ehpic™
It's about health.

Educating Health Professionals in Interprofessional Care:

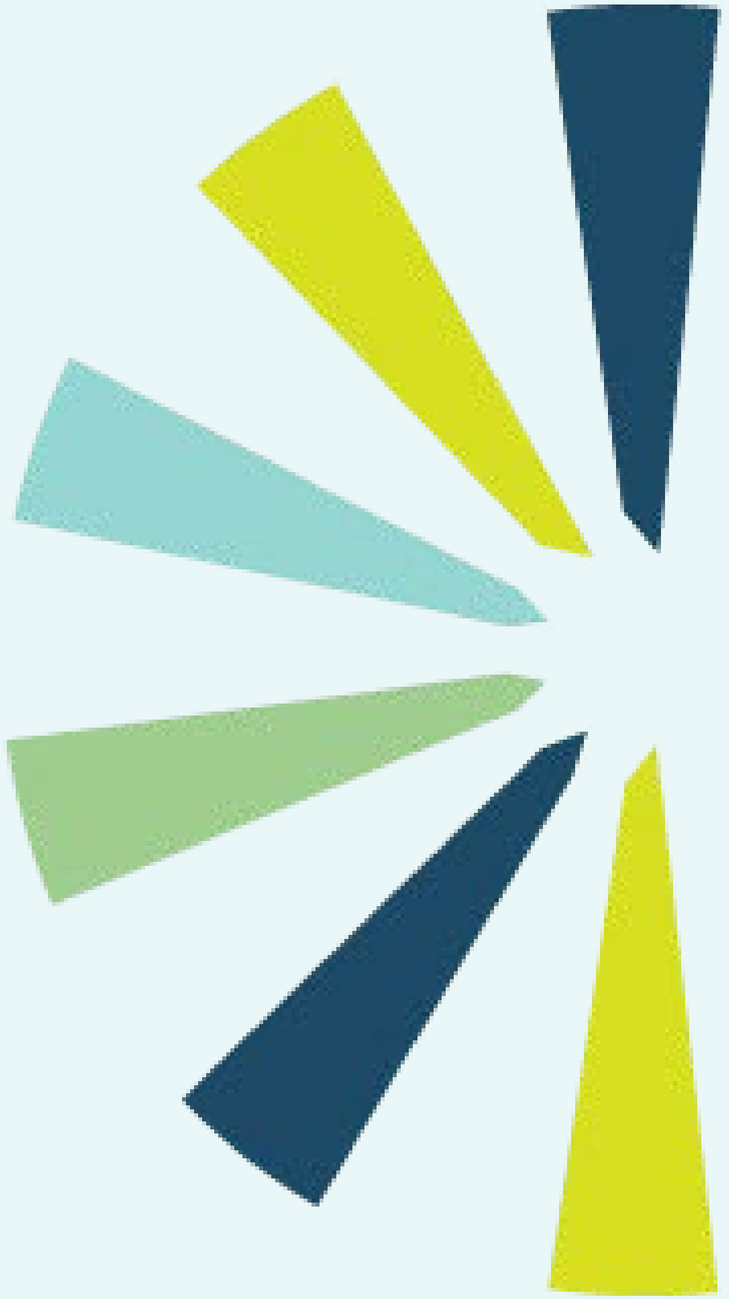
Advancing the Future of Healthcare through Interprofessional Learning

NOVEMBER2 - 4, 2026

UHN

UNIVERSITY OF TORONTO

Centre for Advancing Collaborative Healthcare & Education (CACHE)



REFLECTION

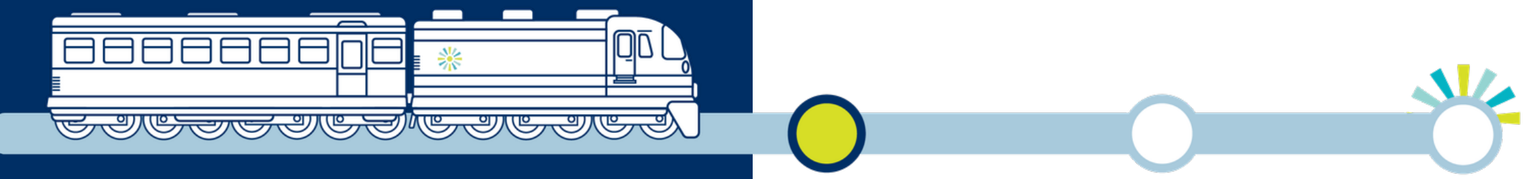
REFLECTION AND APPLICATION

What are you leaving behind or letting go of, and what are you bringing forward into Day 2?

Quick Review

Learnings and Review

Evaluations - What did we hear from you?



Our 3 Day Road Map



Day 1

Collaborative Healthcare: Rationale, Evidence, and Competencies

- Value proposition
- CIHC competency framework
- Project teamwork

Day 2

Effective Practices for Facilitating IPE and ICP

- Educational design
- Facilitation
- Project teamwork

Day 3

What is needed to support interprofessional efforts? Leading Transformation and Change

- Collaborative leadership
- Evaluation
- Project team presentations

Agenda

9:00 - 10:30 am	Frameworks (paradigms) for Learning ICP
	IPE Design
10:30 - 10:45 am	BREAK
10:45am – 12:00pm	Facilitating Interprofessional Group Learning
12:00 - 12:45pm	LUNCH
12:45 – 1:15pm	Project/Initiative Time
1:15 - 1:45 pm	Considering Power in IPE/ICP and Facilitating Dialogue
1:45 - 2:15 pm	Co-Facilitation with patient partners
2:15 – 2:30pm	BREAK
2:00 - 3:45 pm	A tasting menu of facilitation/education approaches from CACHE
3:45 - 4:15 pm	Project/Initiative Time
4:15 pm - 4:30 pm	Wrap Up

Frameworks for Learning

Aligning purpose, process, and product



TABLE ACTIVITY

Discussion

- What is the purpose of interprofessional education?
- What teaching approaches do you use to achieve this purpose?
- What evidence supports these approaches?
- How do you know when your learners have learned?

Be prepared to share with the larger group

TABLE ACTIVITY

Aligning Purpose with Process: “Paradigms” for Learning/Change

- Behaviourism
- Cognitivism
- Constructivism
- Sociocultural
- Humanism
- Transformative

Use 1 table member’s project as the example to work through.

Design for it using 2 different paradigms.

Share back with the large group.

About 5 minutes per group.

Resources

https://teachingfortransformation.com/paradigms-paradigms-of-education/

EHPIC Web Portal

ACADEMIC MEDICINE | AM Last Page

Aligning and Applying the Paradigms and Practices of Education

Lindsay Baker, MEd, assistant professor, Department of Psychiatry, scientist, Li Ka Shing Knowledge Institute, and lead educator–researcher, Centre for Faculty Development, St. Michael's Hospital, Sarah Wright, PhD, assistant professor and scientist, The Wilson Centre and Department of Family and Community Medicine, and scientist, Michael Garron Hospital, Maria Mylopoulos, PhD, associate professor and scientist, The Wilson Centre and Department of Pediatrics, Kulamakan Kulasegaram, PhD, assistant professor and scientist, The Wilson Centre and Department of Family and Community Medicine, and Stella Ng, PhD, director of research, Centre for Faculty Development, Arrell Family Chair in Health Professions Teaching, St. Michael's Hospital, and scientist, Centre for Ambulatory Care Education, University of Toronto

This AM Last Page provides a brief overview of six prevalent and relevant paradigms of education for medical education: behaviorism, cognitivism, cognitive constructivism, social constructivism, humanism, and transformative. A paradigm of education refers to a way of thinking about the purpose of education, the meaning of learning, and the roles of teachers and students. Paradigms of education influence education design and practice, how students are taught and assessed, and what is valued and included in curricula. Awareness of paradigmatic details and differences can support aligned teaching and assessment approaches. While presented separately for clarity, paradigms may overlap in practice.

