



## Collaborating Across Borders VII (CAB VII): The Crossroads of Collaboration, Indianapolis, Indiana, USA - October 20–23, 2019

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### 1. Introduction

Collaborating Across Borders (CAB) is a biennial U.S.-Canadian interprofessional education and collaborative practice (IPECP) conference. The American Interprofessional Health Collaborative (AIHC), and Canadian Interprofessional Health Collaborative (CIHC) partner with the host organizers in creating CAB conferences. The conference aims to bring together educators, researchers, practitioners, students, and patients to discuss issues in education, practice, leadership, and interprofessional health policies. First held in 2007 in Minneapolis, Minnesota, CAB has evolved as the pre-eminent IPECP conference in North America. In 2019, CAB VII was held in Indianapolis, Indiana and hosted 716 participants from eight countries. This diverse representation of countries confirms the collaboration has moved beyond the U.S.-Canadian border and has captured international attention. The location for CAB VII was well situated, as Indianapolis is known as the crossroads of America and IPECP is certainly at a crossroads when it comes to scholarship in the field.

The three-day CAB VII conference focused on sharing the latest knowledge about IPE and collaborative practice; discuss important issues related to IPE and collaborative practice, including policy issues and how they might be addressed; and, form collaborative relationships. CAB VII had nearly 400 pre-conference workshops, roundtable discussion, panel presentations, workshops, focused symposiums, interactive posters, and oral presentations. Further and unlike previous CAB

conferences, there were intentional efforts of engaging students who were in attendance; thus, the second day was named, Student Engagement Day, which included programming, such as a case competition, poster competition, and a reception to connect students with global leaders in IPE and IPCP who could serve as mentors. Additionally, the conference featured four keynote speakers who had backgrounds in IPE as well as leadership and team development. To add a unique twist about conceptualizing team dynamics and its importance, CAB VII organizers hosted Doug Boles, President of the Indianapolis Motor Speedway, and Allison Melangton, Senior Vice President of Events at Hulman Motorsports, to discuss the kind of teamwork it takes to organize one of the most prestigious events in motor sports - the Indianapolis 500, also known as the “The Greatest Spectacle in Racing.” Since most of the conversations at CAB VII tailored towards healthcare interactions and/or health professions education, Boles and Melangton’s presentation provided a break for attendees but it also illustrated the successes and challenges typically seen in the confines of healthcare delivery.

With such robust conversations and presentations at CAB conferences, there are efforts to highlight attendees’ work on a broader scale. The first CAB special journal edition was published for CAB III, which was held in 2011 in Tucson, Arizona. The *Journal of Interprofessional Care* published 380 conference abstracts in a supplemental edition.<sup>1</sup> Since 2011, there has yet to be another special edition; thus, CAB VII is revitalizing the long term vision of spotlighting exceptional content presented at these events. The purpose of this special edition is to

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identify papers from the conference presentations that were deemed exemplary by peer reviewers, attendees, and guest editors. The advancement of scholarship in interprofessional education and collaborative practice (IPECP) since 2011 is evident in this special edition.

## 2. Featuring the best of CAB VII

This special edition features eight articles that represent CAB VII's program themes: *education*, *practice*, and *leadership*. *Education* is represented by pieces on distance learning, faculty development, and design thinking. The number of articles within this theme illustrate the creativity educators are implementing into their programming to educate the future healthcare workforce. Thus, a very timely topic, Hayward et al.<sup>2</sup> describe interprofessional education delivered via distance education, which is very necessary given the rapid shift to online and virtual education due to the COVID-19 pandemic. Then going beyond the classroom and learners, Williams et al.<sup>3</sup> outline the details of a faculty development program at one post-secondary institution that adopted a continuous improvement approach to its program. The success of its program demonstrates the need for a structured training process for educators in IPE programming. Then beyond programming and faculty development, Cleckley et al.<sup>4</sup> describe their empathic design thinking approach to reimagining their interprofessional curricula at the University of Virginia. This creative team outlines the importance of relationships, communication, coordination and barriers and enablers to interprofessional practice in the physical environment. The authors make the call that these empathetic elements are needed in interprofessional curricula.

Moving onto the *practice* theme, Rowe et al.<sup>5</sup> share the impact of a student-led interprofessional team care clinic for patients with complex medical and/or psychosocial conditions by using an experimental design. The authors look specifically at diabetes care due to its complexity, and how interprofessional teams, consisting of health professions learners and faculty, respond to their patients with the aim of reducing their glycosylated hemoglobin A1c (HbA1c) levels.

A prolific theme represented in this special edition is *leadership*, as four articles were chosen by reviewers. This outcome should be celebrated, as the field of IPECP requires leadership at various levels to enact change. All four articles highlight a global leadership perspective. Khalili et al.<sup>6</sup> discuss the co-creation of IPECP research best practice guidelines to support the growth of research in the field and to ensure its quality. Krumwiede et al.<sup>7</sup> describe leadership across post-secondary institutions which culminated in a state-wide IPE consortium and resulted in a community of practice for students, faculty and preceptors. This work highlights how intentional collaboration across multiple institutions can benefit multiple stakeholders and yield quality programming. To better prepare current and future educators and clinicians to lead IPECP efforts, Blakeney et al.<sup>8</sup> share the impact of a national Train-the-Trainer (T3) Interprofessional Team Development program. The program demonstrates its ability to cultivate, lead, and sustain IPECP efforts within institutions and the community. Then in the final article, Lising et al.<sup>9</sup> identify specific team tools and practices relevant to interprofessional competencies by making the connection to quality improvement tools. The examples illustrated in the article highlight the synergistic relationship between the two. By demonstrating the need to explicitly integrate interprofessional competencies with QI tools, education and programs will enhance interprofessional care.

