

# PLP: Facilitator Notes

- ❑ **Surveys**
- ❑ **Welcome & Thank you**
- ❑ **Introductions**
- ❑ **Agenda Review**
  - ❑ Project background
  - ❑ Learning Objectives
  - ❑ IPE Curriculum
  - ❑ Student placements
  - ❑ Discussion
  - ❑ Evaluation → data for later analysis

# PLP Project

## Overall Project Goal:

Improving i) interprofessional collaborative awareness and capacity, and ii) the way collaboration is taught to learners in clinical settings

## Research Partnership:

The Hospital for Sick Children, Toronto Rehabilitation Institute, and Children's Hospital of Eastern Ontario

## Study jointly focused on:

- Practicing clinical teams of health professionals
- IPE students on placement with teams who have participated in the study workshop

# Learning Objectives & Model

## Workshop Learning Objectives

( SLIDE # 3 in Handout )

- 1) Introduce some **key concepts and language** of IPC that are foundational to the emerging IPE curriculum material for health care professionals
- 2) Provide **opportunities** for team members to **reflect on & affirm** team's current IPC **strengths** using this framework
- 3) Identify **opportunities** for **enhancement of IPC** in the context of Complex Care team work
- 4) Provide opportunities for professionals to **describe** their **team's IPC practices** as they might when talking to students or new team members.

## Learning Model

- ❑ **Reflection** → Re-examine past activities for purpose of learning and developing
- ❑ **Appreciative Inquiry** → Build on the positive,
- ❑ **Dialogue** → Thoughtful discussion with peers, and
- ❑ **Practice** → Simulation to provide relevant & safe situations in which to practice

# IPC/IPE Background and Context

## Language

- ❑ **IPC** – Interprofessional **collaboration** of practicing professionals and clinical teams
- ❑ **IPE** – Interprofessional **education** of health professional students, preparing them to practice collaboratively following their graduation

## Background – Acknowledge . . .

- ❑ **Not new & Not alone** – May feel like sudden, recent interest, if look at the literature see that IPC/IPE research and initiatives are and have been taking place around the globe. In particular, a great deal of work in **UK**, and of course in many localities **across US**, and here in **Canada**, all **across the country**, promoted by federal and provincial gov's. This study just one of a series funded by HealthForce Ont.
- ❑ **Numerous Definitions** – For purposes of this study – Health Canada description – “two or more –... **Education** – learn from and about; **Collaboration** – organized in a common effort to solve or explore common issues , with the best possible participation of the patient.
- ❑ **Differing views** → **Optimal timing** for interprofessional training within student curriculum

# IPC /IPE Background & Context cont'd

## IPC/IPE Context.

- ❑ **Early expectations** → interprofessional collaboration held promise for improving health outcomes in community-based care model. More recently expanded focus to include research in primary care area.
- ❑ In both instances → *expectation for*: strengthening IPC practices → will lead to better outcomes.

These OUTCOMES - in variety or areas, including...

1. Ensuring the ***inclusion*** of **info from all** relevant professionals in patient care planning
2. **Enhanced quality** of care planning & delivery (complex cases) Whole is more than sum of the parts
3. **Renewal and retention of staff** ( *>critical in time of staff shortages*) –reducing loss to system due to burnout
4. **Healthcare system renewal** – part of wider effort at system renewal and improvements (cost efficiency) allowing professionals to each contribute in way they are most skilled to do so, but from a more broadly informed base of practice

# IPC /IPE Background & Context cont'd

## PLP Study

Within this context – still believe that aspects of PLP study are:

### ➤ **Unique & Foundational**

- ❑ **Unique** (research) - prior studies IPC or IPE but very few simultaneous focus on both IPC & IPE
- ❑ **Foundational** (participants) – increase #'s of professionals who:
  - a) Have **participated in training** that aims to increase IPC awareness & capacity of clinical teams, &
  - b) Who are associated directly with **IPE students** on placement

**and** provides valuable **data** and **feedback** → contributes to the wider learning about IPC/IPE

- ❑ **Data** – material for more detailed study and reflection within a research framework
- ❑ **Feedback** – on the IPC practice and this training

→ Time at end to ensure we receive your feedback, verbally + written

### **Workshop Learning Objectives** ( SLIDE # 3 in Handout )

- 1) key concepts and language of emerging IPE curriculum
- 2) **reflect on & affirm** team's current IPC **strengths**
- 3) Identify **further opportunities** for IPC in team processes
- 4) practice describing their own IPC practices.