Paradigms of Education[1–4]

	Purpose of education	Desired learning outcome	Key principles	Examples of medical education practices	Key theorists
BEHAVIORISM					
	To shape desirable behaviors in learners	Change in form or frequency of observable behavior	Producing observable and measurable outcomes; student is a blank slate; teacher shapes behavior through reinforcement	Competency checklists; recall-based multiple-choice examinations; repetition and reinforcement	Pavlov; Skinner
COGNITIVISM					
	For learners to remember and apply information	Perceiving information, processing, storing, and retrieving this information (memory) and applying it (transfer)	Structuring, organizing, and sequencing information in the mind to facilitate optimal processing	Integrated instruction; test-enhanced learning; spaced practice; productive failure	Neisser; Sweller
COGNITIVE CONSTRUCTIVISM					
	To enable learners to acquire and create new knowledge	Actively constructing knowledge on foundations of previous knowledge	Facilitating the use of problem-solving skills that allow learners to go beyond the information given	Guided discovery; contextual variation; dynamic assessment; problem-based learning	Piaget; Vygotsky
SOCIAL CONSTRUCTIVISM (SOCIOCULTURAL)					
	For learners to form identity and cocreate knowledge	Coconstructing knowledge and norms through social interaction	Emphasizing human relationships; learning through participation (activity) in social contexts (communities)	Cognitive apprenticeship; workplace-based learning; communities of practice	Lave & Wenger; Brown & Duguid
HUMANISM					
	For learners to develop the potential for self-actualization	Personal growth	Focusing on human freedom, dignity, and potential; curriculum addresses affective and cognitive needs	Self-reflection; portfolio-based assessments; self-directed learning	Rogers; Maslow
TRANSFORMATIVE					
	To inspire learners to become agents who will improve societal structures	Changing ways of seeing (transformation)	Emphasizing equity and social justice; learners are agents of change	Critical reflection/ reflexivity; dialogue; stories/narratives	Freire; Kincheloe

Paradigms of education must be considered during curricular reform. While a program may operate primarily within one or two paradigms of education, other paradigms may be present at the course or session level. Awareness of assumptions underlying medical educators' thinking and practices is fundamental to promoting quality and success in achieving education outcomes and goals.

References:
1. Ertmer PA, Newby TJ. Behaviorism, cognitivism, constructivism: Comparing critical features from an instructional design perspective. Perform Improv Q. 1993;6:50–72.
2. Mann KV. Theoretical perspectives in medical education: Past experience and future possibilities. Med Educ. 2011;45:60–68.
3. Schuh KL, Barab SA. Philosophical perspectives. In: Spector JM, Merrill MD, Van Merrienboer J, Driscoll MP, eds. Handbook of Research on Educational Communications and Technology. 3rd ed. New York, NY: Taylor and Francis; 2007:67–82.
4. Schunk DH. Learning Theories: An Educational Perspective. 6th ed. Boston, MA: Pearson; 2012.
Author contact: bakerl@smh.ca; **Twitter:** @CentreforFacDev

Acad Med. 2019;94:1060.
First published online March 5, 2019
doi: 10.1097/ACM.0000000000002693

TABLE ACTIVITY

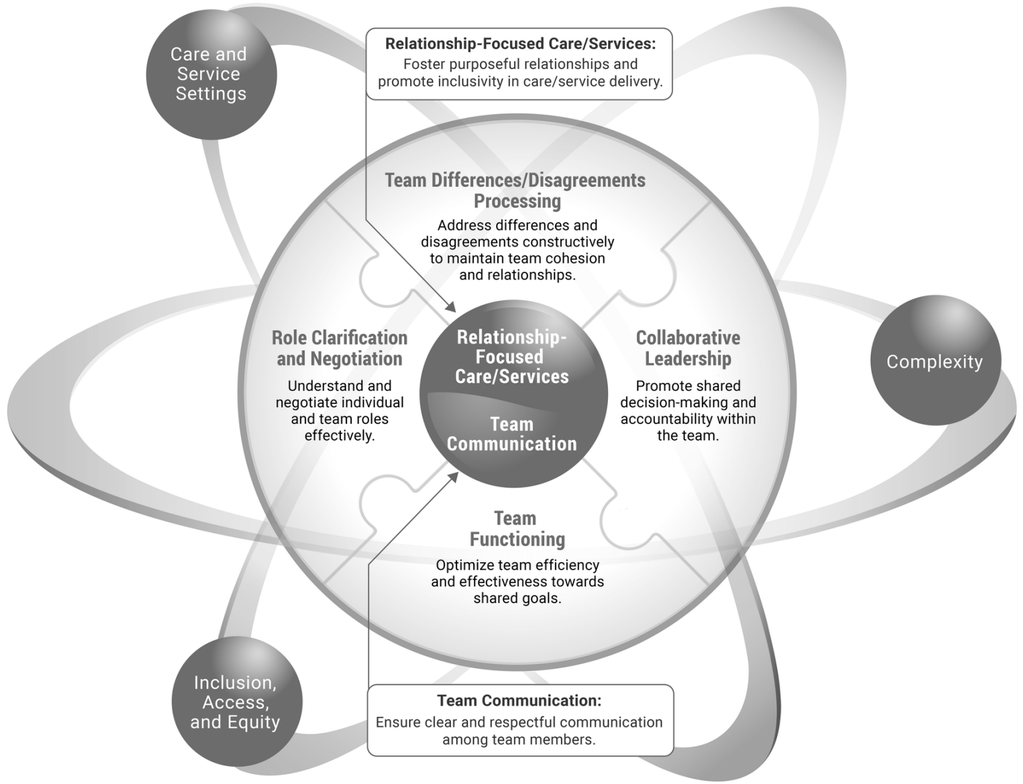
Debrief

Toward a pluralistic approach: Cautions and opportunities

	Purpose of education	Desired learning outcome	Key principles	Examples of medical education practices	Key theorists
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Baker, L.R., Phelan, S., Woods, N.N. *et al.* Re-envisioning paradigms of education: towards awareness, alignment, and pluralism. *Adv in Health Sci Educ* **26**, 1045–1058 (2021). https://doi.org/10.1007/s10459-021-10036-z

Designing for IPE/ICP



KNOWLEDGE SHARING

Existing “ingredients” of IPE that lead to adaptive expertise and critically reflective practice —underpinning capabilities with learning science bases

EHPIC Web Portal

IPE ingredient	Complementary educational design ingredient
A minimum of 50% of the activity is interactive involving discussion or activity between learners	Opportunity for **productive struggle**: using this interactivity to set students up to learn about key concepts by working through complex or challenging cases/scenarios together
A minimum of two distinct professions must be included	Opportunity for **meaningful variation**: intentionally using differing professional perspectives to set students up to notice critical features of key concepts
A formal debrief discussing development of collaborative competencies must be included	Opportunity for **critical dialogue**: using debriefs to set students up to question assumptions and power dynamics related to interprofessional collaborative practice
IPE activities are not assessed/graded	Supports all of the above: contributes to creating a sense of safety to struggle, openly share perspectives, and engage in critical dialogue

Ng, S. L., Forsey, J., Boyd, V. A., Friesen, F., Langlois, S., Ladonna, K., ... & Steenhof, N. (2022). Combining adaptive expertise and (critically) reflective practice to support the development of knowledge, skill, and society. *Advances in Health Sciences Education*, *27*(5), 1265-1281.

https://ipe.utoronto.ca/sites/default/files/assets/files/educational-design-and-ipe-curriculum.pdf

BREAK

UP NEXT

Facilitating IPE/IPC

REFLECTION

Fostering Psychological Safety

Think of a situation where you felt safe and free to speak up about important issues within your team. Alternatively, consider when you have had to hold back.

- What was happening, how did it feel, what was the facilitator/leader doing, saying?
- What do you do to make it “okay” for others to share their opinions and concerns?

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

KNOWLEDGE SHARING

What is Facilitation?

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

Evans, S.M., Ward, C. & Reeves, S. (2017) An exploration of teaching presence in online interprofessional education facilitation, *Medical Teacher, 39:7, 773779,* DOI: 10.1080/0142159X.2017.1297531

KNOWLEDGE SHARING

When Would We Need Facilitation?

- Working through a challenge as a team
- Learning in small groups
- Team meetings

Can you think of any other examples?

