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Interprofessional Collaboration in Practice: A Guide for Strengthening Student Learning Experiences

Acknowledgements

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Introduction

Interprofessional education (IPE) in university and college programs is about preparing students to be able to practice their profession in variety of collaborative team-based health care delivery contexts, the health and social service workplaces of today and tomorrow. This means graduates having acquired the knowledge, skills, attitudes, and values that foster and support patient/client/family/community-centered care, an appreciation and respect for the roles of other health professionals, and an ability to participate effectively as a member or leader of teams.

Some IPE takes place in the classroom and lab, including through interprofessional simulation experiences, but what really brings IPE to life for students is relevant and meaningful team work experiences in the practice setting. This is where the contributions of experienced and knowledgeable professionals serving in the role of a facilitator for an interprofessional student team is absolutely critical. As will be discussed, in contrast to being a preceptor for a student, an IPE facilitator does not need to be a content expert in any or all of the professions represented on a student team. The reason for preparing this guide is to support the professional to gain the confidence and competence to undertake the important role of facilitator.

We hope that you will find this guide useful and that you will find the role of being a facilitator as rewarding as many others have. As one facilitator said:

“The greatest joy of being an IPE facilitator is to experience the ‘a-ha’ moments when students realize and understand the contributions of other professionals in collaborating with their own in optimizing patient-centred care.”

And another:

“I have had amazing experiences co-facilitating with professionals from differing health disciplines. It is wonderful to model collaboration to our students and it is invigorating to share in the learning process with students involved in IPE experiences.”

To hear two facilitators talking about their experiences with interprofessional student teams, go to these links:

<http://www.dal.ca/faculty/interprofessional-health-education/healthprofessionals/facilitating-learning-in-the-practice-setting.html>

<http://www.youtube.com/watch?v=tk20hoIGGzk&feature=youtu.be>

And finally, this is what participating in an IPE experience in the practice setting meant to one student:

“Allowing students to work together in this team atmosphere truly levels the playing field for us. In other teams, it would have been easy to rely on my clinical educator’s expertise, but in a solely student-based team, I was given this opportunity and responsibility. This is a total necessity since I am graduating very soon and will soon be the professional on the interdisciplinary professional team.... We dealt with transdisciplinary issues, cross-over among professionals, scheduling conflicts, time constraints, family-centred care and issues specific to our patient.”

What is Interprofessional Education and Interprofessional Collaboration?

What is Collaborative Practice?

Collaborative practice in health-care occurs when multiple health workers from different professional backgrounds to provide comprehensive services by working with patients, their families, careers and communities to deliver the highest quality of care across settings. Practice includes both clinical and non-clinical health-related work, such as diagnosis treatment, surveillance, health communications, management and sanitation engineering.

Research evidence has shown a number of results:

Collaborative practice can improve:

- access to and coordination of health-services
- appropriate use of specialist clinical resources
- health outcomes for people with chronic diseases
- patient care and safety

Collaborative practice can decrease:

- total patient complications
- length of hospital stay
- tension and conflict among caregivers
- staff turnover
- hospital admissions
- clinical error rates
- mortality rates

What is Interprofessional Education (IPE)?

Interprofessional education (IPE) “occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010).

What are the benefits of Interprofessional Education?

The systematic reviews of the research literature suggest that more research is needed about whether and how pre-licensure interprofessional education impacts on interprofessional collaborative practice and on patient outcomes, but there is evidence that it has a positive effect on:

- Understanding of the roles and responsibilities of other professional groups
- Learners' attitudes towards one another's professions
- Knowledge of the nature of interprofessional collaboration
- Actual collaborative behavior
- Organizational practice (referral practices, documentation)
- Delivery of care (patient satisfaction, length of stay)
- Clinical outcomes (clinical error rates, infection rates)

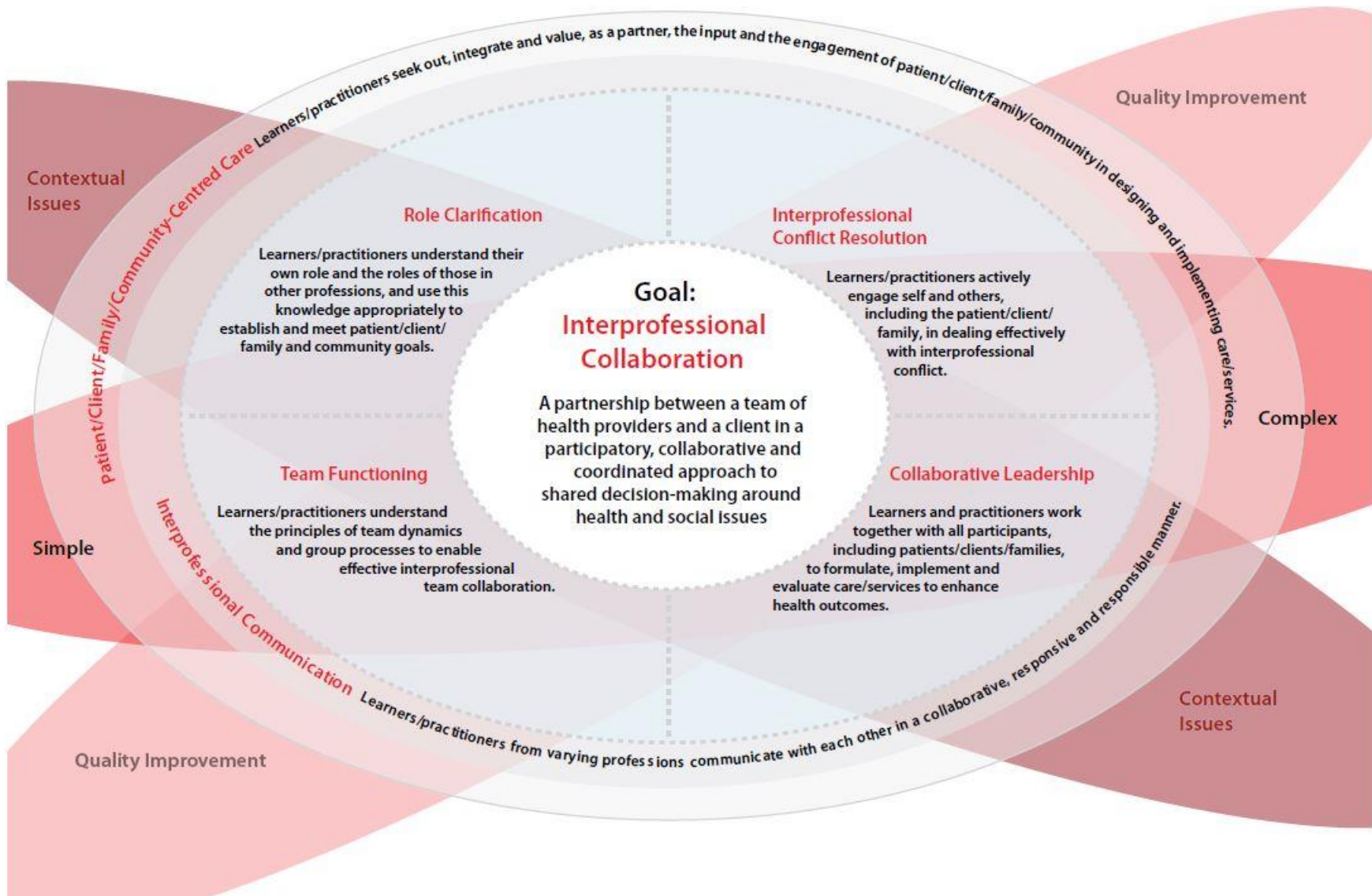
Reeves et al (2009), Reeves et al (2010)

