UNDERSTANDING AND FACILITATING INTERPROFESSIONAL EDUCATION

A Guide to Incorporating Interprofessional Experiences into the Practice Education Setting

THE UNIVERSITY OF BRITISH COLUMBIA
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WHAT IS INTERPROFESSIONAL COLLABORATIVE PRACTICE?

Interprofessional Collaborative Practice (ICP):

- "Collaborative Practice is designed to promote the *active participation* of each discipline in patient care. It enhances *patient- and family-centred goals and values*, provides mechanisms for *continuous communication* among care givers, optimizes *staff participation in clinical decision* making within and across disciplines and fosters *respect* for disciplinary contributions all professionals." *(Health Canada, 2004)*
- ICP allows professionals to search for solutions that go well beyond their own vision of what is possible
- ICP is designed to promote the active participation of several health care disciplines and professions
- ICP enhances patient-/family-/community-centred goals and values
- ICP provides mechanisms for continuous communication among health care providers
- ICP optimizes staff participation in shared clinical decision making within and across disciplines
- ICP fosters respect for the contributions of all providers

Collaborative practice involves the relationship between various professions as they purposely interact to work and learn together to achieve a common goal. For example, if a patient has trouble swallowing, nurses, occupational therapists, speech language pathologists and dietitians need to work together as a team to figure out what the issue/problem is and the treatment/care plan for the patient.

Some more definitions that you may come across…

- **Multiprofessional education (MPE):** When members (or students) two or more professions learn alongside one another: parallel rather than interactive learning. *(Freeth et al., 2005)*
- **Interprofessional education (IPE):** Occasions when two or more professions learn from, with and about each other to improve collaboration and quality of care. *(Freeth et al., 2005)*
- **Interprofessional learning (IPL):** Learning arises from the interaction between members (or students) of two or more professions. This may be a product of interprofessional education or happen spontaneously in the workplace or in education settings. *(Freeth et al., 2005)*
- **Interprofessional collaboration** is the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients, clients, families and communities to enable optimal health outcomes. *(Canadian Interprofessional Health Collaborative, 2010)*

Interprofessional Collaboration is not…

…doing another professional's job it is only when health care providers are secure and clear about their own roles that they can practice effectively in a collaborative way. Shared competencies exist across professions and a secure sense of professional self will allow providers to take on some of the shared roles more easily. Knowing when health care providers have reached the limit of their expertise allows them to be able to effectively refer to other team members.

…losing professional identity On the contrary, to be most effective and productive on an IP team, providers must be confident in their role in order to contribute the best of their expertise, especially when their opinion differs from that of other professions.

WHY INTERPROFESSIONAL EDUCATION (IPE)?

Our health care environment is faced with patient safety issues, health and human resource shortages, and an aging population with increasingly complex health care needs

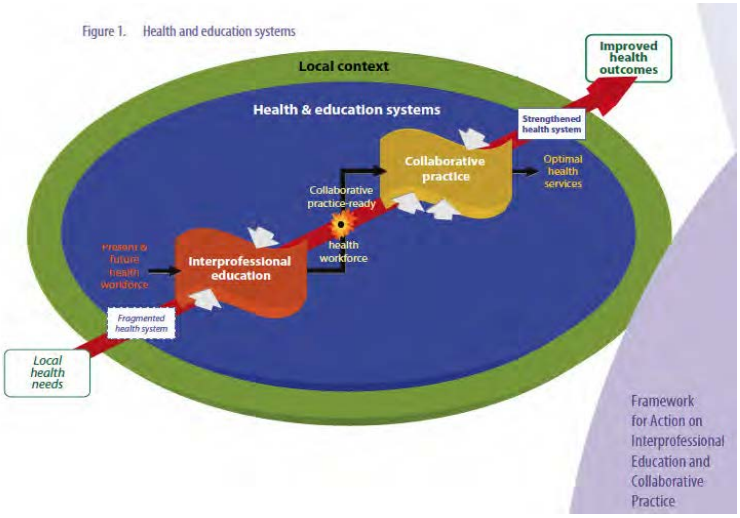
The literature supports the concept that collaboration is necessary to mitigate patient safety issues and to deal with our complex health care system and health and current human resource shortages.

Some significant international and local EVIDENCE FOR CHANGE in health care delivery include:

- Demographic changes, in particular the ageing population
- Increased incidence of long-term conditions and complex care requirements
- New models of care
- Technological advances
- Increasing specialization of health professional practice
- The patient safety and quality agenda
- Workforce pressures

International Agenda

An International WHO Study Group created a report, *Framework for Action on Interprofessional Education and Collaborative Practice (2010),* identifying what is happening around the world in interprofessional collaboration, how to make collaborative teamwork happen and outlines strategies for the implementation of IPE and collaborative practice at the local level. In the face of health workforce shortages, the development of collaborative practice ready health workers is required. The premise of this model is that IPE is essential in preparing these health workers, who, in turn through collaborative practice will provide optimal health service delivery, responding to local needs. The report describes how workforce planning systems require synergy with education systems to support the transition from classroom to workplace.



National Agenda Canadian Agenda

Health Canada provided support for the Interprofessional Education for Collaborative Patient-Centred Practice Initiative (IECPCP) in 2005. The outcomes of the IECPCP Initiative included: the establishment of university-based interprofessional education (IPE) infrastructure and joint programming; the development of interprofessional curriculum and training; supports for educators; creation of interprofessional training placements; development of IPE resources and tools; and the education of thousands of pre- and post licensure health care students and professionals. The Canadian Interprofessional Health Collaborative (CIHC) was created through the collaboration of the IECPCP projects.

Despite the initiatives and efforts, collaboration is a complex challenge and interprofessional care is not learned by osmosis. To quote Dr. John Gilbert who quoted Aristotle to explain this concept: "*For the things we have to learn*

before we can do them, we learn by doing them. Virtue is learned by example and acquired through practice." Every health profession education program deals with placements and students need to have placements in hospital settings to practice. (Gilbert, 2011).

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INTERPROFESSIONAL EDUCATION AND TEAMWORK

Interprofessional Education (IPE)
When two or more professions learn with, from and about each other to improve collaboration and the quality of care. *(CAIPE, 2002)*

Interprofessional Education is about learning together to work together. Being aware of one's own learning style and exploring one's own understanding and experience of working in groups and teams will assist in understanding other members of the healthcare team and their various roles. Effective, well-functioning teams have enormous potential to improve healthcare delivery.

There is increasing evidence that interprofessional education is integral to addressing issues such as patient safety, chronic disease management and primary health care, through the formation of more effective healthcare teams.

When setting up an IP team, some things to think about are:

- Learning styles of team members
- Team member's experience of team work in the past
- The effect good communication, understanding of self and others, and good group skills have on healthcare delivery and the healthcare team

In order to learn from each other, it is necessary to understand how teams work. Some questions to consider include:

- What is the purpose of the team?
- What are the different roles within the team?
- What are some features of well-functioning teams?
- What are barriers to team work?

Effective teams do not happen by chance. They are a result of:

- Clear purpose and roles
- Effective relationships
- Communication
- Personal and team accountability

Since many highly effective teams have resolved team barriers and issues it is important to consider providing opportunities within an IP practice education experience to address:

- Who the members of the health care team are

- What stereotypes, assumptions and biases the students may have about other professions
- What ideas others have about their profession
- The specific roles and scopes of practice of team members
- Areas of overlap within the team

IP COMPETENCIES

The (Canadian) National Interprofessional Competency Framework provides an integrative approach to describing the competencies required for effective interprofessional collaboration. Six competency domains - role clarification, team functioning, patient-/client-/family-/community-centred, collaborative leadership, interprofessional communication, and addressing interprofessional conflict - highlight the knowledge, skills, attitudes and values that together shape the judgments that are essential for interprofessional collaborative practice. (See Appendix 1 for the full document).

The *National Interprofessional Competency Framework* provides Competency Statements that may be helpful in describing the attributes demonstrated by a collaborative health care provider, and Competency Descriptors which further describe the expectations of a health care provider in achieving the competencies within each domain.

Adopting a competency based approach comes with challenges. Competencies are limited in their ability to account for different contextual learning and practice environments.

GOAL OF IP PRACTICE EDUCATION EXPERIENCES (IPPE)

Two key purposes of students participating in an IPPE experience include:

1. Gaining experience in interprofessional team work and collaboration
    a. Establishing and maintaining interdependent relationships with other professionals and students
    b. Developing an understanding of interprofessional team structures, effective team functioning and knowledge of group dynamics

2. Understanding the roles and contributions of the professions with whom the students will interact during their IPPE placement
    a. Understanding their own profession in relation to others
    b. Providing patient-centred care that is personal, professional and community sensitive
    c. Involving the patient/client and family as partners in group decision-making processes as part of an interprofessional care plan

Additional learning may include exposure and skill development in IP competencies of communication, conflict resolution and leadership.

IP SAMPLE LEARNING OUTCOMES

The examples below define a few interprofessional learning outcomes, based on the *National Interprofessional Competency Framework* (Appendix 1).

The framework defines the knowledge, skills, and attitudes needed for collaborative practice. The interprofessional learning outcomes define the desired results of interprofessional learning which will prepare students to effectively practice in today's health care environment.

The following are a few examples of interprofessional learning outcomes:

Competency	Team/Student Learning Outcome	Learning Activity/Strategies	Evidence *(How will we know we have learned it?)*	Validation of Met Outcomes
Role clarification	Describe knowledge of other professional roles in relation to other/own (specific to the context/setting)	• Research regulatory websites of various professionals • Refer to school notes • Discussion with preceptors • Discussion with other students • Shadow a client with other professionals where student does not have a role and ask them to explain what they think the role of the professional is • Case study presentation	• Able to describe other team members/students roles, job duties • Able to identify where overlaps occur • Able to openly discuss why some professions are not brought in to certain cases (redundant, no role at this stage, etc.)	• Feedback from preceptors • Feedback from clients • Feedback from other students

Team Functioning	Describe the characteristics of a highly functioning effective inter-professional team	• Participate in team functions
		  ○ *Formal:* rounds, family meetings, etc.
		  ○ *Informal:* social gatherings, etc.
		• Review school notes on teams and teamwork
			• Identify various team roles that are necessary for effective team functioning (leadership, active listeners)
			• Personal reflections on team functioning (journals, blogs, use of guided reflection sheets, self-assessment worksheet)
				• Preceptor reviews written materials of student and provides feedback/validation of insights

	Demonstrate the characteristics of a team member on a highly effective interprofessional team	• Participate in formal and informal team activities and functions (e.g., rounds, family meetings, social gatherings, etc.) • Review school notes on teams	• Able to set common client-centred goals which each team member is working towards • Respects the "ground rules" of the team and adheres to them (e.g., arrives on time, assumes role assigned within the team) • Performs duties within their scope of practice • Seeks assistance when necessary • Re-evaluates own position in light of new information from other professionals • Consistency between verbal and non-verbal behaviour • Non-judgmental/open-minded	• Peer feedback • Preceptor feedback

Interprofessional learning outcomes *(continued)*

Competency	Team/Student Learning Outcome	Learning Activity/Strategies	Evidence *(How will we know we have learned it?)*	Validation of Met Outcomes
Interprofessional communication	Demonstrate effective interpersonal communication skills	• Observation of preceptors	• Does not use discipline-specific jargon or acronyms • Uses respectful language when speaking with others; does not interrupt	
Addressing Interprofessional Conflict	Describe possible IP conflict			
	Demonstrate effective IP conflict resolution skills			

REQUIREMENTS OF THE FACILITY/PROGRAM IN PROVIDING AN IP PRACTICE EDUCATION EXPERIENCE

So you want to provide an Interprofessional Practice Experience to a group of students who will learn something innovative and provide exceptional patient care?

