ehpic™
It's about health.

Educating Health Professionals in Interprofessional Care:

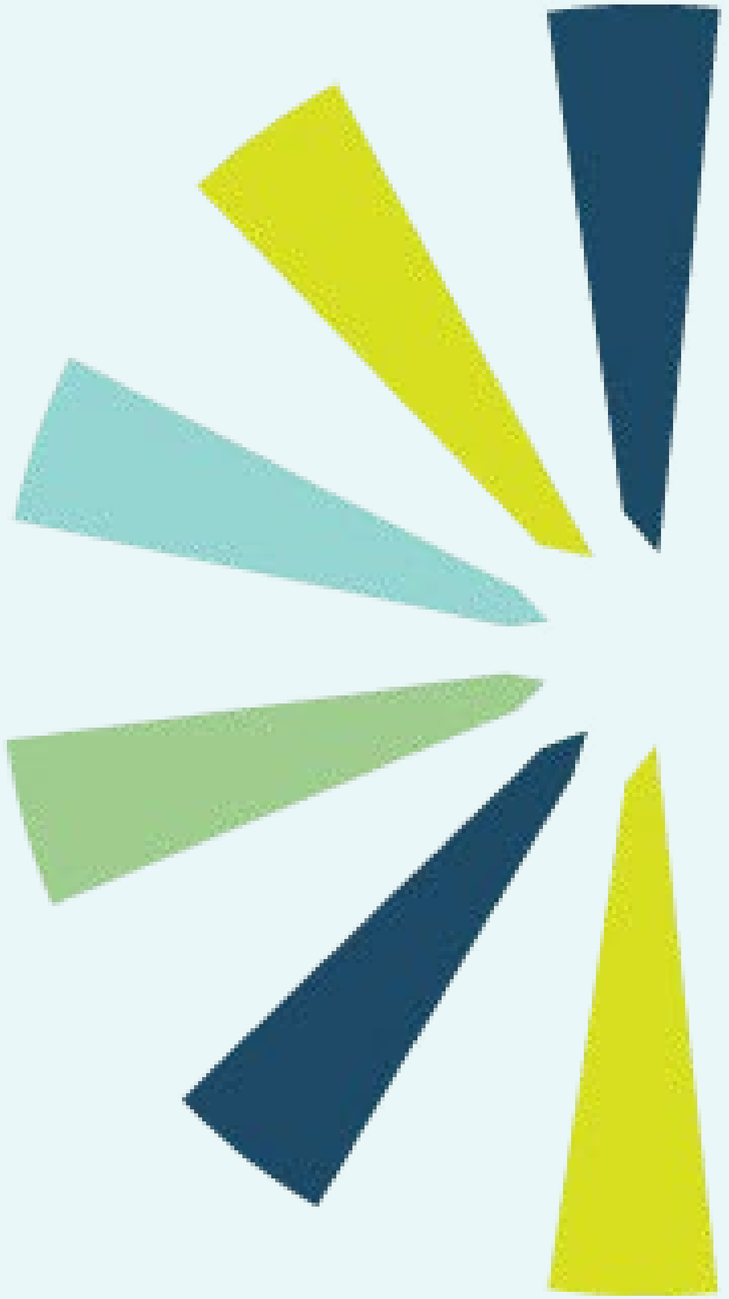
Advancing the Future of Healthcare through Interprofessional Learning

NOVEMBER2 - 4, 2026

UHN

UNIVERSITY OF TORONTO

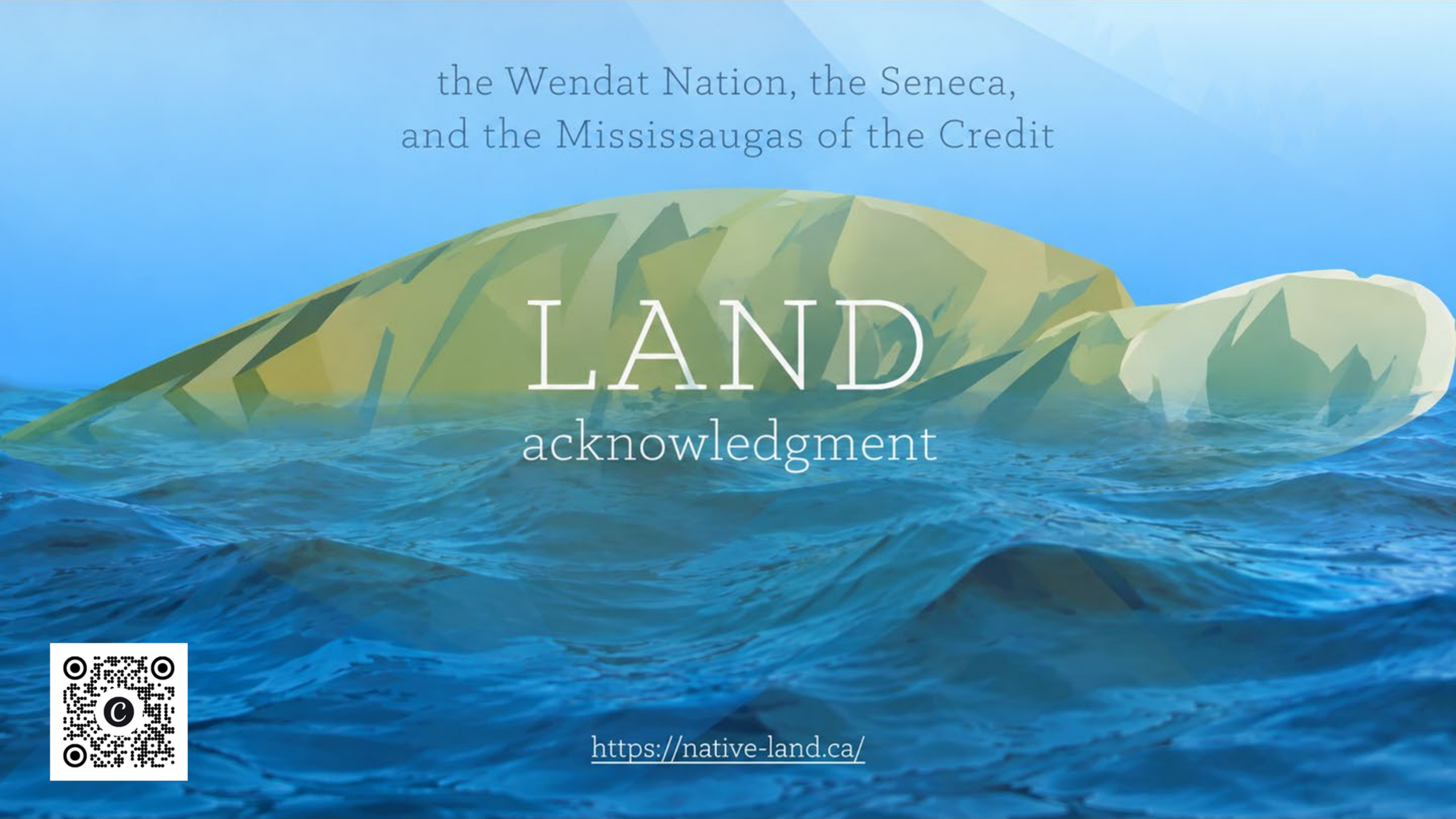
Centre for Advancing Collaborative Healthcare & Education (CACHE)



WELCOME

to ehpic ™ 2026

Centre for Advancing Collaborative Healthcare & Education (CACHE)


the Wendat Nation, the Seneca,
and the Mississaugas of the Credit
LAND
acknowledgment
https://native-land.ca/

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Relationships with financial sponsors: None

Faculty Disclosure

Potential for conflict(s) of interest

- Nil

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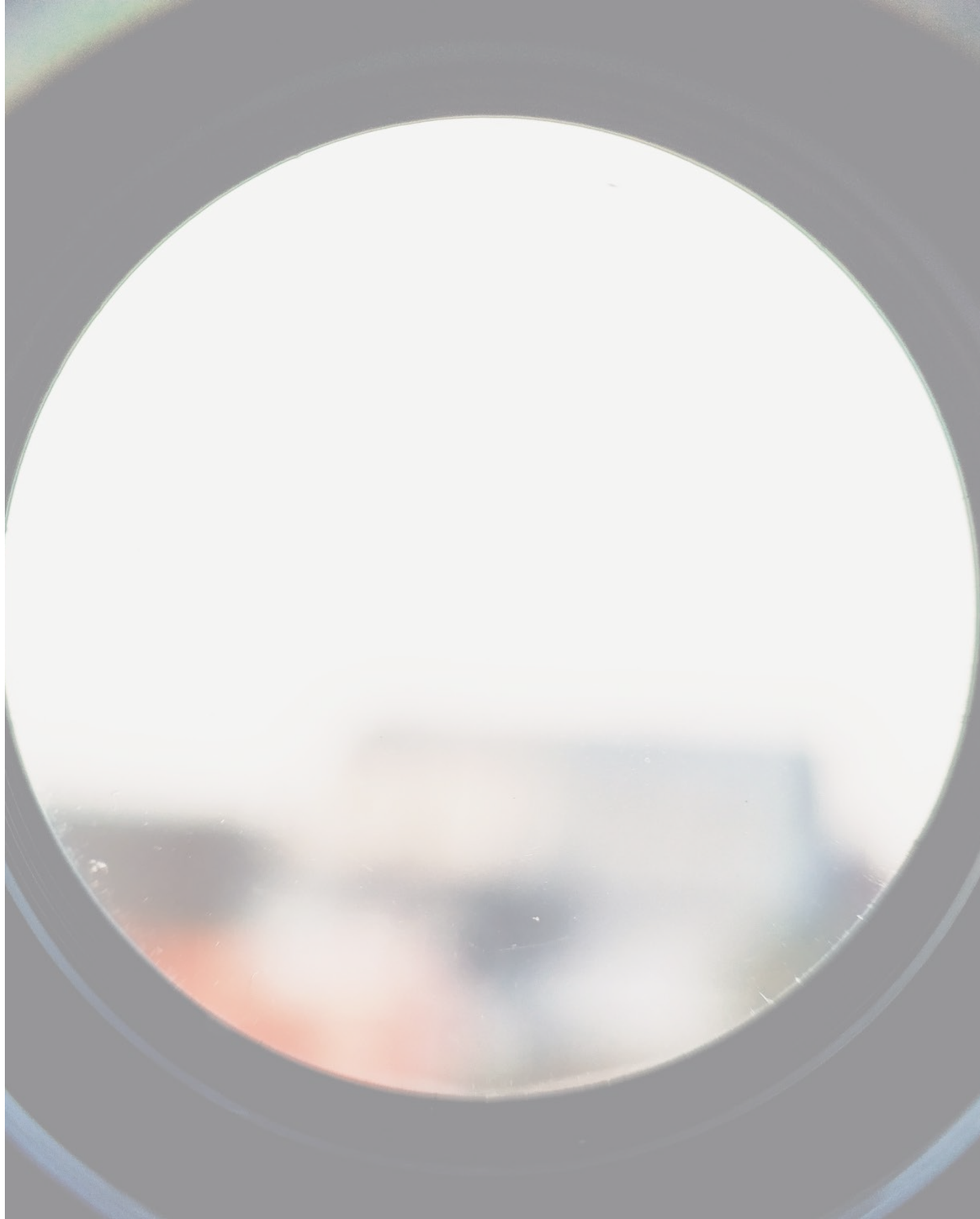
University of Toronto CPD Accreditation

Continuing Professional Development has awarded EHPIC (Educating Health Professionals in Interprofessional Care) 2026 with the following credits:

- College of Family Physicians of Canada Mainpro+® Certified Activity: 18.5
- Royal College Maintenance of Certification Section 1: 18.5 hours
- American Medical Association Category 1: 18.5 credits
- European Union for Medical Specialists UEMS-EACCME® 18.5 credits
- Certificate of Completion in Continuing Professional Development: 18.5 hours

Our Lens

- Health and social care providers
- Educators
- Researchers
- Administrators
- Leaders
- Family members
- Patients/citizens




Viewed through an interprofessional lens
Integrating
Integrate curricula, knowledge, and practice by connecting people, places, and programs.
Including
Redefine teams and collaboration through meaningful inclusion and representation.
Inspiring
Inspire and lead collaboration through partnerships and innovation.
Achieved in partnership

WHO IS HERE?

History of ehpic ™: Recognizing Contributors

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What is ehpic ™ ?

Educating Health Professionals In Interprofessional Care

This program aims to develop leaders in interprofessional education and practice who have the knowledge, skills and attitudes to facilitate learners and colleagues in the art and science of working collaboratively and partnering for care.

Objectives

Characterize the rationale for advancing interprofessional education (IPE) and collaborative practice (CP), including utilizing the Canadian Interprofessional Health Collaborative (CIHC) Competency Framework, for leaders across healthcare systems.

Apply CIHC competencies to IPE/CP learning activities to support clinicians, patients, families and students.

Develop strategies to enable increased faculty/clinical capacity and engagement in IPE/CP in academic and practice settings.

Produce a specific organizational interprofessional project, initiative, or activity that can be implemented upon return to community.

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	Welcome and Introductions
	Foundations and Value Proposition
	CIHC Competency Framework
~ 10:30 am	BREAK
~ 10:45 am – 12:00 pm	CIHC Competency 1: Role Clarification and Negotiation
	CIHC Competency 2: Team Communication
12:00 - 1:00 pm	LUNCH

Agenda

1:00 - 2:00 pm	CIHC Competency 3: Team Differences and Disagreement
	CIHC Competency 4: Relationship -Focused Care/Services
2:00 - 2:15 pm	BREAK
2:15 - 3:00 pm	CIHC Competency 5: Team Functioning
	CICH Competency 6: Collaborative Leadership
3:00 - 4:15 pm	Initiative/Project Time
4:15 - 4:30 pm	Wrap Up

Course Web Portal

For all program materials, please visit the web portal at:

https://events.myconferencesuite.com/EHPIC_2026/page/CourseMaterials

The Password is: Ehpic2026

Participant Introductions



Fruit Groups



Blueberries



Cherries



Grapes



Oranges



Coconuts



Strawberries



Kiwis

Introduce yourself and your role, and share why you are passionate about this work.

TABLE ACTIVITY

Co-Create Team Norms

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

Discuss and write on your poster how your group would like to work together.



