

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

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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](http://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.

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# 1. Role Descriptions

## a) IPE Leader & Placement Co-ordinator



- Refer to Section 1 (page 11) of the manual for an IPE Leader Business case and Role Description
- Refer to Section 2 for the IPE leader responsibilities before, during and after the IPE placement
- Section 2 (page 16) offers a checklist of activities that facilitate a successful placement
- Sections 1 and 2 contain information relating to the organization of the placement

### Process



The IPE leader plays both a leadership and an administrative role. Two primary functions for this position are organization and communication. The IPE leader will be required to maintain close connections with clinical teams hosting students on IPE placement, preceptors mentoring the students, and the students themselves, during all phases of the placement.

- The PLP placement design was based upon the structure proposed in the manual *Facilitating Interprofessional Clinical Learning*. This included key elements such as introductory tutorials, patient-themed tutorials and IPE student presentations. To 'fit' the IPE placements into the academic placement schedules of the various disciplines, the IPE leader had to gather and compare information regarding each of the different school and professional stream placement schedules. Section 2 (page 3) of the manual illustrates interprofessional placement schedule overlap. The periods of overlap, which are the opportune periods for scheduling and IPE placement, will vary for each organization.
- Effective and early communication between key stakeholders proved critical to the organization of the IPE placements. Key stakeholders will likely include:
  - Academic affiliations (universities, colleges)
  - Educators and clinical coordinators on site
  - Potential preceptors
  - Students
  - Clinical teams
- Academic institutions and clinical coordinators/educators often have strong working relationships that can be utilized to help plan and co-ordinate IPE placements. Individuals in these roles are often involved in discussions with the students and can be very influential in shaping student attitudes towards IPE.
- Efforts were made to initially draw key student placement co-ordinators into the process to create a snowball effect of involvement across professions and encourage other student co-ordinators to step forward.
- Members of the clinical team may also be able to help identify potential student participants.
- Future considerations: having IPE placement programs and potential host teams organized well in advance would enable students to elect an IPE placement from the outset, thus increasing student ownership of the learning.



A visual depiction of the multi-party communication process was developed to help all participants better understand the part each played. See *IPE Plcmt Communications* in Resources.

### Adaptation of Materials



- Manual - Section 2 Appendix F (IPE placement program description), Appendix G (IPE placement program overview) and Appendix H (IPE placement presentation overview) are helpful resources that facilitate communication of the IPE placement components.



- For the initial PLP placements, these resources were used in their original format. Over time, we learned that different stakeholder groups sought different amounts and types of information concerning the placements. Customizing the materials for each of these groups appeared to lead to improved understanding among the target audience members.

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We adapted the original materials to focus more specifically on the somewhat different information needs of students, preceptors, clinical team members. Three handouts were developed. Refer to Resources:



- IPE Plcmt Handout – Team
- IPE Plcmt Handout – Preceptor
- IPE Plcmt Handout – Student

### Lessons Learned



- The introduction of IPE placements can initially lead to excitement, coupled with concern and anxiety on the part of clinical team members and preceptors. Experience showed that well planned, face-to-face meetings were the most effective means of reducing anxiety and concerns when IPE placements were being introduced. Subjects addressed at these meetings included the IPE placement goals and objectives, the placement activities and how these related to existing team structures and traditional placements.
- Individual team characteristics will need to be taken into account. Not all teams have regularly scheduled meetings which can accommodate an IPE placement presentation. When one PLP team did not have regularly scheduled meetings we utilized email and other messaging methods to communicate with team members throughout the placement.
- Helping stakeholders initially understand what IPE looks like in the practice setting can be difficult. The following strategies were employed to develop a deeper understanding of the IPE goals and concepts, including the concept of learning “from, with and about” other professions:
  - Using the Office of IPE videos that depict IPE tutorials
  - Providing a “Day in the life of an IPE student” scenario
  - Having a former IPE student discuss the benefits of the program
- The IPE placements ranged from 3 to 4 weeks. However, students and facilitators felt longer placements would have been beneficial and increased the learning.

