



Curtin University

Faculty of Health Sciences

Designing & Facilitating Interprofessional Education Experiences for Staff and/or Students

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IPE student activities

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- Activity 2: Observation of another profession
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BACKGROUND

Interprofessional education (IPE) has become a key element of health professional education in many countries throughout the world. This document provides staff with a set of guidelines to assist with incorporating interprofessional education into their workplace.

KEY DEFINITIONS

Interprofessional education (IPE)*	Two or more professions learn about, from & with each other to enable effective collaboration and improve health outcomes (World Health Organization, 2010 p. 7).
Multiprofessional education	Professions learn side by side (Barr & Low, 2013 p. 4)
Interprofessional practice	Two or more professions working together as a team with a common purpose, commitment and mutual respect (Freeth et al., 2005 p. xiv-xv).
Multiprofessional practice	Professional practitioners who work in parallel; each has clear role definitions, specified tasks, and there are hierarchical lines of authority and high levels of professional autonomy within the team. The practitioners consult individually with service users and use their own goals and treatment plans to deliver a particular service (AIPPEN)
Capability	An integration of knowledge, skills, personal qualities and understanding used appropriately and effectively ... in response to new and changing circumstances (Oliver, 2010 p. 16)

*The WHO views IPE broadly: *'The process by which a group of students or workers from the health-related occupations with different backgrounds learn together during certain periods of their education, with interaction as the important goal, to collaborate in providing promotive, preventive, curative, rehabilitative and other health related services'* (WHO, 2010)

Essential ingredients of IPE

1. 2+ professions
2. Significant interactivity between participants occurs
3. Opportunity to learn about, from and with each other
4. Teaching/learning moments are explored to highlight
 - Contributions of team members
 - How team members can better work together
 - Strategies for interprofessional communication
 - The critical elements - reflection and debriefing

FACTORS TO CONSIDER IN PLANNING AND IMPLEMENTING IPE

<i>Key factors</i>	<i>Key actions</i>
Learner focused	
Promoting interprofessional interaction	<ul style="list-style-type: none"> • Establish a comfortable learning environment • Make the role of the facilitator very clear • Ensure active learner participation and exchange between learners from different professions • Use several types of interactive learning methods • Use effective small-group teaching methods • Concentrate on, and emphasise, the areas of practice or issues that will benefit from interprofessional collaboration • Explicitly address the underlying ‘mechanics’ of team work and interprofessional collaboration • Promote positive interdependence – learners strive together to reach a shared goal • Acknowledge and use other’s professional expertise • Promote individual accountability – learners are held responsible for contributing a fair share to the success of the group • Ensure clear communication e.g. address use of profession specific terminology • Explore the assumptions and myths of each profession • Ensure time for both self and group reflection in relation to their professional and interprofessional capabilities • Acknowledging the potential implications of organisational variables in the provision of integrated/interprofessional service deliver
Group dynamics	<ul style="list-style-type: none"> • Focus on equal status of learners within the interprofessional groups • Aim for a group size is around 8 to 10 members (optimal number) • Aim for group stability to help ensure the development of shared trust between learners • Allow time for the team of learners to develop • Acknowledging the potential implications of organisational variables in the provision of integrated service deliver
Relevance and status	<ul style="list-style-type: none"> • Ensure that activities have a clear relevance to practice e.g. use real-life problems from practice to stimulate interprofessional learning • Emphasise the client/family/community perspective - focusing on their experience • Promote a whole of person approach to service delivery • Aim for learners to develop sufficient knowledge of other professions to allow problem recognition, appropriate referral and collaboration • Assess learning in meaningful ways i.e. the same as profession specific learning • Ensure learning relates to the other curricula

Organisation focused	
Planning	<ul style="list-style-type: none"> • Invest time in pre-planning with all stakeholders • Focus on improving client care/service
Expert facilitation	<ul style="list-style-type: none"> • Recruit good quality facilitators • Facilitators need the ability to facilitate small group learning, to manage conflict, as well as knowledge of health professionals relationships • Provide appropriate pre-course information to facilitators
Facilitator support and training	<ul style="list-style-type: none"> • Provide preparatory development for facilitators • Develop ongoing faculty support activities to provide opportunities for discussion and reflection

