

# **Integrating Social Work Into Interprofessional Education: A Review of One University's Curriculum to Prepare Students for Collaborative Practice in Healthcare**

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***Abstract:** The University of Toronto Interprofessional Education Curriculum (IPE) is an exemplar of advancing interprofessional education with a focus on preparing students for practice in healthcare settings. Our paper begins with a detailed overview of the University of Toronto's IPE program including the range of participating faculties, an overview of the curriculum including examples of learning activities, and the social work specific expectations that are embedded in the core and elective components. Following, is a discussion on mitigating the challenges and engaging opportunities associated with integrating social work in a healthcare-focused IPE program at a major Canadian University. Our exploration of mitigating challenges and engaging opportunities will span five key areas: a) Creating meaningful learning experiences for social work students; b) Implementing mandatory or elective IPE participation; c) Scheduling of IPE activities; d) The role of social work faculty in driving student involvement in IPE; and e) Strengthening social work professional leadership for IPE.*

***Keywords:** Interprofessional education; social work; university; collaborative practice in healthcare*

In recent years, there has been recognition that health challenges have become more complex, necessitating the involvement of additional health professionals. Interprofessional collaborative teams that bring together a mix of healthcare providers, including social workers, are considered important means for providing quality care, particularly for patients with more complex health challenges (Donnelly et al., 2019; Institute of Medicine, 2015; Pullon et al., 2016). Collaborative care models as well as the collaborative working relationships among the various health professionals working within these models have also become increasingly more complex (Steihaug et al., 2016). There is international consensus of the importance of including interprofessional education (IPE) across health professions to ensure students have the necessary knowledge, skills, and abilities needed to succeed in collaborative healthcare contexts (Frenk et al., 2010; Institute of Medicine, 2015; Nester, 2016; World Health Organization, 2010). Strengthening IPE will help strengthen collaborative practice and collaborative models of care, both of which are necessary to improve quality of care, patient safety, patient outcomes, as well as

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promote more efficient use of human resources within the healthcare system (Hellquist et al., 2012; Institute of Medicine, 2015).

IPE refers to a pedagogical approach that brings together students from across health professions to learn together in a collaborative manner (Al-Sheikh & Hmoud, 2018; Buring et al., 2009). By doing so, students have an opportunity to learn with and about each other as part of the curriculum (Anderson et al., 2019). There has been substantial international commitment to lead curriculum and pedagogical changes to better respond to the need for transformative collaborative models of care (Rubin et al., 2017). As such, universities are poised to make significant contributions towards the creation of a new generation of healthcare workers and as a by-product of such influence may lay the ground towards carving out the next iteration of a modernized healthcare system. Given the high priority placed on IPE, universities in Canada, the United States and around the world are developing and striving to increase IPE programming more than ever before (Anderson et al., 2019; Buring et al., 2009). Some Universities have adopted an approach that brings students from different health professional programs together into an integrated IPE framework (Anderson et al., 2019; VanKuiken et al., 2016). Despite the success of building knowledge, teamwork skills, and capacity for collaborative care, variations in the involvement of integrated IPE across health professions within higher education institutions remain (Anderson et al., 2019). Medicine, nursing and pharmacy are pioneers of IPE, while more understanding remains needed about the engagement of other professions in IPE, including social work (de Saxe Zerden et al., 2018). Our intent in this paper, is to highlight how social work has been incorporated into a robust integrated IPE model at the University of Toronto (UT) in Toronto, Canada. To illustrate how UT has developed an exemplar IPE curriculum, we will share examples of learning activities including the social work specific expectations in both the core and elective components. Through this exploration, we will provide an overview of curriculum and illustrate the benefits of including social work in an integrated IPE program. By doing so, we hope to inspire greater inclusion of social work in other educational IPE programs.

### **Social Work and IPE**

Social workers in healthcare settings have historically engaged in collaborative practice with physicians, nurses and other healthcare disciplines (Ashcroft et al., 2018). Integrative collaborative models of healthcare, such as primary care and behavioral mental health, are continuing to expand and resulting with an even greater surge of social workers practicing in collaborative healthcare settings (Ashcroft et al., 2018). There is a dearth of knowledge pertaining to the experiences of social work students in existing IPE programs, as well as the experiences of social work faculty teaching in IPE (Archibald & Estreet, 2017; Jones & Phillips, 2016). Although the profession of social work has demonstrated longstanding support for collaborative practice, social work students are rarely included in IPE learning opportunities (Rubin et al., 2017). Greater inclusion of social work in IPE is needed in order to prepare social workers for the current demands of complex healthcare contexts and complex patient care needs.

There are two key reasons why university programs need to include and enhance IPE in the training of social work students. First, there is an increasing demand for

interprofessional collaborative practice in healthcare (Ashcroft et al., 2018). Social workers are the third largest group of professionals integrated in new primary care models following physicians and nurses (Ashcroft et al., 2018). As such, social workers have a major presence in the healthcare field as members of interprofessional teams and need to be adequately prepared with current health related content in order to be able to contribute to patient care in the most effective manner (Kobayashi & Fitzgerald, 2017; de Saxe Zerden et al., 2018). Kobayashi and Fitzgerald (2017) also suggest that creating and offering IPE opportunities for social work students reinforces the importance of including social workers as essential participants in collaborative healthcare teams. Second, IPE provides social work students the opportunity to learn how to collaborate and navigate complex interactions within the interprofessional team context (de Saxe Zerden et al., 2018). The numerous challenges that social workers encounter in the process of collaboration within interprofessional healthcare settings have been well documented (Ambrose-Miller & Ashcroft, 2016). IPE provides social workers with the opportunity to develop early skills that will help them navigate complexities and strengthen relationships within interprofessional team settings (de Saxe Zerden et al., 2018). Though schools of social work teach collaboration, it is often from the stance that teaches *about* collaboration as opposed to *how* to collaborate (Rubin et al., 2017; de Saxe Zerden et al., 2018). Rubin et al. (2017) emphasize that though social workers are well versed in principles of interdisciplinary collaboration they are rarely paired with other professions in the classroom to practice such collaboration. IPE can help mitigate this disparity. Along with the benefits for social work students, there are vast benefits for students across all health disciplines when social work is included in IPE.

