

Canadian Working Group on HIV and Rehabilitation (CWGHR)

Interprofessional Learning

Online Module Series

Facilitator Guide

Supporting interprofessional learning focused on HIV and other areas related to episodic disability and chronic and complex disease management



Canadian Working Group on HIV and Rehabilitation

Groupe de travail canadien sur le VIH et la réinsertion sociale

CWGHR Facilitator Guide

Acknowledgements

This guide has been developed in collaboration with the College of Health Disciplines at the University of British Columbia, the University of Manitoba, the University of Toronto, and Dalhousie University.

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Sections of the facilitator guide have been modified with permission from:

Curran V, Ungar T, and Pauzé E.
Strengthening Collaboration through Interprofessional Education:
A Resource for Collaborative Mental Health Care Educators.
Mississauga, ON: Canadian Collaborative
Mental Health Initiative; February 2006.
Available at: www.ccmhi.ca

The Canadian Working Group on HIV and Rehabilitation (CWGHR), www.hivandrehab.ca, is a national charitable organization working to improve the quality of life of people living with HIV/AIDS through rehabilitation research, education, policy and cross-sector partnerships.

Referencing

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Canadian Working Group on HIV and Rehabilitation's (CWGHR) Online Module Facilitators' Guide, 2013, authored by CWGHR, College of Health Disciplines: University of British Columbia, University of Manitoba, University of Toronto and Dalhousie University. Edited by Victoria Wood, UBC. www.hivandrehab.ca.



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Welcome to the CWGHR Modules – Rehabilitation in the Context of HIV

Rehabilitation in the Context of HIV is a series of online modules brought to you by the Canadian Working Group on HIV and Rehabilitation (CWGHR) and was developed in partnership with the Canadian Physiotherapy Association (CPA), the Canadian Association of Occupational Therapists (CAOT), and the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA).

These modules are an interprofessional learning tool for pre-practice and experienced professionals that will deepen understanding of the benefits of rehabilitation for those living with HIV and other episodic disabilities.¹ The module content represents the leading edge of practice. The modules are designed to support the development of leaders in HIV care and collaborative practice.

The self-directed, online modules explain the episodic nature of many disabilities that students may encounter with patients/clients in future practice. The goal of the modules is to improve the care of people living with HIV and related complex chronic illnesses by enhancing the interprofessional education and training of key stakeholders.²



Users can access two or more of the CWGHR modules.

Visit cwghrcampus.hivandrehab.ca for more details.

¹ Episodic disabilities are lifelong conditions that are characterized by periods of good health interrupted by periods of illness or disability. These periods may vary in severity, length and predictability from one person to another. Unlike permanent disabilities, episodic disabilities are periodic — the episodes of illness come and go.

² Key stakeholders are not limited to individuals holding professional designations, and may include: a broad range of primary health and HIV care providers; patients/client, families and caregivers; community agencies; pre-licensure students; policy makers; and administrators. Collaboration in the context of collaborative HIV care emphasizes the important role that patients/client, families and caregivers have as part of an effective collaborative team.

Background

According to a growing body of literature, human service professions are facing problems so complex that no single discipline can possibly respond to them effectively. A wide range of complex conditions require a comprehensive approach where health professionals from a number of disciplines collaborate to provide seamless care. As HIV increasingly becomes a complex, chronic and episodic condition for many people, it is increasingly important for front line programs and care providers to have access to current, reliable and evidence-based information on rehabilitation, disability, HIV, and other related illnesses. Interprofessional education helps to ensure that future health professionals develop competencies, in the form of knowledge, skills, attitudes, and judgments that will enable them to work collaboratively to meet the increasingly complex demands of today's health care environment. Education about complex and chronic diseases that involves health professionals at all levels and teaches a team approach is essential for improving management practices of these conditions.



The CWGHR Facilitator Guide has been developed by the Canadian Working Group on HIV and Rehabilitation in collaboration with the College of Health Disciplines at the University of British Columbia, the University of Manitoba, the University of Toronto, and Dalhousie University. This collaboration brings together the expertise of several Canadian universities who are fortunate enough to have people and units dedicated to the advancement of interprofessional education. By sharing our experiences and best practices, we have been able to develop this comprehensive facilitation guide, which did not previously exist, to support interprofessional education.

The Facilitator Guide

This guide provides useful tools and strategies specifically for delivering the CWGHR modules as part of an interactive, interprofessional learning experience. While the modules can be used as part of an individual learning experience or with uni-disciplinary groups, this guide focuses on using the modules with interprofessional groups. It also provides useful strategies for the delivery of interprofessional learning activities more broadly.

The CWGHR online modules are self-directed. Therefore, this guide includes tools and strategies for facilitating the interactivity that is necessary for effective interprofessional learning. The guide is designed to meet the needs of facilitators and learners in a broad range of learning environments, including online and face-to-face delivery.

The guide is divided into chapters so users can pick and choose the content most relevant to their needs. The content in this guide can be used to support interprofessional learning focused on a broad range of areas related to chronic and complex disease management in relation to and beyond HIV.

CWGHR Facilitator Guide

Chapter One – Module Overview

The first section of this guide provides a general overview of the CWGHR online modules. It outlines the learning objectives and content for each module and suggests some reflective questions that can facilitate learning in different contexts.

Chapter Two – Interprofessional Learning

This chapter provides an overview of what we mean by *interprofessional education* and why it is important. It highlights the *National Interprofessional Competency Framework* as an anchor for the learning. This chapter also provides information about interprofessional collaborative practice, why it is important for HIV illnesses prevention, care and treatment.

Chapter Three – Module Implementation

This section provides suggestions for how the CWGHR modules can be implemented with different learners in different contexts. It provides examples of how the modules have been used at a number of universities across Canada.

Chapter Four – General Facilitation

The online modules can be used to support face-to-face learning. Facilitators may want to place learners in interprofessional groups as part of the face-to-face component. This chapter is designed for those who have limited experience facilitating large or small group discussions or those who would like to review good practices in facilitation. Facilitators are not content experts; therefore, those delivering these modules do not need to be experts in the field of HIV care. However, they do need to be able to facilitate discussions effectively.

Chapter Five – Online Facilitation

The online modules can support learning as part of a broader online learning experience. This chapter supports those who plan to incorporate interactive learning into the online component of the module. It addresses some of the unique challenges and considerations for facilitating online discussions.

Chapter Six – Facilitating Interprofessional Groups

The CWGHR modules use content about HIV as a vector for interprofessional learning. Interprofessional learning focuses on the process of collaboration. There are some unique challenges to facilitating interprofessional groups of learners. This chapter provides some tools and strategies for facilitating the process of interprofessional learning.

References and Resources

Refer to this section for additional references and resources that will support you in delivering the modules.

Appendix I – Reflective Questions

A comprehensive list of the reflective questions included in this guide has been compiled as an appendix. Pick and choose from these questions for any interprofessional learning opportunity as a means to promote reflection on the collaborative process.

Appendix II – Self-Assessment of Learning: Global Rating Scale

The Global Rating Scale (GRS) is a self-assessment that you might want to use with participants for any number of interprofessional learning activities.

Glossary of Terms

Interprofessional Education – When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes (WHO, 2010).

Interprofessional Collaboration - Working together with one or more members of the health team who each make a unique contribution to achieving a common goal, enhancing the benefit for patients. It is a process for communication and decision making that enables the separate and shared knowledge and skills of different care providers to synergistically influence the care provided through changed attitudes and behaviors, all the while emphasizing patient-centered goals and values (Health Canada).

Multiprofessional - Multiple health care providers caring for the same patient/client who coordinate their efforts. It lacks the integration and collaborative decision-making of interprofessional collaboration.

HIV - Human Immunodeficiency Virus

Rehabilitation - can be a process, program or service that: addresses challenges with physical, psychological, emotional, social and/or economic functioning or health; prevents problems from getting more serious; and supports people to be as independent as possible with the support they need to participate as fully as possible in society.

Episodic Disability - Lifelong conditions that are characterized by periods of good health interrupted by periods of illness or disability. These periods may vary in severity, length and predictability from one person to another. Unlike permanent disabilities, episodic disabilities are periodic — the episodes of illness come and go.

Asynchronous Discussions – Interactions take place outside the constraints of time and place. Participants read and send messages at various times, over an extended period of time.

Synchronous Discussions – Requires all participants to be present at the same time.

Blended Learning – Learning experiences that combine online technology and face-to-face components.

Facilitation - The process of helping groups, or individuals to learn, find solutions, or reach consensus without imposing or dictating an outcome.

CHAPTER ONE – Module Overview

This chapter provides a general overview of the CWGHR online modules. It outlines the learning objectives and content for each module and suggests some reflective questions to choose from that can facilitate learning in different contexts.

Module 1 - Introduction to HIV and Rehabilitation

Learning Objectives

By the end of this module, learners will be able to:

- Understand the structure and replication cycle of HIV as a basis for addressing challenges in care and management
- Describe and discuss the global impact of HIV, considering the influence of historical events and current trends that fuel the spread of the epidemic
- Identify specific and vulnerable populations to HIV within Canada in order to apply concepts related to prevention of transmission of the virus
- Interpret surrogate markers of HIV and relate these to severity and stages of HIV infection
- Consider the multi-systemic nature of HIV and recognize related illnesses commonly affecting people with HIV
- Begin to make the links between HIV, disability and rehabilitation



Online Module Content

- | | |
|--|--|
| ✓ HIV in brief | ✓ Natural course of HIV |
| ✓ The immune system | ✓ What is AIDS? |
| ✓ HIV components | ✓ CDC Classification System for HIV Infection |
| ✓ A global perspective on HIV | ✓ AIDS – Defining illness |
| ✓ People with disabilities as a vulnerable group | ✓ Systemic impacts of HIV |
| ✓ HIV in Canada | ✓ The association between CD4 Cell count and diseases in HIV infection |
| ✓ Specific populations within Canada | ✓ What about rehabilitation? |
| ✓ HIV transmission | |
| ✓ Surrogate markers | |

Reflective Questions

Interprofessional Process Questions

- ☐ What values would an individual/teams need to advance to work with this population?
- ☐ What professions would be valuable to have on a team working with this population given the systemic impact of HIV?
- ☐ Describe the roles, responsibilities and scopes of practice of these professions.
- ☐ What are the top three things that you have learned from this module?