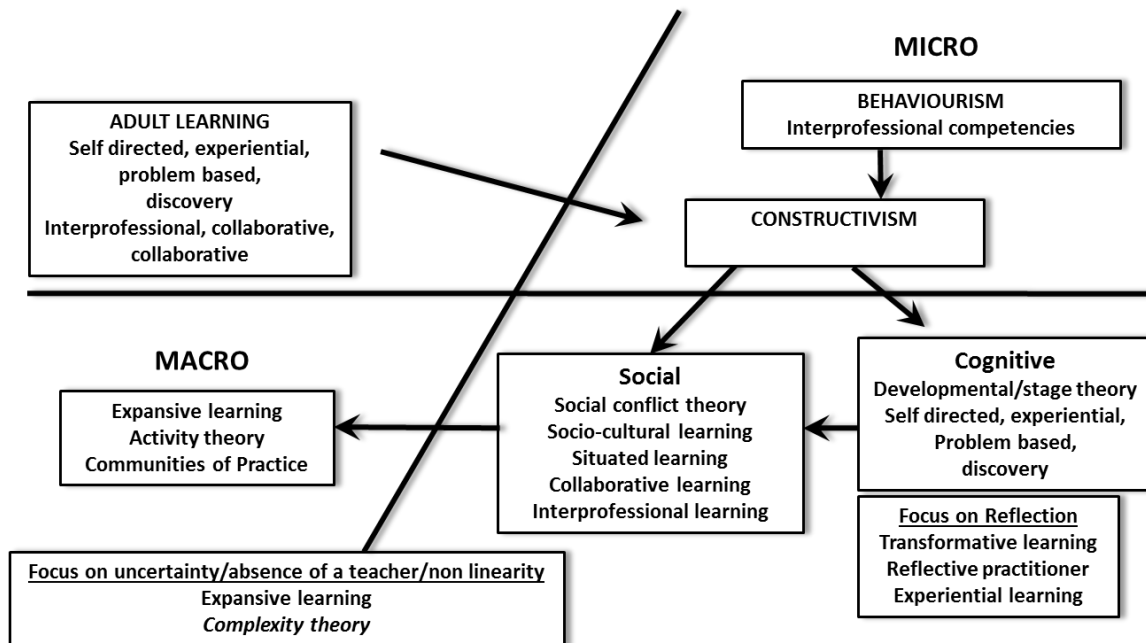
Adapted from Parsell & Bligh, (1998), Jackson et al (2006) & Reeves et al (2007)

Note: Additional resources that may be of interest at the principles of IPE by Hugh Barr and Helena Low (2011) from the Centre for the Advancement of Interprofessional Education (based in the UK) provided in Appendix A and the outcomes of the national survey of staff involved in IPE facilitation undertaken by the UK Promoting IPE Project (Howkins & Bray, 2008) (page 21).

IPE ACTIVITIES

Classification of learning	Learning methods used
Exchanged based	Debates, games, role plays, case study, seminars, workshops
Observation based	Joint visits, work shadowing, joint client consultations
Action based	Collaborative inquiry, joint research, quality improvement projects PBL
Simulation based	Experiential group work, role play, clinical skills, drama

COMMON THEORIES IN THE IPE LITERATURE



Overview of key learning theories and the relationships with each another (Hearn et al, 2009)

ASSESSMENT OF IPE

Assessment of interprofessional education outcomes is important as it not only facilitates learning but also provides much needed information for the improvement of the educational experience(s). When designing an assessment the following questions should be asked:

- What aspects of learning from the interprofessional experience do we wish to assess?
- What assessment tools are appropriate for the learning outcomes?
- Is there constructive alignment between learning outcomes, the learning process and the assessment processes?

IPE assessment should be in alignment with our Interprofessional Capabilities Framework (as above).

Evaluation Framework for IPE outcomes: Barr et al. (2005) Based on Kirkpatrick's (1967) model

Level 1	Reaction	Learner's view on the learning experience and its interprofessional nature
Level 2(a)	Modification of attitudes/perceptions	Changes in attitudes/perceptions between participant groups. Changes in attitude/perception towards the value and/or will to use of team approaches to caring for a specific client group
Level 2(b)	Acquisition of knowledge/skills	Includes knowledge and skills linked to interprofessional collaboration
Level 3	Behavioural change	Transfer of interprofessional learning to the practice setting
Level 4(a)	Change in organisational practice	What are the changes in the organisation and delivery of care
Level 4(b)	Benefits to clients	What are the improvements in health or well-being of clients