Foundations and Value Proposition for Collaborative Healthcare and Education



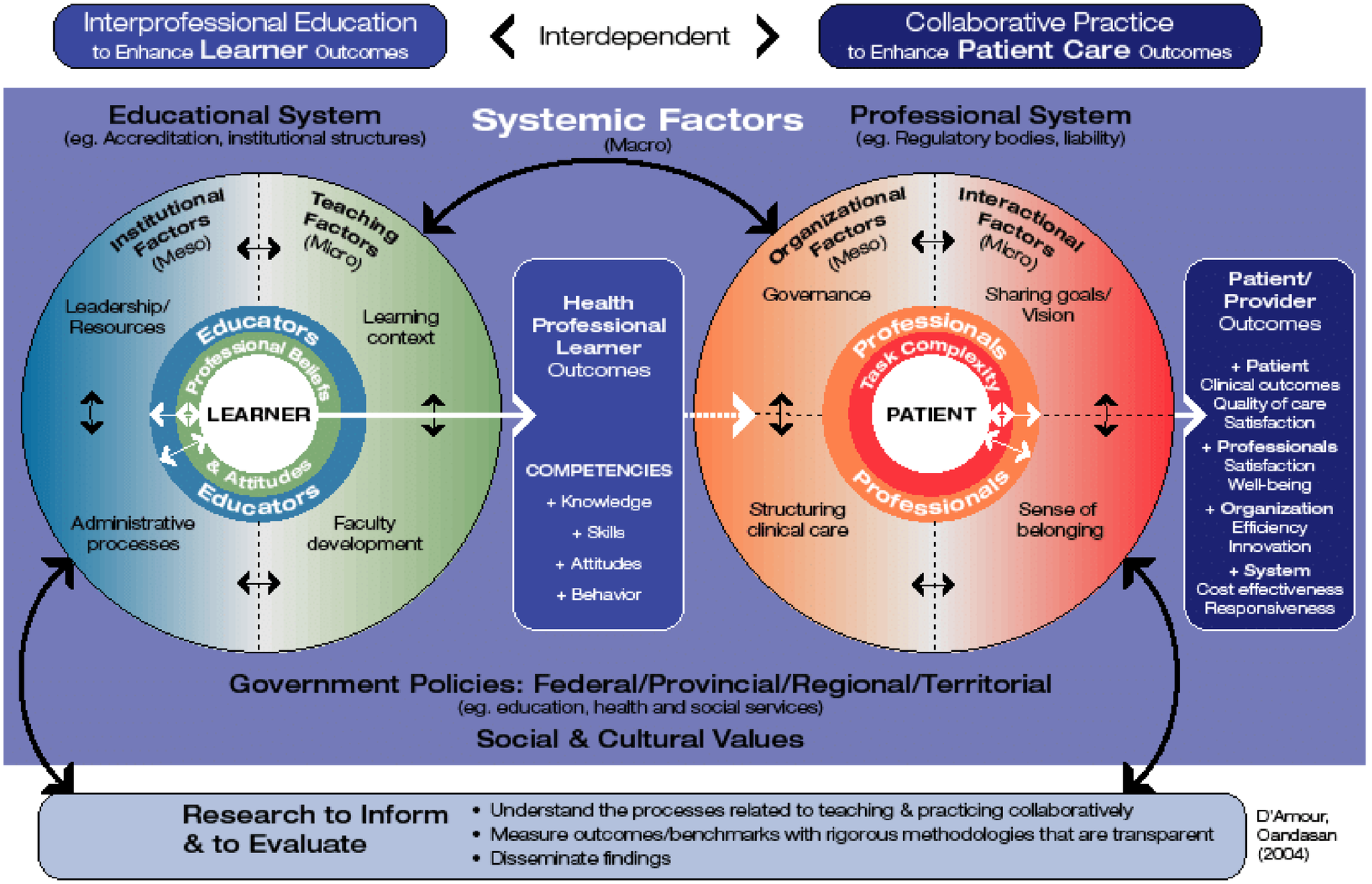
KNOWLEDGE SHARING

"If health care providers are expected to work together and share expertise in a team environment, it makes sense that their education and training should prepare them for this type of working arrangement."

Romanow, 2002

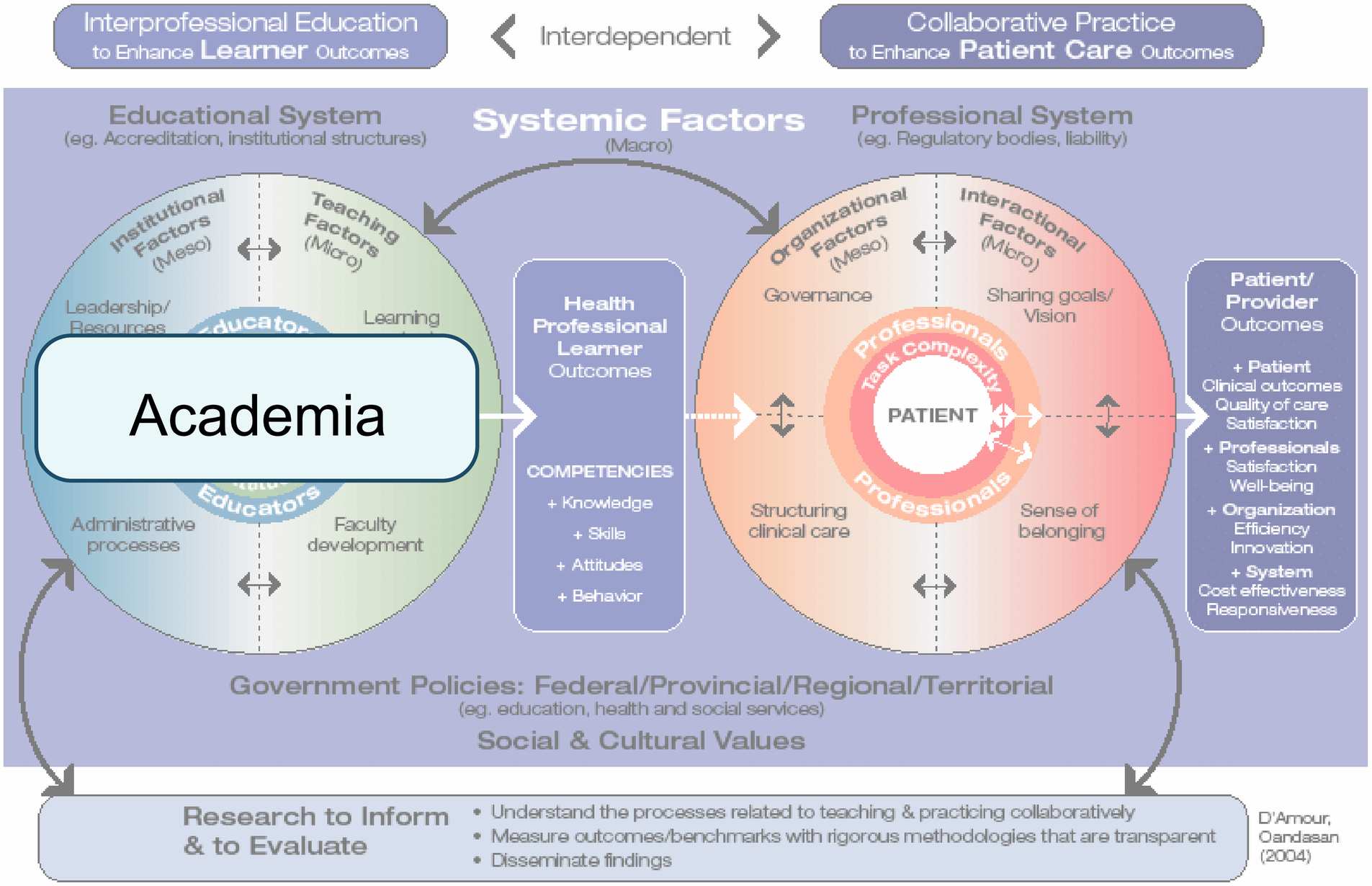
Romanow, R. (2002). *Building on Values: The Future of Health Care in Canada*Final Report of the Commission of the Future of Health Care in Canada.http://publications.gc.ca/collections/Collection/CP32 -85-2002E.pdf

Interprofessional Education for Collaborative Patient-centred Practice: An Evolving Framework

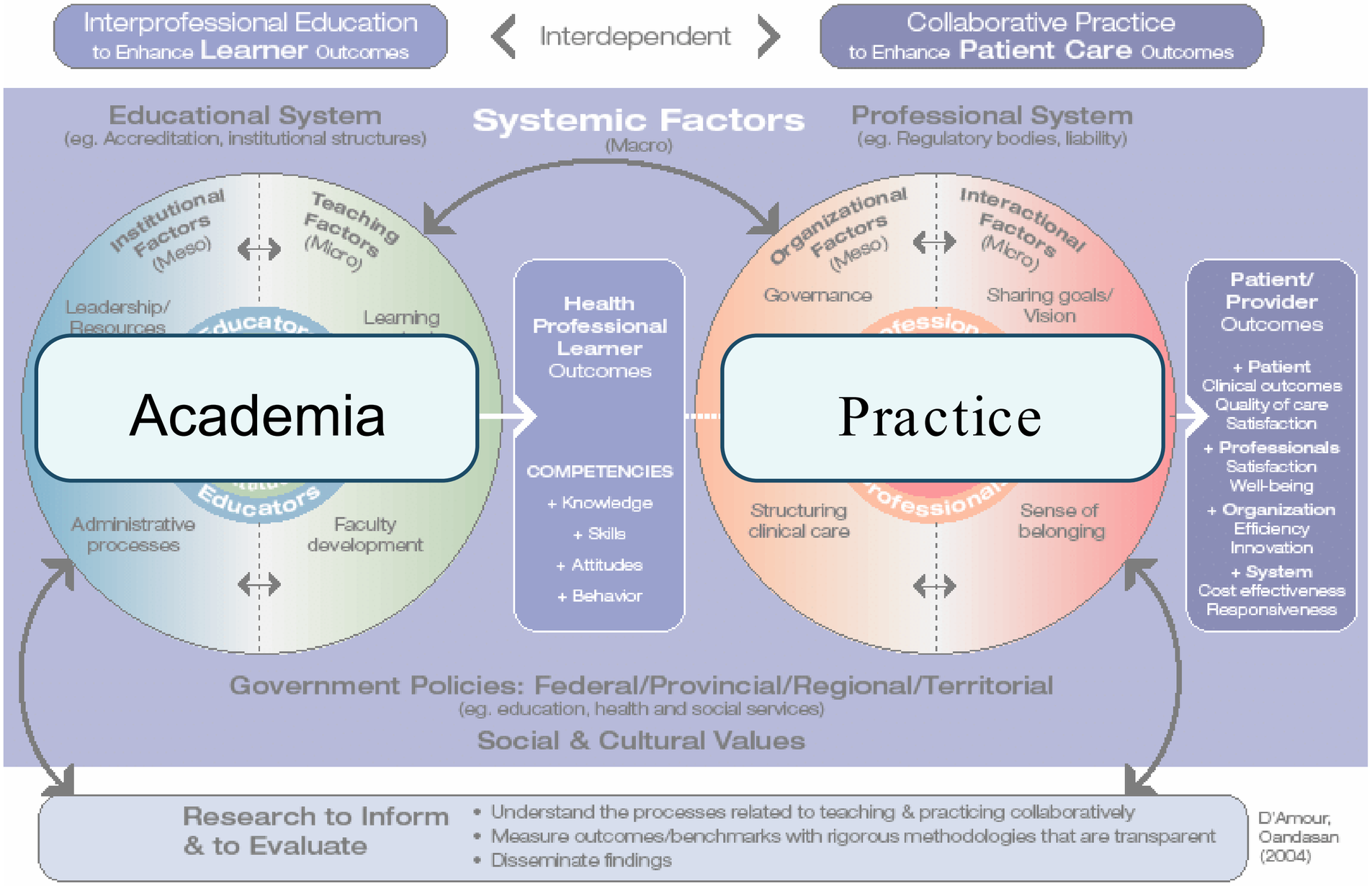


EHPIC WEB PORTAL

Interprofessional Education for Collaborative Patient-centred Practice: An Evolving Framework



Interprofessional Education for Collaborative Patient-centred Practice: An Evolving Framework



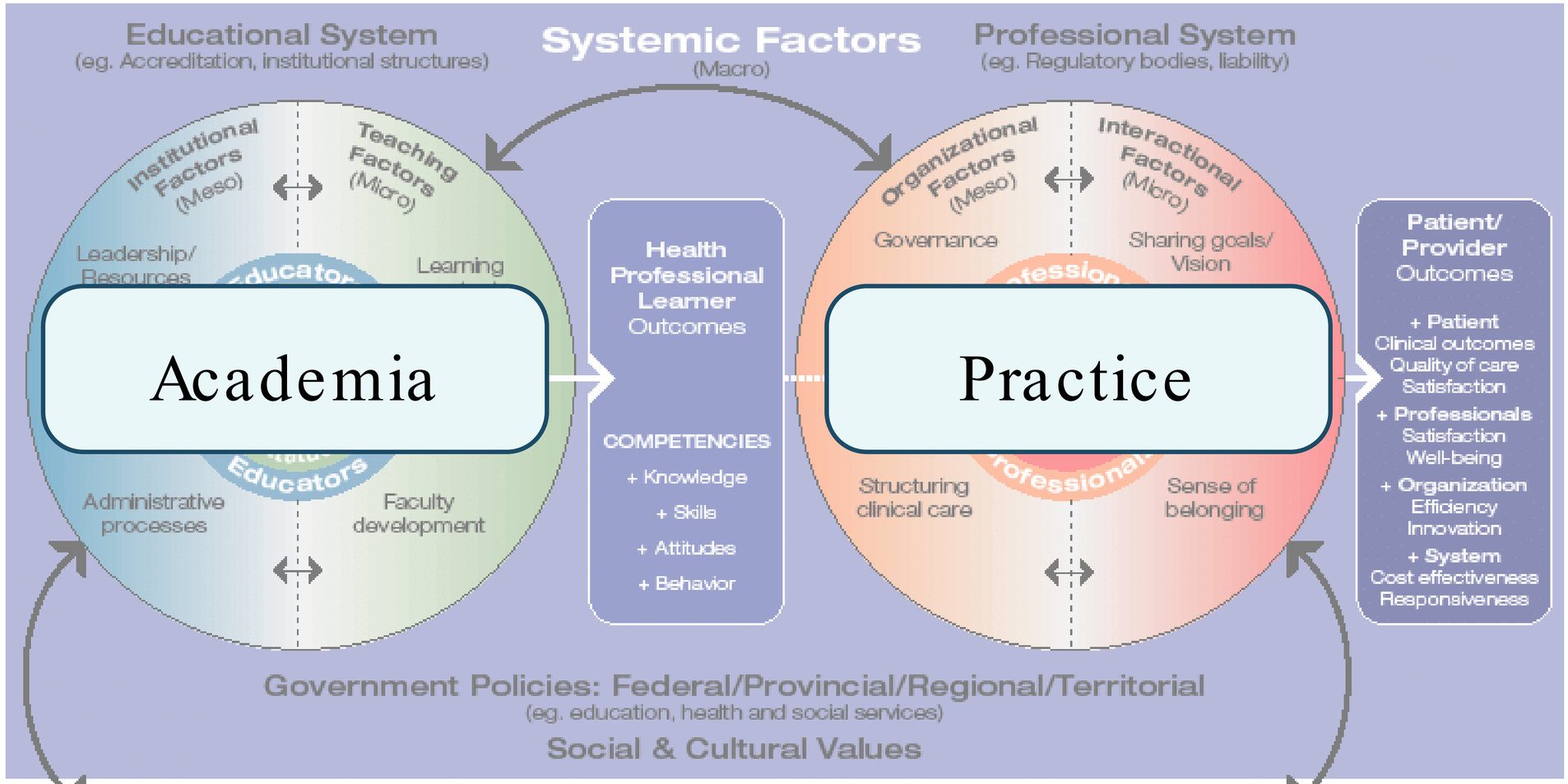
D'Amour, Oandasan (2004)

