, 3) the requirement for support and resources for IPE and research, 4) student participation and leadership in IPE, and 5) limited IPE evaluation (Author names removed for integrity of review process, 2019). In this paper, the themes are explored in further depth through extensive consideration of documentation provided by the involved universities. These resources complement the data derived through interviews and focus groups.
with faculty and directors. Exploration of these data is a valuable means of illuminating any congruencies and dissonances found in the director and faculty data.

**Keywords:** Interprofessional Education, program analysis, undergraduate university nursing programs, northern Ontario.

**Résumé**

Les programmes canadiens de sciences infirmières sont tenus d'offrir une formation interprofessionnelle (FIP) depuis leur inclusion officielle dans les programmes de premier cycle en 2012. Cette étude de cas multiples a exploré comment quatre programmes universitaires de premier cycle en sciences infirmières du Nord de l'Ontario ont intégré la FIP dans leurs programmes d'études, y compris les possibilités et les défis de répondre aux nouvelles exigences de la FIP. Les données recueillies et analysées dans le cadre de l'étude étaient les suivantes : entrevues avec les directeurs de programme, groupes de discussion et entrevues avec les membres du corps professoral, documentation et information sur le programme sur les sites Web, et observations sur place du programme. Le présent article fait état des conclusions de l'étude et les thèmes qui y sont abordés. Ces thèmes sont les suivants : 1) compréhension variée de la FIP, 2) diverses activités d'apprentissage de la FIP dans les programmes d'études, 3) besoin de soutien et de ressources pour la FIP et la recherche, 4) participation et leadership des élèves dans la FIP et 5) évaluation limitée de la FIP. Ces thèmes ont été approfondis grâce à un examen exhaustif de la documentation fournie par les universités concernées. Ces ressources viennent compléter les données tirées des entrevues et des groupes de discussion avec le corps professoral et les directeurs. L'exploration de ces données est un moyen précieux d'éclairer les convergences et les divergences que l'on trouve dans les données des directeurs et du corps enseignant.

**Mots clés :** Formation interprofessionnelle, analyse de programme, baccalauréat en sciences infirmières, nord de l'Ontario.

**Introduction**

According to the Centre for Advancement of Interprofessional Education, interprofessional education (IPE) “occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care” (2002). The integration of interprofessional education (IPE) into nursing curricula has formally occurred in nursing programs across Canada since the Canadian Association of Schools of Nursing (CASN) included IPE as part of their accreditation standards in 2012 (CASN, 2012). There is evidence throughout the literature that undergraduate university nursing programs across Canada have been demonstrating that they are striving to meet IPE requirements in their programs (Fortugno, Chandra, Espin, & Gucciardi, 2013; Joyal, Katz, Harder, & Dean, 2015; Paul, Olson, Sadowski, Parker, & Alook, 2014; Ruiz, Ezer, & Purden, 2013; Vanderzalm, Hall, McFarlane, Rutherford,
& Patterson, 2013). In particular, the literature describes IPE in classroom, laboratory, and clinical practice settings as voluntary and mandatory learning activities within the nursing curricula. Several international studies also report integration of IPE into nursing curricula using similar approaches (Balogun, Rose, Thomas, Owen, & Brashe, 2015; Luebbers, Dolansky, Vehovec, & Petty, 2017; Nasir, Goldie, Little, Banerjee, & Reeves, 2017; Saylor, Vernoony, Seleman, & Cowperthwait, 2016). Despite these findings, there is still a paucity of research on IPE activity in Canadian undergraduate nursing programs in Northern Ontario.

A qualitative multiple case study in which the integration of IPE into the curricula of four nursing programs in Northern Ontario was explored identified the following themes: 1) varied understandings of IPE, 2) diverse IPE learning activities within curricula, 3) the requirement for support and resources for IPE and research, 4) student participation and leadership in IPE, and 5) limited IPE evaluation (Donato, Lightfoot, MacEwan, & Carter, 2019). This article described overall study results, upon which the study data for this examination of supporting evidence will be based. These themes emerged from analysis of each program-case and during the cross-case comparison stage. Director and faculty data, combined with program documentation, website data, and on-site observations contributed to the identification of the themes. Yin (2014) noted that several sources of data may be used to provide evidence for case study research. The use of multiple sources of data is especially important in multiple case study research since each source of data contributes to the development of a more complete understanding of the cases and cross-case synthesis findings (Baxter & Jack, 2008). The large amount of data collected provides fertile ground for further examination of themes and relationships across the data sources. Based on these ideas, the intent of this paper is to explore the study findings in relation to the program documentation, website data, and on-site observations. Exploration of these data sources will also illuminate any congruencies and dissonances in comparison with the director and faculty data.