BLUEPRINT FOR EVALUATING THE OUTCOMES OF AN IPE INITIATIVE

Project plan

Description of the IPE activity you want to evaluate		
Name of lead evaluator		
Project title		
Activity	Comments	Decision
Identify conceptual model used to develop IPE, learning objectives, activities, expected outcomes	Look for timing/duration of IPE activity documented and level of learners mapped from curriculum	
Identify and engage key stakeholders	Make sure local stakeholders agree on what is being evaluated and why (rationale). Obtain access to evaluation sites	
Define purpose and formulate evaluation question(s)	<p>In collaboration with curriculum team and other key stakeholders (e.g. clients/families, students, health systems) identify evaluation purpose (i.e. formative and/or summative), develop questions and intended outcomes.</p> <p><i>Example questions:</i></p> <p><i>What impact did the IPE experience have on improving learner’s interprofessional practice/collaborative attitudes, knowledge and skills?</i></p> <p><i>What effect do the IPE activity have on affecting changes to the interprofessional practice/collaborative behaviours of the learners?</i></p> <p><i>How did the use of co-facilitation affect the delivery of IPE teaching and learning processes?</i></p> <p><i>Does skilled debriefing and facilitation following the delivery of an IPE activity</i></p>	

	<i>improve learners' interprofessional practice performance?</i>	
Consider theory	Think about what kind of theory might be used in the evaluation to help frame data collection and analysis activities <i>e.g. adult learning, psychodynamic, contact, identity, practice, situated learning, systems, organisational, activity, complexity</i>	
Design the evaluation	Select a design that supports your evaluation question(s). <i>Qualitative: ethnography, grounded theory, phenomenology, action research</i> <i>Quantitative: randomised control trial, controlled before and after study, interrupted time series study, before and after design, mixed methods</i>	
Participants	Identify the participants and how will you collect the data	
Measures	Determine the tools or measure will you use.	
Prepare ethical approval (if needed)	What ethical issues do you need to consider? Formal ethical approval includes: description of IPE activity and evaluator, letters of support from sites, tools to be utilized, address coercion, reactivity, etc.	
Identify evaluator(s)	Whether internal and part of IPE development team or external evaluator(s)	
Determine resources (financial and expertise)	Look for who is already engaged in evaluation who can help, or build the capacity for IPE evaluators if needed (e.g. graduate students or junior faculty member)	
Develop dissemination plan	Establish ground rules for team writing, authorship and presentations	

Adapted from J Carpenter, ATBH 6 conference 2012 & Reeves, Boet, Zierler & Kitto in Journal of Interprofessional Care 2015 – 'Interprofessional Education and Practice Guide No. 3: Evaluating interprofessional education'

THE IPE FACILITATOR

An IPE facilitator is “someone who embraces the notion of dialogue, is self-aware, learns with the team but is able to provide the appropriate learning resources and create an environment for effective interprofessional education” (Howkins & Bray, 2008 pg. xviii).

The facilitator should plan the processes ahead of the team but not the outcomes. The achievement of the team learning will be far more enduring when the members have ownership of the journey. Understanding the stages of the group development along with the team needs and problems that may occur, can increase the possibility of the facilitator responding constructively.

The facilitator is responsible for ensuring that the student team is well organised and functions effectively. It is important to encourage everyone’s contribution, to facilitate team interaction and to maintain a positive atmosphere.

EFFECTIVE IPE FACILITATION CAPABILITIES

The UK Promoting IPE project (Howkins & Bray, 2008) surveyed experienced interprofessional facilitators to ascertain the skills and knowledge needed to promote effective interprofessional learning in practice settings and a number of themes emerged. These, along with some general principles for IPE facilitation are as follows:

Awareness and use of self as a facilitator	<p><u>Personal qualities:</u> be aware of the impact of your own behaviour on the team and the outcomes achieved. Ensure you provide a positive model of collaborative practice.</p> <p><u>Potential role conflict:</u> be aware of your own professional identity and personal biases. Ensure that your own identity, both professional and personal, is secondary to the team’s needs.</p> <p><u>Confident risk taking:</u> be willing to tackle sensitive issues and to challenge stereotypical, racist, sexist or ageist statements.</p> <p><u>Reflective practice:</u> make a conscious effort to monitor your own performance in the process of facilitating. Request feedback from both the student team and a peer(s).</p> <p><u>Objectivity:</u> ensure that statements made are supported by evidence whilst acknowledging differing viewpoints.</p> <p><u>Open mindedness:</u> do not make assumptions about individuals and teams.</p>
Dealing with difference and conflict	<p>Respect and welcome difference in all people and professions.</p> <p>Make time to explore similarities and differences.</p> <p>Be aware of and manage diversity.</p> <p>Challenge views expressed and not the person expressing them.</p> <p>Recognise that, although it may remain hidden, conflict is natural and can be productive.</p> <p>Make professional jargon explicit in the team.</p> <p>Maintain a comfortable atmosphere that encourages open communication.</p>
Group process and relationships	<p>Be explicit about the goals and objectives whilst openly reviewing and revising these.</p> <p>Focus the outcomes of the IP experience or activity on improving client care and improving collaborative practice.</p> <p>Recognise the student as the most important resource for IPE.</p> <p>Acknowledge and use other’s professional expertise.</p>