**See Chapter Six for reflective questions based on the National Interprofessional Competencies*

Module 2 - HIV Medications and Side Effects

Learning Objectives

By the end of this module, learners will be able to:

- Describe the replication cycle of HIV as a foundation for understanding HIV drug interventions
- Refer to resources related to specific HIV medications, interactions and drug availability in Canada
- Apply knowledge of medication classes used in combination therapies and educate others relating to the need for adherence to all aspects of drug therapies
- Identify areas where treatment research is underway to combat HIV infection, replication and transmission
- Recognize and describe possible side effects that may be experienced by people living with HIV as a result of HIV medications



Online Module Content

- | | |
|---|---|
| ✓ Natural course of HIV | ✓ HIV medications |
| ✓ CDC mortality rates | ✓ Antiviral agents |
| ✓ Antiretroviral medication | ✓ cART for treatment-naïve patients |
| ✓ Goals of HIV therapy | ✓ Virological success and adherence |
| ✓ Indications for initiating cART for chronic HIV | ✓ Factors to consider with HIV drug therapy |
| ✓ Risks and benefits of therapy | ✓ Indications of treatment failure |
| ✓ HIV medications in the lifecycle | ✓ Factors contributing to failure |
| ✓ Classes of drugs | ✓ Drug resistance |
| ✓ Antiretroviral activity: 1987-1997 | ✓ HIV drug side effects |
| ✓ Experimental/new classes of drugs | ✓ Activity - Jelly Bean Challenge Activity |

Reflective Questions

Content Questions	Interprofessional Process Questions
☐ How is medication for those with HIV important for your professional role?	☐ How would you communicate and collaborate to enable optimization of patient/client health outcomes? <i>*See Chapter Six for reflective questions based on the National Interprofessional Competencies</i>

Module 3 - HIV in Context

Learning Objectives

By the end of this module, learners will be able to:

- Conceptualize HIV using the framework of the International Classification of Functioning (ICF) (Hwang & Nochajski, 2003)
- Describe the prevalence of disability among people living with HIV
- Begin to apply the ICF as a clinical tool for needs identification and treatment planning
- Recognize and describe the social determinants of health that are important to influencing the experience of living with HIV

Online Module Content

- ✓ HIV in brief
- ✓ What about rehabilitation?
- ✓ The ICF
- ✓ Case study - encourages participants to apply the ICF.
- ✓ Prevalence of disability among persons living with HIV
- ✓ Future directions for research

Reflective Questions

Interprofessional Process Questions
☐ How can the International Classification of Function be used to enhance interprofessional communication and collaboration? ☐ Discuss how the social determinants of health can be utilized by the interprofessional HIV team. <i>*See Chapter Six for reflective questions based on the National Interprofessional Competencies</i>

Module 4 - HIV in Context

Learning Objectives

This portion of the course is based on the foundations of three key research studies:

- Looking beyond silos
- Experiencing the episodic nature of HIV
- The episodic disability framework

By the end of this module, learners will be able to:

- Understand HIV as an episodic disability
- Identify issues shared among people with a range of episodic illnesses
- Describe the unpredictable nature of living with HIV as an episodic illness
- Contextualize the lived experience of HIV through the Episodic Disability Framework

Online Module Content

- ✓ Introducing episodic disability
- ✓ Why we need to think of HIV as an episodic disability
- ✓ HIV and the health care environment
- ✓ The episodic disability movement
- ✓ Cross disability project (Phase II)
- ✓ Episodic Disability Framework

Reflective Questions

Interprofessional Process Questions

- ☐ How might the Episodic Disability Framework assist the interprofessional team and patient/client?
- ☐ How would the team collaborate to enhance a patient's/client's coping mechanisms related to an episodic illness?

**See Chapter Six for reflective questions based on the National Interprofessional Competencies*

Module 5 - Living with HIV

Learning Objectives

By the end of this module, learners will be able to:

- Appreciate the consequences of living with HIV illness and treatment
- Understand the challenges related to HIV as an episodic illness
- Contextualize experiences of HIV related impairments, activity limitations and participation restrictions

Online Module Content

This module allows learners to ask questions of people living with HIV and how HIV has affected them. The module includes two virtual patient cases. It is self-guided and depends on learner's interests. Learners can ask questions that interest them or all the questions provided by clicking on the questions provided. When doing so, they will be provided with text or video providing the answer. How long this module takes depends on the learner.

Reflective Questions

Interprofessional Process Questions

- ☐ What surprised you or what was new in terms of the experiences of living with HIV?
- ☐ How can what you have learned be integrated into the collaborative efforts and process of decision-making of the team?

**See Chapter Six for reflective questions based on the National Interprofessional Competencies*

Module 6 - Rehabilitation Roles and Interventions

Learning Objectives

By the end of this module, learners will be able to:

- Provide a broad definition of rehabilitation in the context of HIV
- Describe the rehabilitation response to HIV care in Canada
- Explore possible clinical roles for rehabilitation professionals
- Identify opportunities for rehabilitation in building capacity for care of people with HIV
- Consider the opportunities for collaborative practice
- Recognize potential rehabilitation interventions and strategies in the treatment of HIV
- Understand the role for partnership building and advocacy in HIV care, treatment and support



Online Module Content

- | | |
|--|--|
| ✓ Rehabilitation is... | ✓ Learning from the Canadian providers' survey |
| ✓ A brief review | ✓ "Strength in numbers" |
| ✓ The rehabilitation response | ✓ Shared challenges and successes |
| ✓ Rehabilitation professionals' perspectives | ✓ Interprofessional collaborative practice |
| ✓ HIV specialists' perspective | ✓ Early research in rehabilitation roles |
| ✓ Asking questions, getting results | ✓ Rehabilitation roles and interventions |
| ✓ Canadian provider survey results – how do you compare: Take the survey | ✓ Other intervention considerations |

Reflective Questions

Interprofessional Process Questions

- ☐ What would your profession contribute to the interprofessional team across the range of interventions?
- ☐ How might the interprofessional team collaborate to advocate for the needs of people with HIV?

**See Chapter Six for reflective questions based on the National Interprofessional Competencies*

Module 7 - Case Studies

This module is designed to allow learners to explore rehabilitation in the context of actual case presentations. Learners read through the cases and then have the opportunity to choose which questions they would like to ask the person in the case. Video clips and story-based text provide the answers. At the end of each case presentation, there is a quiz that learners can complete individually or as part of a team. This module is focused specifically on promoting interprofessional learning.



Case 1 – Sonia

- 28 year old female
- Newly diagnosed with HIV
- Decreased energy for 4 days
- Cough, fever, shortness of breath
- Family history of heart disease
- Unemployed
- Marijuana and occasional injection drug use, mainly heroine
- Assess, treat and plan for discharge

Case 1 – Reflective Questions

These questions can be completed by participants online or during an interprofessional face-to-face session.

Content Questions	Interprofessional Process Questions
☐ What other subjective history questions would you ask Sonia? ☐ What other physical assessment/outcome measures would you use? ☐ What are the impairments, activity limitations and participant restrictions that Sonia is experiencing? ☐ What would be potential rehabilitation goals and strategies for intervention? ☐ What else would you want to assess with Sonia? What might you expect to find? ☐ What things need to be considered regarding Sonia's new HIV diagnosis? ☐ What is your hypothesis for Sonia's condition? ○ Peripheral neuropathy due to anti-retrovirus therapy or secondary to HIV ○ Transient or permanent, stable or progressive.	☐ Which members of a multidisciplinary team need to be involved with Sonia's case and what would their roles be? ☐ How would they collaborate to achieve goals? ☐ Are there any other professionals that you would want involved in Sonia's case? ☐ Identify Sonia's acute rehabilitation issues from an interdisciplinary team perspective? ☐ What are the differences between multi-professional and interprofessional teams? ☐ What are the impairments, activity limitations and participation restrictions Sonia experiences? ☐ How would the interprofessional team collaborate to respond to the referral? ☐ How would you include Sonia as a member of the team?

Case 2- James

- HIV positive for 6 years
- Stable anti-retroviral medication regiment
- Long-term disability for 5 years
- Considering return to work
- Concerned about ability to do so
- Was a respiratory therapist in a community hospital
- Energy levels fluctuate
- Insurance company has contracted your team to assist James in his plan to return to work



Case 2 - Reflective Questions

These questions can be completed by participants online or during an interprofessional face-to-face session.

Content Questions	Interprofessional Process Questions
☐ What other subjective history questions would you ask? ☐ What other physical assessment/outcome measures would you use? ☐ What are the impairments, activity limitations and participant restrictions that James is experiencing? ☐ What would be potential rehabilitation goals and strategies for intervention? ☐ What things need to be considered regarding James' longstanding HIV diagnosis? ☐ What is your hypothesis for James' condition? ○ Peripheral neuropathy due to anti-retrovirus therapy or secondary to HIV ○ Transient or permanent, stable or progressive.	☐ What are the possible rehabilitation roles in this scenario? ☐ Are there any other professionals that you would want involved in James' case? ☐ How would they collaborate to achieve goals? ☐ Identify James' acute rehabilitation issues from an interdisciplinary team perspective? ☐ What are the differences between multi-professional and interprofessional teams? ☐ How would team members collaborate to address James' return to work? ☐ How would you include James as a member of the team?

Case 3 – Louis

- 83 old male
- Retired musician
- Bi-polar diagnosis at age 55
- HIV infection approximately 2 years ago
- Not on any medication – you are the first HCP to visit him at home

Case 3 - Reflective Questions

These questions can be completed by participants online or during an interprofessional face-to-face session.

Content Questions	Interprofessional Process Questions
☐ What other subjective history questions would you ask? ☐ What other physical assessment/outcome measures would you use? ☐ What are the impairments, activity limitations and participant restrictions that Louis is experiencing? ☐ What would be potential rehabilitation goals and strategies for intervention? ☐ What else would you want to assess with Louis? What might you expect to find? ☐ What issues should be considered regarding the relatively new HIV diagnosis? ☐ What is your hypothesis for Louis' condition? ○ Peripheral neuropathy due to anti-retrovirus therapy or secondary to HIV ○ Transient or permanent, stable or progressive.	☐ Which members of a multidisciplinary team need to be involved with Louis' case and what would their roles be? ☐ How would they collaborate to achieve goals? ☐ Identify Louis' acute rehabilitation issues from an interdisciplinary team perspective? ☐ What are the differences between multi-professional and interprofessional teams? ☐ What might Louis' ideal interprofessional team look like and how would they collaborate? ☐ How would you include Louis as a member of the team?

Case 4 – Natasha

- 16 years old
- Cerebral palsy and HIV
- Commence planning for transition to adult health and social care services

Case 4 – Reflective Questions

These questions can be completed by participants online or during an interprofessional face-to-face session.

Content Questions	Interprofessional Process Questions
☐ What other subjective history questions would you ask? ☐ What other physical assessment/outcome measures would you use? ☐ What are the impairments, activity limitations and participant restrictions that Natasha is experiencing? ☐ What would be potential rehabilitation goals and strategies for intervention? ☐ How would you proceed with this assessment and rehabilitation care planning? ☐ What things need to be considered regarding Natasha's HIV diagnosis? ☐ What is your hypothesis for Natasha's condition? ○ Peripheral neuropathy due to anti-retrovirus therapy or secondary to HIV ○ Transient or permanent, stable or progressive.	☐ Which members of a multidisciplinary team need to be involved with Natasha's case and what would their roles be? ☐ How would they collaborate to achieve goals? ☐ Identify Natasha's acute rehabilitation issues from an interdisciplinary team perspective? ☐ What are the differences between multi-professional and interprofessional teams? ☐ The rehabilitation team members disagree about where Natasha should go and who would best serve her needs. How can you work together to resolve the disagreement? ☐ How would you include Natasha as a member of the team?

Module 8 – HIV and Aging

Learning Objectives

By the end of this module, learners will be able to:

- Introduce the concept of HIV and Aging, and describe the demographics of aging with HIV, the characteristics and risk factors as identified by the current research.
- Identify the nature and extent of common comorbidities (or concurrent health conditions) experienced by older adults living with HIV and the physical, mental, emotional and social health challenges experienced as health-related consequences of aging with HIV.
- Discuss the role of uncertainty among older adults living with HIV and common comorbidities.
- Discuss the psychosocial issues of aging with HIV.
- Highlight the role of rehabilitation in addressing health challenges experienced by older adults with HIV.

Online Module Content

This module is designed to allow learners to explore the challenges that may arise for an individual living with HIV as they age. The module expands on Case 3 – Louis- first introduced in Chapter 7.