According to the literature, "situating interprofessional collaborative learning within practice environments can provide students with a range of valuable 'real life' clinical experiences." (Reeves, S., 2009)

This type of experiential learning allows students to actively engage in learning with, from and about each other in clinical settings. It also encourages students to begin modeling good interprofessional collaboration before they meet the demands of clinical practice upon gaining their respective professional licensure.

Studies of a growing number of interprofessional educational units from Sweden, the U.K. and Finland have shown that this model can be effective for:

- Pre-licensure learners as it provides 'real life' opportunities for senior students to provide team-based care for patients under clinical supervision.
- Preparation of students nearing qualification to enable understanding of the demands of collaborative clinical practice (Reeves, S., 2009)

You are among a growing number of facilities/programs within BC that is providing students a practice education placement. Professions represented include:

- Medicine
- Midwifery
- Nursing
- Physical therapy
- Occupational therapy
- Speech language pathology
- Audiology
- Social work
- Pharmacy

In addition to helping students fulfill profession -specific placement objectives, facilities or programs providing IPPE will:

- Provide the interprofessional student team with learning opportunities beyond their own discipline
- Enhance the discipline-specific skills of the future workforce by providing first-hand experience in collaborative patient-centred care
- Give the students a broader understanding of their scope of practice
- Illustrate the importance of teamwork between healthcare providers

As educators it is important to empower students to be able to answer the following questions:

- Who am I (my own profession) and what do I know?
- Who are the others (the other professions on the team) and what do they know?
- Who are we collectively as a team and what do we know?

Possible roles and responsibilities of the IP facilitator may include:

- Securing a space for the students to meet as arranged
- Assisting with identifying projects for the student teams
- Orienting students to the setting/facility
- Arranging a caseload for the students

PRECEPTOR RESPONSIBILITIES

Although there are no specific skill requirements in order to take on the role of an IP facilitator, the following are suggested elements for success:

- Registration in his/her regulating and professional bodies
- High levels of leadership and communication skills
- Interest in interprofessional teamwork

The IP facilitator offers:

- Liaison with placement sites, clinical preceptors/educators and educational institutions to facilitate the IP activities
- Guidance to the IP student teams as they participate in IP learning activities
- Feedback to IP student teams during development of team goals
- Feedback and facilitation of peer evaluation of projects and activities
- Opportunities for students to develop their collaborative team skills
- Facilitation of communication among students, preceptors and academic programs

ACADEMIC PROGRAM RESPONSIBILITIES

Interprofessional Practice Education experiences are generally considered part of discipline specific training. During the time the student is on an interprofessional practice education experience each student is typically supervised by a discipline specific preceptor as well as by the IP facilitator.

The Academic program roles may include:

- Ensuring requirements for the practice placement are met
- Facilitating discipline-specific competency acquisition
- Connecting with preceptors and IP facilitators regarding IP opportunities and activities
- Provision of IP training, materials, resources to preceptors

GETTING STARTED

It is preferable that the IP team participates in some or all of the following activities described below. These will complement and enhance the discipline-specific requirements of the student's respective education. Please note that sometimes team members will be arriving and departing from the IPE experience at different times given that start and end dates for the placements across the disciplines and schools differ. This has significant implications for interprofessional interaction and team assignments. Communication with the team may need to be conducted via email, Facebook and/or telephone.

As the facilitator of an interprofessional student team, you may arrange for students to:

- Meet as a team for a set number of hours each week
- Shadow one another and/or other health professionals beyond their own discipline
- Shadow clients that other students are following and describe the other team members role
- Participate in interprofessional rounds as available
- Complete at least one in-depth case study relating to a complex situation – patient, family or community-focused
- Discuss the function of the team as students learn with, from and about each other (see page 7 for IP teamwork questions)
- Complete an IP team project
    - For example, develop educational materials or present an interprofessional in-service

There are many different activities that can be adapted or created for IP learning in the clinical setting. Selection of activities for your particular clinical setting will depend on multiple factors such as:

- Client type
- Number of students
- Readiness/availability of staff for IP and IP learning
- Current team activities
- The physical environment

Some settings naturally lend themselves to an IP experience:

- Geriatric team environments
- Child development centres
- Specific practice areas such as assistive technology (including, seating, computer access)

Some settings such as private clinics may find it more challenging to provide an IP learning experience. The key message is "there is no one right answer" for which activities should be included in an IP learning experience in your setting; you know your setting best and will design activities which will work for you in your particular environment. Wherever possible a mix of activities should be included in order to accommodate different learning styles and preferences.

Key Principles

The definition of IPE states that students learn **"with, from and about each other … to improve collaboration or quality of care."** *(CAIPE, 2002)*. Activities should include at least one of these elements and will often involve more

than one. **Interactive, group-based activities requiring collaboration to achieve a learning goal** are key to an IP learning experience.

WHEN STUDENTS ARRIVE

INTRODUCTIONS AND ICEBREAKERS

In order that students feel comfortable sharing their thoughts and experiences in the learning environment it is important to:

- Introduce group members to each other and to set a comfortable, relaxed tone at the start of the experience
- Establish a culture of trust and openness

Ice breaker activities are a good way to get students to interact and get to know each other on the first day of the placement. Examples of icebreakers include:

The 2-minute mixer

Group members pair up and have two minutes to find out about their partners answers to previously developed questions which are clearly posted on the wall. Questions should be designed to get participants talking – for example, "What is your favourite sport?" or "Where did you go on holiday last year?" After two minutes a bell rings and participants change partners and repeat the exercise. This is repeated so that participants meet several (or all, depending on group size) group members.

Commonalties

Depending on the size of the group, this activity can be done either with the whole group or with small subsets of the group. There should be 4-5 people in each group. Ask the group to list as many things as possible that they have in common. (You may want to list some "rules" – e.g., cannot include body parts, clothing or the fact that they are students).

Famous People Game

Write the name of a famous person on an index card. Tape a card on to each group members back (do not let the person know what their card says). The aim is for each person to find out what the card on their back says, by asking questions of the other group members. For example they might ask "Am I still living today?" Other group members look at the card and answer *yes* or *no* (no other conversation is allowed).

Marooned Game

Depending on the size of the group, this activity can be done either with the whole group or with small subsets of the group. There should be 4-5 people in each group. The team is told that they are marooned on an island. Their task is to determine the five items they would have taken with them if they had known they were going to be marooned. If there is more than one team each team should be challenged to defend their choice of items to the other groups.

This web link (https://www.cleverism.com/10-ice-breaker-activities-meetings-training-team-building-sessions/) provides several other suggestions, or try doing an internet search for "icebreakers."

LEARNING OBJECTIVES

It is important to negotiate clear learning objectives with the student team at the outset of the placement. This is a good time to explain:

- The meaning of IPE
- The competences required for collaborative client care
- What the student can expect to achieve during the IP experience

How to write really good learning objectives

Reasons for Learning Objectives

- To clearly define realistic expectations of the placement relevant to the level of student
- To guide planning of formal and informal learning activities

Steps in Developing Instructional Objectives

Objectives should state in precise, measurable terms what the student will accomplish.

Components of a well written learning objective/outcome include:

- Audience (the student or students)
- Action or behaviour (what it is the student will be doing)
- Conditions (are there any rules or circumstances that must be followed in the procedure or prior to the student attempting something)
- Standards or level of performance expected (with supervision, independently, etc.)

HINT! *Avoid cramming too much into one objective, or being too vague.*

Remember, an objective is a statement that describes in precise, measurable terms what the student will be able to do by the end of the placement.

The behaviour element in an objective is a phrase containing an **action or behavioural verb** that ties what the learner is to perform or exhibit to the object of the behaviour. The behaviour element needs to be reflective of the level of student - for example, being able to critically appraise is at a higher level than description. Critical appraisal of a concept could possibly be an objective for senior level students while describing a concept might be more appropriate for a junior level student.

A **crucial element** of an objective is: "How well do students need to achieve an objective in order for their performance to be judged satisfactory?" This will also differ for each level of student - for example, junior level students may perform tasks with supervision while senior students may demonstrate aspects of their performance independently, efficiently and perhaps even proficiently.

Additionally, the time allocated for specific tasks or the required number of repetitions may also change based on the level of placement.

In addition, all objectives should be SMART:

S **Specific**

M **Measurable**

A **Achievable**

R **Realistic**

T **Time-oriented**

SKILL ACTION VERBS

Examples of strong skill action verbs include:

Achieve	Initiate	Promote
Administer	Instruct	Publicize
Analyze	Interpret	Reason
Answer	Invent	Recruit
Approve	Investigate	Reorganize
Assess	Judge	Research
Budget	Lead	Resolve
Calculate	Listen	Review
Collaborate	Maintain	Schedule
Communicate	Manage	Share
Counsel	Market	Strengthen
Create	Mediate	Supervise
Demonstrate	Negotiate	Support
Develop	Obtain	Teach
Document	Organize	Tend
Establish	Persuade	Track
Evaluate	Plan	Train
Facilitate	Predict	Tutor
Formulate	Prepare	Unified
Gather	Present	Upgrade
Generate	Problem-Solve	Verbalize
Implement	Process	Verify
Improve	Program	Write

Fuzzy words or phrases to avoid when writing performance statements or objectives*

To:	To show:	To become:
Know	Awareness of	Aware of
Learn	Appreciation of	Capable of
Believe	Enjoyment of	Familiar with
See	Feeling for	
Feel	Knowledge of	**To develop:**
Comprehend	Interest in	Critical thinking
Perceive	Comprehension of	Intelligence
Realize	A proper attitude for	
Understand	A capacity for	
Think		
Conceptualize		

***Each of these verbs is not directly observable, since they must be indirectly inferred from action, which leaves a large margin of error for misinterpretation. Thus, it is best to avoid these when writing performance statements.