KNOWLEDGE SHARING

Indicators of Facilitation

- Setting a climate for learning
- Drawing in participants, prompting discussion
- Encouraging, acknowledging, or reinforcing learner contributions

https://ipe.utoronto.ca/sites/default/files/assets/files/small_-group-facilitation-guideskm.pdf

EHPIC Web Portal

A skilled IP facilitator moves with the ebb and flow of 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 et al. (2015)

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*

KNOWLEDGE SHARING

IPE Facilitation Considerations

Who is in the room

Group Mix
How many members and from which profession

Range of Experience
Learners may have a range of educational experiences (e.g., from first placement to last)

How we talk

Language
‘What we call things’ and the words we choose

Jargon
Notice it and invite clarification

What we notice

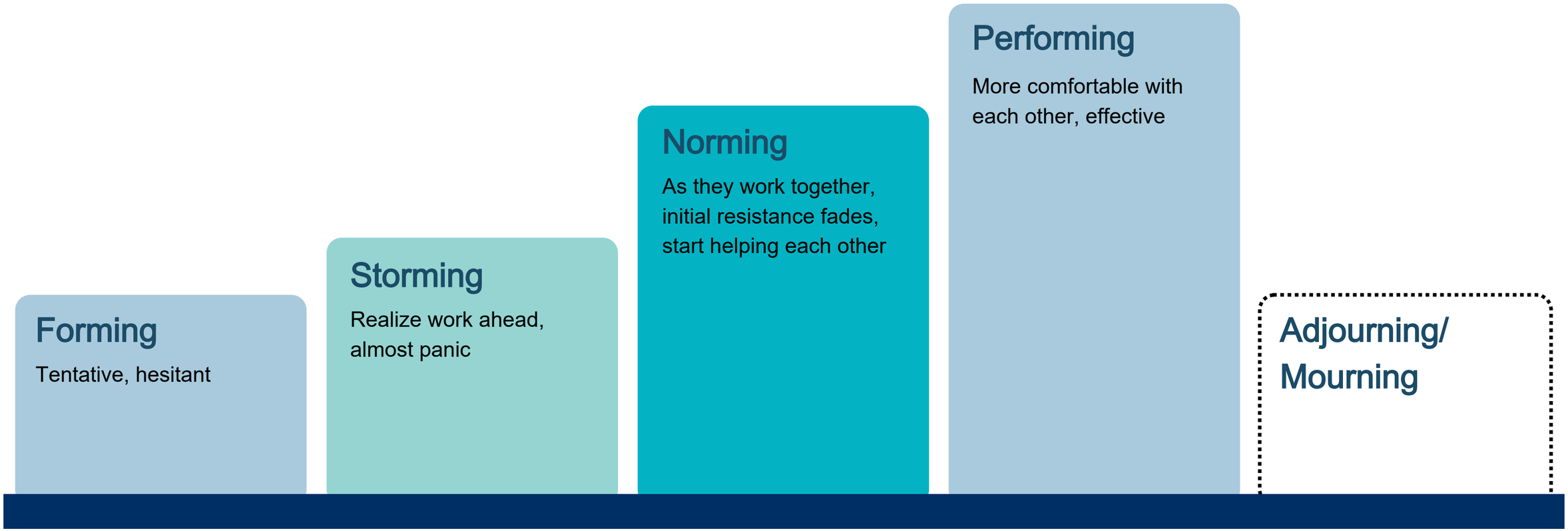
Common ground
What the members share

Stereotypes
Address beliefs about professions (e.g., gender, status, caring, and power)

Teachable Moments
Spot and use interprofessional learning as it happens

KNOWLEDGE SHARING

Stages of Group Development



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

KNOWLEDGE SHARING

Stages of Group Development

A GROUP NEEDS

Forming	Storming	Norming	Performing	Adjourning
A positive working environment	To deal with power and control	To manage conflict and keep ground rules	To function as an effective group	To bring the group's work to a close

THE FACILITATOR IS

Directing

- Setting the climate
- Clarifying roles and expectations
- Defining goals, providing structure

Coaching

- Surfacing issues, legitimizing concerns
- Facilitating communication, managing conflict
- Inviting input & feedback, sharing control
- Expecting and accepting tension

Supporting

- Offering own resources, ideas
- Sharing the leadership role
- Being available for 1:1 consultation/coaching
- Smoothing interface between group and organization needs

Delegating & Separating

- Supporting, letting go
- Helping group deal with termination issues

Group Development & Facilitative Leadership (Laiken M., 1985)

TABLE ACTIVITY

EDUCATIONAL VIDEO:
Medications



Be prepared to discuss

In what ways did facilitation impact the team?

What interprofessional facilitation enhancements would you recommend?

TABLE ACTIVITY

EDUCATIONAL VIDEO:
Discharge Plan



Be prepared to discuss

In what ways did facilitation impact the team?

What interprofessional facilitation enhancements would you recommend?

KNOWLEDGE SHARING

Strategies for Challenging Behaviours

IF YOU SEE...	TRY...
Overbearing participants	Acknowledge their opinions; Redirect question; Reinforce group norms/processes; Parking lot/offline
Quiet or shy participants	Explore their professional role and setting; Sincere, subtle recognition; Offer “introverted” forms of participation
Disagreement and conflict	Acknowledge points of disagreements; Find common ground; Refocus on group objectives
People at different levels	Share roles and leadership; Take turns; Peer support and pairing; Invite different perspectives; Acknowledge value of all contributions

KNOWLEDGE SHARING

Values and 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.

REFLECTION

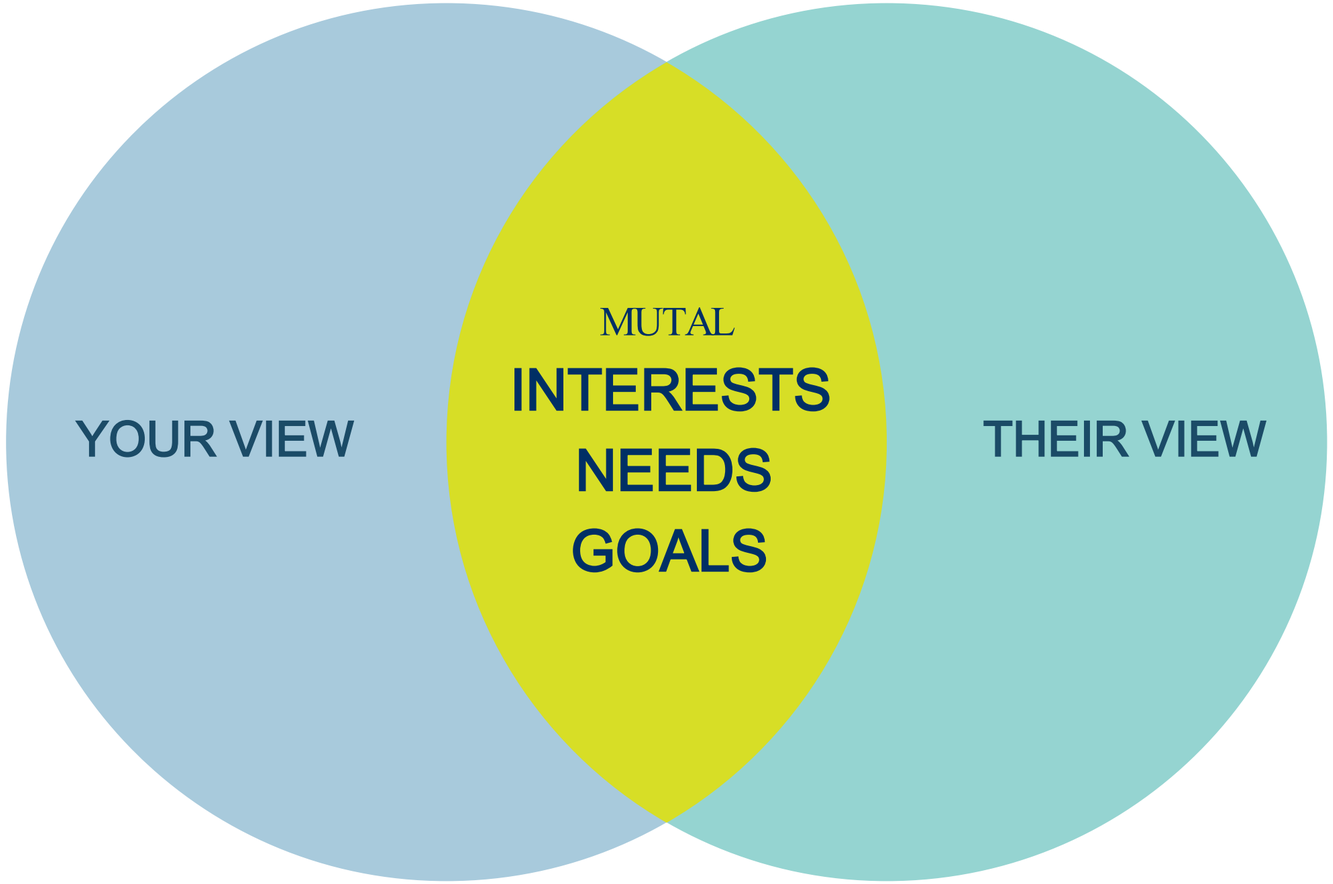
REVISING YOUR NORMS AND REFLECTING ON PROCESS

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

REFLECTION

FINDING COMMON GROUD

It may be closer than you think



Four 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 et al. (2014)

KNOWLEDGE SHARING

Facilitator Development

- Role Modeling and Shadowing
- Co-Facilitation and Mentorship
- Professional Development
- Community of Practices
- Assessment and Evaluation

