UHN Education

Interprofessional Lens

This "interprofessional lens" was created as a practical guide or 'how to' for fostering interprofessionalism in any area (e.g. care, education, initiatives, meetings, quality improvement, curricula, workshops, programs, research, leadership, space planning, decision making, reflection, etc.). In other words, "how do we make this area (e.g. workshop, meeting, project, etc.) more interprofessional?" Ask yourself/the team the questions below to work towards greater interprofessionalism.

Why?	- Why is an interprofessional approach important to this work? What is the importance or value of an interprofessional approach? - Why is this work important (the "hook") for each group (profession/role) individually and collectively?
What is the goal?	- What is the goal of the work? In other words, how will interprofessional collaboration enable this goal? Why is such collaboration *essential* to this goal? - How is the area complex, requiring collaboration of 2 or more professions/roles? - How might collaboration enable identification of shared priorities and outcomes?
Who?	- Are 2 or more different professions/roles involved? (consider 'profession/role' broadly) - Consider who is not "at the table" but should be/could be? e.g. other professions/roles, patients/families/students. Who else needs to be engaged for the success of this work? - What are the unique backgrounds, perspectives, professional cultures, etc. of individuals/professions/roles involved? What is uniquely and collectively important to each person/ professions/role? - What support may be needed for each participant and the entire team to embrace interprofessional approaches? e.g. what relational behaviour will enable interprofessional collaboration, how will interprofessional respect, humility and pride be demonstrated? - Consider *client/patient/caregiver/community member* inclusion or voice: Is this central to purpose and outcome? When might his be a further step? How will this be accomplished?
Where?	- Consider how location may impact some participants differentially (e.g. acute care setting or community) - Consider how the space/set up can enable collaboration and interactivity (e.g. seating arranged with mixed groups at each table) - Consider holding an 'empty chair' to include those who are not present
When?	- How can timing be optimized to work best for all/as many as possible? - How can significant time for discussion and interactivity be incorporated?

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How?	- **Interprofessional (IP) facilitation** is often required to transform multiprofessional work to interprofessional collaboration (e.g. to address risk of professional stereotyping related to lack of knowledge about another's role). IP facilitation often includes co-facilitation with 2 people from different professions who role model IP collaboration. See Appendix for more *IP Facilitation Tips.* - How will **'interprofessional group process'** be addressed? e.g. How will we get to know each other (e.g. introductions, icebreakers)? How will roles/responsibilities be clarified? How will we work together? How will we make decisions? How will we address safety for all within this group/team? How will power and hierarchy be addressed? How will we attend to and support the team at various stages of group development? What interprofessional group norms should we adopt? How will interprofessional conflict or dominance be addressed? How can we support pride and voice? - How will **interprofessional reflection** be supported? How can briefing and debriefing include opportunities for interprofessional reflection? e.g. How are we working well together? What is working well in our group process? What could we do differently that would make our work together or group process even better? What am I/are we most curious about from an interprofessional perspective? What assumptions am I making? How might someone whose role is different than mine look at this? How is this similar to what you know about other roles? How will what I/we have learned enable greater collaboration? How do we understand and articulate our shared goals and reasons for collaboration? - How will **interprofessional issues** be explicitly addressed? e.g. How are important contributions of different team members highlighted? Is learning about how team members work together discussed? How can we acknowledge/recognize unique and shared contributions? What structures/processes support interprofessional interactions? What factors enable interprofessional collaboration? How are strategies that enable interprofessional communication incorporated in our work? (e.g. reduce professional jargon, debunking myths, consider 'what we call things', intentional goal setting and review, inclusive language, etc). How is collaborative leadership evident in our work?

Definitions:

Interprofessionalism *comprises synergistic, collaborative work towards shared/common goals with 2 or more professions/roles. For example, interprofessional education occurs when (learners) from two or more professions/roles learn about, from and with each other to enable effective collaboration and improve health outcomes (adapted from World Health Organization, 2010). As complexity of work increases, so too does the need for interprofessional approaches.*

Multiprofessionalism *comprises work that is coordinated and largely in parallel between 2 or more professions/roles or sub-specialties.*

Uniprofessionalism *comprises work within a single profession/role.*

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Vignettes: Interprofessionalism in Action

As you read the scenarios below (Discharge Planning Tool Development and Improving Hand Hygiene Rates), consider differences between the two scenarios and the impact of the different approaches used.