Interprofessional Education for Collaborative Patie… ice: An Evolving Framework

Government

Interprofessional Education to Enhance **Learner** Outcomes

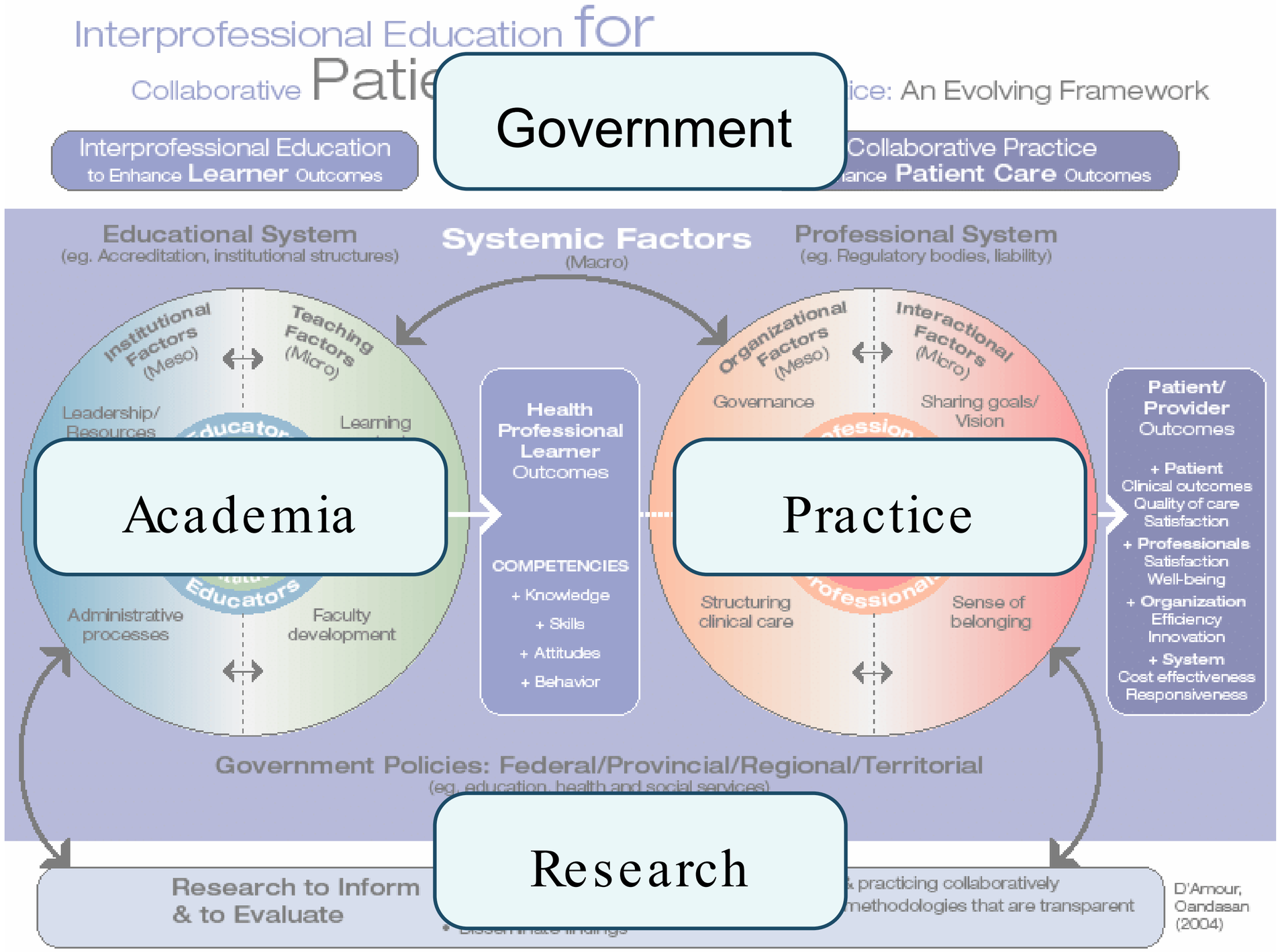
Collaborative Practice …iance **Patient Care** Outcomes



Research to Inform & to Evaluate

- Understand the processes related to teaching & practicing collaboratively
- Measure outcomes/benchmarks with rigorous methodologies that are transparent
- Disseminate findings

D'Amour, Oandasan (2004)


Interprofessional Education for
Collaborative Patie
ice: An Evolving Framework
Government
Interprofessional Education
to Enhance Learner Outcomes
Collaborative Practice
ance Patient Care Outcomes
Educational System
(eg. Accreditation, institutional structures)
Systemic Factors
(Macro)
Professional System
(eg. Regulatory bodies, liability)
Institutional Factors (Meso)
Teaching Factors (Micro)
Leadership/ Resources
Learning
Educators
Administrative processes
Faculty development
Academia
Health Professional Learner Outcomes
COMPETENCIES
+ Knowledge
+ Skills
+ Attitudes
+ Behavior
Organizational Factors (Meso)
Interactional Factors (Micro)
Governance
Sharing goals/ Vision
Structuring clinical care
Sense of belonging
Practice
Patient/ Provider Outcomes
+ Patient
Clinical outcomes
Quality of care
Satisfaction
+ Professionals
Satisfaction
Well-being
+ Organization
Efficiency
Innovation
+ System
Cost effectiveness
Responsiveness
Government Policies: Federal/Provincial/Regional/Territorial
(eg. education, health and social services)
Research
Research to Inform
& to Evaluate
practicing collaboratively
methodologies that are transparent
D'Amour, Oandasan (2004)

KNOWLEDGE SHARING

What is Collaborative Healthcare ?

Occurs when multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, carers and communities to deliver the highest quality of care across settings.

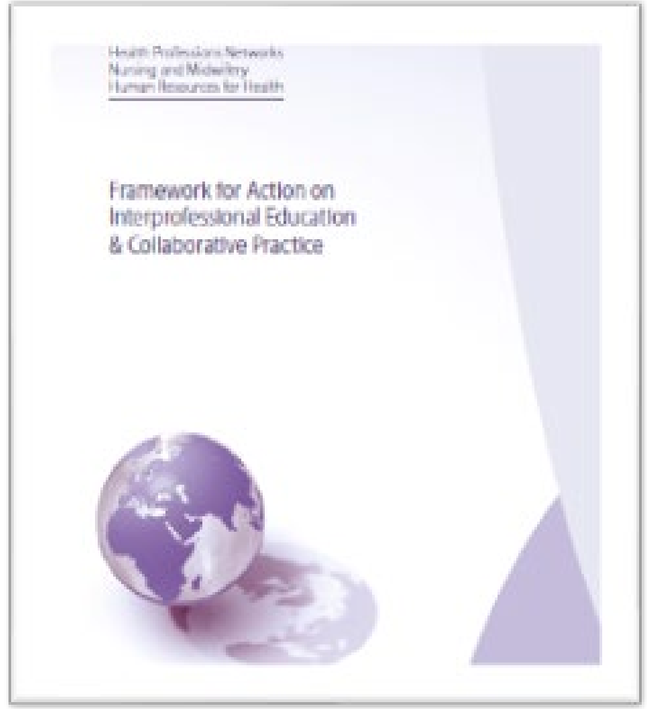
World Health Organization

Framework for Action on Interprofessional Education & Collaborative Practice, WHO, 2010

KNOWLEDGE SHARING

Interprofessional education occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.

World Health Organization, 2010



KNOWLEDGE SHARING

IPC Can Decrease:

Client

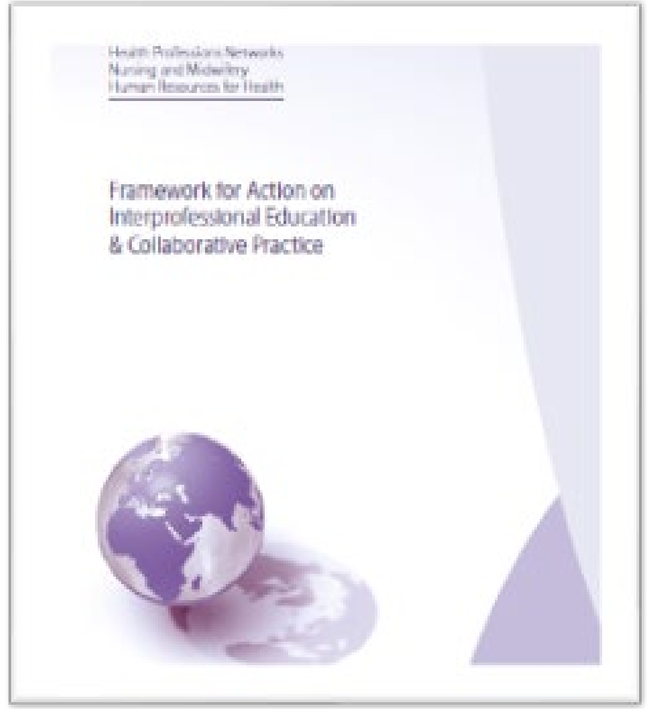
- Complications in care
- Length of hospital stay

Hospital

- Admissions
- Clinical error rates
- Mortality rates

Staff/Caregivers

- Tension and conflict
- Turnover



World Health Organization, 2010

IPE: What is it good for?

KNOWLEDGE SHARING

Does IPE improve IPC?

Does IPE improve _____?

What about IPE leads to positive outcomes?

How/why does [specific IPE] lead to _____?

An ecology of IPE with multiple, value-generating outcomes (Kaas-Mason et al., in review)

KNOWLEDGE SHARING

IPE: What is it good for?

IPE may enhance:

- Attitudes toward collaboration (Dyess et al., 2019)
- Collaborative behaviours (Spaulding et al., 2019)
- Interprofessional identity formation (Wood et al., 2022)
- Resilience or well-being (Khalili et al., 2021; Schram, 2025)

IPE (as critical dialogue) improves how professionals communicate (Boyd et al., 2022; Ng et al., 2022).

KNOWLEDGE SHARING

IPE: What is it good for?

Improved team communication may reduce sentinel events (Joint Commission on Accreditation of Healthcare Organizations; 2005)

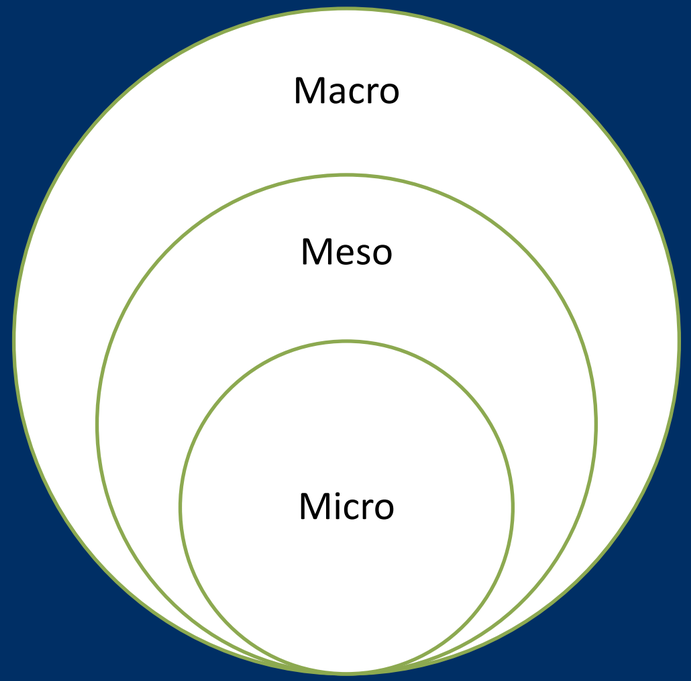
Workplace-based interprofessional learning may improve morbidity and mortality outcomes (Webster et al., 2023)

TABLE ACTIVITY

Your Ecology of IPE

At your tables:

1) Generate a list of all theorized or known impacts and outcomes of IPE.
2) Now, sort these into:
    a) micro (day to day),
    b) meso (beyond person-to-person or day to day), and
    c) macro (culture, system, policy).



An ecology of IPE with multiple, value-generating outcomes (Kaas-Mason et al., in review)

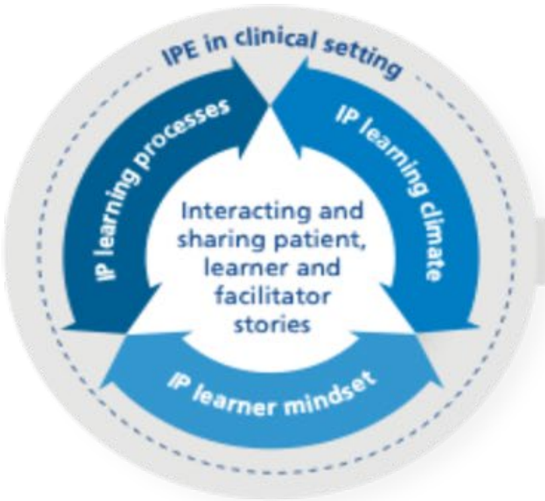
Interprofessional education in clinical settings

Theory of change and impact pathways

A theory of change describes *how* the program works to bring about impact.

Foundational IPE elements

IPE facilitators and learners both contribute to these 3 interprofessional (IP) elements which feedback and strengthen each other.



IP learning processes
Activities that promote learning together and sharing diverse perspectives.

IP learning climate
Creating social and intellectual conditions that foster connection and viewing all ideas as equal.

IP learner mindset
Approaching learning together in a non-judgmental and curious manner.

Mechanism for achieving significant outcomes

- Nutures empathy → Enables seeing the "bigger picture" of patients
- Nutures empathy → Encourages understanding IP perspectives
- Enables seeing the "bigger picture" of patients → Supports the identification of the most important goals
- Encourages understanding IP perspectives → Supports the identification of the most important goals
- Promotes the realization that it is 'ok' to not have all the answers → Fosters seeking the support of others
- Builds curiosity → Enhances introspection

Impact

- IP goal setting with patients and families — TEAM PRACTICE
- Safe culture — RELATIONSHIPS
- Questioning why we do things a certain way — SELF-AWARENESS

University of Toronto · Centre for Interprofessional Education — Transforming care through collaboration · UHN · Holland Bloorview Kids Rehabilitation Hospital

Competency Frameworks



KNOWLEDGE SHARING

IPEC CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE (2023)

FIGURE 7. IPEC CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE: VERSION 3 (2023)



- **Values and Ethics**

  Work with **team** members to maintain a climate of shared values, ethical conduct, and mutual respect.