Fuzzy Words above taken from Crist, P. (1986) *Contemporary Issues in Clinical Education*. Slack Inc. Vol. 1, #3.

The *National Interprofessional Competency Framework* provides a useful tool for the development of IP learning objectives (See Appendix 1).

An example of some learning objectives for an IP clinical includes;

At completion of the placement the students will be able to:

1. *Clearly exchange viewpoints and information in a respectful manner with their student colleagues and members of the qualified health professional team.*
2. *Communicate with patients and families in a way that reflects person-centred care.*
3. *Work collaboratively to perform clinical assessments and design care interventions for allocated patients.*
4. *Share responsibility for delivery of clinical care interventions, where relevant to student's discipline.*
5. *Evaluate the impact of care interventions in consultation with their student colleagues and the qualified health professional team.*
6. *Hand over aspects of care that are beyond their scope of practice to another member of the student team and/or to the relevant member of the qualified health care team, in a timely manner.*

TEAM BUILDING/TEAM CHARTER

The students involved in IPPE will usually form a team for a period of the placement. Time should be provided during the placement to enable the students to set ground rules for their team meetings, or to develop a team charter. (For more information on Team Charter, see Appendix 2).

TYPES OF ACTIVITIES

IP activities in the clinical setting can be facilitated by clinicians, tutors/experts, or the students themselves.

Student-led activities

Student-led activities are often the most effective, and often inherently involve many of the skills required for teamwork, such as collaboration and cooperative problem solving.

Student-led activities should be included as part of an interprofessional learning experience whenever possible, as these mimic the "real world" where interprofessional teams work together. Students should be encouraged to take the lead on many of the activities they undertake in an IP experience, such as shadowing experiences, care planning and case studies.

Clinician-led activities

Clinician-led activities may be part of the daily unit routine and examples may include:

- Unit rounds or case conferences
- Visits to other clinical areas or to see different clients

Debriefing or discussion after the activity is very important in order to learn from student's perspectives as well as from the perspective of the clinician

Tutor-led activities

Tutor-led activities include a visiting tutor or speaker (e.g., a health professional who is a specialist in a specific area of care or an educator from an academic institution).

Tutor roles often include presenting a specific topic of interest to multiple professions (e.g., management of pain in a specific client group). This can be followed by group discussion, or the tutor might facilitate a forum for exploration of a topic in various ways (e.g., multi-professional roles in the management of spasticity). Tutors should be well versed in interprofessional teamwork and roles, and be able to present in a style that is relevant to multiple health professions. Tutor-led activities need to ensure there is opportunity for students to engage with each other in exploring the content/topic, either during or following the tutorial session. A straight lecture format with no active student involvement should generally be avoided.

INVOLVEMENT OF OTHER PARTICIPANTS

Other health professionals/unit members

Involvement of other health professionals in a student IP experience can be both valuable and interesting. Other professionals can be invited to participate as observers or as part of the team discussions. Involvement of other professionals or unit members provides an opportunity for interprofessional learning from other team members as well as being useful for team building on the unit.

The involvement of other team members needs to be managed carefully in order not to detract from the students learning experiences, as the focus on learning should remain with the students learning from each other.

Patients

Patients can be excellent teachers and should be involved in IPPE wherever possible. Examples of IPPE activities involving patients:

- Patient interviews
- Care planning
- Case rounds involving the patient/client

INDIRECT CARE ACTIVITIES

Although much of the IPE experience will be focused on clinical topics and direct care, other unit activities can form the basis for interesting projects, debates and discussions.

For example, questions around unit functioning could be explored:

- Unit rounds or case conferences – how could these be structured more meaningfully for all participants?
- How might documentation be structured to better meet the needs of all professions?

Social events

Inclusion of social events is an important part of the IPPE experience. Whenever possible, social events should be incorporated as part of the student's day rather than requiring attendance outside of placement hours. By getting to know one another in a relaxed, social environment, students learn to appreciate and build trust with each other.

Events might include: A lunch, networking coffee breaks, or a pub night.

ISSUES: THINGS TO CONSIDER

Timing of placements

Often the hardest part of planning an IP learning experience is scheduling. Different students have different placement times and length which may not fully coincide. It is important to build in flexibility for students to 'come and go' and yet still feel part of the team for the time they are there.

Strategies might include:

- Having the IP experience for part of, rather than the entire , placement time
- Having a schedule which accommodates different students arriving and leaving during the planned activities

Different academic levels of student

Sometimes the team of students may have varying levels of academic preparation, for example, certificate or diploma students, undergraduate students) or graduate students.

IPE often works well with this diversity, as students from different professions all have something to offer each other regardless of stage in their academic program. Peer coaching models where senior students can teach or coach more junior students can also be used effectively with a mixed group.

Power balance between students

It is important for the IP facilitator to be aware of potential "power struggles" within the student group. Things to watch for include:

- Senior students being inclined to teach rather than learn from the junior students
- Certain groups feeling that they should become the team leaders

Strategies to prevent or defuse power struggles include:

- Rotating leadership for activities
- Appropriate ground rules
- Development of a team charter supporting equal participation by all
- Redirection from the IP facilitator

It is important that the group are coached and guided in managing internal conflicts themselves rather than have the facilitator solve the problem for them if at all possible, as is what would happen after graduation.

EXAMPLES OF ACTIVITIES

Many of the usual activities you do with your students on placement can be adapted for an interprofessional group. While the following are example of activities, it is important to remember that there are many other excellent activities that could be used for interprofessional learning. Your particular environment and situation will lend itself to a variety of different leaning opportunities and options. As facilitator, you will likely want a mix of activities involving clients, as well as activities which are only for the students.

ACTIVITIES INVOLVING PATIENTS/CLIENTS

Interprofessional rounds

- Many facilities have some type of interprofessional client care rounds which can be valuable for students to attend
- Students should focus on the information presented by their own profession and how it contributes to a collaborative care plan or goal setting for the patient
- Students should focus on which team member provides which information; that is, which information is shared and which information is profession-specific
- Following rounds, an interesting discussion question might be why specific professional roles have emerged, and how changing these might improve patient care

Patient interviews

- Ask students to interview a pre-selected client about their experiences in the health care system and focus on how collaborative care could be improved from a patient's perspective
    - Clients without cognitive impairment, who have chronic disease issues or multiple problems and who are comfortable talking about their experiences are well suited to this exercise
    - Students should probe around areas of service duplication, communication issues, lack of teamwork and other areas where interprofessional teamwork is of particular importance
- Following the interview students can debrief by planning a more effective way of collaboration around the client needs, including strategies that could be used to make this happen (exploring what might need to change in the health care system to facilitate type of care this might also be useful)

Patient assessment

- Patients can be assessed by interprofessional groups of students
- Students learn about other professions perspectives and areas of focus by observing the questions asked and the clarification required by the different professions
- If it is inappropriate for more than one student to interview the patient at a time, students can "compare notes" following their interactions with the patient
- If there are students who do not have a role with a particular patient, they may still observe the interactions of other group members with the client and discuss why they would not be involved with the specific client

Patient treatment

- Following assessment (whether from an in-person assessment or using information from the medical record and previous assessments if an actual assessment is impractical) students should collaboratively develop a patient centered care plan for the patient
- Students agree on functional goals for the client and then plan the treatment that they will give either from an individual profession perspective or from the perspective of two or more professions working together
    - It is vital that the patient's perspective is kept central, and that the plan is tailored to meet the mutually agreed on goals rather than profession-specific issues
    - The plan must be realistic given the clinical setting
- Issues of shared scope should be identified and discussion encouraged as to which roles and activities should be shared amongst multiple team members
- Discussion of the rationale for sharing or not sharing specific functions is often useful
- Potential barriers to collaboration should also be discussed and plans made address these

It may take the students several hours to come up with a mutually agreeable plan, particularly if the student group is large. It is important to remember that the process of treatment planning as well as the final product is an important part of the learning experience. Before the plan is instigated, it should be presented to the facilitator and/or to the health care team for approval and comment.

Discharge planning

Activities such as discharge planning provide an excellent opportunity for collaborative learning and care

- Students should be asked to collaborate to set up a discharge plan
- The plan should clearly outline profession-specific responsibilities as well as those which are shared
- If the students plan is modified or not adhered to in actuality, discussion can be instigated around why changes occurred
- Look at whether the changes were positive or negative from the patient's perspective: how could the plan be changed to be more collaborative and client focused?

Shadowing

- Students "shadowing" other professions is not a new concept but one which can be used very effectively with an interprofessional group of students
- Students should shadow each other and teach each other about their role instead of shadowing a graduate staff member. Learning of their own role is enhanced as the students teach and explain it to each other.
- Ask the students to state their specific goals and learning objectives for the shadowing experience in advance, both as the "shadower" and as the "shadowee" - this will help to focus the learners and can also help with articulation of clinical reasoning for their practice

During placements, learners will have various opportunities to interact with team members from a wide range of professions. The most effective way to learn about others' roles is through shadowing a patient during their interaction with the other team member. This will allow for the opportunity to learn about, from and with other health care professionals more informally and within the context of patient care. This activity sheet (appendix 11) will guide learners through the process of interviewing and shadowing other health care professionals.

Learning Objectives

The activity will enable learners to:

- Describe their own roles, responsibilities, values and scope of practice effectively to other team members
- Explain how other professions' goals are related to and different from their own role within the practice context
- Relate their learning to patient/client goals
- Describe why or why not interprofessional collaboration is required for patient/client care
- Explain the concept of a team
- Demonstrate effective team skills by:
    - Sharing information effectively
    - Listening attentively
    - Using understandable communications
    - Responding to feedback from others

Observational visits to other clinical areas

Exposing interprofessional students to the client's continuum of care can be a useful teaching tool and starting point for discussion or debate. You may want to:

- Arrange for students to observe clients with similar clinical needs to those the students will encounter but in different stages of their care
- Organize visits to where their clients may be discharged. Also, seeing where the patients have progressed from may be useful (e.g., students in home care visit the acute setting).
- Provide an opportunity for debriefing such as a structured interprofessional discussion and reflection on what was observed following the visit

Students can also be asked to identify what the goals of treatment might be in the new setting.

Once the visit has been completed, students can be asked to use their new knowledge during collaborative treatment planning, for example in preparing their clients for discharge home or in anticipating their potential needs on transfer from an acute setting.