Including social work in IPE enhances the curriculum for students from other disciplinary backgrounds (de Saxe Zerden et al., 2018). Social work students bring a unique disciplinary perspective that includes educational instruction in group facilitation, patient-centered approaches to care, developing therapeutic relationships, biopsychosocial assessment, understanding the role of empathy in care, patient engagement, social justice, social determinants of health, and community building (Archibald & Estreet, 2017; Charles et al., 2011; de Saxe Zerden et al., 2018). When social work students are included in IPE, students from other disciplinary perspectives have a greater understanding of group process, can better engage in difficult conversations, feel more confident when encountering situations of adversity, and have improved group decision-making abilities (Charles et al., 2011). In fact, social work students provide the most unique perspective in IPE on the interconnected nature of social categorizations such as race, class, and gender and its relation to access to healthcare and healthcare outcomes (Charles et al., 2011).

Despite the multiple benefits of including social work, there are a number of barriers that need to be overcome in order to optimize social work's engagement in IPE. Integrating social work in IPE means having to address systemic and institutional barriers in order to provide social work students with the opportunity to practice and demonstrate their expertise with students from other healthcare schools. Some of these barriers include: physical separation of campuses, scheduling conflicts for interdisciplinary classes, limited administrative resources, rigid curricula, workloads across faculties/schools, and resistance to the implementation of IPE within academic settings (Jones & Phillips, 2016; Olenick, et

al., 2019; Waggie & Laattoe, 2014). More understanding about social work's involvement in IPE across different university contexts, will help identify ways that social work educators and administrators can address some of the inherent barriers to collaborative learning.

### **Interprofessional Education Program at the University of Toronto**

The delivery of IPE programs and opportunities varies across universities and colleges that educate health and social professions, thus complicating the discussion of how the development of interprofessional collaborative competences in social work education can be understood and enhanced. The UT's IPE curriculum is an example of an exemplar program that includes students from a range of health disciplines, including social work. A description of program elements anchors the discussion of IPE opportunities for an augmented, formal, and explicit engagement of social work students.

The UT program was initially established in 1996 with only four programs: Medicine, Occupational Therapy, Physical Therapy and Speech-Language Pathology. With the support of the Council of Health Sciences, the curriculum expanded to formally include Dentistry, Kinesiology, Medical Radiation Sciences, Nursing, Pharmacy, Physician Assistant, and Social Work in 2007. Like other academic institutions, the UT has experienced the challenges of non-homogeneous health profession education programs. For example, the level of profession preparation varies from undergraduate to graduate; lengths of professional programs range from four years of undergraduate education (Medicine and Dentistry) to two years of graduate studies (Occupational Therapy, Physical Therapy, Speech-Language Pathology, Social Work) to one year of graduate study (Advanced Standing Social Work). The participating student body is large, with each cohort including approximately 1,300 students and a total of about 4,600 students. Program-specific curricula do not align with each other in content or in scheduling. Nor is there congruence in the scheduling of experiential learning opportunities among the programs. By affording a degree of flexibility, the UT IPE curriculum has been responsive to differing program structures and curricular needs, permitting enhanced adoption and integration.

The goal of the UT IPE curriculum is to prepare both system-ready and collaborative-ready practitioners who are able to apply foundational competencies to enhance patient/client outcomes. The IPE Curriculum is competency-based, built on an original competency framework created for the UT (UT, 2007) and later used as the foundation of the American Interprofessional Education Collaborative (2016) core competencies and adapted in the Canadian Interprofessional Health Collaborative (CIHC) framework (2010). Here, collaborative competencies are described as the dimensions of competence which every profession needs to collaborate within its own ranks, with other professions, with non-professionals, within organizations, between organizations, with patients and their caregivers, with volunteers, and with community groups (Barr, 1998; Molitor, Naber et al., 2019). Competencies addressed in the Canadian and American competency frameworks are similar, although the categorization of dimensions and nomenclature varies somewhat.

Within the UT context, interprofessional learning activities address the domains of Collaboration (Role Clarification, Team Functioning, Collaborative Leadership), Communication (Interprofessional Communication, Interprofessional Conflict Resolution), and Values and Ethics (Patient/Client/Family/Community-Centered Care). By grounding the IPE curriculum on these collaborative competencies, all learning activities address knowledge, skills, behaviors, and attitudes pertaining to collaborative practice, and also support alignment with profession-specific competencies.

The IPE Curriculum is developmental (Exposure to Immersion to Competence), longitudinal (across the educational experience) and integrated into profession-specific programs. Again, programs have adopted varying approaches to advance the degree of integration of learning to enable students to understand that collaboration with other health professionals is core to the practice of their own profession. Integration of collaborative competency development has taken several forms across the health profession programs at UT, including creation of a separate IPE course, assessment of content in profession-specific courses, reference to content and process components in course materials, and a workplace-based assessment addressing collaboration. The curriculum was based on the following guiding principles:

- Consideration of and alignment to health and social system needs;
- Application of a developmental approach of curricular offerings (Exposure to Competence);
- Inclusion of developmental practice-based learning activities;
- Cohesion between the curriculum offered on campus and at practice settings, enabling development of collaborative competencies to a point of integration into practice;
- Integration of IPE curriculum content (where it is discussed and assessed in program-specific curricula);
- Longitudinal curricular experiences where there is an opportunity for relationship building and ongoing competency development with students from different professions;
- Engagement of clinical faculty across the curriculum to ensure relevance of education to collaborative practice;
- Engagement of patient partners to ensure relevance and application to client-partnered care/management.

The IPE curriculum includes both *core learning activities* that take place on campus and in practice settings as well as a number of *elective learning activities* that students can choose to attend.

### **Core Learning Activities**

IPE core learning activities are requisite for students in the eleven health profession programs mentioned previously, so they have been carefully developed to ensure relevance. These core learning activities are designed for progressive learning, with foundational elements taught earlier in the curriculum and opportunities to engage in case-based discussions with profession-specific contributions at a later stage. A curriculum

summary of the core learning activities that take place on campus are outlined in Table 1 and the core learning activities that take place within the practicum setting are outlined in Table 2.