### Ongoing Challenges

- Students from different professional streams and different schools have widely varied placement schedules and learning expectations. It may be useful to have pre-planned several alternative IPE placement activities, including some which are not dependent upon the formation of an interprofessional group that meets in person over a number of weeks. Section 5 of the manual addresses many options for IPE learning.
- Clinical educators and regular student placement co-ordinators expressed concern about shouldering additional demands of IPE placements, and the need to balance these with discipline specific learning and educational requirements (e.g. completion of a certain number of hours in clinical activities). The IPE leader and co-ordinator will need to consider ways to surface and address these types of stakeholder concerns early in the planning process to avoid having them undermine the program at a later stage.

### b) IPE Facilitator



- Refer to Section 3 (page 5) and Section 4 in the manual, which provide detailed descriptions of the roles and responsibilities of the facilitators.

### Process



- The IPE facilitators are responsible for implementing the IPE placement. They are the direct contact people for the placement and are instrumental in helping the students achieve their desired goals. The use of an interprofessional co-facilitator model is highly recommended.

### Lessons Learned

- The role of the IPE co-facilitators changes depending on team and patient characteristics. When teams are “unit” or “floor” based, students have frequent opportunities to make connections with fellow team members throughout the day. In these instances it is less critical that the facilitators have a close relationship to the

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team. Alternatively, if the team is not based in any concrete location, or is a specialized team within a larger group, having a member of the team act as a facilitator helps to make critical student-team connections

- During the tutorials, it is important for the co-facilitators to identify emergent learning objectives and opportunities.
  - During the third tutorial in one of our placements the students discussed their involvement with a particular patient. One student talked about strategies for calming the patient. The facilitators realized that the calming techniques might be useful for other professionals to reinforce to meet their own goals and made the connection explicit for the students. It wasn't until the facilitators made this explicit that the students recognized this opportunity for collaboration in delivering effective care for this patient.

### c) Faculty Development for IPE Facilitators



- Section 4 (page 1) provides an overview of the IPE Facilitator Workshop.
- The objectives of the workshop are to have the participants increase their knowledge and understanding of IPE placements, and to attain and/or develop IPE facilitator skills.

#### Lessons Learned



- Inviting educators, clinical coordinators and individuals who are interested in IPE to faculty development workshops encourages these individuals to consider serving as a facilitator in future IPE placements.
- To enhance active participation in the workshop you might:
  - Engage in an open forum discussion on the concept of IPE placements and the benefits to students, preceptors and teams.
  - Use videos and case examples to illustrate the content.
  - Limit the use of PowerPoint presentations.
- Providing joint workshops, as we did between SickKids and Toronto Rehab, offers exciting interprofessional and inter-organizational perspectives. The key concepts are the same. Attention should be paid to include some organization specific themes such as Family Centred Care in pediatrics.
- At the end of the workshop we asked the participants to complete a contact information sheet if they were interested in facilitating a future IPE placement. A growing list of trained IPE facilitators will be instrumental as IPE continues to develop and be implemented in the organizations.
- Feedback from the facilitators after completing an IPE placement, was that the content in the workshop had proven useful and helpful in their planning process.

#### Ongoing Challenges



- Despite the interest and the list of trained IPE facilitators, we had only 1 individual answer the call to co-facilitate our last IPE placement. A regularly cited barrier to acting as an IPE facilitator is that of professional time constraints. The IPE leader might consider co-facilitation of the IPE placements to be part of their role in the early stages, until regular facilitators have been established.

### d) Preceptor / Clinical Faculty



- Section 3 (page 37) refers to the role of the Clinical Faculty (Preceptor).
- The preceptor/clinical faculty maintain the role of training their students in their discipline specific roles. To support and facilitate IPE learning, preceptors should be encouraged to set up interprofessional shadowing experiences for their students.