ACTIVITIES WITHOUT THE CLIENT PRESENT

Case presentations

- Students can be asked to take turns presenting a case they are currently working with. This can occur either individually or with one or more partners.
- The role of the audience, which can be made of up students or other health care team members, is to ask questions and provide suggestions for enhancement of collaborative care in the specific case

Consultations and problem-solving

It is not always feasible or relevant to have multiple professions involved in the care of a client. If this is the case, consultations to other students may be appropriate. Students may:

- Ask the student of another profession to give input into a specific problem or issue
- Participate in a discussion 'behind the scenes' with the team around a particular problem the student is having with a specific client
- Bring the problem to the team, which has the additional advantage of allowing many different professions to have input; sometimes a profession that the student does not expect will be able to provide assistance, further emphasizing the role of that profession

Students often find it valuable to have specific times allocated for the team to problem-solve using each other's expertise during the week

Mock interprofessional rounds

A useful activity is the facilitation of 'mock rounds,' where the student attempts to present information from another team member's perspective (e.g., a medical student would attempt to present the OT information). The OT student then provides feedback as to what they would have presented, and gaps are analyzed.

This fun activity can highlight the gaps in understanding of another team member's role, and build respect for another team member's knowledge base.

Team interviews

Interviewing each other on specific topics and issues can provide an insight into the values and beliefs underlying other professions. Students should be encouraged to select a topic which will elicit views and perspectives on a current heath care issue and to prepare questions which may contrast their own professional views with those of another. Examples of topics might be:

- The use of assistants in their profession
- Entry-level qualifications and licensing
- Current "hot issues," with an emphasis as to why specific issues are of importance to other professions

Reflection

Students should be encouraged to self-reflect in order to deepen their learning.

In interprofessional teams there is also value in group reflection, focusing on interprofessional communication, collaboration, problem solving and roles.

Looking at current practice, what optimal practice in the specific clinical area might look like, and what would be needed to move to a more collaborative team model can be useful to start the reflective process.

Team members could also be encouraged to reflect on their own current and optimal roles within the team, including their own perspectives and comfort levels around shared scopes of practice.

Discussion

Discussions are a key element of IP, promoting IP learning and developing critical thinking skills.

- Discussion may occur spontaneously between team members, however it is important for the IP leader/facilitator to have developed questions to stimulate and direct the conversation when needed
- Discussion can be focused on issues brought forward by the students, or be generated from specific client cases and key concepts
- Any key concepts relevant to the clinical area which it is important for students to discuss (for example, end of life issues on a palliative care unit), should be formulated ahead of time into specific discussion questions for the IP team
- Discussion of resources which may be useful for students to access will be important, including both literature, relevant websites, and any on-site resources

Examples of discussion questions used to promote critical thinking in students can be found in Appendix 3.

Debate

- Different interprofessional perspectives can be elicited in both the preparation for, and activity of, a formal debate
- Topics allocated for debate can be wide ranging, from system-wide issue to those tailored to the specific clinical environment (for example, the merits and drawbacks of a specific clinical pathway or treatment protocol, or current healthcare issues such as resource allocation)

Setting the ground rules for debate (for example, attacking positions rather than the person) is important and can be done by the participants using their team charter or group ground rules as a basis. Other team members from the clinical unit can be invited to the debate itself and have a role in judging the quality of the arguments, as well as being encouraged to question the debaters about their positions.

For an effective debate, a minimum of six participants is required, three on each team. If there are less than six students, graduate representatives of different professions may be asked to participate with the students. For more information on the structure of a formal debate see Appendix 4.

Case studies

- Case studies are a great way to encourage a team of students to collaborate in treatment planning and problem solving
- Cases can be created in advance, allowing complete control over specific concepts which may be important in a clinical area, or a current client case on the unit can be used. The advantage of using a current patient or client is that students can often "try out" their specific treatment plan and/or follow the client to see how their conclusions play out in practice.

With either a fictitious or an actual case study, thought must be given to what elements of the case are the most important (for example: discharge planning or patient teaching). Students should then be encouraged to discuss their different perspectives and focus in those areas. Students should be guided to discuss their potential involvement with the case, the underlying principles guiding their involvement, and their perceived scope of practice. If various members of the student team are not familiar with the roles of other team members, it may be useful for them to combine a shadow experience with the case study (see *Shadowing*).

EVALUATION OF IP LEARNING IN THE PRACTICE EDUCATION SETTING

Why evaluate?

- To meet curriculum/learning objectives of each discipline, of each faculty/program
- For accreditation purposes
- To provide data for external audiences (research, IPE movement, policy implications)
- To develop an evidence base for changes that need to occur at the strategic level of IPE
- For better health outcomes of patients

Assessment and evaluation of interprofessional education and learning are challenging tasks given the complexity of the process and the intended outcome. However there are a number of common principles that assist in guiding the evaluation or assessment of IP projects and initiatives. Some of the principles and steps to follow in developing IPE assessment and evaluation include the following:

1. Aligning assessment and evaluation with the Objectives of the learning experience:

Evaluation needs be centred on the pre-determined IPE Objectives. Some examples of IPE Objectives can be found on page 10.

2. Using appropriate measurement tools

- Choose assessment and evaluation tools/measures based on the objective and expected outcome. When choosing a validated tool, consider what it is designed to measure and whether that matches the objectives of the program (see note above).
    - Most validated measures are aimed at detecting modifications of attitudes and perceptions
    - Self-reporting measures learner's abilities and knowledge concerning skills in multidisciplinary team working
- When choosing a standardized measure regard whether the measure was developed and tested using a similar population, and similar circumstance–this is what makes IPE so complex and complicated to measure!
- If you are considering developing your own questionnaire or evaluation tool, consider the psychometric properties of reliability and validity and how you will ensure the tool has these attributes.

Consider who is being evaluated:

- Students
- Preceptors
- Continuing Professional Development program/sessions
- Stakeholders (clients)

When should assessment or evaluation occur?

- Formative
    - Developmental evaluation: during the process/project
- Summative
    - At the end of the process/project: an impact assessment: outcomes are evaluated against the success criteria specified during the goal/objective setting stage
- Short term: to evaluate the program, students
- Long term: to evaluate outcomes to the organizations, health care system

As discussed above there are numerous methods to assess learner outcomes. Some common tools utilized in the practice setting are the pre-post placement experience survey/questionnaire. See Appendices 5 and 6 for examples of surveys that can be used.

Another method that is often used to test competence is a case-based scenario or Key Features test based on a case. Key features assess decision making skills by focusing on the test taker's abilities with respect to the critical elements of a scenario to achieve the best solution.

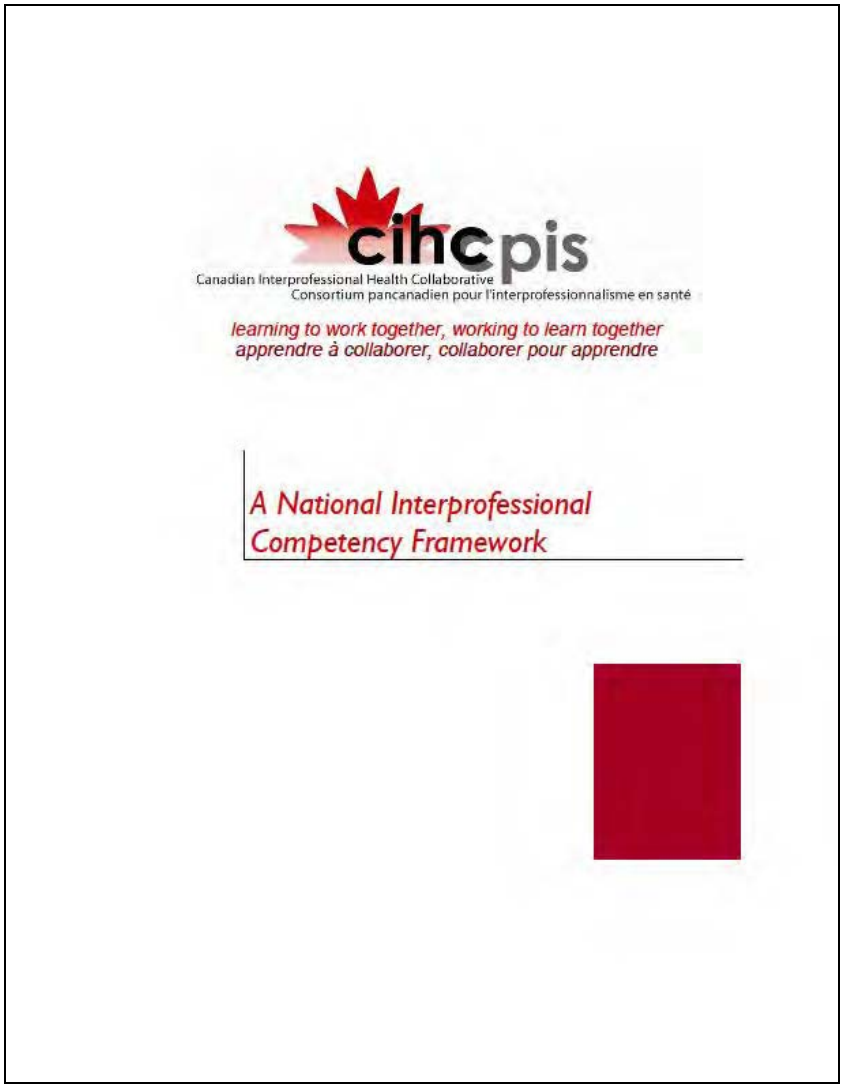
Key features (KFs) are the steps or actions most likely to lead to error; the most important aspects of the case; or the most difficult aspects of problem identification and management in practice. Candidate responses are *only* focused on the key features of each clinical scenario, rather than each and every step of managing a situation.

According to Page and Bordage (1987), (clinical) problem solving skills are "contingent on the effective manipulation of those few elements of the problem that are critical to its successful resolution. [Those] authors labeled these critical elements the problem's *key features*."

An example of a Key Features Case study can be found in Appendix 8. These can be used in an interprofessional collaborative placement experience, both pre and post IP experience. Be mindful that you will have to adapt the cases to your specific practice context.

APPENDICES

Appendix 1: National Interprofessional Competency Framework



To view this document please go to: www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

Appendix 2: Team Charter

As a team, create one team charter that you can all live with for the term. Include the headings below and answer each of the questions. Discuss the various issues listed under ground rules to discover what each team member's expectations are. Do your best to reach a consensus that everyone can live with. *Remember: you can revise your ground rules if it becomes necessary.*

Team Purpose

- What are we supposed to do?
- What is our vision of the team?

Key Customers

- Who will receive/use the output of the team?

Stakeholders

- Who else is interested in our success?

Team Ground Rules

- What is acceptable behaviour? What is not? What would it take for you to "fire" someone from the team?