Table 1. *IPE Curriculum-Core Campus Based Components (within the university)*

Year 1: Exposure Campus-Based Core Learning Activities	Year 2: Immersion Campus-Based Core Learning Activities
<p><i>Teamwork: Your Future in Healthcare</i></p> <ul style="list-style-type: none"> <li>• <b>2.5-hour workshop:</b> students hear from a patient about their journey in the healthcare system, view skits demonstrating interprofessional teamwork, and discuss responses to these experiences in small groups</li> <li>• <b>Competencies emphasized:</b> Collaboration (Team Functioning) and Communication</li> </ul>	<p><i>Collaborating for Quality</i></p> <ul style="list-style-type: none"> <li>• <b>2.5-hour workshop:</b> students learn strategies to promote quality care and promotion of safety as a team</li> <li>• <b>Competencies emphasized:</b> Collaboration (Team Functioning) and Communication</li> </ul>
<p><i>Roles and Team Dynamics</i></p> <ul style="list-style-type: none"> <li>• <b>2.5-hour workshop:</b> students work in small groups to explore the roles of various health professionals and consider how to enhance team dynamics</li> <li>• <b>Competencies emphasized:</b> Collaboration (Role Clarification, Team Functioning)</li> </ul>	<p><i>Palliative Care or Head and Neck Cancer Case-Based Discussion</i></p> <ul style="list-style-type: none"> <li>• <b>2.5-hour workshop:</b> students participate in simulated team discussions to consider the dimensions of the patient/family/caregiver experience and collaboratively prepare care plans</li> <li>• <b>Competencies emphasized:</b> Collaboration (Role Clarification, Team Functioning), Communication Values and Ethics (Patient/Client/Family/ Community-Centered Care)</li> </ul>
<p><i>Understanding Patient/Client Partnerships in a Team Context</i></p> <ul style="list-style-type: none"> <li>• <b>2.5-hour workshop:</b> students hear from a patient partner and participate in a Reader’s Theatre script exploring how the team can include and partner with the patient</li> <li>• <b>Competencies emphasized:</b> Values and Ethics (Patient/Client/Family/Community-Centered Care)</li> </ul>	<p><i>Conflict in Interprofessional Life</i></p> <ul style="list-style-type: none"> <li>• <b>2.5-hour workshop:</b> students work in small groups to consider and practice strategies in managing conflict among health professionals and in teams</li> <li>• <b>Competencies emphasized:</b> Communication (Conflict resolution)</li> </ul>
<p><i>Faculty-Led Learning Activity</i></p> <ul style="list-style-type: none"> <li>• <b>Various activities</b> developed by smaller number of programs to address specific collaborations (e.g., Safe Prescribing and Medication Reconciliation for Nursing, Medicine, and Pharmacy)</li> <li>• <b>Competencies emphasized:</b> Dependent on objectives of learning activity developed</li> </ul>	<p><i>InterFaculty Pain Curriculum</i></p> <ul style="list-style-type: none"> <li>• <b>3-day activity</b> using lectures and workshop formats students learn about the complexities of managing acute and persistent pain in pediatric and adult populations using an interprofessional approach. They spend about 40% of their time working in small groups synthesizing information learned, preparing management plans, and evaluating collaborative competencies and approaches</li> <li>• <b>Competencies emphasized:</b> Collaboration (Role Clarification, Team Functioning), Communication, Values and Ethics (Patient/Client/Family/ Community-Centered Care)</li> </ul>

Table 2. *IPE Curriculum - Core Practice Based Components (Field Placement)*

<p><b><i>Flexible Activities</i></b></p> <ul style="list-style-type: none"> <li>• <u><i>Shadowing a Team Member (Exposure)</i></u> Self-directed 3- hour activity where students interview and shadow two team members and complete a briefing, debriefing and reflective assignment.</li> <li>• <u><i>Analyzing Interprofessional Interactions with Team Members (Immersion)</i></u> Self-directed 1-hour activity where students analyze their interactions with another health care professional or those within a team using the Jefferson Team Observation Guide. They complete a briefing, debriefing, and reflective assignment.</li> <li>• <u><i>Collaborating with Team Members (Immersion to Competence)</i></u> Self-directed 1-hour activity where senior students collaborate with a student from another profession or a team member to assess a patient, provide an aspect of care, or plan non-clinical activities.</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• <u><i>Structured IPE Placement</i></u> Students from various professional programs who have overlapping schedules while they are in practice settings participate in facilitated activities to develop team competencies over a period of several weeks.</li> </ul>
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### **Elective Learning Activities**

Approximately 60 IPE elective learning activities are offered annually. They have been designed to accommodate smaller groups of students (typically between 20 to 90). These activities are hosted on the university campus and in the Toronto area hospitals. Elective learning activities are developed with university faculty and/or IPE Leaders from the Toronto area network of teaching hospitals. Topics vary, allowing students to pursue areas of interest. Examples of campus-based activities include Dying and Death, the Health Mentor Program (student groups are paired with an individual experiencing a chronic health challenge), and Empowering Clients in an HIV Context. Examples of hospital-based electives include Sexual Assault and Domestic Violence, Suicide Risk Assessment, and Patients with Complex Needs: Listening as a Team. In each activity, faculty ensure that there is a good mix of professions so that discussions enable interprofessional learning. Faculty leaders in each of the health profession programs determine the minimum number of electives that their respective students must complete. A record of attendance is maintained, ensuring that all program requirements have been met. Although students have some choice around what elective learning activities they want to attend, there are minimum parameters that are determined by each health profession program. Ultimately, programs are responsible for curriculum choices for their students therefore, there is a measure of flexibility.