## Lessons Learned



- When IPE placements are new the preceptors/Clinical faculty may have difficulty conceptualizing the process. Meeting the preceptors as a group prior to the placement helps them conceptualize the learning and the overall placement, and helps facilitate the inclusion of more interprofessional activities during their placement. Group meetings can facilitate support and collaboration among the preceptors, which is essential when providing IPE learning to their students.
- We faced challenges when attempting to gather all the preceptors together, and as such it did not transpire. Time constraints, differing clinical responsibilities as well as professional responsibilities are the barriers to setting up group meetings. Although not ideal, individual meetings between the preceptor and the IPE leader were conducted.

## Adaptation of Materials



SickKids IPE placement program overview -Preceptor (see Resources *IPE Plcmt Handout – Preceptor*)

## Ongoing Challenges

- Some preceptors felt that at times students were overwhelmed by the combined expectations for their discipline-specific placement and the IPE learning activities. Successful participation in IPE placements using the model of adding the components into an existing professional training placement requires students to show personal initiative and effectively manage both their time and competing priorities. Addressing this reality early in the IPE placement process may be a useful standard practice.

## e) Clinical Team



- Refer to Section 1 (page 4) of the manual re: lessons learned from the Toronto Rehab experience
- Section 3 (page 36) provides a sample IPE placement presentation handout for the Clinical Team.

## Process

- Selecting highly collaborative and willing teams helps facilitate the implementation of an IPE placement. However, more critical to the success of the placement is the IPE Lead's knowledge of the various professional groups' student placement schedules and planning a placement tutorial series around student availability.

## Lessons Learned



- The teams that hosted IPE placements were selected because of their interest in participating in the study. Selecting teams without taking into account the presence and timing of student placements resulted in a challenging process. Implementing an IPE placement proved to be easier when the team was selected based upon student availability. For example, if 5 interprofessional students are doing a General Medicine rotation it would be logical to engage them in an IPE experience.
- The agreement by a clinical team to host a student IPE placement should not be interpreted as meaning that the team has a full understanding of their role in hosting an IPE placement. The IPE lead should establish regular communication with the team to facilitate a smooth transition from the more familiar practice of hosting individual student placements to hosting an IPE placement. It is helpful to try to include at least one in-person meeting, which can be held in conjunction with staff meetings or rounds. Teams with a less well defined structure or schedule can be more difficult to engage as a group. In these instances scheduling meetings with individual staff members may be more effective.
- The team responsibilities in an IPE placement include: being aware that the placement is occurring; welcoming the students and acknowledging the nature of the placement; allowing for interprofessional activities to occur (e.g., supporting students shadowing different professions); and contributing to opportunities for students to learn "from, with and about" other professions.

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- The IPE Lead can help prepare the team to fulfill their role by describing the kinds of activities the students will be engaged in during their tutorials and when they are working alongside their preceptors. Involving the team in scheduling shadowing opportunities and setting up the placement will increase the likelihood that the placements will be successful.

### Adaptation of Materials



SickKids IPE placement program overview -Team (see Resources *IPE Plcmt Handout – Team*)

### f) Students



- Section 2 (page 3) of the manual addresses the strategies used determine the availability of students within the organization.
- Section 3 (pages 22-25) provides an overview of information for students. Student expectations should be addressed early on in the process to help students understand the differences between a more traditional placement and an IPE placement.
- Refer to the PLP communication slide *IPE Plcmt Communications*

### Process



- Meeting and/or communicating with the students prior to the placement helps facilitate their understanding of the IPE placement expectations. Depending upon the situation, the communications may come from the IPE Lead, the clinical placement co-ordinators, or the IPE facilitators. The important thing is that all of these parties know what is being communicated, by whom and when. Usually a pre-placement meeting with the students will be the most satisfactory method for addressing questions they may have. Additional questions may have to be addressed as part of the introductory tutorial. A pre-placement meeting also gives the students a chance to align their expectations with those of the placement.
- For the PLP study, we involved some students who were not on placement with the clinical team to ensure a sufficient interprofessional mix of students in the IPE placement group. These students were also provided with a mentoring/preceptor structure similar to the other students. Special arrangements such as this can work but may require an extra measure of maturity and initiative on the part of the student.
  - In one of our IPE placement groups we included a pharmacy student who was not assigned to the clinical team. We connected him with the Medical Director on the team who allowed the student to attend rounds and collect information from charts. Though this student had limited access to actual patients, he described his placement as a success. We attributed this in part to the motivation and initiative he demonstrated towards his own learning.
- Shadowing various team members has been consistently rated as very helpful by the students in expanding their understanding of other professions. We encouraged students to shadow at least one other professional during their placement.

