Project Handbook:
A Guide to Early Planning for the
Development of an Interprofessional Collaboration
and Education Program in a Healthcare Setting

A knowledge sharing product
from the

Partnered Learning Project

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Project Partners

The Hospital for Sick Children (SickKids), Toronto

Toronto Rehabilitation Institute (Toronto Rehab), Toronto

Children's Hospital of Eastern Ontario (CHEO), Ottawa

Project Handbook: A Guide to Early Planning for the Development of an Interprofessional Collaboration and Education Program in a Healthcare Setting

Introduction

This handbook has been developed to support early discussion of important assessment and planning questions for those either contemplating or preparing to initiate a combined IPC/IPE educational program in a healthcare setting. The Handbook may be used on its own, or in conjunction with the companion documents, the *IPC Workshop Resource Kit* and the *IPE Toolkit*. While the Handbook is aimed at those in the planning and development stages, the IPC Resource Kit and IPE Toolkit offer more specific suggestions about the actual implementation of the learning activities once an organization has committed to developing an IPC/IPE program.

The Project Handbook consists of nine sections. Section I provides a brief overview of the PLP project to give some context for what follows. Section 9 concludes with a list of the materials developed during the implementation of the PLP project and offers links to the downloadable versions found under the website Resources tab. The heart of the handbook material can be found in Sections 2 – 8. These sections focus on various aspects of initiating an IPC/IPE program that require thorough planning in advance and focussed management during program implementation.

Sections 2 through 8 each open with a series of Questions to Consider. These questions are intended to help readers assess their options and plan a program within their own unique situation. This is followed with some illustrative examples drawn from our own PLP story. Here we've summarized some of the challenges that arose when putting our plan into action, and the corresponding strategies that helped us continue to move forward.

While the development of an IPC/IPE program will most likely require some consideration be given to issues related to each of the named handbook sections, we know that every program setting has its own unique set of conditions. This means that not all the topics presented in a section will necessarily be relevant to your interests. To facilitate browsing the Questions to Consider we have selected one key question to appear with each named topic. If this topic interests you, the link provided will open additional questions related to the topic. A PDF that includes the entire set of Questions to Consider is available under the Resources tab. (see PLP Materials)

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Handbook Terminology

For the purposes of this study it was important to distinguish between interprofessional collaboration as practiced by professionals working in clinical teams and the building of interprofessional collaboration knowledge, skills, and attitudes by pre-licensure, healthcare students. To maintain consistency and clarity throughout the project implementation and materials, the PLP Project has used IPC to refer to the interprofessional collaboration of practicing professionals and IPE to refer to the curriculum and learning associated with healthcare students at the pre-licensure stage.

IPC or Interprofessional collaboration = the collaboration of healthcare professionals working together in a clinical team comprised of three or more professions.

IPE or Interprofessional education = process of learning how members of different healthcare professions work collaboratively and the curriculum related to that learning, for pre-licensure healthcare students.

1. PLP Project Overview

The Partnered Learning Project was an 18 month research study focused on simultaneously increasing the capacity of practicing interprofessional teams of health professionals in hospital settings and of students during their placements with these teams. The study examined both the current interprofessional collaboration *practices* and *learning* of these two groups during the study period. The interventions aimed at increasing capacity took the form of structured learning activities, customized to each group. We believe the insights gained through the design and implementation of these IPC and IPE learning activities will be useful to others, whether contemplating a pilot project, an ongoing educational program, or a research study. It is however, useful to readers to understand the particular context that shaped the direction and decisions that guided the development of the PLP project and the associated materials. Details about the Partnered Learning Project follow.

Timeframe	➢ 18 month project from January 2008 to June 2009
Study Purpose	a) To increase interprofessional collaboration capacity in staff and students b) To gather descriptive data, providing insight into the processes of interprofessional collaboration (IPC) and interprofessional education (IPE), and describe some early outcomes of these experiences
Partners & Location	➢ Three teaching hospitals in Ontario, providing variation in organizational characteristics such as location, patient populations, experience with IPE placements, and organizational readiness for promoting IPC. ➢ SickKids (Toronto); Toronto Rehabilitation Institute (Toronto); Children's Hospital of Eastern Ontario (Ottawa);
Implementation Schedule	➢ Pilot IPC workshop Apr '08, IPE placement Apr – Jun '08 ➢ Phase I = 3 teams (Oct-Nov '08); Phase II = 2 teams (Mar-Apr '09);
Study Subjects	➢ Clinical healthcare team members and students on placement with these same teams
IPC / IPE Educational Activities	➢ Design and deliver IPC workshop to team members, aimed at increasing awareness of team's own collaborative practices while introducing IPC concepts and language to better enable team members to support student IPE learning during their placements ➢ Train facilitators to lead a series of IPE tutorials for students while on placement ➢ Design and deliver IPE tutorials for students from multiple professions in conjunction with their placements
Research Method	➢ Mixed method – qualitative and quantitative ➢ Ethnographic data from observations & interviews, plus quantitative survey data
Sustaining Value & Outcomes	➢ Materials, curriculum, data and ultimately scholarly work ➢ Grant deliverables ➢ Participant Reports & Feedback ➢ Knowledge & lessons as groundwork for future program development ➢ Partner organizations have increased staff capacity in IPC & IPE

2. Institutional Readiness

Thoughtful planning and groundwork increases the likelihood of success when implementing IPC/IPE learning activities, whether intended as an ongoing program or time limited. Assessing the environment in terms of the institutional culture and readiness for IPC/IPE learning activities is recommended as an integral part of the preparation work, regardless of the planned length of the program.

