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It's about health.

Educating Health Professionals in Interprofessional Care:

Advancing the Future of Healthcare through Interprofessional Learning

UNIVERSITY OF TORONTO

UHN

Reflection Question

What is one insight or “A-ha” moment from yesterday that you’d like to share?

What is one curiosity you’d like to explore further?

Quick Review

Learning and Review

Evaluations: What did we hear from you?

Today's Agenda:

1. Check-in / Reflection
2. CIHC COMPETENCY: Relationship Focused Care/Services

Break

3. CIHC COMPETENCY: Team Functioning

Lunch

4. Power & Hierarchy
5. EDIA & Simulation in IPE – pitfalls, promises, and potential

Break

6. Practical Tools for TEACHING Interprofessional Education and Practice
7. Initiative/Project Work Time
8. Reflection & Daily Evaluation

CIHC COMPETENCY: RELATIONSHIP-FOCUSED CARE/SERVICES

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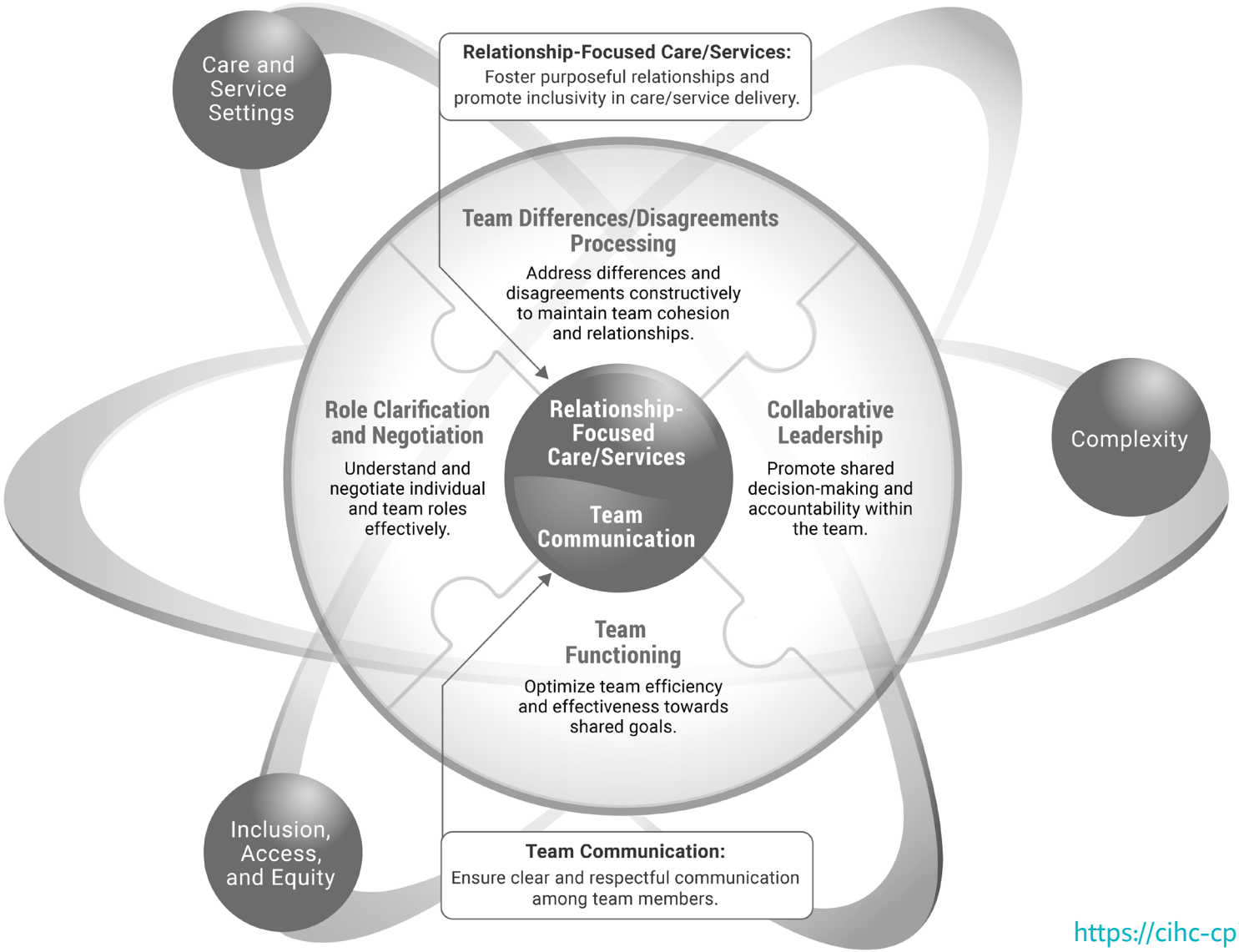
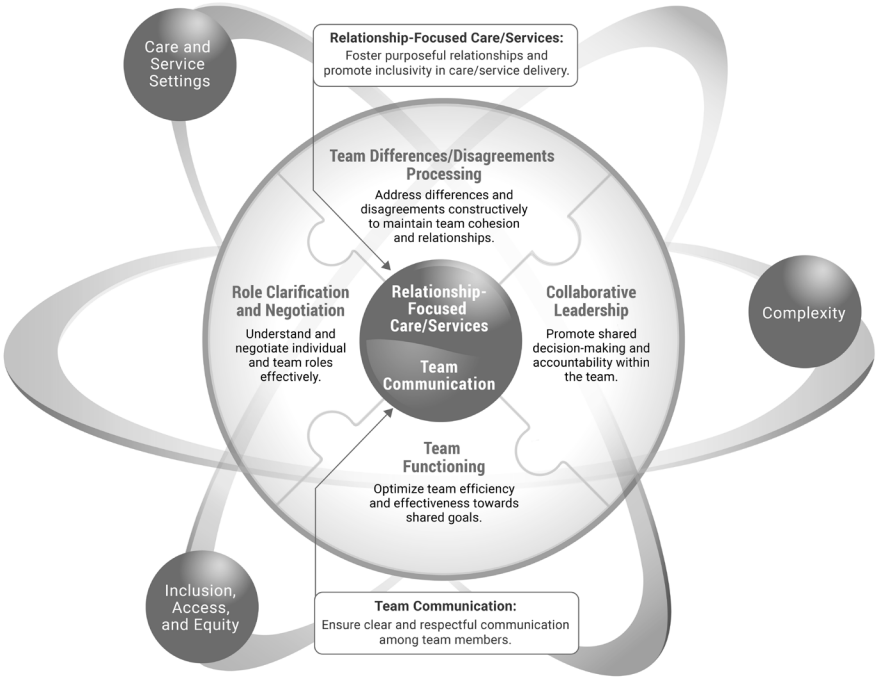
CIHC Competency Framework for Advancing Collaboration 2024



https://cihc-cpis.com

CIHC Competency Framework for Advancing Collaboration 2024



Relationship-Focused Care/Services

All members of a team will dynamically collaborate, fostering purposeful relationships among and between care/service partners and persons participating in or receiving care/services. All will coordinate and cooperate in shaping person(s)-driven care/services.

https://cihc-cpis.com

ACTIVITY:

Share a Story

Think about a time when you or a loved one required care by multiple healthcare providers...

Are there moments/examples where you or your loved one felt strong partnership with the care team?

What might have been done differently to optimize relationship-focused care?

Relationship-Centered Practice

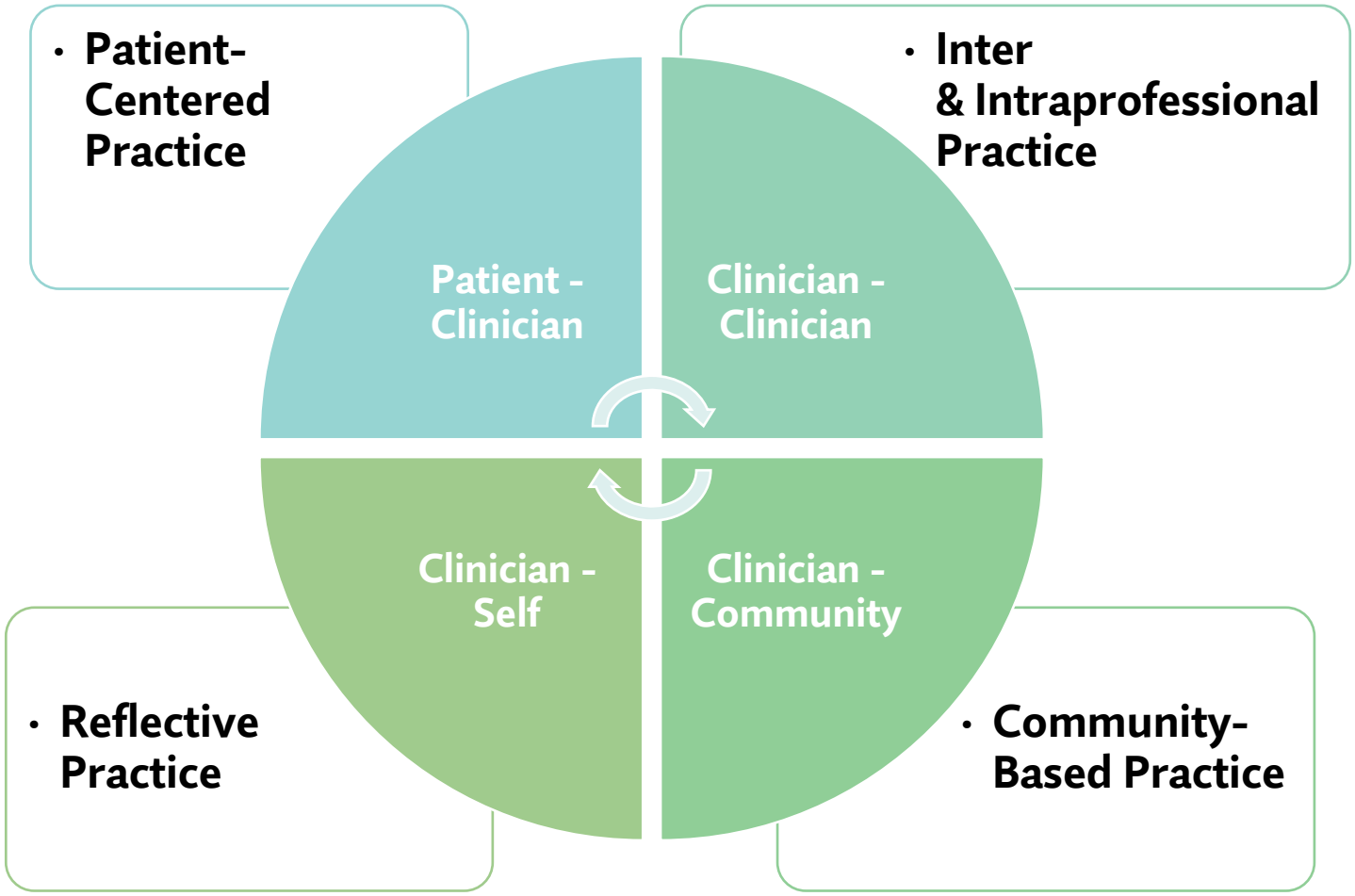
Approach recognizes the importance & uniqueness of each health care participant's relationship with every other

Interactions among people seen as being therapeutic
Relationships seen as bring critical to supporting care (quality & performance)

Relationships seen as a source of satisfaction and positive outcomes

Pew-Fetzer Task Force (2000)

Relationship-Centered Practice



Pew-Fetzer Task Force (2000)

PRIMED Model

Psychological safety & needs	• People need to feel they belong at work, have a measure of autonomy, the ability to connect, and learn & grow as professionals
Relationships	• High quality relationships promote thriving & resilience
Impact	• Thriving & resilient teams know their work contributes & can see its fit into organization as whole
Mental strength	• Belief in team's collective ability to overcome challenges & reach tough goals is predictive of team's resilience, engagement & thriving
Energy	• Thriving & resilient teams manage their stress & recognize signs of stress & overload in each other
Design	• Appreciative inquiry, prioritizing job resources, cultivating a design mindset help teams to create positive change.

Adapted from: Davis,P. (2021) Beating Burnout at Work: Why Teams Hold the Secret to Well-Being and Resilience

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VIDEO SIMULATION

The Family Meeting 1C

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Debrief

What moments demonstrated collaborative relationship-focused care?

What was the impact of these collaborative moments on you as a viewer?

Rising Together

We have an ethical obligation to one another to ensure the health of all, which relies on the health of communities. We are all connected.

Relationships with one another, relationships with environment.

Power relations mean that structural competence and ongoing critical reflection are key.

Peter S. Cahn (2020) How interprofessional collaborative practice can help dismantle systemic racism, Journal of Interprofessional Care, 34:4, 431-434, DOI: 10.1080/13561820.2020.1790224

Structural Competence

Structural competence goes beyond cultural competence and concepts of social determinants of health to address systemic causes of health inequities.

Lifts the level of analysis beyond from the interactions between individual professions and patients, to consider the governmental policies, residential patterns, and environmental inputs outside the clinical settings that impact health.

Peter S. Cahn (2020) How interprofessional collaborative practice can help dismantle systemic racism, Journal of Interprofessional Care, 34:4, 431-434, DOI: 10.1080/13561820.2020.1790224

Practice/Education Example:

How can we learn and teach relationship-focused care/services in practice?

Practice Example: Interprofessional Home Visiting Program

Students will have an opportunity to meet each other at an orientation session and then, in small interprofessional groups, make arrangements to meet a client and their family at the family home.

In addition to learning about the client and family perspective, a debrief discussion will be held to give us all an opportunity to share our thoughts and observations and learn from each other.

Holland Bloorview Kids Rehabilitation Hospital | Teaching and Learning Institute

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ACTIVITY:

Consider briefly on your own: how could you bring "Relationship-Focused Care/Services" to life in your own work?

In what ways could this learning be purposefully *integrated* with learning:

1) other interprofessional/collaborative competencies

2) other content/domain knowledge (e.g. seating/mobility for OT/PT; swallowing for SLP/dietetics; discharge planning for all)

Case Example:

Activity 4: Relationship-Focused Care/Services

All members of a team will dynamically collaborate, fostering purposeful relationships among and between care/service partners and persons participating in or receiving care/services. To support relationship-focused care/services, teams grow and maintain purposeful relationships among the person(s) participating in or receiving care/service, care partners, and others involved with care/services.