# Interprofessional Collaboration

Poster

## Interprofessional Education

- “occasions when two or more professions learn from and about each other to improve collaboration and the quality of care”  
— CAIPE, 1997, revised

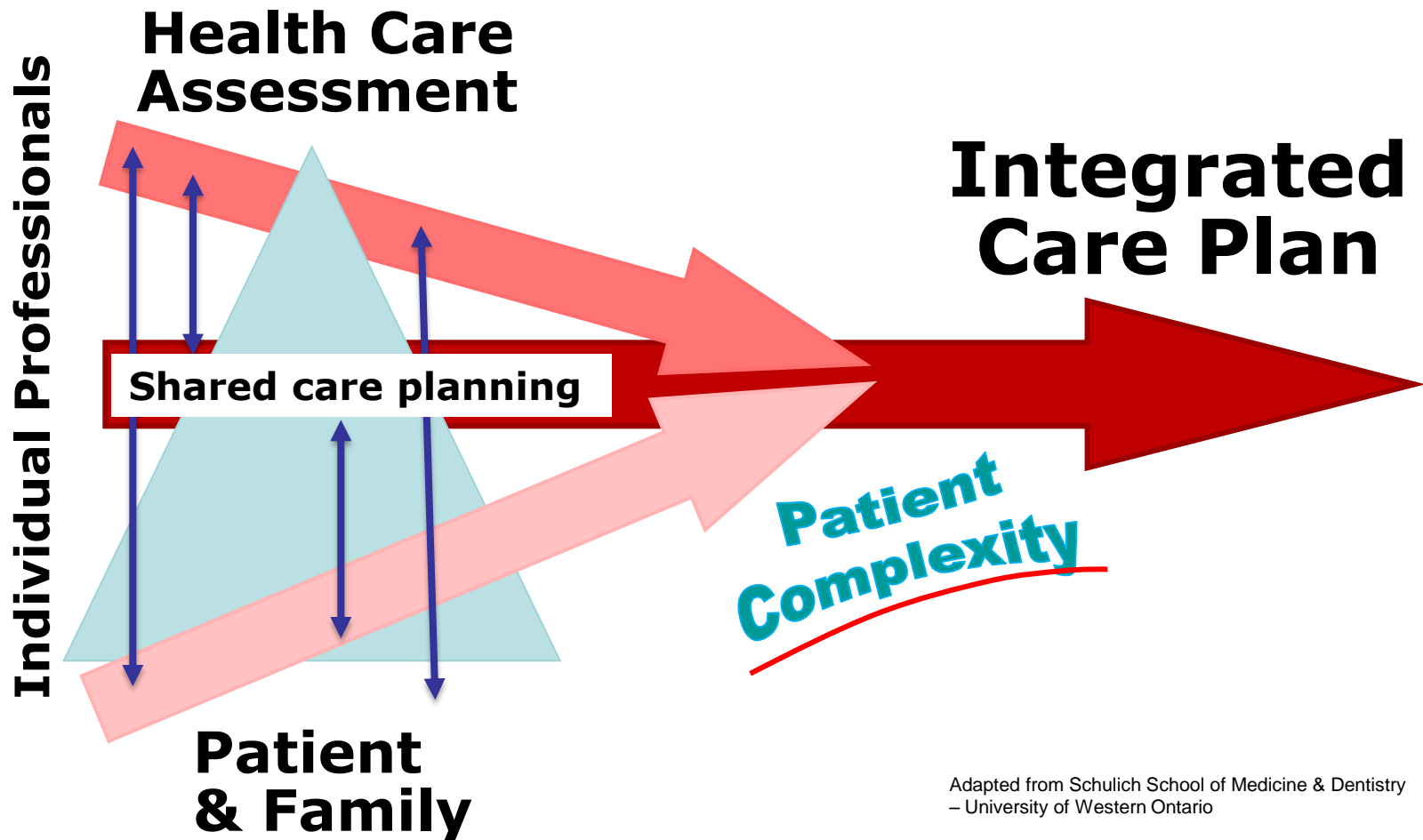
## Collaborative Patient-centred Practice

- “an interprofessional process of communication and decision-making that enables the separate and shared knowledge and **skills** of health care providers to synergistically influence the client/patient care provided”  
— Way & Jones, 2000