- | | |
|---|---|
| ✓ What is HIV and Aging | ✓ Cognitive changes and mood |
| ✓ Who are older adults living with HIV? | ✓ Uncertainty |
| ✓ Aging with HIV: demographics | ✓ Louis' Uncertainty |
| ✓ The demographics continue to change | ✓ Uncertainty |
| ✓ Don't ask, don't tell... | ✓ Coping with loss |
| ✓ Risk factors for new infection in the aging population | ✓ Resilience and aging with HIV |
| ✓ The potential impact of HIV on aging | ✓ Psychosocial Impact of Aging |
| ✓ Telomeres | ✓ Housing |
| ✓ Aging with HIV | ✓ A therapeutic approach to HIV and other chronic illnesses |
| ✓ Comorbidities Increase with Age | ✓ What is Rehabilitation? |
| ✓ Comorbidities | ✓ Role of Rehabilitation |
| ✓ AIDS and Non-AIDS related deaths | ✓ Rehabilitation Recommendations |
| ✓ Comorbidities quiz | ✓ Smoking |
| ✓ Comorbidities and Concurrent Health Conditions | ✓ Substance Use |
| ✓ Comorbidities found in HIV and Aging | ✓ Clinical considerations |
| ✓ Cognitive health | ✓ What can PHAs Do |
| ✓ Concurrent cognitive disorders | ✓ Health Promotion |
| ✓ HIV-Associated Neurocognitive Disorder (HAND) | ✓ How Do We Respond as a Community? |
| ✓ Symptoms of HIV-Associated Neurocognitive Disorder (HAND) | ✓ Promoting health aging |
| | ✓ Case Study - Louise |

Louis - Reflective Questions

These questions can be completed by participants online or during an interprofessional face-to-face session. This case about Louis was first introduced in Chapter 7. As such, many of the questions are repeated. In this module, learners are now asked to reflect on the challenges that may arise for Louis as he ages.

Content Questions	Interprofessional Process Questions
☐ What surprised you or what was new in terms of the experiences of the older adult living with HIV? ☐ What other subjective history questions would you ask? ☐ What other neurocognitive screening and physical assessment/outcome measures would you use? ☐ What are some of the clinical considerations for Louis as an older adult living with HIV? ☐ What extrinsic contextual factors may affect the health and well-being of Louis? ☐ What would be potential rehabilitation goals and strategies for intervention? ☐ Which physical or cognitive rehabilitative interventions might you suggest? ☐ What issues should be considered regarding Louis' age and HIV status? ☐ What is your hypothesis for Louis' condition?	☐ Which new members of a multidisciplinary team need to be involved with Louis' case now and what would their roles be? ☐ How would they collaborate to achieve goals? ☐ How can the extrinsic contextual factors be addressed collaboratively across health sectors? ☐ How would you include Louis as a member of the team? ☐ How can you determine what information would be most helpful to the patient/client/family?" ☐ How can what you have learned be integrated into the collaborative efforts and decision-making processes of the health care team? ☐ What are some considerations for sharing information across professions?

CHAPTER TWO – Interprofessional Learning

This chapter is designed to provide an understanding of the rationale for interprofessional education and collaboration in the context of HIV care. The CWGHR modules use content about HIV as a vector for interprofessional learning. This section is relevant for anyone delivering interprofessional learning focused on a broad range of areas related to chronic and complex disease management beyond HIV.

Why interprofessional collaboration?

Governments and policy makers around the world are recognizing that a strong, flexible and collaborative health workforce is one of the best ways to confront the highly complex health challenges facing communities around the world (WHO, 2010). According to Health Canada, all jurisdictions in Canada are currently experiencing shortages of health care providers, wait times for many services, and escalating costs (Health Council of Canada, 2005). Faced with a potential health human resources crisis, it is time to rethink how we plan for and deliver health care services. It is time to design health service delivery models that encourage health care providers to work collaboratively and to their full scope of practice.

Health Canada states that Canada's ability to provide access to "high quality, effective, patient-centered and safe" health services depends on the right mix of health care providers with the right skills in the right place at the right time (Health Council of Canada, 2005). Interprofessional collaboration supports the need to improve patient safety, reduces wait times for medically necessary procedures, provides home care programs, and increases disease prevention initiatives.



According to the literature, a collaborative approach to healthcare (Oandasan et al., 2006; WHO, 2010; Zwarenstein & Bryant, 2000):

- Maximizes the strengths and skills of health workers, enabling them to function at the highest capacity;
- Enhances the efficiency of teams through reduced service duplication, more frequent and appropriate referral patterns, greater continuity and coordination of care and collaborative decision-making with patients;
- Assists in recruitment and retention of health workers;
- Improves workplace practices and productivity;
- Improves patient outcomes;
- Improves patient safety;
- Provides better access care; and
- Increases patient satisfaction.

What is collaborative HIV care?

Collaborative HIV care describes a range of models of practice in which patients/clients and their families and caregivers, together with health care providers from both HIV care and primary health care settings - each with different experience, training, knowledge and expertise - work together to promote HIV prevention and provide more coordinated and effective services for individuals with HIV.

Similar to engaging in collaborative HIV care activities, opportunities to include patients/clients, families and caregivers, and other individuals who do not necessarily hold professional designations, should be explored and encouraged when designing, implementing and evaluating interprofessional learning.

Interprofessional education in the context of collaborative HIV care

Collaborative HIV care is one approach to improving the delivery of HIV services. Interprofessional education is a key method of ensuring that various collaborators improve team functioning, for the benefit of the patient/client. Interprofessional education develops knowledge and understanding of other professions and promotes the respect needed for effective collaboration. Collaborative teams are dedicated to expanding on the benefits of interprofessional approaches to care for all stakeholders, and provide a description of the roles of patients/clients, families and caregivers, and various team members.

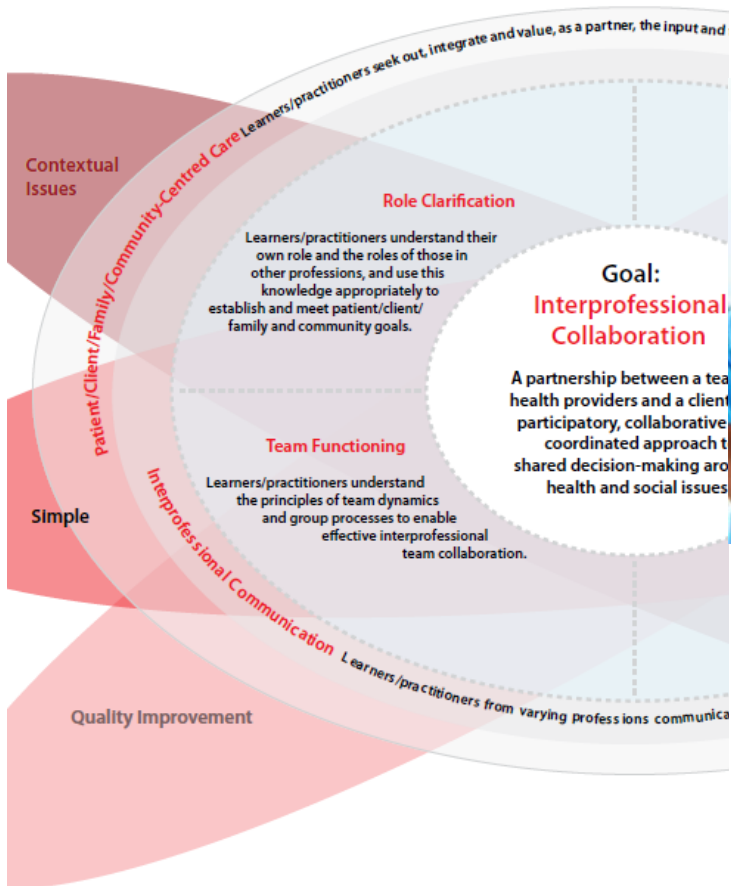
The World Health Organization (2010) defines interprofessional education as occasions when “students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (p.13). Interprofessional education may be introduced at two main levels, either pre-licensure or post-licensure. *Pre-licensure* education occurs while a student/learner is in his/her formal years of learning, before receiving a license/certification to practice independently. *Post-licensure* education denotes education that occurs once a health professional is practicing independently. In the context of collaborative HIV care, interprofessional education activities may also occur formally or informally. Informal activities often occur at the practice level, where the exchange of knowledge between providers and future providers (learners) happens on a regular basis. The CWGHR modules offer a formal means of delivering interprofessional education focused on HIV and other related illnesses.

Competencies for interprofessional education

Interprofessional education is not an end in itself, but a means of preparing different types of health care personnel, and patients/client, families and caregivers, to work together. Interaction is an important element of interprofessional education—interaction between learners and educators from different health care professions. The learner’s readiness for interprofessional collaborative practice is influenced by the development of certain competencies. *The National Interprofessional Competency Framework** identifies the competencies necessary for effective interprofessional collaboration (www.cihc.ca):

1. Interprofessional Communication
2. Patient/Client/Family/Community-Centred Care
3. Role Clarification
4. Team Functioning
5. Collaborative Leadership
6. Conflict Resolution

**See Chapter Six in this guide for reflective questions related to these competency domains*



What collaboration looks like

An interprofessional health care team is a group of health professionals from different professions who engage in planned, interdependent collaboration. Within the context of collaborative HIV care, the range of professionals might include: physical therapists, speech-language pathologists, dietitians, family physicians, HIV nurses, occupational therapists, registered nurses, social workers, pharmacists, and psychologists. Patients/client, families and caregivers are also considered integral members of the collaborative team and should be involved in the planning, development, implementation and evaluation of interprofessional education programs and collaborative HIV care activities.

Interprofessional approaches to consumer care are believed to have the potential for improving professional relationships, increasing efficiency and coordination, and ultimately enhancing patient/client and health outcomes. The care provided to patients/client by an interprofessional team is enhanced by the integration of ideas and varying expertise about patient/client needs and intervention strategies that would not be possible without the collective insight of the team.

An interprofessional team developing care plans for patients/clients must be able to approach care holistically, consider the needs of the patient/client, and identify and integrate important pieces of

information. The ability of each discipline to contribute to the care plan will depend on each team member's understanding of the patient/client's needs, problems and goals. The team may agree that "optimal health" is the goal for the patient/client. However, the means for achieving or arriving at the goal may differ between professions. These differences are in part a result of each discipline's background training, expertise and approaches to

problem solving and patient/client care. These differences are a significant element of interprofessional collaboration, as unique perspectives enable team members to view and approach problems in new ways. The various viewpoints and expertise must be embraced and respected by the team, and integrated as part of the interprofessional approach to patient/client care.

Effective interprofessional health care teams may be characterized by the following:

Members provide care to a common group of patients/clients;

Members develop common goals for patient/client outcomes and work toward those goals;

Appropriate roles and functions are assigned to each member, and each member understands the roles of the other members;

The team possesses a mechanism for sharing information; and,

The team possesses a mechanism to oversee the carrying out of plans and to make adjustments based on the results of those outcomes.

Key principles of effective interprofessional collaboration include the following:

- The focus of team members is on needs of the patient/client rather than on individual contributions of team members;
- Team members depend on others and contribute

their own ideas toward solving a common problem;

- Team members respect, understand roles, and recognize contributions of other team members;
- Teams work both within and between organizations; and
- Individuals have realistic expectations of other team members, which can help avoid role ambiguity, role conflict, and role overload



CHAPTER THREE – Implementation

A number of universities across Canada have implemented the CWGHR modules in a variety of innovative ways. The modules can be used as a self-directed learning activity that provides valuable content related HIV prevention and care. This chapter suggests ways in which the modules can be used to support online or face-to-face interactive learning.

Individual Learning

The modules are designed in a way that learners can complete them independently online. Module seven leads learners through the cases and provides questions that help them think about what other professions would be involved in each situation.

Uni-Disciplinary Groups

You may want to have your learners discuss the cases from module seven during a problem-based learning (PBL) session. This can be done with uni- or inter-professional groups of learners. Get learners to review the online modules independently prior to attending the PBL sessions. Ideally, there are 2 sessions to address learning issues in PBL: session 1 (50 minutes) focuses on identifying client issues and student learning needs; and session 2 (50 minutes) focuses on identifying treatment strategies and developing a treatment plan for the case. Give students one week between session 1 and 2 to address the learning issues they identify during the first session - the online modules can support learners in this. The PBL sessions should be designed in a way that students naturally explore new content on HIV and related illnesses and practice using the International Classification of Function and Disability model.

Interprofessional Learning

Depending on your comfort level with the principles, concepts, activities and case studies provided, you may wish to read the material in *Chapter Two* of this

guide on interprofessional education and collaborative HIV care to enhance your knowledge of these two areas.