Assessing the institutional culture and readiness

Questions to Consider

1. Understanding the current learning culture: Can you include on the project development team a staff representative knowledgeable about the customary learning approaches used in units or organizations where the program will be implemented. …..Have staff had previous exposure to IPC/IPE concepts and language? Are there information sources you can tap into to learn about the levels of exposure staff have had to the subject?
2. Senior Management Support: What is the level of commitment shown by the senior management towards enhancing organizational support for interprofessional collaboration? …Are there inconsistencies in this support or its visibility in different sections of the organization?
3. Understanding the Program Mandate: Are the learning objectives clearly connected to established organizational priorities? Are these organizational priorities understood and shared by the intended participants? .... Is there clarity between the program planners and those providing the funding for the program concerning the intended scope and future of the proposed program? For example, if there has only been funding approved for one year of the proposed training program, have you had a discussion about sustainability?
4. Acceptance of Learning Methodology: Are staff accustomed to participating in the type of professional development activities that are being contemplated (i.e. role playing)? …. Will the proposed learning activities be regarded as relevant learning opportunities by the targeted participants? Will the learning time qualify for professional development time credits? Are there other ways to acknowledge the participant's learning which are considered relevant by your target audience?
5. Realistic: Are the proposed logistical plans realistic? ….Can staff take the required time away from their daily practice to participate in education sessions? …What supports can be put in place to ensure participation and engagement? Can the physical requirement of implementing the training program be satisfied? For example -- is meeting space generally available? Is there someone to manage the organizing details? Are there acceptable ways of recruiting and communicating with prospective participants?
6. Congruency: Are there environmental or cultural characteristics of the organization that are inconsistent or even in conflict with the key elements of the proposed content or program design? … Will there be options for follow-up or additional support available to participants for transferring the learning into practice after the event?
7. Foundational values: Is there a pre-existing culture of collaboration between departments or organizations who will be jointly involved in the program? …If there is not a pre-existing culture of collaboration and partnering demonstrated through operational practices, will time be dedicated to identifying the values and capacity of each participating department, unit or organization so that the needs and expectations of each partner group are understood from the outset?

Our Story

PLP Challenges and Strategies:

a. Since the PLP was designed as a research study, a learning needs assessment was not completed at the individual project locations.

   - Steering Committee learning objectives for the IPC activities and participant learning objectives for the workshop were designed by the Steering Committee before the Phase I workshops were initiated. Participant learning objectives were grounded in the IPE literature and research objectives. The learning objectives were modified for each team, based on accumulating experience.

b. The research methodology specified the use of role play in the IPC learning activities. Most participants were generally unfamiliar with this learning model, or their prior exposure to working with simulation was in a testing / assessment situation. Participants seemed uncertain and uncomfortable with role play as a learning methodology.

   - The IPC lead redesigned the simulation situations to more clearly focus on the learning objectives and used prior observation of the team functioning in the actual clinical setting to gain insight into the team processes and culture. These insights were used to help customize the role play scenarios.

c. A team that demonstrated a high level of team cohesion and collaboration had expectations for more advanced learning content and organizational-wide action to support growth of collaborative practice.

   - The Steering Committee adjusted the plans to include feedback sessions to both the participants and the senior management that supported the project. These sessions focused on the perceived learning needs and expectations that the research workshops surfaced, with the intention that these lessons could be applied to the development of future learning programs.

d. The three partner institutions demonstrated different levels of readiness for engaging teams in professional development sessions of this nature. The short time-frame for implementation and the varied levels of engagement in the project development made it necessary to adjust the planning and communications to achieve the greatest engagement.

   - The Steering Committee membership included representatives from each institution, a variety of professions and clinical educators. This mixed representation was intended to assist with identifying levels of IPC learning readiness in each location. However numerous factors influenced the selection of participant teams and the Steering Committee members did not necessarily have detailed knowledge of the teams involved. Learning needs also varied within each team. The challenges experienced as a result of implementing the same general curriculum in all situations, regardless of the team's prior knowledge of IPC, should provide valuable data for exploration in the scholarly work arising from this study.

3. Managing the Project

Project Administration

Questions to Consider

1. Program Oversight and Direction setting: Will you establish a Steering Committee that includes representation from the various organizational units to be directly served and broad representation of professional stakeholder groups? …Will the Steering Committee have specific roles and responsibilities for the Committee as a whole and for individual members? Is it desirable to arrange for Committee member alternates to ensure full representational input at each meeting?

2. Administrative co-ordination: Is the role of administrative co-ordination assigned to someone who has both the skills and the willingness to fill this function? Should the administrative co-ordination required for the project be a dedicated position rather than be incorporated into someone's existing workload? Is this a function that it would be more efficient or appropriate to purchase? How complex is the project? Does the complexity level suggest that project management skills may be required to keep things co-ordinated, on time, and on budget?