~Referenced in Health Canada Report 2004

# Interprofessional Practice

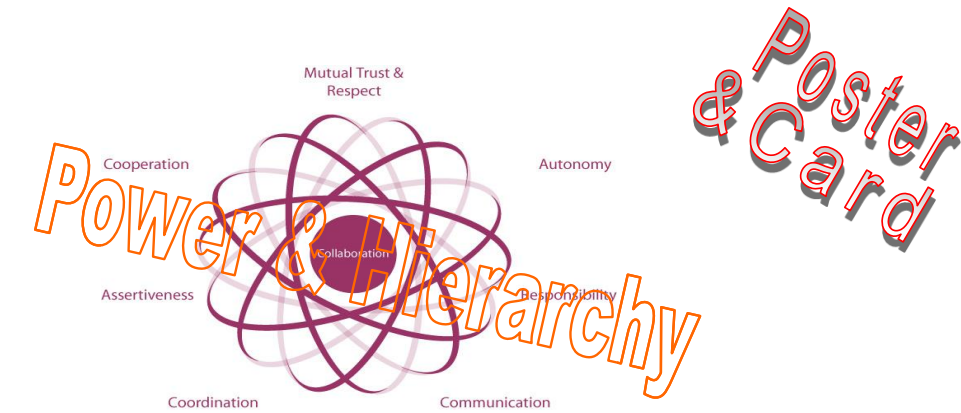
*Collaborative shared planning towards common goals*



Adapted from Schulich School of Medicine & Dentistry  
– University of Western Ontario

# 7 Essential Elements for Collaboration

1. ➤ Mutual Trust & Respect
2. ➤ Autonomy
3. ➤ Responsibility
4. ➤ Communication
5. ➤ Co-ordination
6. ➤ Assertiveness
7. ➤ Co-operation



## Conflict Resolution

All these elements work within the context of  
**Power & Hierarchy**  
And **Conflict Resolution**

~Way & Jones, 2000

# Collaborative Competencies

→ this is an example of one way to think about competencies... (see note below)

- Describe one's role clearly to other professionals
  - ❑ Recognize and observe the constraints of one's role, responsibilities and competence, yet perceive the needs of patients/clients in a wider framework
- Recognize and respect the roles, responsibilities and competence of other professions in relation to one's own
- Work with others to assess, plan, provide and review care for individual patients
  - ❑ **Tolerate differences, misunderstandings and shortcomings in other professions**
  - ❑ Work with other professions to effect change and resolve conflict in the provision of care and treatment
- Enter into interdependent relationships with other professions
- Facilitate interprofessional case conferences, team meetings, etc.

~Barr, 1998

- U of T competencies for collaboration – nearly finalized and will guide UofT student IPE learning – IPE curriculum to be in place Sept 2009

# Conditions that Foster Team Collaboration


- ❑ Clear goals and shared sense of purpose
- ❑ Clear roles and responsibilities
- ❑ Clear, regular communication
- ❑ Mutual trust, respect, understanding and support
- ❑ Recognition and appreciation of all members' contributions
- ❑ Effective leadership
- ❑ Mechanisms and strategies for team tasks
- ❑ Organizational structures including regular meetings

~Adapted from Gov ON, Family Health Team Guide to Collaborative Team Practice (2005)

→ **COMMENTS on IPC/IPE in general?**



# Team Reflection

- ❑ Considering the <sup>1</sup>**elements of collaboration** and the <sup>2</sup>**conditions that foster team collaboration**,
- ❑  What components seem to particularly describe how your team works?
- ❑ Are there collaborative practices that your team has had to institute to accommodate the unique aspects of your work in this ward?
- ❑ Can you identify **specific things that** happen in your team to capture and **solidify team learning**?
- ❑ Are there **areas** you can identify where you would think you could further **enhance the team's IP collaboration**?
- ❑ In what kind of situations are team members called upon to **describe how you work**?
- ❑ Have current team members had an **opportunity** to participate in some form of team **self-evaluation on how things are working**?

# Learning Approach for this Workshop

- ✓ **REFLECTION** – valuable time to TOGETHER look back on activities and outcomes for learning for the future (focus and purposefulness of actions, in keeping with evidence-based orientation (valuable for adult & professional learners)
- ✓ **DIALOGUE** – professionals discussing work together – makes meaning of experience; strengthens understanding of multiple perspectives (promotes critical thinking, new perspectives and synthesis)
- ✓ → CONNECT NEW INFORMATION TO EXISTING KNOWLEDGE & EXPERTISE
- ✓ **(KNOWLEDGE & UNDERSTANDING)**
- ✓ **SIMULATION -**
- ✓ ---> PRACTICE in SAFE SITUATION – realistic, relevant, shared situation, working with available information, testing relevance, adapting info to specific context
- ✓ **(APPLICATION of related skill)**
- ✓ → **Workshop followed by student placement with IPE activities**

# Student IPE Placement

- “...interprofessional education (**IPE**) and **collaborative practice** are **dependent upon one another**.... Interprofessional education conducted at the pre-licensure level of training **must take place in settings** that house **successful collaborative practices** by practicing health **professionals who can act as role models and provide experiences for students to work collaboratively.**”

~Health Canada, 2004

## At heart of this study

- ...making explicit the connection between professional learning in this session and ongoing IPE program and placements for students – through orienting whole team to student perspective