National Interprofessional Competency Framework

The CIHC National Interprofessional Competency Framework describes the competencies required for effective interprofessional collaboration. Six competency domains highlight the knowledge, skills, attitudes and values that together shape the judgements that are essential for interprofessional collaborative practice.

These domains are:

- Role Clarification
- Team Functioning
- Patient/Client/Family/Community-Centred Care
- Collaborative Leadership
- Interprofessional Communication
- Interprofessional Conflict Resolution



Facilitation Fundamentals

What is Facilitation?¹

“Facilitation is the process of helping groups, or individuals to learn, find solutions, or reach consensus without imposing or dictating an outcome. Facilitation works to empower individuals or groups to learn for themselves or find their own answers to problems.”

What is a Facilitator?¹

A facilitator is a process guide who focuses discussions and clarifies understanding, while encouraging shared decision-making and problem-solving. A facilitator assists the group in creating and achieving common goals and expectations. Facilitators are not content/topic experts.

Other definitions of a *facilitator*:

"An individual who enables groups and organizations to work more effectively; to collaborate and achieve synergy. He or she is a 'content neutral' party who by not taking sides or expressing or advocating a point of view during the meeting, can advocate for fair, open, and inclusive procedures to accomplish the group's work" - Doyle

"One who contributes structure and process to interactions so groups are able to function effectively and make high-quality decisions. A helper and enabler whose goal is to support others as they achieve exceptional performance" - Bens

"The facilitator's job is to support everyone to do their best thinking and practice. To do this, the facilitator encourages full participation, promotes mutual understanding and cultivates shared responsibility. By supporting everyone to do their best thinking, a facilitator enables group members to search for inclusive solutions and build sustainable agreements" - Kaner

The Role of the Facilitator¹

Articulate the purpose of the discussion and its significance to the group

- Clearly state the goal and purpose of each activity
- Let the group know the expected time that will be spent on each activity
- Stimulate, encourage, and maintain a safe environment
- Support good interpersonal relationships in the group

¹Canadian Working Group on HIV and Rehabilitation's (CWGHR) Online Module Facilitators' Guide, 2013, authored by CWGHR, College of Health Disciplines: University of British Columbia, University of Manitoba, University of Toronto and Dalhousie University. Prepared by Victoria Wood, UBC. www.hivandrehab.ca

- Observe verbal and non-verbal cues from the group
- Ensure all disciplinary perspectives represented in the group are presented
- Stimulate critical thinking
- Maximize group interaction
- Help participants reflect on the experiences they are having
- Link discussions to practice
- Challenge thinking
- Question and probe reasoning
- Provide frequent feedback
- Keep the discussion moving when tensions arise or discussions lag





Common Facilitation Challenges¹

Facilitation is a complex process that differs markedly from other types of leadership and education. There are a number of considerations that facilitators need to be aware of as they help groups through the collaboration process. The following table provides an overview of some common challenges facilitators might face, the causes of such challenges, and some strategies to address them.

Challenge	Possible Causes	Facilitation Strategies
Keeping the group on track	<ul style="list-style-type: none"> • Talkative people • People focused on their own knowledge and expertise 	<ul style="list-style-type: none"> • Thank them, restate relevant points, move on • Acknowledge interest and refocus on agenda/topic • Refer back to objectives of the session • Promise/give space for related tangents to be followed up: parking lot, handout resources, break time discussions, etc.
Conflict	<ul style="list-style-type: none"> • Personality clashes • Perceived hierarchies • Disrespect • Generational differences • Emotionally charged issue 	<ul style="list-style-type: none"> • Get options from others • Note points of disagreement and minimize where possible • Draw attention to the agenda/topic/new question • Review ground rules for engagement
Quiet or shy participants in the discussion	<ul style="list-style-type: none"> • Personality style • May be lost or confused • Cultural differences (familiarity/comfort with collaborative processes; different educational traditions; different approaches to time management; language barriers) 	<ul style="list-style-type: none"> • Seek out their opinions • Sincere and subtle recognition • Include “introverted” forms of participation – reflection questions, pair discussions, etc.
Over bearing participants	<ul style="list-style-type: none"> • Personality style • Natural leaders • Don’t feel their point is being made • Well-informed • Over-eager 	<ul style="list-style-type: none"> • Ask them challenging questions to slow them down • Let the group manage them to the greatest extent possible • Use the parking lot to place some points up for later discussion
Use of discipline specific language / jargon	<ul style="list-style-type: none"> • Interdisciplinary group • Showing off • Unaware language might not be understood 	<ul style="list-style-type: none"> • Ask for a definition or clarification for yourself and the group • Point out the group may not be familiar with a particular term • Anyone has the right to call “Jargon” at any time when jargon comes up - model doing this yourself the first few times
Perceived hierarchies	<ul style="list-style-type: none"> • Interdisciplinary group • Cultural differences 	<ul style="list-style-type: none"> • Ask group members for different perspectives • Acknowledge value of all contributions