Discuss these items:

- Accountability for commitments *(I.e., keeping your word)*
- Attendance *(Consequences of missing meetings and classes?)*
- Communication guidelines *(How, and how often?)*
- Completion of assignments
- Conflict resolution processes *(How and when will you address problems?)*
- Decision-making processes *(When will you use majority rule and when will you use consensus?)*
- Interpersonal behaviour guidelines *(How will you treat each other?)*
- Leadership *(How will you share leadership?)*
- Meetings *(Agendas, minutes, breaks, location)*
- Participation *(What do you expect? How will you get the most from each of you?)*
- Rewards and celebrations
- Roles and responsibilities *(Who will do what? What will you all share?)*

Appendix 3: Examples of Discussion Questions Used to Promote Critical Thinking in Students

Sample questions used to promote critical thinking focus on the following:

DEPTH	What makes this situation more complex?
BREADTH	How could we look at this differently?
LOGIC	How does this fit with what the evidence says?
SIGNIFICANCE	Which of these test results is most important?
FAIRNESS	Are we listening to the client's wishes as well as to our own?
CLARITY	Could you give me an example?
ACCURACY	How do you know this is true?
PRECISION	Could you be more specific?
RELEVANCE	How do these findings relate to the diagnosis?

Appendix 4: How to Organize a Debate

A debate can be defined as a discussion of a public question with opposing viewpoints; a formal presentation in which the positive and negative sides of a proposition are advocated by speakers.

In the clinical education setting students could be assigned to a debating team. There needs to be at least two students (one for each viewpoint) to participate or engage other staff members or clinicians. There will be one *pro* and one *con* team for each statement.

During the debate only one person may speak at a time. A moderator should be assigned. The moderator will recognize each team's turn and signal when time is up. Teams may choose a single spokesperson, choose one spokesperson for the argument and another for the rebuttal, or otherwise divide the available time among speakers as they see fit. If there are multiple students participating, all team members are expected to participate in the development of the argument, and as a group should determine the optimal strategy for presenting concise and persuasive arguments.

A proposed time frame could be such:

Pro and Con presentations	4 minutes each
Pro and Con rebuttals	2 minutes each
Pro and Con closing statements	1 minute each

The “pro” team argues in favour of the statement (i.e., implies it is true), the “con” side argues against the statement (i.e., implies it is false or flawed).

Some examples of topics might include:

- *“Interprofessional collaboration is a lofty ideal, not applicable to everyday practice”*
- *“Collaborative practice gets in the way of delivering client services”*
- *“Striving for client-centred practice within interprofessional teams is unrealistic and unachievable”*

Appendix 5: Readiness for Interprofessional Learning Scale Questionnaire (RIPLS)

RIPLS: Readiness for Inter-professional Learning Scale Questionnaire

The purpose of this questionnaire is to examine the attitude of undergraduate health professional students towards inter-professional learning. **This involves any education where teaching and/or learning group represents two or more disciplines.**

Date: ____/___/____

Please place a tick in the box of your choice, or write a response for each question below.

1. **Your ID code**: (develop your own 'personal code' by using the **first 3** letters from your first name and **last 3** letters from your last name). For example Julie Smith = JUL ITH

   First 3 letters from your **first name**: □□□ **Last 3** letters from your **last name**: □□□

2. Your year of birth: 19 □□

3. Your sex: Male □ Female □

4. Your university course of study

Medicine	□	Occupational therapy	□
Midwifery	□	Pharmacy	□
Nursing	□	Physiotherapy	□
Nutrition/dietetics	□	Social work	□
Other	□	(Please name: ……..)	

5. **Your year level for university study**

First year □ Second year □ Third year □ Fourth year □ Fifth year□

6. Have you had previous experience of inter-professional learning (IPL)? Yes □ No □

If you answered yes, please give a very brief statement of what this IPL was, and any impact it may have had….

RIPLS: Readiness for Inter-professional Learning Scale Questionnaire

Please place a tick in one box to respond to each item.

		Strongly agree	Agree	Undecided	Disagree	Strongly disagree
1.	Learning with other students will make me become a more effective member of a health care team					
2.	Patients would ultimately benefit if health care students worked together to solve patient problems					
3.	Shared learning with other health care students will increase my ability to understand clinical problems					
4.	I have to acquire much more knowledge and skills than other health care students					
5.	Communication skills should be learned with other health care students					
6.	Shared learning with other health care students will help me to communicate better with patients and other professionals					
7.	Shared learning will help me think positively about other professionals					
8.	For small-group learning to work, students need to respect and trust each other					
9.	Team-working skills are essential for all health care students to learn					
10.	Shared learning will help me to understand my own limitations					
11.	I don't want to waste my time learning with other health care students					
12.	It is not necessary for undergraduate health care students to learn together					
13.	I am not sure what my professional role will be					
14.	Clinical problem solving skills can only be learnt with students from my own school/department					
15.	The function of nurses and therapists is mainly to provide support for doctors					
16.	I would welcome the opportunity to work on small group projects with other health care students					
17.	Shared learning will help to clarify the nature of patients problems					
18.	Shared learning before qualification will help me to become a better team worker					
19	Learning with health care students before qualification would improve relationships after qualification					

If you have any further comments regarding inter-professional education please enter them below:

Thank you for completing this questionnaire. Your answers will provide us with an understanding of the impact of the Increased Clinical Training Capacity

Appendix 6: Attitudes toward Health Care Teams Survey

Attitudes toward Health Care Teams

Heinemann GD, Schmitt MH, Farrell MP. 1991

The ATHCT scale is a 21 item research measure of general attitudes about teams. The measure contains 3 subscales Team Value, team efficiency and physician centrality in teams. Tests of reliability and validity demonstrate that each subscale is a strong measure of its respective underlying concept. The instrument's purpose include: a) comparing attitudes of team members from different disciplines, b) comparing attitudes amongst different types of teams, and c) testing hypotheses about the interrelationships between attitudes and such variables such as education, participation of team members, tenure on the team and team functioning. The measure has strong psychometric data and has been used successfully as a pre/posttest instrument for evaluation educational interventions with teams.

From: Heinemann GD, Zeiss AM. eds. *Team performance in health care: assessment and development*. New York: Kluwer Academic/Plenum publishers. 2002.

Rank the responses according to the following scale:

1 = strongly disagree

2 = moderately disagree

3 = somewhat disagree

4 = somewhat agree

5 = moderately agree

6 = strongly agree

To create a total summed scale score ranging from 0 to 105, each item in the 21-item scale was re-coded to a zero base.

Table 1. Attitudes toward Healthcare Teams

1. Working in teams unnecessarily complicates things most of the time.	1 2 3 4 5 6
2. The team approach improves the quality of care of patients	1 2 3 4 5 6
3. Team meetings foster communication among team members from different disciplines.	1 2 3 4 5 6
4. Physicians have the right to alter patient care plans developed by the team.	1 2 3 4 5 6
5. Patients receiving team care are more likely than other patients to be treated as whole persons.	1 2 3 4 5 6
6. A team's primary purpose is to assist physicians in achieving treatment goals for patients.	1 2 3 4 5 6
7. Working on a team keeps most health professionals enthusiastic and interested in their jobs.	1 2 3 4 5 6
8. Patients are less satisfied with their care when it is provided by a team.	1 2 3 4 5 6

9. Developing a patient care plan with other team members avoids errors in delivering care	1 2 3 4 5 6
10. When developing interdisciplinary patient care plans, much time is wasted translating jargon from other disciplines.	1 2 3 4 5 6
11. Health professionals working on teams are more responsive than others to the emotional and financial needs of patients.	1 2 3 4 5 6
12. Developing an interdisciplinary patient care plan is excessively time consuming.	1 2 3 4 5 6
13. The physician should not always have the final word in decisions made by health care teams.	1 2 3 4 5 6
14. The give and take among team members helps them make better patient care decisions	1 2 3 4 5 6
15. In most instances, the time required for team meetings could better spent in other ways	1 2 3 4 5 6
16. Hospital patients who receive team care are better prepared for discharge than other patients	1 2 3 4 5 6
17. Physicians are natural team leaders	1 2 3 4 5 6
18. The team approach makes the delivery of care more efficient.	1 2 3 4 5 6
19. The team approach permits health professionals to meet the needs of family caregivers as well as patients.	1 2 3 4 5 6
20. Having to report observations to the team helps team members better understand the work of other health professionals.	1 2 3 4 5 6
TOTAL	

The Attitudes Toward Team Value subscale measures attitudes about whether team care improves patient outcomes through consensus on the needs and priorities of the Patient. The Attitudes toward Team Efficiency subscale measures attitudes about whether teams waste time through inefficiencies such as use of discipline-specific jargon The third subscale, Attitudes about the Physician's Shared Role on the Team, measures values of shared leadership and equality among team members

Appendix 7: Interprofessional Clinical Placement Evaluation (incorporating RIPLS)

Questionnaire: Evaluation of Inter-professional Learning –post placement

Developed by the ICTC team, Southern Clinical School, Monash University, March 2012

The aim of this survey is to seek feedback on your learning experiences in student led interprofessional clinical placement. The Increased Clinical Training Capacity (ICTC) project team will use the information to improve teaching. Importantly, we assure the confidentiality of your response, which is voluntary.

Date: ...../...../.....

Please place a tick in the box of your choice, or write a response to answer each question below.

1. **Your ID code**: (develop your own 'personal code' by using the first 3 letters from your first name and last 3 letters from your last)
For example, Julie Smith, J U L I T H

First 3 letters from your **first name**: ☐☐☐ **Last 3 letters** from your **last name:** ☐☐☐

2. Your year of birth: 19 ☐☐

3. Your sex: ☐ Male ☐ Female

4. Your university course of study:

☐ Medicine ☐ Nursing ☐ Nutrition and Dietetics

☐ Occupational Therapy ☐ Physiotherapy ☐ Social Work

5. Your year level for university study:

☐ First year ☐ Second year ☐ Third year ☐ Fourth year ☐ Fifth year

6. Have you completed the RIPLS questionnaire before for this study? ☐ Yes ☐ No

If you answered yes, how long ago did you last complete the questionnaire?

☐ 1 – 3 months ☐ 3 – 6 months ☐ 6 – 12 months

7. Have you had previous experience of interprofessional teaching or learning? ☐ Yes ☐ No

If you answered yes, please give a very brief statement of what this was and any impact it may have had.

.....

8. Location of my clinical placement : (please tick one)

☐ 2-week placement in RED Restorative Unit, MMC

☐ 2-week placement in Emergency Department, Dandenong ☐ Other- Please describe .....

RIPLS: Readiness for Inter-professional Learning Scale

We need your views *even if you have completed this section before*.

Please place a tick in one box to respond to each item.