	<p>Invest time in group development_</p> <p>Remain flexible and assist the team to make choices and decisions.</p> <p>Actively facilitate learning about other professional roles.</p> <p>Actively facilitate the social aspects of team learning.</p> <p>Recognise that participants may have their own agenda.</p> <p>Ensure activities are authentic and interactive.</p> <p>Recognise the importance of evaluating the interprofessional dimension of team.</p> <p>Reflect on and respond to feedback from the team.</p>
Power dimensions: facilitator and team	<p>Acknowledge power and status issues within your organisation, e.g. that many professionals work in hierarchies.</p> <p>Understand that these power relations are linked with role stereotypes and professional teams.</p> <p>Be aware that an unequal power base affects individual perceptions, identities, behaviours and beliefs.</p> <p>Being aware of your own power - the facilitator does not remain 'neutral'.</p> <p>Empower all students in the team to participate.</p>
Context and planning	<p>Facilitation skills are best developed when:</p> <ul style="list-style-type: none"> • Sessions are pre-planned • Prior consideration is given to sensitive or contentious issues • Practical matters and external factors that may impact on the session, e.g. organisational policies, processes, procedures and, in some cases, politics, are taken into account • Workplace culture ensures commitment and support at all levels.

USEFUL WEBSITES

Center for the Advancement of Interprofessional Education (UK) <http://caipe.org.uk/resources/>
National Centre for INterprofesisonal Practcie and Education (US) <https://nexusipe.org/>
Interprofessional Collaboration on the Run Modules (Canada) <http://www.ipcontherun.ca/>
Leadership of Interprofessional Education and Practice Program <http://healthsciences.curtin.edu.au/faculty/ipe.cfm>

REFERENCES - GENERAL

- Barr, H., Koppel, I., Reeves, S., Hammick, M. and Freeth, D. (2005). *Effective interprofessional education: Argument, assumption & evidence*. Oxford: Blackwell Publishing.
- Barr, H. & Low, H. (2011). CAIPE's Principles of Interprofessional Education. Retrieved from: <http://www.caipe.org.uk/about-us/principles-of-interprofessional-education/>
- Barr, H. & Low, H. (2103). Introducing interprofessional education. Retrieved from <http://caipe.org.uk/silo/files/introducing-interprofessional-education.pdf>.
- CAIPE resources retrieved from: <http://www.caipe.org.uk/>
- Freeth, D., Hammick, M., Reeves, S., Koppel, I. & Barr, H. (2005). *Effective interprofessional education: Development, delivery & evaluation*. Oxford: Blackwell Publishing.
- Glass, J.S. & Benschoff, J.M. (1999). PARS: A processing model for beginning group leaders. *The Journal for Specialists in Group Work*, 24, 15-26.
- Hean, S., Craddock, D. & O'Halloran, C. (2009) Learning theories and interprofessional education: a user's guide. *Learning in Health and Social Care*, 8, 250-262.
- Howkins, E. & Bray, J. (2008). (Eds). *Preparing for interprofessional teaching: Theory and practice*. Radcliffe: Oxford
- Jackson, C.L., Nicholson, C. & Davidson, N. (2006). Training the primary care team: A successful interprofessional education initiative. *Australian Family Physician*, 33, 829-832.
- McNair, R.P. (2005). The case for educating health care students in professionalism as the core content of interprofessional education. *Medical Education*, 39, 456-464.
- Oandasan, I. & Reeves, S. (2005a). Key elements for interprofessional education. Part 1: The learner, the educator and the learning context. *Journal of Interprofessional Care*, 19, 21–38.
- Oandasan, I. & Reeves, S. (2005b). Key elements for interprofessional education. Part 2: Factors, processes and outcomes. *Journal of Interprofessional Care, Supplement 1*, 39 – 48
- Oliver, B. (2010). *Australian Learning and Teaching Council teaching fellowship: Benchmarking partnerships for graduate employability*. Retrieved from <http://www.olt.gov.au/resource-benchmarking-partnerships-oliver-curtin-2010>
- Reeves, S., Boet, S., Zierler, B. & Kitto, S. (2015). Interprofessional Education and Practice Guide No. 3: Evaluating interprofessional education. *Journal of Interprofessional Care*, 29, 305–312.
- Reeves, S., Goldman, J. & Oandasan, I. (2007). Key factors in planning and implementing interprofessional education in health care settings. *Journal of Allied Health*, 36, 231-235.
- Tuckman, B. W. (1965). Developmental Sequence in Small Groups. *Psychological Bulletin*, 63, 384-399.
- World Health Organization. (2010). *Framework for Action on Interprofessional Education & Collaborative Practice*. Retrieved from http://whqlibdoc.who.int/hq/2010/WHO_HRH_HPN_10.3_eng.pdf