Challenge	Possible Causes	Facilitation Strategies
Disruptive group member	<ul style="list-style-type: none"> • Bored • Don't see relevance of discussion • May not understand something 	<ul style="list-style-type: none"> • Call on the individual by name and ask an easy question (caution – calling by name can sometimes generate additional resistance) • Repeat last opinion offered and ask for theirs
No one is talking / Contributing	<ul style="list-style-type: none"> • Instructions might not have been clear • Lack of leadership • An entire group of “the strong silent type” 	<ul style="list-style-type: none"> • Arouse interest by seeking their opinions • Think-Pair-Share – allows participants to get used to talking in a situation where being silent is much more awkward for them (a pair discussion) – which segues into a group discussion
Wanting your expertise	<ul style="list-style-type: none"> • Genuine interest • Think there is a “right answer” 	<ul style="list-style-type: none"> • Redirect the question to others • Reaffirm your role as a facilitator, and that there are benefits to peer-based investigation

Facilitating Learning vs Providing Instruction

Facilitation	Instruction
 <p>The image shows a facilitator, a woman with blonde hair, standing and pointing at a whiteboard. Two students, a woman and a man, are seated at a table, looking at the whiteboard. The whiteboard has the heading 'Vowel Sounds' and lists the phonetic symbols /I/ and the words 'hid', 'bit', and 'bin'.</p>	 <p>The image shows an instructor, a woman in a black top, standing at the front of a classroom. She is gesturing towards a large screen displaying a presentation. Several students are seated at desks in the foreground, looking towards the instructor.</p>
Guides process.	Presents information.
Provides the right questions	Provides the right answers.
Helps/makes it easy for students to learn together in a group, or to achieve something together as a group.	Leads a group of students in acquiring new skills, knowledge or understanding.
Helps the students to discover by themselves	Starts with the instructor's own knowledge
Encourages expression of different views	May encourage expression of different views but also presents own perspective.
Fosters interaction between group	Directs or tells
Develops relationships based on trust, respect and a desire to serve – are considered as an equal	Maintains a formal relationship with students, based on the status of a teacher.

Benefits of Co-Facilitation²

In many situations, two heads are better than one. When it comes to facilitating a meeting with students it is often much easier on everyone if there is more than one person leading the group. Here are several ways in which co-facilitation can benefit both the facilitators and the students.

- **Capitalizing on Strengths.**

Co-facilitation allows one person to lead the conversation while the other observes and supports their partner. Partners can divide the meeting agenda in a way that lets them capitalize on individual strengths.

- **Conserving Energy.**

Facilitating can be tiring both for facilitators and students. Co-facilitators provide diversity in voices, facilitation styles and energy levels which can serve to hold the attention of the group, while giving each facilitator time to shine and time to rest.

- **Maximizing Diverse Resources.**

No one, no matter how well educated or skilled, has a talent for or knows everything. Working as a team allows each person to contribute the best of his or her gifts, talents and resources.

- **Extra Eyes, Ears and Hands.**

Two facilitators can manage a group better than one. The second person can help gauge students' reactions and notice whether people seem to be moving with the process. Co-facilitators can also help hand out materials, assist in monitoring discussions. Finally, co-facilitators can monitor and handle problems with the physical environment, latecomers, phone calls, audio-visuals, and other logistical matters.

- **Providing Mutual Support.**

Everyone can have an "off" day. Perhaps an activity did not go as planned, or maybe your energy is low or scattered. Co-facilitators bring balance to the team. Co-facilitators' behavior towards one another – if it's supportive, respectful, and collaborative, serves as a model for the way students can behave towards each other.

² "The Opportunities and Challenges of Co-Facilitation" by Steve Davis (April 2012). Extracted from <http://facilitatoru.com/blog/training/the-opportunities-and-challenges-of-co-facilitation/> on November 24, 2013.

Interprofessional Facilitation¹

Is this the same as facilitating a group of students from a single profession?

Although many of the principles are the same, there are some unique features of interprofessional groups that may affect team dynamics. These include:

- Use of profession specific language or jargon
- Lack of knowledge about the roles and scopes of practice of other professions
- Areas of overlap in roles or scopes of practice
- Perceived hierarchies
- Different/conflicting expertise
- Assumptions or stereotypes about different professions
- Perceived relevancy or lack of relevancy of the topic/case/discussion to a particular profession or student group
- Participants at different levels or stages in their educational program

Facilitators can enhance interprofessional learning by:

- Providing opportunities for team members to describe their roles
- Ensuring that all professional perspectives are heard
- Providing opportunities for discussion of the issues confronted by interprofessional teams
- Encouraging exploration of how conflict related to these issues can be managed
- Guiding discussion concerning the link between interprofessional collaboration and patient/client-community-centred care

The following questions³, related to the six interprofessional competencies identified by the Canadian Interprofessional Health Collaborative, may serve as a guide to facilitating discussions concerning interprofessional, collaborative, patient/client/community-centred care.

General Questions:

- 1) How are the Interprofessional competencies expressed in the setting?
- 2) What are the opportunities for collaboration and how do they happen? Reflect on the effectiveness of these interactions.
- 3) What skills/competencies do you need to learn to meet the health needs of patients/clients and their families and participate in collaborative practice?
- 4) How were your assumptions and expectations about service delivery in (setting) challenged? Did you change any of them?
- 5) What are the Interprofessional competencies that you have gained?