3. Organizing and Scheduling: How will the work of the Steering Committee be recorded and communicated? ….Who needs to have access to project development and implementation records and for what purpose? Can these records be designed to satisfy, in whole or in part, accountability reporting requirements, which the project may be subject to? Does the format make it easy to identify Committee decisions, task assignments to members, bring forward items and their respective due dates? Have strategies and timetables been established to ensure Committee direction and decisions are made in a timely way throughout the life of the project?

4. Monitoring, Reporting and Evaluating: Has the required information been identified and is it being gathered in such a way that is supports responsible monitoring, reporting, and evaluation of the project design and implementation work? …. Have clear processes and responsibilities been identified from the outset to ensure valuable information is not lost and the accountability requirements for the project can be fully met? Is there a means of gathering and receiving unanticipated issues and feedback from stakeholders?

<u>Our Story</u>

PLP Challenges and Strategies

a. A project that involved three separate institutions necessitated a fairly large Steering Committee. Our Challenges in scheduling meetings and achieving good attendance increased due to the number of members.
   - The Committee identified the best day and time for the majority of members and scheduled regular (monthly) meetings for the duration of the project right at the outset. These meetings were generally well attended.

b. The requirement for research ethics approval at three separate organizations made it challenging to spread the implementation activities out in a realistic way over the available project time.
   - A full project timeline was developed for the team to consider the time required for each team and student placement cycle and the resources required for each. This helped establish a shared understanding of the timing options and limitations which had to be considered when working with all three organizations.

c. The wide-ranging discussions needed to plan the implementation sometimes made it difficult to decide exactly what information should be captured in the minutes.

 o Standard templates for the Agenda & Minutes made it easier to both prepare and to find key information in the meeting agenda and minutes. Minutes were circulated electronically shortly after the meetings for review and correction and then finalized electronically. This avoided using time in the meetings to review prior minutes and ensured members had the final record of the meeting in a timely way.

 o Each Committee meeting had a main topic on the agenda. The overall project timeline directed the timing and order in which Committee decisions were required to facilitate the implementation. These shared discussions guided team members and working group activities, ensuring options brought to the committee for decision reflected the general direction given by the membership. These early discussions also allowed committee members to indicate when they wished to be involved in the more detailed planning of certain aspects of the implementation.

d. The participating organizations expected to benefit from knowledge gained through their participation. How best to capture and carry forward the institutional learning so that it could be utilized in the future, however, was not clearly identified.

 o A standard institutional report template was developed to capture some of the culturally specific info and lessons learned during implementation at each partner organization.

e. The complexity of this project (including 3 hospitals, different levels of IPC/IPE program experience, geographic distances) created planning and co-ordination challenges to ensure the project was successfully completed within the available time. The ambitious schedule for the project meant the steering committee would need to function efficiently and in concert from an early stage. Yet the steering committee was comprised of members with diverse institutional cultural influences and experience in research. Establishing a common understanding of the project methods, strategies, goals and objectives, and ensuring that this information was accurately communicated was an important challenge to ensure participant support and engagement.

 o The project budget included funds to hire a part-time admin support for the full length of the study. A team member with project management skills assisted in organizing the committee's tasks into a logical order. The team adopted an information package that provided an overview of the study, illustrated the participant experience for each team (professionals & students), showed the entire project timeline with key events, and identified the project deliverables. This document served as a communication tool ensuring consistent and complete information was provided each time the project was introduced.

Project Implementation

Questions to Consider

1. Creating Awareness: Do you have or are you able to secure visible support for the project from senior management? …Do you have a communications strategy to get initial word out about your project? Have you developed a standard set of communication aids that can be adapted quickly to various situations but still ensure the message is complete and accurate? Have you field tested your documents to ensure your communication is understandable?
2. Timeliness: Will the project leaders/decision-makers meet frequently enough and with adequate time to make the needed implementation decisions in a timely manner? … Is the project implementation timeline realistic and respectful not only of the schedules of the Committee members but also of other participants / learners whose engagement is being solicited in the project development and implementation work?
3. Roles & Responsibilities: Have implementation leadership and co-ordination roles been specifically assigned and do the designated individuals have the confidence of the group? …Has it been decided by whom, how, and when the actual work of implementation will get done? Are these roles understood and accepted by everyone involved? Have the linkages and communications between everyone involved in the implementation been clarified?
4. Implementation Work: What role will the oversight body members have in the actual implementation? … How will those responsible for the implementation work communication with the Steering Committee if different players are involved? If the Steering Committee is involved in / responsible for the implementation, will the Committee members do their implementation work during the committee meetings or will this be done via separate working groups? Are planned working groups of appropriate size to facilitate scheduling, realistic workload sharing, and input from subject matter experts? How will appropriate expertise be brought into the planning and development work if this expertise is not fully covered through the Steering Committee membership?
5. Resources: How much flexibility is in the project budget to pay for services and resources along the way? …Are there established procedures for accessing funds in a timely way, when needed? Have you identified all other resources that will be required to complete the project? (E.g. meeting rooms, projectors, catering etc.) Has an assessment been done to determine the availability of these resources, the time and process involved in securing these resources? Will their availability impact the delivery schedule or arrangements?
6. Recruitment: Are there recruitment or eligibility criteria for participants to ensure an appropriate match between learner needs and the program? …Are these criteria used and presented in a positive manner when recruiting participants? Is there sufficient numbers of eligible participants to sustain the program as planned? Is there an effective way of registering participants? Has a threshold attendance number been established to make the activities viable?
7. Relevant and Reliable: Was a needs assessment completed prior to the project? …Has the project established meaningful learning objectives for participants? Was the curriculum / material pilot tested? Is there a documented curriculum and process for delivering events? Is there a means of carrying on if a key presenter or facilitator becomes unavailable on short notice? Are there plans for providing the participants with feedback?
8. Evaluation: Is there an appropriate evaluation process in place to determine the success in meeting these objectives? …Has the project established a broader set of success criteria for the design and delivery of the program? Is there an appropriate assessment process in place to monitor progress against these criteria? Has it been determined what type and level of issues should be brought back to the project team for review? Is the program open to changes along the way, based upon feedback and monitoring? If the program may be changed, under what circumstances would this be contemplated?