- Given what you just discussed, how might you build foreground **relationship-focused care/services in the case?**

Relationship-Focused Care/Services

Key Summary and Takeaways

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BREAK

CIHC COMPETENCY: TEAM FUNCTIONING

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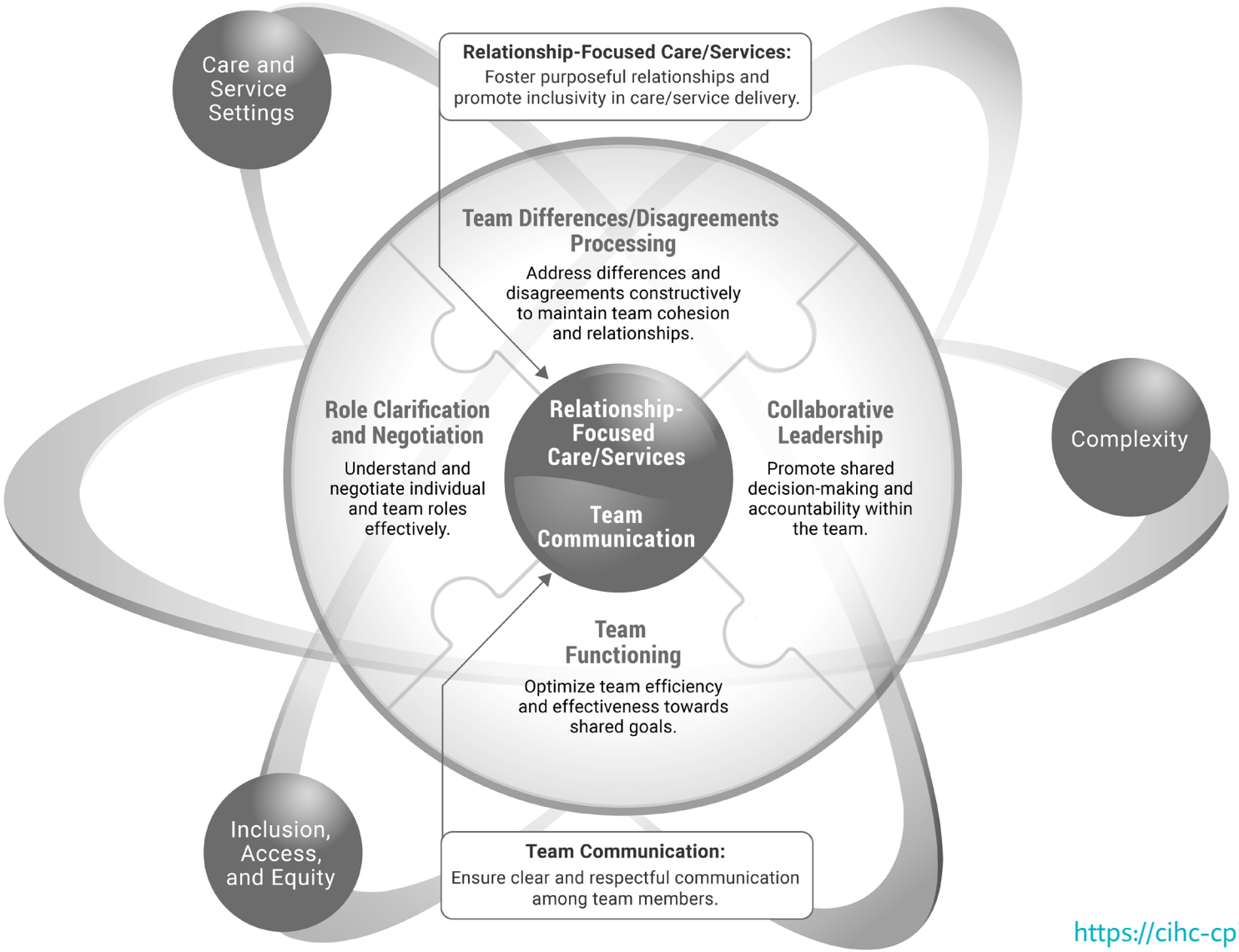
CIHC Competency Framework for Advancing Collaboration 2024



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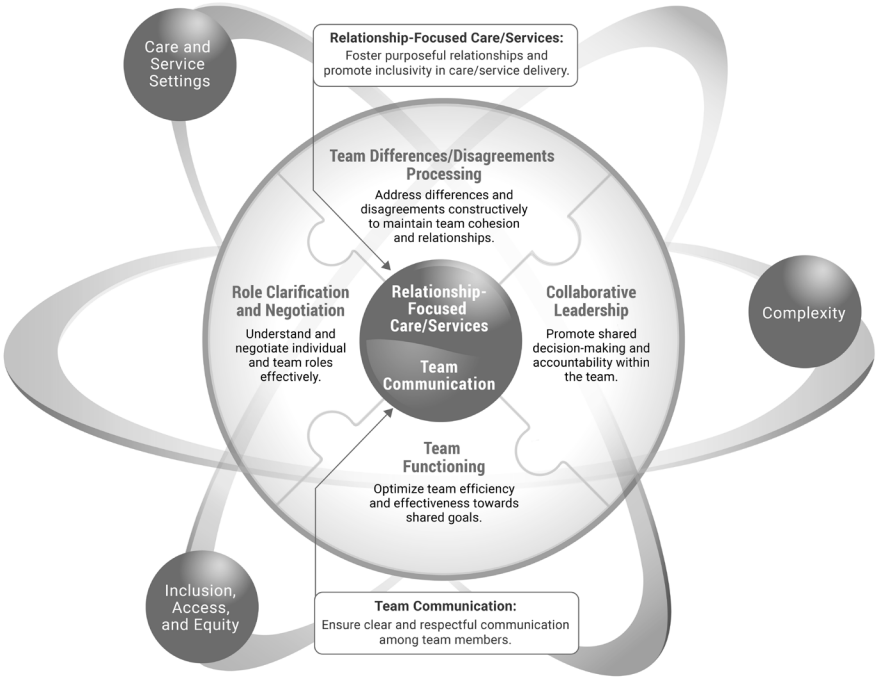

Team Functioning

All members of a team understand the nature of interprofessional teams. Team members work interdependently. They bring their shared perspectives to cooperate, coordinate, and collaborate toward shared goals through shared decision-making. Team functioning requires optimizing the efficiency and effectiveness of all members' time, expertise, and contributions.

https://cihc-cpis.com

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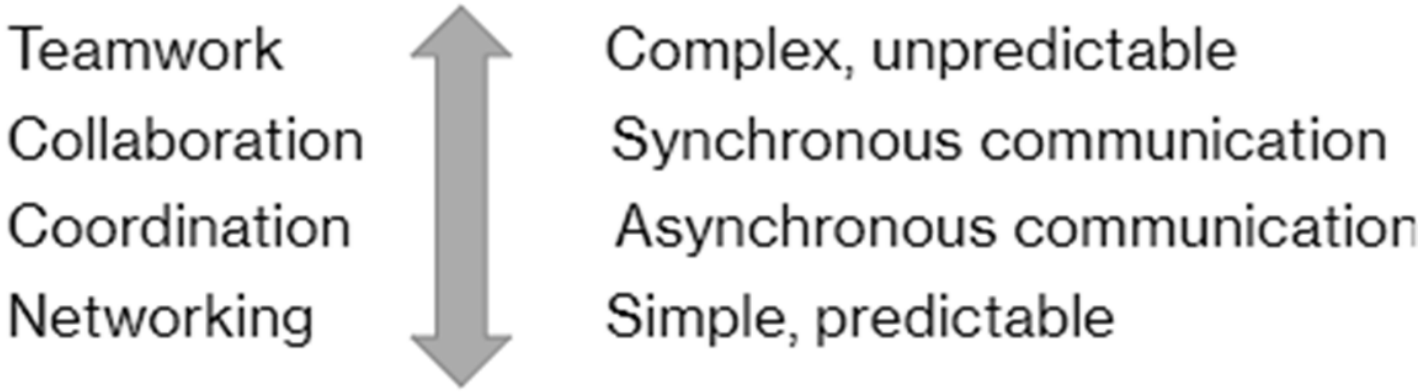
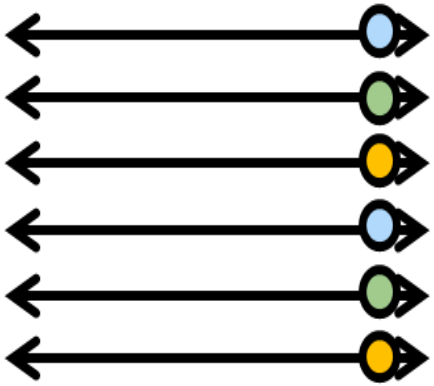


Reeves, S., Xyrichis, A., & Zwarenstein, M. (2018). Teamwork, collaboration, coordination, and networking: Why we need to distinguish between different types of interprofessional practice. Journal of interprofessional care, 32(1), 1–3. https://doi.org/10.1080/13561820.2017.1400150

Four Types of Interprofessional work

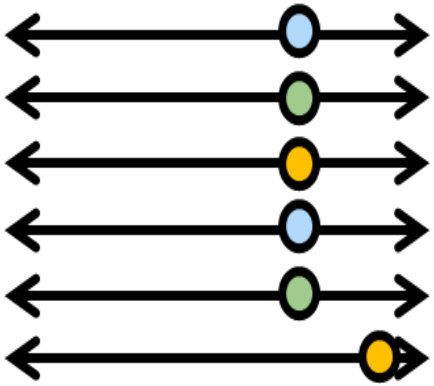
Interprofessional Teamwork

1. Clarity of Goals
2. Clarity of Roles & Responsibilities
3. Degree of Shared Identity
4. Interdependence of Team Members
5. Integration of Work Practices
6. Team Commitment



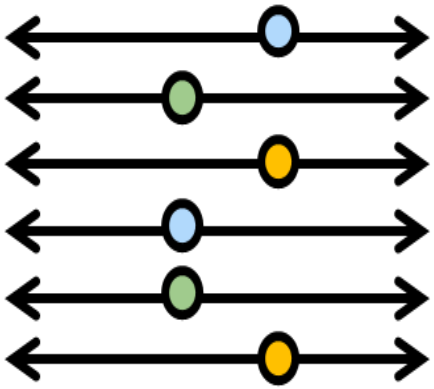
Interprofessional Collaboration

1. Clarity of Goals
2. Clarity of Roles & Responsibilities
3. Degree of Shared Identity
4. Interdependence of Team Members
5. Integration of Work Practices
6. Team Commitment



Interprofessional Coordination

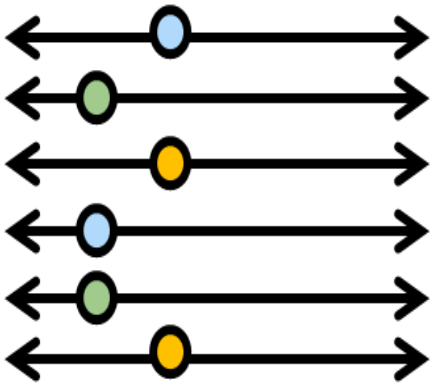
1. Clarity of Goals
2. Clarity of Roles & Responsibilities
3. Degree of Shared Identity
4. Interdependence of Team Members
5. Integration of Work Practices
6. Team Commitment



https://www.youtube.com/watch?v=uN48UMuuOEM

Interprofessional Networks

1. Clarity of Goals
2. Clarity of Roles & Responsibilities
3. Degree of Shared Identity
4. Interdependence of Team Members
5. Integration of Work Practices
6. Team Commitment



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Distributed Teams and Teamwork

Definition of Distributed Teams

Distributed teams are teams whose members are distributed in time and space

Rarely meet face to face

Compositional diversity of people, organizations, cultures

Lack of transactive memory and informational shared systems

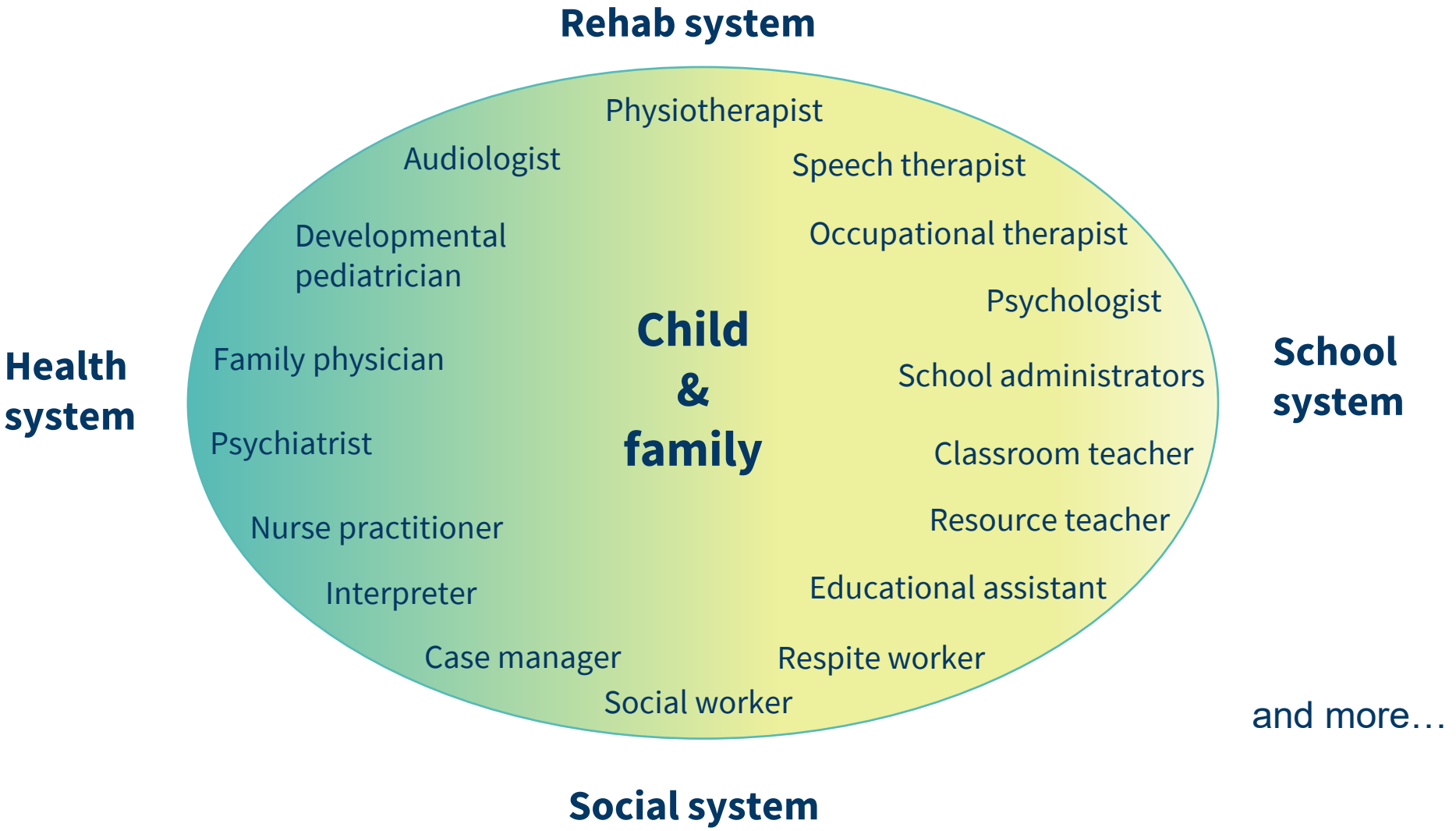
Lack of social identity, commitment and culture across teams

Risk of Unproductive Conflict

Mannix, Elizabeth & Griffith, Terri & Neale, Margaret. (2002). The Phenomenology of Conflict in Distributed Work Teams. 10.7551/mitpress/2464.003.0015.

