

IPC Team Resource Kit:
An Aid to Designing and Implementing
Interprofessional Collaboration Workshops
for Clinical Healthcare Teams

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Introduction

The Partnered Learning Project was an 18-month research study with the purpose of enhancing the interprofessional collaboration capacity of both staff and students in healthcare settings. This IPC Workshop Resource Kit focuses specifically on the design and implementation of the IPC learning activities for practicing professionals who were members of interprofessional healthcare teams. The material pertaining to the student learning can be found under the IPE tab of this website.

The IPC workshops aimed at enhancing the interprofessional capacity of staff in two important ways. The first was to encourage reflection on their current team practices using some common IPE language and concepts as a framework for this discussion. The second aim was to provide team members with an opportunity to practice articulating how their daily practice related to IPE theory, thus increasing their readiness to support the IPE learning by students on placement with the team.

This IPC Workshop Resource Kit has been designed to share some of the knowledge and insights that were gained through the planning and implementation of the team workshops. Each topic addressed in this Resource Kit is dealt with under the following four headings: process, materials, experience/lessons and ongoing challenges. In preparing this Resource Kit we have not endeavored to produce a comprehensive toolkit. Some very good IPC related toolkits already exist. Several of these are referenced under the Resources tab of the PLP website. Rather we have sought to capture some key aspects of our unique experience of implementing this IPC/IPE study program in order contribute to the shared knowledge about IPC learning for healthcare professionals.

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1. Project Description

An early priority of the project Steering Committee was to agree upon and document a description of the project. First and foremost this exercise was essential to ensure the Committee shared a common understanding of the practical elements of the proposed project (who, what, when, where, why and how). The process of developing these documents helped clarify issues and highlighted those areas where special attention or resources would be required during the implementation. Agreeing on the specifics of the implementation process at an early stage of the project also helped establish a shared vision and collaborative working relationships among the PLP team members. The resulting project introduction package continued to serve the needs of the Committee, ensuring consistent communication with institutional leaders and later aided the monitoring and evaluation of the project. The project introduction package represented important foundational thinking from which subsequent workshop orientation and curriculum materials flowed.

Process

- Project introduction documents were developed following the pilot IPC workshop. The feedback and learning from the pilot workshop informed the project's final implementation strategy.
- The process of discussing and documenting the project implementation strategy helped clarify the resourcing and scheduling requirements for successful implementation across all sites. The introduction documents also enabled multiple team members to actively engage in the team recruitment process while ensuring consistency in how the project was being described.
- The introduction documents were dated and given a version number as they were edited as required by changes or enhancements to the process.
- Electronic communication was an important part of ensuring we reached everyone in our target audience / teams.

Materials

- PLP Introduction Package - This 4 page document included a summary of the research project, identified the steering committee membership and design, showed the order in which teams would be studied in relation to the full project timeline, and illustrated the sequence and nature of all of the study activities as experienced by an individual team.

Experience / Lessons

- Presenting all project activities on a single timeline helped focus the PLP team's attention on issues of human resource scheduling and other critical deadlines to ensure successful completion of all project activities within the available time.
- These same materials also proved useful when presenting project orientation sessions to prospective participant teams or senior managers.
- Presenting the sequence of events from a clinical team's perspective gave participating teams a better understanding of what they were consenting to. This also provided participating teams with a clear illustration of the larger context for the IPC workshop.
- Materials that were self-explanatory, clearly labeled and dated had the greatest impact, as hospital staff frequently rely on electronic communication and information sharing, and these materials were most easily shared across distances.
- It is helpful to assign a specific person with the responsibility for updating existing materials as required.
- Key documents should include a clear date or version number to avoid confusion when documents are updated.

Ongoing Challenges

- A qualitative study like the PLP, or an education program in the development stages, often continues to evolve with time and experience. Such changes can render project introduction or overview materials out of date, dramatically reducing their value and credibility.

2. Project Introduction

There were several aspects of this project that required careful attention at the team introduction stage to avoid misunderstanding or apprehension on the part of the staff. Introductory meetings would include a description of the project's purpose and methodology, the impact on and expectations of participants; and in the case of research, the details about the consenting process. Three additional aspects that we found merited special attention at the introduction stage were: arranging a face-to-face introduction of study team members who staff might encounter as the study progressed; communicating how dedicating time to IPC learning is connected to improved patient care; and the purpose and nature of observational research.