### Adaptation of Materials



- SickKids IPE placement program overview -Student (see Resources *IPE Plcmt Handout – Student*)
- A Shadowing task sheet was adapted with permission from the Shadowing Task Sheet University of East Anglia, 2004. (see Resources *Shadowing Task Sheet*)

### Lessons Learned



- IPE placements utilize discussion of common situations, patients, and practices from various professional perspectives. The students will need to have common experience of these as a foundation for meaningful discussions. These common experiences are more easily achieved when all the students in the IPE group work with the same clinical team, and at least occasionally encounter each other in the course of their

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placement work. The IPE facilitators will need to make the learning process and opportunities explicit to guide the students in their attention. When students in the group do not share common learning experiences, the IPE facilitators may have to give extra attention to creating learning activities that all can prepare for and contribute to.

- Students may be part of a clinical team because their preceptors are members of the team, however depending on the team characteristics and routines; the students may not cross paths with each other during their time in the clinical setting.
  - In one instance where a highly specialized team dealt with patients on multiple wards, we discovered that the students placed with that team seldom, if ever, encounter each other outside of the tutorial. This limited the students' opportunities to learn "from, with and about" each other, requiring the facilitators to change the tutorial activities to create more opportunities for IPE learning.
- The structure of individual student placements impacts the IPE placement
  - In one placement the RN student officially started her clinical placement at the same time as the IPE placement. However, this nurse's first scheduled shift in the clinical setting did not take place until 2 weeks into the placement. Consequently, this student did not know the patients that were being discussed. Furthermore, some student placements are full-time while others are part-time. Therefore, it is important to gather specific information about the placement schedules at the outset of the planning process.
  - Some staff work with multiple teams and therefore have limited schedules with each of these teams. Students assigned to these staff had very different patient experiences that were difficult to address in the tutorial discussions because the other students did not share these multiple-team perspectives.
- Use of a shadowing task sheet
  - Students regularly confirmed that shadowing other professionals was a valuable experience. The interprofessional learning was enhanced through the use of a shadowing task sheet which focused their attention on specific aspects of the experience. Follow-up discussions at tutorials were more productive as students were better able to compare and contrast their learning and insights from the shadowing. The shadowing task sheet was adapted from the University of East Anglia (with permission).

### Ongoing Challenges

- Aligning the student placement schedule and activities with the workings of the clinical team proved to be the biggest challenge. This is likely to continue to be the case. Good information and a good process for implementation are very important but these alone will not create a successful placement. Each team and student group will have unique characteristics which must be taken into account and accommodated.
- In our efforts to ensure an interprofessional mix of students in each group, students at different stages of their training were intermixed. Sometimes the student discussions were challenged not by the interprofessional differences but rather by the differences in the participants overall knowledge of their practice and their confidence in contributing to the work of the group. Creating effective groups of learners in addition to providing the interprofessional mix adds another challenge to the scheduling considerations the IPE Lead will be dealing with.

## 2. IPE PLACEMENT COMPONENTS

### a) Introductory Tutorials



- Section 2 (page 5) of the manual shows a sample timeline for the introductory and weekly tutorials.
- Section 3 (page 9-11) provides an outline of introductory tutorials.

#### Process



- Once the timeframe was identified the tutorials were scheduled according to student, preceptor, clinical and academic commitments.