Methods

This study utilized a multiple case study design to explore how four undergraduate university nursing programs in Northern Ontario are integrating IPE into their curricula, including the opportunities and challenges experienced by nursing faculty and program directors during this integration. Each undergraduate nursing program was considered to be a case (Baxter & Jack, 2008; Creswell, 2013). Multiple data-collecting strategies were used including interviews, focus groups, review of program documents and websites, and on-site program observations in order to identify the IPE content as well as delivery strategies in each undergraduate nursing program (Yin, 2014).
Data Collection

The research took place at four undergraduate nursing program locations in Northern Ontario universities located in Sudbury, North Bay, and Thunder Bay. Data collection occurred between June 2016 and June 2017. The first section of the “Interprofessional Education Assessment and Planning Instrument for Academic Institutions” was used to create a semi-structured interview and data collection guide (Association for Prevention Teaching and Research, 2009). Each question in the data collection guide included a request for supporting evidence (as shown in Table 1). Data collection consisted of interviews with program directors (n=3); focus groups (n=10) and interviews (n=3) with faculty members; review of available program documentation, and information found on websites; and on-site program observations.

Table 1

Data Collection Guide/Supporting Evidence

To what extent is IPE occurring in courses in your undergraduate program and what are the professions involved? Documentation: request program description, course outlines and other relevant material if available.

How is IPE occurring in clinical experiences (hospital, clinics, community) in the program, and what are the professions involved? Documentation: request any clinical learning objectives or descriptions.

How is IPE occurring in community projects or service learning in your program, and what are the professions involved? Documentation: request learning objectives or course descriptions.

Have any of the IPE experiences/activities been assessed or evaluated and if so, by whom? Documentation: request access to evaluation documents if available.

Is IPE occurring as a voluntary extra-curricular activity in the program? If so, please describe the activity and explain who the professions involved are. Documentation: request description of the activity if available.

Are there staff and resources dedicated to IPE within the program? If so, can you describe their role? Documentation: request role description if available.

Does the university support IPE in its strategic plan and in other ways? Documentation: request access to university and program strategic plans or observe on website.
Curricula-related program documentation, website information, and on-site observations of the four programs are the focus of this examination of supporting data in relation to the overall themes. Program documentation included strategic plans, accreditation reports, a Faculty of Health level interprofessional needs assessment, a Faculty of Health presentation about IPE initiatives, learning evaluation documents, student newsletters, course descriptions, and the terms of reference for an interprofessional committee. Website information include strategic plans at the organizational, faculty, and program level; interprofessional student group websites; program goals; course descriptions; and student handbooks. On-site program observations were made during the time spent at each institution through guided tours of learning spaces and simulation laboratories.

**Data Analysis**

A thematic analysis was conducted by the primary investigator using data from interviews, focus groups, documents, websites, and on-site program observations. First, an analysis was completed for each program in order to identify themes using the process described by Braun and Clarke (2012). Data from documents, websites, and on-site program observations were organized into a chart for each program, and each source was labelled for identification. These data sources were then compared with the focus group and interview data. Next, categorical aggregation, as recommended by Creswell (2013), was used to establish themes for each program. The themes were then compiled in a chart with corresponding evidence from all data sources. Finally, a cross-case analysis was conducted, and final themes were generated based on all data from the individual case studies as described by Yin (2014). Data sources were assigned specific identifiers followed by numbers corresponding with each program for identification purposes (e.g., Director-D1, Focus Group Member-FG2, Document-Doc1, Website-W3, and On-site Observation-O2).

**Ethical Considerations**

This research received ethics approval from Laurentian University, Nipissing University, and Lakehead University. Since the principle investigator is part of the nursing faculty at Laurentian University, the interviews and focus groups at the two Laurentian University undergraduate programs were conducted by a bilingual (English and French) facilitator hired through a consulting company. This step was taken in order to prevent any perceived bias in the data collection process, to ensure anonymity, and to accommodate program language preferences.

**Results**

The overall themes were based on program documentation, website data, and on-site observations in conjunction with the director and faculty data. They are reported in a manuscript.
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that is presently being prepared for publication (Donato et al., 2019). The findings discussed in the following section expand on this previous work and focus on the program documentation, website data, and on-site observations. They are presented in relation to the director and faculty data within the five overall themes previously identified.