Discharge Planning Tool Development - Five people from 3 different professions (3 from one profession, 1 from each of two other professions) have been asked to work together to develop an interprofessional discharge planning tool for the team.

Discharge Planning Tool Development - Scenario 1

Three people from the same profession decide to advance the group's work by taking the lead on refining the project goal and developing a draft work-plan; they thought it would be best to adapt a similar tool used within one profession for use by the entire team. The plan is emailed to the remaining 2 group members for feedback prior to the first meeting. There is no feedback provided and in the first meeting the group members adopt the goal and plan without any changes.

The group members divide the work into manageable parts such that each member leads development of a part of the checklist with which they are most familiar (e.g. medications, mobility, etc.). In the next meetings, they cut and paste the portions together, refine the formatting and then finalize the checklist (one team member was only able to make one of the meetings but emailed it just in time). The tool is completed on time and is piloted (but unfortunately, garners little feedback from the larger team). Although it is evident that the 3 team members can speak well to the tool and are available as a resource for the larger team, the remaining 2 team members are only able to offer limited support. Uptake of the discharge planning tool is limited and use of the tool is not sustained.

Discharge Planning Tool Development - Scenario 2

In the first group meeting, members use the **Interprofessional Lens** to guide their work. They begin by discussing as a group why this work is important to each of them and what a successful interprofessional discharge planning checklist might look like. They realize that they do not have a strong understanding of other team members' perspectives about what is important to consider in this work and decide to each speak to 1 or 2 colleagues on the larger team to gather additional information. The group also intentionally develops interprofessional group norms (e.g. we will ask questions if we do not understand jargon used) and determines how decisions will be made and how conflict will be addressed. Together they decide on a meeting schedule that works for all as well as a draft work-plan. In the plan, group members work across the larger team to determine who has expertise for each area (e.g. medications, mobility, etc.) and engage colleagues accordingly. They each identify areas they are interested in learning more about and align their work in this way where possible; they also share their new learning, reflections and surprises in the process. They are attentive to instances in which there are challenges in understanding and through this discussion, realize that patients/families also need support, input and clear roles. They then work to engage several patients/family members in their work.

At the end of project, all of the group members are able to speak fully to the checklist; the process involved in creating and evaluating the tool and can effectively support learning of all team members. The tool is now consistently used to support all team members (including patients and families).

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Improving Hand Hygiene Rates - Five people from 3 different roles (3 from one area, 1 from each of two other roles) have been asked to develop an interprofessional plan for improving hand hygiene rates.

Improving Hand Hygiene Rates - Scenario 1

Three people from the same profession decide to advance the group's work by taking the lead on refining the project goal and developing a draft work-plan. The plan is emailed to the remaining 2 group members for feedback prior to the first meeting. There is no feedback provided and in the first meeting the group members adopt the goal and plan without any changes. The group members divide the work into manageable parts such that each member is responsible for part of the plan alone. In subsequent meetings, they cut and paste the portions together, refine the formatting and then finalize the plan (one team member was only able to make one of the meetings but emailed her portion just in time for the last meeting).

The plan is shared with the unit team (it garners little feedback from the larger team unfortunately). After implementation of the plan, it is evident that the 3 team members can speak well to the plan and are available as a resource for the larger team, it is clear that the remaining 2 team members are only able to offer limited support. Hand hygiene rates improve in one profession in one part of the unit but overall little change is made in the rate for the team.

Improving Hand Hygiene Rates - Scenario 2

In the first group meeting, members use the **Interprofessional Lens** to guide their work. They begin by discussing why this work is important to each of them and what they want in a plan designed to improve hand hygiene rates. They realize that they do not have a strong understanding of their team members' perspectives about what is important to consider in this work and decide to each speak to 1 or 2 colleagues on the larger team to gather additional information. The group also quickly develops interprofessional group norms (e.g. we will ask questions if we do not understand jargon used) and determines how decisions will be made and how conflict will be addressed. Together they decide on a meeting schedule that works for all as well as a draft work-plan. In the plan, group members work with the larger team to determine who has expertise for each area and engage colleagues accordingly. Through this process, they hear a story about a maintenance worker who wanted to remind a team member to wash her hands but did not feel it was okay to do so as it would not be well received. The team discussed further and decided that it was critical to include in the plan discussions about how they could hold each other accountable for hand hygiene across the entire team and include in their team commitments and norms. They also learned that a recent project found that student hand hygiene rates were higher than staff at UHN and reached out to Education to learn more about this success.