Prior to implementing the modules with an interprofessional group, it is important to consider the level of your learners. Participants may be at different stages of readiness to engage in collaborative efforts. The goals and needs identified by groups or individuals who are just learning to collaborate may vary from those who have been involved in collaborative education, and/or who have been collaborating for a longer period of time.

In addition, opportunities to include patients/clients, families and caregivers, and other individuals who do not necessarily hold professional designations (e.g., representatives from community agencies, peer support workers, community HIV workers, etc.), should be explored and encouraged when designing, implementing and evaluating interprofessional



learning opportunities.

Planning for Interprofessional Education

Organizing interprofessional education can be a difficult task to achieve due to numerous administrative or logistical obstacles. In particular, the organization of pre-licensure courses across health professional programs involves overcoming “internal inhibitors” such as inequalities in the number of students, geographical isolation from one another, and differences in curricula, including timetable conflicts. Nonetheless, the way in which interprofessional education planning and organization is approached is an important determinant of its success.

An important first step in planning a program is to identify key partners of the initiative and involve them in planning and implementation from the very

beginning. Both learners and patients/clients need to be seen as the focus of interprofessional education for collaborative patient-centred practice.

The primary goal of interprofessional education should be to enhance the knowledge, skills/abilities and attitudes of learners to become collaborative partners who work together in an effective collaborative fashion – ultimately, for the benefit of the patient/client. Interprofessional education planners should not confuse teaching clinical content with the primary goals of collaborative practice. In essence, health professional students may be brought together to study about collaborative HIV practice. However, unless they are learning “how to work together” in the management of HIV issues, they will be learning in parallel—which is “multi-professional” and not “interprofessional” learning.

Implementation Strategies

The following table provides some ideas about how to use the CWGHR modules as part of an interprofessional learning experience. It highlights some key aspects of the learning experience that you might want to consider and how various institutions have addressed each aspect.

Considerations	University of British Columbia	Dalhousie University	University of Toronto
Student Recruitment	Extra-curricular activity. Students receive points that count towards their program’s IPE requirements, which they keep track of using an online Passport system Restricted number of students per discipline to ensure a good disciplinary mix: • Dental Hygiene • Dietetics • Medicine • Nursing • Occupational Therapy • Physical Therapy	Students enrolled in 3 specific courses required to complete the modules. Total of approximately 150 students: • Audiology and Speech Language Pathology • Occupational Therapy • Physical Therapy	Elective program integrated into curriculum. Each health professional program has a specific quota of electives to obtain. Restricted number of students per discipline to ensure a good disciplinary mix. Students register online. Important to ensure learning objectives clearly articulated in the online description.

Considerations	University of British Columbia	Dalhousie University	University of Toronto
Timing All institutions have found it important to space out sessions and plan around major student distractions – reading week, start of year, exams.	Mid-late Fall - before Spring reading break and mid-terms.	January to April - not synchronous during on-line learning. Face-to-Face IPE teams meet, typically in April, to complete the assignment.	Mid-late Fall to avoid start of school year. Early-mid Winter to avoid exams and major core IPE sessions in March.
Facilitation	One facilitator for every 8 students. Both online and face-to-face components facilitated. Some facilitators have experience with IPE facilitation, others with general facilitation only.	Students are very self-directed and are expected to complete the modules and online discussions on their own. Minimal facilitation with online discussions. Face-to-face session has 3-5 facilitators rotating around to the teams to answer questions. Facilitators have general facilitation skills.	40-60 students. 2-4 online facilitators. 4-8 face-to-face facilitators. Facilitators have previous experience with facilitation but initially needed training – both online and IPE. Most facilitators were also content experts in HIV.
Online Learning	Learning platform: Moodle Learners complete the online modules individually. Then, as a group engage in asynchronous discussions using an online discussion forum. Online discussions are facilitated	Learning Platform: BBLearn Learners complete the online module as a group and then engage in asynchronous discussions using an online discussion forum. Students may independently connect in different ways. There is minimal online facilitation	Learning Platform: Blackboard Online modules are completed as an individual except the last cases, which is face-to-face. Learners engage in a facilitated, asynchronous discussion forum. Discussion questions and planned discussions help interactivity.
Face-to-face	Set ground rules to create a safe space. Use icebreakers. PBL allows each profession to contribute their perspective.	Set ground rules and expectations. Students use the National Interprofessional Competency Framework and apply each competency during their	Facilitators set ground rules or facilitate discussion of ground rules if time allows. Introductions and icebreakers help set the learning climate. Role

		face-to-face sessions. Groups have an assignment to complete during face-to-face sessions.	discussion is more helpful earlier to sets the stage for HIV discussion
Considerations	University of British Columbia	Dalhousie University	University of Toronto
<i>Use of cases</i>	Groups engage around the Module 3-ICF and 2 cases from Module 7.	Use the cases provided in the modules for the face-to-face learning experience.	Use cases in online asynchronous discussion and then face-to-face*. *The face-to-face case discussions were added. Face-to-face was a good addition to the cases. Focus on diagnosis not as useful as the process of coming up with problem lists, goals, treatments.
<i>Reflection</i>		Students are asked to reflect on the IP competencies/ ground rules. They also reflect on the learning that occurred about the other HIV rehab healthcare providers	Done at end of online and face-to-face.

Chapter Four - General Facilitation

Interactivity is key to interprofessional learning. You may want to have your learners reflect on the CWGHR module content and the interprofessional process in small groups. Facilitating small group discussions requires some unique skills. Facilitation is different to teaching. This chapter focuses on the skills and strategies that facilitators need to support large and small group learning in any context.

What is facilitation?

Facilitation is the process of helping groups, or individuals to learn, find solutions, or reach consensus without imposing or dictating an outcome. Facilitation works to empower individuals or groups to learn for themselves or find their own answers to problems.

What is a facilitator?

A facilitator is a process guide who focuses discussions and clarifies understanding, while encouraging shared decision-making and problem-solving. A facilitator assists the group in creating and achieving common goals and expectations. *Facilitators are not a content/topic expert.*

Characteristics of a good facilitator

Facilitators need good communication skills. Effective facilitators are non-authoritarian, patient, flexible, intuitive, organized, confident, respectful and open-minded. In addition, they have good tolerance for ambiguity and uncertainty and an eagerness to learn.



The role of a facilitator

- ✓ Articulate the purpose of the discussion and its significance to the group
- ✓ Clearly state the goal and purpose of each activity
- ✓ Let the group know the expected time that will be spent on each activity
- ✓ Stimulate, encourage, and maintain a safe environment
- ✓ Support good interpersonal relationships in the group
- ✓ Observe verbal and non-verbal cues from the group
- ✓ Ensure all disciplinary perspectives represented in the group are presented
- ✓ Stimulate critical thinking
- ✓ Maximize group interaction
- ✓ Help participants reflect on the experiences they are having
- ✓ Link discussions to practice
- ✓ Challenge thinking
- ✓ Question and probe reasoning
- ✓ Provide frequent feedback
- ✓ Keep the discussion moving when tensions arise or discussions lag

Facilitation techniques

- ✓ Asking rather than telling
- ✓ Listening
- ✓ Observing
- ✓ Structuring
- ✓ Guiding
- ✓ Suggesting
- ✓ Summarizing
- ✓ Synthesizing
- ✓ Encouraging
- ✓ Consensus building
- ✓ Balancing task and process
- ✓ Providing opportunities for individual input and reflection



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Common facilitation challenges

Facilitation is a complex process that differs markedly from other types of leadership and education. There are a number of considerations that facilitators need to be aware of as they help groups through the collaboration process. The following table provides an overview of some common challenges facilitators might face, the causes of such challenges, and some strategies to address them.

Challenge	Possible Causes	Facilitation Strategies
Keeping the group on track	• Talkative people • People focused on their own knowledge and expertise	• Thank them, restate relevant points, move on • Acknowledge interest and refocus on agenda/topic • Refer back to objectives of the session • Promise/give space for related tangents to be followed up: parking lot, handout resources, break time discussions, etc.
Conflict	• Personality clashes • Perceived hierarchies • Disrespect • Generational differences • Emotionally charged issue	• Get options from others • Note points of disagreement and minimize where possible • Draw attention to the agenda/topic/new question • Review ground rules for engagement
Quiet or shy participants in the discussion	• Personality style • May be lost or confused • Cultural differences (familiarity/comfort with collaborative processes; different educational traditions; different approaches to time management; language barriers)	• Seek out their opinions • Sincere and subtle recognition • Include “introverted” forms of participation – reflection questions, pair discussions, etc.
Over bearing participants	• Personality style • Natural leaders • Don’t feel their point is being made • Well-informed • Over-eager	• Ask them challenging questions to slow them down • Let the group manage them to the greatest extent possible • Use the parking lot to place some points up for later discussion
Use of discipline specific language / jargon	• Interdisciplinary group • Showing off • Unaware language might not be understood	• Ask for a definition or clarification for yourself and the group • Point out the group may not be familiar with a particular term • Anyone has the right to call “Jargon” at any time when jargon comes up - model doing this yourself the first few times

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Challenge	Possible Causes	Facilitation Strategies
Perceived hierarchies	• Interdisciplinary group • Cultural differences	• Ask group members for different perspectives • Acknowledge value of all contributions
Disruptive group member	• Bored • Don't see relevance of discussion • May not understand something	• Call on the individual by name and ask an easy question (caution – calling by name can sometimes generate additional resistance) • Repeat last opinion offered and ask for theirs
No one is talking / contributing	• Instructions might not have been clear • Lack of leadership • An entire group of “the strong silent type”	• Arouse interest by seeking their opinions • Think-Pair-Share – allows participants to get used to talking in a situation where being silent is much more awkward for them (a pair discussion) – which segues into a group discussion
Wanting your expertise	• Genuine interest • Think there is a “right answer”	• Redirect the question to others • Reaffirm your role as a facilitator, and that there are benefits to peer-based investigation

Culture and Diversity

Cultural differences can impact group dynamics, as well as the facilitation style that is most effective. All human beings have a culture this is reflected in their everyday activities, relationships and social processes. Culture impacts the way we interact with others and like to be communicated with. People from some cultures speak directly, while others use more indirect ways of talking. Different cultures incorporate implicit language practices, while others may be more explicit. Language expectations, role expectations, and what are considered appropriate topics of conversation also differ.



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Facilitators do not need to understand the communication styles of each and every cultural group they may come in contact with. They just need to be open, flexible and non-judgmental. Facilitators should be aware that many of the facilitation challenges outlined above may be due to cultural differences. One strategy for managing issues that arise from cultural difference is to get participants to use the mnemonic ODIS.

O.D.I.S

1. **Observe** – Stop and take note of what is going on.
2. **Describe** – Objectively describe the situation. What was said? What did people do? Do not interpret at this time!
3. **Interpret** – Come up with as many possible explanations to explain the situation. This will promote understanding and empathy.
4. **Suspend** – Suspend judgment. Acknowledge that there are many possible reasons for any given situation.

Culturally diverse groups do not necessarily present challenges. Having participants from different cultures can enhance learning and foster a rich learning environment. Whether the group is culturally diverse or not, it is important to highlight the impact of culture on HIV care and prevention. For example, Aboriginal populations have an increased prevalence of, and vulnerability to, HIV and other chronic diseases where rehabilitation can be very useful and important. Capitalize on the cultural diversity of your group whenever possible. In culturally homogeneous groups, get people to think about what the implications might be if they were dealing with someone from a different culture or marginalized group. Using cases that represent different cultural groups can help with this.

