



**Educating Health Professionals in
Interprofessional Care:**

Advancing the Future of Healthcare
through Interprofessional Learning



TODAY'S AGENDA: WHAT IS NEEDED TO SUPPORT INTERPROFESSIONAL EFFORTS? – LEADING TRANSFORMATION AND CHANGE

- Check-in/Group Reflections
- CIHC Competency: Collaborative Leadership
 - Reflexivity and critical reflection
 - Appreciative Lens
 - Generativity
- Facilitation & IP Facilitation
- Break
- IP Facilitation & IP Simulation debriefing
- Touching on Assessment & Evaluation
- Initiative/Project Presentation Prep
- Lunch
- Adjourning Fruit Groups
- Initiative/Project Sharing and Gallery Walk
- Break
- Setting up for Success: What is needed to support our IP efforts?
- Lessons Learned – 20 years in IPE/IPP (the faculty perspectives)
- Reflections/Next Steps/Tools and Resources
- Program Evaluation & Closing Remarks

CIHC COMPETENCY: **COLLABORATIVE** **LEADERSHIP**

ACTIVITY:

Collaborative Leadership

WHAT DOES COLLABORATIVE LEADERSHIP MEAN TO YOU ?

At your tables, discuss your description of what collaborative leadership means to you.

What does it look like, include, and accomplish when it's at its best?

Explore and choose a metaphor that best reflects your description.

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<http://www.collaborativechangeleadership.ca/>

WHAT DO WE MEAN BY LEADERSHIP ?

Margaret Wheatley defines a leader as anyone who sees an issue or opportunity and chooses to do something about it

Leading from any chair...

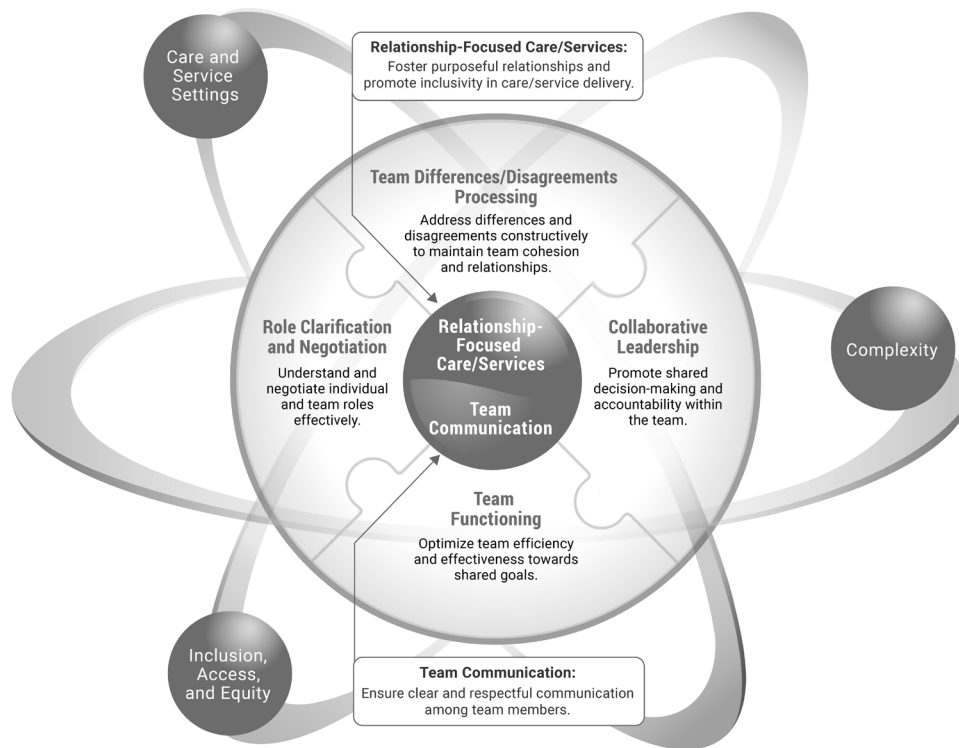
A SCOPING REVIEW ON “LEADERSHIP” IP EDUCATION AND PRACTICE

Suggestions to shift away from traditional hierarchical, individualistic leadership (e.g. dynamic delegation)

Appreciation for the range of expertise in all team professionals and realizing when another team member is better equipped to lead the team

Brewer, M.L., Flavell, H.L., Trede, F., and Smith, M. (2016) A scoping review to understand “leadership” in interprofessional education and practice. *Journal of Interprofessional Care*. 30(4) 408-415.

CIHC COMPETENCY FRAMEWORK FOR ADVANCING COLLABORATION 2024



Collaborative Leadership

All members of a team value each other's knowledge, skills, and expertise, and acknowledge that everyone contributes different strengths and perspectives. They value and support each other and are accountable in sharing decision-making and responsibilities to reach common goals and achievable or desirable health outcomes.

PERSPECTIVES ON COLLABORATIVE LEADERSHIP

TRADITIONAL



SERIAL



INDIVIDUAL



CONTROLLING



DISPASSIONATE

LEADERFUL



CONCURRENT



COLLECTIVE



COLLABORATIVE



COMPASSIONATE



Creating Leaderful Organizations, Joseph Raelin (2003)

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PERSPECTIVES ON COLLABORATIVE LEADERSHIP

The foundation of leadership is not thinking, behaviour, competencies, techniques or position. *The foundation of leadership is who we are – our identity or foundational state. When people alter their interior world, they also alter their exterior world.* As we come to understand this fundamental framework, our understanding of leadership is radically altered.

Building the Bridge as You Walk on IT, R. Quinn (2004)

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PERSPECTIVES ON COLLABORATIVE LEADERSHIP

RESULTS:

What



PROCESS:

How



SOURCE:

Who

Blind spot: Inner place from which we operate

Uncovering the Blind Spot of Leadership, C. Otto Scharmer (2008)

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COLLABORATIVE LEADERSHIP IN COMPLEX TIMES:

Leading Change

COLLABORATIVE CHANGE LEADERSHIP: A MACRO-SYSTEM LENS

Develop people to lead
health system transformation
and enable a more just world for all

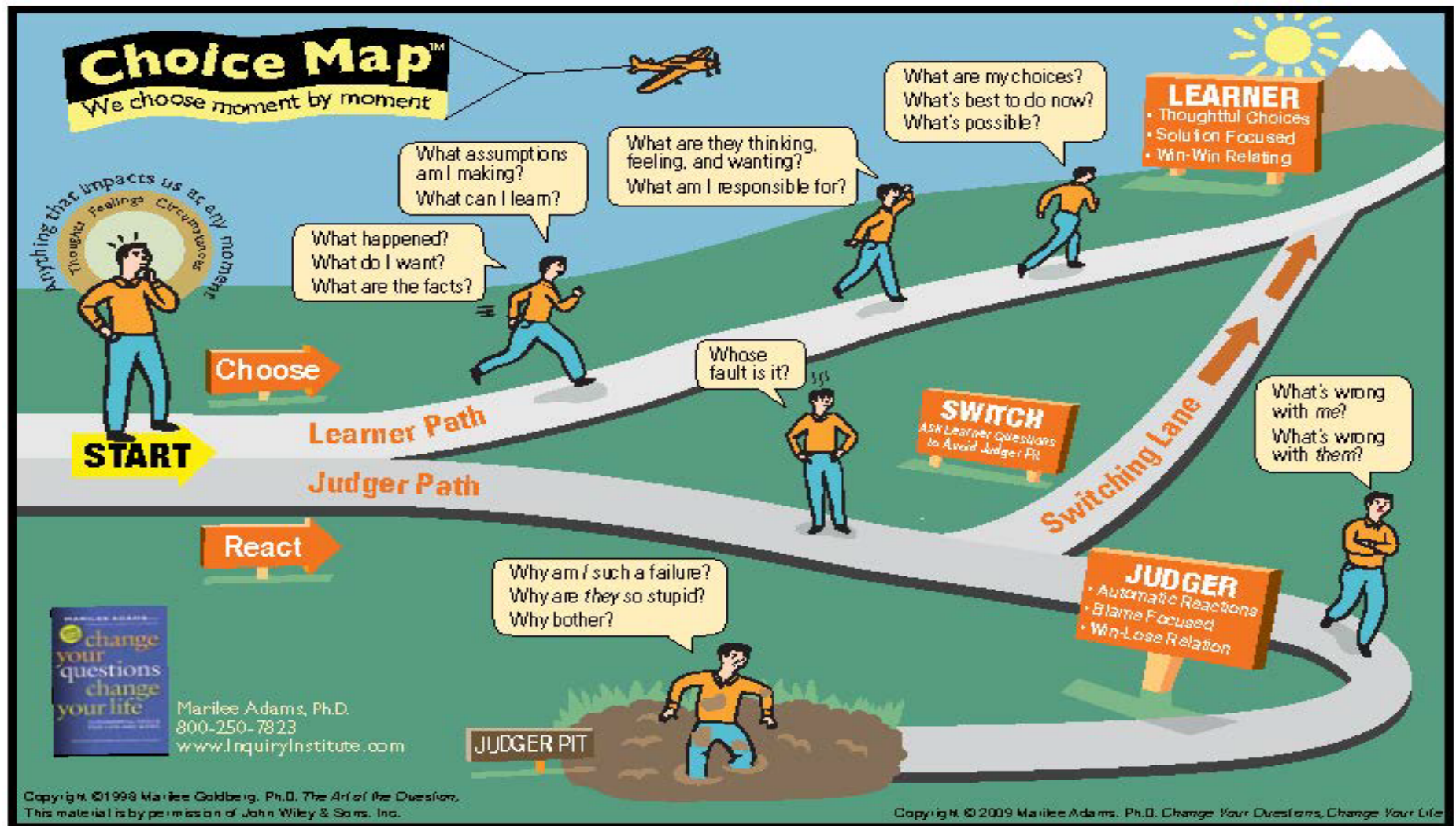
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COLLABORATIVE CHANGE LEADERSHIP

There is not one model or approach – we need a broad and deep understanding of concepts and practices to advance mastery in knowing what is needed and what to “do” in which circumstances.

