

# Interprofessional Education Framework



UNIVERSITY OF  
SASKATCHEWAN

College of Nursing



## Acknowledgements

The College of Nursing Interprofessional Framework was developed by the IPE (Interprofessional Education) sub-committee of the Undergraduate Education Committee (UEC) in the College of Nursing. In the development of this framework, the sub-committee utilized data from faculty, staff, and students obtained through an on-line survey and focus group interviews. The on-line survey was funded by a grant awarded to Dr. Louise Racine and Dr. Hope Bilinski by the College of Nursing's Faculty and Staff Development Committee, which enabled the attainment of a research assistant, Mr. Paul Spriggs, for data entry and analysis.

The UEC sub-committee wishes to thank the faculty, staff, and students who participated in the survey and focus group interviews and the College of Nursing Strategic and Leadership Teams who provided valuable guidance and feedback.

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## Acronyms

CIHC	Canadian Interprofessional Health Collaborative
CHSD	Council of Health Sciences Deans
IPE	Interprofessional Education
IPC	Interprofessional Collaboration
IPE PP	Interprofessional Education Point Person
IPE FW	Interprofessional Education Framework

# Introduction & Purpose of IPE Framework

## Introduction

The multifaceted health issues and the complexity of the health context of the 21st century demand interprofessional health care teams that are competent, collaborative, and responsive to patients, families, and communities. This *collaborative patient centered practice* is defined as a practice that “promotes active participation of each discipline in providing quality care. It respects the goals and values for patients and their families, provides mechanisms for continuous communication among caregivers, optimizes caregiver participation in clinical decision making (within and across disciplines), and fosters respect for the contribution of all disciplines” (Health Canada, 2004). In addition to optimizing patient outcomes, collaborative practice can reduce lengths of hospital stays, enhance access to care, improve patient safety, and contribute to recruitment and retention of health professionals (WHO, 2010).

To meet the demands of collaborative practice, future health professionals must be educated in a way that enables them to, upon graduation, have the beginning knowledge and confidence to practice in interprofessional teams in a competent and effective manner. Federal (Health Council of Canada, 2005; Romanow, 2002) and provincial (Saskatchewan Health, 2012) government policy directives and health care organizations (CIHC, 2010; CNA, 2011) have called for curricula for health sciences students that reflect interprofessional, collaborative learning. The new College of Nursing Bachelor of Science in Nursing (BSN) program that was launched in 2011 adopted a curriculum model that is based on the following eight key principles: cultural safety, leadership, ethics, evidence-informed practice and quality improvement, primary health care, safe and competent practice, social justice and advocacy, and **interprofessional education**. Like each of the eight principles, interprofessional education has been embedded in the curriculum and identified

in the learning outcomes of specific courses to ensure the progression of this theme throughout the curriculum.

The two documents that have been used to guide the development of interprofessional student experiences and the College of Nursing Interprofessional Framework are: 1) *A National Interprofessional Competency Framework (CIHC, 2010)* and 2) *Interprofessional Health Education Accreditation Standards Guide (AIPHE, 2011)*. In particular, the College of Nursing has adopted the following definition of interprofessional education: Interprofessional education occurs when two or more professions learn about, with, and from each other to improve collaboration and the quality of care (Bainbridge & Wood, 2013; CAIPE, 2002). The six competency domains identified by the Canadian Interprofessional Health Collaborative (2010) as essential for interprofessional collaborative practice have also been used to guide the development, implementation, and evaluation of interprofessional educational experiences.

## Purpose

The purpose of this framework is to provide a vision and plan for the delivery of interprofessional education in the BSN undergraduate program at the College of Nursing, University of Saskatchewan. The intent is for this Framework to guide the College's work within the University and in particular with our colleagues in other health sciences colleges. We will capitalize on the distinct advantage of the cluster of health sciences programs that are guided by the administrative leadership of the Council of Health Sciences Deans (CHSD), which include the Colleges of Dentistry, Kinesiology, Medicine, Nursing, Pharmacy and Nutrition, Veterinary Medicine, and Schools of Physical Therapy and Public Health. In addition, we recognize the value of our community partners within health and in other sectors and the role they play in providing interprofessional educational opportunities for all health sciences students.