Distributed teams: an example

Interprofessional work at the health-school Interface

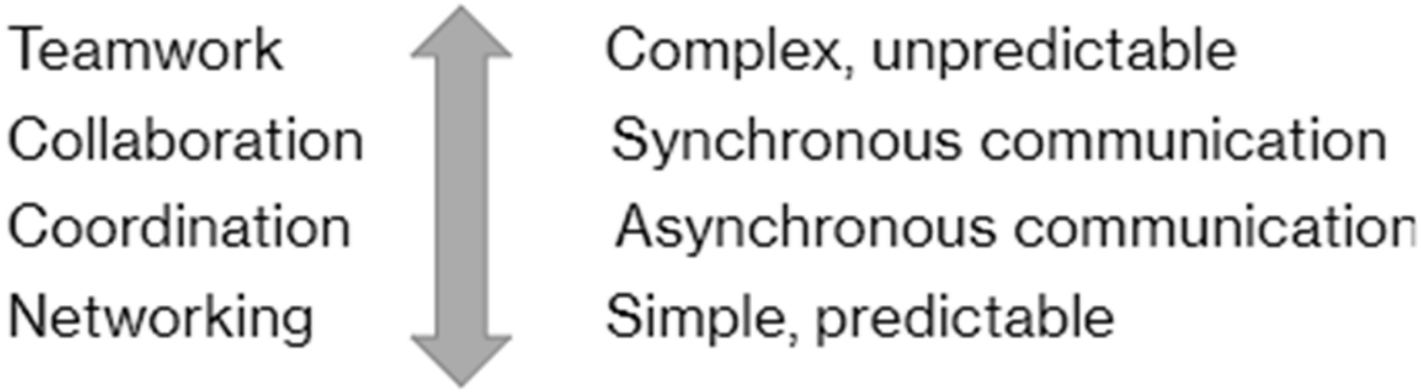


INTERPROFESSIONAL WORK THROUGH WRITTEN COMMUNICATION: ENABLING OR CONSTRAINING TEAM FUNCTIONING

Interprofessional collaboration through…

- Reports
- Letters
- Chart notes
- Treatment plans
- Discharge summaries
- Therapy goals
- Progress notes
- Notes/emails
- etc.!

Ng et al., 2015; Boyd et al., 2025



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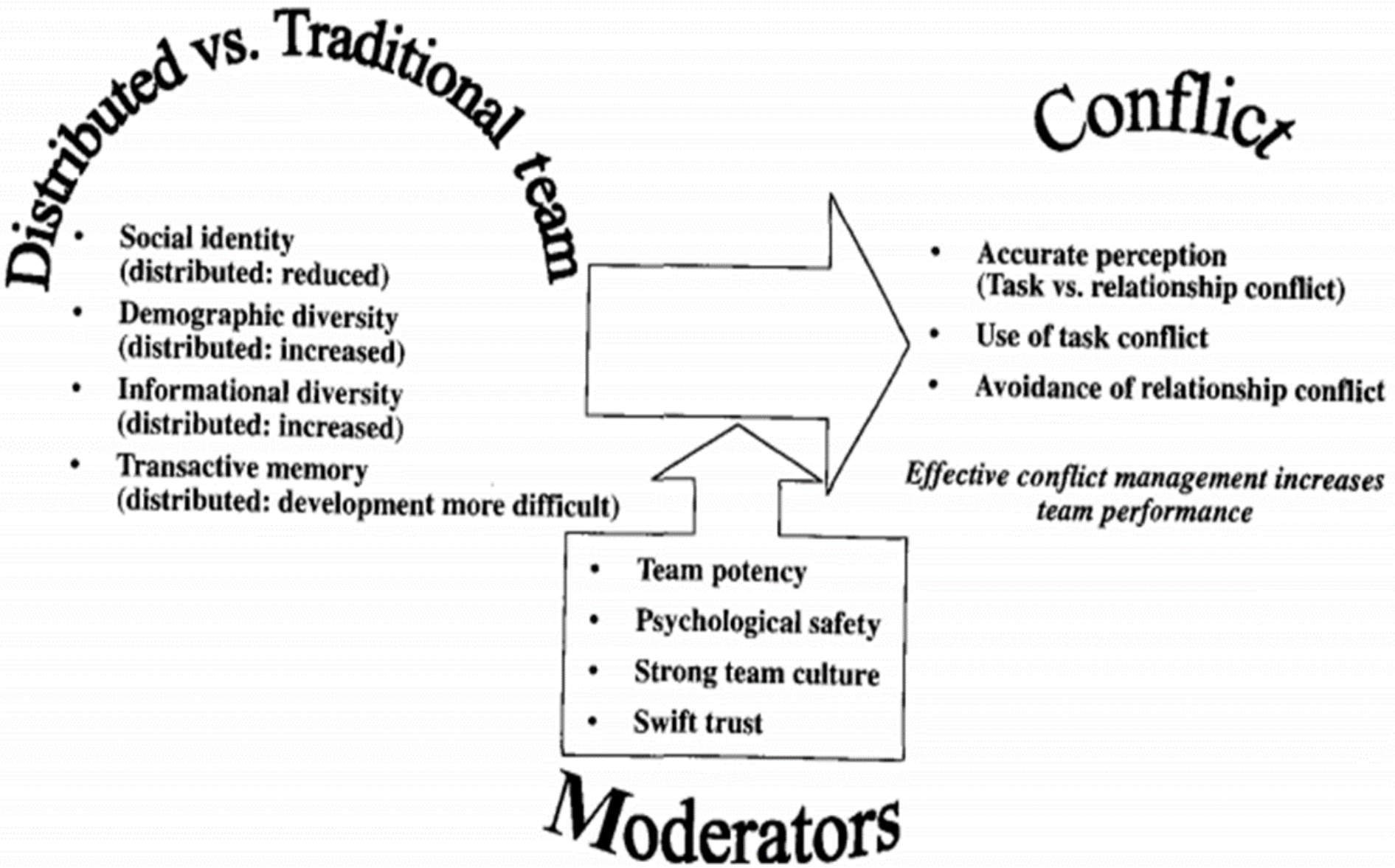

Mannix, Elizabeth & Griffith, Terri & Neale, Margaret. (2002). The Phenomenology of Conflict in Distributed Work Teams. 10.7551/mitpress/2464.003.0015.

Strategies for Distributed Team Practice

- Distributed teams require more intentional building of trust and psychological safety
- Manage compositional diversity and productive conflict
- Develop team relationships and culture through increased interactions
- Transactive memory and information (shared systems and education)
- Role of leadership

Mannix, Elizabeth & Griffith, Terri & Neale, Margaret. (2002). The Phenomenology of Conflict in Distributed Work Teams. 10.7551/mitpress/2464.003.0015.

Collaborative Team

A working group based on a relationship of interdependence, requires recognition of complementary roles and a respect for each discipline's scope of knowledge and uniqueness of function.

Orchard, C.A., Curran, V., Kabene, S. (2005). Creating a Culture for Interdisciplinary Collaborative Professional Practice. Med Educ Online [serial online] 2005;10:11.

Group task and group process: A balancing act

CACHE

Process is a here-and-now experience, addressing:
How the group is functioning

The **quality** of relationships between and among group members

Emotional **experiences and reactions** of the group, and

The group's **aspirations and apprehensions**

adapted from p. 228, Brown, 2003

Brown, N.W. (2003). Conceptualizing Process. *International Journal of Group Psychotherapy*, *53*, 225-244.

Google's quest to build the perfect team

Project Aristotle

Studied 180 of Google's teams and figure out why some failed and some succeeded.

Analyzed by statisticians, organizational psychologists, sociologists, engineers and researchers.

Examined for key elements that made up a successful team.

ACTIVITY:

GROUP SORTING

- Review the 10 team elements.
- Only 5 team elements were identified in Project Aristotle and 5 false elements were generated for this activity
- Decide as a group, the 5 team elements that resulted from this study and sort in priority from 1 to 5
- You have 10 minutes to complete this task

Team Elements: Pick and Sort

- Structure & clarity – team members have clear roles, plans and goals
- Composition of Team – team membership includes a diversity of individuals
- High Performing Individuals – team membership includes individual of high performance, knowledge, skills and judgment
- Meaning of work – work is personally important to team members
- Supportive Individuals – team membership includes individuals of high support, emotional intelligence and empathy
- Strong Leadership – team is led by defined decisive leadership
- Psychological safety – team members feel safe to take risks and be vulnerable in front of each other
- Dependability – team members get things done on time and meet standards of excellence
- Chain of Command – team members report to and take direction from superiors
- Impact of work – team members think their work matters and create change

Group Sort Debrief:


1
Psychological Safety
Team members feel safe to take risks and be vulnerable in front of each other.
2
Dependability
Team members get things done on time and meet Google's high bar for excellence.
3
Structure & Clarity
Team members have clear roles, plans, and goals.
4
Meaning
Work is personally important to team members.
5
Impact
Team members think their work matters and creates change.
re:Work

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Psychological Safety

A workplace group culture
in which there is "shared belief
held by members of a team as to whether it is
safe to engage in interpersonal risk-taking

Edmondson, 1999

Edmondson, A. (1999). Psychological safety and learning behavior in work teams. *Administrative Science Quarterly*, *44*(2), 350–383. https://doi.org/10.2307/2666999

Organizational Inquiry into Psychological Safety in Teams

Teams were asked……think of a time where you felt safe and free to speak up about an important issue within your team.

What was happening, how did it feel, what was the facilitator/leader doing, saying, etc.

Content used with permission from Isabella Cheng(Professional and Education Leader for Occupational Therapy) and Lina Gagliardi (Professional Leader for Social Work) Sunnybrook Health Sciences Centre.

Leaders Creating Psychological Safety in Health Care

Three key actions to foster a psychologically safe work environment:
https://www.youtube.com/watch?v=LhoLuui9gX8

Amy Edmondson, Novartis Professor of Leadership and Management at Harvard Business School 2017

CACHE

How Do We Facilitate Psychological Safety in Teams?

Modelling behaviours of a “leader or facilitator”

Fallibility “I do not know everything. I may be wrong.”

Non-verbal expression of openness

Timeliness – addressing or bringing up an issue for discussion as soon as it is appropriate.

Inclusivity – inviting all to share their opinions/thoughts

http://www.businessinsider.com/amy-edmondson-on-psychological-safety-2016-11

Content used with permission from Isabella Cheng(Professional and Education Leader for Occupational Therapy) and Lina Gagliardi (Professional Leader for Social Work) Sunnybrook Health Care Centre

VIDEO SIMULATION

Team Safety Debrief

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Debrief

- What happened in the clip?
- How would you describe what happened in terms of Team Psychological Safety and Climate (both for present and future meetings)
- Were modeling behaviours of fallibility, timeliness and inclusivity present?
  - What might have helped?

Reflecting on Group Process

- What is happening in the group now?
- What norms are in place?
- How is the group managing conflict?
- How is the group managing its work or task? e.g. How are decisions being made?
- What feelings and reactions am I experiencing?
- How is safety and trust established?
- What are some other ways of viewing the same issue?

Adapted from Brown, 2003

Revising your Norms

Team norms are the traditions, behavioral standards and unwritten rules that govern how we function when we gather.