KNOWLEDGE SHARING

Assessment and Evaluation

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

EHPIC Web Portal

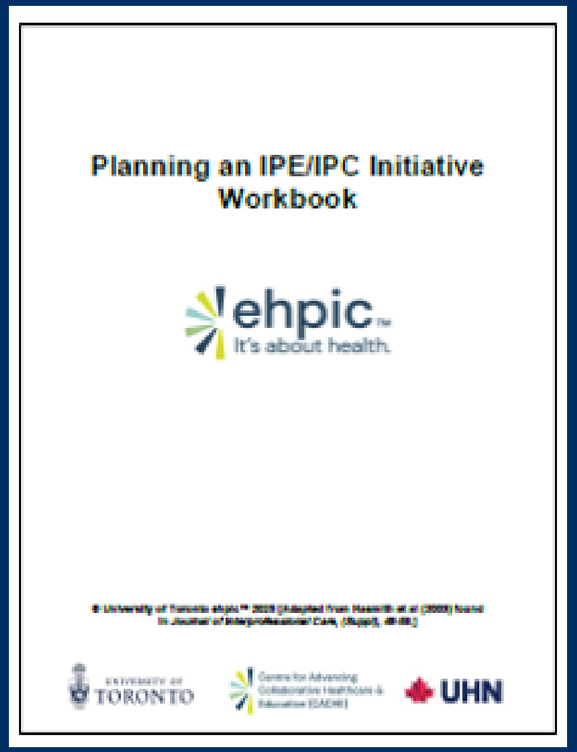
Sargeant, J., Hill, T., Breau, L. (2010). Development and Testing of a Scale to Assess Interprofessional Education (IPE) Facilitation Skills. *Journal of Continuing Education in the Health Professions, 30*(2):126-131.

Lunch

UP NEXT

Project/Initiative Time

PROJECT WORK



Initiative/Program Work Time

Designing for Difficulty

Disagreement, Conflict, and Power





Image: A clinical lesson at the Salpetriere Tapestry

With thanks to Sacha Agrawal. For more on these types of teaching approaches:
https://teachingfortransformation.com/activity-3/

KNOWLEDGE SHARING

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).

Which resonate with you, and why or why not?

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

(Cahn, 2016, p. 2)

KNOWLEDGE SHARING

Language as Evolving Practice

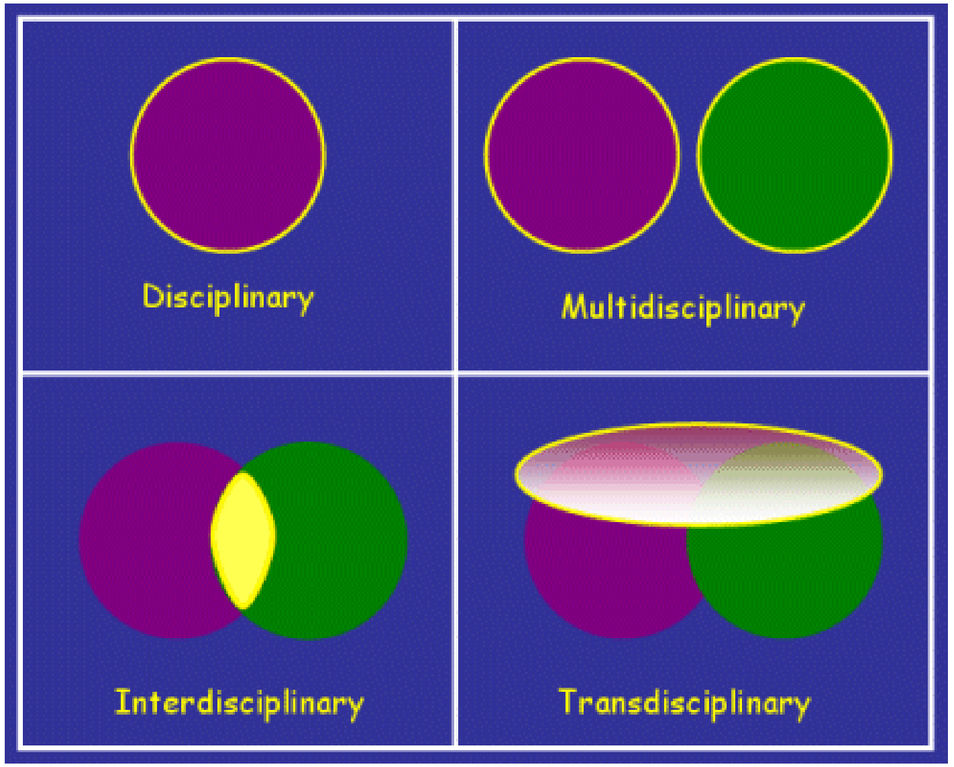


Image source



Titchkosky, T. (2001). Disability: A rose by any other name?“People-First” language in Canadian society. *Canadian Review of Sociology/Revue canadienne de sociologie*, *38*(2), 125-140.

KNOWLEDGE SHARING

Discussion or Dialogue?

	Discussion	Dialogue
GOAL	Reach a consensus or solution	Generate new perspectives
MODE	Persuasive, focused	Exploratory, open-ended
KNOWLEDGE	Objective knowledge	Objective & subjective knowledge
HIERARCHIES	Hierarchies preserved	Hierarchies flattened

(Boyd et al., 2022; Kumagai and Naidu, 2015; Kumagai et al., 2018)
https://teachingfortransformation.com/strive -for-dialogue/

KNOWLEDGE SHARING

Discussion or Dialogue?

- 2 large RCTs comparing discussion to dialogue as pedagogy
- Interprofessional learning activities (through CACHE's electives "PIPES")

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

https://ipe.utoronto.ca/pathway-interprofessional-education-sessions-pipes

(Boyd, et al. 2022; Ng et al., 2022)

TABLE ACTIVITY

EDUCATIONAL VIDEO:
Team Safety Debrief



What did you notice?

KNOWLEDGE SHARING

Reflexive Questions for Education Design

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

EHPIC Web Portal

	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 them? • Have we considered the relationship between what is being taught and social accountability?	• Are we recognizing and responding to arising challenges, harms, and needs? • How are we co-creating accountable and just spaces with learners?	• Have we invited feedback, listened and noticed deeply, and implemented change accordingly? • How and what information are we gathering and using to inform accountable and just spaces for learners?