REFERENCES – CURTIN

- Brewer, M. L., & Flavell, H. (2018).** Facilitating collaborative capabilities for future work: What can be learnt from interprofessional fieldwork in health. *International Journal of Work-Integrated Learning*, 19(2), 169-180.
- Sanderson, B., & **Brewer, M. L. (2017).** What do we know about student resilience in health professional education? A scoping review of the literature. *Nurse Education Today*, 58, 65-71.
- Brewer, M. L., Flavell, H., & Jordon, J. (2017).** Interprofessional team-based placements: The importance of space, place and facilitation. *Journal of Interprofessional Care*, 31(4), 429-437.

- Brewer, M. L.,** Flavell, H., Trede F., & Smith, M. (2017). Creating change agents for interprofessional education and practice: A leadership programme for academic staff and health practitioners. *International Journal of Leadership in Education*, 1-13. DOI:10.1080/13603124.2017.1279349.
- Brewer, M. L.** (2016). Exploring the potential of a capability framework as a vision and 'sensemaking' tool for leaders of interprofessional education. *Journal of Interprofessional Care*, 30(5), 574-581.
- Brewer, M. L.** (2016). Facilitating the dissemination of interprofessional education and practice using an innovative conference approach to engage stakeholders. *Journal of Interprofessional Education and Practice*, 2, 33–38.
- Brewer, M. L.,** Flavell, H. L., Trede, F., & Smith, M. (2016). A scoping review to understand 'leadership' in interprofessional education and practice. *Journal of Interprofessional Care*, 30(4), 408-415.
- Brewer, M. L. & Barr, H.** (2016). Interprofessional education and practice guide no. 8: Team-based interprofessional practice placements. *Journal of Interprofessional Care*, 30(6), 747-753.
- Brewer, M. L. & Rosenwax, L.** (2016). What is occupational therapy? *Australian Occupational Therapy Journal*, 63, 221–222.
- Brewer, M.,** Flavell, H., Davis, M., Harris, C., & Bathgate, K. (2014). Ensuring health graduates' employability in a changing world: Developing interprofessional practice capabilities using a framework to inform curricula. *Journal of Teaching and Learning for Graduate Employability*, 5(1), 29–46.
- Brewer, M., & Jones, S.** (2014). A successful university-community engagement and leadership model. In D. Forman, M. Jones & J. Thistlethwaite. (Eds.). *Leadership for developing interprofessional education and collaboration*. (p. 85-104). London: Palgrave Macmillan.
- Brewer, M. L.,** Tucker, B., Irving, L., & Franklin, D. (2014). The evolution of faculty-wide interprofessional education workshops: A leadership model for success. In D. Forman, M. Jones & J. Thistlethwaite. (Eds.). *Leadership for developing interprofessional education and collaboration*. (p. 206-227). London: Palgrave Macmillan.
- Brewer, M. L., & Jones, S.** (2013). An interprofessional practice capability framework focusing on safe, high quality client centred health service. *Journal of Allied Health*, 42(2), e45–e49.
- Brewer, M. L., & Stewart-Wynne, E. G.** (2013). An Australian hospital-based student training ward delivering safe, client-centred care while developing students' interprofessional practice capabilities. *Journal of Interprofessional Care*, 27(6), 482–488.
- Barr, H., & **Brewer, M.** (2012). Interprofessional practice-based education. In J. Higgs, R. Barnett, S. Billett, M. Hutchings & F. Trede. (Eds.). *Practice-based education: Perspectives, and strategies*. (p. 199-212). Rotterdam: Sense Publishers.