³ These questions are adapted from: Deutschlander, S. and Suter, E. (2011). Interprofessional Mentoring Guide for Supervisors, Staff and Students. Alberta Health Services.

Role Clarification:

- 1) What is the current staff mix at (setting)?
- 2) What are the unique knowledge/skills that the different providers bring to the table?
- 3) What are some of the stereotypes and assumptions people make about different professions?
- 4) What is some of the profession-specific jargon different team members use?
- 5) What are some of the similarities and differences between the different professions?
- 6) What are provider functions in service delivery? Differences/similarities?
- 7) What therapeutic approaches are being used?
- 8) Which providers engage in case management?
- 9) What are the treatment values and priorities that different providers bring to patient care?
- 10) Is there role blurring and/or role ambiguity between the providers? How would you address this?
- 11) What are the implications of the staff mix and the role distribution for the clients? Are there any gaps?

Conflict Resolution:

- 1) What are the circumstances in the team in which conflict is more likely to arise?
- 2) How does the team manage conflict?
- 3) What is your personal conflict management style? How does it compare to that of others?
- 4) What are some of the negative outcomes of conflict in the team?
- 5) What are some of the positive outcomes of conflict in the team?
- 6) How does conflict among providers affect client care?

Collaborative Leadership:

- 1) How does the team encourage emerging leadership roles for different team members?
- 2) Are all members of the team equally engaged in decision-making?
- 3) How do you purposefully engage others in decision-making?
- 4) Do you set positive examples for leadership within the team?
- 5) Do you have a group leader or leaders?
- 6) How does the culture at (setting) encourage collaborative leadership?
- 7) Do leadership roles rotate among members? Which ones?

Patient/client/family/community-centered care:

- 1) Is the patient/client/family a member of the team?
- 2) How does the team partner with the patient/client/family?
- 3) Does the team take into account goals of the patient/client/family?
- 4) Does the team use language that is easy for the patient/client/family to understand?
- 5) How is client information shared across the continuum of care among relevant providers?
- 6) How does the team provide equitable access for clients in need of its services?

Interprofessional Communication:

- 1) How effective and timely is communication between different providers?
- 2) Is the language used and communication medium used appropriate for the information to be exchanged?
- 3) How well do team members listen to each other?
- 4) What is our process around client feedback for our program?

Team Functioning:

- 1) What are the Interprofessional dynamics of the group?
- 2) Are there open discussions on the effectiveness of the team?
- 3) Do team members show strong commitment to the team?
- 4) Is there a need for team building activities?
- 5) Are team members willing to work toward improved team dynamics?
- 6) To what extent does our group make shared decisions?
- 7) What types of decisions are they typically?
- 8) What is our process for decision-making?
- 9) What are the benefits of collaboration on our team/individual members?



A Tool to Assess or Guide Reflection on Interprofessional Facilitation Skills:

Completion of the following self-assessment scale may help facilitators to reflect upon their interprofessional facilitation skills and identify both areas of strength and areas for further development. The **Interprofessional Facilitation Scale (IPFS)** was developed to guide the development of IPE facilitation skills. Psychometric testing of the instrument following an interprofessional facilitator development program at Dalhousie University has demonstrated high reliability and strong construct and content validity, so the authors believe that this adaptation of the instrument could be useful in self-assessment.

Interprofessional Facilitation Scale (IPFS)⁴

The following items reflect some of the facilitation behaviours which has been shown to promote interprofessional and team learning. Please rate your ability at this time to do the following:

1. Describe why interprofessional education is important.
Poor Fair Good Excellent
2. Explain how interprofessional collaboration can enhance patient-centered practice.
Poor Fair Good Excellent
3. Role-model positive interactions with other health professionals and how professionals can work together, for example, by working collaboratively with the co-facilitator.
Poor Fair Good Excellent
4. Create a learning environment in which the principles of interprofessional education were demonstrated or clearly explained (e.g., did not focus on 1 provider group; acknowledged all professionals' contributions; acknowledged, respected, celebrated diversity in group).
Poor Fair Good Excellent
5. Openly encourage participants to learn from other health providers' views, opinions, and experiences (e.g., asked questions that generated free exchange of ideas, openness, and sharing among all professions).
Poor Fair Good Excellent
6. Use learning and facilitation methods that encouraged participants from different professions to learn with, from, and about each other (e.g., icebreaker games, case studies, group discussions).
Poor Fair Good Excellent
7. Invite other professions to comment and share their experiences/perspectives as questions or comments that were made in the large group.
Poor Fair Good Excellent
8. Use appropriate facilitator skills to keep discussion topics on track
Poor Fair Good Excellent
9. Acknowledge and respect others' experiences and perceptions.
Poor Fair Good Excellent
10. Encourage members of all professions to contribute to decisions and seek opinions from others in the group during case or patient discussions and decision-making activities.
Poor Fair Good Excellent

⁴ Sargeant, J., T. Hill, and L. Breau, Development and testing of a scale to assess interprofessional education (IPE) facilitation skills. *J Contin Educ Health Prof*, 2010. **30**(2): p. 126-31.

11. Ask participants to share their professional opinions, perspectives, and values relative to patient care and collaborative practice.
Poor Fair Good Excellent
12. Identify professional differences in a positive manner as participants offered their professional experiences and perceptions.
Poor Fair Good Excellent
13. Ask health professionals to indicate their profession and discuss each other's roles and responsibilities in the delivery of patient care.
Poor Fair Good Excellent
14. Listen to and acknowledged participants' ideas without judgment or criticism.
Poor Fair Good Excellent
15. Ask questions to encourage participants to consider how they might use each other's professional skills, knowledge, and experiences.
Poor Fair Good Excellent
16. Help participants work through differences in a spirit of openness and collaboration when differing opinions (e.g., led the discussion and ensured that all participants has an opportunity to express their views openly).
Poor Fair Good Excellent
17. Use effective communication skills to clarify and resolve misunderstanding and conflict, if
Poor Fair Good Excellent
18. Discuss issues related to hidden power structures, hierarchies, and stereotypes that may exist among different health professionals.
Poor Fair Good Excellent

Click [here](#) for a printable version of this form.