CHOICE MAP



REFLEXIVITY & CRITICAL REFLECTION FOR EDUCATORS



Reflexivity & Critical Reflection

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

A process of examining assumptions (i.e., individual and societal beliefs and values), power relations, and how these assumptions and relations shape practice (and when these assumptions lead to harm, making change).

The Divergence and Convergence of Critical Reflection and Critical Reflexivity: Implications for Health Professions Education Ng, Wright & Kuper , 2019

Slide from Stella Ng PhD used with permission.

REFLEXIVITY & CRITICAL REFLECTION AT

3 LEVELS: PROGRAM/CURRICULUM, COURSE DESIGN, SESSION/DELIVERY

- What is the purpose of this educational **program/curriculum**?
- What is the knowledge base within this program/experience, how is it limited, and what harms might these limits cause? How will you mitigate these harms?
- Who are the faculty? What perspectives are missing? How will you mitigate this?
- Who are the learners? What considerations need to be made given the cohort?
- What's in your **course/session design**? What's missing and why?
 - i.e. Readings, theories, role models, authors, and voices
- Does your assessment approach align with what you hope to achieve in the **course**? see Baker et al. on Paradigms of Education and Tavares et al. on Congruence in Assessment
- How are learners invited to bring their perspectives and experiences into each **session**?
- How will you respond to arising conflicts or tensions during discussions?

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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...

APPRECIATIVE INQUIRY

**A frame, and approach, to
bring about generative
change**

PROBLEM-SOLVING QUESTIONS

- What are the strengths and weaknesses?
- What are the barriers to understanding this?
- What do you think about this?
- What do we need to let go of?
- What is this resistance about?
- What went wrong and who's to blame?

APPRECIATIVE INQUIRY QUESTIONS

- How might this new idea make our work even better?
- Imagine we implemented this in a way that worked - what would be different? What would be possible that's not possible now?
- What do you need to make this work best?
- What would you like to see here? Where are we closest to what you'd like to see?
- What small change could we make that would make the most difference?

PROBLEM-SOLVING

Identify the Problem

Analyze the Cause

Deductively find Solutions

Treat the Problem

Assumption = a system is a problem to be solved

APPRECIATIVE INQUIRY

Appreciate – the best of what is

Envision what Might Be

Discover what Should Be

Co-create what Will Be

Assumption = system is a mystery to be embraced

APPRECIATIVE INQUIRY

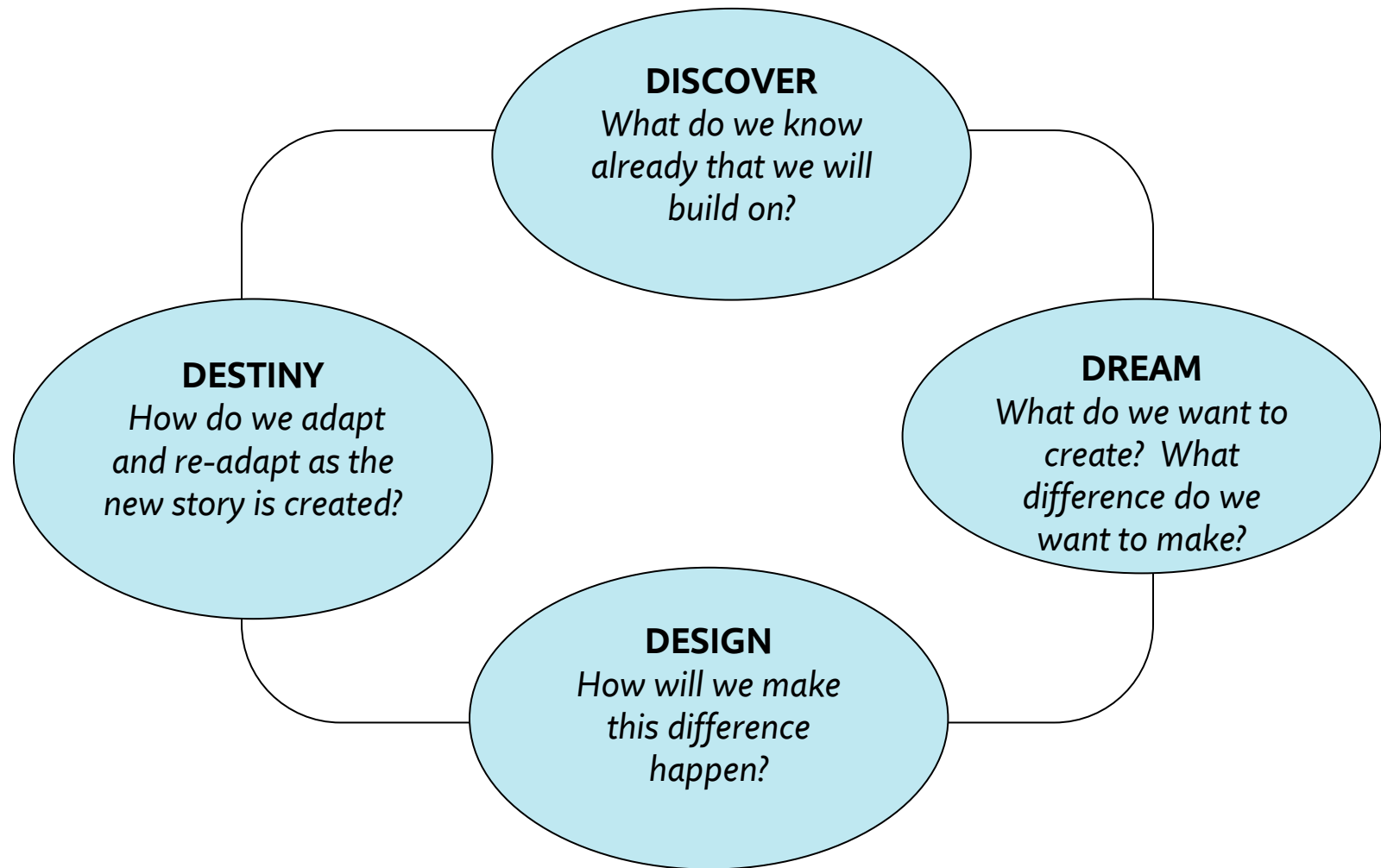
Involves the Art and Practice of asking questions that strengthen a system's capacity to heighten positive potential ...
often involving hundreds or sometimes thousands of people.

APPRECIATIVE INQUIRY

“Organizations grow in the direction of what they repeatedly ask questions about and focus their attention on.”

BERNARD MOHR

APPRECIATIVE INQUIRY 4-D CYCLE



WHAT IS GENERATIVITY?

“...capacity to challenge the guiding assumptions of the culture, to raise fundamental questions regarding contemporary social life, to foster reconsideration of that which is taken for granted and thereby furnish new alternatives for social actions” (Gergen, 1978, p.1346).

“the processes and capacities that help people see old things in new ways.” – (Bushe, 2013, p. 2)

WHAT ARE GENERATIVE QUESTIONS?

1. They are surprising
2. They touch people's heart and spirit
3. Talking about and listening to these stories will build relationships
4. They force us to look at reality a little differently

Bushe, 2013

YOUR CHANGE – PAIRED INTERVIEWS

- What do you value most about this idea?
- Whose voices would be valuable/ important for this work?
- What benefit might this idea bring to ____? Who else could benefit?
- What will it take to make this idea successful?
- What do you need to consider as you think about making this idea a success?

GENERATIVE QUESTIONS

- How might this new idea make our work even better?
- Imagine we implemented this in a way that worked - what would be different? What would be possible that's not possible now?
- What do you need to make this work best?
- What would you like to see here?
- Where are we closest to what you'd like to see?
- What small change could we make that would make the most difference?
- How could disruption create something even better?