BREAK

UP NEXT

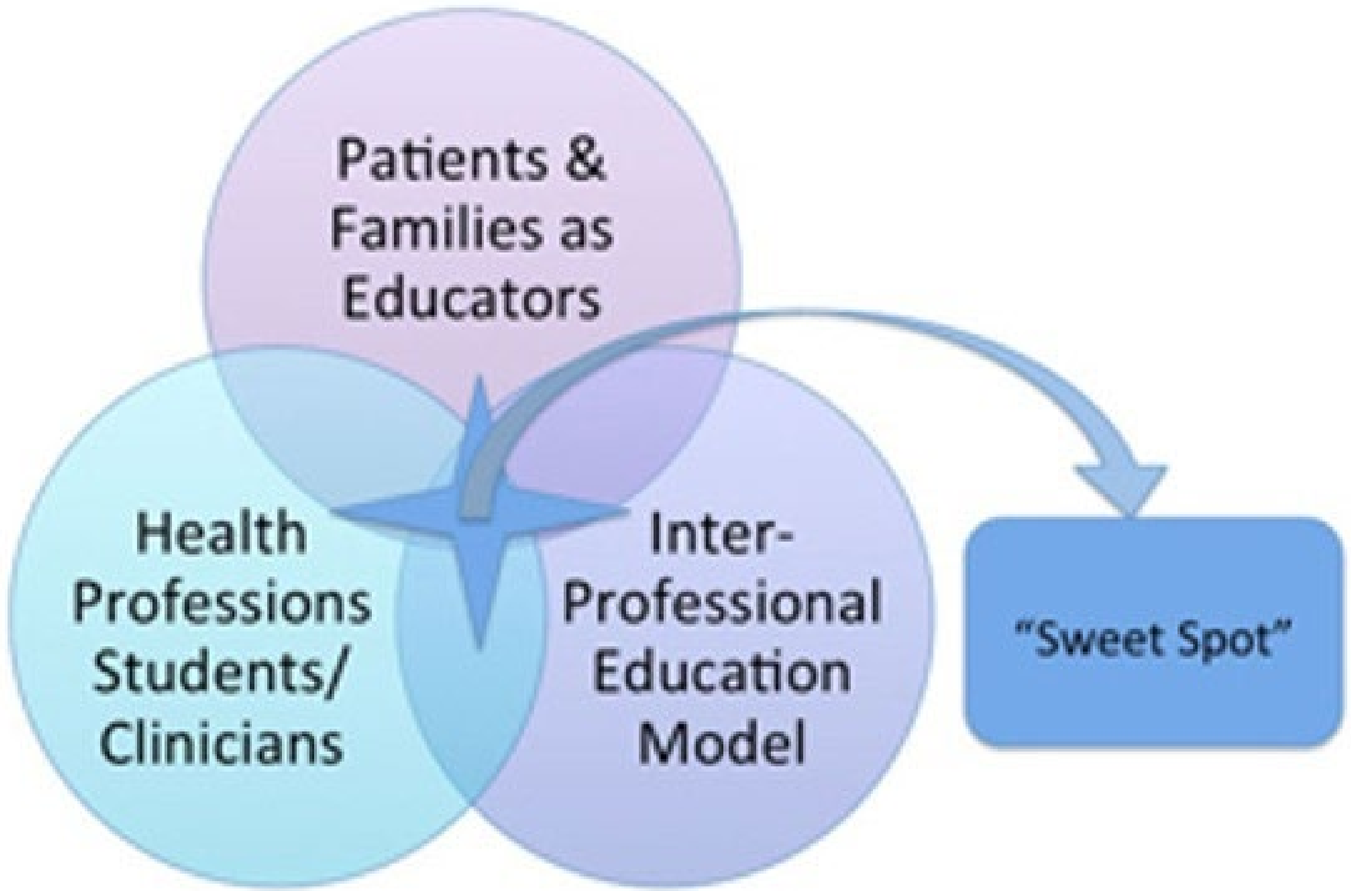
Co-Facilitation with patient partners

Co-Facilitating with Patient Partners



Opportunity

KNOWLEDGE SHARING



Institute of Patient - and Family-Centered Care
www.ipfcc.org/bestpractices/interprofessional-education.html

KNOWLEDGE SHARING

Benefits

- Better understanding of and respect for the experiences (joys and challenges) of patients and their families
- Opportunity to role model and enhance skills in communicating and partnering with patients and families
- Improved ability to raise issues and concerns constructively
- Enhanced skills in managing conflict and resolving issues

Institute of Patient - and Family-Centered Care
www.ipfcc.org/bestpractices/interprofessional-education.html

KNOWLEDGE SHARING

Roles

- Personal experience
- Presentations
- Panels
- Group discussions
- Role-plays or simulations
- Mentoring

Institute of Patient - and Family-Centered Care
www.ipfcc.org/bestpractices/interprofessional-education.html

KNOWLEDGE SHARING

Co-Create, Co-Design, Co-Deliver, Evaluate

Key Elements

Co-design education model

Co-develop curriculum

Deliver curriculum

Evaluate effectiveness of education

Core Concepts of PFCC

Dignity and respect

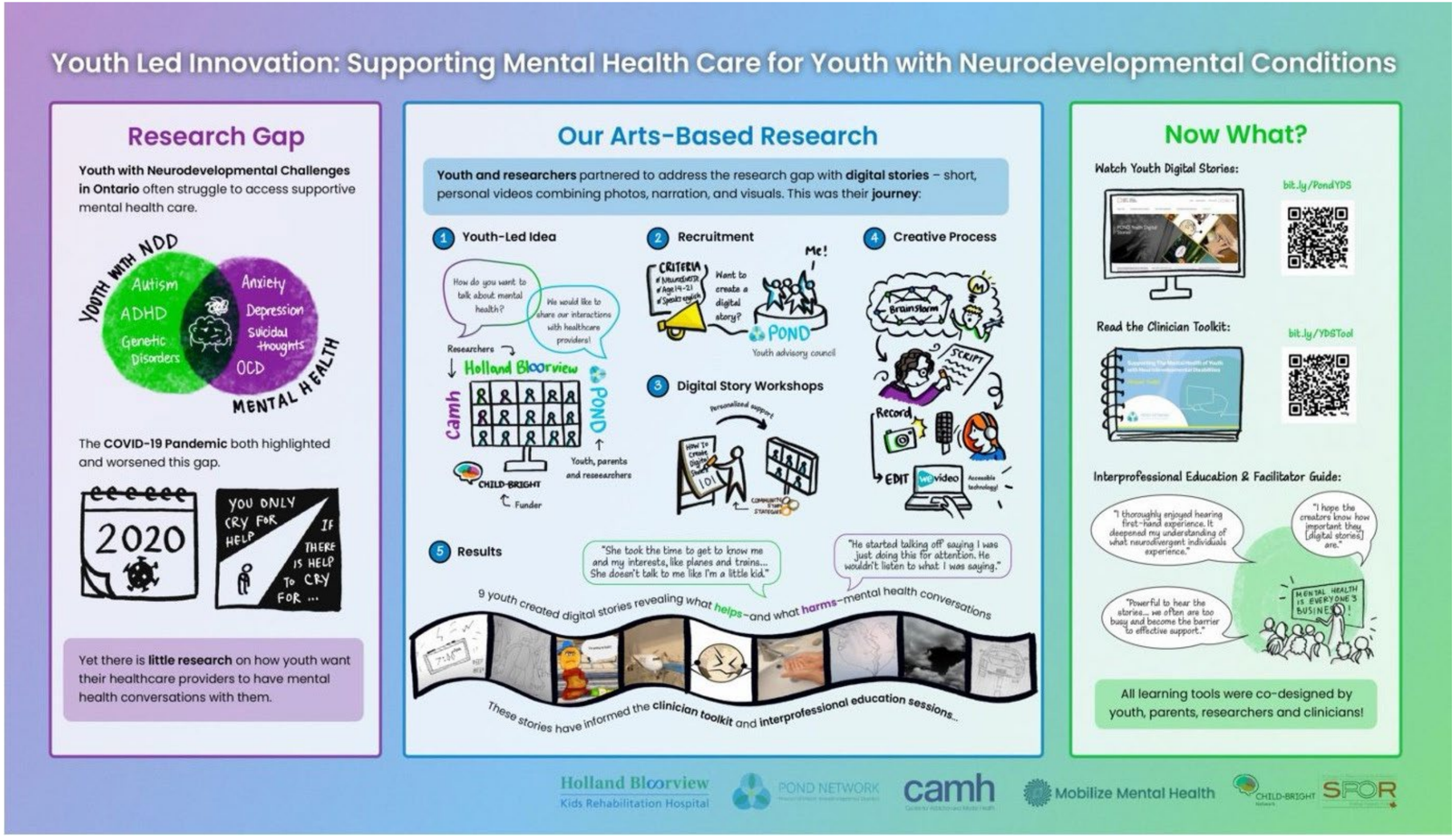
Information sharing

Participation

Collaboration

Institute of Patient - and Family-Centered Care
www.ipfcc.org/bestpractices/interprofessional-education.html

KNOWLEDGE SHARING



IPE Facilitator Guide https://hollandbloorview.ca/sites/default/files/2025-07/Digital-Stories-IPE-Facilitators-Guide-July-2025.pdf

KNOWLEDGE SHARING

Partnership and Reflexivity

Navigating potential challenges...

- Tokenism
- Emotional labour
- Risk of "performance"
  - Shared hopes/goals/objectives
- Re-traumatization
- Need for diversity of experiences
- Power dynamics
- Friction

Agrawal et al. (2026)

KNOWLEDGE SHARING

Faculty Development Opportunities

For Patient Partners

- CACHE IPE Facilitation Workshop
- CACHE Longitudinal Interprofessional Facilitation Training (LIFT)

- Holland Bloorview Teaching and Facilitation Course for Family as Faculty

(Ho et al., 2023)

https://www.oha.com/news/training-course-empowers-families-as-partners-in-health-care-education

KNOWLEDGE SHARING

Faculty Development Opportunities

For Patient Partners

- CACHE CoFacilitation Certificate Program
- https://teachingfortransformation.com/certificate -in-co-facilitation/



KNOWLEDGE SHARING

Recognition

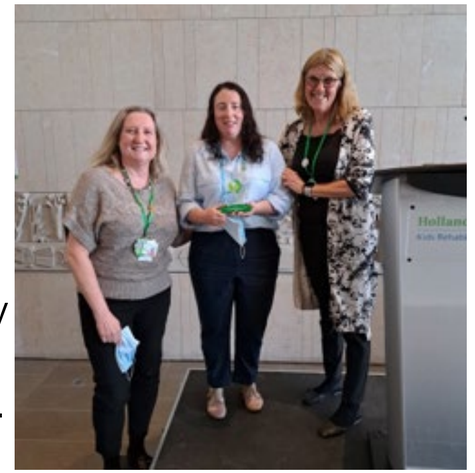


2022-2023 (lower) and 2024 (upper) Patient/Family/Caregiver Partner Appreciation Events