Team Values

Our team is committed to striving toward living its vision and mission by:

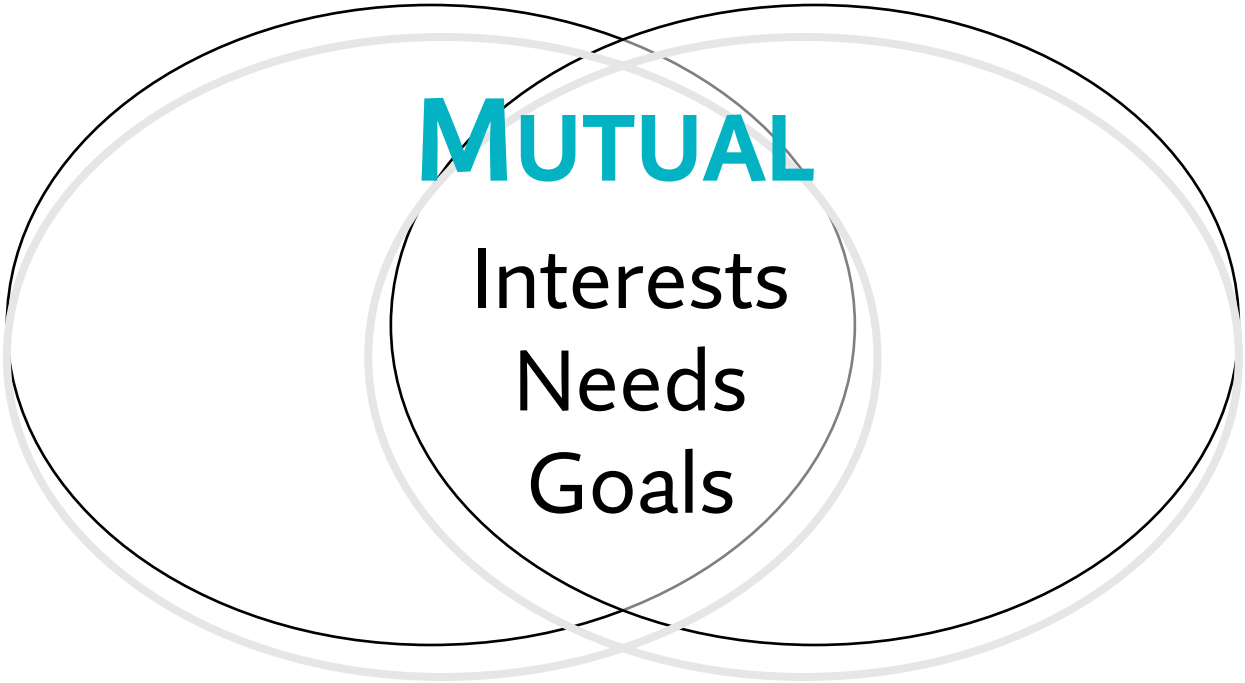
- Continually striving for a safe and open community where ideas are freely shared and co-created.
- Communicating with honesty and respect.
- Celebrating our successes and appreciating one another.
- Supporting one another and having each other's backs as we work toward common goals.
- Building equitable and diversely inclusive environments, relationships, and partnerships.
- Embodying lifelong collaborative education and reflective practices.
- Creating and sharing knowledge to foster collaboration in health education, practice, and research.
- Sharing leadership for collective learning and growth.

We keep ***learners***, ***communities***, ***patients/clients*** and ***family/caregiver partners*** at the heart of our work.

Revising your norms and reflecting on process

Reflecting on your team norms and new learnings, what would you continue to adopt or adapt with your team norms and group process?

FINDING COMMON GROUND MAY BE CLOSER THAN YOU THINK



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SUPPORTING STAFF TO WORK AS EFFECTIVE, ENGAGED TEAMS

4 Themes:

- Demarcated boundaries and collective identity
- Shared goals and sense of purpose
- Mature and open communication characterized by psychological safety
- Ongoing & intentional role negotiation & development

True, G., Stewart, G. L., Lampman, M., Pelak, M., & Solimeo, S.L. (2014). Teamwork and delegation in medical homes: Primary care staff perspectives in the Veterans Health Administration. Journal of General Internal Medicine (2014) 29(SUPPL. 2).

ACTIVITY:

Small Group:
How can you bring Team Functioning to life in your work?

Case Example:

Activity 5: Team Functioning

Team members work interdependently and bring their shared perspectives to collaborate towards shared goals through shared decision-making. Team functioning requires optimizing the efficiency and effectiveness of all members' time and expertise.

- **Consider a realistic and common moment of disconnection (not disagreement) that leads to inefficiency, and consider how learners could work through this to experience the importance of team functioning.**

Team Functioning
Key Summary and Takeaways

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LUNCH

Power & Hierarchy


Ferdi Rizkiyanto

POWER IN INTERPROFESSIONAL RELATIONS

Power and status influence relationships amongst health professions and affect IPC

Nurses are affected by power and disempowerment which impacts their role and function on the IP team

Power cannot be ignored; rather is required to be explicitly addressed within the context of IP team functioning

Hart, C. (2015). The Elephant in the Room. Nursing and Nursing Power on an Interprofessional Team. *Journal of Continuing Education in Nursing, 46(8)*, 349-355.

A SOCIOLOGICAL TAKE ON POWER

Rather than having power, or being at the top of the pyramid, or sharing power...

What if power operates on all of us, as a force, in all our relationships.

Here, power operates as a system. “Power relations.”

In these systems, we inhabit “subject positions.”

These “subject positions” dictate what we can say and not say, do and not do, how we see others, and how we are seen.

We are usually unaware of all of the above, unless we **critically reflect.** See the discourse, gain agency within the system. Maybe even change the discourse, and change the power relations.

Critical reflection adds a layer to reflection: questioning assumptions, challenging unhelpful power relations, toward social change.

Brookfield; Kemmis; Ng et al., 2015; 2017, 2019, 2020, etc.

Critically reflective practice leads to care that is more:

Compassionate
Collaborative
Equitable

Ng et al., 2020; Mykhalovskiy, 2005; Rowland & Kuper, 2017

However, it is often learned by accident

Ng et al., 2020; Mykhalovskiy, 2005; Rowland & Kuper, 2017

Good news, it can be explicitly taught!
It has been taught in IPE, and it works!
Let's try...

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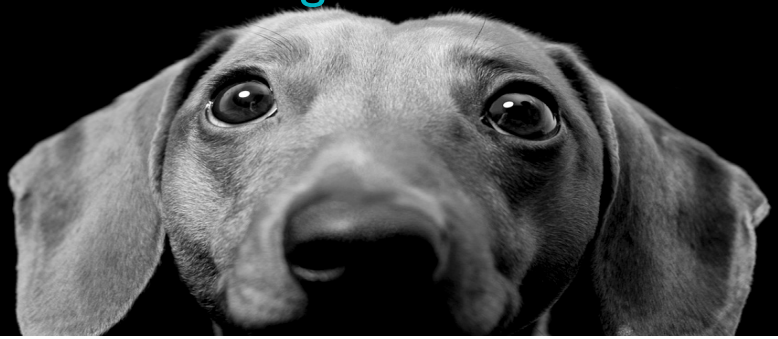
Dog as pet

Dog as worker

Dog as food



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Name or symbol	Dog as pet	Dog as worker	Dog as food
Concepts/statements of truth			
Subject positions (ways to participate in this discourse)			
Institutions that gain power in this discourse			
Objects created by this discourse			

With thanks to B. Hodges and T. Martimianakis for concept

For more on these types of teaching approaches:https://teachingfortransformation.com/activity-3/

Good news, it can be explicitly taught!
It has been taught in IPE, and it works!

How?

Discussion

- Reach a consensus or solution
- Persuasive, focused
- Objective knowledge
- Hierarchies preserved

Dialogue

- Generate new perspectives
- Exploratory, open-ended
- Objective & subjective knowledge
- Hierarchies flattened

Kumagai and Naidu, 2015
Kumagai et al. 2018
https://teachingfortransformation.com/strive-for-dialogue/

Discussion Dialogue

- 2 large RCTs comparing discussion to dialogue as pedagogy
- Interprofessional learning activities (through CACHE's electives)
- Outcomes:
  - Talk
  - Text
- Findings:
  - **Learners who engaged in critical dialogue instead of typical discussion for their interprofessional learning activity spoke and wrote (clinical letters) in more collaborative, compassionate, and equitable ways in a subsequent experience**

Boyd, et al. 2022
Ng et al., 2022

SIGNALING INCLUSION THROUGH LANGUAGE

"... the language that faculty members and health care providers use sends messages that can—consciously or not—undermine their explicit lessons"

Cahn (2016)

Cahn, P. (2016). Seven dirty words: Hot-Button Language That Undermines Interprofessional Education and Practice. Acad Med. 2017 Aug;92(8):1086-1090.

Which resonate with you, and why or why not?

Other words/phrases that may impact on interprofessional learning and care?

Seven Dirty Words That Undermine Interprofessional Collaboration and Team-Based Care and Possible Cleaner Alternatives

Dirty word	Cleaner alternative
Allied	Health professionals
Clinical	Experiential placement
Doctor	Physician[a]
Interdisciplinary	Interprofessional[b]
Medical	Health[c]
My	Our
Patient	Participant

[a]When referring to a medical doctor as an abstract role. For other doctorally prepared members of the care team, use the name of their profession (e.g., nurse).
[b]Just where "interdisciplinary" is serving as a synonym for "interprofessional."
[c]Where it is appropriate to do so (i.e., where the medical model is not the only approach involved).

p. 2, Cahn, 2016

CACHE

LANGUAGE AS EVOLVING PRACTICE

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IPE, Equity, & Simulation

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Equity, Diversity, Inclusion

- **Equity**: the fair and respectful treatment of all people and involves the creation of opportunities and reduction of disparities in opportunities and outcomes for diverse communities. It also acknowledges that these disparities are rooted in historical and contemporary injustices and disadvantages.
- **Diversity**: the demographic mix of the community and involves recognizing and respecting everyone's unique qualities and attributes, but focuses particularly on groups who remain under-represented.
- **Inclusion:** the creation of an environment where everyone feels welcome and respected, focusing on groups that remain underrepresented. It means creating the conditions in which everyone has the opportunity to fully participate and everyone's talents are valued and celebrated.

(Equity, Diversity & Inclusion | VPRI, n.d.).

Risks & Challenges

A checkbox item

Framed negatively

CACHE

Re-envisioning EDI

A different way of seeing or a new lens

Framed through a **positive lens** of compassion, humility, kindness, and a space for fostering understanding

CACHE

WHAT IS SIMULATION ?

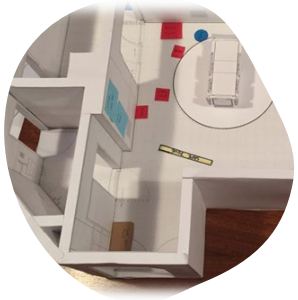
- **Simulation is the imitation or representation of one act or system by another.**
- **Simulation education** is a bridge between classroom learning and real-life clinical experience
- **Healthcare simulations** can be said to have four main purposes – *education, assessment, research, and health system integration* in facilitating patient safety.

  Society for Simulation in Healthcare

INTERPROFESSIONAL SIMULATION

Interprofessional simulation (IPS) is defined as a simulation experience where different professions collaborate using a representation of a patient care situation to achieve shared learning (Failla & Macauley, 2014).

Palaganas et al., 2014




Modalities most likely seen in Sim-IPE

INTRODUCTION TO SIM-IPE

Sim-IPE is designed for learners to learn about, from and with one another to:

- Enable effective collaboration and improve health outcomes (INACSL Standards Committee, 2021)
- Improve technical & team collaboration skills in health and social professions education (Reising et al., 2017)
- Provide a safe environment for learners (Reising et al., 2017)
- Apply professional and collective competencies (Langlois, 2020)

CRITERIA TO MEET STANDARDS FOR SIM-IPE

1. Conduct Sim-IPE based on a theoretical or conceptual framework;

2. Utilize best practices in design & development of Sim-IPE;

3. Recognize & address potential barriers to Sim-IPE;

4. Devise an appropriate evaluation plan for Sim-IPE.

Methodological intersections | Open Access | Published: 03 November 2021

Getting everyone to the table: exploring everyday and everynight work to consider 'latent social threats' through interprofessional tabletop simulation

Ryan Brydges ✉, Lori Nemoy, Stella Ng, Nazanin Khodadoust, Christine Léger, Kristen Sampson & Douglas M. Campbell

Advances in Simulation **6**, Article number: 39 (2021) | Cite this article

Research | Open Access | Published: 05 February 2022

Taking simulation out of its "safe container"—exploring the bidirectional impacts of psychological safety and simulation in an emergency department

Eve Purdy ✉, Laura Borchert, Anthony El-Bitar, Warwick Isaacson, Lucy Bills & Victoria Brazil

Advances in Simulation **7**, Article number: 5 (2022) | Cite this article

Research | Open Access | Published: 31 March 2023

Exploring equity, diversity, and inclusion in a simulation program using the SIM-EDI tool: the impact of a reflexive tool for simulation educators

Eve Purdy ✉, Ben Symon, Ruth-Ellen Marks, Chris Speirs & Victoria Brazil

Advances in Simulation **8**, Article number: 11 (2023) | Cite this article

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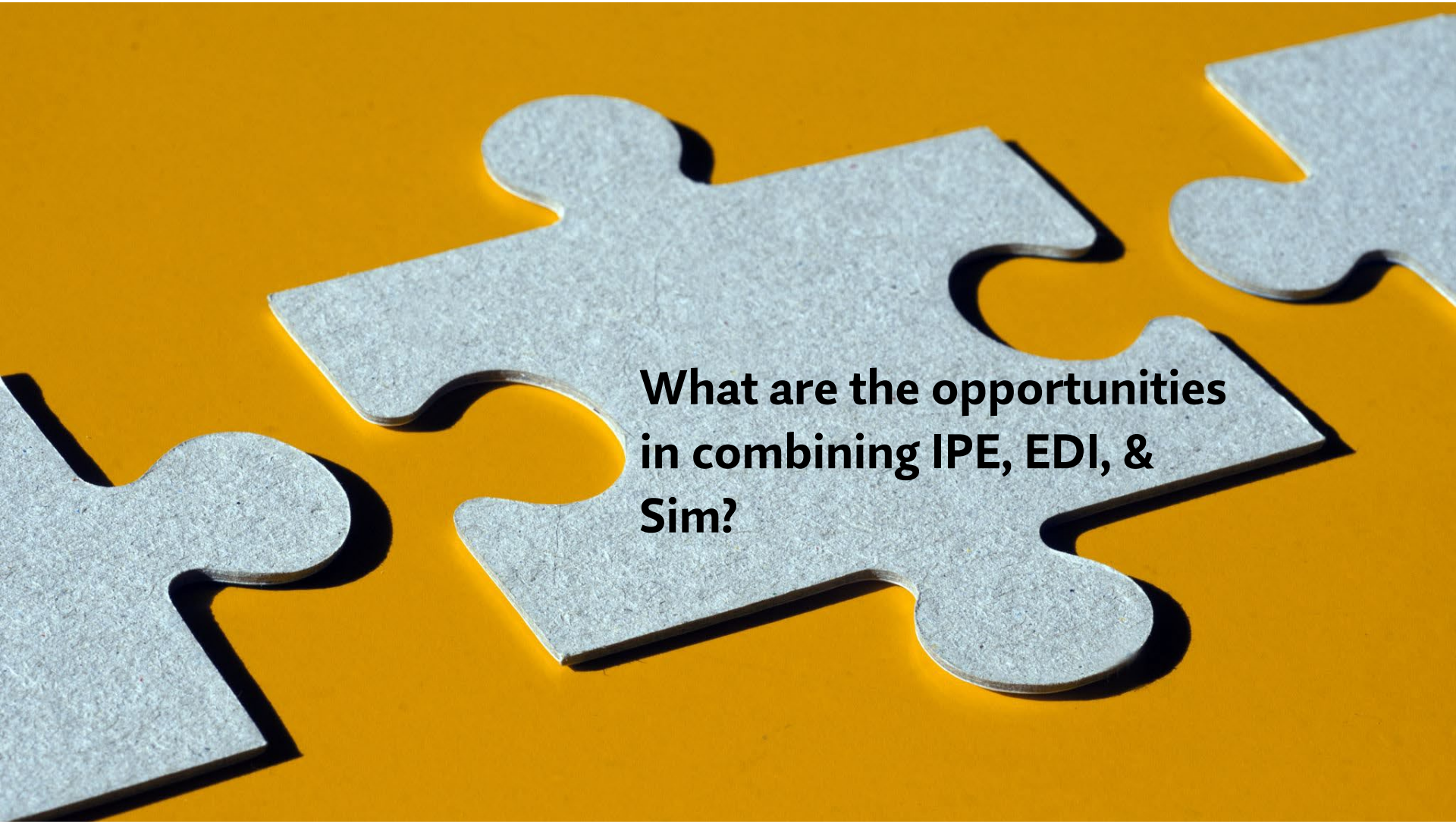
(PROPOSED) SIM-IPE BENEFITS