GENERATIVE QUESTIONS AND DIVERSITY, INCLUSION & EQUITY

1. What are the strengths of the change movement to date?
2. Who else could benefit?
3. Whose voices are not yet heard that would be valuable/ important for this work?
4. What assumptions am I making?
5. What can I/do I need to learn?
6. What do I need to let go of?
7. What do we need to consider in terms of creating a welcoming space/a sense of belonging?
8. How we will consider our impact, both intended and unintended?

DEVELOPING YOUR GENERATIVE LENS

- How can I focus on exploring possibilities here (rather than limiting options or managing expectations)?
- How can I find out more about what's important to this person?
- How can I pick up on what's important and move it forward?
- How do I identify the things that could make a difference?
- Where do we see hints of our ideal? How do we build on them?
- Where can I see something that moves us closer to our ideal, and how could we build on that?
- How do I need to shift my role to be more generative? (E.g. from “expert” to “collaborator” or “advocate”?)

CHANGE IS BEST NURTURED BY...

- Seeking out diverse voices
- Looking for places to engage in generative dialogue (both generative questions and generative listening)
- Moving at the speed of trust (taking time to listen and change course if priorities run counter to ethical and social values) (Benjamin, 2022)
- Noticing where there is energy for the change and fanning it
- Acting on good-enough-for-now (Ready-Fire-Aim)
- Practicing “radical openness” – “willingness to explore different perspectives and change one’s mind as new information is presented” (hooks, 2003. p. 48)
- Learning for the purpose of adaptation (iterate-iterate-iterate)

Collaborative Leadership

Practical Tools/Examples

Case Example:

Activity 6: Collaborative Leadership

All members of a team will value each other's knowledge, skills, and expertise, and acknowledge that everyone contributes different strengths and perspectives. They value and support each other and are accountable in sharing decision-making and responsibilities to reach common goals and achievable or desirable health outcomes.

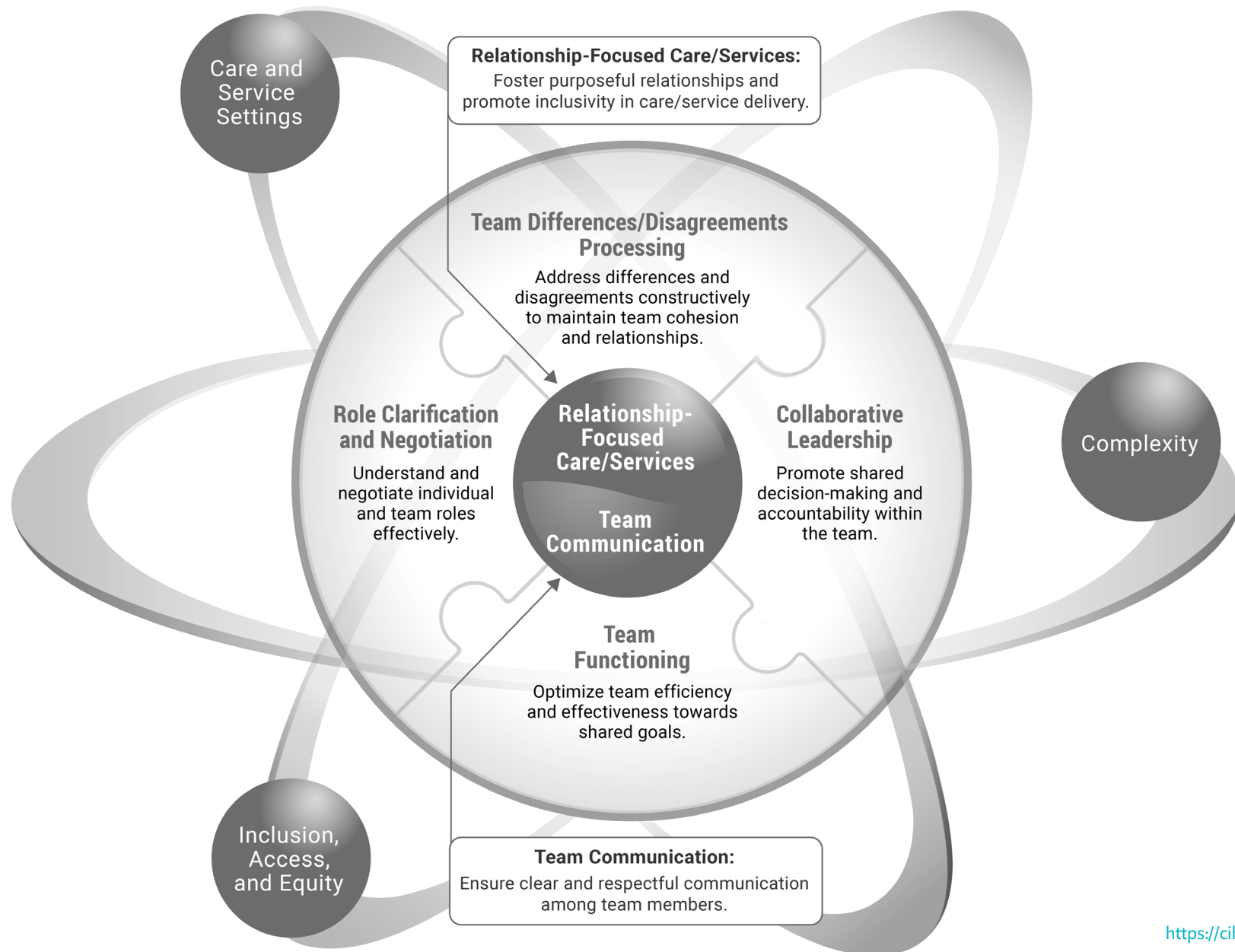
ACTIVITY :

Collaborative Leadership

Collaborative Leadership

Key Summary and Takeaways

CIHC COMPETENCY FRAMEWORK FOR ADVANCING COLLABORATION 2024



<https://cihc-cpis.com>

Facilitation & IP Facilitation

What words
best describe
effective facilitation ?

WHAT IS FACILITATION ?

- “Expert teacher” needs to be replaced by that of a **“facilitator”** (Fox, 1994) or **“coach”** (Schön, 1987)
- Instead of 'teaching' to participants, facilitators need to **'work with'** participants. This approach is advocated within adult learning theory (Knowles, 1980)

WHAT IS FACILITATION ?

A learner-centred approach which invites learners to take full responsibility for decisions, actions and consequences



Group Task

- What we do**

Visible

Hidden

Group Process

- How we do it?**
- Why we do it?**

STAGES OF GROUP DEVELOPMENT

- **Forming** - tentative, hesitant
- **Storming** - realize work ahead, almost panic
- **Norming** - as they work together, initial resistance fades, start helping each other
- **Performing** - more comfortable with each other, effective
- **Adjourning/Mourning**

Tuckman, B. (1965). Developmental sequence in small groups.
Psychological Bulletin, Vol 63(6) 384-399

WHAT MAKES FOR A GOOD FACILITATOR ?

- Promote thinking and problem solving
- Nonthreatening
- Encourages interaction
- Does not lecture
- Highlighted clinical relevance
- Wants to be there
- Outlines small group objectives and remembers to summarize the discussion
- Expand on the case or generalizing issues to another clinical situation

VIDEO SIMULATION

Group Norms

DEBRIEF

What did the facilitator do that impacted on the group of learners?

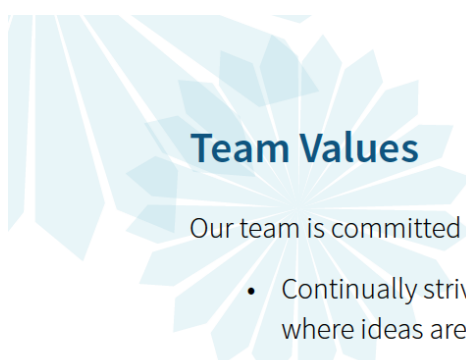
What could have been different and supported the learning?

ROLE OF FACILITATOR

- Establish **ground rules** with group (norms)
- Establish **learning climate** (including acceptance of limitations – “it is ok not to know”, respect, comfort, stimulating, promote participation)
- Observe and clarify **group process**

LIVING OUR NORMS AND VALUES:

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.

**What does it mean to be
an
IP Facilitator?**

What is IP Facilitation?