Our Story

PLP Challenges and Strategies

a. The fixed schedule of when student placements would occur often restricted the available options for scheduling team workshops, since the workshop was intended to be delivered before the students began their placement.

- The project IPE lead investigated and co-ordinated information and options to identify the best possible time to recruit students from multiple professions for the IPE tutorials. Staggered student placement schedules meant that sometimes one or more students had started their placement prior to the workshop.

b. In early sessions we did not require team members to register for the workshop. We hoped that this open approach would increase likelihood of people deciding to attend when the date arrived. This approach made it difficult for the facilitators to anticipate numbers and fully prepare for group activities.

- In Phase II, workshop participants were asked to indicate their intention to attend the workshop. This did not seem to inhibit attendance. Reminders encouraged people to show up and some who had not confirmed in advance did attend.

c. The first three workshops all occurred within a very short time-frame, allowing little time between these sessions for adjustments to the workshop content or agenda.

- A period of time between Phase I and Phase II workshops enabled the project staff time to review and modify both the IPC and IPE curriculum, based on our monitoring and participant feedback.

4. Tips on Selecting Teams

Questions to Consider

1. Identifying your Participants: Is participation intended to be voluntary? …What is the level of participant knowledge, skills and team function that your proposed program is most suited to? Are there meaningful incentives for participation? Are prospective participants aware of the incentives?
2. Establishing Eligibility: Are there established eligibility criteria for participation? … By whom and by what means are prospective participants assessed against the criteria?
3. Co-ordinated planning with Participant Teams: Will someone on the clinical team facilitate access and/or assist with communications & co-ordination of implementation tasks? …. Is there a time when the team is regularly scheduled to gather that you can co-ordinate your schedule to? Is space a problem and will you need to take this into account when you propose times and places to meet with the team? Are there key individuals whose presence will significantly impact the learning experience and do you know when any such individuals are available?
4. Readiness to Learn: Have participants had prior exposure to the subject matter? …Do the participants have competing commitments that may impact their experience or engagement? Are there special learning needs among the team members that should be taken into account?

Our Story

PLP Challenges and Strategies

a. Not all teams have regular meeting schedules or facilities. This made the initial introduction of the project to prospective participants more difficult to co-ordinate.
   - Whenever possible the team sought and nurtured a relationship with a team member who would actively support team participation.

b. The size of clinical teams varied widely. There were special challenges associated with larger teams (> 20 people). Team size impacted recruitment, data gathering, and overall engagement in the project.
   - As soon as a participant team was identified a very short introductory meeting was scheduled with as many team members as possible. Ongoing information about the project was made available via email and directly from the Research Assistant and IPE lead. Questions were invited at any time.

c. Large teams in particular asked for more specific eligibility criteria to help them identify who amongst the members were appropriate or preferred candidates since the workshop aimed to engage between 10 and 20 team members.
   - Where team size was very large we invited a team leader to suggest how best to focus the workshop recruitment.

d. Across the target professions we were least successful in recruiting and engaging medical staff, particularly physicians for the team workshops.
   - As the project proceeded we became more specific in our recruitment messages about the growing consensus of the importance of physicians and nurses to actively participate in the IPC/IPE activities.

5. Student Placement Scheduling

Questions to Consider

1. Interprofessional Opportunities: Are students from different professions placed in a common area / unit? …Are there units in the organization who typically host students from various professions?
2. Time for learning and reflection: Will the schedules of the students completing clinical placements in a common area overlap? …Is there overlap by at least 3 weeks in the student clinical placement schedule? If less than a 3 week overlap exists, can contact (teleconferencing, videoconferencing) be arranged? At the time of the IPE placement will the students have started their clinical placements?
3. Shared subject matter: Will students be involved in the care of the same patients while in the clinical area/unit? What patients will the students be learning about? …Will students have the opportunity to learn with, from an about each other, and collaborate with each other during all phases of their profession-specific placements?