**Varied understandings of IPE.**

As a concept, IPE has been interpreted in a variety of ways, that affects how it is implemented in the programs. The theme of varied understandings of IPE is supported by all sources of data. Both directors and faculty members expressed varying degrees of understanding of the concept of IPE. The supporting data sources including strategic plans, information on websites, and course outlines also demonstrated varied understanding. This idea was apparent in the interchangeable terminology used to describe IPE including the terms, *multidisciplinary, interdisciplinary, and collaborative learning.*

In one interview, a faculty member made the following statement: “To be honest, I find it confusing, I don’t really know, like…I guess what IPE is…” (FG2M4). Adding to this idea of different understandings, a director indicated that “it is really to have the same definition of interprofessional, because sometimes administration puts students of different disciplines in the same class and it is an interprofessional course” (D3, 4). Without a precise definition and common understanding among faculty and administrators, IPE may be occurring in various ways that do not meet the definition of IPE.

Varied terminology was used to describe IPE in the relevant documentation and most institutional, faculty, and program websites had no language regarding IPE, particularly in terms of definitions or explanations of the term. For example, the strategic plan of one of the universities referred to themselves as “… a leader in inter-professional health education and research” (W3, 4-1) without including a definition of “inter-professional” or elaborating on the meaning of this statement. Another institution used the term “multidisciplinary” or “collaborative learning” in their strategic plan as posted on its website (W1-1). Another nursing program website used the term “interdisciplinary” (W4-1). IPE terminology was used in one institution’s program goals: “To work collaboratively with the client and others- interprofessionally and intraprofessionally, to address and respond to emerging health needs” (Doc4-1). Only one faculty-level website had a section outlining IPE in language reflecting the Centre for Advancement of Interprofessional Education (2002) definition: “The Faculty … is committed to the ongoing advancement of interprofessional education (IPE) and interprofessional collaboration” (IPC) (W1-3). This same website also quoted the Centre for Advancement of Interprofessional Education (CAIPE) definition of IPE (W1-3), that was quoted in the opening sentence of this paper.

Course outlines also used a variety of terms and statements in relation to IPE such as “students will develop awareness of …. The role of the nurse in a multidisciplinary team” (W1-
4). At this same university, there was a cross-listed elective course in one program that demonstrated IPE language titled: “Interprofessional Education and Wellness” (W1-4).

These findings as they pertain to diverse understandings of IPE align with the literature. A review of IPE in the Canadian nursing literature has demonstrated inconsistencies in the conceptualization of IPE (Grant et al., 2016). In all the documents examined in the review, IPE was defined in only one document pertaining to one program. Coffey and Anyinam (2015) emphasized how defining IPE is crucial to understanding exactly what IPE entails. This lack of clarity in defining IPE has likely led to the varied understandings and lack of knowledge of IPE. This, in turn, affects how IPE is envisioned and enacted in the programs by faculty members and speaks to the need for faculty development.

**Diverse IPE learning activities within curricula.**

A variety of IPE learning activities was evident in all data sources. IPE was threaded throughout the learning outcomes within courses and through each year of the programs to varying degrees, and included both mandatory and voluntary learning activities. The majority of IPE learning activities involved simulations with other health professions students. The variety of IPE learning activities was demonstrated in accreditation documents, evaluation documents, course outlines, website information, and through observations of simulation laboratory spaces. IPE has been integrated into some parts of the curricula. One director stated the following: “We’ve tried, I would say, over the past probably 10-12 years to have…. more genuine IPE opportunities. It’s just threaded through our learning outcome that’s really looking at relationships” (D1). A faculty member from another program described the work of a nursing program committee to ensure the integration of IPE into the curriculum: “The common learning outcomes were designed by the curriculum committee” (FG2M1).

In one program, an accreditation report provided evidence of the progress made relative to IPE. According to this report, the nursing program met the following objectives:
- demonstrates how concepts and content of IPE and IPC are threaded throughout the curriculum,
- demonstrates voluntary nursing student activities in partnership with the medical school,
- demonstrates voluntary simulation IPE activities,
- students in third year are exposed to a variety of professions and students have a chance of working with some of them in clinical settings,
- fourth-year students work collaboratively in their consolidation experience, and
- several new initiatives are occurring with IPE in the program and plans for these in the coming years (Doc4-2).