IPE Student Activities: Activity 1

Roles and Responsibilities

Description:

This activity provides you (the student) with the opportunity to learn about, from and with other team members and you clarify the key roles and responsibilities of your own and other professions

Objective:

To develop a clear understanding of the roles and responsibilities of your own and other professions

Process:

1. Take a large post-it-note sheet of paper, label it with the name of your profession and adhere it to the wall
2. Everyone take a red pen and record your perception of the roles, responsibilities and/or education of all the professions present other than your own. New items should only be added if they are not already listed.
3. Once the lists are complete examine your own profession's list and with a blue (or black) pen
 - delete any misconceptions
 - correct any inaccuracies
 - add any key missing information
4. Discuss your profession's sheet with the rest of the group

Reflection: Identify three key learnings from this experience

Adapted from Parsell, Gibbs & Bligh (1998) Postgraduate Medical Journal, 74, 387-390

IPE Student Activities: Activity 2

Observation of another profession in practice

Description:

In this activity you (the student) will observe a student(s) or staff member from another profession undertaking whilst they are undertaking work activities. Note: These activities should be dynamic and education i.e. not general administrative duties or attendance at a team meeting (see Activity 5 for this). This learning experience is designed to develop your awareness of the awareness of both the scope of practice and the 'ways of working' of another health profession.

Note: The word 'client' is used here rather than client to ensure the relevance of the document to diverse settings

Objectives:

1. Identify similarities in scope of practice to your own profession
2. Identify differences in scope of practice from your own profession
3. Identify ways your two professions could collaborate to improve the health outcomes for the community into the future

Process:

1. Observe a representative of another profession in practice
2. Interview them using the questions below as a guide
3. Compare and contrast their profession to your own using the table below

Observation notes

Clinic in which observation took place:	
Profession(s) observed:	
Client's diagnosis(es) or presenting issues:	
Main purpose of the session	
What did you observe that was surprising about the session?	

Suggested interview questions

1. Please describe for me the key role of your profession in improving the health of your clients?
2. What types of clients does your profession work with?
3. What sorts of settings does your profession typically work in?
4. What other profession do people from your profession most commonly work with?
5. Does your profession have a regulatory board?
6. What are the key skills needed for practice in your profession?

Comparison Table:

List the roles, knowledge and skills that are similar to and different from your profession

	Same/Shared	Different/Unique
Roles		
Knowledge		
Skills		

Identify three key learnings from this experience?

- 1.
- 2.
- 3.

Identify at least one way your professions could collaborate for the benefit of any client

How will you use what learned into your future practice?

Adapted from University of Western Ontario's IPE Health Professional Exploration Assignment

IPE Student Activities: Activity 3

Student to staff interviewing guide

Description:

Through interviewing students will have the opportunity to learn about, from and with other team members such as clients, family members or other health care professionals.

Note: The word 'client' is used here rather than patient to ensure the relevance of the document to diverse settings

Objectives:

- Gain a greater understanding of the role, responsibilities and scope of practice of other professions
- Describe your own role, responsibilities and scope of practice effectively to others
- Establish an effective working relationship with a client (and their family member)
- Perform as an effective team member by:
 - listening attentively
 - sharing information effectively
 - responding to feedback from others
 - reflecting on your own learning needs in relation to future practice as a health professional

Structure:

Suggested time to complete this activity is 1 to 2 hours in total with at least two team members in different roles (e.g. pharmacist, nurse, physiotherapist). The interviewing and/or shadowing may be completed individually or on a group basis (e.g. 2 or 3 students could interview someone at the same time if appropriate).

Things to consider before you begin:

- Ensure that confidentiality and consent are addressed.
- The questions are a suggested guide and may be modified.
- The order and timing of the activity can be adapted (e.g. shadow first and interview second; interview first and shadow second).
- Review the learning objectives, interview questions and reflection questions; modify as appropriate. Discuss this with your supervisor and any potential challenges that you see.
- You may wish to conduct additional research on the professions you will be observing (e.g. review the professional association websites) or the client (e.g. review chart).

How do you select the professions?

- List all of the different professions working in the team/setting and reflect on your knowledge about their roles.
- Discuss this list with your supervisor and together select at least 2 team members from different professions to interview and shadow. You may want to select the 2 that you know the least about or one you know the least and one with whom you will collaborate regularly.
- Explain the purpose of the activity to the team members and obtain consent.