Our Story

PLP Challenges and Strategies

a. In our experience, the clinical teams elected to be part of the project prior to knowing if there would be students available for the IPE placements. Some areas were highly sub-specialized and would not have hosted profession specific placements until the students were well advanced in their training. Despite these differences clinical coordinators and academic instructors were generally supportive helping to organize the student placements.
   - It may be more logical to determine where students are placed and to choose the clinical team based on student availability. Choosing general areas or areas common to many students (general medicine, nephrology, surgery, etc.) versus specialized areas may make the planning process easier as there will usually be a large student population in the area to engage in IPE initiatives. Consider the team structure and characteristics prior to planning a placement for the area. Subspecialty areas may not have students regularly, and staff may have additional responsibilities thereby stressing the student learning experience.

b. Academic institutions have their own schedule of clinical placements. Clinical placements can range from 3 weeks to several months. Start and end times vary as a result. The actual overlap made the implementation of a 4-5 week placement challenging. Because of the staggered start times students also had differing amounts of experience and knowledge about the hospital. Some already had opportunities to be involved in patient care while others had not. It was a challenge to engage students who have not started their clinical placement in the IPE component as they are preoccupied with what their profession specific placement expectations will be. Without knowing the profession specific expectations it was difficult for some students to speak to their roles in the IPE placement.
   - You might choose the most common overlap time for your placement. With varying student schedule the overlap may not mirror the clinical placements of all the students meaning that introductory sessions and/or presentations may fall outside of the actual clinical placement. With support from all stakeholders a common schedule was selected and the students typically had the opportunity to complete the whole IPE placement. Ideally planning the introductory session after all students have started their discipline specific placement will help facilitate the transition and inclusion of the IPE placement.
   - If students have not all started their placement s prior to the first IPE tutorial, consider a general orientation to the hospital and to the unit. Coordinating orientations with the clinical coordinators to meet the needs of both placements may decrease anxiety for the students. If the schedules are limited by geography (i.e. Students are off-site, or have started another clinical placement) consider using teleconferencing to engage the students in active participation.

c. The best laid plans…In all our IPE placements (at SickKids) students had preceptors on the clinical team engaged in the study. We realized that this alone did not ensure that the students would have the opportunity to work together, or be involved in the care of common patients. Barriers included competing workloads of the preceptors, and learning priorities related to the student's profession specific learning objectives. In some instances students within one IPE placement group rarely saw each other in the clinical environment and had contact with few common patients among them.
   - Asking more detailed questions of the academic institutions and clinical coordinators to assess the learning objectives and placement expectations may provide insight into whether the students will be caring for the same patients. If students will have the opportunity to work together and care for common patients then an IPE placement that includes patient themed tutorials is achievable. If students do not have common patients and do not interact, themed tutorials or generic cases may be more valuable. Regardless of the set-up the content of the tutorials must be meaningful to the students for them to be engaged in the learning process.

6. Facilitation and Faculty Development

Questions to Consider

1. IPC Workshop Facilitation: Does the facilitator(s) have a clear sense of the purpose of the exercise and the necessary skills to facilitate the process? …. Has forethought been given to the approach so as to avoid causing unintended strain or expectations within the participating team? Will the chosen facilitators be credible to the participants? Are the facilitators sensitive to the cultural context of the team and its work environment?
2. Process Integrity: Were the facilitators involved in or consulted during the curriculum planning to ensure sufficient attention has been paid to process as well as content? … Has the facilitator been given clear information about the project parameters or boundaries that should be respected? Will feedback and /or a debrief session with the facilitator be a part of the process to ensure this particular perspective is reflected in the monitoring / evaluation data?
3. Identifying Facilitators for IPE Activities: Are there individuals interested in interprofessional education in the organization? ….Is there a network of interprofessional educators? Are there individuals mandated to provide hospital-wide educational activities and events? Is there an IPE lead in the organization?
4. IPE Faculty Development: Are there existing faculty development programs/strategies available in the community (e.g. other organizations, academic institutions)? …Is there a relationship between organizations for networking and faculty development? Will faculty who will be working together have appropriate opportunities to get to know each other before they begin working together?

Our Story

PLP Challenges and Strategies

a. Our faculty development for PLP included IPE facilitation training. A network of educators from across professions was a key stakeholder group to engage. Their role as "educators" suggests that they value education and they are likely the coordinators of student placements. Ultimately they will be a group of people who support the process and will likely engage in and benefit from faculty development strategies. Additionally, staff who had expressed an interest in IPE or were involved in student placements were invited to the workshop. Our workshops were relatively well attended. The ability to implement the learning by facilitating a student placement was limited to only a few participants. Lack of time was a barrier for others. Those who did become IPE facilitators did so on their own time (or altered their schedules accordingly) and prioritized IPE themselves or worked in a profession that highly values IPE and IPC. Even with profession specific educators, it can be difficult to ensure that there will be a group of facilitators for IPE placements. Individuals who have broad or hospital wide education as part of their role will likely be able to take on project work including IPE placement components. They may be able to assist with faculty development strategies and can also act as facilitators as needed.
   - Adding IPE concepts to existing educator meeting agendas is useful as they are already an engaged and available audience. To increase attendance at an IPE facilitator workshop, SickKids and Toronto Rehab joined forces and provided an inter-organizational workshop. This was a useful strategy for our organizations and allowed for additional networking. If you do not have staff allotted to education events such as IPE you might network with other organizations or academia.
   - IPE faculty development initiatives were discussed at Educator meetings and invitations were sent to groups over email to ensure that no one was missed.

b. As stated above, our faculty development strategies included IPE facilitation workshops. Building on existing relationships was effective as we did not have to re-invent the wheel. Instead we adapted the IPE facilitation workshop from the Office of IPE at University of Toronto to meet our needs (refer to section 4 in the toolkit).
   - Consideration should be given to building on relationships and communication strategies that are already effective and to those that are needed to promote the IPE placements. Becoming part of a

network of IPE leads can be an effective strategy to promote your own professional development in IPE. Other IPE leaders may be including faculty development strategies that may be useful for your own organization.