The voluntary nature of many IPE learning activities was evident in this research. According to one director “one of the challenges we have… is to encourage participation in activities in a less voluntary and a more mandatory way” (D3, 4). While mandatory IPE ensures that all students gain the knowledge required by the program, voluntary IPE experiences...
typically include only students with an interest in IPE. For example, one institution offers a cross-listed elective IPE learning experience. The course description indicates that “students from different professions come together to work in a collaborative student-driven learning environment to explore the benefits and challenges of interprofessional teamwork to simulate a real world interprofessional environment” (W1-4). Student-led clinics are another example of voluntary activities for students. At one institution, students interested in IPE formed an organization that led to the student-led clinic. This group of students described themselves on their student organizational website as “a group of students from a variety of health disciplines … who seek to promote interprofessional education and practice” (W1-5).

One of the documents analyzed was a presentation on interprofessional education initiatives that focused on simulation activities in collaboration with the simulation laboratory at a partnering hospital (Doc3, 4-2). These simulation activities included medical, nursing, speech pathology, Indigenous social work, and social work students (Doc3, 4-2). Simulation involving some IPE also occurred in laboratories in the different programs, and appeared to be the most common venue for IPE. All programs showcased state-of-the-art laboratories (O1, O2, O3-1, O4-1).

The reliance on voluntary IPE learning activities is consistent with the literature that describes the voluntary nature of IPE learning activities in nursing programs (Grant et al., 2016; Nasir et al., 2017; Saylor et al., 2016). The use of simulation for IPE as a popular learning activity in nursing programs is also prevalent in the literature (Hudson, Sanders, & Pepper, 2013; Rutherford-Hemming, & Lioce, 2018; Saxell, Harris, & Elarar, 2009). Further exploration of these voluntary and simulation-based learning activities is required to determine their success in meeting IPE requirements that may assist faculty in the development of more mandatory IPE learning within programs.

The requirement for support and resources for IPE and research.

The requirement for support and resources for IPE and research was noted by directors and faculty and was supported by documents, websites, and observations. The main barriers were a lack of human resources for IPE, difficulty in scheduling IPE learning activities, and inadequate learning spaces for IPE given the sizes of the participating student groups. All of the programs in this study indicated the need for additional human resources for IPE since this work generally occurs on top of regular faculty workloads. As such, inconsistent workload allocations for IPE were noted as barriers for all programs. The observed barriers were consistent with findings in the literature on the challenges of integrating IPE into curricula (Cahn, 2014; Ruiz et al., 2013; Vanderzalm et al., 2013). Despite these challenges, administrative support in encouraging IPE integration within curricula was evident in the interview, focus group, and supporting data.

With respect to workload, a director stated how “we don’t have anybody who has course release to be looking at IPE opportunities across the curriculum. You know, I think that that’s a
direct result of having a …. Scarcity of resources” (D1). Fewer staff, more part-time faculty, smaller budgets, and increases in students were discussed within the context of resources. A faculty member said there was “no staff associated … staff or faculty release time… I personally get one hour per week … for IPE” (FG2M1). Although one program employed a laboratory facilitator who worked mainly on IPE within simulation, there was no evidence in the documents or on the websites that specified a dedicated faculty member for IPE curricula. However, one institution had a specific IPE committee that guided the development and integration of IPE into curricula. The terms of reference for this committee described a standing committee at the faculty level. The mandate of this committee is to act in an advisory capacity to senior leadership at the university through the dean “on matters, policies and planning related to advancing IPE and IPC” (Doc1-2). This committee may also influence administrators to provide increased support and resources for IPE within the program. These terms of reference and accreditation documents in another program revealed some leadership of IPE initiatives involving faculty. In summary, there was no evidence of faculty or staff dedicated to IPE.

Despite the lack of resources identified by faculty and directors, administrative support was evident in strategic plans (W3, 4-1; W1-3). In addition, a needs assessment of IPE conducted at one institution in 2012 describes an evaluation of IPE within the faculty and related programs. This needs assessment occurred because of the new IPE requirements in professional health education that emerged during the same time period. One of the recommendations of this needs assessment report was to “allocate resources to support and develop IPE/IPC initiatives, activities, courses, community partnerships, faculty development programs, assessments, evaluations and research” (Doc1-3). Another recommendation was “pending the availability of resources, dedicate at least one FTE (individual or shared) 76-100% to IPE/IPC; and determine the organizational structure and staffing required to support IPE/IPC” (Doc1-3). These recommendations are incongruent with what faculty and directors reported almost five years later, as the need for support and resources was identified as an issue.