- Ability to practice in a safe(r) environment
- Mimics a real-life environment so HCP's might act and perform as they normally would
- Increases the opportunities to practice in a team-based environment
- Learner and faculty engagement
- **Opportunity to explore team-based issues,**
  e.g., historical issues of power and diversity in healthcare

Palaganas et al., 2014



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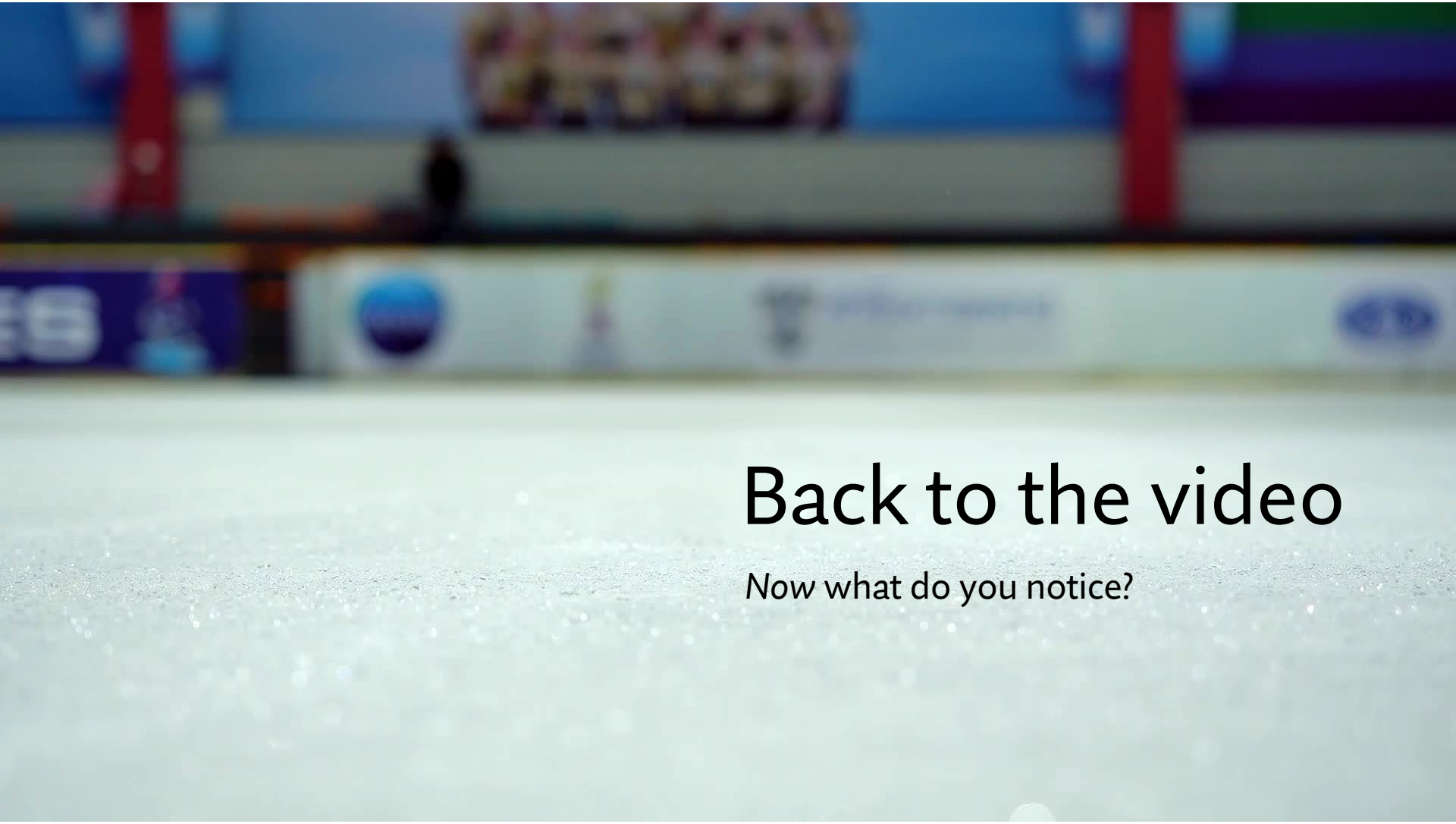
What are the risks?



Back to the video

Now what do you notice?

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REFLEXIVITY

- recognizing
- one's own position in the world both
- to better understand the limitations
- of one's own knowing and to better
- appreciate the social realities of others

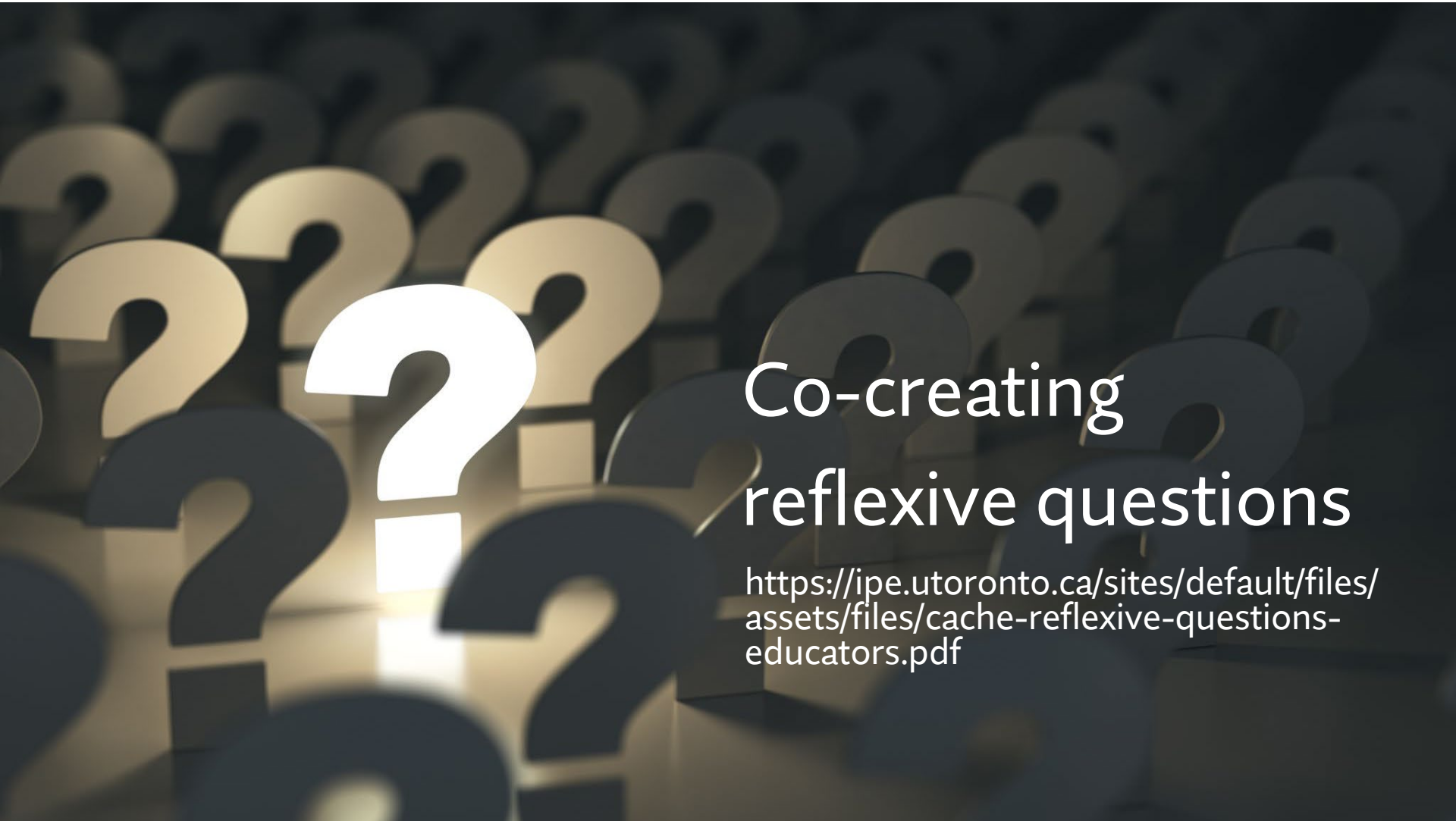
Ng, Wright, Kuper, 2019

(CRITICALLY REFLECTIVE)

Reflexive questions – examples for EDI x IPE x Sim

- To practice responding to a microaggression directed at a nurse, learners act out the incident then take turns responding as both the nurse and their interprofessional colleagues.

- Who was involved in creating this learning activity? Who was not? (Power/Representation)
- In what ways might simulation actually (re)produce) hurt or harm? (Who it helps / who it harms)
- Who is this education really for? So who should have to engage in it? (Emancipation, Ethics, Equity)
- What is simulation adding here?
    - Before we sim: What other modalities and pedagogies might accomplish the same goal(s)? (Resist and Reimagine)



Co-creating reflexive questions

https://ipe.utoronto.ca/sites/default/files/assets/files/cache-reflexive-questions-educators.pdf

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UNIVERSITY OF TORONTO | Centre for Advancing Collaborative Healthcare & Education (CACHE) | UHN

Reflexive Questions for Educators & Facilitators

The following are some guiding questions to consider in developing and facilitating videos, cases, stories, simulation, and other prompts in education. These are not the only reflexive questions one might ask; these questions serve only as a starting point – with the hopes of inspiring educators and facilitators to continually develop critically reflective practice.

	Before	During	After
Representation working toward meaningful inclusion and diversity without creating/perpetuating stereotypes.	• What/who is being (re)presented, how, and for what purpose? • What are the potential risks of harm (e.g. stereotyping)? • Whose voices/perspectives might be missing? • How have we considered what sources of knowledge (e.g. clinical, experiential, research) and bodies of knowledge (e.g. education science, social sciences) we are drawing from?	• How have we continually examined the case/story/video for any potential harms or stereotypes that it might perpetuate or create, and addressed them if needed?	• Whose perspectives or voices might be missing and how could we meaningfully include them in future?
Roles & Relationships considering boundaries, trust-building/safer spaces, and power dynamics.	• How have my experiences, identities, and roles impacted my education and teaching practices, in how I design or facilitate? • Have we considered how to mitigate unhelpful power relations? (e.g. avoiding introductions with titles/degrees if that will be unhelpful in creating a safer space where everyone feels included and comfortable sharing).	• Have we noticed quieter voices and ensured these are invited, though not pressured, into dialogue? • Have we respected implicit and explicit boundaries? (e.g. not pushing/prompting too much, not oversharing).	• What can we do to ensure trust, respect, curiosity, humility, and accountability are strengthened and not broken within this space and in future?
Responsibility striving for accountable, continual learning, and just spaces.	• Are we drawing upon diverse, original, and appropriate sources and resources to inform our session? And acknowledging/citing	• Are we recognizing and responding to arising challenges, harms, and needs? • How are we co-creating accountable	• Have we invited feedback, listened and noticed deeply, and implemented change accordingly? • How and what

Reflexivity upon:

- Representation,
- Roles & Relationships
- Responsibility

in Cases, Images, Examples…

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https://ipe.utoronto.ca/sites/default/files/assets/files/cache-reflexive-questions-educators.pdf

Back to the video

What would you do differently?

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TOOLS & RESOURCES

- https://ipe.utoronto.ca/sites/default/files/assets/files/cache-reflexive-questions-educators.pdf

- https://equity.ubc.ca/resources/equity-inclusion-glossary-of-terms/

Acknowledgements

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- Jo Bolton, Carolyn Cracknell, Leonie Griffiths, Tess Hawser, Ashley McAllister, Elizabeth Molloy,

- University of Toronto:
- Sacha Agrawal, Ryan Brydges, Lindsay Herzog, Stella Ng, Latika Nirula, Lynne Sinclair

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BREAK

Practical Tools for Teaching in IPE

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University of Toronto's IPE Curriculum – Practice Setting

Foundational Learning Component in a Practice Setting

Built into existing clinical placements at one or more practice sites, & focuses on development of competence in interprofessional collaboration. Students integrated into care settings where they interact and work with patients/clients and other interprofessional team members. Can be delivered in a structured or flexible model to be completed over the course of the student's educational program.

One of…

IPE Structured Placement

Students placed in an interprofessional team at a practice site. They participate in an introductory tutorial then continue to meet as a group for patient/client/family-themed tutorials. Upon completion of their clinical experience, they deliver a group presentation.