- We included some hospital educators in our faculty development strategies and were able to count on them to fulfill the facilitator role on several occasions. Their roles with projects allowed them more flexibility than those who carried a clinical case load.
- The Centre for Faculty Development, University of Toronto hosts IPE facilitation workshops throughout the year (http://www.cfd.med.utoronto.ca/).

7. Monitoring, Evaluation & Reporting

Monitoring

Questions to Consider

1. Guiding Workplan: Do you have an implementation workplan against which you can monitor progress? … Is there an established schedule and process for status reporting and measuring achievements against expectations? Is there a well-thought out format for status reporting so important events or trends are not overlooked? Does the monitoring information of various project components come together to create the full picture at regular intervals? Have realistic times been planned for each step to be completed, with reasonable allowance in the overall schedule for delays and other unexpected events?
2. Roles & Responsibilities: Is it clear to the full implementation team where decision-making authority lies for different types of decisions? …. Is there a designated project contact person who is available to respond to or redirect queries about the project? In particular, will this person actively follow-up on key steps such as Business Case or Research Ethics submissions that are critical to the project implementation?
3. Resources: Have the project resources been budgeted realistically? (At a minimum this would include human and financial resources.) …Are there and appropriate processes in place, (record keeping, *and* analysis) to provide an accurate and complete picture of both the receipt and utilization of all project resources?
4. Student Placements: What strategies exist to monitor the progress and actual placement? …What support mechanisms are useful for the IPE facilitators? Are monitoring strategies formal or informal? Are there different monitoring strategies for students than facilitators? What support mechanisms are useful for the IPE facilitators?

<u>Our Story</u>

PLP Challenges and Strategies

a. Early workplan development revealed that sharing certain human resources across all implementation sites necessitate sequential vs. simultaneous implementation reducing the available preparation time for at least one site.
   - Once it was evident than implementation could not happen simultaneously at each site, the team agreed to a expedite implementation at least one site and seek expedited review of all REB applications to ensure all project activities would be completed within the available time. A schedule of regular meetings was established for the full length of the project. A standard format was adopted for both agendas and minutes. The format ensured regular monitoring of all activity areas and was designed to highlight all decisions and task assignments.

b. Where institution-specific processes and requirements were shared with the team early in the process the implementation planning maintained better momentum and proved more efficient. Distance and the lack of pre-existing collaborative relationships made it more difficult to jointly assess progress.
   - Increased use of technology for information sharing, virtual participation in meetings (via teleconference or video-conference), more frequent in-person contacts, and the establishment of a project liaison role increased the successful exchange of information with the geographically distant partner organization and helped move implementation activities ahead.

c. To ensure success it is essential to have a formal monitoring strategy in place.
   - We implemented pre, mid and post placement meetings with the co-facilitators. They served as a way to check in with the process, ensure that the placement was set-up and running well, and to provide

insight and strategies for improvement. Facilitators were also encouraged to debrief with each other informally during the placement to plan for the subsequent sessions.

d. We include both formal and informal monitoring strategies to monitor student, co-facilitator, and overall IPE placement progress. We felt this was essential to keep promote the success of the IPE placement and facilitate IPE learning in our students.
   - Formal monitoring strategies for the co-facilitators included the implementation of pre, mid and post placement meetings. They served as a way to check in with the process, ensure that the placement was set-up and running well, and to provide insight and strategies for improvement. During these meetings facilitators were encouraged to debrief with each other informally after each tutorial. Guiding questions include "What went well?", and "How can we improve for next time?"
   - For the students several strategies were implemented. During the introductory tutorials students were engaged in a discussion about how they would like to provide feedback. We felt that his encouraged them to be engaged in the learning process and promote self-direction in the group. Several groups incorporated a "Check in, check up, check out" system at the beginning of each tutorial to informally monitor the students' perceptions of the process.

Evaluation

Questions to Consider

1. Evaluating the Process: Have S.M.A.R.T. goals for the project itself been established so that the process of design and implementation can be evaluated? …. Will the evaluation capture the perspectives of both insiders and external observers? Will there be a meaningful connection between monitoring of the process along the way and the final evaluation data? Will evaluations be administered to those who may exit the project before it is formally concluded?
2. Learning Objectives: Have learning objectives been established for the educational activities to support evaluation? ….Do proposed evaluation instruments address the learning objectives? Are levels of learning being considered when setting the learning objectives and designing the evaluation?
3. Evaluation Data Analysis: Have the various audiences who may benefit from the evaluation results been considered at the evaluation planning stage? …Does the design of the evaluation gathering process and tools support meaningful data roll-up, synthesis, and analysis once the evaluation data has been gathered? Will the evaluation be carried out in a consistent manner throughout the project?
4. Evaluation of IPE: Are there evaluations for all stakeholders (i.e. for students, for preceptors and for clinical teams)? …Are quantitative and qualitative evaluations used to good effect?