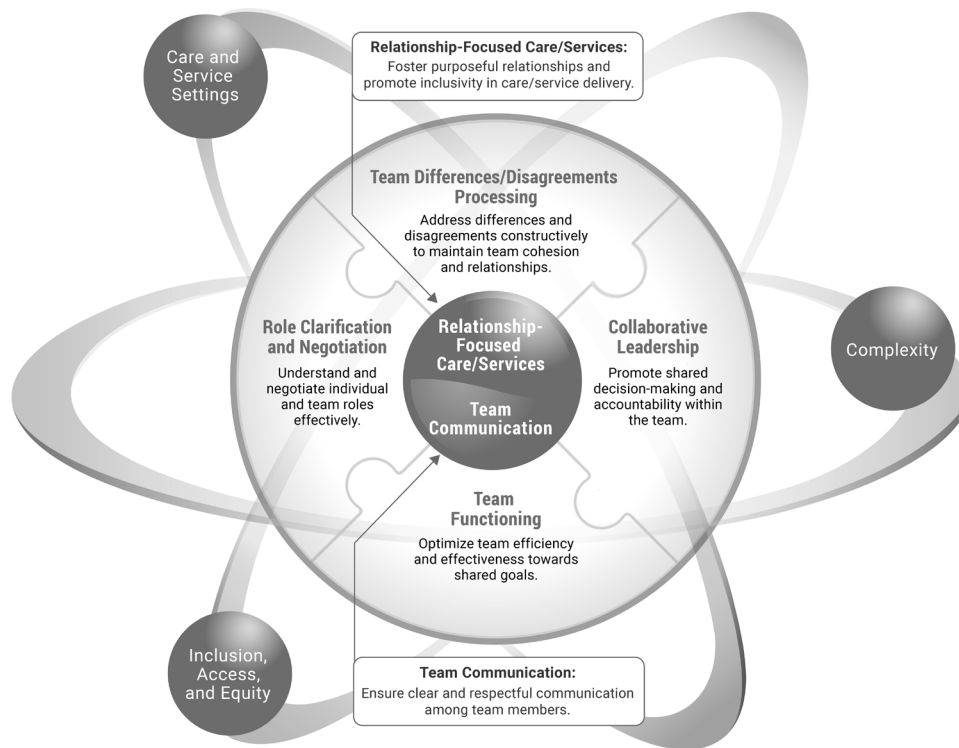
In IPE, a skilled facilitator is neither a team member nor detached observer. Instead, s/he moves with the ebb and flow of student interactions, surfacing as needed to **shed light on group dynamics**, draw out new understandings, and encourage reflection. S/he gently shapes the movement of the interprofessional team and **nurtures the creation of shared meaning** among team members.

LeGros, T.A., Amerongen, H.M., Cooley, J.H. & Schloss, E.P. (2015). Using learning theory, interprofessional facilitation competencies and behavioral indicators to evaluate facilitator training. *J Interprof Care*, 29(6):596-602

YOUR IP FACILITATION IS CRITICAL

- Faculty play a key role in creating an environment that is supportive of the goals for IPC and indeed can act as role models
- The perceived status or importance of an interprofessional initiative can be negatively affected if faculty do not 'walk the talk'

CIHC COMPETENCY FRAMEWORK FOR ADVANCING COLLABORATION 2024



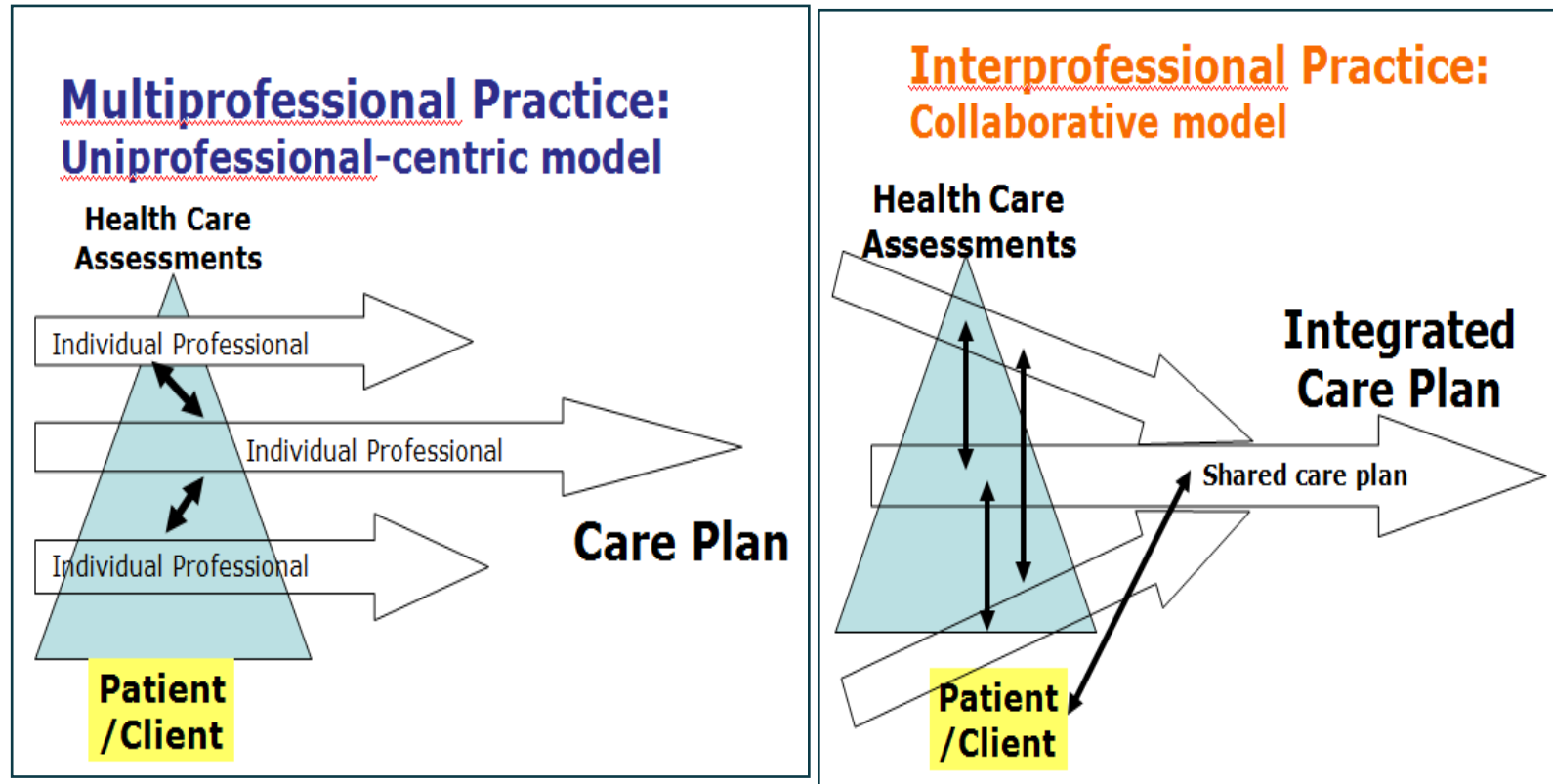
- **Role Clarification & Negotiation**
- **Team Communication**
- **Team Differences/ Disagreements Processing**
- **Team Functioning**
- **Collaborative Leadership**
- **Relationship-Focused Care/Services**

IP FACILITATION COMPETENCIES

- Demonstrates a commitment to IPE and practice.
- Demonstrates culturally appropriate knowledge of group development/**dynamics**.
- Demonstrates **positive role modelling**.
- Possesses an understanding of and confidence in **interactive** learning methods.
- Demonstrates **confidence and flexibility** in using professional differences creatively within groups.

Banfield, V. & Lackie, K. (2009). Performance-based competencies for culturally responsive interprofessional collaborative practice. *Journal of Interprofessional Care*, 23(6), November 2009, pp.611-620.

THE IP FACILITATOR DEMONSTRATES A COMMITMENT TO IPE AND PRACTICE



When one person is not enough → increasing complexity

STAGES OF GROUP DEVELOPMENT

- **Forming** - tentative, hesitant
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Tuckman, B. (1965). Developmental sequence in small groups.
Psychological Bulletin, Vol 63(6) 384-399

Phases of Group Development (needs of group members)	Role of Facilitator
ADJOURNING	DELEGATING/SEPARATING
<i>Terminating the group's work</i>	-Supporting, letting go -Helping group deal with termination issues
PERFORMING	SUPPORTING
<i>Functioning as an effecting group</i>	-Offering own resources, ideas -Sharing the leadership role -Being available for 1:1 consultation/coaching -Smoothing interface between group and organization needs
NORMING	
<i>Managing conflict, maintaining 'ground rules'</i>	
STORMING	COACHING
<i>Dealing with issues of power & control</i>	-Surfacing issues, legitimizing concerns -Facilitating communication, managing conflict -Inviting input & feedback, sharing control -Expecting and accepting tension
FORMING	DIRECTING
<i>Developing a positive working environment</i>	-Climate setting -Clarifying roles, expectations -Defining goals, providing structure

VIDEO SIMULATION

Participation in Rehab

DEBRIEF

What did the facilitator do (or not do) to ensure good interprofessional learning?

How did the facilitator help to ensure all voices were engaged in team-based care?