IPE Flexible Placement

Students who are not able to participate in a *structured IPE placement* will need to work with their placement supervisor to complete the following ***3 IPE Flexible Activities***:

Practice-Based Elective Learning Activities

.Students choose from a variety of interprofessional, focused learning sessions held at the practice sites and facilitated by content experts including clinicians, support services, patients and family members

Flexible Activity 1 - Shadowing and/or Interviewing Team Members

Flexible Activity 2 - Analyzing Interprofessional Interactions of Team Members

Flexible Activity 3 - Collaborating with Team Members

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Foundational IPE Learning Activities

EXPOSURE LEVEL FOUNDATIONAL LEARNING ACTIVITIES	**Why Collaborative Healthcare? Learning from Stories and Science** Introduction to teamwork (patient story, faculty story, and small group discussion)	**Who Are Your Collaborators? Valuing What We Do and Challenging What We Think** Exploration of roles of health professions and team dynamics	**Cultivating Team Partnerships: Learning from Lived Experiences** Strategies to ensure that health professionals enable the patient/client/family to be team members through engagement with a Reader's Theatre script	**Faculty-Led Learning Activity** These activities are developed by smaller number of programs to address specific collaborations (e.g. Safe Prescribing and Medication Reconciliation for Nursing, Medicine, and Pharmacy)	IPE Component in a Practice Setting
IMMERSION LEVEL FOUNDATIONAL LEARNING ACTIVITIES	**How Do We Collaborate for Quality Care? Supporting Clients and Families in Navigating Health & Social Care Systems** Strategies to improve quality care and promotion of safety as a team	**Palliative Care or ARCTIC (Head and Neck Cancer) Case-Based Discussion** Simulated team discussions to consider patient/family/caregiver experience and collaboratively prepare care plans	**Conflict in Interprofessional Life** Strategies to manage conflict among health professionals and in teams	**InterFaculty Pain Curriculum** *(3-day activity)* Complexities of managing acute and persistent pain using an interprofessional approach. Students spend about 40% of their time working in small groups synthesizing information learned, preparing management plans, and evaluating collaborative competencies and approaches	
IMMERSION TO COMPETENCE LEVEL FOUNDATIONAL LEARNING	**IPE Component in a Practice Setting**				

ELECTIVE LEARNING ACTIVITIES

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EXAMPLES OF PRACTICE-BASED ELECTIVE LEARNING ACTIVITIES

- Home Visiting Program (Holland Bloorview Kids Rehabilitation Hospital)
- Patient Safety Workshop (Sick Kids Hospital)
- Student Café (St. Michael's Hospital)
- Minimizing Risk by Maximizing Team Collaboration (Southlake Regional Health Centre)
- Healthcare for Persons with Hearing Loss (Sunnybrook Health Sciences Centre)
- Meet the Team and Stroke Case (University Health Network)

Structured IPE Placements
4 Key Elements

1. Learners from different roles together in a **shared practice area/setting** at same time
2. Introductory tutorial
3. Weekly, patient/client/themed group discussion **tutorials**
4. Shared preparation and delivery of a formal group **presentation**

**Co-facilitation is interprofessional*

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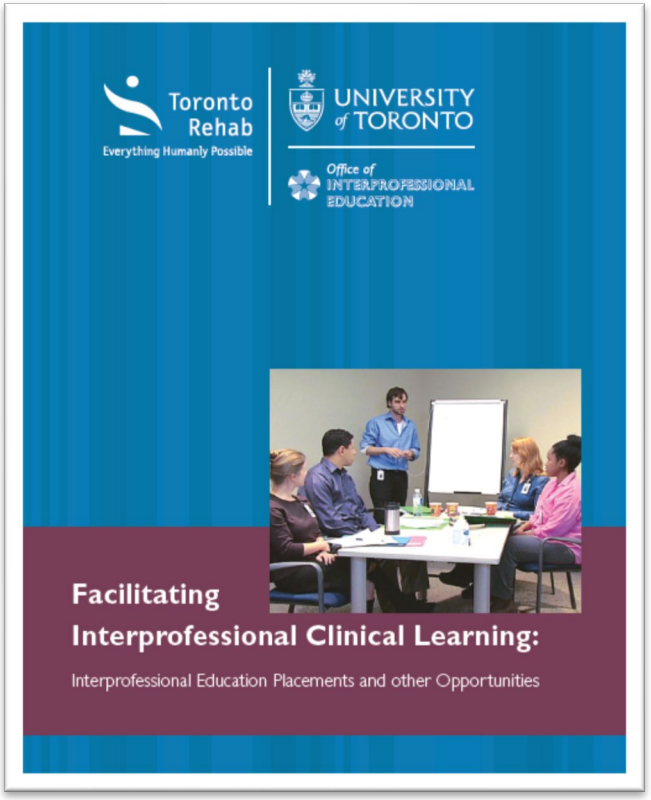
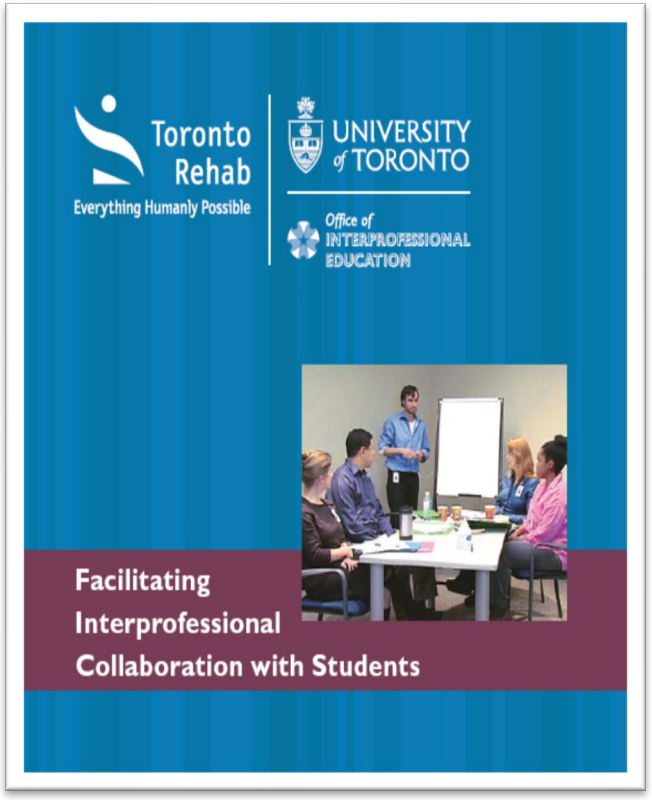
Evaluation of IPE Placements

- Questionnaires & focus groups - learners, clinical faculty and IPE facilitators
- ICAR (Interprofessional Collaborator Assessment Rubric)
- Student Evaluation of IPE Learning Experience Tool (adoption 2020)
- Interprofessional Competency Assessment (in progress of implementation)

TOOLS TO SUPPORT STRUCTURED IPE PLACEMENTS





http://www.ipe.utoronto.ca/tools-resources/tools-toolkits

Lumague, M., Morgan, A., Mak, D., Hanna, M., Kwong, J., Cameron, C., Zener, D., & Sinclair, L. (2006). Interprofessional education: The student perspective. ***Journal of Interprofessional Care, 20*** (3): 246-253.

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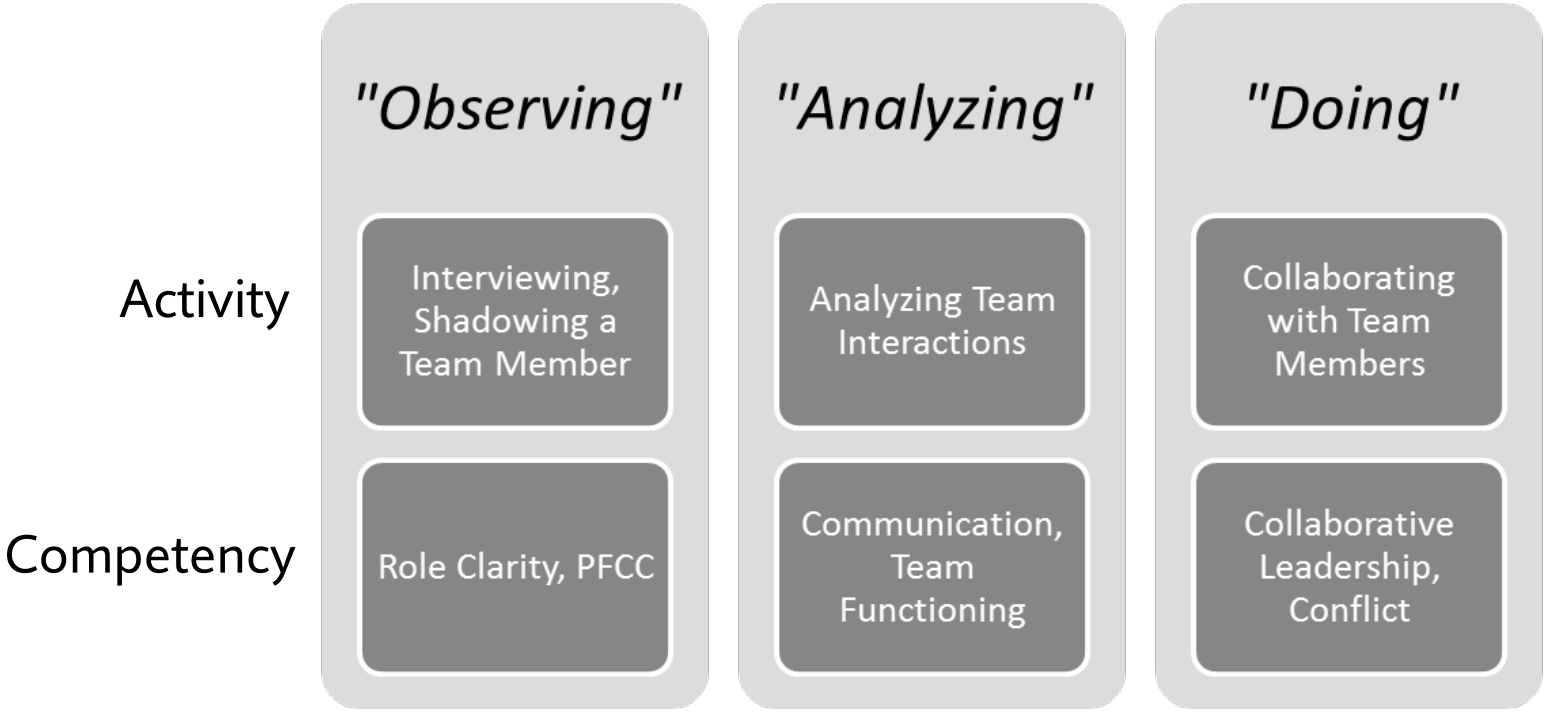
IPE Flexible Placement : 3 IPE Flexible Activities



Can be used with as few as one learner
Used across settings, with those in clinical and support roles
Critical elements remain reflection and facilitated discussion

ACTIVITY:

IPE FLEXIBLE ACTIVITY 1 EXPERIENCE – INTERVIEWING & SHADOWING TEAM MEMBERS

Group of 3…Try for minimum of 2 different professions/roles in the group

Scenario:

- **Learner**
- **Team member** – needs to be comfortable answering questions about own clinical practice role and work on team
- **Learner's Supervisor**

SAMPLE INTERVIEW QUESTIONS: LEARNER ASKS TEAM MEMBER

- How would you describe the **scope of practice** of your profession and the role you play on this team?
- What do you consider the biggest **challenges** in enacting your role?
- How and when do you collaborate (e.g. assess, plan and provide intervention) with others on this team?
- When considering conflict with other team members, what **strategies** facilitated or hindered a resolution?
- Are there areas where you **perceive some hierarchies** in relationships with other team members? If yes, how do you manage them?
- How do you work to establish and maintain **relationships** on this team?

SAMPLE REFLECTION QUESTIONS: SUPERVISOR ASKS LEARNER

- What did you learn about the professions/roles on this team that you did not know previously?
- What are the similarities and differences between the professions/roles (including yours)?
- What new learning objectives have now emerged for you?
- Did anything about the experience surprise you or make you uncomfortable? If there was conflict, what were the positions/perspectives behind the conflict and any strategies used to resolve it?
- What did you learn that you can apply to your own role as a professional and team member in future practice?

What was the experience like?

What specifically enabled interprofessional learning (e.g. tips, strategies, etc.)?

IPE Flexible Activity 2 Experience – Team Meeting

The learner has just left your first team meeting. You have asked her how she found it and she replied that it was, “good”. You ask if she has any questions/comments and she indicates that she does not.

“...their concept of appropriate team behavior was rudimentary—being a ‘nice person’. They seem to have a relatively superficial and concrete conceptualization of interprofessional attitudes and behavior.”

RUSSELL ET AL, 2006 P. 37

Sample Questions for Reflection: Supervisor asks Learner

- How would you describe how this **team functions**? (e.g. stages, task/process)
- What would you highlight as **strengths** for how this team worked together in the meetings you observed? What opportunities may enable this team to further build on their ability to collaborate?
- What **structures and processes** enabled/hindered team collaboration? How might these be addressed?
- How would you describe the **relationship** between how the team functions in the meeting and the impact on outcomes and team member satisfaction?

Sample Questions for Reflection: For Both Supervisor & Learner

- Did anything about the experience surprise you or make you uncomfortable?
- How did you work together and make decisions as a team?
- What factors (relationships, environment, scheduling etc.) enabled or hindered the collaboration?
- If there was a difference of opinion or conflict, how was it managed?
- What were the benefits of and challenges to collaborating and learning together in this experience?
- Others?

IPE Flexible Activity 3
Collaborating with Team Members

Project-based experiential learning

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Our top 10 lessons learned – IPE team placements

- Start with a strong practice team/collaborators
- Senior leader champions
- Partnerships are key – across all settings
- Rural – practice settings versus geographical region
- Broad concept of team (include research, ethics etc.)
- Need point person (IPE Leader or Coordinator)
- Varying levels of learners and schools - focus on IPE
- Co-facilitation model best (shared and consistent)
- Preparation/faculty development for staff is critical
- Group presentation is key (role models team)

WHAT IS AN SLE ?