- **Roles and Responsibilities**

  Use the knowledge of one's own role and **team** members' expertise to address individual and population **health outcomes**.

- **Communication**

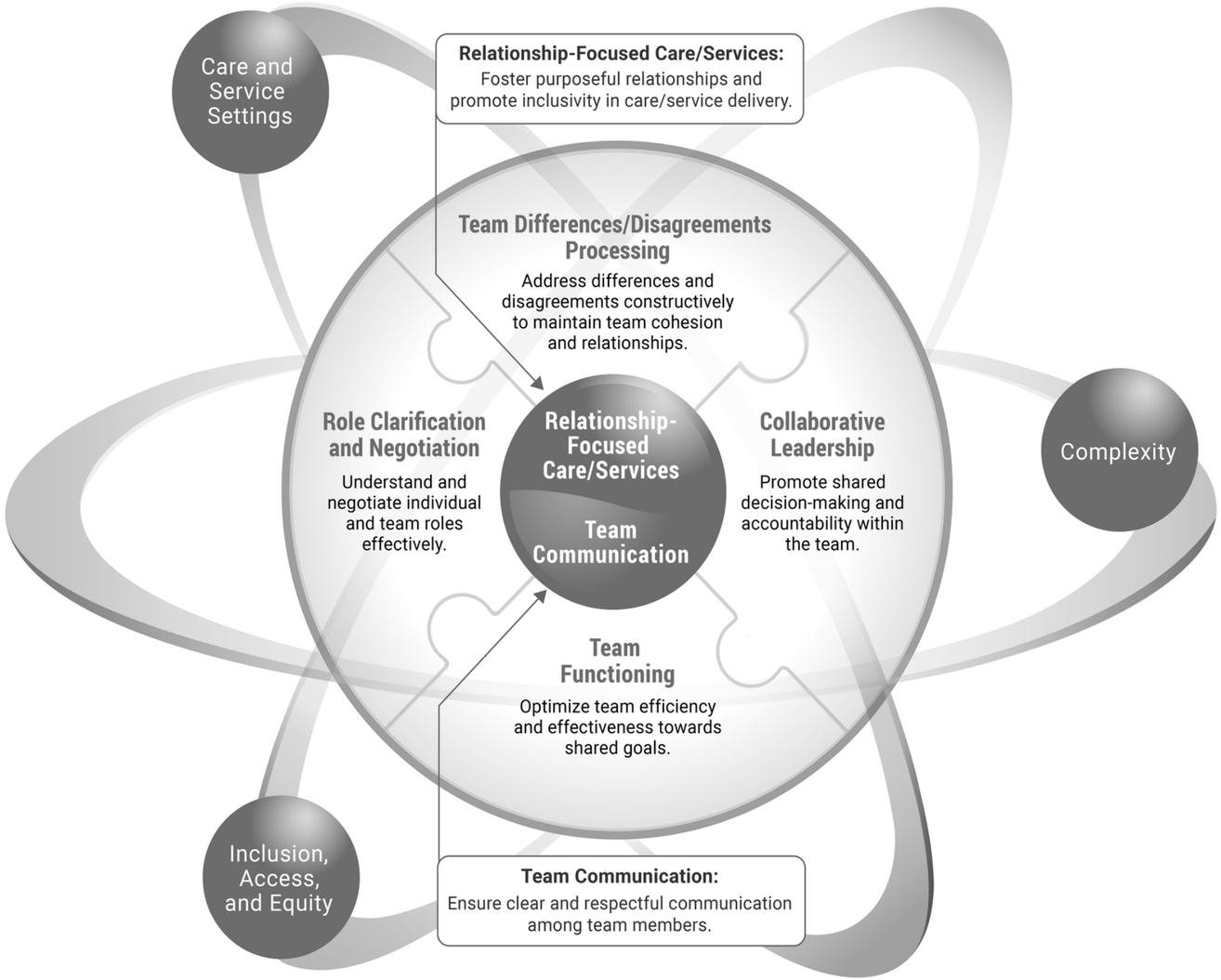
  Communicate in a responsive, responsible, respectful, and compassionate manner with **team** members.

- **Teams and Teamwork**

  Apply values and principles of the science of teamwork to adapt one's own role in a variety of **team** settings.

KNOWLEDGE SHARING

CIHC Competency Framework for Advancing Collaboration 2024



KNOWLEDGE SHARING

CIHC Competency Framework for Advancing Collaboration 2024

The goal of the CIHC Competency Framework for Advancing Collaboration is to enhance healthcare and human services through collaborative, relationship-focused partnerships that drive shared decision-making around health and social matters

KNOWLEDGE SHARING

A Note on Language

For the definition of “team,” CIHC draws on Katzenbach and Smith who describe a team as “A small number of people with complementary skills who are committed to a common purpose, performance goals and approach for which they hold themselves mutually accountable”

Team members may be...

- Collocated and/or distributed
- In person and/or virtual and/or hybrid
- Regulated and non-regulated
- Inclusive of all roles including leadership, operations and administration
- Inclusive of persons and their care partners

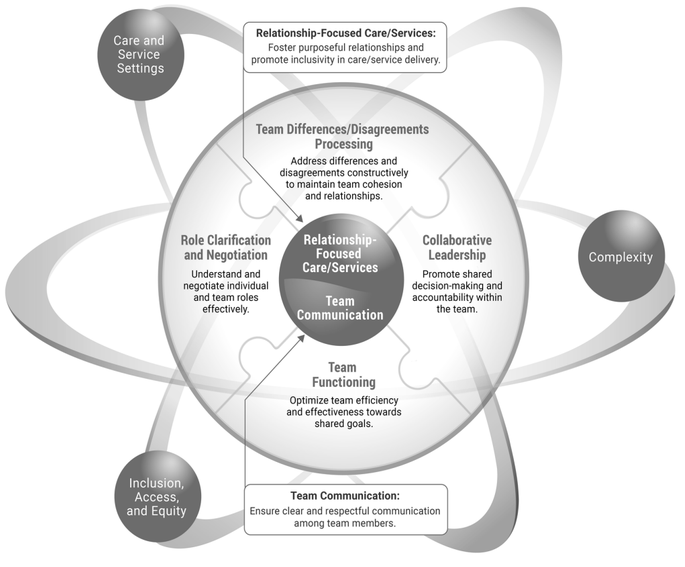
KNOWLEDGE SHARING

A Note on Language

The CIHC Framework has elected to use the following terms...

- Person and persons to acknowledge patient/client/community
- Care/service partners to recognize health or social care providers, institutions
- Care partners to identify friends/family/loved ones

Six Interdependent Domains



Role Clarification & Negotiation

Team Communication

Team Differences and Disagreement

Team Functioning

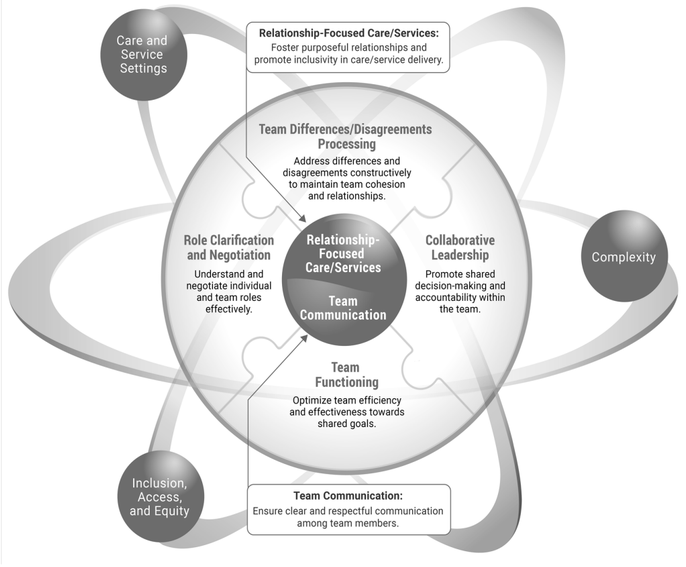
Relationship Focused Care/Services

Collaborative Leadership

BREAK

UP NEXT

CIHC Competency 1: Role Clarification and Negotiation



CIHC COMPETENCY 1 OF 6

ROLE CLARIFICATION & NEGOTATION

Role Clarification & Negotiation

Team Communication

Team Differences and Disagreement

Relationship Focused Care/Services

Team Functioning

Collaborative Leadership

KNOWLEDGE SHARING

Role Clarification & Negotiation

All members of a team understand and negotiate their own role and the roles of all, and use their knowledge, skills, expertise, and values appropriately to establish and achieve collaborative relationship-focused care/services.

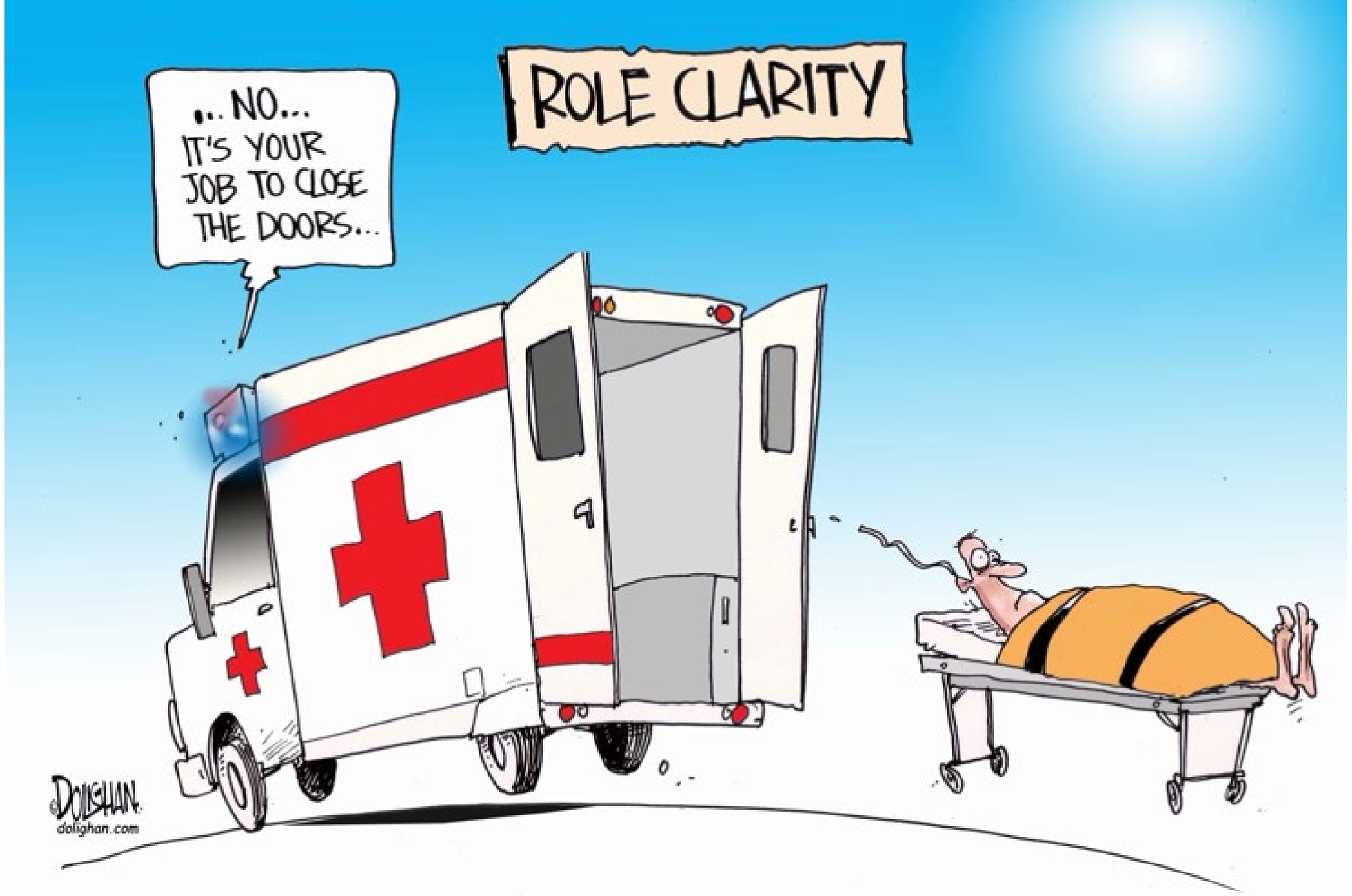
KNOWLEDGE SHARING

Role Clarification & Negotiation

All members are able to:

- **Articulate and share** their knowledge, skills, expertise and values
- **Seek to understand** those of other team members, including the person receiving care
- **Recognize and respect** the diversity of health and social care roles
- **Recognize** that roles are fluid and overlap
- **Navigate and adapt** how roles work in each context

Adapted from CIHC, 2024


ROLE CLARITY
...NO... IT'S YOUR JOB TO CLOSE THE DOORS...
©DOLISHAN
dolighan.com

KNOWLEDGE SHARING

Role clarification is a core mechanism of effective interprofessional collaboration which enables appropriate use of team member's expertise and supports communication and team functioning which in turn leads safter, higher quality care.

(Kilpatrick et al., 2020; Meuser et al., 2006)

KNOWLEDGE SHARING

Team members with different specialized knowledge and expertise do not necessarily perceive a clinical situation the same way.