Process

- Once a clinical team was identified for participation in the study, a short introduction meeting with the team was scheduled (15 – 20 minutes). If possible, the introduction meeting was scheduled to coincide with a regularly scheduled team meeting. Advance notification of the PLP introduction meeting was sent to all team staff via email. These messages were customized for each team, reflecting the local context and their manager's expressed commitment to the research.
- The PLP representatives presented a brief summary of the study goals and purpose, outlined the impact of participation on unit personnel, described the participant consent process, and answered any questions.
- PLP study workers who would have direct contact with clinical team members over the course of the study were introduced so team members would more readily recognize them in the future. Handouts summarizing the key points about the study were provided on paper (and electronically) for further reference and so the information could be shared with staff that were absent. The PLP group considered these in-person introduction meetings to be an important way of strengthening the participant consent process.

Materials

- A brief description of the study was incorporated into the electronic notice of the participant orientation meeting. All orientation meeting notices and subsequent reminder notices were tailored to reflect the local context and expressed commitment of team managers to the research.
- A participant orientation handout was distributed in paper and electronic format at the introduction meeting.

Experience / Lessons

- Clinical team meetings are usually patient-care oriented and tightly scheduled, so it was often difficult to identify an appropriate opportunity to present the PLP introduction. However, these in-person meetings were considered to be very important to ensure understanding of the project and to secure fully informed consent from all participants. Having a team member who would champion the project and facilitate access to the clinical team made a significant difference in ensuring study information reached all team members in a timely and effective manner.
- Providing clear and explicit project documentation and naming a project contact person to whom questions could be directed proved to be very helpful, particularly for opening up communication with staff who did not attend the orientation.

Ongoing Challenges

- Team configurations vary widely, within and across institutions. Membership on a given team is often in flux, with staff having varying levels of time and experience working within the specific team. In certain circumstances a clinical group or unit may be described as a team but may not have a distinct team culture or sense of identity. We found that within a team, professionals who more regularly communicate and work together may have formed sub-teams. Securing similar levels of team interest and engagement across the various types of units seems to be a continuing challenge. While this may produce interesting data for a research study, it is an issue for consideration when an ongoing educational program is being contemplated.

3. Organizing Workshops

The PLP found each of the partner institutions had its own culture for professional development. Additionally, within any given organization, each team had developed its own approach to learning. Furthermore, learning with the team as the focus (vs. the individual) was not necessarily a common experience. The result was that effective organization of the team workshop was critical to achieving credibility and engagement by sufficient numbers of staff to create the interprofessional learning experience we were aiming for. Our organizing strategies focused on learning about and being sensitive to the team's daily practice and culture, identifying and working with the group's natural leaders, and minimizing the disruption to the clinical focus of the ongoing work.

Process

- The PLP group actively sought out a team leader or project champion in every instance.
- Communication about the upcoming workshop was reinforced through several emails. Email seemed to be the preferred communication method. Care was taken in preparing the communications to convey the benefits of participation to the team briefly and in simple language. Notice of the scheduled project introduction meeting and workshop was given well in advance. Participants asked for email reminders at appropriate points before these events.
- Organizing PLP involvement and communicating with the team was easier and helped ensure all team members were included when there was a designated team administrator with whom we could work.

Materials

- The Team Training Lead crafted the content of messages to staff participants to ensure the accuracy of the content and to minimize the work for clinical team members. Input was solicited from a team leader or administrative assistant as to language and distribution protocols that would work best for that team.

Experience / Lessons

- The pilot workshop involved two four-hour sessions, held a week apart. This approach was quickly shown to be problematic. The pilot participants indicated that the total time was too long. Attendance at the second session involved different participants from the first workshop. The change in participants from the first to the second session created confusion with the planned learning activities. For subsequent workshops the length of the workshop was reduced and only one session was scheduled.
- Communication and organizing efforts proceeded more smoothly and workshop attendance was higher where a project champion emerged. These champions provided invaluable assistance through facilitating entrance by the researchers to appropriate clinical practice situations (e.g. rounds, team meetings, clinic settings), and actively promoting the potential benefits of team participation to their colleagues. Project champions were also able to advise us further about team culture, scheduling practices, and perceived team learning needs.
- Since participation in PLP workshops was voluntary we did not request attendance confirmation for the early workshops. This proved problematic for workshop leaders. Role play situations in the curriculum were designed to be most effective with a minimum number of participants and professions being represented. If these numbers were not met the facilitators would have to adjust the activities on the fly. By instituting a registration process for the later workshops, we were also able to actively encourage registration if numbers remained low as the date approached. We framed the registration around our need for numbers to finalize catering in order to avoid creating a sense of undue pressure to participate.
- During workshop discussions, participants consistently indicated that participation by physicians in IPC and IPE learning activities was extremely important. Yet recruitment of physicians to attend the workshops remained a challenge throughout the project.