Family as Faculty conversation at Teaching and Learning Day 2026





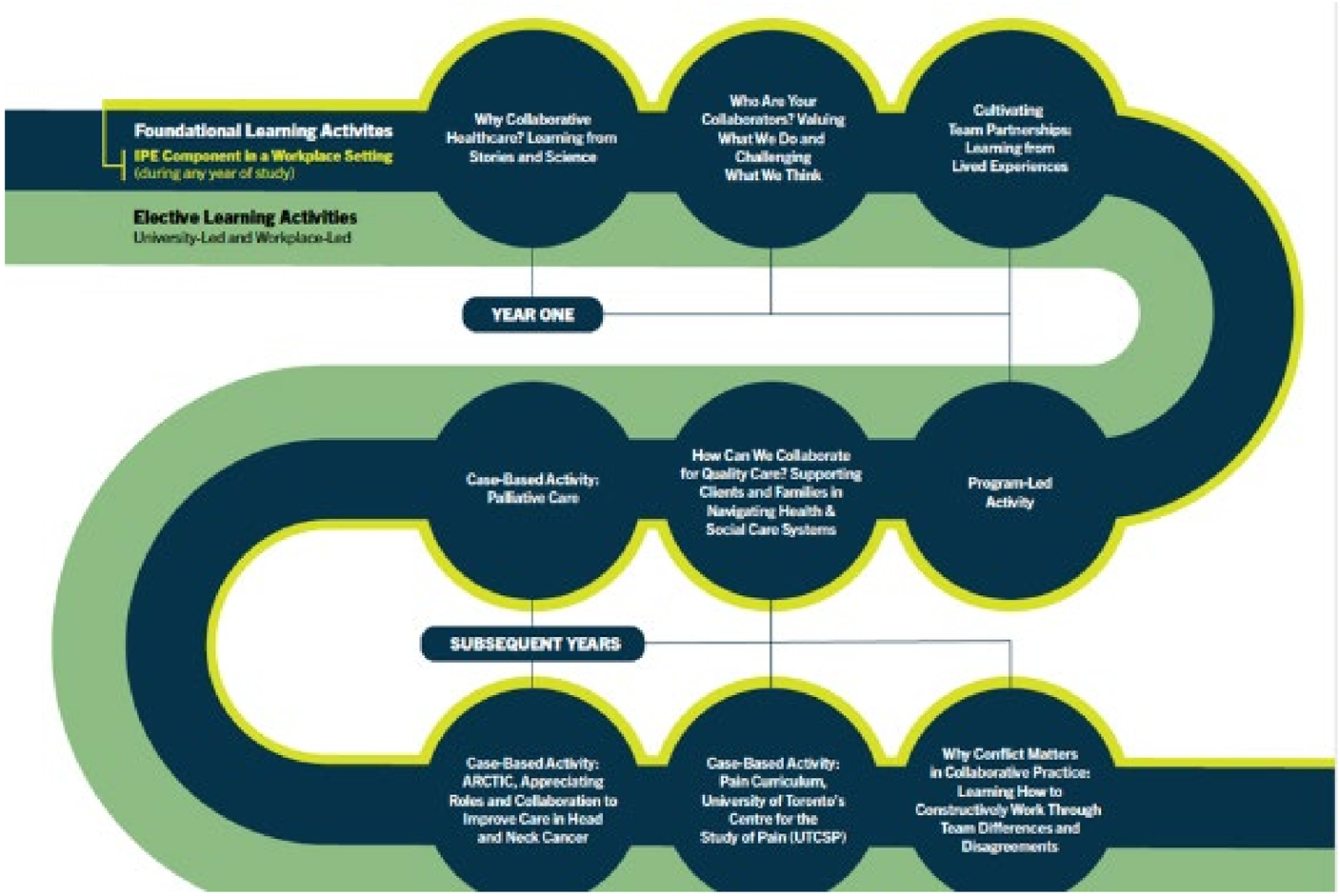
VP Education bestowing an award to Family as Faculty and Client and Family Integrated Care leaders.

CACHE Tasting Menu



KNOWLEDGE SHARING

University of Toronto's IPE Curriculum – Workplace -Based Learning Components



KNOWLEDGE SHARING

Practice -Based Elective Learning Activities

Examples

- 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)

KNOWLEDGE SHARING

Practice -Based Elective Learning Activities

Flexible Activity 1 - Shadowing and/or Interviewing Team Members

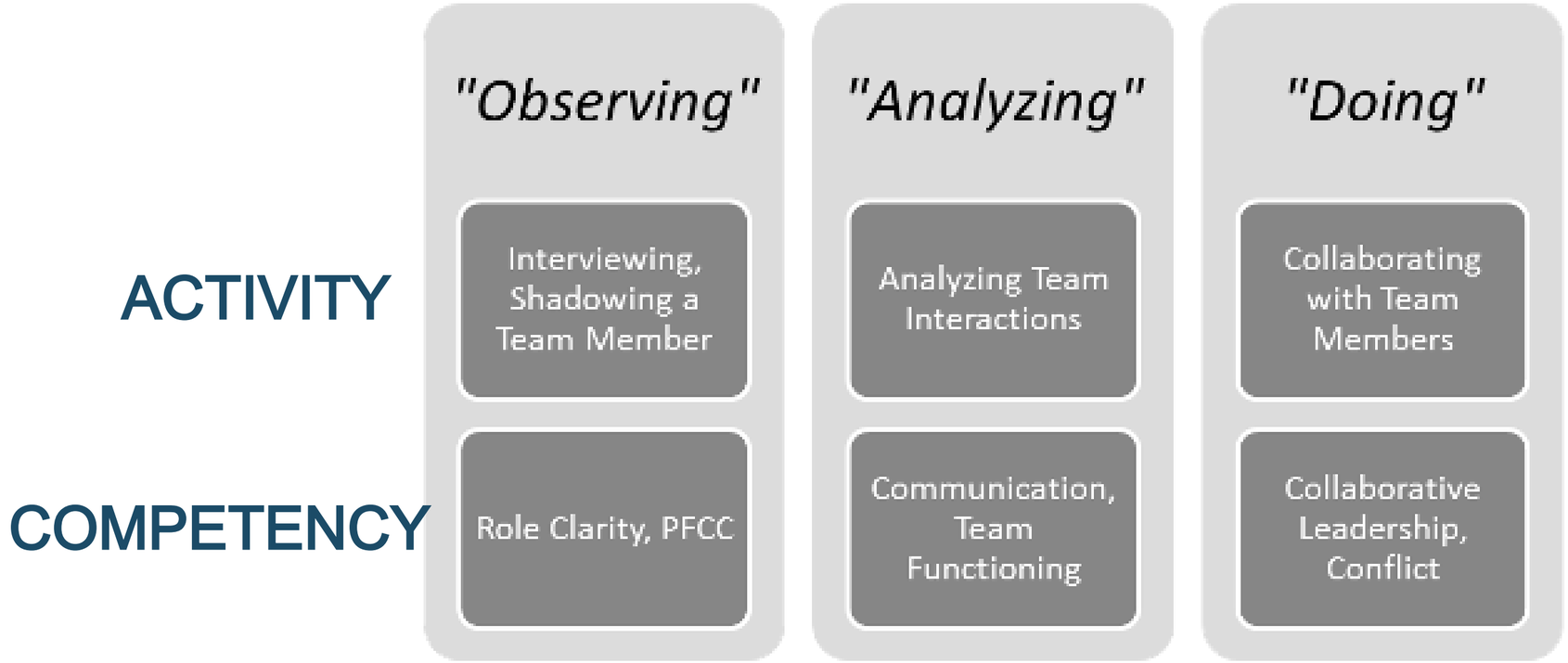
Flexible Activity 2 - Analyzing Interprofessional Interactions of Team Members

Flexible Activity 3 - Collaborating with Team Members

EHPIC Web Portal

KNOWLEDGE SHARING

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

TABLE ACTIVITY

IPE FLEXIBLE ACTIVITY

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**

TABLE ACTIVITY

IPE FLEXIBLE ACTIVITY - 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?

TABLE ACTIVITY

IPE FLEXIBLE ACTIVITY - Sample Interview 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?