The Interprofessional Framework will be consistent with and reinforce the foundational Vision and Mission of the College of Nursing and the Council of Health Sciences Deans at the University of Saskatchewan.

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### College of Nursing

#### **Vision:**

The College of Nursing is a world leader in educating nurses in interprofessional health care, research, practice, innovation, capacity building and policy development.

#### **Mission:**

As University nursing faculty in Saskatchewan, the College of Nursing strengthens nursing, health, and the health care system through the creation and integration of knowledge from research, education and practice.

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### Council of Health Sciences Deans

#### **Vision:**

Together, the health sciences will be leaders in advancing health, locally and globally, through excellence in interprofessional education and practice, interdisciplinary life and health sciences discovery, and committed engagement with stakeholders.

#### **Mission:**

The Council of Health Sciences Deans will enhance the capacity for high quality health care by enabling the education of a new generation of healthcare practitioners with skills in interprofessional healthcare and health promotion, promoting excellence in interdisciplinary health research, and sharing in outreach and community engagement.

## IPE in the BSN Curriculum

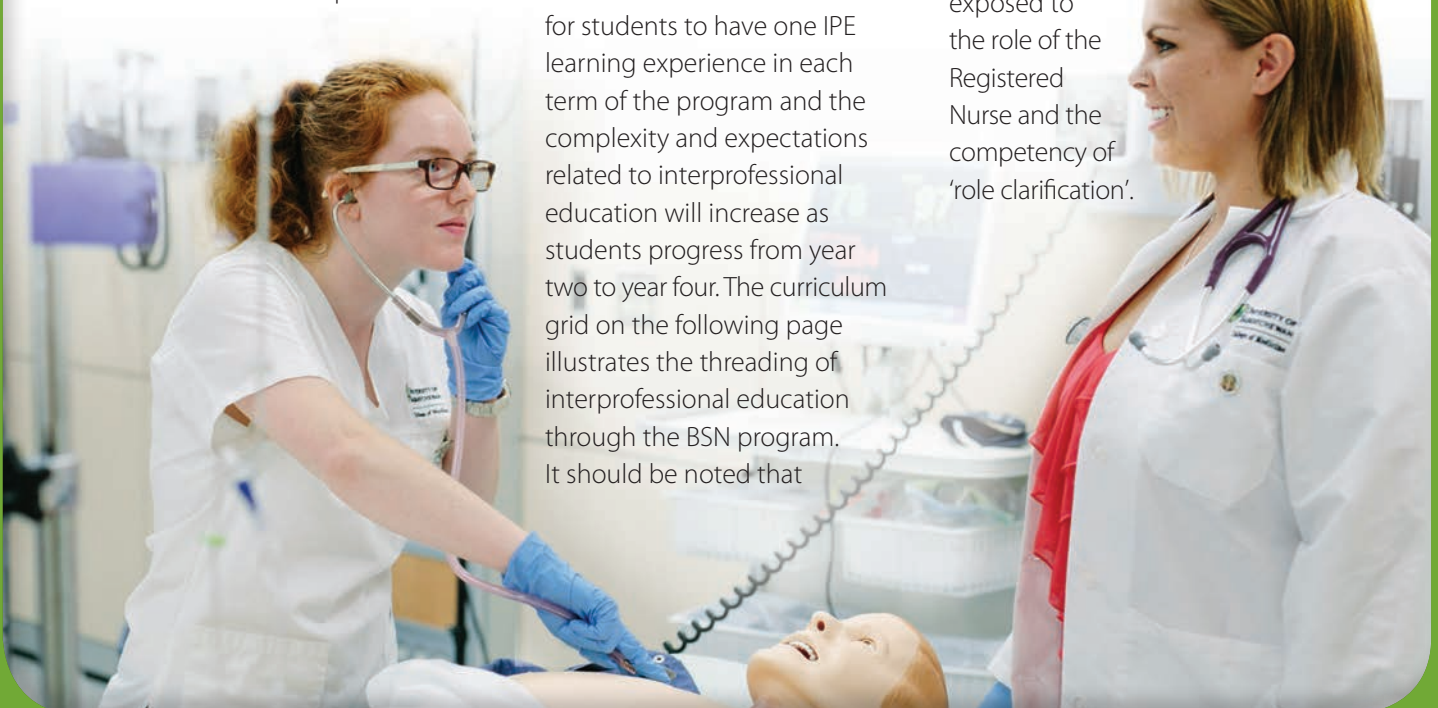
The commitment to interprofessional education has been expressed since the inception of the new BSN program and articulated in the College of Nursing Third Integrated plan (IP3 2012-2016). The College of Nursing IP3 states that “an emphasis on interprofessional education in the curriculum will result in our students and graduates being role models of interprofessional practice in the health system and across sectors in which they interact”.