IPE FACILITATION CONSIDERATIONS

- Number of members & from each profession
- Common ground
- Optimize IP learning opportunities (incl. recognizing IP teachable moments)
- Address stereotypical beliefs about professions (e.g. gender, status, caring, power, etc.)
- Learners may have range of educational experiences (ex. first placement to last)
- Jargon and clarification
- Language including 'what we call things' and words we use

IPE FACILITATION CONSIDERATIONS

- Links between effective team collaboration and client care (task and process)
- Celebrate diversity – understand no one profession has all the answers for a client
- Explore interconnectedness of roles (e.g. direct care and support services)
- Facilitator understands issues of power and hierarchy



BREAK

IPE AND PRACTICE GUIDE NO. 1 – DEVELOPING FACULTY TO FACILITATE IPE

Lessons learned:

- Creation of robust linkages between education and practice
- Focus on immersive learning – “hands on”
- Teach faculty to develop competency-driven initiatives
- Consider IPE as the implicit focus when planning curriculum (e.g. explicit focus on safety)
- Coaching/peer mentoring
- **Reflection**

Hall, L.W., Zierler, B.K. (2015). Interprofessional Education and Practice Guide No. 1: Developing faculty to effectively facilitate interprofessional education. *Journal of Interprofessional Care*, 2015; 29(1): 3–7.

INTERPROFESSIONAL FACILITATION SCALE

- 18 items
- Scale: 1 = poor, 2 = fair, 3 = good, 4 = excellent
- can be used individually, by group members, by co-facilitator
- Items loaded on 2 factors:
 - Encouraging interprofessional interaction
 - Contextualizing IPE

Sargeant, J., Hill, T., Breau, L. (2010). Development and Testing of a Scale to Assess Interprofessional Education (IPE) Facilitation Skills. *Journal of Continuing Education in the Health Professions*, 30(2):126-131.

Co-FACILITATION

- Role modeling is key
- Co-facilitation from different professions
- Collaborative learning environments
- Joint reflection
- Enables effective facilitation
- Sharing of responsibilities
- Observing and intervening related to task and process

STRATEGIES TO DEVELOP IP FACILITATION SKILLS

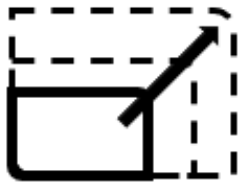
- Shadow experienced IP facilitators
 - e.g. observe, make implicit explicit, evaluate and debrief together
- Engage in formative IPE evaluation
 - Promotes critical thinking re: process and effect of IPE
- Seek mentorship re: IPE
- Participate in a peer group of IP facilitators
- Participate in IP program planning teams
 - Opportunity to learn and influence how IPE occurs

Howkins, E., Bray, J. (2008). Preparing for Interprofessional Teaching: Theory and Practice. Radcliffe Pub: UK.

ONLINE FACILITATION



Opportunities for ***synchronous*** and/or ***asynchronous*** learning



Scalability & Reach



Access to contained, ***multimedia*** learning environments



TEACHING PRESENCE IN ONLINE IPE FACILITATION

- Clearly define **learning objectives & shared goals**
- **Encourage participation** and learners' contributions (reflections, asking questions, use of informal social elements)
- **Facilitator responsiveness** – summarizing discussions, sharing of personal stories, acknowledging participation, personalizing responses, tend to jargon, power/hierarchy
- Acknowledge and leverage opportunities to **learn about, from and with each other**

Evans, S.M., Ward, C., and Reeves, S. (2017). An Exploration of Teaching Presence in Online IPE Facilitation. Medical Teacher.

FLYING BLIND: MORE THOUGHTS ON THE EXPERIENCE OF ONLINE IPE FACILITATION

- Be Prepared for “Flying Blind”
- Don’t let technology take over
- Be explicit, be clear
- Make sure the IPE collaborative process gets its due
- Expect IP group processes may take longer
- Make full use of your Co-Facilitator
- Take full advantage of what the online environment offers

Hanna, E, Soren, B, Telner, D, MacNeill, H, Lowe, M, Reeves, S (2012). Flying blind: The experience of online interprofessional facilitation. Journal of Interprofessional Care, Early Online, 1-7.

VIRTUAL STRATEGIES FOR SMALL GROUP FACILITATION



Directing

Coaching

Supporting

Stepping Back

- Creating Norms/Rules, Calling Out, Turn-Taking Structures
- Chat Messages, Targeted Questions
- Using Technology (Chat Box, Games, Polling, Mentimeter, Annotation)
<https://www.collaborationsuperpowers.com/tools/>
- Open-Ended Appreciative Questions, Using Silence, Redirecting
- Muting (yourself), consult/coach, leaving the breakout room and checking in

Hanna, E, Soren, B, Telner, D, MacNeill, H, Lowe, M, Reeves, S (2012). Flying blind: The experience of online interprofessional facilitation. Journal of Interprofessional Care, Early Online, 1-7.

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](#)

DEBRIEFING AN IPE SIMULATION

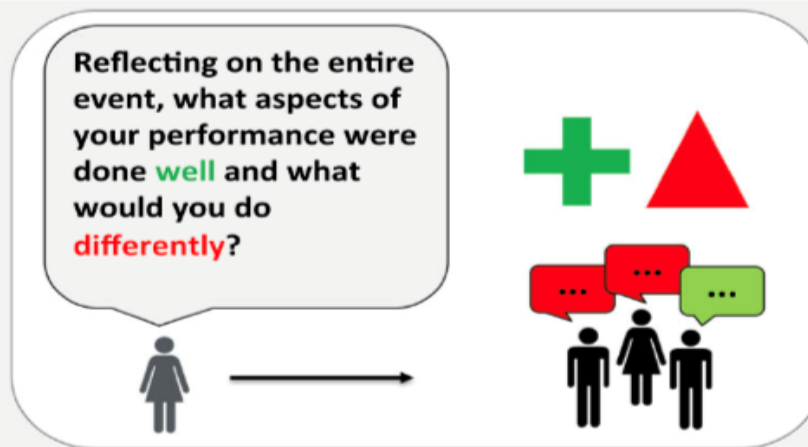
- Debriefing is key to facilitating learning
- Debriefing questions should be targeted at IPE objectives of scenario
- Often need to refocus debrief on IPE objectives
 - OK: Describe the learning objective of this scenario?
 - Better: Describe the interprofessional learning objective of this scenario?
- Use structured template/model

DEBRIEFING

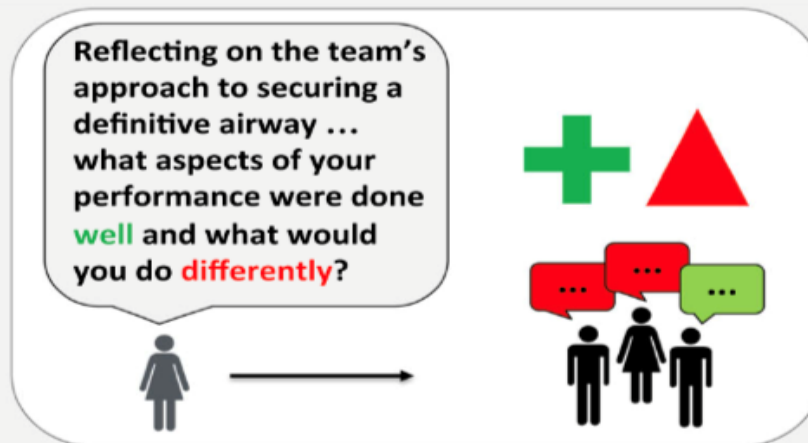
Debriefing frameworks:

- Plus Delta
- Stop Start Continue
- Advocacy/Inquiry
- PEARLS (Promoting Excellence and Reflective Learning in Simulation)

PLUS DELTA



a: Big Picture



b: Specific Performance Issues

Delta for learner self-assessment of: **a.** The big picture or **b.** Specific performance issues

ADVOCACY AND INQUIRY

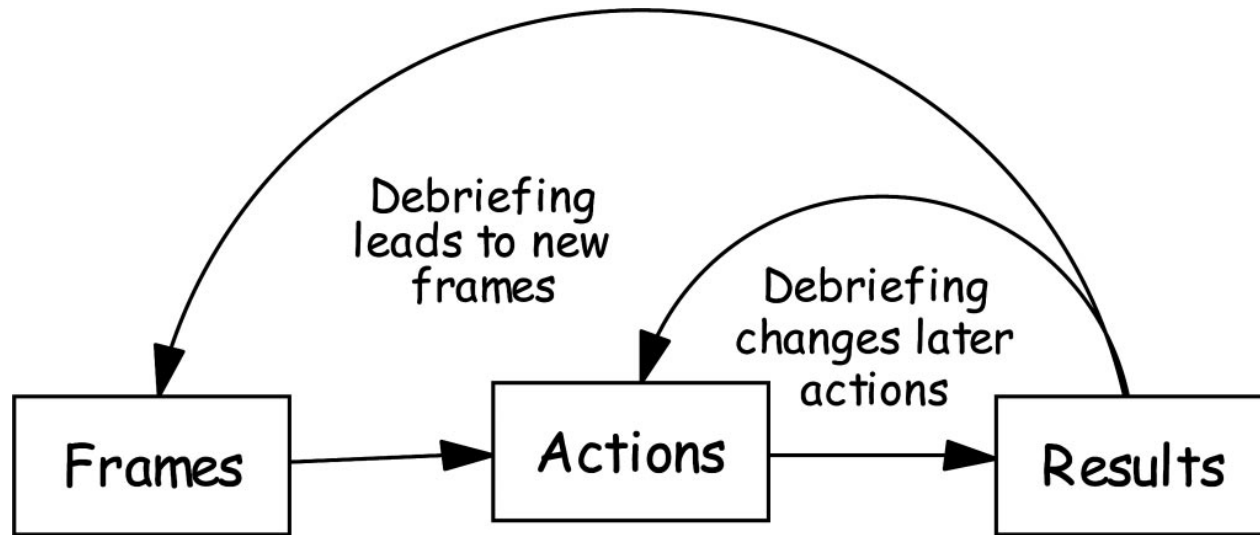


FIGURE 1. Frames are invisible, but inferable; they are in the mind of trainees and of instructors. Actions (including speech) are observable. Most results (e.g., vital signs, order/chaos) are also observable.