Interview questions (suggest 30 minutes+ per team member)

A) Learning about you and your role:

1. How did you decide to enter your profession?
 2. How would you describe your scope of practice and is this a typical role for your profession?
 3. On this team/ in this work setting, what does your assessment and intervention usually involve?
 4. What are the biggest challenges in enacting your role?
- I would like to practice explaining my role (student's professional role) to other team members. Please provide me with feedback on the following description of my role...
 - I am also learning how to describe other team members' roles. Knowing what I know now, here is how I would describe your role. What feedback do you have for my description of your role?

B) Learning about collaboration on this team:

1. Who do you collaborate with most closely on this team? Why? Can you provide a specific example client story to illustrate?
2. Do you assess, plan and provide intervention collaboratively with others on this team? If so, how and when or in what types of situations.
3. What goals might your professions share with my profession when working with clients?

Shadowing experience (suggest 1 hour per team member)

Shadow health care professionals interacting with clients/family members. Observe:

1. How did the professional interact with the client/family member?
2. How did the actual shadowing compare with your expectations and assumptions?

Reflection:

After completing this activity, consider the questions below

1. What did you learn about the roles on this team that you did not know previously?
2. What are the similarities and differences between the roles (including yours)?
3. What else do you want to learn about the team and its members? What new learning objectives have now emerged for you?
4. How was the client's 'voice' and goals expressed?
5. How will this experience influence your role as a health professional and team member?

Debrief

Clinical supervisor instructions:

Ensure that the students discuss their reflections, either with you and/or another staff member in the organisation.

Adapted from University of Toronto & Toronto Rehab's Facilitating Interprofessional Clinical Learning (2007)

IPE Student Activities: Activity 4

Student to client/carer interviewing and shadowing guide

Description:

Through this interviewing and shadowing experience you (the student) will have the opportunity to learn about, from and with other team members as well as clients (and perhaps their family members). Interviewing/shadowing a client can be a very rewarding and interesting experience as it will enable you to learn about their health and wellbeing and their experience with other health professionals from their perspective.

Note: The word 'client' is used here rather than patient to ensure the relevance of the document to diverse settings

Objectives:

- Describe your own role, responsibilities and scope of practice effectively to a client (and their family member)
- Establish an effective working relationship with a client (and their family member)
- Perform as an effective health professional by:
 - listening attentively
 - sharing information effectively
 - responding to feedback from others
 - reflecting on your own learning needs in relation to future practice as a health professional

Structure:

Suggested time to complete this activity is a maximum of 1 hour. The interviewing may be completed individually or on a group basis (e.g. 2 or 3 students could interview someone at the same time if appropriate).

IMPORTANT:

Consent must be obtained from the client.

Things to consider before you begin:

- Ensure that confidentiality and consent are addressed.
- The questions are a suggested guide and may be modified.
- The order and timing of the activity can be adapted (e.g. shadow first and interview second; interview first and shadow second).
- Review the learning objectives, interview questions and reflection questions; modify as appropriate. Discuss this with your supervisor and any potential challenges that you see.
- You may wish to conduct additional research on the professions you will be observing (e.g. review the professional association websites) or the client (e.g. review their chart with permission).

How do you select the client (and family member)?

- Discuss with your supervisor potential clients you could interview and shadow.
- Contact the client or their carer, explain the purpose of the activity and obtain consent to interview and shadow them.

Interview questions (suggest 30 minutes per client)

A) Learning about you:

1. What brought you to this facility?
2. What are your hopes and plans for the future?
3. What issues are of most concern to you?
4. What strengths or resources do you use that help you?
5. Is there anything else you would like to share with me in relation to your health and wellbeing?

B) Learning about collaboration on this team:

1. Please tell me about your involvement with the staff on this team/in this facility.
2. Who do you consider a part of your team here? Who do you consider a part of your team outside of this facility?
3. How would you describe your role as part of the team?
4. Who on the team do you work with most closely? Can you provide a specific example?
5. How would you describe the teamwork here? (e.g. Do the team members seem to be communicating with each other?)
6. I am a student in _____ (profession). Have you met an individual from my profession previously? I would like to practice explaining my role (student's professional role) to other team members. Please provide me with feedback on the following description of my role...
7. Is there anything else you like to know about my profession?