Through varied and ongoing experiences during the BSN program students will be exposed and immersed to the competencies essential for their development as effective members of interprofessional

teams. The competencies will specifically focus on those identified by the Canadian Interprofessional Health Collaborative (CIHC, 2010) as essential for effective interprofessional collaboration: *interprofessional communication, patient/family/community centered care, role clarification, team functioning, collaborative leaderships, and interprofessional conflict resolution*.

Interprofessional education was identified as one of the eight principles of the BSN curriculum model, and although it will be recognized and built on in all courses, it will be specifically emphasized in 16 courses within the curriculum. The intent was for students to have one IPE learning experience in each term of the program and the complexity and expectations related to interprofessional education will increase as students progress from year two to year four. The curriculum grid on the following page illustrates the threading of interprofessional education through the BSN program. It should be noted that

in the pre-professional year, students who are interested in entering the College of Nursing, are invited to participate in Learning Communities. In the Learning Communities, students are grouped together based on the cluster of courses they take, with some clusters specifically designed for students interested in entering the College of Nursing. Included as part of the Learning Communities are opportunities for students to learn about the profession of nursing through guest speakers and information provided by College of Nursing faculty and staff. The intent is even at this early stage, pre-professional students are exposed to the role of the Registered Nurse and the competency of ‘role clarification’.