## 3. Selecting the special edition articles

The special edition articles were identified as some of the most innovative and noteworthy presentations at CAB VII. At the end of conference sessions, attendees had the opportunity to evaluate the content. Additionally, attendees provided feedback about the entire event a few weeks following the conference. Thus, in planning for this special edition, the initial step was for us to identify the outstanding

presentations by reviewing the evaluations. Once a list of presentations were created, the AIHC Scholarship Committee read the recommended abstracts, as well as the evaluators' comments. After the committee provided their recommendations to us, electronic notifications were sent to presenters, inviting them to submit an abstract for the special edition. Since the abstracts were written for a presentation format, it was necessary to collect additional information on how the authors intended to frame their content for a full manuscript. After presenters responded with a robust abstract, guest editors for this issue reviewed the quality of the submission and then decided to invite particular authors to submit a full manuscript.

Each article underwent a blinded peer review process. Reviewers were selected based on their AIHC or CIHC membership and CAB VII attendance. These requirements were upheld, because of reviewers' expertise, familiarity with the IPE field and its values as well as CAB VII's purpose. Each article went through at least two peer review processes to ensure the special edition readers would find significant value in them, regardless of their professional background. Each article featured in this special edition represents unique contributions to the IPECP field, in the hope that readers will find their practicality useful in the educational and clinical spaces.

## 4. Supporting CAB VII

Several factors led to the host university, Indiana University (IU), to organize a meaningful conference for attendees and presenters. The sponsorship support of various academic institutions and associations across North America contributed to CAB VII's success. In total, CAB VII had 30 sponsors at various levels, the largest and most successful fundraising campaign that the CAB series has seen thus far.

IU School of Medicine and IU Health served as the Exclusive Educational Sponsors for CAB VII. Their combined contribution of \$37,500 covered the accreditation costs for interprofessional healthcare professionals, as well as the abstract publication cost for this special edition. In addition to the Exclusive Educational Sponsorship provided by these two entities, five additional IU schools and divisions supported CAB programming. These included IU School of Medicine Division of Continuing Medical Education, IU Interprofessional Practice and Education Center, IU Kelley School of Business, Indiana Clinical and Translational Services Institute, and IU School of Nursing. The contributions of the host university demonstrates its commitment to its students, faculty, staff, and community in advancing team-based education for healthcare professionals. Other sponsorships were provided and their contributions resulted in a truly remarkable CAB VII conference for attendees and presenters. We are extremely appreciative of these organization's donations. The full list of sponsorships are listed at the end of this editorial.

## 5. Concluding comments

The measure of a conference's success can be viewed from multiple perspectives, such as the number of attendees and presentations, sponsorships, the profile of the keynote speakers or the breadth of the types of presentations. By all of these measures and much more, CAB VII was a successful conference. However, perhaps the true measure of the success of the conference is demonstrated by the number of connections made among diverse participants. These connections will continue well past the conference timeframe. Post-coronavirus (COVID-19), who truly knows the future of educational conferences, such as CAB. We may never return to a fully in-person conference, like previous CABs; however, the need for connection and collaboration across international borders and its resulting scholarship are still greatly needed. The global pandemic has required healthcare teams and educators to be more innovative in the care that they deliver and how. As we have seen exceptional growth in research and practice since CAB's inception in 2007, we only expect it to continue at an exponential rate. We hope that the featured articles in

this special edition will provide insight and new ideas to the current work you may be engaged in or about to start.

## 6. Looking forward to future CAB conferences

At the conclusion of CAB VII, conference organizers announced that CAB VII was to be hosted in Quebec, Canada in fall 2021. However and unexpectedly, the global outbreak of COVID-19 placed a pause on conference organizing activities. Due to the unprecedented times, the year of 2020 has demonstrated the tangible need for connection and collaboration across professions, disciplines, sectors, and countries. Although there has been a postponement in the next CAB conference, the IPECP community looks forward to reconnecting and sharing innovative ideas and tools it has created in response to the global pandemic. Undoubtedly, there will be rich discussions on how countries have accelerated the growth of the IPE field and its implications on population health and healthcare in midst of a global pandemic.

### Full list of sponsorships

- **Diamond**
  - Indiana University School of Medicine
  - Indiana University Health
- **Titanium**
  - Indiana University Interprofessional Practice and Education Center
  - Josiah Macy Jr. Foundation
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- **Lanyards**
  - Indiana University School of Medicine
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- **Opening Night**
  - Loyola University Institute for Transformative Interprofessional Education

### Declaration of competing interest

The authors have no conflicts of interest. The authors alone are responsible for the writing and content of this paper.

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