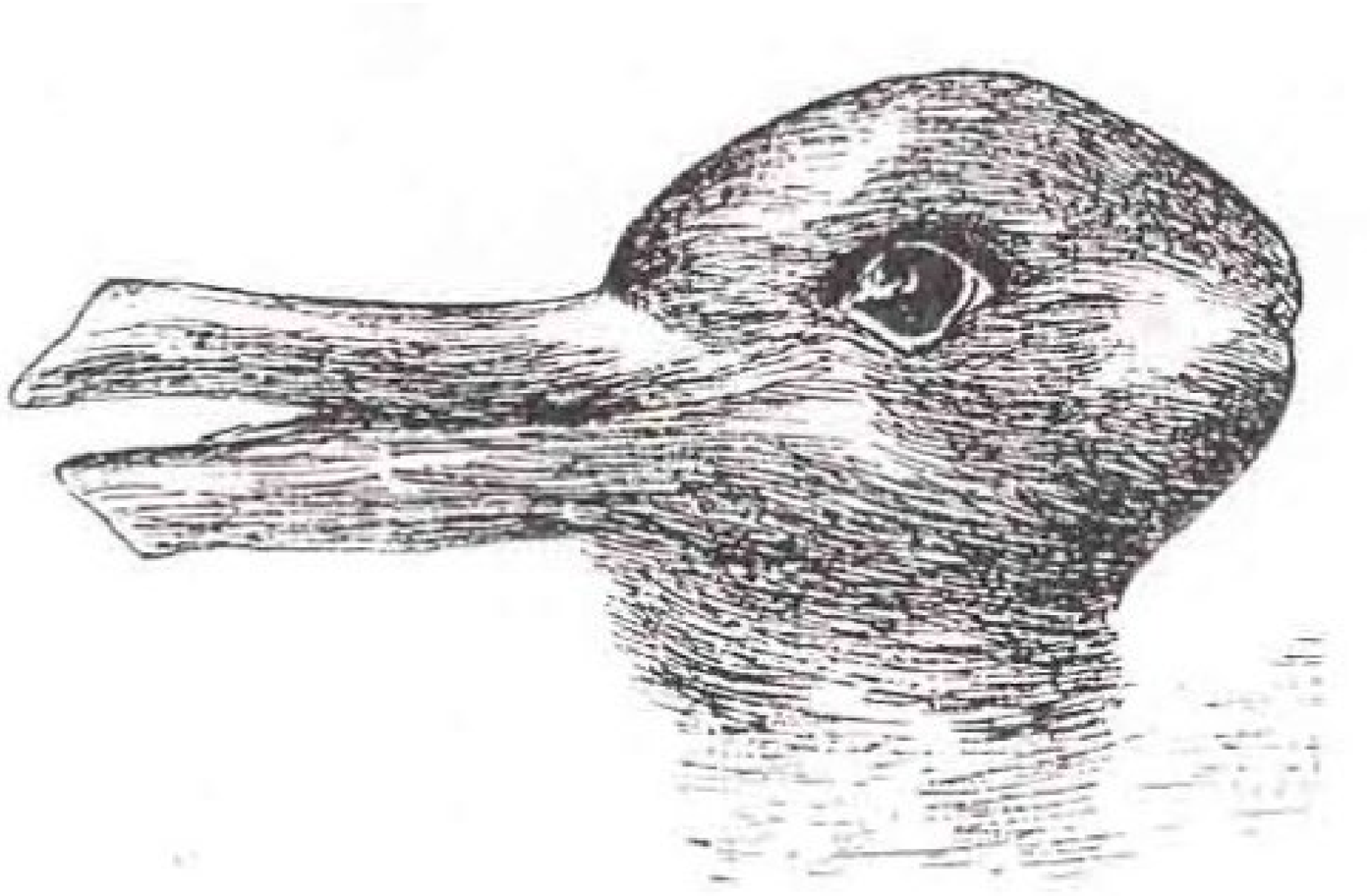
"We may look in the same direction, even at the 'same lines,' and not see what our colleague sees."

(Mckee, 2003)

McKee, M. (2003) Excavating Our Frames of Mind: The Key to Dialogue and Collaboration. *Social Work*, *Vol. 48, Number 3, July 2003.*



KNOWLEDGE SHARING



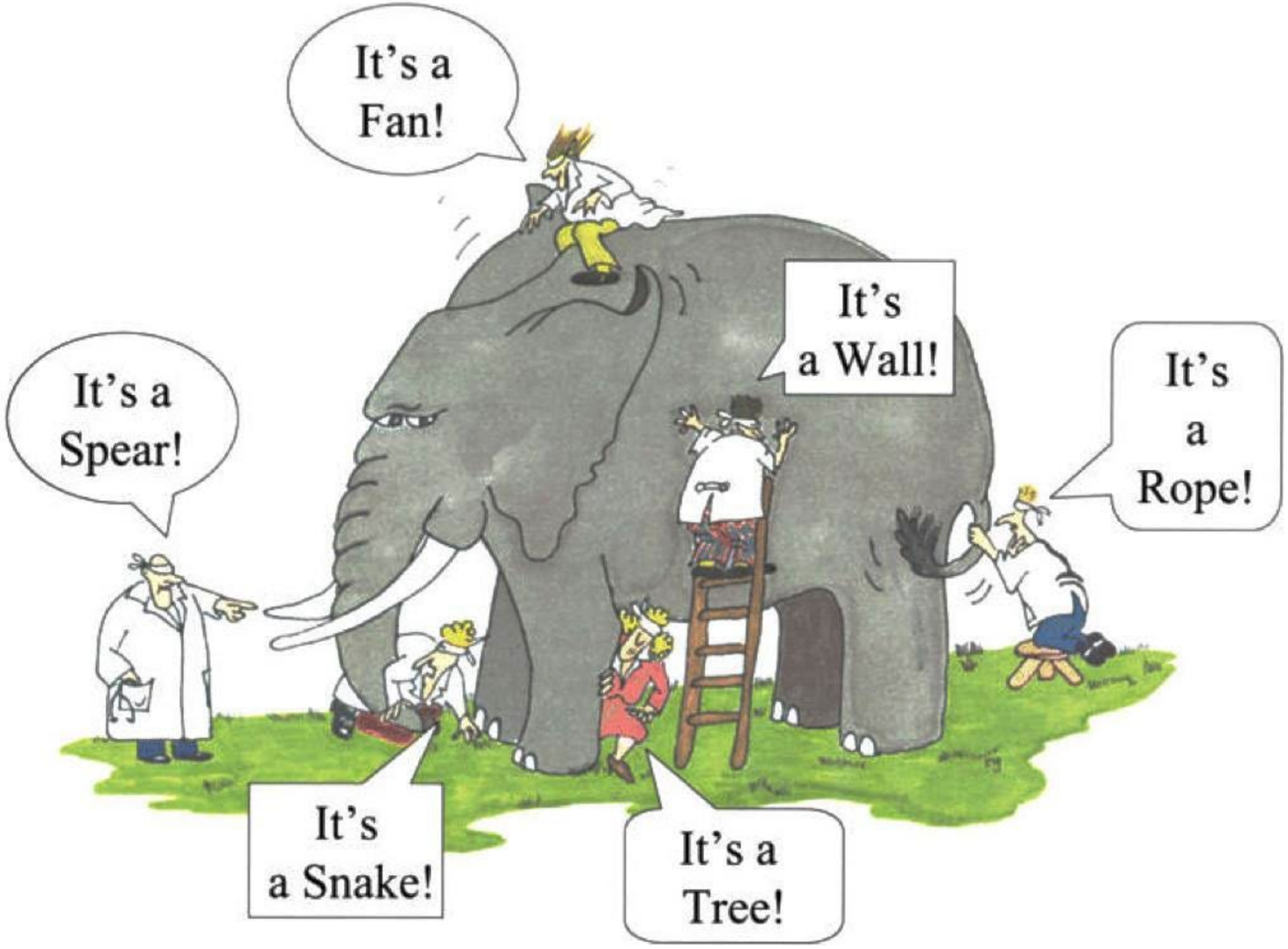
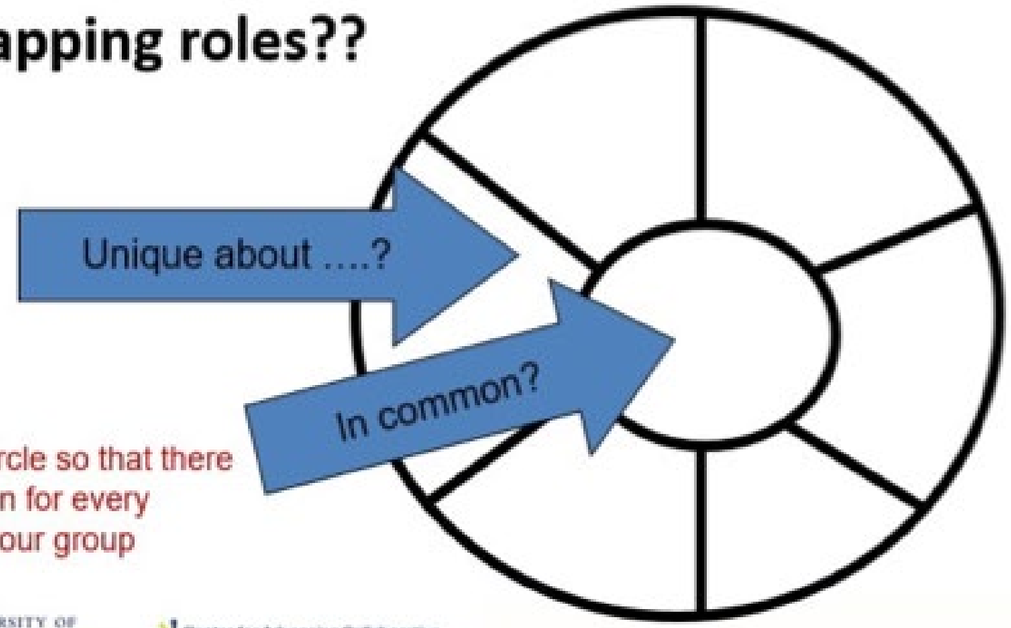


Image source: https://medium.com/@brought_on/the-elephant-sized-assumption-1f8c4d7153b5

TABLE ACTIVITY

The Wheel

What is unique about your role? Where is the common ground? How do we negotiate our overlapping roles??



Divide the circle so that there is one section for every member of your group

UNIVERSITY OF TORONTO

Centre for Advancing Collaborative Healthcare & Education (CACHE)

KNOWLEDGE SHARING

Example

The Talking Wall is a team-based activity from CACHE's Advancing Collaborative Teams (ACT) program



Students in medicine and OT exploring the role of music therapy, Holland Bloorview, 2024

KNOWLEDGE SHARING

Role Negotiation and Optimization

Which health care professionals are designated to do this in the workplace context?
(Who is doing it?)

Who has legislated scope of practice?
(Who could do it?)

Who is competent now to provide care to clients/patients/families?
(Who should do it?)

KNOWLEDGE SHARING

Role Negotiation and Optimization

Tasks	Medical Office Assistant (MOA)	Notes
Greeting and Way Finding	Best Suited	
Check In Patients	Best Suited	
Pre-Visit Vitals	Best Suited	
Rooming	Best Suited	
Administer Medications	Not In Scope	
Administer Vaccines	Not In Scope	
Wound/Foot Care	Not In Scope	
Triage Presenting Concerns	In Scope	
Perform Diagnostic Assessment	Not In Scope	
Send/Track/Complete Referrals	Best Suited	
Health System Navigation	Best Suited	
Justce System Navigation	Not In Scope	
Healthy Lifestyle Councelling	Not In Scope	
Answering Phone Calls	Best Suited	
Booking Appointments	Best Suited	
Triaging Waitlist	In Scope	[Name] handles this
Initiating Intakes from Waitlist	Best Suited	
Mental Health Assessment	Not In Scope	
Mental Health Therapy	Not In Scope	
Crisis Support	In Scope	MHC or Peer Support
Provide Basic Needs Support	In Scope	
Housing Support	Not In Scope	[Name] handles this

KNOWLEDGE SHARING

In Summary

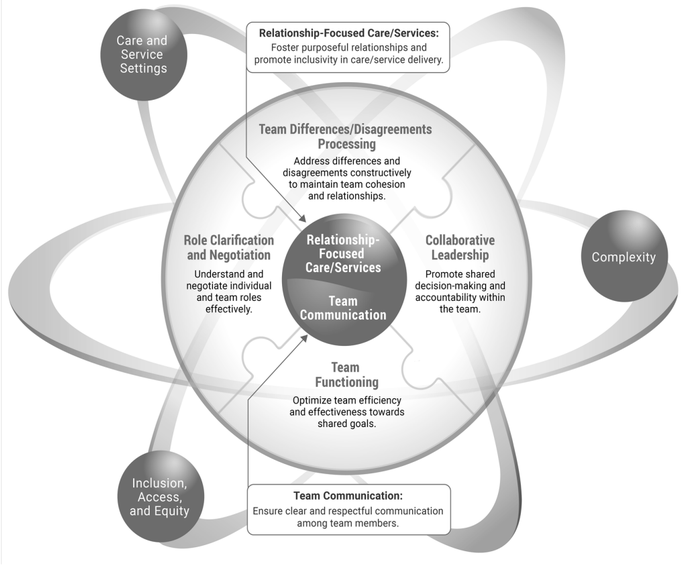
Persons, providers, organizations, systems benefit when team members:

- Express their curiosity, ideas and perspectives
- Have time to articulate, clarify & negotiate roles and responsibilities — ongoing, not once!
- Build respect for and value different roles and their capabilities
- Engage in knowledge sharing to enhance care

REFLECTION

REFLECTION AND APPLICATION

How can you apply Role Clarification and Negotiation to your work and project?



CIHC COMPETENCY 2 OF 6

TEAM COMMUNICATION

Role Clarification & Negotiation

Team Communication

Team Differences and Disagreement

Relationship Focused Care/Services

Team Functioning

Collaborative Leadership

KNOWLEDGE SHARING

Team Communication

All communicate with each other in a collaborative, responsive and respectful manner while paying attention to content and relational elements of communication.

KNOWLEDGE SHARING

Team Communication

All members are able to:

- **Use** clear, shared language, free of jargon, so information is exchanged consistently
- **Keep** communication open and accessible, addressing barriers such as language, culture and health literacy
- **Use** communication technology so the right message reaches the right person at the right time
- **Manage** information sharing and documentation so everyone on the team, and other teams, stays on the same page

Adapted from CIHC, 2024

TABLE ACTIVITY

EDUCATIONAL VIDEO:
Virtual team meeting



Discuss what you notice about team communication.