The Interprofessional Team Experience

What Qualifies as an IPE Experience In The Practice Setting?

There are four key components to an IPE experience in the practice setting:

- An **introduction** to or review of the six interprofessional competencies identified in the National Interprofessional Competency Framework
- The opportunity to **learn about** the roles and scopes of practice of other health professionals and to consider such issues as stereotypes, assumptions, hierarchies and areas of overlap within a team.
- The opportunity to **practise**, in collaboration with students and professionals from other health or social service professions, skills related to these interprofessional competencies.
- The opportunity to **reflect upon** the nature and process of interprofessional, collaborative practice and the personal development of competencies related to this practice.

Models of IPE in the Practice Setting

What does an IPE experience in the practice setting look like?

One size does not fit all students or practice settings.

One model that has worked well in a variety of settings has included the following elements:

- Interprofessional student teams formed during periods of overlap in traditional uniprofessional student practicum/fieldwork placements (typically 4-5 weeks) in healthcare facilities or community agencies
- Usually 3 – 7 professions represented on each team, often from multiple educational institutions
- Members of the student teams meet individually or in small groups, usually with a patient/client
- Student teams meet weekly with facilitators to discuss cases, healthcare delivery issues and programs
- Student teams complete care plans or projects
- Student teams make a capstone presentation to staff in the healthcare facility or community agency. In this presentation, student teams are expected to demonstrate and discuss their experiences with interprofessional, collaborative patient/client/family-centred practice.

Examples:

1. A large interprofessional team of students divided into two groups to conduct assessments and develop care plans for two patients on a stroke unit. They met weekly with facilitators to discuss their plans, compare the interprofessional care for these two different patients, and discuss the process of interprofessional, collaborative, patient-centred care.
2. An interprofessional team of students attended weekly rounds on a stroke unit and met weekly with facilitators to develop a “stroke discharge report card” for use with a current and future patients on the unit.
3. An interprofessional team of students associated with the Oncology unit in a children’s centre collaborated to develop a poster for parents which outlined the roles of the different health professionals with whom the children and families would interact on the unit.

4. An interprofessional team of students attended weekly rounds, identified a case and then met with facilitators to collaboratively develop a care plan. They then presented the care plan to the unit team at the end of the week. The following week, they attended rounds again and developed a plan for a different patient.
5. An interprofessional student team at a Long Term Care facility met to discuss assessment findings and propose recommendations for particular clients in the facility. The recommendations were presented to other learners and staff within the LTC facility.

Other models of successful IPE experiences have included:

- Two students from different health professions working together to develop and deliver an education or treatment program
- Two or more students carrying out a joint assessment
- A student working with one or more health professionals to implement a group treatment program
- Intraprofessional placements – students collaborating with students from assistant programs (eg. Occupational Therapy, Occupational Therapy Assistant)

Examples:

- A Social Work student and a Recreation Therapy student jointly planned and implemented a Leisure Education Program for adolescents with cerebral palsy. They later presented the design and outcomes of the program to the Rehabilitation Team in a children's health centre.
- An Occupational Therapy student and a Therapeutic Recreation Assistant student planned and implemented a wellness program for seniors in a rural District Health Authority. They later wrote an article concerning the program, and the benefits of collaboration, for the hospital newsletter.

Setting up an Interprofessional Student Team Experience

- Identify students with co-occurring placements in your organization. In our experience, there is often a period of at least 4-6 weeks in which student placements overlap.
- Approach preceptors and teams to ask if they would like their students to participate in the IPE experience.
- Identify a unit, service or healthcare team with which the student team would be affiliated.
- Identify co-facilitators for the student team.
- Decide on the requirements/expectations for the interprofessional student team experience (eg. Attendance at weekly rounds in addition to participation in weekly meetings, development of a collaborative care plan, interprofessional presentation to a group, team or facility, development and implementation of a group program for patients/clients/families/community, project to benefit the site etc).
- Find a time for weekly meetings that students and facilitators can attend (you may decide to do this in consultation with the students at the first meeting).
- Book a room for the weekly meetings.
- Notify students and preceptors of the date, time and location of the first meeting.
- Plan for the first meeting.

Student Team Orientation: Sample Agenda for First Meeting

- Introductions
- Self-assessment of interprofessional competencies (see Evaluation section of this guide)
- Overview of interprofessional education (IPE) and interprofessional collaboration (IPC)
- Introduction to, or review of, competencies identified in the National Interprofessional Competency Framework (CIHC, 2010)
- Outline of broad objectives and expectations for this IPE experience
- Discussion of facilitator's roles and learner's roles
- Introduction to the patient/client population
- **Beginning to work as a team:**
 - Icebreaker activity (to provide students with an opportunity to get to know each other professionally and personally)
 - Discussion of group norms/group processes
 - Development of group learning objectives (their hopes and expectations for the experience)
 - Discussion of how the group would like to meet their learning objectives
- Check out – Questions/Concerns.

Note: Facilitators may wish to provide students with a handout outlining the objectives and nature of the IPE experience (see [Interprofessional Student Team Experience—Sample Learner Handout](#)).



Setting Group Norms (Ground Rules)

There are several effective ways to create group guidelines or agreements.

- If time is an issue, as it tends to be in short meeting, it may be necessary for you to simply list recommended group norms for students. Be sure to inquire whether the group norms are agreeable.
- List group norms you commonly use and then ask for additional ground rules from the students. When somebody proposes a norm, ask the other students if they are in agreement.
- If you have the time, the preferred approach is to allow the students to generate the entire list of norms. Ask them to think about what they, as individuals, need to ensure a safe environment for collaboration.

Useful Tips:

- It is helpful to post the group norms (ground rules) somewhere visible during each meeting.
- Refer back to the list when you sense that the students are failing to follow one or more of the items
- Challenge the students on the group norms early and often.
- *Model* these group norms in your own participation.
- Revisit the group norms occasionally and, if time allows, ask whether the students would like to add any new items.