Collaborative leadership is a distinct, higher-level competency addressed in the UT IPE curriculum. It encompasses shared decision-making and individual accountability, where the two components of task-orientation and relationship-orientation are balanced (CIHC, 2010). The development of collaborative leadership competencies may be best addressed through longitudinal experiences in the context of team engagement. For example, the following three longitudinal elective opportunities built within the UT IPE curriculum exemplify collaborative leadership and are popular with social work students:

- i) The Interprofessional Medical and Allied Groups for Improving Neighborhood Environments (IMAGINE). This interprofessional student-run community health initiative is designed to provide holistic care to the underserved and homeless populations of downtown Toronto, Ontario. The IMAGINE Clinic allows students to work in a collaborative team of students from disciplines such as Medicine, Nursing, Pharmacy, Physiotherapy, as well as Social Work to perform a collaborative assessment and co-create an interprofessional management plan for clients.
- ii) The IPE Senior Project learning activity. This activity involves a partnership between the IPE curriculum and community organizations. Organization representatives present an issue of concern that would benefit from an interprofessional perspective. Student teams work collaboratively throughout a term to understand the organization's culture and needs, and to develop a potential solution. They communicate their recommendations in a business presentation to a panel of organization representatives and faculty. An example of a recent partnership is with the Distress Centre where students developed support programs for survivors of youth suicide.
- iii) The Interprofessional Student Facilitator Education Program. This program is directed to senior students to support building of IPE facilitation competencies. Participating students focus on theory, key strategies, tools and specific learner-related issues. Students apply skills learned in two facilitation opportunities with experienced interprofessional educators, where they are increasingly involved in co-facilitation with another student and receive specific feedback to enhance their skill development.

### **Program Requirements for Social Work Students**

The IPE program requirements are voluntary and are separate from the requirements for the MSW degree at UT. However, students participating in IPE will receive a certificate upon completion of the outlined social work IPE program requirements. There is a slight difference in the requirements for students admitted in the two-year MSW program (students without a BSW upon admission) versus students admitted in the one-year Advanced Standing MSW program (students with a BSW upon admission) as illustrated in Table 3.



Table 3. *IPE Curriculum Program Requirements for Social Work*

IPE Activities	Program	
	Two-Year MSW	Advanced Standing
Core	4	3
Elective Learning	3	3

To qualify for the certificate of completion, social work students in the two-year program must complete the following four core IPE activities: i) Teamwork: your future in interprofessional health care (completed in year one); ii) Conflict in interprofessional life (completed in year two); iii) Case-based: palliative care (completed in year two); and iv) Structured IPE placement or flexible components (completed in year two). Social work students who are in the Advanced Standing program are required to complete the same core activities as above, with the exception of i) Teamwork: your future in interprofessional health care. Social work students in both the two-year program, as well as the advanced standing program, must also complete a minimum of three elective learning activities.

Although this is the minimum requirement needed to achieve the certificate of completion, students are welcomed to enroll and participate in even more IPE learning activities. For example, one social work student in the two-year program completed a total of 19 IPE activities which far exceeded the minimum requirement of seven (four core and three electives). Upon completion of each IPE learning activity, students are sent an online evaluation survey to complete, which includes both quantitative and qualitative response options. Our aim below is to provide insight into some of the student experiences in IPE by sharing some of the evaluation data the organizers received anonymously through the online course evaluation tool for the core activities held 2018-2019.

### Overview of Social Work IPE Core Learning Activities

#### *Teamwork: Your Future in Interprofessional Health Care*

In this introductory IPE learning activity, social work students join their peers from ten other professional programs who have all been assigned to small groups. They hear from an individual who has experienced the healthcare system and are challenged to consider how care could have been improved with greater collaboration among team members. They view two skits, one demonstrating adequate health care delivered in a multi-professional format with limited interaction among the various health professions, and a second where enhanced collaboration improves the patient/client experience. Following each component, students engage in discussions regarding their response and recommendations for better teamwork.

This introductory teamwork learning activity has a high participation rate of social work students because it has been embedded into the curriculum of an already existing MSW course. The evaluation for the Teamwork activity was completed by 111 social work students, with all students being in their first year of study. When asked what students liked best about this IPE activity, students identified numerous aspects of the event including the demonstrated skits and role play which enlivened the experience for them; the small group conversations, where they were able to meet new people from other professions, and the

opportunity to share insights from their respective professions with students in other health professions. When asked what students liked the least about the event, students overwhelmingly identified logistical issues related to the size of the collaborative groups to which they were assigned. For example, some students felt overwhelmed by the number of students in the room. Although a rich learning opportunity, the most frequent recommendation given by students on how to improve this activity was to have smaller groups and fewer students in the room.

### ***Conflict in Interprofessional Life***

Within the activity titled Conflict in Interprofessional Life, students assess their own conflict styles and reflect in student teams on their responses to interprofessional conflict. Through review and roleplay of an interprofessional team conflict, they consider professional perspectives and apply communication tools to find common ground. Working with other health professional students, social work students debrief on the key learnings and practices that they can apply in different team contexts.

In asking students to identify what they liked best about the Conflict in Interprofessional Life event, social work students described both content as well as the group processes. For example, students suggested that the conversations were engaging and were well facilitated which enhanced effective communication amongst the student group members. Additionally, students described that they liked the opportunities for discussion and role play that were embedded in this activity. When asked what they learned in the Conflict in Interprofessional Life event that applies to future practice, social work students stated that they learned a number of applicable skills including: building effective communication with interdisciplinary teams, skills needed to nurture collaboration, and the ability to identify and prevent future conflict in interprofessional teams. Students also enjoyed the opportunity for personal reflection which enabled them to identify and better understand their own individual style of managing conflict and how it might apply to negotiating difficult circumstances around patient care.

### ***Case-Based: Palliative Care***

In this simulated team meeting, social worker students and their peers represent their professional perspectives in sharing information and management planning. Participation fosters a sense of preparedness for a subsequent “patient/client/family meetings” involving a client with advanced disease. Students gain insight into an interprofessional team approach to delivering care and maintaining quality of life, by exploring relevant issues as well as team dynamics enhancing optimal care.

Of the 24 social work students who completed the on-line IPE evaluation for the Palliative Care event, 22 of them were in the two-year social work program and two students were in the Advanced Standing MSW program. When asked what students liked best about the Palliative Care activity, students highlighted that they enjoyed the interactive case-based approach of this event that was done in a way whereby all professions were able to contribute to the discussion. In response to the question asking students what they learned from the Palliative Care event that they will apply in their future practice, students

highlighted that they had a better understanding about the importance of teamwork, the goals of palliative care, how to develop a collaborative plan of care, and lastly, that interprofessional teams can be non-hierarchical and respectful. Social work students reported that this learning activity was very relevant to their profession. When asked how the Palliative Care event could be improved, again students highlighted the logistical issues including the need to have more time because students felt that it was a little too short. Some students, however, indicated that the Palliative Care learning activity was their favorite IPE event of the entire IPE curriculum.