KNOWLEDGE SHARING

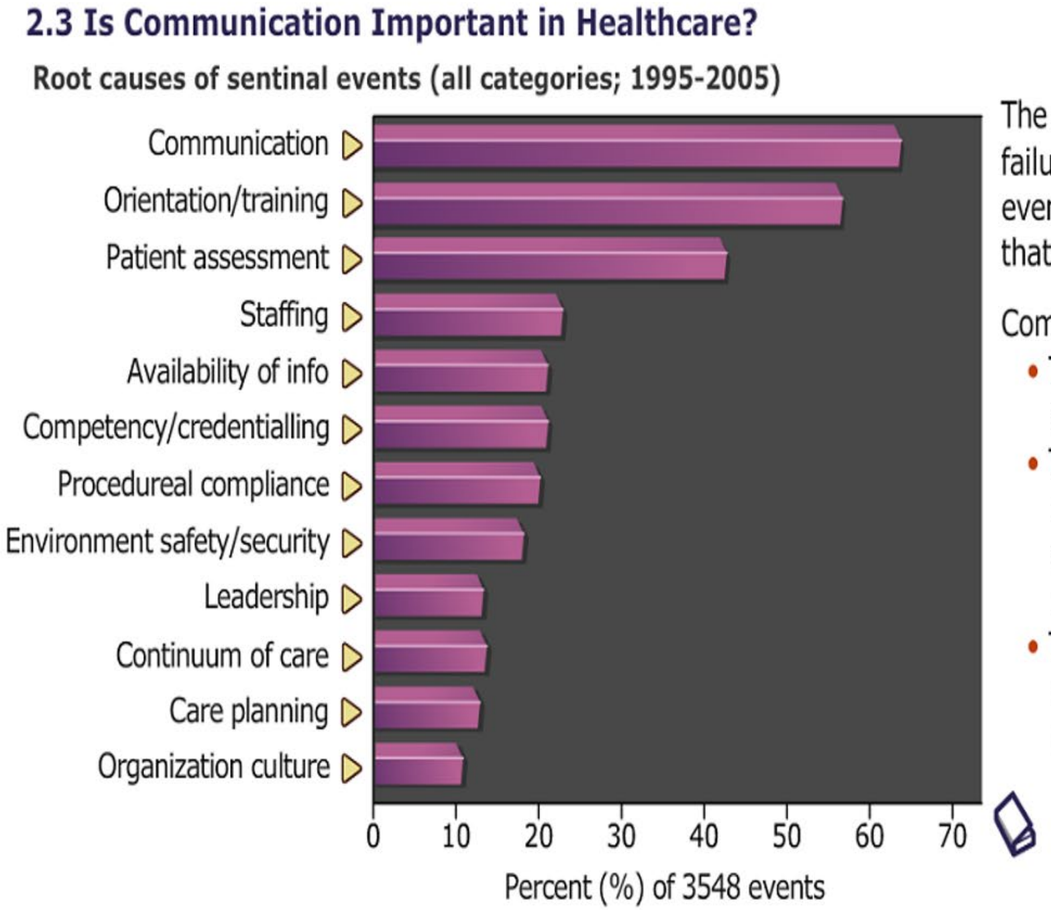
Communication, Collaboration and Quality

Crossing the Quality Chasm envisions:

- A future where clinicians “understand the advantage of high levels of cooperation, coordination and standardization to guarantee excellence, continuity, and reliability.
- Cooperation in patient care is more important than professional prerogatives and roles.
- A focus on good communication among members of a team, using all the expertise and knowledge of team members.”

Institute of Medicine, 2001

How is this possible?



The evidence is clear that communication failures lead to adverse events. Sentinel events are preventable adverse events that result in serious injury or death.

Communication failures were:

- The largest contributor to wrong site surgery and delays in treatment
- The second-most-common cause for medication errors, patient falls, and adverse events during and after an operation
- The third-largest contributor to restraint deaths and adverse events involving ventilated patients

Psychological Safety is at the Heart of Communication

KNOWLEDGE SHARING

VIDEO

Psychological Safety is... 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)

KNOWLEDGE SHARING

Facilitate Psychological Safety in Teams

- Model behaviours of a “leader or facilitator”
- Show fallibility - “I do not know everything. I may be wrong.”
- Express openness non-verbally
- Address issues for discussion in a timely manner
- Be inclusive – inviting all to share their thoughts and opinions

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

REFLECTION

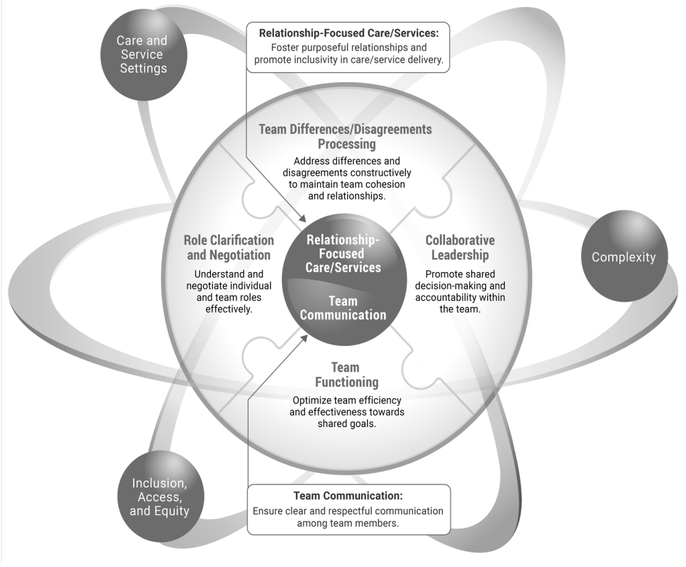
REFLECTION AND APPLICATION

How can you apply Team Communication to your work and project?

Lunch

UP NEXT

CIHC Competency 3: Team Differences and Disagreement Processing



CIHC COMPETENCY 3 OF 6

Team Differences and Disagreement

Role Clarification & Negotiation

Team Communication

Team Differences and Disagreement

Relationship Focused Care/Services

Team Functioning

Collaborative Leadership

Team Differences/Disagreements Processing

All members of a team actively engage constructively in addressing disagreements.

KNOWLEDGE SHARING

Team Differences/Disagreements Processing

All members are able to:

- **Recognize and value** differences, tension and conflict as normal parts of teamwork
- **Know** effective strategies, including setting ground rules, for addressing disagreement
- **Name** tensions among team members and lead discussions before they escalate
- **Put** proactive processes in place to prevent escalation
- **Analyze** the causes of disagreement and work towards an acceptable, cooperative solution

Adapted from CIHC, 2024

Addressing Conflict ...

Comfort with Differing Opinions

KNOWLEDGE SHARING

Another Way to Think About Conflict:

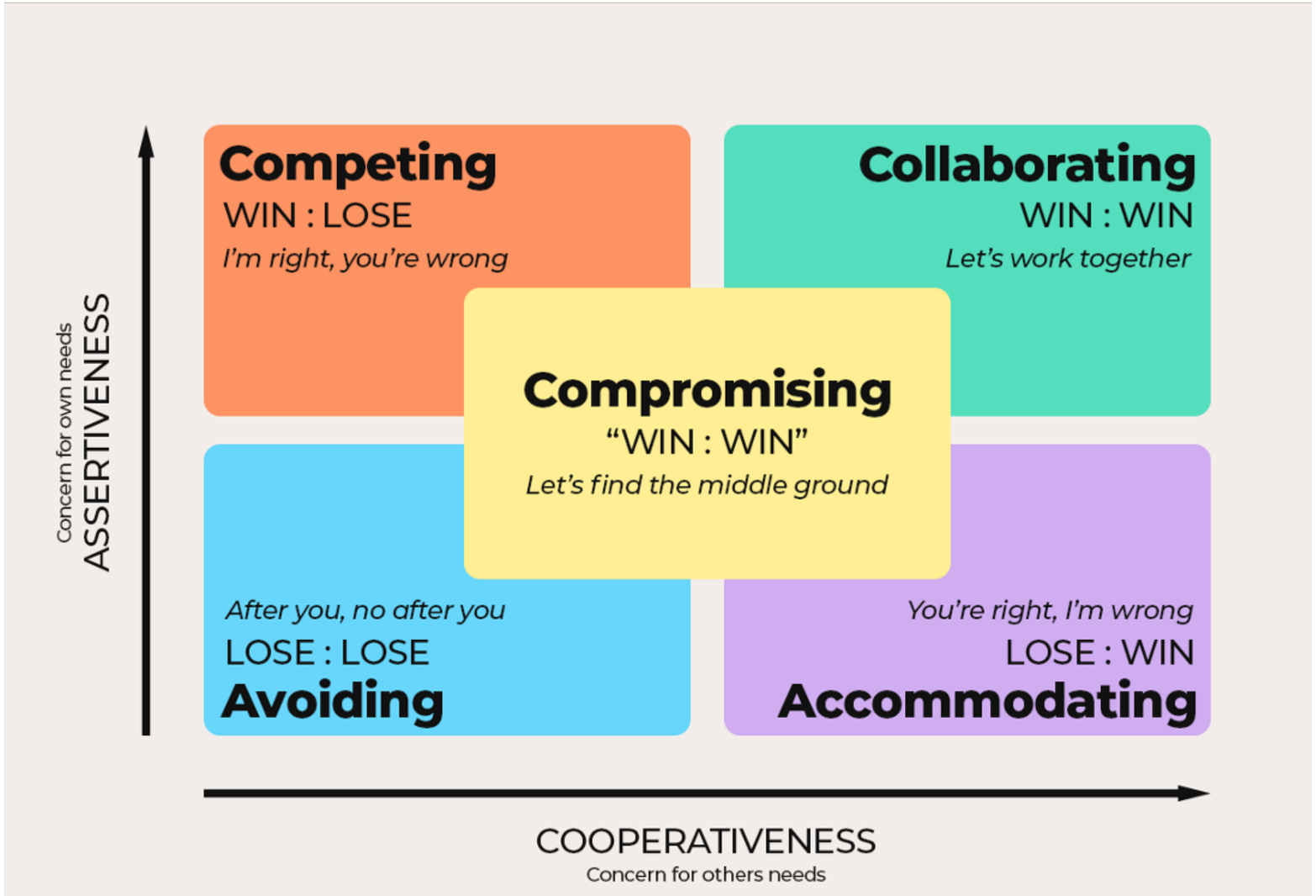
Multiple stories

In any conflict scenario there are always multiple stories at play

- “I am not being respected”
- “He/she is not willing to…”
- Our profession never gets due attention

KNOWLEDGE SHARING

Conflict Styles



Thomas & Kilman,1974

KNOWLEDGE SHARING

Decision -Making Study

Classic study (Boulding, 1964):

- Groups of managers formed to solve a complex problem
- Judged in terms of quality and quantity of solutions generated
- Groups identical in size and composition
- Half included a disrupter that played the role of critic

Boulding, E. (1964). Further reflections on conflict management. In R.L. Kahn & E. Boulding (Eds.), *Power and conflict in organizations*. New York, U.S.A.: Basic Books.

KNOWLEDGE SHARING

Decision -Making Study

Classic study (Boulding, 1964):

- Groups reassembled
- However, they were given permission to eliminate one member
- Who was asked to leave the group?

KNOWLEDGE SHARING

Conflict / Disagreement

- Can be beneficial
- Your decision to address
- Work with others to find common ground
- Dealing with conflict is essential to healthy relationships and better client care

KNOWLEDGE SHARING

The Ladder of Inference



I won't share information with her!

She thinks I'm incompetent

She's bored & doesn't value what I'm saying

She's bored & doesn't value what I'm saying

Colleague yawns

Argyris, C., Schon, D A. (1996). Organizational learning II: Theory, method, and practice. Reading, MA: Addison Wesley
Senge, P. (1990). The fifth discipline: The art and practice of the learning organization. New York: Doubleday Currency.

VIDEO

Educational Video: Scope of Practice



- What conflict styles did you see?
- What assumptions/inferences are being made by various members of the group?

KNOWLEDGE SHARING

Educational Video: Scope of Practice

UNPACKING INFERENCES



"But that's not my job, that's your job"

"I'm competent in what I do!"

"I'm not trained in that"

"I wouldn't know what to do with that information."



KNOWLEDGE SHARING

Educational Video: Scope of Practice

UNPACKING INFERENCES



"….. you know, no big deal"

"you know, the foundational stuff"

"I was really concerned"

"Risk of depression"

"I'm not seeing her again for almost another week."



KNOWLEDGE SHARING

Team Communication and Team Differences/Disagreements Tools and Practices

KNOWLEDGE SHARING

Interprofessional Bullet Rounds

Goal: To provide accurate, concise and transparent info in a timely and consistent fashion

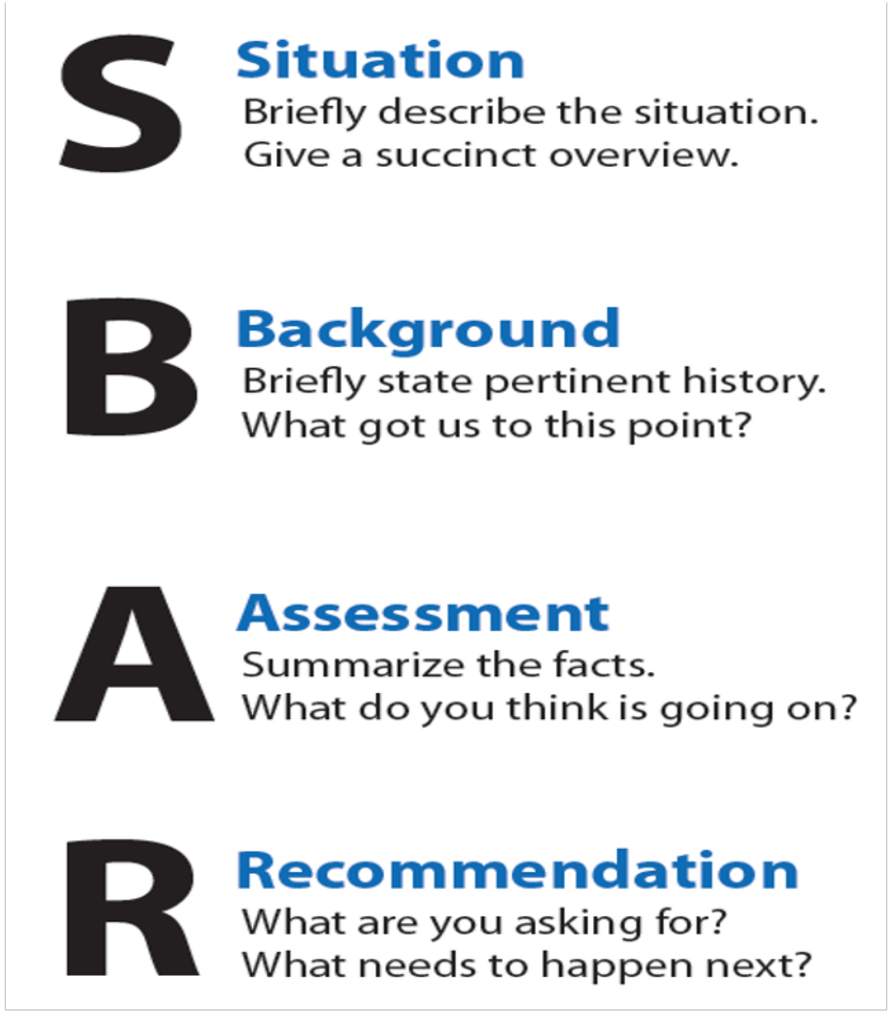
What was established:

- Daily at 9 AM with every member of IP team
- Max of 20 mins & only 30 seconds on each patient (longer conversations can be taken off-line)
- All staff educated on what info should be provided: look for barriers to discharge, state length of stay, summary of patient plans of care, speak to unique situations

All info/decisions are updated on white board by noon

KNOWLEDGE SHARING

SBAR Communication Tool



https://www.ihi.org/resources/tools/sbar-tool-situation-background-assessment-recommendation#downloads

OBEFA

KNOWLEDGE SHARING

O Open Statement - “I have a problem”

B Behaviour - “When you do X...”

E Effect - “The consequences are Y...”