## Four Year Nursing Degree , College of Nursing, University of Saskatchewan

Pre-Professional Year	Year Two			Year Three			Year Four	
Learning Communities	Term 1	Term 2	Term 3	Term 1	Term 2	Term 3	Term 1 or 2	Term 1 or 2
English	PHAR 250.3	MCIM 224.3	NURS 220.3	NURS 304.3	NURS 322.3		NURS 430.3	NURS 450.9
Indigenous Studies	PHSI 208.6	PHSI 208.6	NURS 221.3	NURS 321.3	NURS 306.3		NURS 431.6	NURS xxx.3
Chemistry 112.3	NURS 200.3	NURS 201.3		NURS 305.6	NURS 305.6		NURS 422.3	
Biology 120.3	NURS 202.3	NURS 203.3		C: NURS 332.3/333.3	A and B: NURS 332.3/333.3	A, C1: NURS 330.3/331.3	NURS 440.3	NURS 441.3
Psychology	NURS 204.3	NURS 205.3		A: NURS 307.3/308.3	C1: NURS 307.3/308.3	B, C2: NURS 307.3/308.3		
Social Science				B: NURS 330.3/331.3	C2: NURS 330.3/331.3			
Statistics								
Nutrition 120.3								
Elective								
Elective								
Total Credit Units/Term	15	15	6	15	15	6	15	15
Total Credit Units/Year	30	36		36			30	
Key	<b>Learning Communities</b> NURS 200.3 Nursing Foundations: Perspectives and Influences NURS 201.3 Perspectives on Health, Wellness, and Diversity in a Global Context NURS 202.3 Assessment and Components of Care I NURS 203.3 Assessment and Components of Care II NURS 204.3 Communication and Professional Relationships NURS 205.3 Research for Evidence Informed Practice NURS 220.3 Concepts of Patient and Family Centered Care NURS 221.3 Patient and Family Centered Care in Clinical Practice			NURS 304.3 Family Nursing NURS 305.6 Core Competencies for the Management of Complex Patient Care NURS 306.3 Exploring Chronicity and Aging NURS 307.3 Integrating Mental Health into Nursing NURS 308.3 Integrating Mental Health Nursing within Practice NURS 321.3 Therapeutic Intervention for Individuals and Groups NURS 322.3 Leadership in Education and Care Maternal Child, and Adolescent NURS 330.3 Family Centered Nursing Maternal Child, and Adolescent NURS 331.3 Family Centered Nursing Practice NURS 332.3 Exploring Complexity and Acuity NURS 333.3 Complex Nursing Care Practice			NURS 440.3 Interprofessional Perspectives: Health Systems and Policy Development within a Global Context NURS 422.3 Issues in Leadership and Management: Transformative Practice in Health Care Organizations NURS 430.3 Community Health Nursing: Building Partnerships NURS 431.6 Community Nursing Practice NURS 450.9 Practice Integration NURS 441.0 Transitioning to Professional Practice (offered only in year 4 term 2) NURS xxx.3 Nursing Elective	

Courses in red are interprofessional learning experiences.

### Going Forward

In the new BSN curriculum, the College of Nursing will **Capitalize, Create, and Contribute** to the interprofessional education of health sciences students and to interprofessional collaborative practice of future health care professionals. This will be an evolving process with continuous

evaluation and reflection. As a College, we will **capitalize** on previous successes and experiences in interprofessional education and on the networks and relationships that have been built with our health sciences colleagues and community partners. We will **create** new interprofessional learning opportunities that are innovative and responsive

to the environment in which health sciences students are educated. We will **contribute** to the interprofessional education of health sciences students at the University of Saskatchewan and to the professional development of health sciences faculty in delivering high quality interprofessional education.

# ■ Background & IPE Framework

## Background

The College of Nursing IPE Framework was created through a review of the literature, an on-line survey of faculty and staff, and focus group interviews with the College of Nursing Leadership Team, the College of Nursing Strategic Team, faculty, and students. Integral to the continual development of the framework and in particular with the processes related to the focus group interviews was the creation of the IPE committee, a sub-committee of the Undergraduate Education Committee. The IPE framework was presented to faculty and staff at a retreat and to part time clinical instructors at their annual professional development day.

The development of the Framework specifically utilized the work from the Accreditation of Interprofessional Health Education document (AIPHE, 2011) and literature relating to the Structural Tension Model (Fritz, 2011).

The AIPHE document was created by stakeholders (including academics, practicing professionals, professional bodies, and students) from medicine, nursing, occupational therapy, physiotherapy, pharmacy, social work and Health

Canada. This working group provided recommendations for criteria when developing, implementing, and evaluating interprofessional health education standards for accreditation purposes. The accreditation of interprofessional health education will have a positive influence on collaborative practice and subsequently on the quality of patient care (AIPHE, 2011). While the criteria were developed as a guide for future accreditation standards, it would seem prudent to incorporate these criteria into the new College of Nursing IPE Framework. Therefore, the main operational components of the Framework are congruent with the components identified in the AIPHE document: Organization, Faculty, Students, Program, and Resources.