Across all IPE core activities, social work students emphasized the benefits of the interactive approaches to learning. The engaging format of learning helped to model for students some of the conversations, communication styles, collaborative goal attainment, and case-based assessments that are inherent to interprofessional practice. The key challenges that social work students identified across the core activities largely pertained to logistical issues such as group size, timing, and environmental issues.

### **Mitigating Challenges to Enhance Social Work's Integration in IPE**

Though the UT IPE provides a robust opportunity for students from social work and other health disciplines, there are some challenges that exist with integrating social work in a healthcare-focused IPE program. By identifying and exploring these challenges, our aim is to help better prepare the development of future IPE programs, and to propose ideas that will further enhance the development of collaborative competencies within social work education.

#### **Scheduling of IPE Activities**

Logistics such as scheduling of activities are essential considerations that can help facilitate student engagement or deter participation (Borduas et al., 2006; West et al., 2016). A significant challenge for IPE organizers at UT is coalescing the various schedules and requirements of all the professional health schools given the large numbers of students across each of the disciplinary programs who participate in IPE. Although seemingly rudimentary, the logistics of scheduling requires considerable attention in order to ensure effective representation from the range of health disciplines in order to achieve optimal group sizes and group balance (Jones & Phillips, 2016; Kahaleh et al., 2015; Oandason & Reeves, 2009).

One of the challenges for social work is that clinical placement schedules can create an obstacle to broad participation in IPE activities (Rubin et al., 2017). Social work students at UT, like elsewhere, have a very rigorous 8 month, 3 days a week, clinical practicum whereby they are embedded off-campus within an organization. Clinical practicum for social work students begins in September and ends in April of the following year. Some curriculum activities such as Conflict in Interprofessional Life, take place on days when most of the social work students are in their practicum placements which means that they are in a clinical practicum located off-campus on those days. Travelling back to the university campus in order to engage in IPE activities can act as a logistical deterrent, especially if their placement sites are far from the university. One of the ways that we are

striving to resolve this challenge is to educate practicum supervisors about IPE so that they may allow students some flexibility in their clinical practicum in order to attend IPE events. Additionally, at UT we are exploring ways of having social work students complete IPE activities within their clinical practice settings in order to facilitate more engagement from those students who are unable to make it to IPE events due to logistical reasons. Given the length of social work placements in practice settings, these flexible activities hold a great deal of promise. Social work faculty representatives involved in IPE are collaborating with the Centre of Interprofessional Education (CIPE) about how to develop and structure activities within clinical practicum settings to better meet the needs of social work students who may not be able to attend on-campus IPE events. Perhaps one area for future exploration is to determine how to offer some aspects of the IPE curriculum in an on-line format while still maintaining the richness and intent of collaborative learning (Bluteau et al., 2017). The UT faculty have been experimenting with a few learning activities that are offered fully online and some that are blended opportunities. The emergence of the COVID 19 pandemic has accelerated this evolution to a full-scale online learning curriculum, complementing large scale core activities and small-scale electives. These online synchronous video-conferenced activities required the innovation of new facilitation and logistic strategies given the potential screen fatigue of sitting in front of computers for long periods of time, which could pose a risk to student engagement. New virtual engagement strategies included videoconferencing norms, stretch breaks, team simulation videos, real-time polling, and the use of chat boxes/reaction to encourage participation. Through the use of large group teaching, interprofessional small group virtual breakouts and virtual IPE facilitation training, the UT IPE program has managed to maintain student evaluation scores that have met or exceeded past scores. Students have also appreciated the benefits of accessibility, while maintaining social distancing requirements and eliminating past barriers of geography, and travel. However, the impact of online learning needs further exploration beyond simply student satisfaction, as engagement can vary or remain “hidden” as even with encouragement, not all students will be present via video camera. We are continuing to seek creative ways of engaging students, such as an on-line game that can be a source of learning about the roles of a range of interprofessional healthcare providers. There will be much to learn about the impact of virtual IPE experiences within academic settings.

### **Strengthening Social Work Professional Leadership for IPE**

There is a role for social work’s professional leadership bodies to help strengthen social work’s engagement in IPE. Mathews et al. (2011) demonstrated the powerful influence that regulating bodies have in the development of IPE. IPE has been incorporated into health education and practice to the extent that is thus far in part because professional regulating bodies have incorporated IPE into accrediting requirements (Mathews et al., 2011). In order for schools of social work in Canada and the United States to further implement and promote IPE, we encourage social work regulators to consider strengthening requirements for IPE. We also strive to develop a network of social work leaders who are driving IPE across Canada, the United States, and elsewhere internationally. We encourage social work leaders across universities to embrace opportunities that enable us to dialogue about our shared interest in IPE, describe the multitude of ways that social work supports and

includes IPE in curricula. At UT we are currently exploring ways that we can help drive a leadership network such as this. Developing this community, will help establish a current state of IPE specific to social work as well as position the profession to strategically plan for advocacy towards accreditation requirements.

### **Creating Meaningful Learning Experiences for Social Work**

Learners' reactions to IPE are more favorable when students perceive there to be a direct link between their current educational experiences and their future practice (Oandasan & Reeves, 2005). Social work students engaged in IPE learning activities need to feel that IPE is important to their profession-specific learning (Lucasa et al., 2020; Oandasan & Reeves, 2005). This means that there should be strong themes of social justice and other psychosocial components connected to the IPE opportunity. It also needs to be evident to social work students that curriculum goals and the collaborative competencies are relevant to their immediate learning needs and future social work practice (de Saxe Zerden et al., 2019; Oandasan & Reeves, 2005). Michalec et al. (2017) found that elements that were internal and external to IPE programs such as assignments, anticipatory socialization, and insufficient professional identity formation were found to impact students' perceptions of IPE programs and possibly their engagement with IPE goals. They added that factors related to an IPE program's structure and implementation, as well as factors outside the program, may affect students' perceptions and willingness to engage in IPE (Michalec et al., 2017). To demonstrate relevancy to social work practice, IPE curriculum needs to be inclusive of elements related to psychosocial risk and protective factors; behavioral health assessment, screening, and intervention; social determinants of health; population health; social justice, population health; and cultural inclusivity (Rubin et al., 2017; de Saxe Zerden et al., 2019). Social work educators, including those acting as IPE faculty representatives, play a critical role in helping to develop and ensure that IPE curriculum is inclusive of critical content and reflective insight required for social work students' future practice (Rubin et al., 2017; de Saxe Zerden et al., 2019).

