



Monthly TUFH interviews: Professor: John H.V. Gilbert

Dr. John Gilbert has been a seminal leader in the education of health professionals in British Columbia, Canada and globally. His vision and leadership led to the concept of interprofessional education being developed as a central tenet of collaborative person-centered practice and care.



Dr. John Gilbert is the founding Principal & Professor Emeritus at the College of Health Disciplines, University of British Columbia. He is a Senior Scholar at, the WHO Collaborating Centre on Health Workforce Planning and Research, Dalhousie University; Adjunct Professor at, the Faculty of Graduate Studies, Dalhousie University. He held the DR. TMA Pai Endowment Chair in Interprofessional Education & Practice, at Manipal Academy of Higher Education, India, and is an Adjunct Professor, at the Faculty of Health, University of Technology, Sydney. He is Founding Chair, The Canadian Interprofessional Health Collaborative and has given over 200 keynote presentations in the past 10 years.

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What are the fundamental IPE concepts?

I've been engaged with many aspects of Interprofessional education for collaborative person centred practice and care for almost fifty years. As the years passed it became clear to me that we need to think seriously about planning a curriculum that promotes learning together across health and social care programs in universities, colleges, and institutes.

Because you need to know about each other before going into practice. Many students never actually meet students from other health professions because of the siloed nature of medical education systems.

Linking this definition to competencies of Interprofessional Education which was developed in the mid to late 80s in the United Kingdom, says that education focuses on students and professionals learning with, from, and about each to improve Collaboration in order to improve the quality of care and health services.

I've been constantly linking this definition to the term Competency. We think it's essential since our educational systems in health and social care are now deeply based on competencies. So that learning together can result in working together.

What does IPE means to you personally? Tell us about your journey?

I firmly believe that interprofessional education for collaborative person centred practice can bring major improvements in the care of patients/clients and of the services that are necessary to support that care.

Press on the video icon to know more



How did you become involved with TUFH?

I came across TUFH in the early 2000s when I was invited to give a paper at one of TUFH's meetings in The Netherlands. Time passed by and I found myself invited by Bill Burdick to give a talk at Philadelphia for FAIMER about IPE, I met some people from TUFH, and a couple of years later we met again and we discussed the possibility of starting an IPE fellowship and now we are here.

I'd say my big introduction to TUFH probably began 6 years ago and I've been a very enthusiastic supporter ever since.

What can you tell us about the TUFH Academy IPE?

This year for the first time TUFH is running four TUFH Academies in the Health Workforce Education for the Public Good Program and IPE is one of them.

We did last year run a fellowship program and we learned an enormous amount on what people found useful.

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What can people do to spread IPE culture at their institutions?

The best way to start is to get together have a chat, and have a conversation together!

Try sitting down over a coffee or your favorite beverage with one or two of your colleagues from other health professions, whom you really don't know anything about, what they do, and how they do it. Maybe we can turn this into learning together?

It begins with the individual effort of change.

What are the available opportunities for undergraduate students within the IPE field?

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What are the major changes that occurred within medical education through IPE?

What I came to realize is that we are talking about systemic changes and that's incredibly difficult. Especially for deeply ingrained systems that have been ongoing for many centuries like Medicine, Midwifery, and Nursing, The difficulty was how to persuade those professions to change.

I'd say there are two huge process leavers that keep programs in their place; the first one is Accreditation which came about to ensure that programs are running to meet in certain standards.

Secondly, there is Legislation.

These two helped programs get out of their silos and a lot of progress still needs to be made.

Can you tell us something unique about your life?

I'm a grandfather and my eldest grandson is 30 years old.

I'm a vegetable gardener and I grow tomatoes in my garden.

I enjoy lawn bowling in summer and winter..

I came as an immigrant to Canada almost sixty years ago, and have been a proud citizen of this amazing country for almost fifty six years.

What is your favorite meal?

I will eat any type of ethnic food, I love variety of food, and my wife Carolyn is an amazing cook.

Describe yourself in only one word?

FRIENDLY!