Facilitation Strategies

Some basic strategies that help prevent some of the challenges that might arise when facilitating a group include:

- ✓ Establishing your role up front
- ✓ Checking your biases
- ✓ Being attuned to group and interdisciplinary dynamics
- ✓ Valuing the distinctive experience and expertise each participant brings
- ✓ Being ready to encounter friction that arises due to the collaboration process
- ✓ Understanding issues of power and hierarchy
- ✓ Having a 'parking lot' for when the conversation goes off track
- ✓ Setting ground rules/group guidelines at the beginning of the session
- ✓ Not stereotyping
- ✓ Allowing participants to direct themselves
- ✓ Ensuring equal participation
- ✓ Considering all ideas presented
- ✓ Being aware of non-verbal communication

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Setting ground rules

There are several effective ways to create group guidelines or agreements.

1. If time is an issue, as it tends to be in short sessions, it may be necessary for you simply to list the group guidelines for participants. Be sure to inquire whether the group guidelines are agreeable.
2. List guidelines you commonly use and then ask for additional group guidelines from the participants. When somebody proposes a guideline, ask the other participants if they agree to it.
3. If you have the time, the best way is to allow the participants to generate the entire list. Ask them to think about what they, as individuals, need to ensure a safe environment for collaboration.

Useful Tips

- ✓ It is helpful to post the group ground rules somewhere visible
- ✓ Refer back to the list when you sense that participants are failing to follow one or more of the items
- ✓ Challenge the participants on the group guidelines early and often
- ✓ *Model* these group guidelines in your own participation
- ✓ Revisit the group guidelines occasionally and, if time allows, ask whether the participants would like to add any new items

Useful language

Here are some phrases that facilitators might want to add to their arsenal for addressing particular challenges.

Keeping discussions on track

- When a participant questions the process or otherwise wants to take the group in a different direction, it can be helpful to turn that question to the group.
 - “Well, what do you think?”
 - “Let’s consider that question for a minute. What are people’s thoughts?”
- Keep people working with the process and ground rules that the group agreed to.
 - “Remember, this is just the brainstorming stage - clarifications and discussion will follow later.”
 - “If you would like to speak, I need to see a hand up, like we agreed. It doesn’t work to have people cutting each other off.”
- Use the goals, agenda, outcomes, activity at hand or other ways to refocus the group on the purpose of the time. Give participants an allotted time for particular discussions or activities.
 - “We’re getting off track with this item. Remember our purpose is to decide a theme for the training; we can deal with the issue of space, but we need to make a separate time for that.”
 - “Let’s refocus - do people want a five minute break, then come back and get through this.”
- An important tool can be to accept the statements of participants, even when emotional.
 - “That’s a good point.”
 - “It’s clear that you have some very strong opinions about this. Let’s keep thinking about how to turn these problems into solutions.”

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- “Wow, that’s an important point. Perhaps we should take five minutes to address that point before moving on. Does everyone agree?”
- “That’s a critical issue. Keep it in mind because we’re going to talk about this a few items down our agenda.”
- Humor, used right, can diffuse a tense situation. Allow for some laughter and good-natured joking.
- Don’t be afraid to be direct. Being direct can be a useful technique when there is clear tension or resistance. Be prepared to deal with the answer.
 - “What’s going on here?”
- Call a break. Have a stretch. Play a short game or do an icebreaker.

Responding to Challenging People

It is inevitable that you will face people in the group that challenge you or are blocking what others are saying. In general you need to address the behavior-not the person-when handling a challenge from one or a few individuals. Try to establish responses that you memorize and can pull out of your head to respond when people are being difficult.

- “Would you see me at the break to discuss this point further?”
- “That is an interesting dilemma - perhaps we can discuss this over lunch.”
- “You are very knowledgeable about this topic. Thank you for sharing another perspective.”
- “I hear 3 questions. Let’s deal with one question at a time.” - then repeat the questions you heard them ask to check for clarity
- “Thank you for asking. I must not have been clear before. Let me try to explain the concept in a different way.”
- Summarize what participants say and ask if this is what they mean

Dealing with uncertainty

If asked a question you don’t know the answer to just remember the mantra:

- “That is a really good question, what do you/others think?”
- Ask open-ended questions – use “why”, “how”, “what”, “where”, “who” and “when”

What not to do

A facilitator should not:

- Impose a solution on the group
- Downplay people’s ideas
- Push personal agendas and opinions as the “right” answer
- Dominate the group
- Tell inappropriate or offensive stories
- Make up an answer
- Allow people to bully others in the group
- Tell too much about their personal experience and life
- Assume the demographics of the group
- Fail to set ground rules at the beginning of the session
- Be directing
- Stereotype
- Present their own disciplinary perspective
- Reinforce hierarchies – deferring to particular disciplines as the leader

Group dynamics

Despite your best efforts as a facilitator, you cannot change who people are. Group dynamics are often influenced by different approaches towards collaboration or the way in which individuals communicate. As a new group starts to work together, they will go through various stages of team development. You will need to think of ways to help the group through these stages so they are able to meet their goals. At first, roles will be vague and uncertain and communication will be “nice”. Slowly, roles will start to crystalize, a sense of “we” will begin to emerge, and communication will start to deepen. Once the team has been working together for a little while, conflicts may start to occur and the need for facilitation may emerge or increase. Eventually, with the help of effective facilitation, goals will be set, roles will become clear, criticism will be constructive, and consensus will be reached.

Stages of Team Development

Still relevant today are Tuckman’s (1965) four stages of team development - While progression through each stage is by no means universal or necessarily sequential, reflection on the development stages of collaborating teams provides clues to potential issues that might compromise collaboration.

Forming - High dependence on facilitator for guidance and direction. Little agreement on team aims other than received from facilitator. Individual roles and responsibilities are unclear. Facilitator must be prepared to answer lots of questions about the team’s purpose, objectives and external relationships. Processes are often ignored.

Storming - Decisions don’t come easily within group. Team members vie for position as they attempt to establish themselves in relation to other team members. Clarity of purpose increases but plenty of uncertainties persist. Cliques and factions form and there may be power struggles. The facilitator needs to help the team focus on its goals to avoid becoming distracted by relationships and emotional issues.

Norming - Agreement and consensus is largely formed among team members who respond well to facilitation. Roles and responsibilities are clear and accepted. Big decisions are made by group agreement. Smaller decisions may be delegated to individuals or small teams within group. Commitment and unity is strong. The team may engage in fun and social activities. The team discusses and develops its processes and working style. There is less need for formal facilitation. Facilitator should still be on alert for regression back to the storming stage or stagnation.

Performing - The team is more strategically aware; the team knows clearly why it is doing what it is doing. The team has a shared vision and is able to stand on its own feet with no interference or participation from the facilitator. There is a focus on over-arching goals, and the team makes most of the decisions without guidance from the facilitator. The team has a high degree of autonomy. Disagreements occur but now they are resolved within the team positively and necessary changes to processes and structure are made by the team. The team is able to work towards achieving the goal, and also to attend to relationship, style and process issues along the way. Team members look after each other. The team requires delegated tasks and projects from the facilitator. The team does not need to be instructed or assisted. Team members might ask for assistance from the facilitator with personal and interpersonal development.

Group Development and Facilitative Leadership

	Phases of Group (Needs of Group Members)	Facilitation Strategies
Terminating the Group's Work	ADJOURNING ➤ Creates apprehension, minor crisis ➤ Regression in maturity level ➤ Needing help in saying "good-bye"	DELEGATING/SEPARATING ➤ Supporting, letting go ➤ Adjusting own leadership style ➤ Helping group deal with termination issues
Functioning as an Effective Group	PERFORMING ➤ Working productively toward shared goals ➤ Problem solving and decision-making ➤ Open communication, trust, respect ➤ Dealing with conflict	SUPPORTING ➤ Offering own resources, ideas ➤ Sharing the leadership role ➤ Being available for one-to-one consultation/coaching ➤ Soothing the interface between the group and the organization or community
Managing conflict, establishing "ground rules"	NORMING ➤ Resolving control concerns ➤ Establishing group agreement ➤ Catharsis, "honeymoon"	
Dealing with issues of power and control	STORMING ➤ Consolidating influence ➤ Confronting dependency on leader ➤ Conflict among group members ➤ Work level low	COACHING ➤ Surfacing issues, legitimizing concerns ➤ Facilitating communication, managing conflict ➤ Inviting input and feedback, sharing control ➤ Expecting and accepting tension
Developing a positive working environment	FORMING ➤ Becoming oriented ➤ Developing commitment ➤ Needing direction ➤ Wanting to be accepted, included	DIRECTING ➤ Climate setting ➤ Clarifying roles, expectations ➤ Defining goals, providing structure ➤ Group-building

Over Time...

CREDITS: Model by Marilyn Laiken (1985); graphic design, Jeff Solway (1988); "phases of group development" headings, Bruce Tuckman (1977); "role of the facilitator" headings, K. Blanchard (1985).

Chapter Five - Online Facilitation

Online discussion forums provide a means to bring together interprofessional groups of learners, while overcoming some of the common challenges of interprofessional education. Discussions can be asynchronous. This enables learners to discuss the module content and cases presented without having to find a common time or location to do so. Throughout this guide, there are discussion questions presented, which can be used to foster online discussions and interprofessional learning.

Some key strategies for facilitators include:

- Checking discussion forums daily, since immediacy in feedback appears to be a strong predictor of learning and learner satisfaction.
- Establishing rapport. The first part of the online interactions is a particularly important time to establish rapport, develop confidence in mastering the discussion forum, and modeling expectations.
- Posting a brief biography, indicating interest and expertise in the topic. Some early comments will help to engender enthusiasm and establish an atmosphere of collegiality. Building of a sense of community in the discussion is critical to student learning.
- Opening the online discussion by providing discussion questions to the group. As the discussion continues, facilitators need to connect and weave ideas. Probing and requests for further elaboration help to promote further discussion. At the conclusion of the discussion period, the facilitator should prepare a summary of the main points and key learning.
- Sending personalized emails to enhance the perception of interaction, fostering the students' sense of community, and increasing their satisfaction with the learning experience.
- Creating a safe learning environment where opposing ideas are welcomed. Leading questions that reveal personal biases should be avoided. Begin a response to a student posting by providing a positive comment prior to a critical assessment of other issues.
- Being mindful of any negative comments or stereotypes of professions during discussion. This needs to be re-directed positively; use this as an opportunity to provide positive education and the appropriate information of a profession.



Steps to consider when composing a message

1. What are the learners' ideas? When reviewing the messages, identify themes, unresolved concerns and discrepancies and any other ideas you plan to address.
2. Identify what the group needs to explore in greater depth. Identify the most important issues raised thus far and then write a sentence about an area to be explored in greater depth. Conclude with an open-ended question.
3. Identify the behaviours to be modeled or encouraged. Review the drafted message and ensure that it aligns with the program goals.
4. Consider how the readers will perceive the posting. Reread and then consider the addition of a greeting or opening.

Thread: Module 1 and 2 questions: Post: Module 1 and 2 questions: Author: [REDACTED]	Posted Date: [REDACTED] Edited Date: [REDACTED] Status: Published
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Welcome everyone! Your facilitators will be [REDACTED] who will be introducing themselves shortly. Please remember to introduce yourself by also replying to the "Welcome and introductions" forum so we know who is here. Following review of Module 1 and 2, which you access through the Content button on the left menu and should take approximately 30 minutes each, let's start off by responding to the following discussion questions within this "Module 1 and 2 questions" forum as well as those from your peers.

1) What professions would be valuable to have on a team working with this population given the systemic impact of HIV?

2) Describe the roles, responsibilities and scopes of practice of these professions.

[Reply](#) [Quote](#) [Mark as Unread](#)

Thread: Module 1 and 2 questions: Post: RE: Module 1 and 2 questions: Author: [REDACTED]	Posted Date: [REDACTED] Status: Published
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I believe the complexity of HIV/AIDS requires a full health care team.

Family physician/specialists: A patient needs his/her family physician to help coordinate the patient's drugs, monitor the progress of the disease and pharmacotherapies, etc. Also, specialists may be required if the family physician is not familiar with the progress of HIV. Even if the family physician is well educated in HIV they may still require additional help from other physicians.