### **Mandatory or Elective IPE Participation**

There are variations in how IPE can be embedded in the overall program curriculum which can influence students' perceived status of the educational offerings (Oandasan & Reeves, 2005; West et al., 2016). For examples, there are benefits to having IPE offered as both formal and informal components of the overall disciplinary curriculum, as well as mandatory or elective participation (Oandasan & Reeves, 2005; Walmsley et al., 2018). One of the challenges faced with the UT IPE is that participation in the IPE curriculum is voluntary for social work students, which means that it is an elective on top of the existing social work program curriculum. This is unlike the other various other disciplines (Medicine, Nursing, Occupational therapy, Pharmacy, etc.) that require students to complete IPE as a mandatory component of their professional curriculum. The challenge that this creates is that although social work has been participating in the broader UT IPE program for nearly two decades, the level of engagement of social work students is less than students from the other health disciplines. When IPE is not a mandatory component of the social work program, the importance of IPE becomes a tough sell to students and

requires considerable faculty encouragement to engage students (Mladenovic & Tilden, 2017; Oandason & Reeves, 2005). This creates several challenges. First, IPE does not have as widespread of a reach across social work as it does for other health disciplines which means that social work students may not be as fully prepared for practice in healthcare settings as they could be (de Saxe Zerden et al., 2019). Logistically, this creates difficulties to construct IPE student groups that are representative of all health disciplines when there is a drastic range of participation numbers from each of the health disciplines. When students from other health disciplines do not have adequate exposure to the role of social work in the range of IPE activities, it may then perpetuate some of the barriers that social workers have historically faced in healthcare contexts (de Saxe Zerden et al., 2019). At UT, we are seeking to resolve this barrier by exploring ways to integrate IPE into existing courses so we can ensure IPE is not an add-on but part of foundational component of social work's professional education. Our aim is to increase IPE learning activities as mandatory components of social work courses while still enabling students to have choice about the range and depth that they wish to pursue (Mladenovic & Tilden, 2017; Oandason & Reeves, 2005).

### **The Role of Social Work Faculty Driving Student Involvement of IPE**

Faculty play an essential role in creating an environment that is conducive to the goals of IPE, acting as role models by demonstrating IPE principles in teaching, and helping to engage students' enthusiasm to participate in IPE specific events (Borduas et al., 2006; Lindqvist et al., 2019; Oandason & Reeves, 2009). Faculty beliefs about IPE can be an inhibitor or facilitator to IPE adoption within the school of social work because students are influenced by values and behaviors modeled by their mentors (Wike et al., 2019). Two members of the social work faculty act as IPE representatives at UT. The role of the faculty representatives is to help contribute to the development of IPE curriculum, address logistical needs of IPE planning relevant for social work, promote IPE learning activities to the social work student body, and act as a liaison for social work students who may have questions or wish to discuss IPE. Faculty attitudes, knowledge, and skills help promote or contribute to the involvement of IPE (Borduas et al., 2006; Sundberg et al., 2019).

The two authors (KA/RA) who are currently acting as the UT social work faculty representatives for IPE bring an expertise of collaboration in healthcare from our own clinical practice experience and research domains. This specialized knowledge is an asset to understanding the range of challenges that social work students, like social workers in healthcare, encounter when integrating into teams with a range of different disciplinary perspectives (de Saxe Zerden et al., 2018). It is important to note, however, that there are a range of specializations within social work. For example, at UT there are six field of study specializations that social work students can choose from including: Mental Health and Health; Gerontology; Children and Families; Indigenous Trauma and Resilience; Social Justice and Diversity; and Human Services Management and Leadership. It may be easier for students and faculty to see the relevance of IPE as it relates to healthcare collaboration, and less so for other areas within which social work practices (Olenick et al., 2019). However, as faculty representatives we advocate for the inclusion of social work students from across all social work fields of study in IPE and strongly believe in the

importance of preparing all social work students with the skills and capacity to collaborate effectively on interprofessional teams. VanKuiken et al. (2016) suggested that advancing IPE from isolated initiatives to an interprofessionally integrated program requires commitment from a dedicated group of social work faculty from across multiple streams or specializations.

To be effective, faculty representatives need to have developed skills for non-traditional teaching methods including interdisciplinary problem-based learning and have knowledge and skills to design and help implement IPE activities (Bordus et al., 2006; Doll et al., 2018). At the organizational level, universities can help support faculty in the development of these skills and allocation of time to adequately participate as IPE representatives (Borduas et al., 2006; Mladenovic & Tilden, 2017). At UT, faculty are provided with a range of teaching supports through the Centre for Teaching Support & Innovation and other opportunities that can help in the development of this foundation. For example, UT has a five-day ehpic™ program (Educating Health Professionals in Interprofessional Care) meant to teach community healthcare professionals and university faculty about IPE and collaboration. The program as it stands is an internationally acclaimed program that can be customized and locally contextualized so that it is tailored to address the needs of a respective organization or audience. IPE Facilitator workshops target faculty and clinicians who are interested in facilitating IPE learning activities within the curriculum. Tailoring and maximizing the use of this local resource for a social work audience may further demonstrate that IPE can be creatively shaped by social work values of social justice and equity. Lastly, UT faculty representatives from all health disciplines regularly meet and have formal and informal opportunities to develop these skills through participation with UT IPE Curriculum.

## Conclusion

Universities are poised to make a significant contribution towards the creation of a new generation of workers in health and social care systems. Future generations of social work students will be part of the next iteration of a modernized system. Social work educators should place a high priority on IPE, given the important role that social workers play within the health and social care systems. Though social work educators have been meaningfully involved in IPE for at least a decade, there is opportunity for social work educators to further strengthen their influence on IPE within university integrated programs, by seeking greater flexibility of IPE programming, strengthening social work faculty leadership presence in IPE, reflecting on the mandatory nature of social work student participation in broad based university programming, and supporting the training of social work faculty across multiple specializations to drive broad adoption of IPE within the profession.