Icebreakers⁵

Icebreaker Name	Description
Misconceptions	Get into pairs. Share with your partner the biggest misconception the public has about your profession. How would you educate the public about this misconception? Come back to the large group and process your findings – what did you learn? How did you feel about speaking about the misconceptions or hearing the misconceptions? How might this occur when working with patients or caregivers?
Speed Discipline	Set up chairs in 2 circles, one inside the other. Have students sit in the circles facing a partner. Facilitator will be the timekeeper. The students have two minutes to find out all they can about the other student’s discipline (education, training, areas of employment, what they do in day-to-day practice, etc.) Timekeeper calls time at two minutes and everyone quickly goes to a new seat with a new partner and repeat the process. Come back to the large group after and share one or two things that they learned or surprised them about another discipline.
Here’s My Card	Hand out cue cards and pens – have the students think of 3 or 4 qualities of their discipline or activities of their profession but don’t write the name of the discipline on the card. Have them write 3 or 4 qualities plus a catchy advertising phrase on their business cards. Have the students exchange cards, and then share what’s written on the card one at a time in the large group. Large group guesses which profession it is.
True or False?	Ask the student to say three things about themselves – 2 of which are true and one that is not. Everyone has to guess the false one. Then the students think of three things about their profession; two things that are false and one thing that is true – guess the true thing.
Similar/Dissimilar	Get into groups of 3. One person is the recorder. Write down all the things about your professions that are similar. Write down all the things that are different in your professions. Come back and share in the large group.
Magic Hat	Students write down 2 questions each about 2 different professions – put the questions in a hat. Pass the hat around and each student pulls a question out of the hat to answer. They have to convince the groups that they are that particular profession – afterward try to guess who the actual nurse, PT, etc. are – clarify any of the questions/answers at that time.

⁵ Sinclair, L., Lowe, M, Paulenko, T., and Walczak, A. (2007). Facilitating Interprofessional Clinical Learning: Interprofessional Education Placements and other Opportunities. Toronto: Office of Interprofessional Education, University of Toronto.

Icebreaker Name	Description
School Ties	Get into pairs – share with your partner what profession you are in and where you are studying. Share what has been most challenging part of your education to date. Share what has been the most exciting and rewarding part to date. IN the large group share what you think your “growing edge” for the IPE placement is. Consider writing these on a flip chart to learn where students have similar IPE goals.
Time Capsule	You are building a time capsule and are asked to put three things in the capsule that best reflect your profession and what you do in patient care. Introduce yourself to the group, and share with the group what things you would choose, and why.
Jargon	Acronyms and jargon – ask everyone to write down 3 acronyms/jargon words that are common to their profession but that may not be as familiar to other professions. Invite the group to search through the list looking for commonalities or differences in how many words are used (ex. Transfer from acute care, transfer from bed to wheelchair, etc.) Or you may choose to have the student work in 2s or 3s and swap papers and ask others to guess what they are. The writer can then explain, clarify and ask who else uses these words/acronyms (ex. PT, OT, Nursing very likely have some shared understanding of transfer).
Profession Description	Choose a profession. Ask everyone to write down on paper (anonymously) what he or she believes describes the role, educational preparation, etc. The students whose profession was chosen the reviews these and comments on their accuracy, and what surprised them.
First Moments	In pairs – share the moment when you decided to become your particular health care professional. Describe it - where you were, when it was, etc. What were the factors or inspiration for your choice? Come back to the large group – what are 3 qualities of your profession? How are you like those qualities?
Ball of Yarn	Stand in a circle facing each other. One person starts, holding a ball of yarn. Share patient care activities with the group. Hold onto your end of the yarn and pass the ball of yarn to someone opposite you. That person grabs onto the line of yarn and shares their activities. If you notice that someone shares an activity that is similar to what you may do or how you might work with a patient, ask for the ball of yarn to be passed back to you. Continue to hold onto points on the line and build a yarn “patient care” net connecting all of you. You may wish to be creative on how you wrap the yarn around each other!

Icebreaker Name	Description
Super Hero	<p>“Superman...faster than a speeding bullet...able to leap tall buildings in a single bound...challenges by kryptonite.” Create a superhero name for your discipline/profession and a phrase that indicates your profession’s superhero ability or quality plus the biggest challenges in your profession. Introduce yourself to the group as your superhero persona.</p>
Fairy Tale	<p>*this is actually taken from a Comedy Improvisation game</p> <p>All fairy Tales have a protagonist (patient) and a challenge to overcome (injury/disease) and heroes or heroines (health care providers). Sit in a circle – starting with the opening line “once upon a time...in the far off land of...” Start your story and then stop when you want the person beside you to take over. Be sure to include aspects of your profession in the funny little fairy tale. You may choose to say a whole phrase or just one word – the challenge is to leave the story hanging and for the next person to rush in with the next part of the story.</p>

Weekly Meetings

The nature of the weekly meetings with the student team varies according to the nature of the experience and learning objectives developed by the team. In general, these facilitated meetings include discussion of:

- observations concerning the nature of interprofessional, collaborative care in that setting
- opportunities to engage in patient/client/family/community-centred care
- opportunities for interprofessional collaboration that have occurred during the previous week
- outcomes of that collaboration eg. Steps in developing a collaborative care plan, program planning, joint assessment, etc.
- collaborative goal setting
- learning objectives and how these are being met
- plans for the coming week
- student team processes

Sample Agenda for the Final Meeting

- Completion of the self-assessment
- Completion of post-experience evaluation
- Discussion/reflection on the IPE process and learning to work collaboratively - Possible questions to guide this reflection include:
 - What have you learned about interprofessional collaboration?
 - What have you learned about the impact of interprofessional collaboration on the patient/client/family?
 - What has been the impact of interprofessional collaboration on you?
 - What will you take from this experience into your future practice?
 - Have your skills/competencies changed? If so, in which ways? Which competencies do you want to continue to develop?

Evaluation of these IPE experiences in the practice setting has been the focus of much discussion and debate. Specifically, the IPE experience could be evaluated from the perspectives of:

- The students
- The facilitators
- The preceptors
- The patient/client/family/community
- The practice site

At this time, we are attempting to evaluate only the students' experiences. An approach to evaluating the impact of IPE on the practice site, the patient/client/family/community, and on the preceptors and facilitators is being developed.