Ongoing Challenges

- Healthcare professionals generally have no uncommitted time. Scheduling additional time to come together as a team takes a real effort and commitment. The PLP introduction meeting, essential to beginning to build

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understanding and engagement was a challenge to fit within existing team schedules and meeting practices. Also, all team members would not necessarily be present at the same time / meeting.

- Securing the participation of physicians for team-focused learning activities remains a particular challenge. In some situations the existing practices and team culture made it unlikely from the outset that any physician would attend. Yet during reflective discussion the workshop participants frequently concluded that physician participation was essential for real advancement in the team's interprofessional collaboration.

4. Workshop Materials

A conscious decision was made to not use any technology in the IPC workshop. Technology can be disruptive and inhibit group discussion in a variety of ways. Our alternative was to use laminated posters of key concepts drawn from IPE curriculum. The enabled key ideas and concepts to remain accessible throughout the session. Customized changes that reflected the group's own conclusions could be layered onto the IPE foundational ideas being discussed. PowerPoint slides were used to produce handouts which included and expanded on the poster materials. Role play materials were customized to each workshop and handed out in paper format at the appropriate point.

Process

- PowerPoint slides were shown during the pilot session but eliminated for the remaining workshops. This change avoided time loss and disruption from working with projection equipment. Our alternative was to use laminated posters that were hung on the walls throughout the session. This approach enabled participants and facilitators to easily refer to at any point during the discussions, helping make explicit the connections between the team's daily practice and IPE theory and language. Aiding the professionals in recognizing these connections was one of the aims of the workshop. This continuous presence of all key presentation materials also facilitated spontaneous changes to the order in which information was introduced into the discussion, allowing greater responsiveness to comments from participants and acknowledging the team members own knowledge and expertise.
- When teams proposed alternatives to the concepts of language presented in the posters, the facilitators were able to "edit" the poster material with white-board markers to customize the ideas to each team's reality.
- Two of the posters, considered particularly relevant to established teams, were also produced in the form of a two-sided laminated pocket card. These were distributed during the session.
- Role play was generally not a familiar learning approach for most workshop participants so careful staging of these activities was required. Customized materials to guide participants were specifically designed for each team workshop. These were handed out at the appropriate time. Receiving "new" material at the start of the role play helped draw participants into an activity that we anticipated some would feel uncertainty towards.

Materials

- The workshop handout materials included PowerPoint produced handouts, and laminated pocket cards with key IPE and team collaboration concepts from the workshop posters. Blank journals were also given to all workshop participants signifying the learning value of personal reflection.
- Five laminated posters provided visual references to key IPE language and concepts throughout the workshop.
- Flip charts were used to capture team reflections on their own practice. These pages remained on display to serve as additional reference material during the role play and summary discussions.
- Role play script and descriptive materials were produced on paper in a simple, easy to follow format, and distributed as the role play exercises were introduced.

Experience / Lessons

- The poster materials proved very helpful to the facilitators in launching discussion of new ideas and in demonstrating the connections between team discussion points and IPC/IPE concepts. The laminated poster format facilitated excellent discussion as it allowed a "re-writing" of the IPE material into the team's own terms.
- The value / success of the distribution of personal journals was unclear. At the very least it was a useful educational signal concerning the value of reflection and was helpful as a signal from the PLP study group that the commitment of time by the participants was appreciated.

Ongoing Challenges

- The diverse levels of IPC familiarity and accomplishment, among teams and individual participants, presents a learning design challenge. An ongoing program would likely require a curriculum more adapted to different levels of accomplishment and a preliminary assessment of team's current functioning to appropriately match content to each team.