## References

- Al-Sheikh, M., & Hmoud, M. (2018). Interprofessional Faculty Development Program: ESHPE model. *Journal of Interprofessional Education and Practice, 12*, 29-32  
<https://doi.org/10.1016/j.xjep.2018.05.003>

- Ambrose-Miller, W., & Ashcroft, R. (2016). Challenges faced by social workers as members of interprofessional collaborative healthcare teams. *Health & Social Work, 41*(2), 101-109. <https://doi.org/10.1093/hsw/hlw006>
- Anderson, O., August, E., Goldberg, P., Youatt, E., & Beck, A. (2019). Developing a framework for population health in interprofessional training: an interprofessional education module. *Front Public Health, 7*(58), 1-8. <https://doi.org/10.3389/fpubh.2019.00058>
- Archibald, P., & Estreet, A. (2017). Utilization of the interprofessional education, practice and research model in HBCU social work education. *Journal of Human Behavior in the Social Environment, 27*(5), 450-562. <https://doi.org/10.1080/10911359.2017.1292981>
- Ashcroft, R., McMillan, C., Ambrose-Miller, W., McKee, R., & Brown, J. B. (2018). The emerging role of social work in primary health care: A survey of social workers in Ontario Family Health Teams. *Health & Social Work, 43*(2), 109-117.
- Barr, H. (1998). Competent to collaborate: Towards a competency-based model for interprofessional education. *Journal of Interprofessional Care, 12*(2), 181-187. <https://doi.org/10.3109/13561829809014104>
- Bluteau, P., Clouder, L., & Cureton, D. (2017). Developing interprofessional education online: an ecological systems theory analysis. *Journal of Interprofessional Care, 31*(4), 420-428. <https://doi.org/10.1080/13561820.2017.1307170>
- Borduas, F., Frank, B., Hall, P., Handfield-Jones, R., Hardwick, D., Ho, K., Jarvis-Selinger, S., Lockyer, J., Lauscher, H., MacLeod, A., Robitaille, M. A., Rouleau, M., Sinclair, D., & Wright, B. (2006). Facilitating the integration of interprofessional education into quality health care: Strategic roles of academic institutions. Prepared for Health Canada. <https://doi.org/10.1097/acm.0b013e3181850a75>
- Buring, S., Bhushan, A., Broeseker, A., Conway, S., Duncan-Hewitt, W., Hansen, L., & Westberg, S. (2009). Interprofessional education: Definitions, student competencies, and guidelines for implementation. *American Journal of Pharmaceutical Education, 73*(4), 1-8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2720355/pdf/ajpe59.pdf>
- Canadian Interprofessional Health Collaborative. (2010). A National Interprofessional Competency Framework. <http://ipcontherun.ca/wp-content/uploads/2014/06/National-Framework.pdf>
- Charles, G., Barring, C. V., & Lake, S. (2011). What's in it for us? Making the case for interprofessional field education experiences for social work students. *Journal of Teaching in Social Work, 31*, 579-593. <https://doi.org/10.1080/08841233.2011.615265>
- de Saxe Zerden, L., Lombardi, B. M., Fraser M. W., Jones, A., & Rico, Y. G. (2018). Social Work: Integral to Interprofessional education and integrated practice. *Journal of Interprofessional Education and Practice, 10*, 67-75. <https://doi.org/10.1016/j.xjep.2017.12.011>



- de Saxe Zerden, L., Lombardi, B. M., & Richman, E. L. (2019). Social workers on the interprofessional integrated team: Elements of team integration and barriers to practice. *Journal of Interprofessional Education & Practice, 17*, 100286. <https://doi.org/10.1016/j.xjep.2019.100286>
- Doll, J., Maio, A., & Potthoff, M. (2018). Epic failure: Lessons learned from interprofessional faculty development. *Perspectives on Medical Education, 7*, 408-411. <https://doi.org/10.1007/s40037-018-0488-8>
- Donnelly, C., Ashcroft, R., Mofina, A., Bobbette, N., & Mulder, C. (2019). Measuring the performance of interprofessional health care teams: Understanding the teams perspective. *Primary Health Care Research & Development, 20*, 1-8. <https://doi.org/10.1017/s1463423619000409>
- Frenk, J., Chen, L., Bhutta, Z., Cohen, J., Crisp, N., Evans, T., Fineberg, H., Garcia, P., Ke, Y., Kelley, P., Kistnasamy, B., Meleis, A., Naylor, D., Pablos-Mendez, A., Reddy, S., Scimshaw, S., Sepulveda, J., Serwadda, D., & Zurayk, H. (2010). Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. *The Lancet, 376*, 1923-1958. [https://doi.org/10.1016/s0140-6736\(10\)61854-5](https://doi.org/10.1016/s0140-6736(10)61854-5)
- Hellquist, K., Bradley, R., Grambart, S., Kapustin, J., & Loch, J. (2012). Collaborative practice benefits patients: An examination of interprofessional approaches to diabetes care. *Health, Interprofessional Practice & Education, 1*(2), 1-8. <https://doi.org/10.7772/2159-1253.1017>
- Interprofessional Education Collaborative. (2016). *Core Competencies for Interprofessional Collaborative Practice: 2016 Update*. Author. <https://hsc.unm.edu/ipe/resources/ipec-2016-core-competencies.pdf>
- Institute of Medicine. (2015). *Measuring the impact of interprofessional education on collaborative practice and patient outcomes*. The National Academies Press: <https://www.ncbi.nlm.nih.gov/books/NBK338360/>
- Jones, B., & Phillips, F. (2016). Social Work and Interprofessional education in health care: A call for continued leadership. *Journal of Social Work Education, 52*(1), 18-29. <https://doi.org/10.1080/10437797.2016.1112629>
- Kahaleh, A., Danielson, J., Franson, K., Nuffer, W., & Umland, E. (2015). An interprofessional education panel on development, implementation, and assessment strategies. *American Journal of Pharmaceutical Education, 79*(6), 1-10. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4584370/pdf/ajpe79678.pdf>
- Kobayashi, R., & Fitzgerald, C. (2017). Teaching note – Asserting social worker’s role in developing an interprofessional education project. *Journal of Social Work Education, 53*(4), 737-743. <https://doi.org/10.1080/10437797.2017.1284627>
- Lindqvist, S, Vasset, F, Iversen H. P., Almas S. H., Willumsen, E., & Ødegård. (2019). University teachers views of interprofessional learning and their role in achieving

