

IPE Toolkit: A Toolkit to Assist in the Planning and Implementation of an Interprofessional Education Program for Healthcare Students

A knowledge sharing product
from the

Partnered Learning Project

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Project Partners

The Hospital for Sick Children (SickKids), Toronto

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



IPE Toolkit: A Toolkit to Assist in the Planning and Implementation of an Interprofessional Education Program for Healthcare Students

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 IPE Toolkit focuses specifically on the adaptation and development of IPE learning activities for healthcare students on placement with interprofessional healthcare teams. This Toolkit reflects the practices and lessons that emerged from PLP placements which took place in paediatric healthcare facilities that had not previously provided student placements with a focused IPE learning program.

The development of the IPE activities reflected in this toolkit was grounded in the well documented IPE curriculum emerging from the University of Toronto – Office of IPE. It is recommended that users of this IPE Toolkit download the original curriculum, *Facilitating Interprofessional Clinical Learning* to use in conjunction with this Toolkit. The link is provided below. To avoid confusion, hereafter we will refer to the original curriculum document as “the manual”. The icon  , along with a page reference, directs the reader to this important foundational material. Two other symbols are also used in this Toolkit to assist the reader.



= PLP developed materials



= processes and insights from the SickKids implementation

Download related resources

- PLP developed materials are available under the Resources tab of www.partneredlearningproject.ca
- Facilitating Interprofessional Clinical Learning <http://ipe.utoronto.ca/initiatives/ipc/implc/preceptorship.html>

This IPE Toolkit focuses on the resources, activities, monitoring and evaluation tools used to support the introduction of IPE placements in a paediatric, teaching hospital setting. The material in this Toolkit is organized under the following four broad headings, as appropriate to the subject: process, adaptation or development of materials, lessons learned, and ongoing challenges.

IPE Toolkit - Table of Contents:

1. Role Descriptions

- a) IPE Leader and Placement Co-ordinator
- b) IPE Facilitator
- c) Faculty Development for IPE Facilitators
- d) Preceptor/Clinical Faculty
- e) Clinical Team
- f) Students

2. IPE Placement Components

- a) Introductory Tutorials
- b) Weekly Patient-themed Tutorials
- c) Student Presentation

3. Monitoring Strategies

- a) Facilitator Meetings

4. Evaluation Instruments

- a) Student Evaluations
- b) Preceptor Evaluations

4. Evaluation Instruments

a) Student Evaluations

Process

- Performing a qualitative pre-IPE placement evaluation provides the facilitators with a sense of the students' experiences to date. A qualitative post-IPE placement evaluation generates value feedback which informs the development of future program planning.
- The *Interdisciplinary Education Perception Scale (IEPS)* – Luecht et al (1990) was used for the evaluation.

Adaptations of Materials



- Section 3 (page 26) of the manual – the pre-IPE qualitative evaluation was adapted only for site specific information
- Section 3 (page 34) – the post-IPE qualitative evaluation was adapted only for site specific information

Lessons Learned



- The evaluations provided useful feedback about what the students thought of the process, and their recommendations for improvement.
- The students commented that they learned about each others' roles, teamwork, the value of communication between professionals, how their roles and professions can work together, the similarities and differences among professions, mutual respect, and increased their confidence in asking about others' roles.
- Constructive feedback received about the PLP placements included: the need to try to include more professions (medicine); plan more time (in total length and number of sessions); use more generic patient cases as study subjects so that everyone can be equally involved in the discussions; start the IPE placement at the same time as the regular clinical placement; and facilitate more interprofessional shadowing opportunities.

Ongoing Challenges

- Interestingly, some of the feedback received from the students mirrors some of the challenges noted in relation to implementing the IPE placement. Scheduling and time constraints were clearly identified. The value of the shadowing experiences was noted but students cited the need to have the IPE facilitators or the preceptors assist in making these arrangements as this was a challenging expectation to leave with the students themselves.

b) Preceptor Evaluations

Process



- Section 2 (page 17) of the manual includes an evaluation for clinical faculty (preceptors)

Adaptation of Materials



Only minor, site-specific adaptations were made to these materials, the content was maintained.
(see *IPE Program Eval – Preceptor or Clinical Faculty*)

Lessons Learned



- The evaluations completed by preceptors revealed that, in general, clinical preceptors thought the students involved in the IPE placements learned a lot about other disciplines and roles, and increased their awareness and confidence in engaging in interprofessional collaboration. Some preceptors also indicated that having students enrolled in the IPE program prompted them to personally reflect more on their own roles and collaborative practices.

IPE Toolkit

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- Preceptors indicated that the communications they received about the IPE placement process could have been enhanced. They also noted that the students may benefit more from the program if they have reached the point in their training where they have developed a clear sense of their own professional role and had an opportunity to become somewhat familiar with the hospital/clinical setting before they undertake the expanded learning of an IPE placement.

Ongoing Challenges

- The challenge for the PLP was to establish effective communication linkages with the clinical preceptors. With effective linkages, the clinical preceptors would have developed a clear understanding of the goals of the IPE program, the distinctions between their own role and the roles of the IPE Lead and facilitators, and would be able to provide insightful feedback and evaluation responses. In our PLP experience, the communications with clinical preceptors produced mixed results. Future IPE projects at the PLP sites would benefit from enhanced communication linkages with the preceptors.
- In this study, clinical team members were not included in the feedback process. In future IPE projects at the PLP sites, it would be preferable to include feedback from the clinical team members.