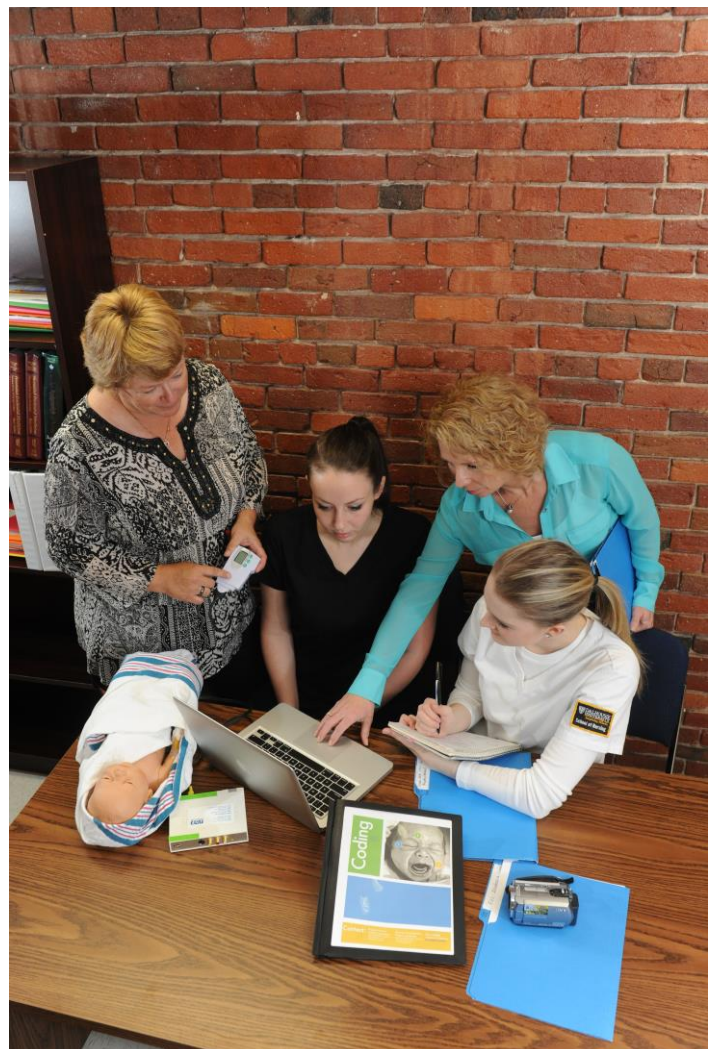
Evaluation of Students

In the course of developing IPE experiences in the practice setting, a variety of approaches to assessing the student's performance has been used. Scales and rubrics were developed to assess, and provide feedback to, students on their attitudes towards interprofessional collaboration, their interactions during the interprofessional team meetings and their contributions to group projects or presentations.

An interprofessional and inter- agency committee was formed to consider these various rubrics and to develop a simple and user-friendly approach to the assessment of students participating in IPE experiences in the practice setting.

The committee is proposing the following recommendations concerning evaluation of students:

- That assessment of students be competency-based and be based on the CIHC National Interprofessional Competency Framework.
- That preceptors include on profession-specific placement evaluation forms comments about the students' development of interprofessional competencies.
- That students be required to complete a self-assessment at both the beginning and end of the interprofessional experience and that this self-assessment be shared with both the interprofessional student team facilitator and the profession-specific preceptor.



- That interprofessional team facilitators NOT complete a separate evaluation or attempt to assign a grade for the experience as the IPE experience is considered an integral part of the student's overall practicum/fieldwork placement.

The **ICCAS - Interprofessional Collaborative Competencies Attainment Survey** (MacDonald, Archibald, Trumppower, Jelley, Cragg, Casimiro and Johnstone, 2009) is aligned with the six competencies identified in the National Interprofessional Competency Framework (CIHC, 2010). This form has been adapted for use as a self-assessment tool both pre- and post- the IPE experience.

Students should complete the form at the beginning of the experience and share it with both the facilitator and their profession-specific preceptor. Students should complete the form again at the end of the experience and again share their perceptions with their preceptor.

It is hoped that the use of this competency-based self-assessment tool will:

- Focus student learning and reflection about interprofessional competencies.
- Facilitate communication between students and preceptors concerning the development of competencies related to interprofessional, collaborative patient/client/family/community-centred care.

ICCAS Interprofessional Collaborative Competencies Attainment Survey⁶

Name of Student _____

Dates of IP Practice Experience _____

Name of Profession Specific Preceptor _____

Please answer the following questions by checking the box that most accurately reflects your opinion about the following interprofessional collaboration statements:
(1=strongly disagree; 2=moderately disagree; 3=slightly disagree; 4=neutral; 5=slightly agree; 6=moderately agree; 7=strongly agree; na=not applicable)

Please rate your ability for each of the following statements:

Before participating in the
learning activities I am able
to:

After participating in the
learning activities I am able
to:

Communication	1	2	3	4	5	6	7	na	1	2	3	4	5	6	7	na
1. Promote effective communication among members of an interprofessional (IP) team*																
2. Actively listen to IP team members' ideas and concerns																
3. Express my ideas and concerns without being judgemental																
4. Provide constructive feedback to IP members																
5. Express my ideas and concerns in a clear, concise manner																
Collaboration																
6. Seek out IP team members to address the issues																
7. Work effectively with IP team members to enhance care																
8. Learn with, from and about IP team members to enhance care																
Roles and Responsibilities																
9. Identify and describe my abilities and contributions to the IP team																
10. Be accountable for my contributions to the IP team																
11. Understand the abilities and contributions of IP team members																
12. Recognize how others' skills and knowledge complement and overlap with my own																
Collaborative Patient/Family-Centred Approach																
13. Use an IP team approach with the patient** to assess the health situation																
14. Use an IP team approach with the patient to provide whole person care																
15. Include the patient/family in decision-making																
Conflict Management/Resolution																
16. Actively listen to the perspectives of IP team members																
17. Take into account the perspectives of IP team members																
18. Address team conflict in a respectful manner																
Team Functioning																
19. Develop an effective care*** plan with IP team members																
20. Negotiate responsibilities within overlapping scopes of practice																

*The client's family or significant other, when appropriate, are part of the IP team. **The word "client" has been employed to represent resident, patient, and service users. ***The term "care" includes intervention, treatment, therapy, evaluation, etc.