		Strongly agree	Agree	Undecided	Disagree	Strongly disagree
1.	Learning with other students will help me become a more effective member of a health care team					
2.	Patients would ultimately benefit if health care students worked together to solve patient problems					
3.	Shared learning with other health care students will increase my ability to understand clinical problems					
4.	I have to acquire much more knowledge and skills than other health care students					
5.	Communication skills should be learned with other health care students					
6.	Shared learning with other health care students will help me to communicate better with patients and other professionals					
7.	Shared learning will help me think positively about other professionals					
8.	For small-group learning to work, students need to trust and respect each other					
9.	Team-working skills are essential for all health care students to learn					
10.	Shared learning will help me to understand my own limitations					
11.	I don't want to waste my time learning with other health care students					
12.	It is not necessary for undergraduate health care students to learn together					
13.	I am not sure what my professional role will be					
14.	Clinical problem solving skills can only be learnt with students from my own school/department					
15.	The function of nurses and therapists is mainly to provide support for doctors					
16.	I would welcome the opportunity to work on small group projects with other health care students					
17.	Shared learning will help to clarify the nature of patient problems					
18.	Shared learning before qualification will help me become a better team worker					
19	Learning with health care students before qualification would improve relationships after qualification					

Interprofessional Clinical Placement Evaluation

Please place a tick in one box to respond to each item.

		Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Does not apply
1.	The purpose (learning objectives) of this placement was made clear.						
2.	I needed more orientation to this placement.						
3.	Orientation was relevant and well organised.						
4.	The teaching strategies helped my learning.						
5.	My preference is for teachers to be of the same discipline as the student.						
6.	I valued having more than my own discipline being involved in teaching.						
7.	There was too much supervision on this placement.						
8.	This clinical placement was interesting.						
9.	The workload was too heavy.						
10.	There was too much pressure on me in this placement.						
11.	This clinical placement was well organised.						
12.	I usually had a clear idea of what was expected of me.						
13.	I achieved the discipline specific learning objectives set by my university.						
14.	My other student commitments didn't interfere with my involvement in this placement.						
15.	The placement provided me with sufficient clinical learning opportunities.						
16.	I felt as if I belonged to the ward.						
17.	The teachers were friendly and approachable.						
18.	This placement has given me new insights in how a ward is run and managed.						
19.	After this placement, I understand more fully my discipline's role in the interprofessional clinical team.						
20.	After this placement, I have a greater understanding of the role and function of other disciplines in health care delivery.						
21.	I felt comfortable in asking for advice or assistance when necessary from my student colleagues.						
22.	I felt uncomfortable taking a lead in a student group.						
23.	I felt uncomfortable sharing responsibility for delivery of health care.						
24.	I felt comfortable putting forward my personal						

	opinions in a group.						
25.	After this placement, I have a better understanding of the patient's role in health care decision making.						
26.	I felt comfortable communicating with patients and families to seek their input into care.						
27. Please estimate the percent of your work and study time that was dedicated to activities of this placement:				..... per cent.			

What were the best aspects of this placement? Please explain why.

What aspects could be improved? Please explain how.

Thank you for completing this questionnaire.
Your answers will provide us with an understanding of the impact of the Increased Clinical Training Capacity Project.

Appendix 8: Interprofessional Student Placement Post placement Key Features Case Survey

Interprofessional Student Placement
Post -Placement
Key Features Case Study

Your program of study: _____

Year (circle): *1* *2* *3* *4* *5* *Other*

Name is not required.

You are a student on placement at _____on the _____ /ward/unit/Program. You are presented with a _____ year-old woman/man _____ days/weeks after her/his _____. S/He *has (describe medical/physical difficulties)* _____, and (*describe social or communication difficulties)* and *(describe strengths and resources)* _____. During physiotherapy sessions in the Gym, s/he has been consistently independently transferring from his wheelchair to the plinth with some verbal instructions from her/his therapist. Ward staff report that he has regularly had un-witnessed falls in her/his room, last of which occurred the previous evening. Staff have commented on the inconsistency of her/his transfers in the last week.

Questions:

From this list, select **four primary problems** that require addressing for this client?

A. Staff education
B. Transfer technique
C. Exercise tolerance/fatigue
D. Memory
E. Comprehension
F. Environment
G. Safety
H. Equipment

You do not have to list in order of priority.

Problem 1:

Problem 2:

Problem 3:

Problem 4:

2. Which members of the team should be involved in the assessment of each of the problems you have identified? Please place a tick mark ✓ to identify which team members you believe would be involved with this client for each of the problems you selected.

Team member	**Problem 1**	**Problem 2**	**Problem 3**	**Problem 4**
Social Worker				
Occupational Therapist				
Speech Language Pathologist				
Physiotherapist				
Nurse				
Licensed Practical Nurse				
Psychologist				

Physician				
Team member	**Problem 1**	**Problem 2**	**Problem 3**	**Problem 4**
Family member				
Patient Services Manager				
z **Therapy Assistant**				
Registered Dietician				
Pharmacist				
Patient Care Aide				
Patient Services Coordinator				
Other				

3. In one or two sentences, please describe the key role for each team member(s) in this assessment for each problem chosen above. You may list each problem more than once if there is more than one team member involved.

Problem name:

Team member:

Role:

Problem name:

Team member:

Role:

Problem name:

Team member:

Role:

Problem name:

Team member:

Role:

Problem name:

Team member:

Role:

Problem name:

Team member:

Role:

Problem name:

Team member:

Role:

Problem name:

Team member:

Role:

Problem name:

Team member:

Role:

Problem name:

Team member:

Role:

Thank you

Answer Key

Collaborative Team Problem "Falls"

Question 1

One mark each for up to four of the following problems:

A. Staff education
B. Transfer technique
C. Exercise tolerance/fatigue
D. Memory
E. Comprehension
F. Safety

Maximum mark is 4.

Comment: If students select more than four problems, it increases their odds of selecting the correct ones. Could subtract a mark for every problem selected over 4? **Yes**

Question 2

Comments:

1. Patient care aid will not be scored in this problem, and nurse and practical nurse will be collapsed into one response (i.e., if one or both are selected, one mark will be assigned).

2. We should have, but did not specify a maximum number of selections permitted for this question, such as 'select up to 8 team members for each problem'. As it is, students selecting larger numbers of team members will have a better chance of including the right ones in their answers. To counter this, could subtract a mark for each incorrect selection for each problem. **Yes**

For problem A. Staff education (maximum of 9 marks)

- Two marks for each of OT, PT, Nurse/Practical Nurse – maximum of 6 marks
- One mark for each of family member, Rehab Aide, and PT Services Coordinator – maximum of 3 marks

For problem B. Transfer technique (maximum of 8 marks)

- Two marks for each of OT, PT, Nurse/Practical Nurse – maximum of 6 marks
- One mark for each of family member and Rehab Aide – maximum of 2 marks

For problem C. Exercise tolerance/fatigue (maximum of 11 marks)

- Two marks for each of PT, Nurse/Practical Nurse, Physician – maximum of 6 marks
- One mark for each of OT, family member, Rehab Aide, Registered Dietician, Pharmacist – maximum of 5 marks

For problem D. Memory (maximum of 7 marks)

- Two marks for each of OT, Speech Language Pathologist – maximum of 4 marks
- One mark for each of Nurse/Practical Nurse, Physician, family member – maximum of 3 marks

For problem E. Comprehension (maximum of 7 marks)

- Two marks for each of OT, Speech Language Pathologist – maximum of 4 marks
- One mark for each of Nurse/Practical Nurse, Physician, family member – maximum of 3 marks

For problem F. Safety (maximum of 9 marks)

- Two marks for PT and Nurse/Practical Nurse – maximum of 4 marks
- One mark for each of OT, Physician, family member, Rehab Aide, Patient Services Coordinator – maximum of 5 marks

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Question 3

For problem A: Staff education (maximum of 6 marks)

- For **each** of OT, PT and Nurse, one mark for each of the following responses
    - ½ pt: Identify gaps, needs assessment or education needed
    - 1 pt: Collaborative component
    - ½ pt: Develop action plan/care plan/problem solving plan

For problem B: Transfer technique (maximum of 6 marks)

- For **each** of OT, PT and Nurse, one mark for each of the following responses (maximum 3 marks per discipline):
    - ½ pt: Assess location of fall and transfer in this location (¼ pt mark for 'assess environment')
    - 1 pt: With other core professionals
    - ½ pt: Assess technique and need to change

Problem C: Exercise tolerance and fatigue (maximum of 6 marks)

- **For PT**, one mark for each of (maximum of 2 marks)
    - 1 pt: Reassess their exercise tolerance for transfers
    - 1 pt: Reassess muscle strength for changes

- **For Nurse (including LPN)**, one mark for (maximum 2 marks)
    - 1 pt: Assess for contributing factors to the fatigue
    - 1 pt: Change in medical condition, meds, sleep, activity levels

- **For Physician**, one mark for each of (maximum 2 marks)
    - 1 pt: Assess meds for potential impact on fatigue levels
    - 1 pt: Rule out medical status changes

Problem D: Memory (maximum of 6 marks)

- For **either** OT and SLP, score for each: (maximum of 4 marks)
    - 1 pt: Functional assessment of memory skilled observation, in a variety of settings, e.g., during ADLs
    - ½ pt: More objective assessment to identify where memory has broken down
    - ½ pt: Talk to family to assess for changes from previous weeks and premorbidly
    - ½ pt: Assess contributing factors like mood, fatigue, effect of meds on memory

- **For SLP only** (maximum one mark)
    - 1 pt: Assess interaction between language and memory deficit

For problem E: Comprehension (maximum of 6 marks)

- **For OT** (maximum of 2 marks - partial marks acceptable)
    - 2 pts: Skilled observation of understanding in the functional contexts, including with family

- **For SLP** (maximum of 4 marks)
    - 2 pts: Assess understanding of verbal instructions, and functional understanding in the given environment
    - 2 pts: Identify best method of communication e.g. verbal or other strategy

For problem F: Safety (maximum of 6 marks)

- **For PT** (maximum 3 marks)
    - 1 pt: Assess physical safety, e.g., how the client plans and performs their transfers, how safely client transfers
    - 1 pt: Determine client's awareness of safety
    - ½ pt: Assess the level of supervision required
    - 1/2 pt: For up to **one** of the following examples:
        - Assess how verbal cues are provided
        - Assess the environment and equipment
        - Assess impact of cognitive and language deficits on safety

- **For Nursing** (maximum of 3 marks)
    - 1pt: Assess the environment and equipment
    - 1 pt: Assess frequency of observation required OR supervision needs
    - 1pt: Determine client's awareness of safety

Comment:

For questions 2 and 3, student responses will address the 4 problems that they selected in question one (and not all 6 problems listed in the scoring key). This creates a scoring problem in that the responses to different problems in questions 2 and 3 are assigned varying maximum responses. The way to deal with this is to mark the students' answers out of the maximums for each problem as outlined in the scoring keys above, and then (later) divide each score by the maximum for problem, so that each problem score is a number between 0 and 1. Thus, each question will have a maximum score of 4, and the maximum score over the 3 questions for the entire problem will be 12. **To solve this and reduce steps, we have made each question in number 3 have a maximum of 6.**

Appendix 9: IP Student Learning Plan Template

Competency	Team/Student Learning Outcome	Learning Activity/Strategies	Evidence (How will we know we have learned it?)	Validation of Met Outcomes

Adapted from: Bossers, A., Miller, L.T., Polatajko, H.J., & Hartley, M. (2007). *Competency based fieldwork evaluation for occupational therapists*. Albany, NY: Delmar Thomson Learning.