KNOWLEDGE SHARING

Trigger Videos

https://ipe.utoronto.ca/video -files

SLEs

KNOWLEDGE SHARING

- 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

SLEs

KNOWLEDGE SHARING

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

SLEs

KNOWLEDGE SHARING

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

PT Students

OT Students

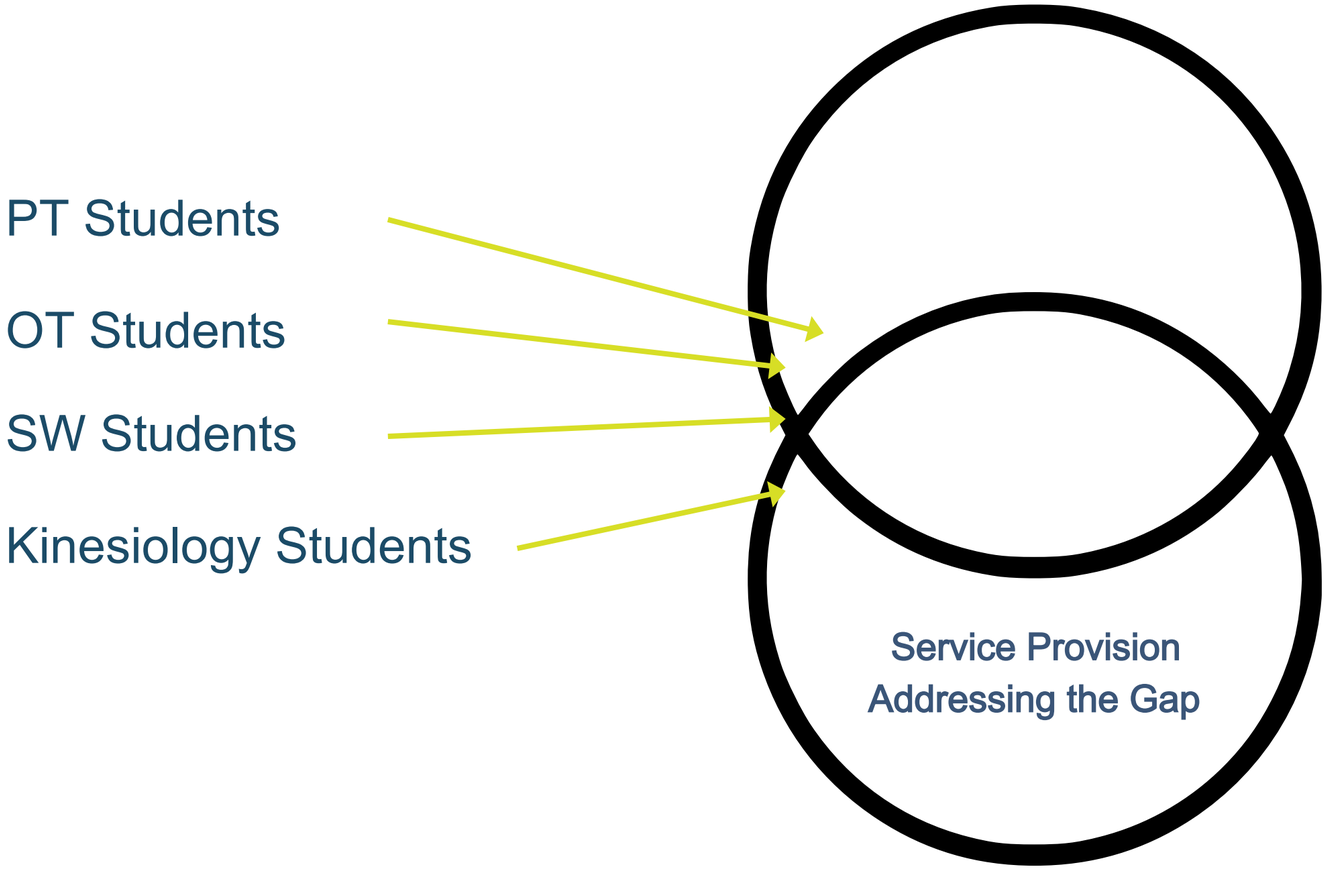
SW Students

Kinesiology Students

KNOWLEDGE SHARING

SLEs

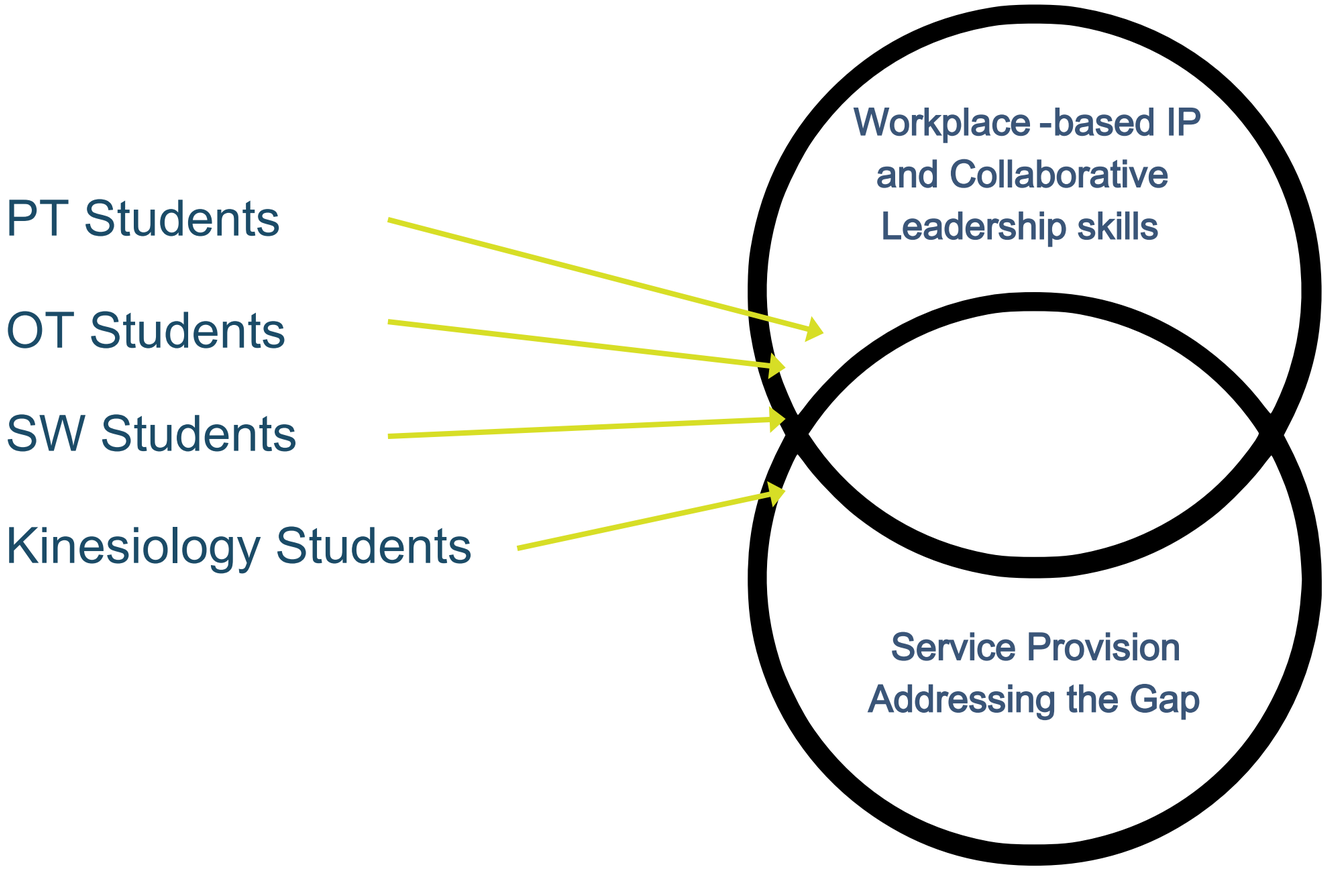
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KNOWLEDGE SHARING