Throughout their work together, they are attentive to instances in which there are challenges in understanding and through this discussion, realize that patients/families also need additional support. They also work to engage several patients/family members in their work. At the end of project, all of the group members are able to speak fully to the plan; the process involved in creating the plan and can effectively support team members. The plan is supported by the team and hand hygiene rates improve significantly over the course of the coming months. The team remains committed to this work and continue to refine the plan as the unit's work and progress evolves.

Appendix: Interprofessional Facilitation Tips*

Facilitating interprofessional groups is recognized as a complex and demanding task. Facilitators play a crucial role in creating an environment that supports the goals of interprofessional collaboration. There are some unique skills, beyond general facilitation skills, that are required for effectively facilitating an interprofessional group, as there are some unique issues that may arise.

Use of Discipline Specific Language/Jargon

- Ensure that group members explain terms that may not be known by everyone in the group. Encourage the use of common language, when possible.

Perceived Hierarchies

- Address any comments regarding power and hierarchies. Do not permit "bashing" of any profession/role. Listen for comments before the groups officially start and be sure to address any issues that arise. A brief comment that may be perceived negatively may set the tone for the remainder of the learning activity. Encourage group/team members to learn from each other and how they can collaborate together.

Different/Conflicting Expertise

- Each profession/role represented will have areas of expertise. Acknowledge all contributions and respect diversity. Consider role/scope overlaps as well as unique contributions.

Professional-based Stereotyping

- Stereotypes may be associated with gender, status, caring, power, etc.

Participants at Different Levels/Stages

- Group/team members will have varying educational and clinical experiences. Ensure that individual contributions are valued, but corrected where necessary.

Difficulty Entering into Professional dialogue due to Uncertainties about Other Professions/Roles

- Encourage the group to develop an understanding of each other's professional/discipline roles and scopes of practice.

Difficulty transferring knowledge from one field to another

*** Adapted from the Centre for Interprofessional Education's General Facilitation Guide-Version 1.1. 10/18/2013 ©Centre for Interprofessional Education, University of Toronto:**
http://www.ipe.utoronto.ca/content/general-facilitation-guide . The CIPE Guide was adapted from the *Canadian Working Group on HIV and Rehabilitation's (CWGHR) Online Module Facilitators' Guide,* 2013, authored by CWGHR, College of Health Disciplines: University of British Columbia, University of Manitoba, University of Toronto and Dalhousie University. Edited by Victoria Wood, UBC (www.hivandrehab.ca).

Appendix: Interprofessional Facilitation Tips* (continued)

Sargeant, Hill and Breau (2010)[†] identify the following items in their Assessment of Interprofessional Facilitation Skills. These serve as a guide to interprofessional facilitation. Use these as questions to reflect on your own facilitation style. If a co-facilitator is available, ask for additional feedback.

- Describe why interprofessional education is important
- Explain how interprofessional collaboration can enhance patient/client-centred practice
- Role model positive interactions with other health professions/roles and how professionals work together
- Create a learning environment in which the principles of interprofessional education were demonstrated or clearly explained (don't focus on one provider group; acknowledge all contributions)
- Openly encourage participants to learn from each health providers' views, opinions, and experiences
- Use learning and facilitation methods that encourage participants from different professions/roles to learn *with, from* and *about* each other
- Invite other professions/roles to comment and share their experiences/perspectives as questions or comments are made in the large group
- Use appropriate facilitator skills to keep discussion on track
- Acknowledge and respect others' experiences and perceptions
- Encourage members of all professions to contribute to decisions and seek opinions from others in the group
- Ask participants to share their professional opinions, perspectives and values relative to patient/client care
- Listen to and acknowledge participants' ideas without judgment or criticism
- Ask questions to encourage participants to consider how they might use each other's professional skills, knowledge, and experiences
- Help participants to work through differences in a spirit of openness and collaboration when differing opinions arise
- Use effective communication skills to clarify and resolve misunderstanding and conflict
- Discuss issues related to hidden power structures, hierarchies, and stereotypes that may exist among professions

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[†]Sargeant, J., Hill, T., & Breau, L. (2010). Development and testing of a scale to assess interprofessional education (IPE) faciliation skills. *Journal of Continuing Education in the Health Professions, 30*(2), 126-131.
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