Appendix 10: Frameworks for providing feedback to students

Pendleton's Rules for Feedback

Pendleton's rules are a common model for giving feedback in clinical education settings.

- Ask student how they felt
- Ask student what went well and why
- Supervisor says what went well and why
- Ask student what could be done better and how
- Supervisor says what could be done better and how
- Both summarize strengths and up to 3 things to concentrate on for improvement

Adapted from: Pendleton D, Schofield T, Tate P. (1984) *A method for giving feedback.* In: The consultation: an approach to learning and teaching. Oxford: Oxford University Press, 68–71

Useful rules for feedback

- Clarity—be clear about what you want to say
- Be specific—avoid general comments
- Ownership of feedback (use "I" or "the assessors" type statements)
- Emphasise the positive, be constructive
- Comment on behaviour that can be changed, not personality
- Be descriptive rather than evaluative
- Be careful with advice—help the person come to a better understanding of their issue and how they can identify actions to address the issue more effectively
- Timing and environment—agree to a time and place

Reference: Carr S. (2006) The Foundation Programme assessment tools: An opportunity to enhance feedback to trainees? *Postgrad Med Journal;* 82, 576-579

Adapted from: Branch WT, Paranjape A. (2002) Feedback and reflection: teaching methods for clinical settings. *Academic Medicine*; 77, 1185–8.

ALOBA (or "SETGO") technique (agenda led, outcome based) of feedback

A form of feedback designed to focus quickly on the students' areas of concern and as a result of acknowledging difficulties may reduce the students' defensiveness.

- What I (observer) **s**aw—descriptive, specific, non-judgmental feedback by observer
- What **e**lse did you the learner see?
- What does learner **t**hink?
- What **g**oals are we trying to achieve?
- Any **o**ffers of how we should get there?

Reference: Carr S. (2006) The Foundation Programme assessment tools: An opportunity to enhance feedback to trainees? *Postgrad Med Journal;* 82, 576-579

Adapted from:
Kurtz SM, Silverman JD, Draper J. (1998) *Teaching and learning communication skills in medicine.* Oxford: Radcliffe Medical Press.
Silverman JD, Kurtz SM, Draper J. (1998) *Skills for communicating with patients*. Oxford: Radcliffe Medical Press.

Interprofessional Education (IPE) in a Clinical Placement Activity Series

This activity series provides a flexible means for students to learn with, from and about colleagues from other professions. The activity sheets outline **self-directed** interprofessional education activities that learners can complete while on placement[1]. Download the activity sheets and work with your preceptor to determine how best to complete the activities while on placement.

Activities

Each activity can be completed during a different placement. Learners should complete all three activities before the end of their program:

1. **Reflection on an Interprofessional Education Session**
2. **Shadowing a Patient**
3. **Participation in a Team Meeting**

Why Interprofessional Education?

There is a growing need to change how health care is delivered to ensure timely access to health and human service professionals who provide comprehensive care. Interprofessional collaboration is increasingly acknowledged as the best means of accomplishing this. In order to have the skills and knowledge to practice interprofessionally, health care providers need to be trained interprofessionally.

Interprofessional Collaboration "is designed to promote the active participation of each discipline in patient care. It enhances patient and family centred goals and values, provides mechanisms for continuous communication among caregivers, optimizes staff participation in clinical decision making within and across disciplines and fosters respect for disciplinary contributions of all professionals" (Health Canada, 2003).

Ideally, IPE should be integrated throughout the continuum of learning, starting with pre-licensure, university-based education; includes practice-based education that occurs during placements; and is maintained through continuing professional development.

Interprofessional Education refers to occasions when students from two or more professions in health and social care learn together during all or part of their professional training with the object of cultivating collaborative practice for providing client- or patient-centred health care (WHO, 2010).

[1] *Materials adapted with permission from the University of Toronto and the Centre for Interprofessional Education*

Most learners spend at least 40% of their training in clinical settings that range from acute care settings to community-based offices and clinics throughout the province, making this an ideal space for them to learn with, from and about other professions.

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UBC Health

Interprofessional Education in a Clinical Placement
Activity Sheet #1 - Reflection on an IPE Session

During placements, students have various opportunities to learn with, from and about colleagues from other professions during a range of education sessions. This activity sheet will guide learners through a structured reflection about one of the interprofessional educational sessions that take place during their placements.

Educational sessions that may be appropriate IPE include: lunch and learn sessions, journal club discussions, practice-based discussions, and grand rounds.

Learning Objectives

This activity will enable learners to:

- Develop a different understanding of issues of common concern for a range of health care providers
- Understand the roles of other health care providers and the contributions they make to the health care team

ACTIVITY DESCRIPTION

1. Choose an interprofessional education session to reflect on. The session should include:
    - Two or more professions
    - Interactivity between participants
    - Opportunities to learn about, from and with one another
    - Interprofessional teaching/learning moments that are discussed/addressed

2. The learner should review the learning objectives above and the reflective questions below with their clinical supervisor.
    - The pre-and post-session questions are a suggested guide and may be modified.

3. Before engaging in the interprofessional education session, the learner should record their pre-session reflections and share these with their clinical supervisor.

Pre-Session Reflection Questions

- What is the purpose of the education session?
- What do you hope to learn through participating in the education session:
    - About the topic?
    - About the team/other team members?

4. After completing the interprofessional education session, learners will write a one-page written reflection using the reflection questions as a guide. Learners should find out from their program how to submit their reflections.

Reflection Questions

- Who was involved? (e.g. team members, other health care staff, community members)
- What was the value of learning with other professionals? What were the benefits of and challenges to learning together in this experience?
- What did you learn about your professional role and the role of others in the context of the session?
- What could have been different during this session to enable additional interprofessional learning about, from and with each other?
- How will you apply what you learned today in the future?

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UBC Health

Interprofessional Education in a Clinical Placement
Activity Sheet #2 - Shadowing a Patient

During placements, learners will have various opportunities to interact with team members from a wide range of professions. The most effective way to learn about others' roles is through shadowing a patient during their interaction with the other team member. This will allow for the opportunity to learn about, from and with other health care professionals more informally and within the context of patient care. This activity sheet will guide learners through the process of interviewing and shadowing other health care professionals.

Learning Objectives

The activity will enable learners to:

- Describe their own roles, responsibilities, values and scope of practice effectively to other team members
- Explain how other professions' goals are related to and different from their own role within the practice context
- Relate their learning to patient/client goals
- Describe why or why not interprofessional collaboration is required for patient/client care
- Explain the concept of a team
- Demonstrate effective team skills by:
    - Sharing information effectively
    - Listening attentively
    - Using understandable communications
    - Responding to feedback from others

ACTIVITY DESCRIPTION

1. Learners should review the learning objectives, interview questions and reflective questions with their clinical supervisor and modify as appropriate.

Things to consider before you begin

- The shadowing may be completed individually or in a group (e.g. three students could shadow an occupational therapist at the same time, if appropriate)
- The questions are a suggested guide and may be modified
- Learners may wish to conduct additional research on the professions they will be observing (e.g. review the professional association websites)

2. Learners should arrange to shadow another profession via following a common patient or attending shared patient sessions with another health provider.

3. During the shadowing experience, learners should explore the questions outlined below:

Suggested Questions

- How would you describe your scope of practice, and is this a typical role for your profession?
- On this team, what do your assessment and intervention usually involve?
- What are the biggest challenges in enacting your role?
- I want to practice explaining my role (learner's professional role) to other team members. Please provide me with feedback on the following description of my role…
- How can the role of my profession support you in your role?
- I am also learning how to describe other team members' roles. Knowing what I now know, here is how I would describe your role. What feedback do you have for my description of your role?
- Please tell me about your involvement with this team. Who do you consider a part of your team here and outside of here? How would you describe your role as a part of the team?
- Who on the team do you work with most closely? Can you provide a specific example?
- How would you describe the teamwork here? (e.g. Does the work seem coordinated? Do the team members seem to be communicating well with each other?)

4. After completing their shadowing experience, learners should consider the reflective questions below in a one-page written reflection. If required, learners should find out from their program how to submit their reflections.

Reflection

- What did you learn about the roles on this team that you did not know previously?
- What are the similarities and differences between the roles (including yours)?
- What else do you want to learn about the team and its members? What new learning objectives have now emerged for you?
- How will this experience influence your role as a professional and team member?

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Interprofessional Education in a Clinical Placement
Activity Sheet #3 – Consensus Building in a Team Meeting

During placements/rotations/externships, learners will have a variety of opportunities to engage in patient meetings involving team members. This activity sheet will guide you through a structured reflection about the interprofessional team meetings in practice.

Interprofessional meetings may include patient/client rounds, iCare rounds, discharge planning meetings, and patient/client/family meetings.

Learning Objectives

The activity will enable learners to:

- Identify factors that contribute to or hinder team collaboration
- Recognize the dynamic nature of teams
- Consider conditions that promote collaboration
- Analyze team dynamics and stages of team development

ACTIVITY DESCRIPTION

1. The learner should review the objectives for this activity and add additional ones that may be important for them.

2. The learner should work with their clinical supervisor to identify a team meeting that they can participate in, which will help them meet the learning objectives.

Things to consider before you begin
There is an attached document with resources around consensus building

Learners should think about:

- What supports will you need to perform as an effective interprofessional team member, and how should you prepare for collaborating in team meetings?
- What do you expect will happen through collaborating? E.g. what type of information do you expect you will receive? What information will they expect from you?
- What do you expect will happen when you participate in and observe the team meetings? E.g. How will the team function? What will support the team to reach its goals?

3. After attending the meeting, learners should consider the reflective questions below in a one-page written reflection to debrief their clinical supervisor.