Pharmacist: to organize and coordinate appropriate pharmacotherapies for the patient.

Occupational therapists: to ensure that the patient is able to have a quality of life appropriate for their age. This can be complicated by other pathologies such as diabetes and peripheral neuropathy.

Dentist: increased rate of osteoporosis and osteomalacia may predispose to canes. Also, with decreased immune function, the mouth can be a large entry point for infection.

Speech pathologist: may be required for helping in end stage neurological diseases that affect articulation.

Nutritionist: helps keep patients healthy with diet and exercise that are appropriate for their lifestyles, age, and disease progression.

Nurses: needed to assist in educating the patient, assisting in medical treatments, performing some physical exams, etc.

I am sure the list is quite endless so please feel free to add anything. With such a serious illness, I truly believe that a team of health care providers is vital and with anyone missing, the patient will suffer.

[Reply](#) [Quote](#) [Mark as Unread](#)

CWGHR Facilitator Guide

Tips for Online Facilitation (Hanna et al., 2012)

Be Prepared for “Flying Blind”:

- Know that you will not have access to many of the sensory skills you use in the face-to-face setting
- Consider how the foundations of your F2F IPE Facilitation skills will transfer to the online environment

Don’t let technology take over:

- The more complex it is the more likely there will be “bumps” – go with the flow
- Develop contingency plans that will allow collaboration to move forward in the face of glitches
- Provide support and gives learners adequate time to work with new applications and technology: keep tasks very simple at the start to reduce anxiety

Be explicit, be clear:

- Expectations about homework, participation and other areas may need to be spelled out very clearly, in multiple places, multiple times
- Simple netiquette rules (e.g. introducing yourself before you speak in a synchronous environment, avoiding use of CAPITALS in the asynchronous setting) should be addressed and consider providing ahead of time

Make sure the IPE Collaborative process gets it’s due:

- Look to connect process elements to tasks to deepen collaboration and group development
- Understand that learners may be drawn to the relatively safe structure of a task in the unfamiliar online world. Challenge and support them to address both task and process elements

Expect IP group processes may take longer:

- Allow for extra time for learners to find their way in this new world. They will likely spend considerable time at first contributing from their own professional view points
- Watch for signs that the group is feeling greater comfort: asking each other questions, disagreeing with each other, taking leadership
- Foster the IP group process development through implicit (and explicit) encouragement as well as modeling
- Consider following-up with quieter participants through 1:1 contact to support and develop approaches to build their comfort and participation

Make full use of your Co-Facilitator:

- If you have a co-facilitator, use him/her for modeling collaborative practice, content or process support , tech support and mentorship
- Ensure you both do reflective debriefing after every session
- If you do not have a co-facilitator, be open about your need for support from others
- Continue to reflect to allow growth from session to session

Take full advantage of what the online environment offers:

- The online setting has a lot to offer that the F2F setting does not.
- Seize every opportunity to bring in online resources, tools, videos that enhance the collaborative learning

Chapter Six - Interprofessional Facilitation

Facilitating interprofessional groups of students is recognized as a complex and demanding task. Facilitators play a crucial role in creating an environment that supports the goals of interprofessional collaboration. There are some unique skills, beyond general facilitation skills, that are required for effectively facilitating an interprofessional group, as there are some unique issues that may arise:

- Use of discipline specific language / jargon
- Perceived hierarchies
- Different / conflicting expertise
- Professional-based stereotyping
- Participants at different levels / stages in their program
- Difficulty entering into professional dialogue due to uncertainties about other disciplines
- Difficulty transferring knowledge from one field to another
- Perceived relevancy or lack of relevancy of the topic/case/discussion to a particular profession or student group

Interprofessional Facilitation Skills

Those facilitating an interprofessional group need to understand the elements of group dynamics and team formation. They need to be able to role model communication and leadership skills and be confident managing conflict. Applying educational principles such as adult learning theory, reflective practice, problem-based learning, experiential learning, critical appraisal and questioning techniques is essential in the success of interprofessional learning. Therefore, interprofessional facilitators need to act as coaches and must be able to use a variety of interactive methods to promote learner autonomy and experiential learning. Interprofessional facilitator need to understand the dynamic nature of interprofessional learning, ways to optimize learning opportunities, and how to value the distinctive experience and expertise of each participating profession.



roles and responsibilities of other professions in relation to their own.

Highlight Process

Although the CWGHR modules are set within the context of collaborative HIV care, it is essential to remember the importance of discussing process issues related to interprofessional education and working in an interprofessional team environment. This means that the facilitator's role is to ensure that concepts and principles around processes—such as trust, respect, role clarification, and perceptions—are adequately addressed. Discussions involving these issues can be challenging, as participants work to



expand their understanding and appreciation of the roles, skills and expertise of other team members.

Include all perspectives

Participants may come from a variety of backgrounds. It is the facilitator's responsibility to ensure that everyone's roles, skills and expertise are respected and appreciated. Facilitators should provide learners with opportunities to describe their role, which recognizing that role based on patient needs, their own competence and the context of practice. Interprofessional learning experiences should help participants recognize and respect the

Link discussions to practice

Facilitators should establish the link between effective team collaboration and patient/client care. At the conclusion of the experience, students should realize the value of collaboration and recognize that no one profession has all of the answers for a patient/client. Ideally, learning experiences should enable participants to work with others to assess and plan care for particular patients. During this process, facilitators will need to manage differences and misunderstandings, and foster interdependent relationships between participants.

Facilitation for Interprofessional Groups

Throughout this section, we provide a few suggestions and details of activities and exercises for you to use during your facilitated events. Some of these are widely recognized and endorsed by expert facilitators and they have been adapted to create an environment that supports interprofessional collaborative practice. The exercises have been organized in themes: breaking down stereotypes; roles and responsibilities; communication and team functioning.

Breaking Down Stereotypes

The following two exercises are useful for breaking down stereotypes across health professions. These exercises are recommended for use early in face-2-face group sessions.

Exercise: Hopes and Fears (NHS, 2009)

Timing: 20-40 minutes depending on group size

Objective:

This exercise is a simple activity that can help a group reach a shared understanding of projects, tasks and/or roles and reduce stereotyping. By talking about their aspirations and concerns around the topic of HIV Prevention and Care, a group of students can become more cohesive because each one can see that others share their hopes and fears. A skilled facilitator will also use this exercise as a 'reality check' in the event that unrealistic feelings are expressed by the group.

Instructions:

1. Form small groups of 5-6 students.
2. Nominate a recorder to document the significant themes.
3. Ask each member of the group what their hopes are for the future of the subject you are discussing.
4. Each 'hope' is written down and these are then clustered to form groups of similar hopes.
5. Each hope is discussed thoroughly to ensure the entire group understands it.
6. The group then prioritizes the hopes and discusses what needs to be done in order to achieve the top priorities.
7. The same process is then followed for fears.
8. The group may wish to discuss how the worst of these fears can be prevented from occurring.
9. This exercise works well with Post-it notes to write the hopes and fears as they can then be moved around and stuck together to form the clusters.

Breaking Down Stereotypes

Exercise: The Common Pie (University of Toronto)

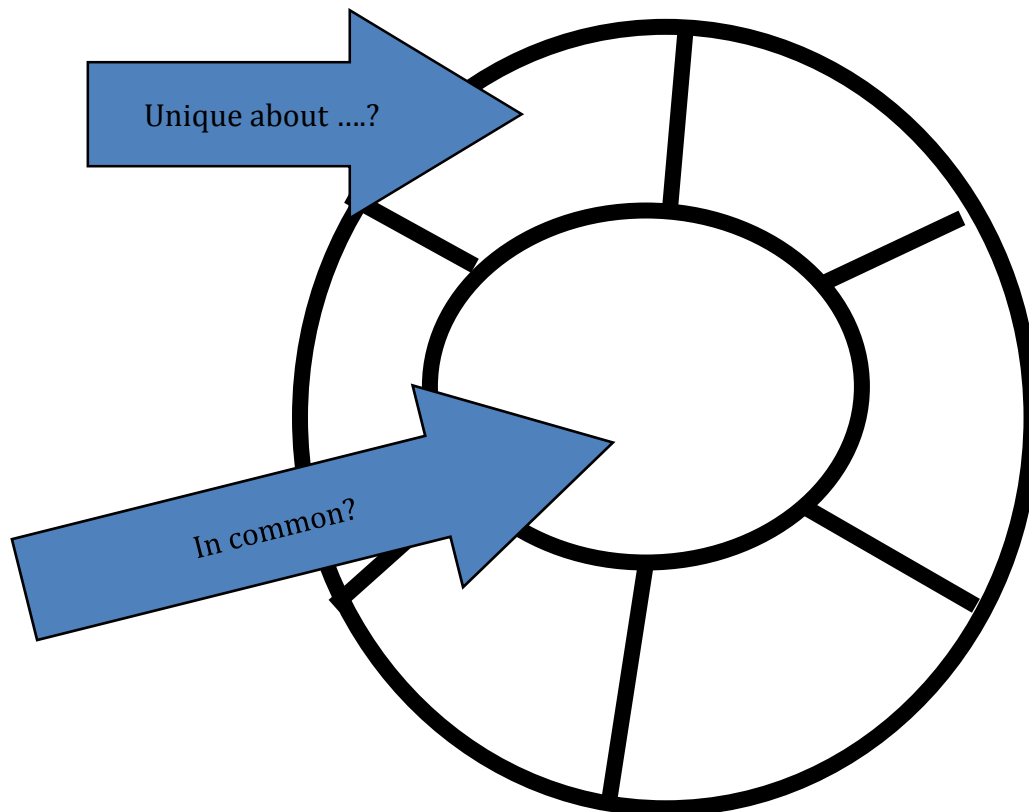
Timing: 15-30 minutes depending on the group size (recommend groups of six)

Objective:

This is an activity that helps students interact and to get to know each other. The activity also provides an opportunity for students to collaborate and discover commonalities across the health professions.

Instructions:

1. Form groups of 6-8 students; each group should consist of students from at least three different disciplines.
2. Draw a pie chart on a large piece of flip chart paper and divide the pie into 6 pieces or more depending on the group size.
3. Instruct groups to talk about and write, one quality or experience that is unique to each individual, in the pieces of the pie around the circle. Then, in the centre of the pie, the group is instructed to write something that the group members have in common.
4. Instruct groups to talk about and write one quality or experience that is unique to each profession, in the pieces of the pie around the centre circle. Then, in the centre of the pie, the group is instructed to write something that all health professions represented have in common.



Roles and Responsibilities

The following exercise is interactive and allows students to showcase their own profession, expose stereotypes, and enhance knowledge about other health professional roles, scopes and contexts of practice.

Exercise: Talking Walls Large Group Activity

Timing: (30 minutes)

Objective:

A key element of professional collaboration and teamwork is *knowledge and respect* of each professional's role, responsibilities, competencies, and perspectives on health care. Role Understanding is about more than reading a description. Without knowledge of each other's roles, it is difficult for health care team members to develop respect, tolerance, and a willingness to work with one another.

CAUTION:

This activity may raise stereotypes, which:

- Reduce the complexity of information
- Cause participants to see those of out-groups (groups of which they are not members) as homogeneous
- Cause participants to see in-groups (groups to which they perceive they belong) as more diverse; and
- Allow participants to ignore disconfirming evidence.

RECOMMENDATION:

Facilitators must pay attention and be willing to address hidden agendas, emotions, stress, prejudices, and defensiveness. These are just a few common barriers that need to be overcome in order to achieve the real goal of knowledge, respect and mutual understanding.