SIMULATION Do's

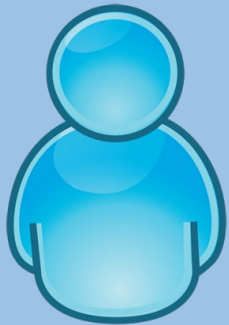
- Create a safe learning environment
- Be aware of your participants' different experiences
- Be aware of your own strengths & weaknesses
- Co-facilitate
- Keep the focus on the IP learning objectives
- Consider stereotypes (especially if learners are role playing a profession other than their own)
- Be prepared
- Practice, practice, practice!

**What is already happening
in simulation education
and/or IPE Simulation in
your organizations?**

Assessment of Competence & Evaluation of Programs

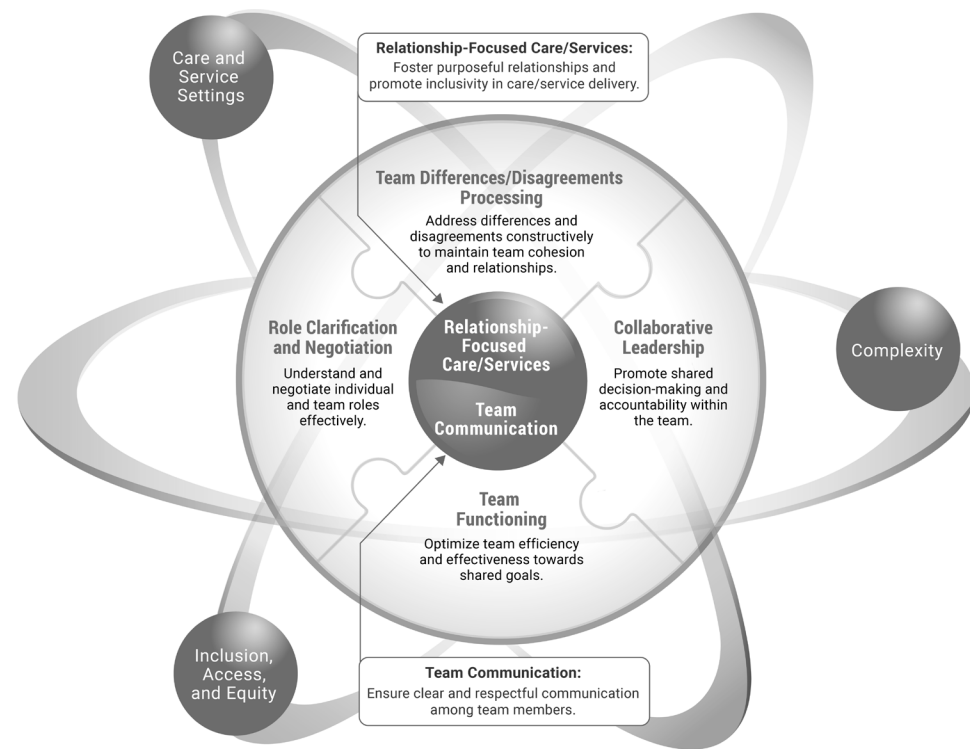
ASSESSMENT

Individuals & Teams



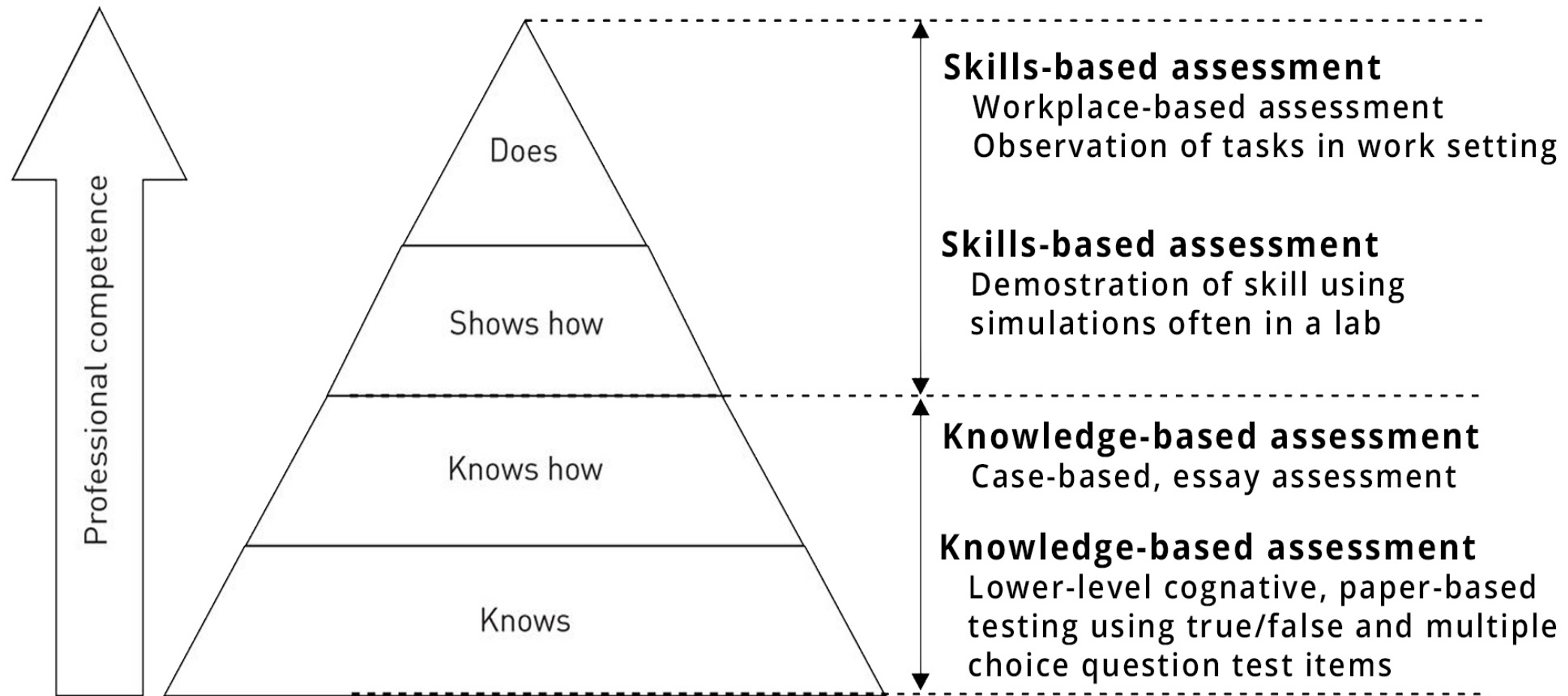
ASSESSMENT

...knowledge, skills, attitudes
& behaviors (competence)...



Canadian Interprofessional Health Collaborative Competency Framework

WHAT DO YOU WANT TO ASSESS ?



Adaptation of Miller's Pyramid of Clinical Competence (1990)

HERE'S THE GOOD NEWS...