5. Facilitator's Guide

The Facilitator's Guide was critical documentation for ensuring successful facilitation of the workshops. Once established, the Guide served as a template for the customization of all subsequent workshops. The Guide helped focus planning discussions, even when the three facilitators were unable to meet or talk in person. During the workshop, the Guide supported a co-ordinated yet flexible delivery. It also proved useful for the facilitators to evaluate the workshop after the event, comparing the planned directions with the actual experience.

The Guide was also instrumental in helping other research team members who had not attended one of the workshops to better understand the IPC curriculum. And finally, the Facilitator's Guide provided sufficient detail so that another facilitator would have been able to facilitate the workshop with little notice if an emergency had prevented the scheduled facilitator from attending. Given the challenge of organizing team attendance at these workshops, last minute cancellation would have been very undesirable.

Process

- The process of jointly developing the Facilitator's Guide helped PLP facilitators, who had not previously worked together, to create a shared understanding of the proposed learning goals and methodologies.
- The detailed facilitator's script helped keep the workshop on schedule, while still enabling the co-facilitators to allow the participants flexibility in directing the discussion.
- Producing a customized Facilitator's Guide for each workshop proved instrumental in the workshop design process. The task of customizing each workshop guide ensured detailed communication among the facilitators and role play specialist about the learning objectives, learning opportunities and options that could arise, and what we understood about the individual team's culture and current collaborative practices.

Materials

- The Facilitator's Guide, customized for each workshop, was only shared with the facilitator's and the role play expert (standardized healthcare professional). The Guide included timing and directional guides, action prompts, and leading discussion questions.

Experience / Lessons

Advantages of developing and using a detailed facilitator's package included:

- Another facilitator could step in at the last minute and run the session if need be,
- Ensuring a shared an understanding of the learning goals and the various presenter roles in each workshop component, enhancing the ability of the facilitator's to smoothly work together
- Enabling the facilitators to permit significant flexibility in how group discussion unfolded, while still attending to time management, linking group discussion to the core curriculum, and ensuring all key learning points were covered.

Ongoing Challenges

- Delivering workshops to different units and in different organizations necessitated customization of the workshop design and guide for each unique environment. To accomplish this, resources needed to be anticipated and made available for each revision.

6. Using Simulation in Training

The Standardized Patient Program (UoFT) has a long history of involvement in health professional education, assessment, quality assurance, and CME programs. The PLP decided to draw upon this expertise for the IPC workshops. An experienced simulator (SP) and staff facilitator from the Standardized Patient Program (SPP) worked together with the PLP Team Training Lead to design and facilitate the workshops.

The application of simulation or role play in the workshops continued to evolve over the course of the project. In the pilot workshop one patient-focused clinical scenario was used to explore several perspectives / situations. Feedback from participants focused on the weaknesses and gaps in clinical information provided in the scenario. For subsequent workshops, scenarios were developed with a more explicit focus on points of interprofessional interaction. Early implementation workshops introduced the simulation process gradually. Our approach underwent further refinement for the final workshops which were shortened from 4 to 3 hours. Our self-assessment was that this final approach, while using simulation in a non-traditional manner, was most effective in creating the learning experiences we intended. In this final approach the role plays were redesigned to draw the participants into the simulation exercises much more quickly. The SP actually facilitated the role play from within the role. She was prepared with a set of carefully designed questions and a detailed understanding of the learning objectives. In this final role play design we focused on what we wanted to achieve, while leaving the “how” to be worked out via simulation. It is this approach that is described below.

Process

- Before the scenario development work was initiated for each workshop, a facilitator conducted observations of the team at work. These observations provided important insights and material about the nature of the teams’ processes and work, ultimately supporting the construction of relevant and realistic role play scenarios.
- The participants were prepared for the role play by first engaging in a brief “pairs-discussion” where they discussed with a partner two key questions concerning the interprofessional aspects of their work. The results of the pairs-discussion were then shared with the full group and ideas were recorded on the flip chart. This exercise started the reflective process for participants and produced a shared record of some examples that both the participants and the facilitators could draw upon during the role play. The option to draw upon these ideas was explicitly stated.
- The introduction of the exercise included a clear statement that the purpose was not for participants to demonstrate or be judged by how they acted, but rather to develop a shared story which could then be used to discuss interprofessional collaboration.
- The simulations were based upon contextually relevant situations that called for the team to describe their collaborative processes. The questions incorporated into the simulation were more complex and probed the nature of the team’s collaborative practices. The SP worked from a planned “agenda” of issues to raise and, to some degree, facilitated the engagement of team members, but was also allowing the team’s own communication process to unfold.
- The post-simulation discussion asked participants to reflect on how the simulation unfolded and discuss the ways in which the simulation did and did not reflect their actual work situation. Connections were made between the ways the team described its practices and the concepts portrayed in the posters. This facilitated discussion probed for further clarification of the team’s collaborative practices and the factors that influenced it.