The model utilized within the IPE Framework was the Structural Tension Model by Robert Fritz (2011). This model was designed to illustrate the processes required to make desired changes within an organization through a clear understanding and identification of the 'current state of reality' and the 'desired state of reality'. Fritz described the differences between the two realities as a "tension" and that tension itself strives for resolution through

the identification of strategies for success. The strategies are intended to provide the 'path of least resistance' to overcome the structural tension created between the desired state of reality and the current state of reality (Fritz). Through the development of the IPE Framework faculty, staff, students, and leadership were consulted in the identification of the 'realities' and strategies for success. Integral to the implementation of the model, Fritz emphasized the need to identify accountability and due dates for the identified strategies. Accountability refers to the need for an individual to oversee the tasks or strategies; therefore, not completing the tasks themselves, but accountable for enlisting appropriate individuals or groups in meeting the goals. The due dates provide a timeline and 'sense of seriousness' to the proposed strategies and overall action plan.

The Structural Tension Model was utilized within each of the five components of the framework and was used to develop an overall action plan going forward for reaching our goals and commitments in delivering an interprofessional undergraduate curriculum at the College of Nursing.

# College of Nursing Interprofessional Education Framework

## Overall Goal

The College of Nursing will deliver an interprofessional curriculum that demonstrates a commitment at the levels of the **organization**, the **faculty**, the **students**, the **program**, and **resources**. The attainment of this goal will result in all students at the College of Nursing experiencing progressive exposure and immersion to the IPE competencies for the future development of effective interprofessional collaborative practice.

Level of Commitment	Desired State of Reality
Organization	The College of Nursing operationalizes a commitment to IPE, including interprofessional and intersectoral relationships. This commitment includes the participation of IPE activities by administration (College and University), faculty, staff, and students. Activities for IPE are sufficiently resourced.
Faculty	Faculty develop a comprehensive understanding of IPE/IPC, and promote and implement IPE and IPC into their areas of teaching and learning, practice, and research.
Students	Students identify IPE as an important element of their education and future practice. Students are actively engaged in the development, implementation, and evaluation of IPE activities.
Program	The Program/Curriculum is the anchor for IPE through the continuum from policy, theory, to practice, focusing on outcomes that come from innovative learning strategies and strategies grounded in evidence.
Resources	Required resources have been dedicated to IPE to support the direction and structures outlined by the CHSD IPE strategies and the College of Nursing's vision and plan for IPE.

# Organization

## Desired State

The College of Nursing operationalizes a commitment to IPE, including interprofessional and intersectoral relationships. This commitment includes the participation of IPE activities by administration (College and University), faculty, staff, and students. Activities for IPE are sufficiently resourced.

## Organization

Strategies for success	Due date	Who's accountable
1. Demonstrated commitment among all relevant college leaders (CHSD) regarding the strategic direction to IPE at the University. This commitment may include a document outlining the strategic direction, structures and resources for IPE that reflect the needs of all campuses and Colleges across the province. The College of Nursing will play an active role in developing this agreement.	April 2015	Dean
2. Develop a plan for the College that will align with the strategic directions of the CHSD.	April 2015	Associate Dean Central SK
3. Allocation of relevant resources for the College.	December 2014	Dean
4. Ensure all relevant college communications are inclusive of IPE.	April 2015	Communications Officer

## Current Reality

Although the foundation of IPE exists through the College of Nursing's mission statement and curricular design, the relevant planning is incomplete and supports differ between sites. There is not a consistent and in some cases, a limited collaborative approach to IPE across the University.

# Faculty

## Desired State

Faculty develop a comprehensive understanding of interprofessional education (IPE)/interprofessional collaboration (IPC), and promote and implement IPE and IPC into their areas of teaching and learning, practice, and research.