IPE requires careful scheduling often between two or more programs as well as venues, to ensure that all health professions students are able to participate. As such, scheduling issues were reported with respect to planning IPE activities. One faculty member emphasized that “scheduling challenges have been the biggest barrier” (FG2M1). The previously mentioned needs assessment report recommended that the program “find and allocate common time, structures and processes specific to IPE/IPC (interprofessional care) planning” (Doc1-3). Significantly, the recommendation was made in 2012, and faculty members and directors were still voicing their concerns about scheduling issues almost five years after the report was completed.

Although all sites had state of the art laboratories, the size of each lab was perceived to be inadequate for large numbers of students learning and working in interprofessional teams. According to one director “another big issue is space… we did not have a big enough room”
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(D3, 4). The needs assessment report recommended that the university “create and develop IPE/IPC spaces i.e., website, simulation areas, resource directory etc.” (Doc 1-3). As part of this study, the labs at each program site were observed and confirmed to be too small to accommodate the numbers of students reported to be participating in IPE activities (O1, O2, O3-1, and O4-1).

Although a lack of human resources, difficulties with scheduling, and a lack of space were cited as issues, the supporting data sources acknowledged these challenges and some made recommendations to address them. Several of these data sources were created with the involvement of administrators beyond the program level, thus suggesting institutional involvement and support for IPE. Although these challenges were addressed in the documents, there was no evidence at the time of the interviews that the recommendations had been acted upon.

**Student participation and leadership in IPE.**

Student participation and leadership in IPE occurred mainly through voluntary simulation experiences and student-led clinics. All data sources provided evidence of student participation and leadership, with the student-led clinic being the dominant activity. Students across the programs participated in voluntary simulation events and student-led activities. Faculty reported that some students were interested in IPE when it was paired with simulation learning in the laboratory and students from other health professions. One faculty member stated the following: “Yes we sometimes have activities that aren’t always mandatory, only occasionally, where we organize practice clinics with our students, with the medical school” (FG3M4).

Students also participated in the organization of student-led clinics that would eventually take place in community settings. A director shared that “…the students are currently looking at the possibility of opening a clinic, a student-led clinic downtown… Often it comes from the students because they also see this need” (D3, 4). One of the reviewed documents was a business plan for a student-led clinic that demonstrated the intentions and motivations of a group of students from various professional programs (Doc3, 4-1). An interprofessional group of students from another institution developed a website for their interprofessional student association (W1-5). This website described student initiatives such as a simulation series in the fall and winter sessions, a speaker series in the fall and winter, a simulation challenge in February, and IPE week in January (W1-5). The literature supports the idea of student-led clinics as appropriate venues for IPE (Ambrose, Baker, Mahal, MicFlikier, & Holmqvist, 2015; Kent, Drysdale, Martin, & Keating, 2014; Ng & Hu, 2017).

**Limited IPE evaluation.**

Limited IPE evaluation was the final theme supported by all sources of data. There was limited evidence of evaluation in accreditation reports, IPE assessment reports, and course outlines. Evaluations of IPE were done at the student, faculty, and program levels, but mostly at...
the student level as part of their learning assessments. These evaluations of IPE activities are sometimes completed by the educators, some entail overall program assessments, and some are formal assessments of student learning. With respect to evaluations completed by faculty after IPE activities have taken place, one faculty member stated the following:

When I did the simulation experience, there was an evaluation form, I believe, that we filled out, to talk about the experience. And feedback that was gathered afterwards, in like a focus group type of scenario, they had all the professions who were all the kind of leaders of the teams, or whatever, present. So that was one method of evaluation (FG4M2).

Overall program and faculty level evaluations were documented in accreditation and IPE assessment reports. One accreditation report mentioned an IPE evaluation that demonstrated the “progress made ensuring interprofessional education and interprofessional collaboration in relation to curriculum revisions, with a view to ensuring that components of some IPE be present with different partners” (Doc4-2).

The needs assessment report for one institution was the most complete form of evaluation of IPE at a faculty level. This report included the nursing program and related health professions (Doc1-3) and was created to guide the development of IPE in the faculty and related programs. This report also made recommendations on the evaluation of IPE within their faculty and programs. Some of these recommendations included the following:

- Determine the methods to measure student progress in the areas of attitudes, knowledge and skills; develop a sustainable approach to implement and maintain IPE/IPC; answer the question, “What is the best approach?” (i.e., courses, extracurricular events, community-based events); and develop and utilize methods and processes for ongoing curriculum evaluation and monitoring of program outcomes (Doc1-3).