Unique workplace-based learning opportunities where health professional learners, under the *supervision and support of preceptors and facilitators*, collaborate to:

- create a discipline-specific or *interprofessional* learning environment;
- build their *collaborative leadership* competencies; and
- address a *significant and identified gap* in the workplace/community that would otherwise not be met and/or adds to existing service delivery

Approved by the TAHSN SLE Steering Committee – April 9, 2021

GAP: Kids with concussion do not know how to manage their illness while waiting for specialized care

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GAP: Kids with concussion do not know how to manage their illness while waiting for specialized care

PT students

OT students

SW students

Kinesiology students

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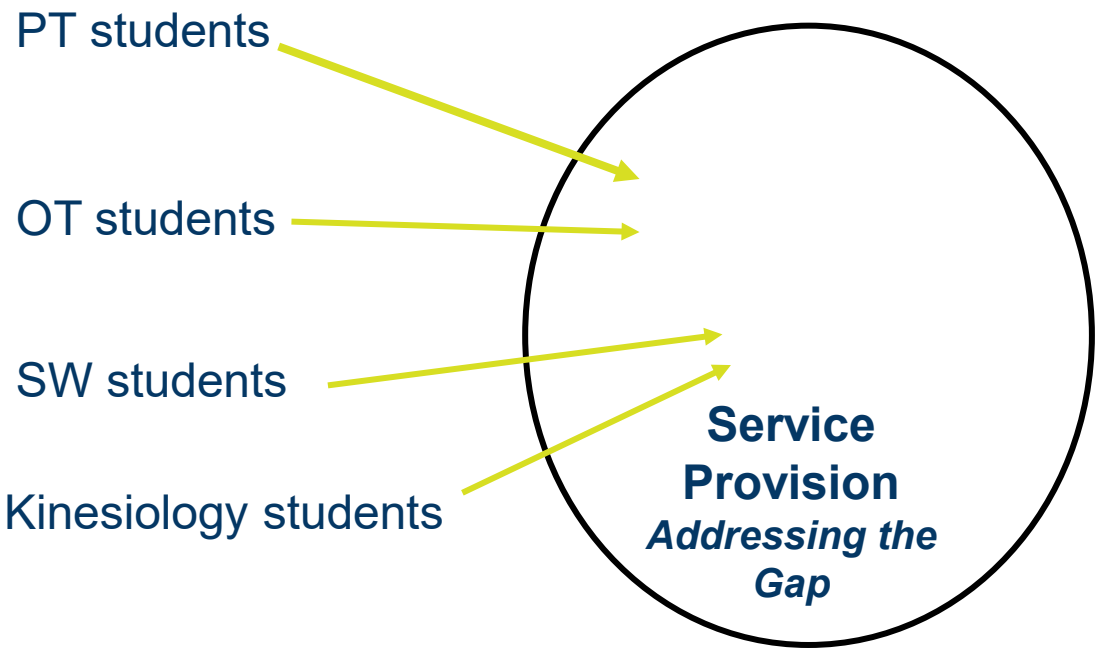
GAP: Kids with concussion do not know how to manage their illness while waiting for specialized care



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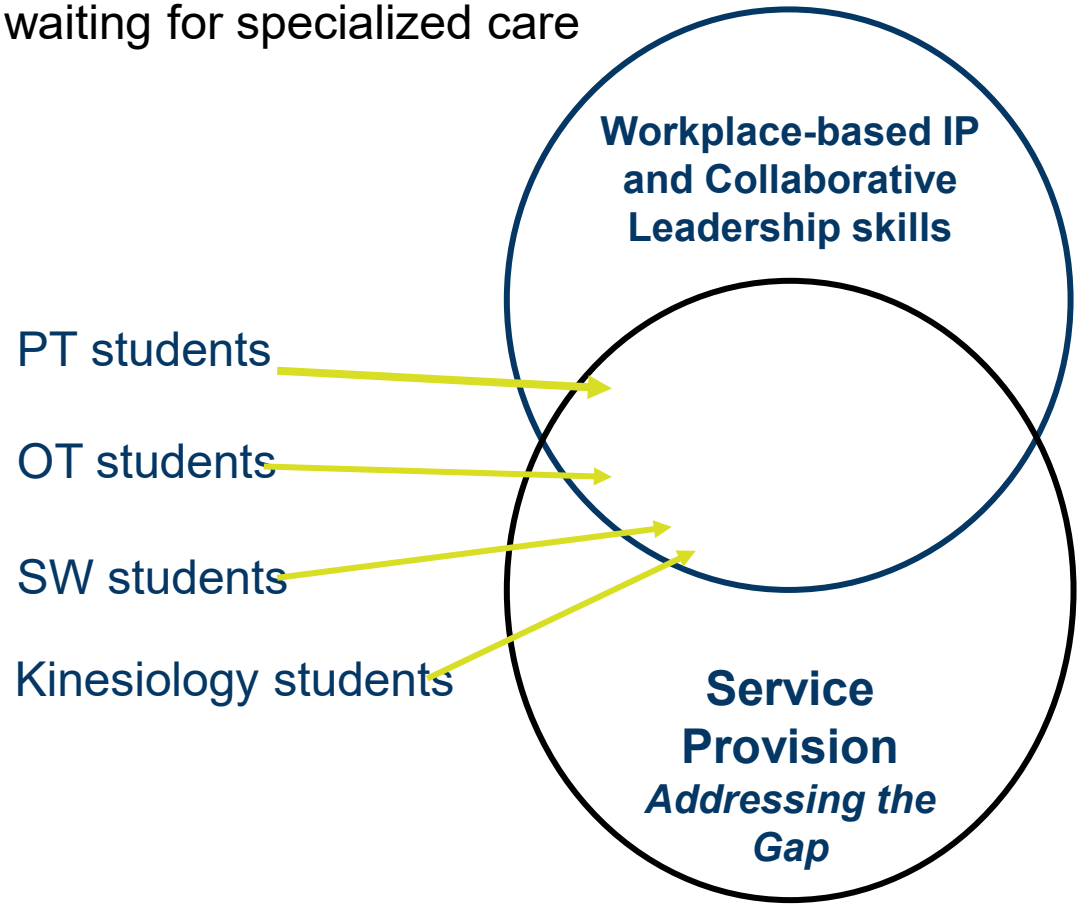
GAP: Kids with concussion do not know how to manage their illness while waiting for specialized care



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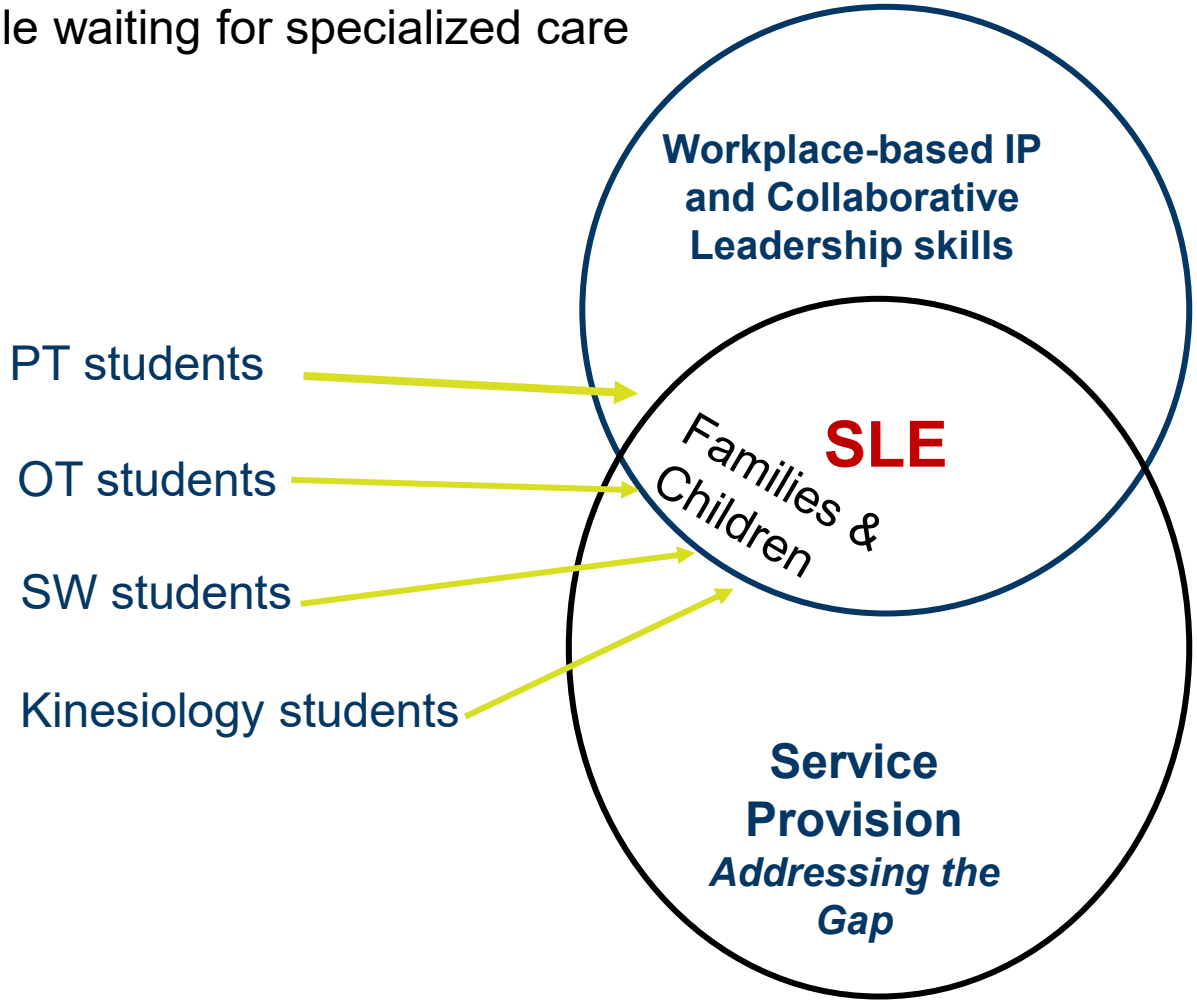
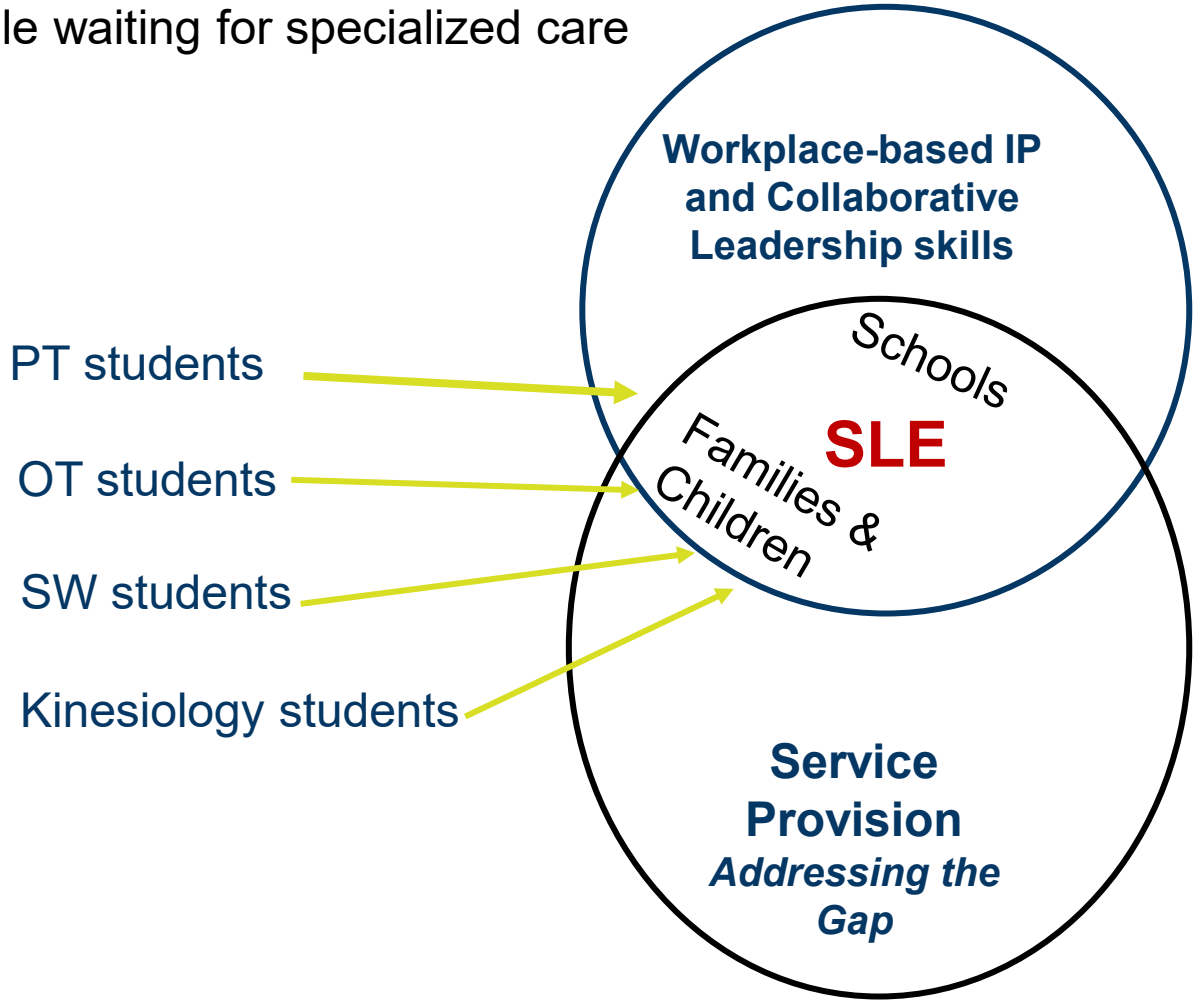
GAP: Kids with concussion do not know how to manage their illness while waiting for specialized care