⁶ Adapted from MacDonald, Archibald, Trumppower, Jelley, Cragg, Casimiro, & Johnstone, 2009

Self-reflection before participating in IPE experience

Take a few moments to self-reflect on where you are with respect to the six areas of competency, at this point in your education. Remember that acquiring and demonstrating these skills is a developmental process: not everyone will be at the same place. Please share the results of the assessment and your reflection with your clinical preceptor and discuss ways to support your development in these competencies.

What are your top three strengths in the area of interprofessional practice?

What are your top three priorities for further development?

Self-reflection after participating in IPE experience

Take a few moments to self-reflect on your experience in the IPE experience. Please share the results of the assessment and your reflection with your clinical preceptor and discuss ways to support your development in these competencies.

What were three strengths you demonstrated during this IPE experience? How did you demonstrate these?

What are your top three priorities for further development?

Click [here](#) for a printable version of this form.

Evaluation of the IPE Experience

Facilitators may also collect feedback from students concerning their attitudes towards the IPE experience. The following feedback form may be used.

Post IPE Placement Evaluation⁷

Please complete the following questions:

Care Team (e.g., Oncology): _____

Current professional program: _____

What were the 3 most important things that you learned in this IPE placement?

What do you wish had been different or would have helped you to learn more about IPE?

⁷ Adapted from Sinclair, L., Lowe, M, Paulenko, T., and Walczak, A. (2007). Facilitating Interprofessional Clinical Learning: Interprofessional Education Placements and other Opportunities. Toronto: Office of Interprofessional Education, University of Toronto.

Do you think this experience has changed your experience as a learner?

We are trying to learn more about how IPE affects patient care directly. If possible, please describe a situation during which your learning from this IPE education experience had a direct impact on patient care.

Your team facilitators would appreciate your feedback. Were there particular aspects of their facilitation styles that were helpful? Do you have any suggestions for them?

Thank you for your feedback!

If you have any questions, please contact the Interprofessional Experience Coordinator – Anne Godden-Webster.

Click [here](#) for a printable version of this form.

Frequently Asked Questions

1. Should the IP student team be facilitated by one or more preceptors of students represented on the team?

The facilitators may be preceptors of the students on the team, but the students on the team may feel more empowered as the representative from their particular profession if their preceptors are not facilitating the group discussions.

2. Should the students on the team all be at the same educational level?

In our experience, students on the interprofessional team are often at different stages in their programs. Although facilitators should be aware of the possible impact of this on team dynamics, typically these different educational levels have little or no impact because each student is the “expert” concerning his/her particular profession.

3. How many students should be on the team?

Teams are typically made up of 2 – 7 students. There have been larger teams, with as many as 10 learners, but it has been beneficial to divide these into two groups for some of the discussions.

4. Can there be more than one student from any one profession on the team?

Yes, but an effort should be made to balance the number of students from each profession.

5. Should the students’ preceptors attend the IP student team meetings?

These experiences are designed to be student-led and to provide students with the opportunity to function as an interprofessional team. Preceptors do not routinely attend team meetings, but may be invited to participate in a meeting as a content expert, or to hear about the outcomes of a collaborative, student-led initiative.

National Interprofessional Competency Framework. *Canadian interprofessional health collaborative.* (2010). *A national interprofessional competency framework.* Vancouver: University of British Columbia.

http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

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<http://www.ipe.utoronto.ca/initiatives/ipc/implc/preceptorship.html>

Interprofessional Mentoring Guide Alberta Health Services. (2011). *Interprofessional mentoring guide for supervisors, staff and students.* Alberta: Alberta Health Services.

<http://www.albertahealthservices.ca/careers/docs/WhereDoYouFit/wduf-stu-sp-ip-mentoring-guide.pdf>

McMaster/Ottawa Team Objective Structured Clinical Encounter (TOSCE) Toolkit

<http://fhs.mcmaster.ca/tosce/en/index.html>

Advancing teamwork in Healthcare: A guide and toolkit for building capacity and facilitating interprofessional collaborative practice and education. BC's Practice Education Committee. (2013). *Advancing teamwork in healthcare: A guide and toolkit for building capacity and facilitating interprofessional collaborative practice and education.* British Columbia: Practice BC Education

<http://www.dal.ca/content/dam/dalhousie/pdf/healthprofessions/Interprofessional%20Health%20Education/BCAHC%20-%20IPE%20Building%20Guide%20-%20January%202013-1.pdf>

Understanding and facilitating interprofessional education: A guide to interprofessional experiences into the practice education setting. Drynan, D. & Murphy, S. (2013). *Understanding and facilitating interprofessional education: A guide to incorporating interprofessional experiences into the practice education setting, second edition.* Vancouver: University of British Columbia, College of Health Disciplines.

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authored by CWGHR, College of Health Disciplines: University of British Columbia, University of Manitoba, University of Toronto and Dalhousie University. Prepared by Victoria Wood, UBC. www.hivandrehab.ca.

Evidence for IPE. Reeves, S., Goldman, J., Burton, A., Sawatzky-Girling, B. (2010). Synthesis of Systematic Review Evidence of Interprofessional Education. *Journal of Allied Health*, 39, no. 3 Pt 2 (Special Issue), 198-203.

Reeves, S., Zwarenstein, M., Goldman, J., Barr, M., Freeth, D., Hammick, M., Koppel, I. (2009). Interprofessional Education: Effects on Professional Practice and Health Care Outcomes (Review). *The Cochrane Library*, 2009, issue 4. John Wiley & Sons.