Materials

- The scenarios were outlined in detail in the Facilitator’s Guide
- Depending upon the scenario, participants might be given written scenario materials. Scenarios were introduced verbally by the facilitator.

Experience / Lessons

- The use of role play and experienced simulators (SPs) in a collaborative learning environment was an unfamiliar learning methodology to almost all the PLP participants. A graduated approach to engaging the participants proved only moderately successful. The more successful approach was to begin with a Pair-Share exercise

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which got participants thinking about the subject and produced ideas which could then be applied in a follow-up simulation role play. Facilitation during the simulation came via the actions of the SP involved in the scenario. The scenario was carefully planned but not scripted. In this way the participants could observe that they were influencing the direction and outcome and became more engaged.

- The approach to simulation described above appeared to generate a higher level of cognitive focus and engagement in articulating the team's interprofessional practices, than was achieved through a facilitated discussion. The use of simulation appeared to be an effective method of enabling professionals to examine their team processes through a different lens even within the short time period available for the workshop.
- When a single scenario is used for several activities, specific weaknesses in that one scenario may negatively impact all of the related activities.
- Participant feedback about the learning value of the role play and scenarios was very helpful. Details in the scenarios were important to participants, reinforcing the importance of making the effort to ensure scenarios are built around specifics that are credible and relevant to the actual practice settings of the participants.
- In the first phase of workshops participants were given an option of playing a role other than their own. In two cases this option was used to play physicians outside of the unit. This resulted in a lot of laughter and, seemingly, provided a safe way to surface examples where interprofessional collaboration was difficult. After this experience, there were comments that the opportunity to role play someone from another profession was surprisingly instructive to the participants.
- An unanticipated outcome of our experience in the PLP project has been the interesting discussions that have subsequently taken place in the community of simulation educators about the PLP approach to using simulation in team learning.

Ongoing Challenges

- Clinicians are often reluctant to confirm their attendance in advance for a non-clinical, voluntary learning event. Efforts is required to maintain awareness of the event, and keep the invitation flexible so team members feel free to decide to come even at the last minute. Poor interprofessional representation can significantly weaken the learning opportunities of those who do attend an IPC workshop, so anticipating the numbers and professions of participants who plan to attend allows organizers time to do some proactive promotion.
- While several different strategies were used to introduce workshop participants to the learning methodology of simulation, a few individuals simply did not like role play as a method of learning, regardless of the approach.

7. Workshop Evaluation

The purpose of the PLP workshops was to enhance capacity for interprofessional collaboration among clinical team members in their daily practice and in their role of supporting interprofessional collaboration learning by students on placement with their teams. Formal evaluations were administered at the end of each workshop, which provided useful quantitative data. However, careful attention was also given to informal feedback from participants and to descriptive (qualitative) evaluations of the workshop by the facilitators and by any other PLP researchers who observed the workshop. Each workshop was informed by the accumulating experience of those designing and implementing the workshops, as well as new and unique information gathered about the clinical team. In this way the evaluation of each workshop was contextually sensitive.

Process

- The pilot workshop revealed that participants were quite keen to provide feedback and input about how to effectively deliver IPC training to (other) professionals. Subsequent workshops included specific opportunities for participants to provide both verbal and written evaluation of the workshop experience. The written evaluations were anonymous and aimed at addressing the participant's self-assessed learning in terms of *knowledge*, *understanding*, and *application*. The evaluation form also included several questions about the workshop logistical elements and the competency of the facilitators. During the workshop and in short, voluntary interviews conducted several weeks later, participants were asked semi-structured questions about their perception of the learning value of the workshop in relation to their contact with IPE students on placement with their team.
- The workshop facilitators also evaluated each workshop. Immediately after the workshop the facilitators discussed the assessed success of the workshop, the design and facilitation strategies that were used, the areas where the actual workshop deviated from the plan, and any surprising or unexpected results. Approximately a week after the workshop the facilitators met again to further evaluate the workshop and discuss how the experience could inform the design of future workshops.