Instructions:

1. Form small groups of 5-6 students from at least three different professions.
2. Post flip charts around the room and have multi-coloured felt pens available.
3. Write the name of one health profession on the top of each flipchart.
4. Each group will have 2 minutes at each flip chart to write down everything they know about that profession's role in the context of HIV care
 - a. After 2 minutes they will rotate to the next flip chart
 - b. Individuals from the profession being discussed should not contribute at this time
 - c. Once groups have contributed to each flip chart teams will come back together as a large group
5. Debrief
 - a. One member from each profession will "correct" the flipchart that outlines what the group thinks their profession contributes to the management and prevention of HIV/AIDS
 - b. Facilitators will contribute where appropriate

Communication

This activity can be used as an opener for any session that addresses active listening and interprofessional communication.

Activity: Telephone

Timing: 10-15 minutes

Objective:

The objective of the activity is to demonstrate in a light-hearted way how easy it is for individuals to mishear, misinterpret or alter messages.

Instructions:

1. Type the message onto a small piece of paper; one paper for each group
2. Form groups of at least eight or more students.
3. Instruct students to sit in a circle with an arm's length between each chair.
4. Nominate a student to start the game and give them the message.
5. Without standing up, this student must whisper the message into the ear of the person sitting on their right. The nominee must not show the message to anyone.
6. The process continues with each person whispering the message they have heard into the ear of the person to their right until the message reaches the student sitting to the left of the nominee.
7. The final message recipient reports the message heard (verbal or written report).

Suggested message (SBAR¹ format):

Mrs. Joli-McInnes had an elevated temperature overnight and is now shivering. Mrs. J has an indwelling catheter and a history of bladder infections. She is hospitalized for complications resulting from a hip replacement. Her temperature is currently 38.5, and her urine is cloudy and foul smelling. Mrs. J's catheter was changed three weeks ago. She has been given Tylenol every four hours during the night and she is taking Efavirenz for HIV. She appears to be getting more confused. I think Mrs. J has a UTI.

1. SBAR is an acronym for Situation, Background, Assessment and Recommendation and a communication format commonly used in health care.

Team Functioning

The following approach is useful for both online and face-to-face facilitated group work and supports effective team functioning.

Small Group Problem Based Learning Approach (Walsh, 2005)

The small group session provides an opportunity for students to interact, collaborate and learn together with the guidance of a facilitator. The inter-disciplinary nature of the CWGHR cases requires students to be able to identify their own learning needs, synthesize knowledge and skills from a number of disciplines as well have the interpersonal skills to be an effective team member. Consistent with problem based learning, the session should be student-centered, promote critical thinking, facilitate dialogue and engagement, and stimulate future learning. Students should be encouraged to identify information that they still need as well as sources of information.

Each group should consist of 5-8 students from at least three different disciplines.

Creating the Climate for Collaboration (50-60 min)

- ☐ Introductions
- ☐ Group roles (Timekeeper; Recorder)
- ☐ Set Ground Rules
- ☐ Clarify the learning needs/objectives
- ☐ Formulate Agenda/Plan (choose first scenario/case; decide on process of engagement with the case such as: discussion; role play; think-pair-share)
- ☐ Review chosen Scenario/Case

Engage in Learning with ARC (15-20 min)

- ☐ Ask for others' professional perspective on the scenario
- ☐ Respond, and share your professional perspective
- ☐ Collaborate and
 - Create a list of sources of information/resources
 - Create an interprofessional care plan

Group Debrief (15-20 min)

- ☐ Evaluate learning outcomes
- ☐ How did your group collaborate as an interprofessional group?
- ☐ Reflect using the following domains of the *National Interprofessional Competency Framework* (www.cihc.ca):
 - Interprofessional Communication
 - Role clarification
 - Team functioning (respect, trust, shared decision-making)
 - Patient/client/family/community-centred care
 - Collaborative Leadership
 - Interprofessional conflict resolution

Interprofessional Competency Questions

The modules are a tool for promoting interprofessional learning. This learning should link explicitly to the competencies necessary for effective interprofessional collaboration outlined in the *National Interprofessional Competency Framework* (www.cihc.ca) and highlighted in Chapter Two.

The following reflective questions can help your learners reflect on the collaborative process generally and the competencies necessary for collaborative practice more specifically.

General Reflections

- ☐ How were the interprofessional competencies expressed in your group? (Present the National Interprofessional Competency Framework so learners are familiar with it)
- ☐ What are the opportunities for collaboration in this situation and how might they happen?
- ☐ What skills/competencies do you need to learn to meet the health needs of people living with HIV and related illnesses?
- ☐ How were your assumptions and expectations about the care of people living with HIV and related illnesses challenged?
- ☐ What are the interprofessional competencies that you have gained?

Interprofessional Communication

- ☐ How effective was your team's communication?
- ☐ Was the communication appropriate for the information being exchanged?
- ☐ How well did your team listen to each other?
- ☐ What was your process for communicating and providing feedback?
- ☐ What are some of the differences in language among professional disciplines?

Patient/Client/Family/Community-Centred Care

- ☐ How is patient information shared across the continuum of care among relevant providers?
- ☐ How does the team provide equitable access for clients/patients?
- ☐ Did your team use language that is easy for patients to understand?
- ☐ Did your team use language that conveys a common goal to work in partnership with the client/patient?
- ☐ Did your team advocate for systems and policies to be changed for the benefit of clients/patients?
- ☐ What are the most important pieces of information the patient needs?
- ☐ What is the best format to provide the patient with the information they need?
- ☐ Did your team's decisions convey an understanding of the patient's values?
- ☐ What does the concept of partnership (with patients) mean to you?
- ☐ What are some patient safety issues that need to be addressed by the team?
- ☐ Who is responsible for making health care decisions?

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Role Clarification

- ☐ What professions need to be involved in this situation?
- ☐ What are the unique knowledge/skills that each provider brings to the table?
- ☐ What is some of the discipline specific jargon different team members used?
- ☐ What are some of the similarities/differences between the different professions?
- ☐ What are the different provider's functions in service delivery? Similarities/differences?
- ☐ What therapeutic approaches are being used?
- ☐ Which providers engage in case management?
- ☐ What are the treatment values and priorities each provider brings to patient care?
- ☐ Is there role blurring and/or role ambiguity between providers?
- ☐ Which professions are missing? Where are potential gaps?
- ☐ What are the areas of overlap between the role of your profession and the roles of others in the rehabilitation for people with HIV and related illnesses?
- ☐ How would you address issues of role-blurring?
- ☐ What are some stereotypes and personal prejudices held about various professions?
- ☐ Who is responsible for coordinating care?

Team Functioning

- ☐ What are the interprofessional dynamics of the group?
- ☐ Do team members show strong commitment to the team?
- ☐ Is there a need for team building activities?
- ☐ How does the team work towards improved team dynamics?
- ☐ How did your team make decisions?
- ☐ What types of decisions did your team make?
- ☐ Are there some common professional interests among team members?
- ☐ What strategies are important for coping with uncertainty and change?
- ☐ Who is responsible for managing team dynamics?

Conflict Resolution

- ☐ What are the circumstances in the team in which conflict is more likely to arise?
- ☐ How did your group manage conflict?
- ☐ What were some of the negative outcomes of conflict in your group?
- ☐ What were some of the positive outcomes of conflict in your group?
- ☐ What is your personal conflict management style? How does it compare to that of others?
- ☐ What attitudes are necessary to tolerate difference, miscommunication and perceived shortcomings in others?

Collaborative Leadership

- ☐ Are you aware of your own emotions in your interactions with others?
- ☐ How did you encourage emerging leadership roles for different team members?
- ☐ How did you ensure all team members engaged equally?
- ☐ Did you have a group leader? How did the leader emerge?
- ☐ Which leadership roles rotated among members?
- ☐ How did you encourage collaboration in your group?

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Summary

Our hope is that these modules will be used broadly as an interprofessional learning tool for pre-practice and experienced professionals. Our intent is to deepen learners' understanding of the benefits of rehabilitation for those living with HIV and other episodic disabilities, thereby improving the care of people living with.

Users can access two or more of the CWGHR modules.

Visit cwghrcampus.hivandrehab.ca for more details.

We invite learners to use and modify this facilitator guide to support interprofessional learning focused on a broad range of areas related to chronic and complex disease management beyond HIV.



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Resources

E-Module For Evidence-Informed HIV Rehabilitation

http://www.hivandrehab.ca/EN/resources/care_providers.php

Canadian Working Group on HIV and Rehabilitation

www.hivandrehab.ca

College of Health Disciplines, University of British Columbia

www.chd.ubc.ca

Centre for Interprofessional Education, University of Toronto

www.ipe.utoronto.ca

University of Manitoba Interprofessional Initiative

<http://umanitoba.ca/programs/interprofessional/>

Dalhousie University Faculty of Health Professions

www.dal.ca/faculty/healthprofessions/programs/interprofessional-education.html

Canadian Interprofessional Health Collaborative (CIHC)

www.cihc.ca

Acronyms commonly referenced

AIDS	Acquired Immunodeficiency Syndrome
WHO	World Health Organization
IPE	Interprofessional Education
IPC	Interprofessional Collaboration
IPL	Interprofessional Learning
F2F	Face-to-Face
HIV	Human Immunodeficiency Virus
CWGHR	Canadian Working Group on HIV and Rehabilitation
CIHC	Canadian Interprofessional Health Collaborative
ICF	International Classification of Functioning, Disability and Health
CDC	Centres for Disease Control
CD4	Cluster of Differentiation 4 – Doctors use a test that ‘counts’ the number of CD4 cells in a cubic millimeter of blood. A normal CD4 count in a healthy, HIV-negative adult cant vary but is usually between 600-1200 CD4 cells/mm ³ (though it may be lower in some people).
cART	Combination Anti-Retroviral Therapy
HAART	Highly Active Anti-Retroviral Therapy
IDU	Injection Drug Use
OT	Occupational Therapist
PT	Physiotherapist
PBL	Problem-based Learning

APPENDIX I – Comprehensive List of Reflective Questions

This section provides a comprehensive list of the reflective questions included in this guide. These questions can be useful for any interprofessional learning experience. Pick and choose those that will best meet the learning objectives you have set for your participants.

Module 1 – Reflective Questions

Interprofessional Process Questions
☐ What values would an individual/teams need to advance to work with this population? ☐ What professions would be valuable to have on a team working with this population given the systemic impact of HIV? ☐ Describe the roles, responsibilities and scopes of practice of these professions. ☐ What are the top three things that you have learned from this module?

Module 2 - Reflective Questions

Content Questions	Interprofessional Process Questions
☐ How is medication for those with HIV important for your professional role?	☐ How would you communicate and collaborate to enable optimization of patient/client health outcomes?

Module 3 – Reflective Questions

Interprofessional Process Questions
☐ How can the International Classification of Function be used to enhance interprofessional communication and collaboration? ☐ Discuss how the social determinants of health can be utilized by the interprofessional HIV team.

Module 4 – Reflective Questions

Interprofessional Process Questions
☐ How might the Episodic Disability Framework assist the interprofessional team and patient/client? ☐ How would the team collaborate to enhance a patient's/client's coping mechanisms related to an episodic illness?

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Module 5 - Reflective Questions

Interprofessional Process Questions
☐ What surprised you or what was new in terms of the experiences of living with HIV? ☐ How can what you have learned be integrated into the collaborative efforts and process of decision-making of the team?

Module 6 – Reflective Questions

Interprofessional Process Questions
☐ What would your profession contribute to the interprofessional team across the range of interventions? ☐ How might the interprofessional team collaborate to advocate for the needs of people with HIV?

Module 7: Case 1 – Reflective Questions

Content Questions	Interprofessional Process Questions
☐ What other subjective history questions would you ask Sonia? ☐ What other physical assessment/outcome measures would you use? ☐ What are the impairments, activity limitations and participant restrictions that Sonia is experiencing? ☐ What would be potential rehabilitation goals and strategies for intervention? ☐ What else would you want to assess with Sonia? What might you expect to find? ☐ What things need to be considered regarding Sonia's new HIV diagnosis? ☐ What is your hypothesis for Sonia's condition? ☐ Peripheral neuropathy due to anti-retrovirus therapy or secondary to HIV ☐ Transient or permanent, stable or progressive.	☐ Which members of a multidisciplinary team need to be involved with Sonia's case and what would their roles be? ☐ How would they collaborate to achieve goals? ☐ Are there any other professionals that you would want involved in Sonia's case? ☐ Identify Sonia's acute rehabilitation issues from an interdisciplinary team perspective? ☐ What are the differences between multi-professional and interprofessional teams? ☐ What are the impairments, activity limitations and participation restrictions Sonia experiences? ☐ How would the interprofessional team collaborate to respond to the referral? ☐ How would you include Sonia as a member of the team?