Our Story

PLP Challenges and Strategies

a. The implementation of the program began before all sites were fully engaged in the project. The learning objectives for the workshops were adjusted to reflect each organization's environment and culture as these emerged through the life of the project. The workshops generated some valuable information that was not fully anticipated when the initial evaluation planning was completed.
   - Both a structured and an open form of data collection were added to the program to gather important information resulting from the team workshops. The inclusion of an open data collection component permitted the evaluation to focus on the specific learning goals of the session while still maintaining some consistency across all workshops.

b. The research method of this project was iterative and hence the evaluation data collection focus had to continue to be adjusted to maintain consistency with the emerging program enhancements.
   - Data analysis and reporting discussions were expanded from the original planned approach to incorporate the data and experiences of later implementations and to ensure that the changes over time were fully considered in the data analysis work.

c. Evaluations for the students and the preceptors were based on examples in the Office of IPE toolkit. The completion and return the evaluations by preceptors presented an ongoing challenge. In spite of follow-up communications and reminders the preceptor evaluation return rate remained low.
   - Focus groups with the preceptors and the clinical team may be a useful strategy to gather information from otherwise busy schedules.

d. Both quantitative and qualitative evaluations were used to elicit all important aspects of the project.
   - The clinical team was not asked to provide an evaluation of the IPE placement experience. This has since been recognized a valuable data collection opportunity for future consideration.

e. Both quantitative and qualitative evaluation data were used gathered about the IPC placement. Qualitative questions for the student and the preceptor evaluations were adapted from the Office of IPE toolkit. Students completed both pre- and post-placement evaluations to assess learning. The Leucht survey (1990) was used with the students. We encountered challenges in getting the preceptors to complete and return the evaluations. Even after several follow-up communications and reminders a low percentage of preceptor evaluations were returned.
   - An enhancement was the addition of individual interviews, conducted by the research assistant, with the preceptors and the clinical team members to gather their views on the student placement experience. An alternative method to gather this type of information would be to hold a focus group meeting with staff and/or preceptors.
   - The clinical team as a whole was not asked to provide an evaluation of the IPE placement experience. This was recognized as a gap that should be addressed in a future implementation.

Reporting & Feedback

Questions to Consider

1. Reporting: Has responsibility been assigned to someone to ensure the co-ordination of data and completion of any reports that might be required on an ongoing basis? … Does the process include review and sign-off by those with responsibility / authority for the project? Have processes been put in place to ensure timely submission of all information to the reporting co-ordinator? Have information needs of audiences internal and external to the project been considered when planning the reporting activities and formats?
2. Data Storage and Version Tracking: Has consideration been given to centralizing data storage to avoid unnecessary duplication or omission of data, or the administrative overhead of transmitting data back and forth? …Are all reports clearly labeled with key tracking information on the face page, including date that information is current to, who completed the report, the purpose or recipient(s) of the report and date it is submitted? Do all reports in a series (e.g. quarterly reports through the life of a project) maintain a common look and sequence coding for ease of recognition and ordering? Where appropriate, have version numbers or *Draft* labels been used to avoid confusion through the drafting stage?

3. **Feedback:** Has the need for feedback by participants (or others such as organizational champions) been considered? …What is the best format for providing feedback? Has thought been given to a means of ensuring all informal feedback / reporting is consistent with formal and documented reporting? Should there be some documentation of the informal feedback/reporting such as timing, content, presenter/speaker, purpose etc.? Were feedback commitments communicated clearly from the outset as to what would and would not be included in the feedback?

Our Story

PLP Challenges and Strategies

a. The PLP project was required to submit quarterly status reports. Organizational policy dictated that the finance department complete their section and file the report directly to the recipient. Co-ordinating project reporting with other departments required extra time and communications.
   - Through sharing information about the funder's reporting requirements and negotiation with the finance department, the report project co-ordinator arranged that both sections of the report would be produced simultaneously and then submitted together by the finance department. This strategy of co-ordinated preparation of both the financial and narrative portions of the reports resulted in less total lead time being required to prepare the quarterly reports.

b. The project team identified several potential audiences that would benefit from hearing and retaining a record of the insights and lessons learned from the project in relation to planning IPC/IPE programs in the future. Midway through the project the steering committee decided it should formalize this feedback so that the knowledge would survive in an organized way beyond the life of the PLP project.
   - A standard institutional report format was developed to efficiently capture and present the educationally relevant knowledge gained through the project implementation. Representatives from each institution helped determine the most appropriate method of sharing this information within their institution.

c. Clinical teams that participated in the study asked for feedback from the project team. This level of team interest in feedback had not been fully anticipated during the initial planning stage.
   - Insights gained from observing specific teams and facilitating their participation in the team workshop were recorded in the institutional feedback report. The team considered for each institution the most appropriate way of sharing this information with the team members who participated in the workshops. The strategies for providing the feedback ranged from email transmission to convening a final team meeting, making a short presentation and facilitating a final group discussion on the experience. In each case the format was customized to reflect the expressed level of interest and availability of team members to attend a feedback session. All feedback sessions were held near the end of the project to maximize the contextual information from the project as a whole that could be drawn upon when providing the feedback.