Materials

- The written participant's evaluation was completed before the workshop adjourned.
- The PLP Team Training Lead completed a Facilitator's Summary within a week of the workshop.

Experience / Lessons

- The full PLP team observed the pilot workshop. A fair bit of time (30 minutes) was dedicated to receiving feedback from the pilot team. The team members were very engaged in this process and had a lot of comments to offer, appearing to take their role as a pilot group very seriously.
- For the subsequent workshops, written evaluations received a fairly high rate of completion and return while verbal evaluation questions during the workshop resulted in fewer comments. (Fatigue or restlessness may have been one factor in this.)
- The facilitator evaluation provided a way of capturing valuable information both for the consideration of the research analysis and also to support the design enhancements of future workshops. Using a form to structure this information was a useful approach.

Ongoing Challenges

- Participants in continuing education programs bring with them certain expectations about such a program. These expectations may solicit learner input about the design and content of the learning activity as well as some follow-up actions to support the transfer of knowledge into the daily work context. Such expectations may not necessarily fit within the scope of a research mandate. Groups contemplating a similar research study or pilot project may find it beneficial to consider how to identify and address any differences in expectations at the outset.

8. Feedback and Follow-up

At the time the PLP study took place, only one of the three partner institutions had an established IPE program with a designated IPE leadership position. Healthcare teams in the other two organizations were less accustomed to being observed for their interprofessional collaboration practices and expressed a strong interest in receiving feedback from the PLP team. During the workshop participants were invited to consider their future opportunities for further discussion or applications of the IPC material in their daily work setting. Our experience suggested that participants needed the IPC workshop learning activities to be grounded by some form of participant feedback and educational follow-up.

Process

- Although the initial PLP focus was on data gathering for future scholarly work, early in the project clinical teams requested feedback from the PLP staff on their observed team practices. In response to these requests the project team offered each participant team an in-person feedback session.
- Team feedback sessions were scheduled near the end of the project to maximize information presenters could draw upon. The 30-45 minute sessions included some specifics about observed strengths and team-identified areas for potential growth, as well as some comparative observations across the range of participating teams. While data analysis was not complete at the time the feedback sessions were held, some early data trends that were being explored were described in general terms. The team feedback sessions ended by inviting final comments and feedback from the clinical team members to the project staff.
- Over the course of the project the Steering Committee identified a number of lessons concerning effective implementation of an IPC/IPE project. Since each of the partner organizations planned to follow-up this project in its own manner, a short report was produced to document these lessons for future follow-up. These reports included both general and institutionally specific lessons and examples. Distribution of these reports followed regular communication practices within each institution.

Materials

- The PLP staff used a semi-structured format to guide the presentation of feedback information. A summary handout of the project was distributed. The feedback included both quantitative and qualitative information and was clearly identified as being a limited “snapshot” perspective. Staff were told where project-related resources and articles would be posted on the internet as they reached completion.
- The report designed to capture the educational lessons specific to the partner organizations included some customization of content, where this seemed appropriate.

Experience / Lessons

- Staff participants in the IPC workshops were very interested in getting feedback from the project team, particularly in those institutions which did not have an established IPC/IPE program or staff lead position.
- Additional thoughts about what the organization could do to support team IPC surfaced when staff were interviewed several weeks after the workshop.
- In post-workshop interviews, participants indicated that being exposed to the language and concepts of IPE was useful and facilitated their continued thinking about this subject.
- Producing PLP feedback reports helped ensure valuable insights about implementing IPC learning activities would continue to be available to educators within each institution after the PLP team had disbanded.

Ongoing Challenges

- Like the scheduling of the workshops, arranging a time and place when all interested members of a clinical team are available to attend a feedback session can be challenging.
- In a particular case where the workshop generated a growing interest in examining the team's interprofessional collaboration practices, team members began to consider others who they would have liked to include in the discussions. Staff requested other health professionals (who had not been involved with the study activities to this point) be invited to the feedback session. This highlights that when the learning aims include stimulating reflective practice, it is important to consider ways of supporting participants to continue and expand the dialogue, even in the case of time-limited projects.