## Faculty

Strategies for success	Due date	Who's accountable
1. IPE and IPC development, coordination, and evaluation at each site will be reflected in the assignment of an individual(s) to support faculty in the implementation of IPE.	December 2014	Dean/Assoc Deans
2. Identify interprofessional educational opportunities (e.g. EHPIC certificate program, scholar in residence, consultants, online resources, conferences, lunch and learn sessions, IPE passports for faculty).	April 2015	IPE PP/Faculty
3. Participate in diverse IPE professional development opportunities.	April 2015	IPE PP/Faculty
4. Faculty who are engaged in IPE activities will be recognized.	April 2015	Faculty/ Dean
5. Creation of formal mentorship relationships (e.g. sharing practices, including day to day implementation of IPE).	April 2015	IPE PP/Faculty
6. Create a body of scholarly work for IPE (teaching, research, professional practice).	December 2015	Faculty/Assoc Dean Research

## Current Reality

Faculty understand the importance of IPE and IPC, but may not consistently have the knowledge and/or resources to create, implement, and evaluate innovative IPE initiatives.

# Students

## Desired State

Students identify IPE as an important element of their education and future practice. Students are actively engaged in the development, implementation, and evaluation of IPE activities.

## Students

Strategies for success	Due date	Who's accountable
1. Active engagement in the creation of interprofessional learning opportunities e.g.) recognize and recruit resources for IPE activities in classes.	December 2015	Year 2,3,4 chairs/ UEC /Students
2. Participation in attending or presenting at IPE conferences.	April 2016	Faculty/students
3. Identification and critical analysis of interprofessional collaborative practice, e.g.) post conferences, critical analysis assignments, scholarly papers.	April 2015	Year 2,3,4 chairs/ UEC
4. Integration of self-reflection for self-development, education, and clinical experiences.	April 2015	Yr 2,3,4 chairs/ UEC/ Students
5. Take the initiative to develop a rapport and build relationships with other health sciences students during clinical experiences.	April 2015	Students/Faculty/ Instructors
6. Lead IPE initiatives through the student association.	April 2016	SNSA Presidents

## Current Reality

A small proportion of students perceive IPE as a valuable component of their education and future practice. Most equate the value of IPE to the value in evaluative components in classes. Little value is placed on non-credit IPE.

# Program

## Desired State

The Program/Curriculum is the anchor for IPE through the continuum from policy, theory, to practice, focusing on outcomes that emerge from innovative learning strategies and strategies grounded in evidence.

## Program

Strategies for success	Due date	Who's accountable
1. Develop a tracking system of IPE activities that is accessible to all faculty across sites.	April 2015	IPE PP
2. A concerted effort is placed on following how IPE is implemented in the courses specifically identified as including IPE. Additional opportunities within the curriculum will also be explored.	April 2015	UEC Chair
3. Program policies reflect the IPE nature of our curriculum as needed.	April 2015	UEC Chair
4. Ensure the provision of opportunities for an evaluative IPE experience in every semester of the program (e.g. course content, shadow experience, team rounds, social media, online environment, simulation, primary health care teams).	April 2015	Year 2,3,4 chairs
5. Interprofessional competencies are reflected in clinical evaluation tool.	September 2014	UEC/Year 2,3,4 chairs
6. IPE experiences build from one year to the next through exposure, immersion, and mastery.	April 2015	UEC/Year 2,3,4 chairs
7. Ensures the integration of scholarship related to innovative strategies to IPE.	April 2016	IPE PP

## Current Reality

IPE is a core principle within the curriculum. Current policies do not reflect IPE, nor is IPE implemented in a seamless fashion from theory to practice across the curriculum and sites. IPE implementation is sporadic depending on other programs, faculty interest, resources, timing, and schedules.

# Resources

## Desired State

Required resources have been dedicated to IPE to support the direction and structures outlined by the CHSD IPE strategies and the College of Nursing's vision and plan for IPE.

## Resources

Strategies for success	Due date	Who's accountable
1. Compile an inventory of current monetary resources dedicated to IPE.	April 2015	Director of Finance/ Associate Deans, Undergraduate Program
2. The inventory is matched against the College plan for IPE to identify where resources are needed.	December 2014	Associate Deans, Undergraduate Program
3. The College will ensure that IPE receive additional resources for a minimum of two years and that IPE is sustainable in the long-term. (professional development, support for student activities, site specific budget allocation, etc.)	December 2014	Dean

## Current Reality

Resources that are provided for IPE are fragmented.