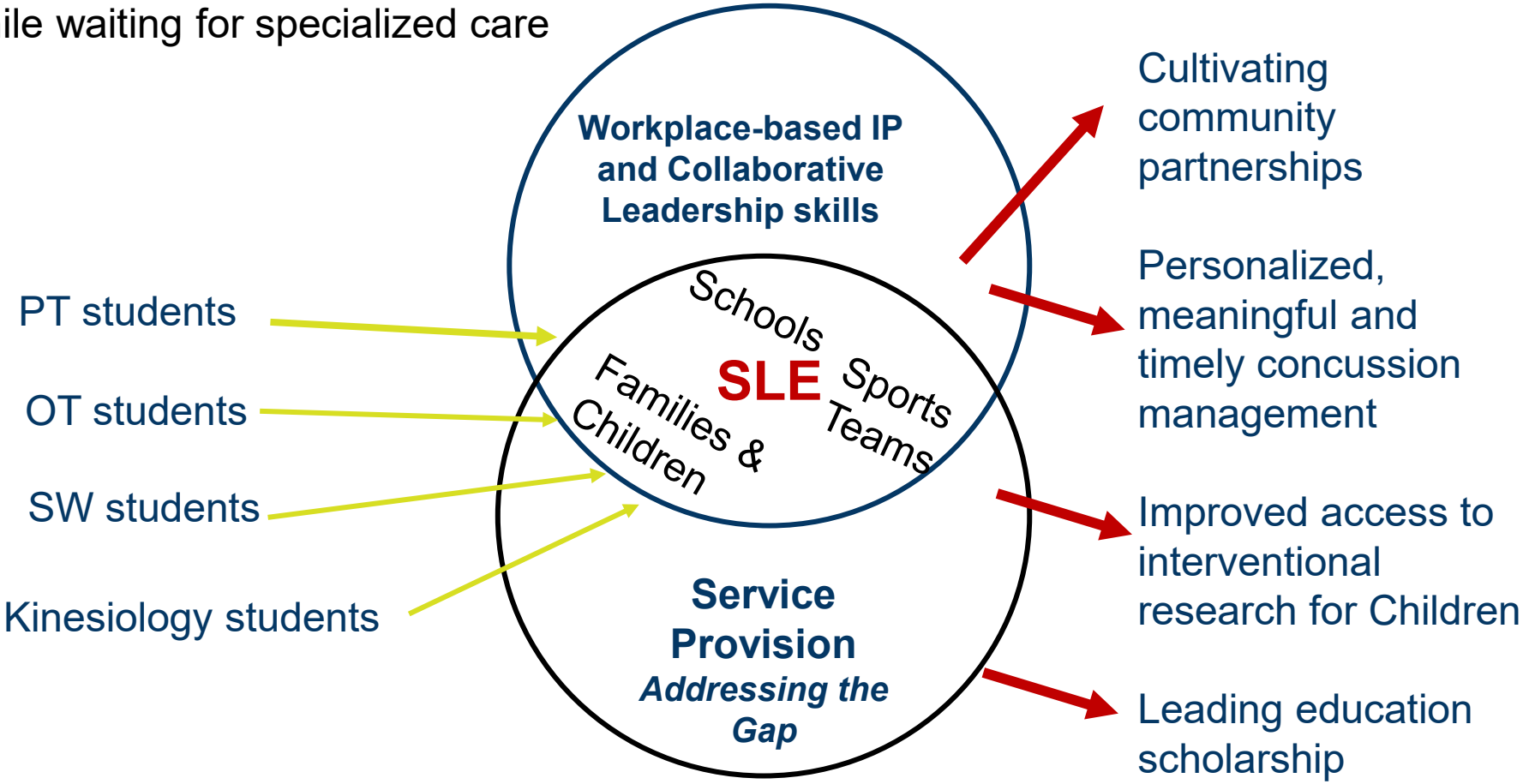
SLEs: Doing more with the same

GAP: Kids with concussion do not know how to manage their illness while waiting for specialized care



SLEs: Doing more with the same

GAP: Kids with concussion do not know how to manage their illness while waiting for specialized care



SLEs: Doing more with the same

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WHAT IS THE VALUE-ADD OF AN SLE ?

SLEs uniquely and seamlessly integrate:

- Evidence-informed Education
- Evidence-informed Practice
- Workplace learning
- Community partnership
- Advocacy and Equity through Transformative Education…

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WHAT IS THE VALUE-ADD OF AN SLE ?

...While addressing system pressures:

- Service Gaps
- Gaps in leadership education programming for health professionals
- Health human resource shortages (shortage of preceptors, eg. nursing)

SLE Principles

- Collaboration and partnership
- Interprofessional learning
- Safety
- Student learning through leading
- Addressing gaps
- Adaptability and flexibility
- Transparency
- Show impact

Co-created by attendees at the SLE community of practice retreat – November 2019

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EVIDENCE FOR SLES

Research indicates that the value of SLEs include:
- short-term student learning outcomes
- patient satisfaction rates
- real-life accountability
- professional role development
- identity, independence, self-esteem of students,
- staff satisfaction
- enhanced cost effectiveness
- decreased length of stay and costs

(Oosterom, 2018, Brewer, 2013, Hylen, 2007, Lind Falk, 2013, Hansen, 2009)

From Uni or Multi-Professional to Interprofessional

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What is an Interprofessional Lens ?

It is a practical guide comprised of various questions for individuals/teams to foster interprofessionalism in any area

Areas can include but not limited: care activities, meetings, projects, workshops…

Why? Is the IP approach important to this work?

What? Is the goal of this work & how will working IP enable this goal?

Who? 2 or more different professions/roles involved?

Where? Consider the space and location impact.

When? Time allotted to incorporate interactivity?

How? IP facilitation and reflection.

Created by the UHN IPE-C Team - December 2015

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TIPS FOR MAKING AN EDUCATIONAL SESSION MORE "INTERPROFESSIONAL"

- ✓Are **2 or more professions** involved?
- ✓Does significant **interactivity** between participants occur?
- ✓Are there opportunities to **learn about, from and with** one another?
- ✓Are interprofessional teaching/learning moments discussed/addressed?
  - E.g. Are important contributions of different team members highlighted?
  - E.g. Are strategies that enable interprofessional communication discussed?

12 Tips for Education Needs Assessments through an Interprofessional Lens

(revised August, 2017)

Introduction:
Have you been asked to plan education for an interprofessional team? Don't know where to begin? You may be familiar with the many benefits of interprofessional education (IPE) and care (Reeves et al, 2013; WHO, 2010), and have likely participated in or led an education needs assessment before based on tried and true practices (for example, Grant, 2002). However, it is increasingly clear that "…with the growing awareness of the importance of educating the clinical team, needs assessments without an interprofessional component will fall short" (Moore et al, 2011, p. 221). These tips, with embedded reflection questions drawn from the education literature and experience, were designed for use by planning groups to identify actionable steps to optimize the development of inclusive team-based interventions for learning.

1) Build an interprofessional planning team for the needs assessment

- How are diverse and applicable professions and roles represented on the planning team? (e. g. regulated and other care providers? support service workers? patients and family members? learners?)
- How well does the planning team reflect the learning community?
- How will other formal and informal leaders be engaged in the planning process?

2) Identify stakeholders based upon principles of inclusivity

- Consider stakeholders broadly when designing your needs assessment and in deciding who will participate (e.g. in interviews, surveys, focus groups)
- Optimize inclusivity – ask: 'is there anyone else who should be part of this work?' (e.g. other departments, professions and roles who may be impacted)
- Consider patients, clients, and community members who could be engaged as part of the team
- Are there stakeholders external to your organization who should be consulted? (e.g. regulatory bodies, partner organizations, educational institutions)

3) Be purposeful about modeling interprofessional collaboration within the planning team

- Consider ways to enact principles of collaborative leadership on the planning team (e.g. co-leadership model) (e.g. Raelin, 2003)
- Implement strategies that enable psychological safety (Edmondson, 1999)
- Consider tools and resources to advance collaboration on the planning team e.g. collaborative competency frameworks; 'interprofessional lens' (for example, see: http://www.ipe.utoronto.ca/tools-resources/tools-toolkits)
- Collectively establish group norms or agreed upon ways of working within the team (e.g. what will our process be for shared decision making?)

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Widening the Lens on Needs Assessment

Identifying Profession-Specific and Interprofessional Learning Needs Across Professions in an Academic Health Sciences Institution

Elizabeth McLaney, MEd[1,2,3]
Nicole Cooper, MSc[1,8]
Leanne Hughes, MEd[1]
Mandy Lowe, MSc[2,3,4]
Judith Peranson, MD[5,6]
Lisa Di Prospero, MSc[1,7]

Traditionally, education planning for the health professions is conducted in a reactive manner, with profession-specific learning opportunities being organized in response to educational issues arising or based upon speaker availability. Moreover, limited information exists to guide organizations on systematic approaches to planning and implementing large-scale interprofessional learning programs, despite clear evidence for benefits of team-based learning in the workplace. Our organizational approach to the learning needs assessment process was in need of updating to enhance pedagogical rigor and to proactively inform ongoing education planning with respect to both profession-specific and interprofessional learning needs. To address this, a novel mixed methods approach integrated within a quality improvement framework was developed to elicit participant engagement. The approach included use of a questionnaire, focus groups, and key stakeholder interviews. Ranking of learning priorities of respondents indicated that highest priority was placed on learning needs related to profession-specific clinical and technical skills. A number of distinct interprofessional learning needs were identified through this novel needs assessment process, including a selection of clinical topics that were deemed to be well-suited for interprofessional learning forums. Utilization of a multi-method interprofessional approach to needs assessment thus enabled elicitation of more comprehensive results than could have been achieved through a traditional profession-specific needs assessment, and hence changing our ongoing approach to education planning at our organization. *J Allied Health* 2019; 48(3):e87-e93.

From the [1]Sunnybrook Health Sciences Centre; [2]Department of Occupational Science and Occupational Therapy, Faculty of Medicine, University of Toronto; [3]Centre for Interprofessional Education, University of Toronto; [4]University Health Network; [5]St. Michael's Hospital; [6]Department of Family and Community Medicine, University of Toronto; [7]Department of Radiation Oncology, Faculty of Medicine, University of Toronto; [8]Department of Physical Therapy, Faculty of Medicine, University of Toronto.

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IN 2010, the World Health Organization (WHO) stated in their Framework for Action on Interprofessional Education and Collaborative Practice that "after almost 50 years of inquiry there is now sufficient evidence to indicate that interprofessional education enables effective collaborative practice."[1(p18)] Indeed, the WHO[1(p18)] proposes that effective interprofessional learning will support positive outcomes such as optimizing health services, strengthening health systems, and improving population and community health. Moreover, there is growing evidence that workplace-based team training can positively impact healthcare team processes and patient outcomes.[2] These authors report on how team-training interventions and implementation strategies that embed effective teamwork as a foundation for other improvement efforts support healthcare organizations in optimizing team performance, and consequently the clinical care provided. However, while the literature offers many examples of discrete, session-based interprofessional learning initiatives and/or course-based curricula,[3,4] there is still limited information available to guide organizations on systematic approaches to planning and implementing large-scale interprofessional learning programs for diverse employees in a hospital setting.

In health professions education, best practice prescribes the use of a well-designed needs assessment to systematically identify learning needs and to support the development of effective continuing education and professional development programs.[5,6,7] A useful example is provided by the Office of Continuing Education and Professional Development (Faculty of Medicine, University of Toronto) in their 'Quick Tips methods of learning needs assessment.'[8] This model outlines a

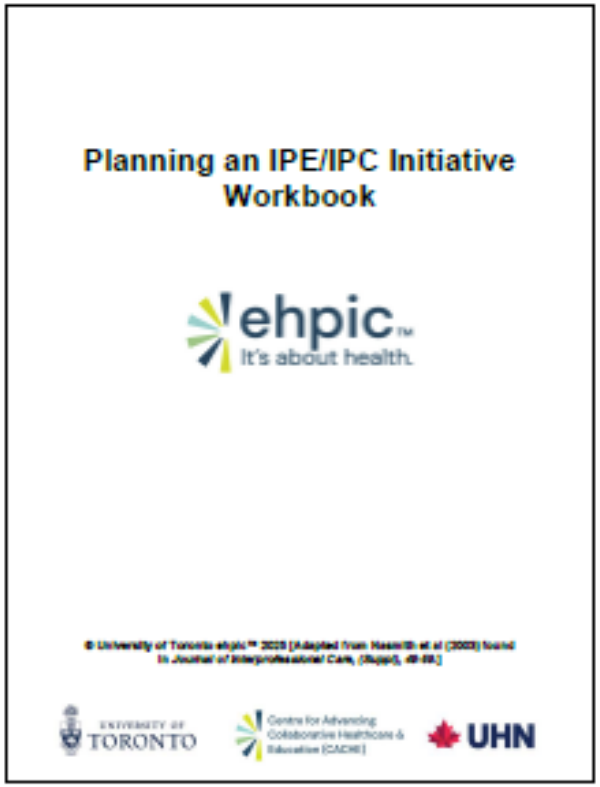
FOR POSTER & GALLERY WALK:

What is your initiative? (title/topic)

Why does this initiative matter, or what gap does it fill?
(could include relevant competencies)

What feedback are you seeking?

INITIATIVE/PROJECT WORK TIME



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Reflection Question

What assumptions have been unearthed?

What might you think or do differently?

Today's Agenda:

1. Check-in / Reflection
2. CIHC COMPETENCY: Relationship Focused Care/Services

Break

3. CIHC COMPETENCY: Team Functioning

Lunch

4. Power & Hierarchy
5. EDIA & Simulation in IPE – pitfalls, promises, and potential

Break

6. Practical Tools for TEACHING Interprofessional Education and Practice
7. Initiative/Project Work Time
8. Reflection & Daily Evaluation

TOOLS & RESOURCES

- Pew-Fetzer 4 dimensions of relationship-centered practice
- Video clips
  - The Family Meeting
  - Team Safety Debrief
- Team values sample (team charter)
- Critical Analysis tool https://teachingfortransformation.com/activity-3/
- Fostering Dialogue resource https://teachingfortransformation.com/strive-for-dialogue/
- Reflexive Questions for Educators and Facilitators https://ipe.utoronto.ca/sites/default/files/assets/files/cache-reflexive-questions-educators.pdf
- Facilitating Interprofessional Learning Toolkit https://ipe.utoronto.ca/tools-toolkits
- Facilitating Interprofessional Collaboration with Students Toolkit https://ipe.utoronto.ca/tools-toolkits
- Interprofessional Lens https://ipe.utoronto.ca/tools-toolkits
- 12 Tips for Needs Assessment Through an Interprofessional Lens https://ipe.utoronto.ca/tools-toolkits

https://www.surveymonkey.com/r/EHPIC2025-2

Daily Evaluation