8. Research

Questions to Consider

1. Research Questions: Are your research questions documented in clearly written language? …Is the scope of the research questions appropriately matched to the aims and resources of your initiative?
2. Ethics Approvals: What, if any, ethical approvals will be required? …Will more than one research ethics approval be required to fully implement the project? If so, can a portion of the material be written in a manner that will serve multiple applications? What are the terms for expedited review and does this project satisfy the criteria? Is there someone familiar with the application process who will offer advice on the preparation of the application? Can the Research Ethics application be written broadly enough to allow for possible adaptations to the implementation strategy as experience builds, without having to return for further approval? Have you built into your timeline the necessary months to achieve this approval at all sites?
3. Data Collection: What type of data will you collect to answer the research questions? Will you collect qualitative data, quantitative data, or both? …Do you have the required expertise on your team to oversee the proposed data collection and analysis? Can you access data that already exists, such as institutional surveys? What primary data will you need to collect and what resources will be required? Who will oversee the individuals charged with collecting and managing these data to ensure consistency and confidentiality?
4. Data Recording: Do you have or can you develop an appropriate database to store and organize the data you collect? …Where will this database be housed? Will the database need to exist beyond the study timeline, to satisfy ethical requirements for retaining study data?
5. Data Analysis: How will the research analysis unfold, particularly as it may extend beyond the timeframe of the training and placement implementation? …What structures and strategies will need to be in place to support this ongoing work of the research team? Have questions of authorship and intellectual property been addressed?
6. Dissemination of Results: How will you disseminate the results of your research activities? …Who are your audiences? Are your proposed dissemination methods sufficient and appropriate to reach your intended audiences? Have you investigated possible limitations or restrictions, particularly with regard to publishing, which might influence your dissemination choices or timetable?

Our Story

PLP Challenges and Strategies:

a. The feedback from the pilot workshop made it clear that, in terms of capacity building, the focus of the workshop needed to be narrowed from an initial emphasis on *changing* collaborative practice on teams. The limited amount of time devoted to team training in the project design could not be expected to produce visible changes in practice.
   - We shifted the workshop emphasis to *understanding and promoting* interprofessional collaboration in team practice in order to create rich learning environments for placement students who would interact with the teams. This shift in turn required careful refining of the team training curriculum.

b. We had originally sought to access institutional data already collected regarding staff satisfaction, based on the hypothesized link between staff satisfaction levels and effective collaborative practice. However, consultation with database experts responsible for this data revealed that target staff satisfaction and patient satisfaction data was not retrievable at the team level. While such opportunistic data may have been a powerful aspect of our pre/post evaluation process, these data were not useable for our purposes.
   - This data component was not pursued in the final design. As an alternative, an increased emphasis was placed on follow-up interview data following the workshop.

c. For those who are contemplating incorporating research into their activities, compliance with the institutional research ethics review policies will also be a critical part of the preparation. We found that the research ethics cultures and processes varied from institution to institution. In the PLP project for example, these differences were demonstrated through the need to very clearly articulate the distinction between activities that would be considered a part of the ongoing innovations of student placement practices (thus not necessarily requiring participant consent) and activities that were research based (thus requiring participant consent), in order to secure ethics approval. Furthermore, observational research methods were quite new to one of our institutional settings.

- Part way through the project team members developed and documented a more explicit articulation of the way that the research was being integrated with educational activities. Also, a more elaborate introduction process was followed and a more gradual consenting process was used for tentative team members.

9. Project Materials

IPC/ IPE project implementation documents

<u>IPC - Staff</u>

1. Team PLP Intro Mtg Handout
2. IPC Staff Consent
3. IPC Workshop Poster Series
4. IPC Facilitator Guide
5. IPC Role Play Guide
6. IPC Workshop Agenda
7. IPC Workshop Handout
8. IPC Workshop Participant Eval Form
9. IPC Facilitator Workshop Summary

<u>IPE - Students</u>

1. IPE Plcmt Communications
2. IPE Intro Tutorial & Plcmt Details
3. Sample IPE Facilitator Prep Mtg Agenda
4. IPE Student Consent
5. Interdisciplinary Education Perception Scale (IEPS) – Luecht et al, 1990
6. IPE Plcmt Handout – Preceptor
7. IPE Plcmt Handout – Student
8. IPE Plcmt Handout – Team
9. IPE Student Pre-plcmt Eval
10. IPE Student Post-plcmt Eval
11. Shadowing Task Sheet
12. IPE Program Eval – Preceptor or Clinical Faculty

<u>General Project</u>

1. PLP Protocol
2. Sample REB Application
3. Sample REB Amendment
4. Notice to Parents
5. PLP Introduction Pack
6. Sample Steering Committee Agenda
7. Sample Steering Committee Minutes
8. Feedback Session Handout
9. Steering Committee Evaluation Form