# 4 Key Elements of Student IPE Placement Program

1. Interprofessional students placed together in a shared practice area at same time
  2. Introductory tutorial
  3. Four /weekly, patient-themed IP group tutorials
  - 3b. Shadowing other professions
  4. Shared preparation and delivery of a formal IP group presentation
- IPE Co-Facilitators

# Learning Activity #1

## (pairs → role play)

Flipchart

**Goal:** Practice describing the team's a) current IPC practices, and b) opportunities for enhancement of IPC

- ❑ Explain activity (1 min.)
- ❑ Pairs Discussion (2 min. /person) → Q. In what ways have you enhanced your skills, knowledge and patient-centred practice on this team, by collaborating with staff from other professions?
- ❑ Share Conclusions – Idea Generation ( 5 min.)
- ❑ Set Stage for Simulation: Participant role → answer consultant's questions about the current state of IPC in complex care processes. Team working collectively to respond.

### Roberta's Q's to the team

1. Describe a couple of **key IPC practices** team regularly uses.
2. Are there **practices or adaptations** that your team has made **because CC has no physical base**?
3. Where does the **leadership come from** for the team?
4. What are the **differences, if any**, when **collaborating with regular ward staff vs. CC team members**?
5. Are there **areas** of practice where team could **enhance IPC**? And **what is needed** to get there?



# Learning Activity # 2

**GOAL:** To practice identifying and describing the potential learning for a student in IPE shadowing experience.

- ❑ Explain activity (1 min. )
- ❑ Seek volunteer: To **read** script to start off scenario. Remaining participants will be working together to develop and deliver possible responses to this student's questions.
- ❑ Initiate Scenario – Volunteer provides lead-in, based on script

## Olivia's Q's to the team

1. *What would be useful things to **suggest** that a shadowing **student** might **watch for**, and why? (up to 3 demonstrations of putting these ideas into words if there are fresh / contrasting ideas put forth.)*
2. *How do **others** on the team **get updated** about questions and **issues discussed** with a parent by one team member?*
3. ***How** can you be **sure other** team members will be in **agreement** with your answers to a parents questions?*
4. *If I were a staff physiotherapist, **in what** kinds of **situations** would you expect to **work closely** with me?*
5. *As a future physiotherapist, what **one lesson** do you think I should try to **carry forward** from this shadowing experience?*



# Learning Discussion

## A Reflective Discussion on IPC/IPE

1. Is talking about how you work together a **common practice** within your team?  
Is it **comfortable**?  
In **what situation** would this type of discussion most **likely occur**?
2. Does it feel like the team **processes** that relate to how you work together are well established and relatively stable, or do are your collaborative processes still evolving? Can you elaborate?
3. Is there anything you can identify, external to your team, that you think would particularly enhance the interprofessional collaboration **capacity** of your team?

# Team Feedback to PLP

## Recap: We've Covered . . .

- ✓ IPC & PLP project **context and background**
- ✓ IPC/IPE **key concepts** and interdependence
- ✓ **Considered** your **own team's** collaborative **strengths** using the IPC/IPE framework
- ✓ **Considered and practiced** how to **articulate** your IPC **strengths** and **practices**
- ✓ **Identified opportunities** for **enhancement** of IPC capacity

## Feedback to PLP team: Q's to ask participants

1. Did you find the language and concepts we've used today to be **relevant** to your practice?
2. Do consider it **helpful to hear more about** the IPE component of health care **student training**?
3. **Comments** about this training – **either format or content**?
4. If there were a broader professional development program in IPC established at SickKids **in the future**, **what** kind of training would you consider **most helpful** or relevant to your team?

# Next Steps: Thanks & Evaluations

## NEXT STEPS for TEAMS

- ❑ Surveys re-administered
- ❑ Further observations, may be asked if willing to give a brief interview
- ❑ + Encouraged to further **reflect on** and **talk about** some of the ideas that have been raised today
  
- ❑ ➤ **Purposely scheduled** these workshops **in conjunction with IPE student placements**. Hope this gives an immediate opportunity for this material to be put into practice and that you find it to be relevant to the experience of hosting students.
  - Hope it **enhances** how you **look at your own team practices** AND **increases** your **comfort** in communicating with students from any health profession about **how** their **IPE theoretical** learning can be **related** to the **actual practice** they observe on complex care.

AGAIN a sincere thank you on behalf of whole PLP study group for sharing of your **time**, your **workspace**, your **knowledge** and **this learning experience**.

- ❑ ➤ WE have learned a lot from you and hope that you have found this discussion with your colleagues, about your work and your own collaborative practices to have been a productive learning opportunity.
- ❑ ➤ Where to place Evaluations of this workshop

## > EVALUATIONS & Adjourn