Student evaluation in the performance of IPE learning activities was also evident. A faculty member explained that “in the course evaluation forms there are objectives that can render account on the performance of a student in the interprofessional team whether in a community or hospital setting” (FG3M4). One website demonstrated that student learning was also evaluated through meeting the learning outcomes of courses via assignments (W1-4).

The literature confirms the idea of limited evaluation of IPE programs. Thannhauser et al. (2010) found that evaluation of IPE in health professions programs has been limited to studying the outcomes of IPE focused on the interprofessional team experience or student experience of IPE activities. In the case of this study, there is a need for the nursing programs to review how IPE is evaluated within their curricula and to explore strategies that may assist in developing more comprehensive IPE evaluation.

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Discussion

The findings of this multiple case study were supported by a variety of data sources and presented as five themes: 1) varied understandings of IPE, 2) diverse IPE learning activities within curricula, 3) the requirement for support and resources for IPE and research, 4) student participation and leadership in IPE, and 5) limited IPE evaluation. Program documentation, website information, and on-site observations are congruent with the interview and focus group findings. Some dissonance occurred between recommendations found in the documentation that, at the time of the study, had not been actualized.

Many data sources were used in this study to gain an understanding of how IPE was being implemented within each program and the barriers faced within and across programs. The use of interviews in this study allowed for the in-depth individual perspectives from participants, while the focus groups facilitated the dialogue from various perspectives in a collective manner, bringing all participants’ views into play to generate knowledge related to IPE (Gill, Stewart, Treasure, & Chadwick, 2008). The use of supplementary data further established relationships among the data sources and confirmed congruencies in the findings. Stjelja (2013) emphasized that in case study research no one type of data was superior to another and that each one complements the other. The use of documentation, website information, and on-site observations provided valuable insights that enhanced knowledge derived from the interviews and focus groups. This triangulation of data sources from the four separate programs contributes to the credibility of the findings.

One area in which incongruence presented was a needs assessment report involving one of the programs. Several recommendations to facilitate the integration of IPE were made in the report. The faculty members and director from the involved program shared that several of these recommendations had not yet been implemented. These included providing adequate human resources, appropriate scheduling, and spaces for IPE. The faculty members’ account may or may not be accurate, given their limitations of administrative knowledge. It is well known that policies and process play a key role in effecting change in academic institutions, and implementation of recommendations may take more time than in other settings (Clark, 2011). It is possible that not all documents were available at the time of the data collection, that could have limited the data available. These documents may have been at different levels of institutional processes and may have quite likely been confidential.

Assessment, planning, and evaluation of IPE activities require further development within each of the programs studied. Bigbee, Rainwater, and Butani (2016) proposed an interprofessional needs assessment for both faculty and administrators as a first step in the planning of IPE faculty development activities. This approach could assist nursing programs in determining gaps in knowledge for faculty and administrators, and possibly assist them in working together to address the issue of resources for faculty development. Frantz and Rhoda (2017) described three core concerns to implementing IPE: 1) the need for a theoretical
framework, 2) the shifting from concept to operationalization through planning student learning and organizing faculty, and 3) the establishment of a critical mass through faculty development. There is also a need for nursing programs to evaluate IPE more consistently within the curricula. Recent literature has demonstrated the emergence of evaluation frameworks to assist programs with the assessment of IPE in curricula (Karuguti, Phillips, & Barr, 2017; Pardue, 2015).

Conclusions

The findings of this multiple case study demonstrate how multiple data sources contributed to the generation of five key themes related to the integration of IPE within the curricula of four undergraduate nursing programs in Northern Ontario, Canada. The themes relate directly to the activities of integrating IPE within curricula and involve faculty, administrators, and students at different levels and to varying degrees in the assessment, planning, implementation, and evaluation of IPE learning. Although it is evident that some IPE is occurring in the four nursing programs, continued assessment, planning, and more in-depth evaluation are required to address issues of faculty development, human resources, the scheduling of IPE learning, and inadequate space.

Declaration of Interest

The primary investigator is an Assistant Faculty member in the Laurentian University School of Nursing BScN program. The authors report no conflicts of interest.

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