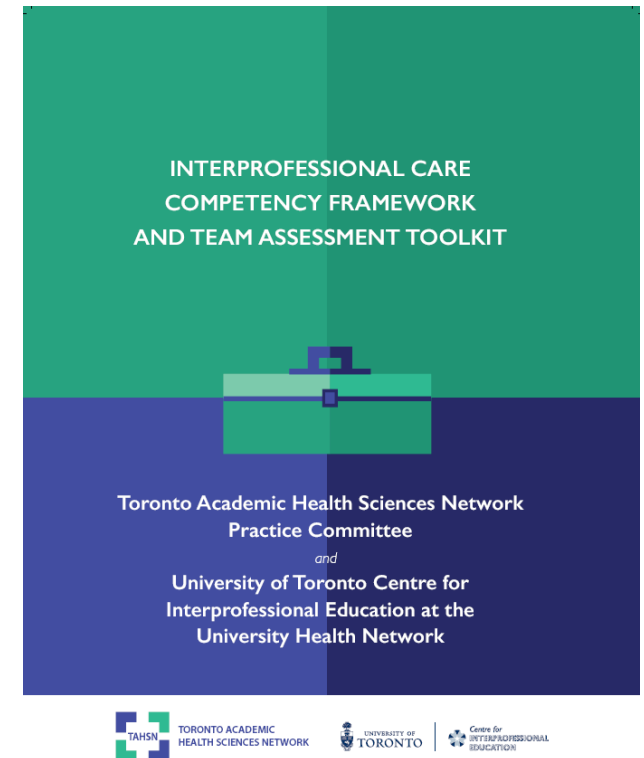
Tools exist....lots of them.

<https://nexusipe.org/advancing/assessment-evaluation>

PRACTICE EXAMPLE: TAHSN TEAM ASSESSMENT AND IPC COMPETENCY TEAM TOOLS

1. System-wide, evidence-based and standard IPC competency framework
2. Advancing Collaborative Teams (ACT) Toolkit: Team Assessment, Reflection and Action Planning
3. IPC Performance Assessment Tool and Interviewers Guide

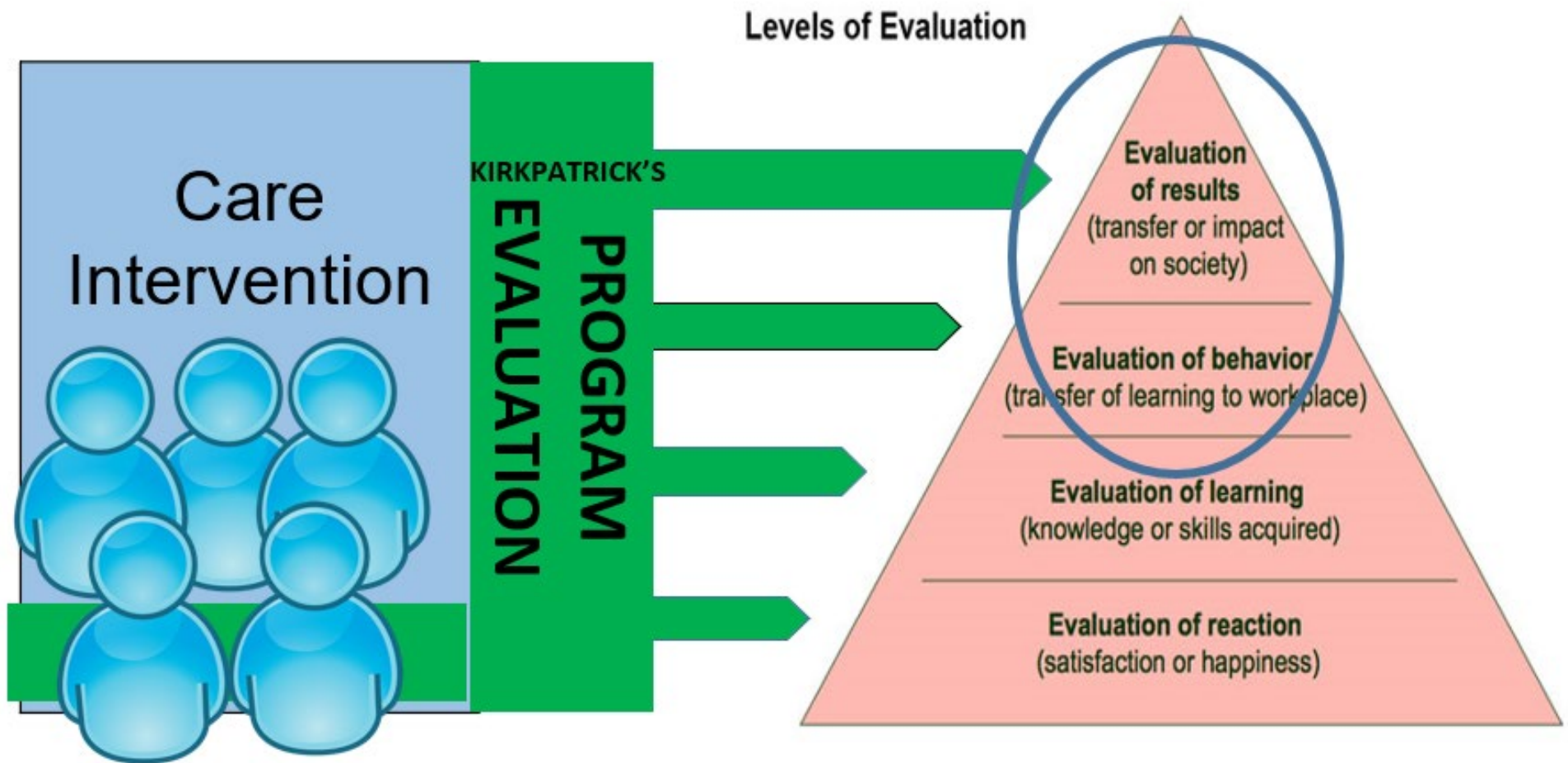
<https://ipe.utoronto.ca/tools-resources/tools-toolkits>



THINGS TO CONSIDER WHEN THINKING ABOUT ASSESSMENT

- Why assess? Why not assess?
- What might be missed through typical assessment approaches?
- What are some emerging ways and successful practices that you have used when thinking about assessment of Interprofessional competence within individuals, and team competence?

EVALUATION



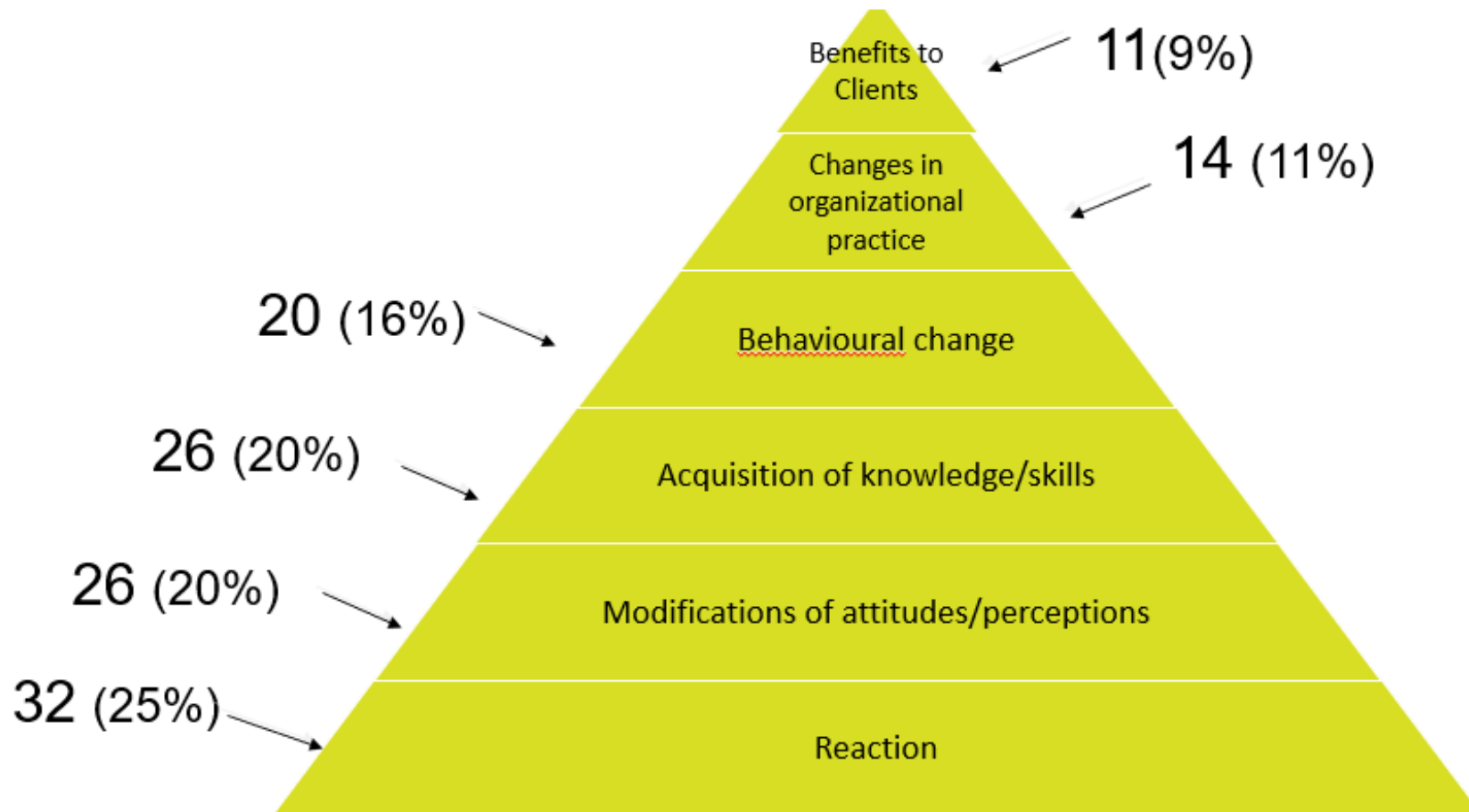
Efficient and effective Delivering high quality prog with impact on organizational change and patient outcome within a SHORT timeline



Hammick, M. et al (2007). BEME Guide no. 9. Medical teacher, 29(8), 735-751.
Reeves, S. et al. (2016). BEME Guide No. 39. Medical teacher, 38(7), 656-668.