## SECTION 4

# Timeline Overview

DECEMBER 2014 —————> APRIL 2015

Organization	<ul style="list-style-type: none"> <li>-Allocation of resources for IPE</li> <li>-Assignment of point person(s) to support the implementation of IPE</li> </ul>	<ul style="list-style-type: none"> <li>-Demonstrated commitment at the level of the CHSD</li> <li>-College Plan for IPE well established and aligned with CHSD</li> <li>-Communications are inclusive of IPE</li> </ul>
Faculty	<ul style="list-style-type: none"> <li>-Designated support for faculty</li> </ul>	<ul style="list-style-type: none"> <li>-Identify needs for IPE PD</li> <li>-Provision of PD opportunities</li> <li>-Recognition of faculty engagement in IPE</li> <li>-Formal mentorship relationships</li> </ul>
Students	<ul style="list-style-type: none"> <li>-Active engagement in creating IPE opportunities</li> <li>-Participate in critical analysis assignments of IPE/IPC</li> <li>-Self-reflection activities</li> <li>-Active engagement in creating IPE opportunities</li> </ul>	<ul style="list-style-type: none"> <li>-Active engagement in creating IPE opportunities</li> <li>-Critical analysis of IPC</li> <li>-Self-reflection activities</li> <li>-Build relationships</li> </ul>
Program	<ul style="list-style-type: none"> <li>-IPE competencies reflected in clinical evaluation tool</li> </ul>	<ul style="list-style-type: none"> <li>-Track all IPE activities across years and sites</li> <li>-Document how IPE is implemented in courses</li> <li>-Document how IPE builds from Yr 1 to Yr 4</li> <li>-One evaluated IPE experience per term</li> </ul>
Resources	<ul style="list-style-type: none"> <li>-Identify allocation of current resources for IPE</li> </ul>	<ul style="list-style-type: none"> <li>-Inventory of current resources allocated for IPE</li> </ul>

DECEMBER 2015 —————> APRIL 2016

Organization	<ul style="list-style-type: none"> <li>-Signed agreement by CHSD's re: strategic direction of IPE at the U of S</li> <li>-Implementation of College of Nursing IPE Framework</li> </ul>	<ul style="list-style-type: none"> <li>-Review the implementation of CHSD strategic direction document</li> <li>-Review implementation of College of Nursing IPE Framework</li> </ul>
Faculty	<ul style="list-style-type: none"> <li>-Participate in IPE PD</li> <li>-Acknowledgement of faculty involvement in IPE activities</li> </ul>	<ul style="list-style-type: none"> <li>-Evaluation of IPE PD for faculty and staff</li> <li>-Evidence of a body of scholarly work related to IPE efforts</li> </ul>
Students	<ul style="list-style-type: none"> <li>-Lead IPE initiatives through student associations</li> </ul>	<ul style="list-style-type: none"> <li>-Evidence of students attending and presenting at IPE activities and conferences</li> </ul>
Program	<ul style="list-style-type: none"> <li>-Track all IPE activities across years and sites</li> <li>-Document how IPE is implemented in courses</li> <li>-Ensure policies reflect IPE curriculum</li> <li>-Document how IPE builds from Yr 1 to Yr 4</li> <li>-Determine the integration of scholarship</li> </ul>	<ul style="list-style-type: none"> <li>-Comprehensive overview of IPE across BSN curriculum</li> <li>-Ensure policies reflect IPE curriculum</li> <li>-Determine the integration of scholarship</li> </ul>
Resources	<ul style="list-style-type: none"> <li>-Continuous monitoring of resources allocated for IPE</li> </ul>	<ul style="list-style-type: none"> <li>-Overview of budget to date on IPE</li> </ul>

## SECTION 5

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