F Feelings - “This makes me feel Z...”

A Action - “I would like us to resolve this problem together...”

Team Conflict Tool

KNOWLEDGE SHARING

Ask for clarification

Stay curious, not judgmental

"Help me understand…"
"Tell me more…"
"Can you explain that a bit more?"
"What else are you thinking?"

Make an impact statement

Say how you are affected

"What I'm thinking…"
"I'm concerned that…"
"I've been considering…"

Generate solutions

Look for the win/win

"Would you be open to…"
"Could we consider…"
"What can we do about this?"
"What about…"
"I wonder if there is a way…"

Adapted from Greene & Ablon, 2006 & Hospital for Sick Children, Cultural Competence Workshop, 2013

KNOWLEDGE SHARING

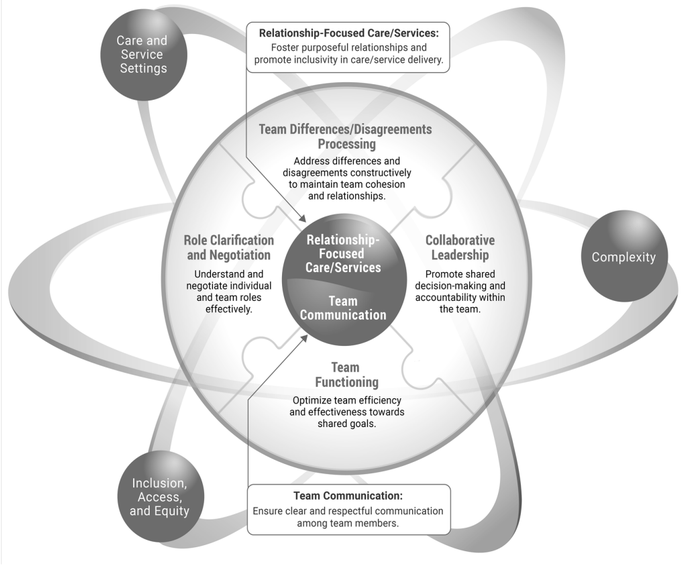
Beyond Tools and “Solutionism”

We invite you to scrutinize all tools, and adapt from them.

REFLECTION

REFLECTION AND APPLICATION

How can you apply Team Differences/Disagreements Processing to your work and project?



CIHC COMPETENCY 4 OF 6

Relationship Focused Care/Services

Role Clarification & Negotiation

Team Communication

Team Differences and Disagreement

Relationship Focused Care/Services

Team Functioning

Collaborative Leadership

KNOWLEDGE SHARING

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.

KNOWLEDGE SHARING

Relationship Focused Care/Services

All members are able to:

- **Support** people receiving care, and their care partners, to take part in every step: design, planning, delivery and evaluation
- **Share** information in a culturally safe, respectful way that strengthens shared decision-making
- **Ensure** people receiving care and their care partners get appropriate education and support
- **Support** people receiving care to reach their full potential as partners

Adapted from CIHC, 2024

TABLE 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/services?

Be prepared to debrief as a large group.

KNOWLEDGE SHARING

Relationship Focused Care/Services

Example: Simulation -Based Education

4 core principles of client and family centred care



4 simulations based on the principles, designed by people with lived experience. 2 live and 2 recorded. All interactive.



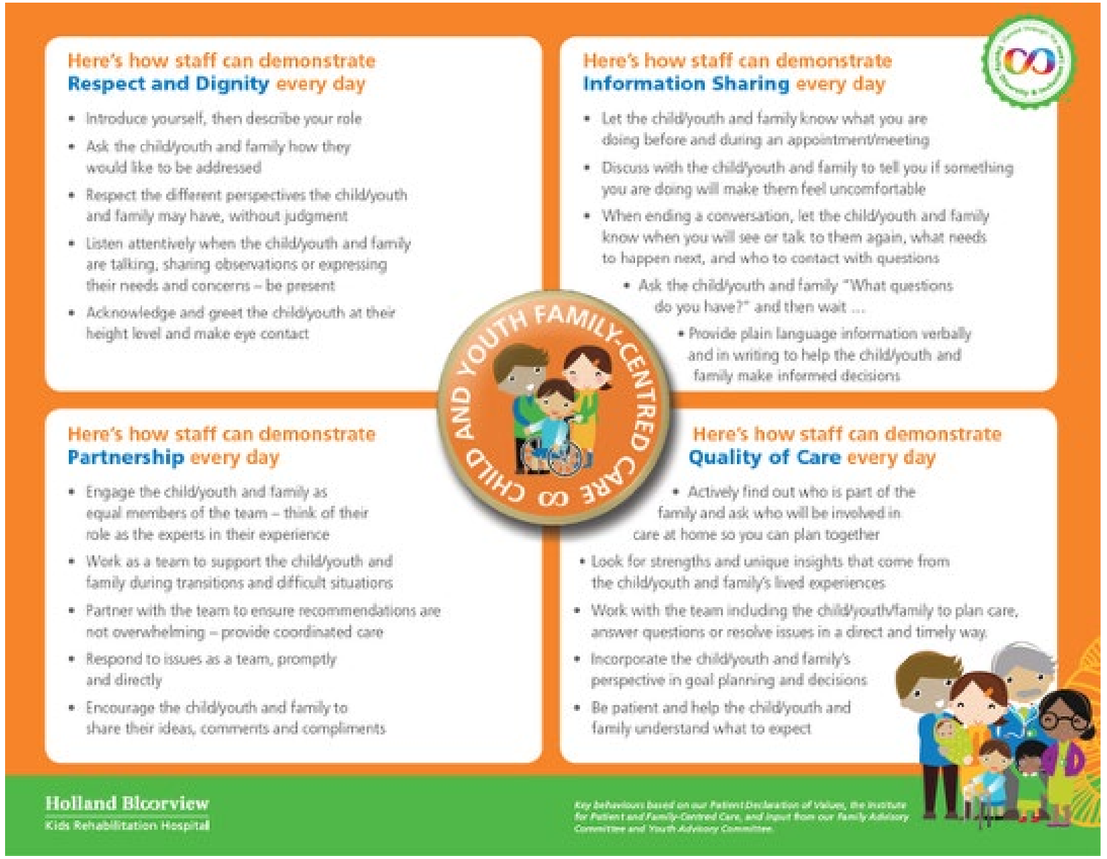


KNOWLEDGE SHARING

Relationship Focused Care/Services

Example: Simulation -Based Education

Client and Family Centre Care (CFCC) Principles

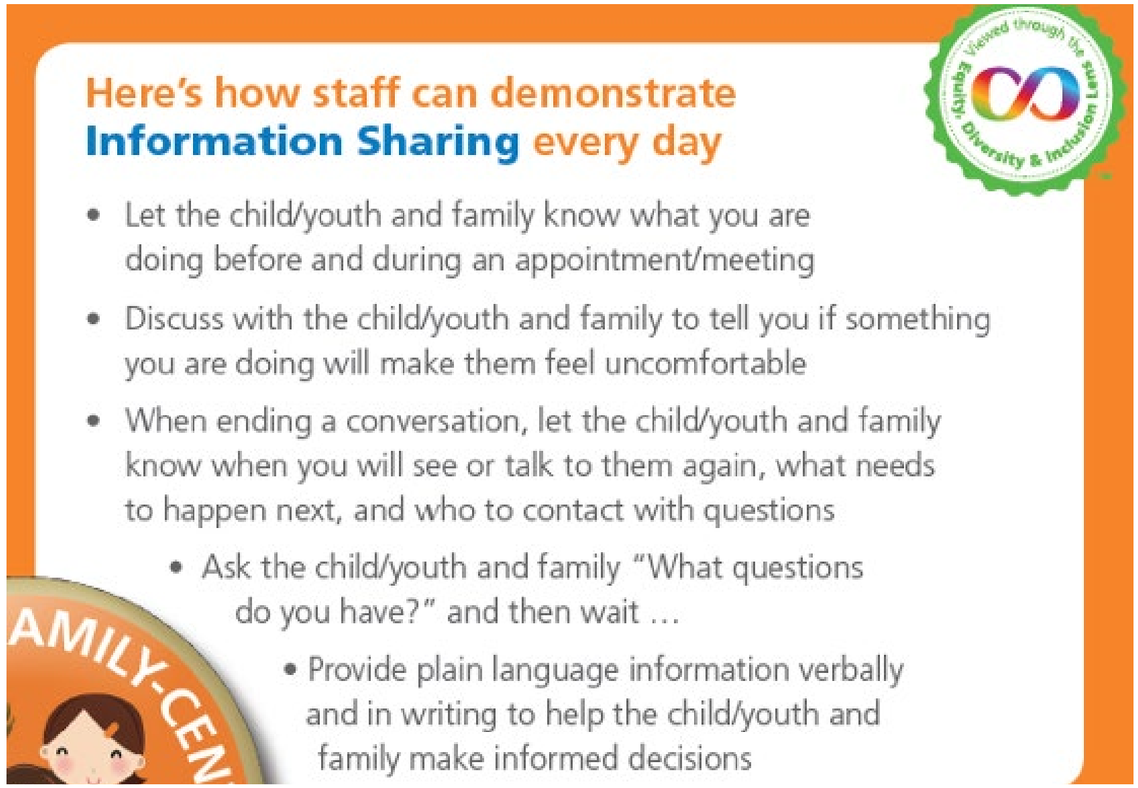


KNOWLEDGE SHARING

Relationship Focused Care/Services

Example: Simulation -Based Education

Client and Family Centre Care (CFCC) Principles



VIDEO

Educational Video: Simulation Based Training



- How were the principles of relationship-focused care/services upheld or missed in this conversation?

CFCC Values:

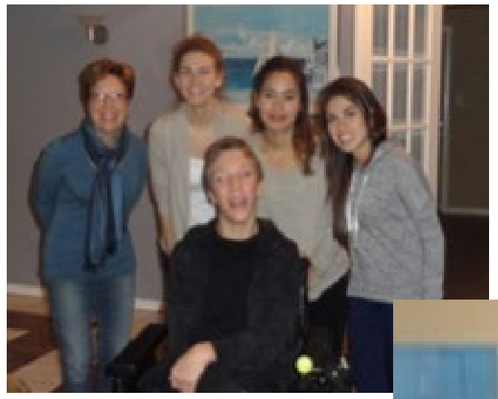
- Respect and dignity
- Information sharing
- Quality of care
- Partnership

KNOWLEDGE SHARING

Relationship Focused Care/Services

Example: IPE Home Visiting Program







Holland Bloorview, IPE Home Visiting Program (photos with permission)

KNOWLEDGE SHARING

Relationship Focused Care/Services

Example: Reader’s Theatre

- Reader's theatre script on partnership developed by UofT students for UT IPE curriculum foundational learning activity, "Cultivating team partnerships: Learning from lived experience"
- Reader's theatre script on transition to adulthood and adult care for youth with disability, UT IPE curriculum elective learning activity, "Transitions Theatre"

https://www.mededportal.org/doi/10.15766/mep_2374-8265.11254

REFLECTION

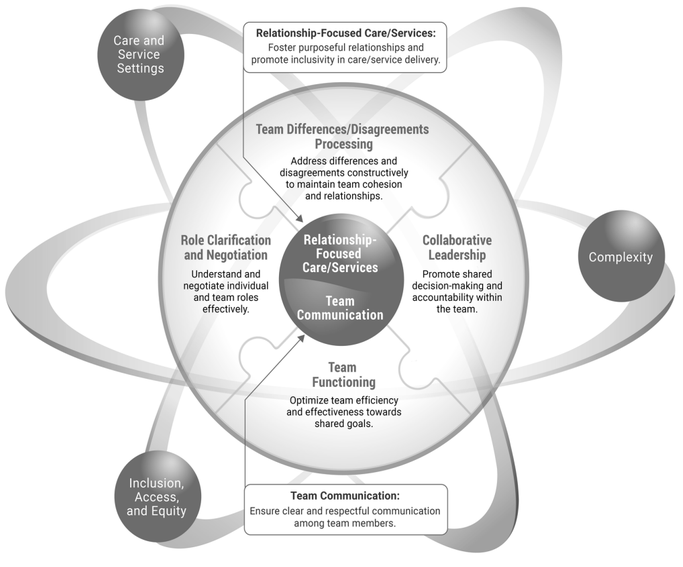
REFLECTION AND APPLICATION

How can you bring Relationship Focused -Care/Services to your work and project?

BREAK

UP NEXT

CIHC Competency 5: Team Functioning



CIHC COMPETENCY 5 OF 6

Team Functioning

Role Clarification & Negotiation

Team Communication

Team Differences and Disagreement

Relationship Focused Care/Services

Team Functioning

Collaborative Leadership

KNOWLEDGE SHARING

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.

KNOWLEDGE SHARING

Team Functioning

All members are able to:

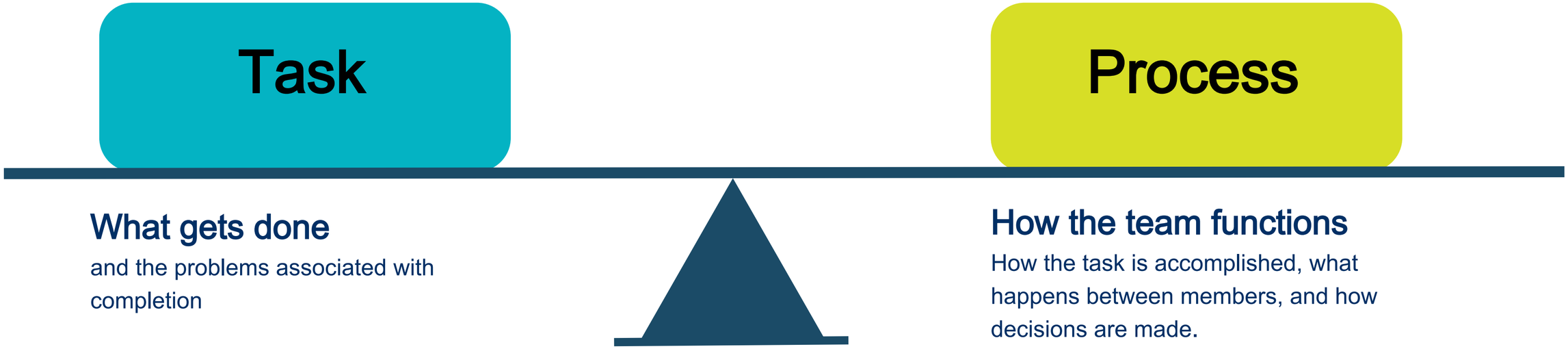
- **Understand** the processes of team development and how they link to the other competency domains
- **Understand** how strong interdependence among members leads to shared decisions
- **Identify** a common purpose built on different perspectives
- **Consider influencing factors** such as co-location, team composition, team maturity, technology and resources
- **Use** common purpose and values to keep negotiating team norms and support shared decision-making
- **Regularly reflect** , as a team, on how the team functions

Adapted from CIHC, 2024

KNOWLEDGE SHARING

Team Functioning: Process Affects Outcome

High performance teams require BALANCE of:



https://www.ihi.org/resources/tools/sbar-tool-situation-background-assessment-recommendation#downloads

KNOWLEDGE SHARING

Team Functioning

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**

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

adapted from Brown, 2003 (p. 228)

KNOWLEDGE SHARING

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

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.