EFFECTS OF INTERPROFESSIONAL EDUCATION

SUMMARY OF THE LITERATURE (BEME GUIDE #39), 2017



THE PURPOSE OF EVALUATION

- To generate credible and relevant information that will help inform the ongoing development of care/education initiatives, projects, innovations, etc.
- To articulate the value that your care/education initiative, project or innovation is bringing to the individuals or groups who care about it.

EVALUATION THAT DRIVES MEANINGFUL WORK

STEP 1: **Start with “why”**- What is the purpose for evaluating this initiative at this time? (inform development or ongoing improvement, accountability, marketing, etc.?)

STEP 2: Who are the **“voices” in your system** for this evaluation?

STEP 3: What are the **collective hopes** for this initiative?

STEP 4: With your collective hopes in mind, what are you curious about? In other words, what **questions do you want to ask now** so that you can move toward your desired future for this work? (1-2 questions max)

EVALUATION PLAN TEMPLATE

Question	What information will you need?	Where will you get it? (Sources)	How will you get it? (Methods and Tools)	When will you get it? (Process)	Who will get it? (Most Resp. Person)

INITIATIVE/PROJECT WORK TIME

LUNCH



TEAM PRESENTATIONS

1st 4 projects plus gallery walk

2nd 3 projects plus gallery walk

TEAM PRESENTATIONS

ROUND 1:

ROUND 2:



BREAK

SETTING UP FOR SUCCESS: WHAT IS NEEDED TO SUPPORT OUR INTERPROFESSIONAL EFFORTS



LESSONS LEARNED IN BUILDING AN ENGAGED COMMUNITY OF INTERPROFESSIONAL LEADERS



LESSONS LEARNED – ACADEMIC

- Council of Health Sciences (Deans of Health Faculties)
- Governance Committee – Joint Hospital/Practice (CEO's)
- Inter-faculty Curriculum Committee (University)
- Curriculum Leaders for each Health Discipline
- Academic Coordinators of Clinical Education
- Clinical Placement Leaders across Disciplines
- Inventory of Existing Interprofessional Learning across Disciplines
- IP Health Students Association

LESSONS LEARNED - PRACTICE



**Toronto Academic
Health Science
Network**



IPE/IPC Leaders Network



Centre for Advancing Collaborative
Healthcare & Education (CACHE)

Learning together for a healthier world

<https://ipe.utoronto.ca/>

Welcome



Read Volume 1, Issue
4

(Summer 2023)

[Together: Stories of
Collective Impact](#) 

an international

magazine by CACHE.

CACHE/IPE Awards of Merit
Leadership
Student Leadership
Team-based Care
Teaching(individual/team)

KEY CONSIDERATIONS FOR CoP LEADS/FACILITATORS

Facilitators and facilitation

Introductions/Icebreakers

Membership

Who is your community?

Will the facilitator also act as leader & organizer? Or invite members from group to step in to share roles/leadership?

Communications

e.g. advertising

web-based platform e.g.

repository for ideas & information? (for projects or resources)

Identifying CoP topics of interest (needs assessment)

Identifying CoP topics of activities

Fostering CoP (team) Safety, Collaboration, and Wellness

- Setting the climate / environment
 - Group norms (refer to session 1 & 2)
 - Facilitation
 - Psychological safety
 - Communication & Conflict – recognizing tensions, frustrations, disappointment, disagreements, challenges
- (in)formal Feedback / Evaluation
- *Other?*

COMMUNITY OF PRACTICE (CoP)

- The Collaborative CoP meets on a regular basis, to continue the momentum and collective work with IPE/IPC in Toronto.

The goals of the Collaborative include:

- To support a time and place on a quarterly basis to continue dialogues and networking about IPE/IPC;
- To share successes, milestones, challenges and resources and,
- To maintain the interprofessional learning exchange.



PATIENT/FAMILY PARTNERS



KEY 5 SUCCESSES - RESOURCES

- **IPE curriculum is mandatory** agreed upon by Deans
- **IPE Faculty Development program (EHPIC™)**
created – cost recovery
- **Multiple research grants** leveraging one vision for
IPE at U of T & its Hospitals
- **CACHE jointly governed and funded by University
and Hospitals – sustainable \$\$\$**
- **IPE Leader positions** in clinical practice sites

What is Needed to Support our IP Efforts?

Integration and Growth

ENGAGING OTHERS THROUGH ELEVATOR SPEECHES

What will you share with your colleagues about the key take- aways from the ehpic course?

What is an elevator speech you will share to engage leader/decision maker to advance IPE/IPC in your context?

On a piece of paper
NEATLY
write 1 thing you will
commit to do
to further your IP Journey
I Plan/Will _____
(signing your name is optional)

Crumple - Throw – Pick one up - Read

TOOLS & RESOURCES – DAY ONE

- IPE/ICP Competency Framework
- Interprofessional Icebreakers
- Video Clips
 - Team Huddle
 - One Less Thing
- Interprofessional “Quick Draw”
- Wheel of Role Clarification & Negotiation Activity
- Communication Tools
- Ladder of Inference
- Conflict Modes
- Project/Initiative Workbook

TOOLS & RESOURCES – DAY TWO

- 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>
- IHI Framework for Improving Joy in Work <https://www.ihl.org/resources/white-papers/ihl-framework-improving-joy-work>
- 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>

TOOLS & RESOURCES – DAY THREE

- Tips for Collaborative Leadership
- Stages of Group Development – Role of Facilitator
- Tip sheet for IPE Facilitation
- Video Clips
 - Group Norms
 - Participation in Rehab
- Simulation Debriefing Tools
- IPE and IPC measures (assessment and evaluation)
- Team Assessment Toolkit
- AI 4D Cycle
- Elevator Speeches



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<https://ipe.utoronto.ca/>

COMMUNITY ENGAGEMENT

- CACHE Magazine Subscribe
https://ipe.utoronto.ca/Together_CACHEMagazine
- EHPIC Participant Contact List

PROFESSIONAL & FACULTY DEVELOPMENT

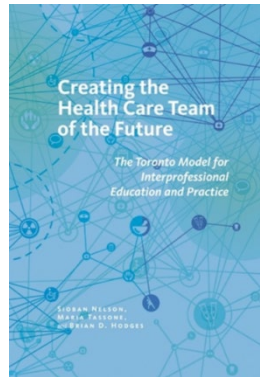
Programs:

- BOOST! (Building Optimal Outcomes from Successful Teamwork) – 2026 TBA
- Collaborative Change Leadership™ - 2026 TBA
- ehpic™ (Educating Health Professionals in Interprofessional Care) – 2026 TBA
- VITAL (Virtual Interprofessional Teaching & Learning)
- Customized programs and consultation



EDUCATIONAL RESOURCES

- CACHE website: <https://ipe.utoronto.ca/>
- Simulation Videos Streaming Licenses
<https://ipe.utoronto.ca/interprofessional-simulation-video-clips>
- Book: “Creating the Health Care Team of the Future: The Toronto Model of Interprofessional Education and Practice”
- WHO website:
http://www.who.int/hrh/resources/framework_action/en/
- Canadian Interprofessional Health Collaborative
<http://www.cihc-cpis.com/>



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TODAY'S AGENDA: WHAT IS NEEDED TO SUPPORT INTERPROFESSIONAL EFFORTS? – LEADING TRANSFORMATION AND CHANGE

- Check-in/Group Reflections
- CIHC Competency: Collaborative Leadership
 - Reflexivity and critical reflection
 - Appreciative Lens
 - Generativity
- Facilitation & IP Facilitation
- Break
- IP Facilitation & IP Simulation debriefing
- Touching on Assessment & Evaluation
- Initiative/Project Presentation Prep
- Lunch
- Adjourning Fruit Groups
- Initiative/Project Sharing and Gallery Walk
- Break
- Setting up for Success: What is needed to support our IP efforts?
- Lessons Learned – 20 years in IPE/IPP (the faculty perspectives)
- Reflections/Next Steps/Tools and Resources
- Program Evaluation & Closing Remarks