

IPC Facilitator Workshop Summary

DATE	UNIT SK -	LOCATION
, 2008		SickKids – University Ave
	Team champion	(Dr.) xxxxxx
	Communications	Mixed – xxx communicated directly with study lead, data lead and team training lead. Also had Unit Admin. person handle further communications, and welcomed study members to email to staff directly. Within program observed use of first names vs. titles among all staff. - Team Comm. in workshop - some expression of counter views, primarily among physicians, appearing to be aimed at broadening thinking. Similar practice at rounds.
	Attendance	- x physicians, all but 2 team members attended
	Team's prior approach to placements	Used shadowing, preceptor discusses/explains IPC practices of team, new members asked to "present" a patient to get them talking, various roles are assigned to share leadership responsibilities
	Apparent familiarity with IPC/IPE content	This team alluded to a mandate they had been given from the outset to build a team that operated collaboratively. A much more advanced curriculum would have been more appropriate for this team. They moved immediately to an intense and extended discussion of power and hierarchy, and organizational barriers to their collaborative practices.
	When / number of IPE placements occurring within study	Placements to begin within days of the workshop. No medical students included in this round. 5 students (identify professions). 5 tutorials, 9 hrs. scheduled Team, (& physicians in particular) expressed strongly how important it is that medical students be a part of the IPE student group, at the time when other students are present, so that they could learn from, with and about other professions.
	Contextual factors	- this team has history (alluded to) possibly set up with particular mandate to work interprofessionally. Full team had advanced understanding of content and immediately went to point of discussing organizational support, power, & hierarchy. (see notes)
	Curriculum ➤ Identified Learning Goals ➤ Level appropriateness ➤ Detail ➤ Length, timing, logistics ➤ Role play method ➤ Relevant hooks ➤ What did not get talked about ➤ What worked ➤ What did not work	<ul style="list-style-type: none"> • Learning goals were too basic for this group, although some of the newer staff benefited from the clarity of language and linkage between their practice and IPE goals • Meaning and value for this group would be if this "training" was situated in a larger context of action and organizational development and commitment to IPC. • The session was longer than it needed to be for this group. 3 – 4 hours might have been about right for this content, plus a future planning component. • Hook - This group went right to the Power and Hierarchy points. • Did not get talked about – specifically how they could continue to improve their own practice. Would first require a more supportive context to make this a positive discussion. There were other things that did not get surfaced. A staff came and told me how glad she was that this was being done and how needed it was – unclear whether she meant this or another team – as she splits her time between units. • What worked – bringing team together – full team participation. The laminated poster series proved to be a useful aid. Used the Barr competency list with the "tolerate" item included. Group used this for an in-depth discussion, resulting in rewriting this line to better reflect their own team culture of acceptance. • The team meeting role play was least successful. Did not get to point of explicitly talking about whole team role re students. Seemed to feel that they were already there – but this may not have been a universal view.
	Questions workshop raised	• Organizational support, involvement of medical students + more (see notes)
	Other	<ul style="list-style-type: none"> • This team identified that what was not evident in the IPE materials that is essential to their own IPC functioning is the humanity, empathy, faith and caring elements. • Post workshop the Director of Unit asked whether workshop was CME approved for professional development credit. This is something that should be considered in the future for a meaningful way to give back to those who participate.
	Completed by:	xxxxxx
	Date Completed:	xxxxxx