- outcomes- a qualitative study. *Journal of Interprofessional Care*, 33(2), 190-199.  
<https://doi.org/10.1080/13561820.2018.1534809>
- Lucasa, C., Power, T., Hayes, C., & Ferguson, C. (2020). "Two heads are better than one"-pharmacy and nursing students' perspectives on interprofessional collaboration utilizing the RIPE model of learning. *Research in Social and Administrative Pharmacy*, 16, 25-32. <https://doi.org/10.1016/j.sapharm.2019.01.019>
- Mathews, L., Pockett, R., Nisbet, F. G., Thistlewaite, J., Dunston, R., Lee, A., & White, J. (2011). Building Capacity in Australian interprofessional health education: Perspectives from key health and higher education stakeholders. *Australian Health Review*, 35, 136- 140. <https://doi.org/10.1071/ah10886>
- Michalec, B., Giordano, B., Pugh, B., Arenson, C., & Speakman, E. (2017). Health professions students' perceptions of their IPE program: Potential barriers to student engagement with IPE goals. *Journal of Allied Health*, 46(1), 10-20.
- Mladenovic, J., & Tilden, V. (2017). Strategies for overcoming barriers to IPE at health science universities. *Journal of Interprofessional Education and Practice*, 8, 10-13. <https://doi.org/10.1016/j.xjep.2017.05.002>
- Molitor, L., Naber, A., MacCabe, A., & Johnson, J. (2019). Increasing Interprofessional Collaborative Competencies in OT education. *American Journal of Occupational Therapy*, 73(4), Supplement\_1. <https://doi.org/10.5014/ajot.2019.73s1-po7039>
- Nester, J. (2016). The importance of interprofessional practice and education in the era of accountable care. *North Carolina Medical Journal*, 77(2), 128-132. <https://doi.org/10.18043/ncm.77.2.128>
- Olenick, M., Flowers, M., Munecas, T., & Maltseva, T. (2019). Positive and Negative Factors that influence health care faculty intent to engage in interprofessional education. *Healthcare*, 7(29), 1-10. <https://doi.org/10.3390/healthcare7010029>
- Oandasan, I., & Reeves, S. (2005). Key elements for interprofessional education. Part 1: The learner, the educator and the learning context. *Journal of Interprofessional Care*, 19(Suppl. 1), 21-38. <https://doi.org/10.1080/13561820500083550>
- Pullon, S., Morgan, S., Macdonald, L., McKinlay, E., & Gray, B. (2016). Observation of interprofessional collaboration in primary care practice: A multiple case study. *Journal of Interprofessional Care*, 30, 787-794. <https://doi.org/10.1080/13561820.2016.1220929>
- Rubin M., Konrad S., Nimmagadda, J., Scheyett, A., & Dunn, K. (2017). Social Work and Interprofessional education: Integration, intersectionality and institutional leadership. *Social Work Education*, 37(1), 17-33. <https://doi.org/10.1080/02615479.2017.1363174>
- Steihaug, S., Johannessen, A. K., Adanes, M., Paulsen, B., & Mannion, R. (2016). Challenges in achieving collaboration in clinical practice: The case of Norwegian health care. *International Journal of Integrated Care*, 16(3), 1-13. <https://doi.org/10.5334/ijic.2217>

- Sundberg, K., Reeves, S., Josephson, A., & Nordquist, J. (2019). Framing IPE. Exploring meanings of interprofessional education within an academic health professions institution, *Journal of Interprofessional Care*, 33(6), 628-635. <https://doi.org/10.1080/13561820.2019.1586658>
- University of Toronto. (2007). *Framework for the Development of Interprofessional Values and Core Competencies*. <https://ipe.utoronto.ca/sites/default/files/2012CoreCompetenciesDiagram.pdf>
- Wike, T., Grady, M., Massey, M., Bledsoe, S., Bellamy, J., Stim, H., & Putzu, C. (2019). Newly educated MSW social workers' use of evidence-based practice and evidence-supported interventions: Results from an online survey. *Journal of Social Work Education*, 55(3), 504-518. <https://doi.org/10.1080/10437797.2019.1600444>
- VanKuiken D. M., Schaefer, J. K., Hall, M. F., & Browne, F. R. (2016). Integrating interprofessional education into the curriculum: Challenges and solutions for a university without a medical centre. *Journal of Interprofessional Care*, 2, 5-11. <https://doi.org/10.1016/j.xjep.2015.12.002>
- Waggie F., & Laattoe, N. (2014). Interprofessional exemplars for health professional programmes at a south African university. *Journal of Interprofessional Care*, 28(4), 368-370. <https://doi.org/10.3109/13561820.2014.891572>
- Walmsley, L., Fortune, M., & Brown, A. (2018). Experiential interprofessional education for medical students at a regional medical campus. *Canadian Medical Education Journal*, 9(1), e59-e67. <https://doi.org/10.36834/cmej.42175>
- West, C., Graham, L., Palmer, R., Miller, M. F., Thayer, E., Studber, M., Awdishu, L., Umoren, R., Wamsley, M., Nelson, E., Joo, P., Tysinger, J., George, P., & Carney, P. (2016). Implementation of interprofessional education (IPE) in 16 U.S. medical schools: Common practices, barriers and facilitators. *Journal of Interprofessional Education & Practice*, 4(September), 41-49. <https://doi.org/10.1016/j.xjep.2016.05.002>
- World Health Organization [WHO]. (2010). *Health Professions Networks Nursing & Midwifery Human Resources for Health: Framework for action on interprofessional education and collaborative practice*. Author. [https://apps.who.int/iris/bitstream/handle/10665/70185/WHO\\_HRH\\_HPN\\_10.3\\_eng.pdf;jsessionid=35BE21AB8F459D58BB7AE93ED9DB8C20?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/70185/WHO_HRH_HPN_10.3_eng.pdf;jsessionid=35BE21AB8F459D58BB7AE93ED9DB8C20?sequence=1)
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