#### Adaptation of Materials



The introductory tutorial materials found in the manual were adapted to involve only one introductory tutorial instead of two. The following agenda is an example of a PLP introductory tutorial:

Time	Topic
5-10 minutes	Introductions to group members
15 minutes	Icebreakers (professional and personal)
15 minutes	Intro to the clinical team and the patient population, Hospital culture
30 minutes	IPE – Background, program goals, presentation, and role of the facilitators
45 minutes	Group norms, group processes, development of group learning objective's
15 minutes	Planning for first patient themed tutorial and presentation

#### Lessons Learned



- With a short series of tutorials (usually 4), it was determined that only one session would be dedicated to introducing IPE material and the balance would be spent using these concepts to examine practice. Opinions of the co-facilitators were mixed as to whether one session provided sufficient time, but both facilitators and students indicated the time to discuss shared practice was shorter (2 or 3 sessions) than the ideal. Therefore, within a 4-session series, a single introductory session seemed to be the best option.
- IPE facilitators should anticipate that students may have varying levels of experience in their practice setting, familiarity with the particular hospital setting, and confidence in dealing with other professionals, and be prepared to facilitate in a way that helps the group overcome these differences. It would be ideal if, at a minimum, students would be introduced to IPE placements, only after having participated in a hospital orientation and gaining some experience with their discipline specific placement expectations.
- Discussions concerning team roles were very important and needed to be explicit. Furthermore these subjects needed to be explored in multiple and varying contexts, such as points of patient transition, post-discharge, pre-admission, etc. The PLP experience suggests that the co-facilitators need to actively include the IPE components in the discussion as the students may not always see the importance or the benefits of collaboration.

#### Ongoing Challenges

- Integrating IPE learning activities into traditional placements is a balancing act. Preceptors are concerned about the time spent on activities that are not discipline-specific, so scheduling students into IPE activities takes some sensitivity to the discipline learning priorities. Students and co-facilitators have expressed the desire to have more time on the material covered in the introductory tutorial (discussing IPE concepts, language, research and literature, and how these might apply to the current placement situation). This is a large subject in itself but it is also beneficial to have an extra 30 minutes to engage the students in developing group learning objectives.

## b) Weekly Patient-themed Tutorials



- Section 3 (page 14) of the manual describes using patient-themed tutorials.

### Process



- The preceptors, clinical coordinators and the team are all instrumental in helping determine an appropriate schedule for the IPE placement. Planners should be cognizant of the various stakeholder roles and responsibilities and attempt to ensure that the final schedule and approach balances the interests of all parties.
- The co-facilitators have a primary role in guiding the students to develop and attain objectives within the placement, including identifying content experts who can contribute to the group learning during the tutorial sessions.

### Adaptation of Materials

- Materials tend to be specific to each placement group and may be original or pre-existing.

### Lessons Learned

- It proved important for the co-facilitators to have an understanding of how the team usually works and to provide explicit instructions about how students can gather the needed patient information in preparation for the next patient-themed tutorial. Simple handouts with notes or recording charts may be of assistance.
  - In one PLP situation, one of the facilitators sought advice from the profession specific preceptors in identifying selected patients that all students could review and/or engage with in preparation for the weekly tutorials. Students were then given advance notice that they should ensure they included this patient contact in their time on the unit.
- Providing specific tips and instructions to content experts invited to present during the tutorials, helped these guests prepare to present to an interprofessional audience.
  - When one content expert failed to address the issues from an interprofessional perspective the student group was confused about how that information related to their own learning.
- Different learning and communication styles become evident in small group activities and discussion. It is part of the facilitator's role to anticipate these differences and create a climate where they are welcomed and incorporated into the learning process. Having facilitators work in teams (as co-facilitators vs. a junior and senior role) models how different styles can contribute to learning.
- At the onset of the IPE placement, it proved useful to arrange a tour of the placement unit and be introduced to the team members to strengthen the student's sense of being welcome to interact with all members of the team.