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Module 7: Case 2 - Reflective Questions

Content Questions	Interprofessional Process Questions
☐ What other subjective history questions would you ask? ☐ What other physical assessment/outcome measures would you use? ☐ What are the impairments, activity limitations and participant restrictions that James is experiencing? ☐ What would be potential rehabilitation goals and strategies for intervention? ☐ What things need to be considered regarding James' longstanding HIV diagnosis? ☐ What is your hypothesis for James' condition? ☐ Peripheral neuropathy due to anti-retrovirus therapy or secondary to HIV ☐ Transient or permanent, stable or progressive.	☐ What are the possible rehabilitation roles in this scenario? ☐ Are there any other professionals that you would want involved in James' case? ☐ How would they collaborate to achieve goals? ☐ Identify James' acute rehabilitation issues from an interdisciplinary team perspective? ☐ What are the differences between multi-professional and interprofessional teams? ☐ How would team members collaborate to address James' return to work? ☐ How would you include James as a member of the team?

Module 7: Case 3, Louis - Reflective Questions

Content Questions	Interprofessional Process Questions
☐ What other subjective history questions would you ask? ☐ What other physical assessment/outcome measures would you use? ☐ What are the impairments, activity limitations and participant restrictions that Louis is experiencing? ☐ What would be potential rehabilitation goals and strategies for intervention? ☐ What else would you want to assess with Louis? What might you expect to find? ☐ What issues should be considered regarding the relatively new HIV diagnosis? ☐ What is your hypothesis for Louis' condition? ☐ Peripheral neuropathy due to anti-retrovirus therapy or secondary to HIV ☐ Transient or permanent, stable or progressive.	☐ Which members of a multidisciplinary team need to be involved with Louis' case and what would their roles be? ☐ How would they collaborate to achieve goals? ☐ Identify Louis' acute rehabilitation issues from an interdisciplinary team perspective? ☐ What are the differences between multi-professional and interprofessional teams? ☐ What might Louis' ideal interprofessional team look like and how would they collaborate? ☐ How would you Louis as a member of the team?

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Module 7: Case 4 – Reflective Questions

Content Questions	Interprofessional Process Questions
☐ What other subjective history questions would you ask? ☐ What other physical assessment/outcome measures would you use? ☐ What are the impairments, activity limitations and participant restrictions that Natasha is experiencing? ☐ What would be potential rehabilitation goals and strategies for intervention? ☐ How would you proceed with this assessment and rehabilitation care planning? ☐ What things need to be considered regarding Natasha's HIV diagnosis? ☐ What is your hypothesis for Natasha's condition? ☐ Peripheral neuropathy due to anti-retrovirus therapy or secondary to HIV ☐ Transient or permanent, stable or progressive.	☐ Which members of a multidisciplinary team need to be involved with Natasha's case and what would their roles be? ☐ How would they collaborate to achieve goals? ☐ Identify Natasha's acute rehabilitation issues from an interdisciplinary team perspective? ☐ What are the differences between multi-professional and interprofessional teams? ☐ The rehabilitation team members disagree about where Natasha should go and who would best serve her needs. How can you work together to resolve the disagreement? ☐ How would you include Natasha as a member of the team?

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Module 8: Case 3 – Louis continued...--Reflective Questions

Content Questions	Interprofessional Process Questions
☐ What surprised you or what was new in terms of the experiences of the older adult living with HIV? ☐ What other subjective history questions would you ask? ☐ What other neurocognitive screening and physical assessment/outcome measures would you use? ☐ What are some of the clinical considerations for Louis as an older adult living with HIV? ☐ What extrinsic contextual factors may affect the health and well-being of Louis? ☐ What would be potential rehabilitation goals and strategies for intervention? ☐ Which physical or cognitive rehabilitative interventions might you suggest? ☐ What issues should be considered regarding Louis' age and HIV status? ☐ What is your hypothesis for Louis' condition?	☐ Which new members of a multidisciplinary team need to be involved with Louis' case now and what would their roles be? ☐ How would they collaborate to achieve goals? ☐ How can the extrinsic contextual factors be addressed collaboratively across health sectors? ☐ How would you include Louis as a member of the team? ☐ How can you determine what information would be most helpful to the patient/client/family?" ☐ How can what you have learned be integrated into the collaborative efforts and decision-making processes of the health care team? ☐ What are some considerations for sharing information across professions?

Interprofessional Process Questions

General Reflections

- ☐ How were the interprofessional competencies expressed in your group?(Present the National Interprofessional Competency Framework so learners are familiar with it)
- ☐ What are the opportunities for collaboration in this situation and how might they happen?
- ☐ What skills/competencies do you need to learn to meet the health needs of people living with HIV and related illnesses?
- ☐ How were your assumptions and expectations about the care of people living with HIV and related illnesses challenged?
- ☐ What are the interprofessional competencies that you have gained?

Interprofessional Communication

- ☐ How effective was your team's communication?
- ☐ Was the communication appropriate for the information being exchanged?
- ☐ How well did your team listen to each other?
- ☐ What was your process for communicating and providing feedback?
- ☐ What are some of the differences in language among professional disciplines?

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Patient/Client/Family/Community-Centred Care

- ☐ How is patient information shared across the continuum of care among relevant providers?
- ☐ How does the team provide equitable access for clients/patients?
- ☐ Did your team use language that is easy for patients to understand?
- ☐ Did your team use language that conveys a common goal to work in partnership with the client/patient?
- ☐ Did your team advocate for systems and policies to be changed for the benefit of clients/patients?
- ☐ What are the most important pieces of information the patient needs?
- ☐ What is the best format to provide the patient with the information they need?
- ☐ Did your team's decisions convey an understanding of the patient's values?
- ☐ What does the concept of partnership (with patients) mean to you?
- ☐ What are some patient safety issues that need to be addressed by the team?

Role Clarification

- ☐ What professions need to be involved in this situation?
- ☐ What are the unique knowledge/skills that each provider brings to the table?
- ☐ What is some of the discipline specific jargon different team members used?
- ☐ What are some of the similarities/differences between the different professions?
- ☐ What are the different provider's functions in service delivery? Similarities/differences?
- ☐ What therapeutic approaches are being used?
- ☐ Which providers engage in case management?
- ☐ What are the treatment values and priorities each provider brings to patient care?
- ☐ Is there role blurring and/or role ambiguity between providers?
- ☐ Which professions are missing? Where are potential gaps?
- ☐ What are the areas of overlap between the role of your profession and the roles of others in the rehabilitation for people with HIV and related illnesses?
- ☐ How would you address issues of role-blurring?
- ☐ What are some stereotypes and personal prejudices held about various professions?

Team Functioning

- ☐ What are the interprofessional dynamics of the group?
- ☐ Do team members show strong commitment to the team?
- ☐ Is there a need for team building activities?
- ☐ How does the team work towards improved team dynamics?
- ☐ How did your team make decisions?
- ☐ What types of decisions did your team make?
- ☐ Are there some common professional interests among team members?
- ☐ What strategies are important for coping with uncertainty and change?

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Conflict Resolution

- ☐ What are the circumstances in the team in which conflict is more likely to arise?
- ☐ How did your group manage conflict?
- ☐ What were some of the negative outcomes of conflict in your group?
- ☐ What were some of the positive outcomes of conflict in your group?
- ☐ What is your personal conflict management style? How does it compare to that of others?
- ☐ What attitudes are necessary to tolerate difference, miscommunication and perceived shortcomings in others?

Collaborative Leadership

- ☐ Are you aware of your own emotions in your interactions with others?
- ☐ How did you encourage emerging leadership roles for different team members?
- ☐ How did you ensure all team members engaged equally?
- ☐ Did you have a group leader? How did the leader emerge?
- ☐ Which leadership roles rotated among members?
- ☐ How did you encourage collaboration in your group?

APPENDIX II - Self-Assessment of Learning: *Global Rating Scale*

The following is a self-assessment that you might want to use with participants from any number of interprofessional learning activities.

Self-Assessment of Learning: *Global Rating Scale*

Circle the rating which best reflects your judgment of your knowledge, skills/behaviours and attitudes in the following categories:

Collaboration

Skill/Behaviour – Others’ roles/responsibilities/values/scopes of practice				
1	2	3	4	5
Not able to describe others’ roles, responsibilities, values and scopes of practice.		Able to describe some aspects of others’ roles, responsibilities, values and scopes of practice.		Able to clearly and thoroughly describe others’ roles, responsibilities, values and scopes of practice.
Skills/ Behaviour – Involving other professions in client/patient/family care				
1	2	3	4	5
Not able to contribute to involving other professions in client/patient/family care appropriate to their roles and responsibilities.		Able to contribute on some occasions to involving other professions in client/patient/family care appropriate to their roles and responsibilities.		Able to comprehensively contribute to involving other professions in client/patient/family care appropriate to their roles and responsibilities.
Skills/ Behaviour– Effective decision-making in interprofessional (IP) teamwork				
1	2	3	4	5
Not able to contribute to effective decision-making in IP teamwork utilizing judgment and critical thinking.		Able to contribute on some occasions to effective decision-making in IP teamwork utilizing judgment and critical thinking.		Able to comprehensively contribute to effective decision-making in IP teamwork utilizing judgment and critical thinking.
Skills/ Behaviour– Reflection on IP team function				
1	2	3	4	5
Not able to contribute to team effectiveness through reflection on IP team function.		Able to contribute on some occasions to team effectiveness through reflection on IP team function.		Able to comprehensively contribute to team effectiveness through reflection on IP team function.

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Communication

Skill/Behaviour - Effective IP communication – giving and receiving feedback				
1	2	3	4	5
Not able to contribute to effective IP communication by giving and receiving feedback.		Able to contribute some aspects to effective IP communication by giving and receiving feedback.		Able to contribute accurately and effectively to effective IP communication by giving and receiving feedback.
Skills/ Behaviour – Effective IP communication – conflict or difference of opinions				
1	2	3	4	5
Not able to contribute to effective IP communication by addressing conflict or difference of opinions.		Able to contribute some aspects to effective IP communication by addressing conflict or difference of opinions.		Able to contribute accurately and effectively to effective IP communication by addressing conflict or difference of opinions.
Skill/Behaviour - Effective IP communication – self-reflecting				
1	2	3	4	5
Not able to contribute to effective IP communication by self-reflecting.		Able to contribute some aspects to effective IP communication by self-reflecting.		Able to contribute accurately and effectively to effective IP communication by self-reflecting.
Attitude - Effective IP communication skills				
1	2	3	4	5
Not aware of or open to utilize and develop effective IP communication skills.		Partially aware of and open to utilize and develop effective IP communication skills.		Completely aware of and open to utilize and develop effective IP communication skills.

Values & Ethics

Attitude – Advance values of IP team functioning				
1	2	3	4	5
Not able to advance values of respect, confidentiality, trust, integrity, honesty, ethical behaviour and equity as they relate to IP team functioning to maximize quality, safe patient care.		Able to advance some values of respect, confidentiality, trust, integrity, honesty, ethical behaviour and equity as they relate to IP team functioning to maximize quality, safe patient care.		Able to comprehensively advance values of respect, confidentiality, trust, integrity, honesty, ethical behaviour and equity as they relate to IP team functioning to maximize quality, safe patient care.



Canadian Working Group on HIV and Rehabilitation
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