Shadowing experience (suggest 1 hour per client)

Shadow the client as he/she interacts with another team member(s) i.e.attend appointments with other professionals. Observe:

1. What did you observe about the session's process and its purpose?
2. How did the professional interact with the client/family member?
3. What did you observe about the client's responses to the health professional?
4. What other professions do you think the client would benefit from working with?
5. How might different professions work collaboratively with each other and this client?
6. How did the actual shadowing compare with your expectations and assumptions?

Reflection:

After completing this activity, consider the questions below

1. What did you learn about the roles on this team that you did not know previously?
2. What did you learn about the client that you did not know previously?
3. How was the client's 'voice' (their input and feedback) facilitated?
4. What else do you want to learn about the team and its members? What new learning objectives have now emerged for you?
5. How will this experience influence your role as a professional and team member?

Debrief

Clinical supervisor instructions:

Ensure that the students discuss their reflections, either with you or another staff member in the organisation. Consider what surprised you in reviewing the reflections, what resonated with you and how can you continue to guide and support this student's reflections and interprofessional education.

Adapted from University of Toronto & Toronto Rehab's Facilitating Interprofessional Clinical Learning (2007)

IPE Student Activities: Activity 5

Participation in Team Meetings

Description:

In this experience, you (student) will participate in a team meeting(s) in which at least 2 team members from different professions are involved. Examples of team meetings include: medical rounds, discharge planning meetings, and client/family meetings.

Note: The word 'client' is used here rather than patient to ensure the relevance of the document to diverse settings

Learning objectives:

If student attends to observe the meeting

- Develop awareness of interprofessional team dynamics and group processes through effective interprofessional communication
- Advance effective interprofessional team function through identification of factors that contribute to or hinder team collaboration

If student attends as an active participant in the meeting

- Develop awareness of interprofessional team dynamics and group processes through effective interprofessional communication
- Advance effective interprofessional team function through identification of factors that contribute to or hinder team collaboration
- Work collaboratively with others to assess, plan and/or provide intervention to optimise client outcomes and quality of care
- Perform as an effective team member by promoting effective decision making and displaying flexibility and adaptability

Structure:

Suggested time to complete this activity is 2 hours with 1 hour for the team meetings and 1 hour for your reflection and discussion with your supervisor/facilitator or another staff member. This may depend on the setting.

Things to consider before you begin:

- Review the objectives for this activity and add additional ones that may be important for you. Share with your supervisor.
- The supervisor will select a minimum of 1 team interaction/meeting and ensure that the team is clear about the purpose of this activity and your role.

Pre-meeting questions (student is attending as an active participant in the meeting)

Consider the following and discuss with your supervisor:

1. What supports you will need to perform as an effective interprofessional team member and how you should prepare for collaborating in team meetings?
2. What do you expect will happen through collaborating? (e.g. what type of information do you expect you will receive, what information will they expect from you?)
3. What do you expect will happen when you participate in and observe the team meetings? (e.g. how will the team function, what will support the team to reach its goals)

Post-meeting reflection

After completing this activity, consider the questions below in your reflection

Description of team meeting:

1. Briefly describe the team experiences (why/what was the reason for the meeting, what tasks were completed, were objectives for the meeting met, etc.)
2. Who was involved? (e.g. client, team members, other health care staff, community members).
3. How was information from shared? (e.g. how was the client's voice expressed)
4. How did the team conduct the meetings? (Including what 'group roles' were evident such as chair, facilitator, mediator, clarifier, etc.)
5. Did all people present have an opportunity for active participation? How was this facilitate and by whom?
6. Describe your role in the meetings as a team member. How did you contribute to the meeting?

Reflections on team collaboration:

1. How would you describe the relationship (anticipated versus actual) between how the team functions in these meetings and the impact on client care and team member satisfaction?
2. Describe the group process or how the team interacted. (For example, consider how team members behaved, communicated, solved problems, made decisions, provided and responded to feedback, addressed conflict, etc.)
3. What structures or supports impacted on team collaboration? (e.g. attendance at meetings, having a clear agreed upon meeting agenda, etc.)
4. What did you learn that you can apply to your own practice in your role? What learning will you take as a team member in the future?

Debriefing

Supervisor instructions:

Review the student's reflections with them. Consider what surprised you in reviewing the reflections, what resonated with you and how you can continue to guide and support this student's reflections and interprofessional education.

Adapted from University of Toronto & Toronto Rehab's Facilitating Interprofessional Clinical Learning (2007)