### Ongoing Challenges

- The concepts associated with IPE, and the distinctions between IPC and multi-disciplinary practice, were often obscure to many of the stakeholders and members of the host team. Communications need to be carefully crafted to respect the team's existing knowledge and practices while still being explicit about the learning goals associated with an IPE placement.
- Time management on the part of the students remains an ongoing challenge as placements already challenged students with clinical learning expectations before the addition of IPE into the same time period. Those leading and guiding the IPE placements need to be mindful and supportive of the students as they strive to build time management skills to satisfy these multiple expectations. As preceptors become more knowledgeable and engaged in IPE learning, they may prove to be invaluable in helping incorporate IPE components into all of their placements.

## c) Student Presentation

### Process



- Refer to Section 2 (page 19) in the manual for student presentations guidelines.
- The IPE Lead and /or the facilitators share the responsibility to ensure that the functions related to the student presentation (at the end of the placement period), such as scheduling, sending out invitations and preparing presentation evaluations are all completed in a timely way. Each site may negotiate who will complete the specific tasks.
- Consider scheduling a limited number of additional sessions where the students meet (without the facilitators) to plan and work on their presentation.

### Adaptation of Materials



The student handout distributed at the start of the placement included details about the presentation (see Resources *IPE Plcmt Handout – Student*)

### Lessons Learned



- Setting aside some time in each of the weekly tutorials to discuss the final presentation was helpful in keeping the students keep this activity in mind and to consider how the ongoing learning would be reflected in the final presentation. It also helped manage the time students required away from their clinical placement activities in order to prepare for the presentation.
- The facilitators needed to continuously help students make the connections between clinical learning and IPE learning explicit, including being able to describe these connections in the final project presentation to the team members.
- Some disciplines require students to complete academic presentations over the course of their study. In some instances the IPE presentation may qualify towards this. If students are interested in this, some advance planning will be required and communication with the student's faculty. Suggesting this option at the outset will avoid disappointment simply because of lack of planning or communication about this option.
  - In one instance a student arranged for her faculty to attend the presentation in order to secure the credit. Other options may include video-taping or handing in a presentation package. However this may not be an eligible option for all disciplines. IPE leads may wish to investigate this option prior to the placement.
- Since the IPE students don't necessarily come together outside of the IPE placement schedule, scheduling a couple of meeting times for students to gather and concentrate on preparing for their final presentation was very helpful according to the students. At the same time this approach protected the regular tutorial session time for the intended IPE learning activities.

### Ongoing Challenges

- It would strengthen the credibility of the IPE placement program if the final presentation could be credited to the students in their academic program, where such activities are already a requirement. However the current discipline specifics vary so widely that this will continue to be an ongoing challenge for some time yet. It will be important to not let the purpose of the final presentation be diverted from the primary learning goals associated with the IPE program in order to comply with academic-crediting criteria for selected students or programs.
- The PLP model of a 4-week placement created a very compressed time frame in which students had to cover the IPE learning material, develop relationships as a learning group, in addition to preparing for and delivering their final IPE presentation. Often, with the student tutorials and presentation planning meetings as their only shared time, the students expressed a wish for a longer time period to allow their relationships to grow in order for them to better learn "from, with and about" each other.

### 3. Monitoring Strategies

#### a) Facilitator Meetings

##### Process

- Meetings between the IPE leader and the co-facilitators were scheduled pre-, mid- and post- the IPE placement in order to assess the students' progress and need for intervention. The focus of the pre- and mid-placement meetings was a review of the placement's organization, the content and design of the tutorials, and the students' engagement in the placement. The meetings also served to keep the IPE leader up to date with respect to the specific details of the placement, and allowed the co-facilitators to strategize for the placement.
- The post-placement meeting allowed the co-facilitators to reflect on the process and provide insight into how the placement could be enhanced and or adapted for different teams.

##### Adaptation of Materials



Agenda's for each meeting were either used or adapted from Toronto Rehab.  
(see Resources *Sample IPE Facilitator Prep Mtg Agenda*)

##### Lessons Learned



- Formal meeting times are useful to ensure that there is sufficient time for discussion. With busy schedules the co-facilitators felt that without having set time aside that the de-brief meeting may not have occurred.
- While there were agendas in place, an open discussion generally elicits feedback and is an effective strategy to review progress.

## 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.

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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.