Educational Video: Team Huddle

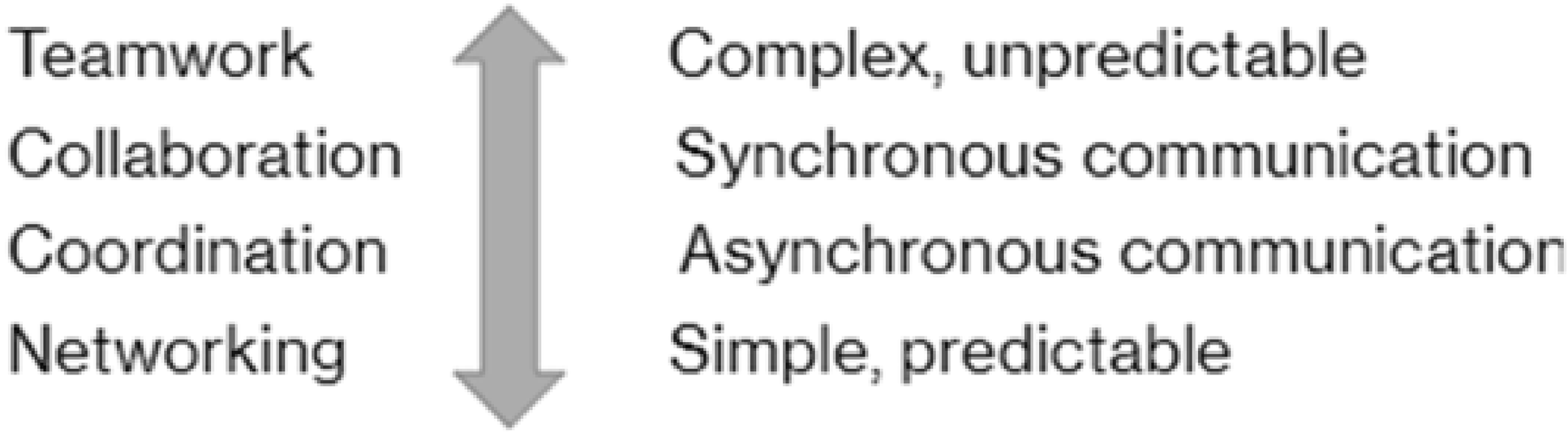
VIDEO



- How does this team support team functioning and relationships in this short huddle?

KNOWLEDGE SHARING

Team Functioning across Different Types of IP Practice



Reeves et al. (2018)

KNOWLEDGE SHARING

Interprofessional work through written communication:

Asynchronous communication

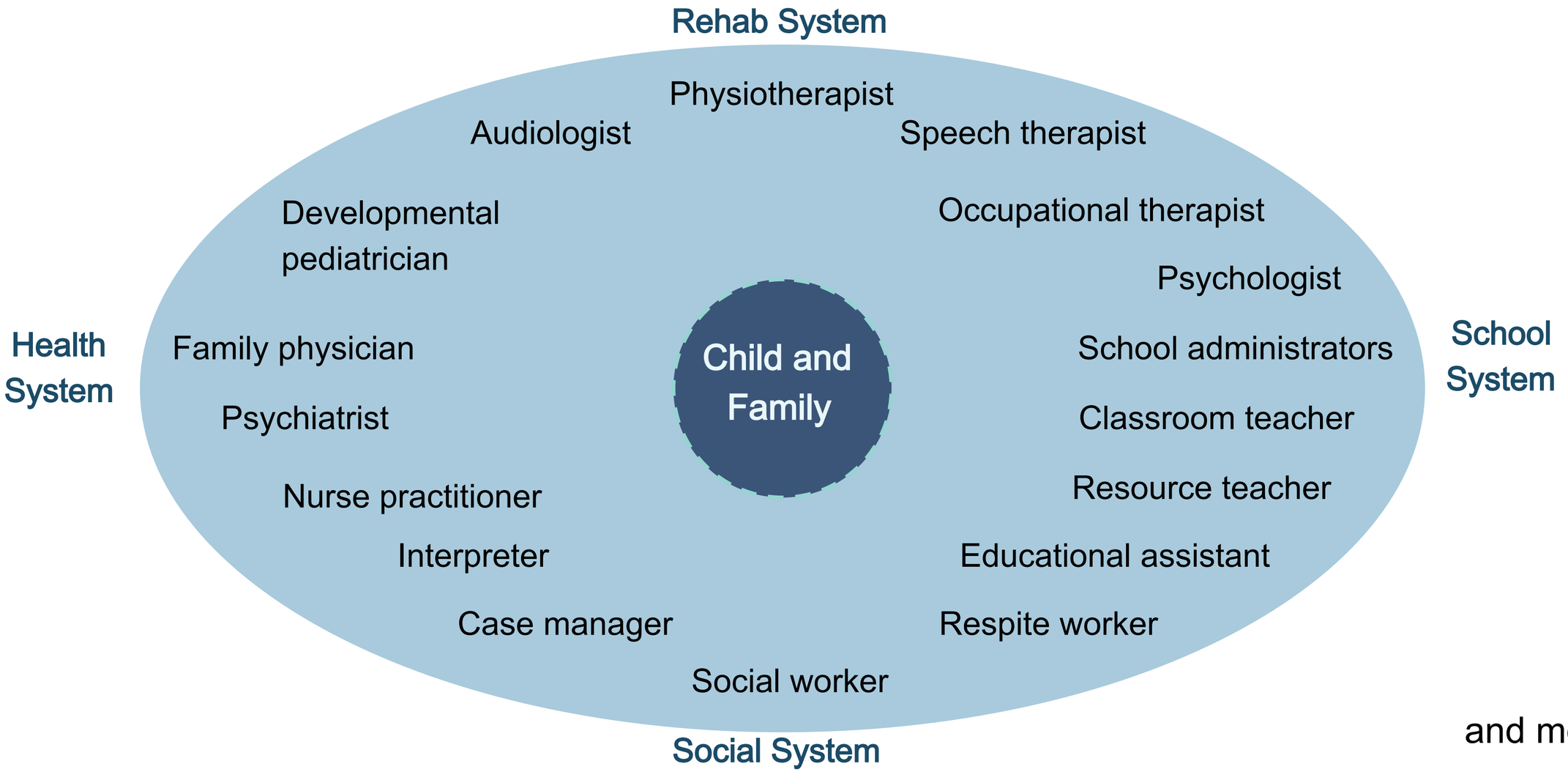
Interprofessional collaboration through…

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



An Example

KNOWLEDGE SHARING



and more...

KNOWLEDGE SHARING

Strategies for Alternative IP Practice

- Coordinated, networked care may require different considerations
- Consider that every patient has their own team—if you have 1000 patients, you work with 1000 different “teams”
- How do you work well with those you may never meet?
  - Critical to attend to written , asynchronouscommunication
    - Question assumptions before writing recommendations
    - Invite interaction/communication where possible

Ng, S., Friesen, F., Maclagan, E., Boyd, V., & Phelan, S. (2014). A critical theory response to empirical challenges in report-writing: considerations for clinical educators and lifelong learners. *J Educ Audiol*, *20*, 1-11.

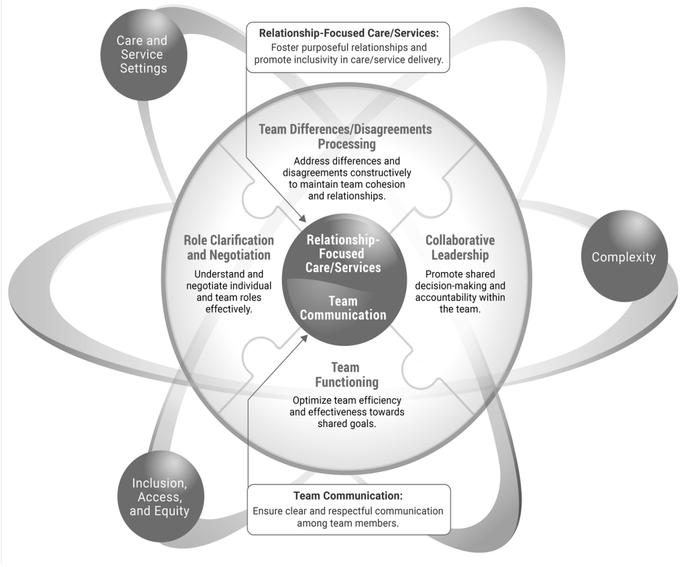
Ng, S. L., Lingard, L., Hibbert, K., Regan, S., Phelan, S., Stooke, R., ... & Friesen, F. (2015). Supporting children with disabilities at school: Implications for the advocate role in professional practice and education. *Disability and rehabilitation*, *37*(24), 2282-2290.

For more on conflict in distributed teams, see Mannix, Elizabeth & Griffith, Terri & Neale, Margaret. (2002). The Phenomenology of Conflict in Distributed Work Teams. 10.7551/mitpress/2464.003.0015.

REFLECTION

REFLECTION AND APPLICATION

How can you bring Team Functioning to your work and project?



CIHC COMPETENCY 6 OF 6

Collaborative Leadership

Role Clarification & Negotiation

Team Communication

Team Differences and Disagreement

Relationship Focused Care/Services

Team Functioning

Collaborative Leadership

KNOWLEDGE SHARING

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.

KNOWLEDGE SHARING

Collaborative Leadership

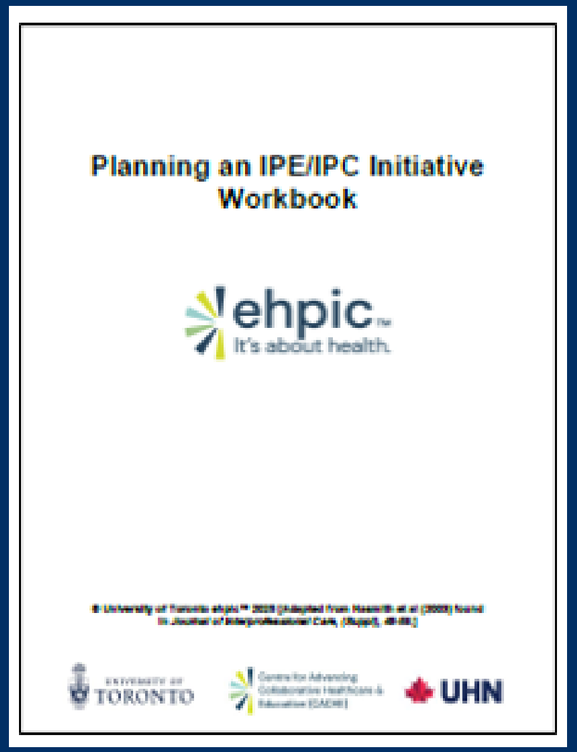
All members are able to:

- **Establish and maintain** shared leadership, accountability and collaborative practice
- **Co-create** a practice culture that values every team member and supports their physical and mental well-being
- **Lead** continuous quality improvement using collaborative decision -making
- **Promote** leadership development, building the skills that support team dynamics, collaboration and innovation

Adapted from CIHC, 2024

PROJECT WORK

Initiative/Program Work Time



Presentation Guide

Using the Rolfe Reflective Model, please prepare **2 slides** that shares in **3 min** :

- **WHAT**: briefly explain your project
- **SO WHAT**: why does your project matter/what will be different as a result? which elements of ehpic (e.g., core comps, tools) are most relevant to your project?
- **NOW WHAT**: choose 1-2 elements to implement
- **HOW** can we help? (1 question for cohort & faculty advice)

You will have the opportunity to deliver your 3 min presentation on the afternoon of Day 3.

TITLE OF PROJECT/Initiative:

What

briefly explain your project

So What

Why does your project matter? What might be different if you did it?

Which elements of ehpic (core comps, tools etc.) are most relevant to your project?

TITLE OF PROJECT/Initiative:

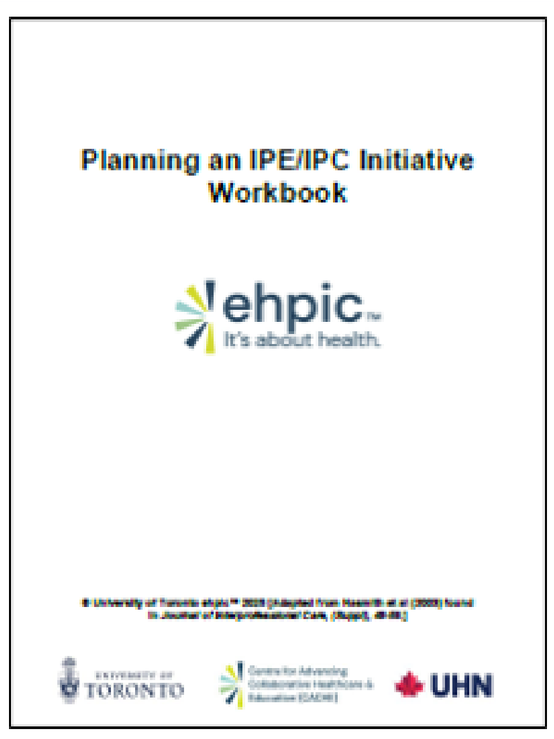
Now What

Choose 1-2 elements to implement

How Can We Help

(1 question for cohort & faculty advice)

PROJECT WORK



Initiative/Program Work Time

Project Work and Presentation Plan

End of Day 1

- 1 hour of project work

During Day 2

- 2 x 30 mins of project work

Morning of Day 3

- 30 min of project work

Noon Day 3

- Email slides to Belinda Belinda.Vilhena@uhn.ca for compilation

Afternoon Day 3

- Presentations/Q&A and Gallery Walk

Today's Accomplishments

- Welcome, introductions, and program information
- Foundations and value proposition for collaborative healthcare and education
- Competencies for Collaborative practice
  - Role Clarification and Negotiation
  - Team Communication
  - Team Differences/Disagreements Processing
  - Relationship-Focused Care Services
  - Team Functioning
  - Collaborative Leadership
- Initiative/Project team work
- 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

- Value proposition for IPE/IPC
- CIHC competency framework
- Examples of IPE/IPC
- Setting group norms activity
- Wheel of professions activity
- Educational videos
- Communication tools
- Conflict styles
- Ladder of inference
- Conflict tools
- Project/Initiative workbook

REFLECTION

REFLECTION AND APPLICATION

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

AND APPLICATION

Daily

Evaluation



https://www.surveymonkey.com/r/6YGFG2J