SLEs

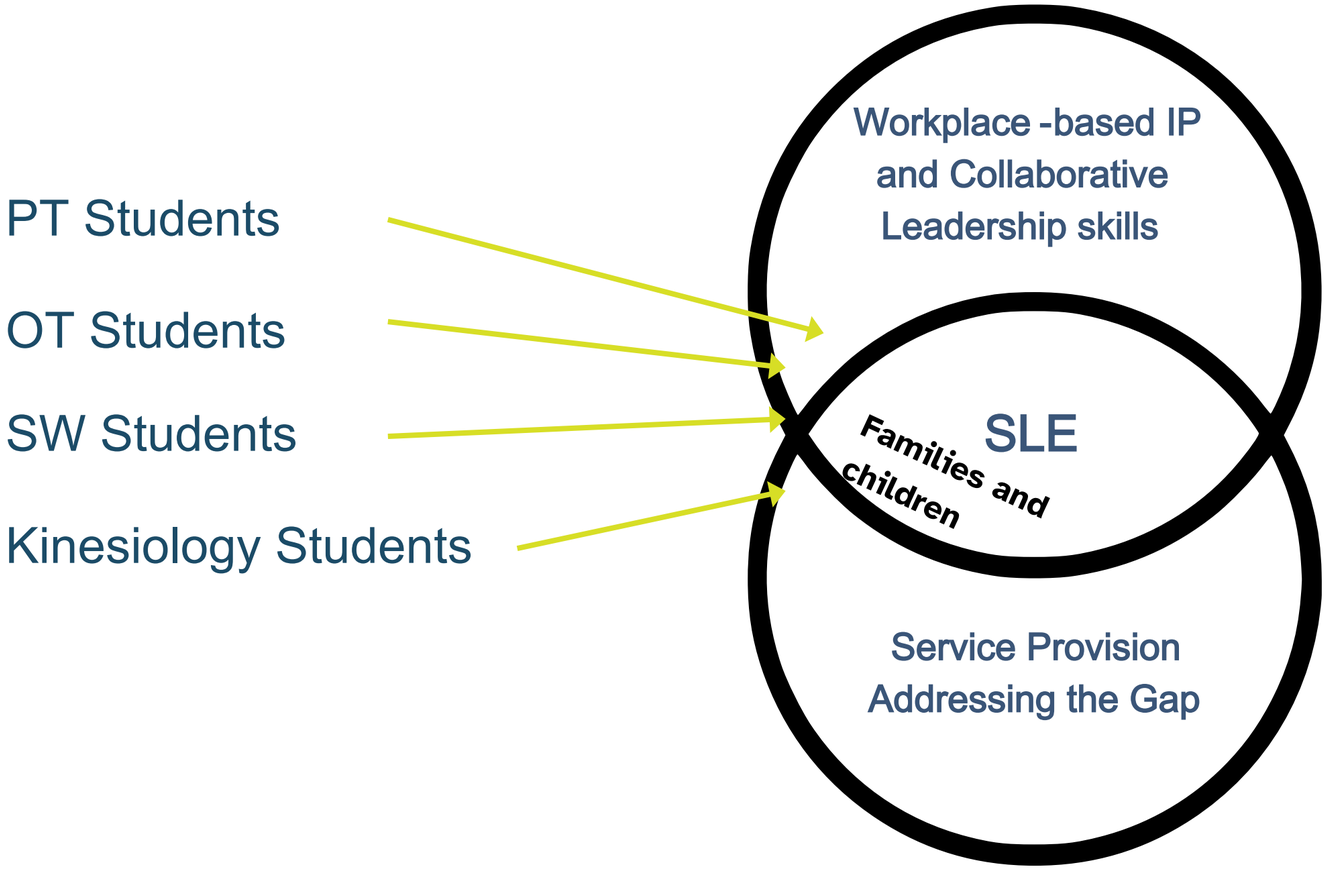
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KNOWLEDGE SHARING

SLEs

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



SLEs: Doing more with the same

KNOWLEDGE SHARING

SLEs

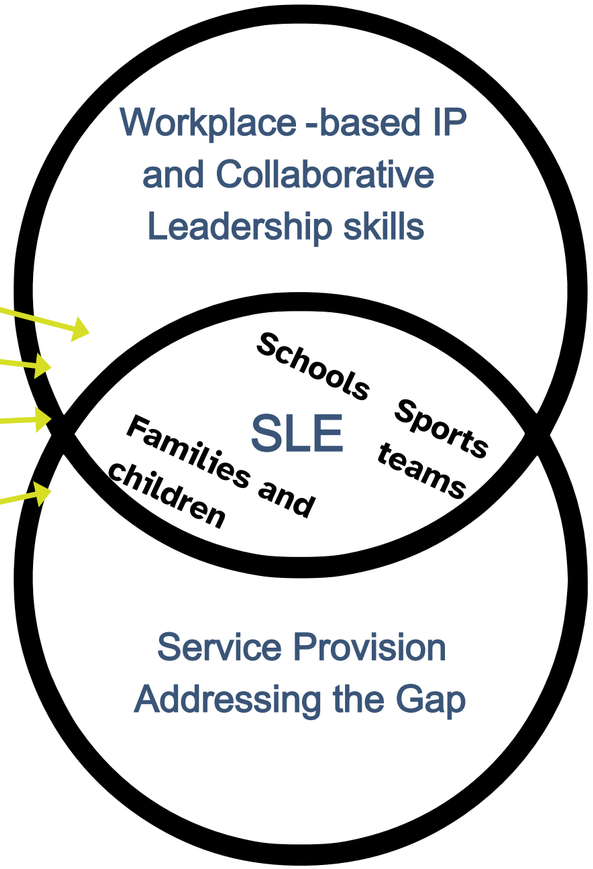
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PT Students

OT Students

SW Students

Kinesiology Students



SLEs: Doing more with the same

KNOWLEDGE SHARING

SLEs

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



Cultivating community partnerships

Personalized, meaningful and timely concussion management

Improved access to interventional research for Children

Leading education scholarship

SLEs: Doing more with the same

KNOWLEDGE SHARING

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…

KNOWLEDGE SHARING

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, e.g. nursing)

KNOWLEDGE SHARING

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

KNOWLEDGE SHARING

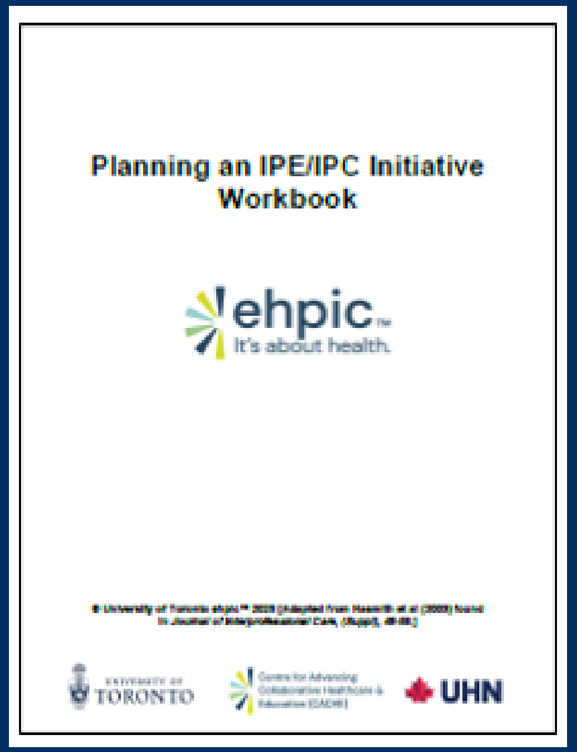
Evidence for SLEs

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

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

PROJECT WORK



Initiative/Program Work Time

Today's Accomplishments

- Frameworks (paradigms) for Learning ICP
- IPE Design
- Facilitating Interprofessional Group Learning / Interprofessional Debriefing
- Considering Power in IPE/ICP / Facilitating dialogue
- Co-Facilitation with patient partners
- A tasting menu of facilitation/education approaches from CACHE
- Initiative/Project teamwork
- End of day reflections and daily evaluation



Our 3 Day Road Map



Day 1
Collaborative Healthcare: Rationale, Evidence, and Competencies

- Value proposition
- CIHC competency framework
- Project teamwork

Day 2
Effective Practices for Facilitating IPE and ICP

- Educational design
- Facilitation
- Project teamwork

Day 3
What is needed to support interprofessional efforts? Leading Transformation and Change

- Collaborative leadership
- Evaluation
- Project team presentations

Tools and Resources

- Alignment of Education Paradigms
- Team values sample (team charter)
- Critical Analysis tool
- Fostering Dialogue resource
- Reflexive Questions for Educators and Facilitators
- Educational Design and IPE Curriculum

Tools and Resources

- Facilitating Interprofessional Learning Toolkit
- Facilitating Interprofessional Collaboration with Students Toolkit
- Stages of Group Development– Role of Facilitator
- Educational Videos
- Small Group Facilitation Guide
- Tip sheet for IPE Facilitation

REFLECTION

WHAT ARE YOU CONFIDENT ABOUT AS YOU LEAVE TODAY?

WHAT ARE YOU MOST CURIOUS ABOUT AS YOU ENTER DAY 3?

Daily

Evaluation



https://www.surveymonkey.com/r/TZ3W6G3