

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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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.