Reflective Questions

- Briefly describe the purpose of the meeting and your role, and your profession's role in it.
- Who was involved? (e.g. patient/client, team members, other health care staff, community members) Who wasn't there, and how was information from that person/profession shared? (e.g. how was the patient's voice expressed?)
- What' group roles' were evident such as the chair, facilitator, mediator, clarifier?
- Describe the group process or how the team interacted (e.g. consider how team members behaved, communicated, solved problems, made decisions, provided and responded to feedback, addressed conflict).
- What did the team do well? What could have been done differently?
- What did you learn that you can apply to your own practice in your role? What learning will you take as a team member in the future?

Consensus Building and Collaborative Decision Making Resource

What is Collaborative Decision Making?
Collaborative decision making is a process of engagement in which health professionals and patients (and their loved ones) work together, often using information and communication technologies to understand clinical issues and determine the best course of action (O'Grady & Jahad, 2010). Collaborative decisions often use the principles of consensus decision making, which is a process for groups to generate a widespread agreement that respects all participants' contributions (Hartnett, 2011).

Principles of Consensus Decision Making
Collaborative – group members work together to find a decision that meets the Group's concerns as much as possible.
Inclusive and Participatory – all group members are included and encouraged to participate. Stakeholders are including in the decision making process where possible.
Process-oriented – consensus decision making highlights the process of making the decision as much as the result of the decision. Power is shared as much as possible.
Agreement seeking – the goal is to seek as much agreement as possible in this process.
Relationship building – this process is meant to build group relationships through open discussion. Share ownership of the decision can build group cohesion.
Whole Group thinking – consensus decision making values the input of all members and believes better decisions are made when various perspectives are considered.
(Hartnett, 2011)

Necessary Conditions for Consensus Decision Making:
Certain fundamental conditions need to be met in order to conduct an effective consensus-building process, including:

- Agreement on core values
- Willingness of members to both express interests as well as assume a "disinterested" 4 stance
- Willingness to make it work – belief in the value of consensus-building
- Active listening
- Sufficient time
- Patience
- Trust
- Succinct expression of views and concerns
- Skilled facilitation
- Conducive setting – properly bounded

Procedures for Consensus Decision Making:
Consensus-building does not follow a recipe. It is a dialogical, iterative and emergent human process; it incorporates thought, feeling, knowledge, imagination, and lived experience. Nonetheless, it is a process

that can be undertaken deliberately, mindfully, and whose broad contours can be mapped and navigated as follows.

One group member should act as the group facilitator.

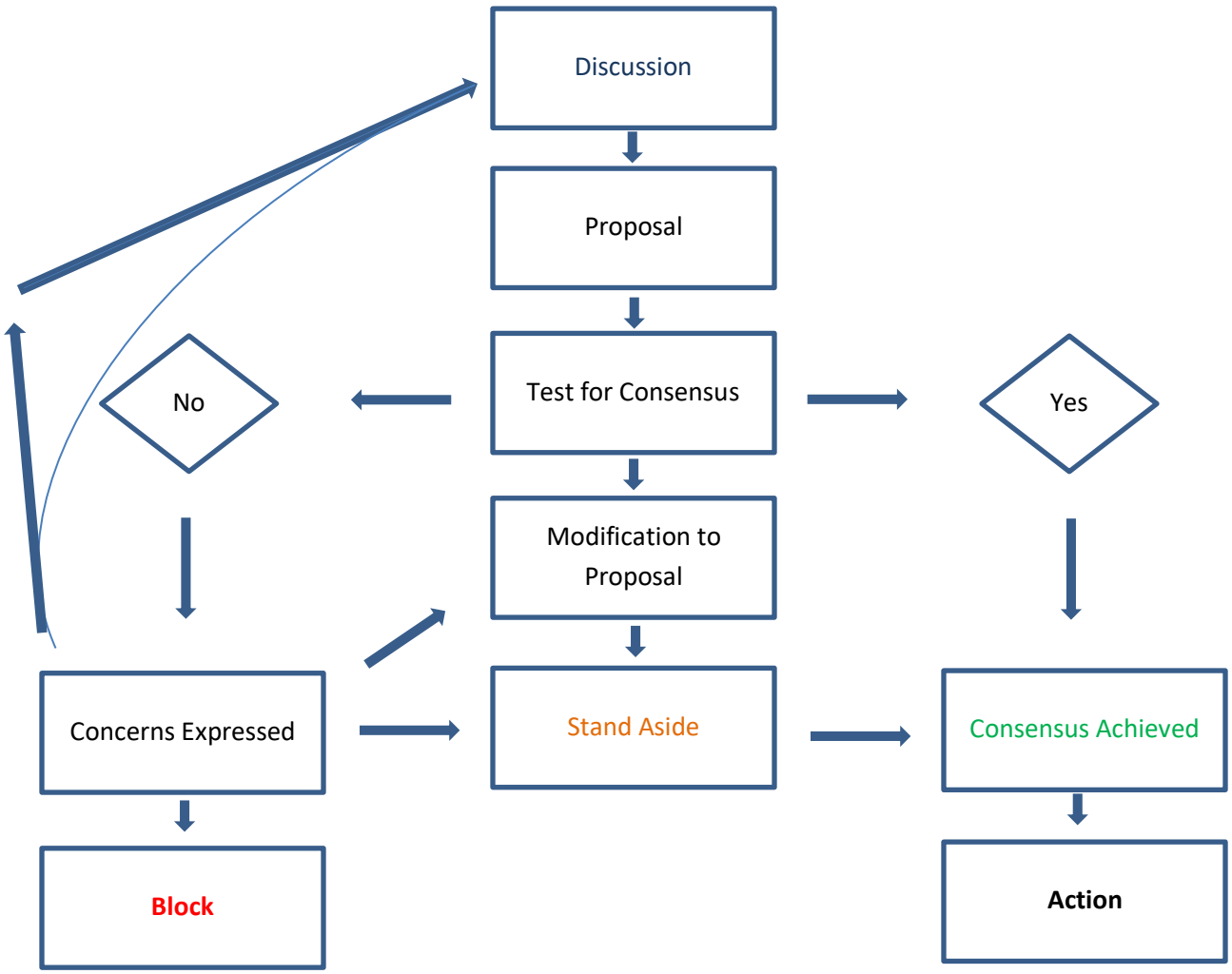
1. **An issue will emerge, or a decision is to be made**. The issue or decision to be made must be stated clearly by the facilitator.
2. **Those present discuss the issue**. Everyone should have an equal opportunity to speak and express their thoughts and feelings honestly and succinctly. It is the role of the facilitator to ensure everyone has a chance to speak. If an individual's opinion has already been expressed, a group member can indicate agreement with others. The facilitator should try to help the Group stay on topic.
3. **A common answer to the issue may emerge during the discussion, with a self-evident decision presenting itself.** If the facilitator hears evidence of a common decision, the decision should be stated in positive terms. Group members should have a chance to ask other questions or raise concerns that have not been addressed. If consensus has been reached, the facilitator should note the decision. If there are action items attached to the decision, it should be noted who is responsible for what action and when appropriate).
4. **If consensus is not reached, a *round* may be initiated by the facilitator**. Each member has an equal amount of time to comment on the issue without interruption and comments from the others. Questions may be asked for clarification only when the person is finished. When the round is over, the facilitator summarizes what was said and clarifies the issue's current status.
5. Individual differences may have merged during the round into a common answer. If so, **the facilitator canvasses the Group for agreement** and the consensus is noted in the minutes.
6. If consensus is still not achieved, a ***second-round*** may be undertaken.
7. **If consensus is still not achieved, the Group has to decide**: (a) whether progress is being made and further rounds may result in consensus; or (b) whether one or more of the necessary conditions for consensus are not currently being met and, if so whether an adjustment can be made to accommodate; or (c) if there is some fundamental split in the Group, such as a divergence among some members around core values.

The Power of the Round

A "round" (as described in the Procedures section) is an effective and straightforward technique that, when utilized at an appropriate moment, can help open up and move along a discussion that has bogged down or seems to be bouncing around between just a few of the more assertive members of the Group. It is beneficial for bringing into the discussion the perspectives of more introverted group members. Whereas more extroverted individuals develop their ideas and get energized by "thinking out loud," introverts work their ideas through on the inside. Their thorough internal processing often results in more fully formed, richly nuanced perspectives. Introverts tend to need to have some space deliberately opened up for their views to be expressed in the group discussion. More introverted participants can be encouraged to assert themselves and extraverted members reminded to contain themselves as part of the general process guidelines. However, it is also incumbent upon the facilitator to be attentive to this dynamic. This is not to disparage extraverts. Both energies are needed, but without deliberate attention to this dynamic, extraverts tend to be dominant, and introverts' contributions are often lost. Deliberately slowing things down and making space for

quieter voices during a "round" often introduces a new idea or creative element that breaks the log jam, synthesizes divergent threads of the discussion, and reconciles apparent contradictions.

Consensus Decision-Making Flowchart[2]



Optional Stances Members Can Take: A critical ingredient for success in consensus decision making is the conscious intention of members to participate in a spirit of consensus building. This process is greatly facilitated when members keep in mind and deliberately express themselves in terms of the following optional stances.

[2] Adapted from Madden, J. (2017) A Practical Guide for Consensus-Based Decision Making

Assent: agree with the decision proposed.

Expression of concern: Rather than taking a hard-and-fast negative position, members express their concerns and the reasons for them. This allows room for proposals to be modified to meet the concerns.

Reservations: After fulsome deliberation, one or more members may find a concern has not been satisfactorily addressed but that they consider that concern relatively minor. The member(s) would then indicate that they have reservations. They might say, "I still have some unresolved concerns; I have reservations, but I can live with it."

Non-support or standing aside: This stance allows members to be transparent that they do not agree with or support the proposed decision without leaving or blocking the Group from proceeding. The member might say, "I personally do not support this, but I will not stop others from doing it." The member explicitly states that they are standing aside, and this is noted in the minutes. If two or more members stand aside, perhaps additional work is required to conceive a more mutual solution.

Blocking or withdrawing from the Group: Blocking means "I cannot support this or allow the Group to support this. I perceive it to be in contradiction of our core values and/or unethical or immoral." Blocking can only be used very rarely without threatening the viability of the Group. It should be a last resort. For blocking to be a viable option, an individual taking such a stand must be operating from a place of deep conviction and enjoy the trust and respect of the Group. Individuals may decide they do not feel justified in blocking the Group, but neither can they continue to be a member based on the direction the Group has taken.

If consensus breaks down: If several people express non-support, stand aside or leave the Group, it may not be a viable decision even if no one directly blocks it. Suppose the consensus process seems to have become intractable. Some groups decide to take the "blocking" stance off the table and instead opt for a steep super-majority decision rule, such as two-thirds or three-quarters majority rules. Some practitioners of consensus-building argue that allowing a majority rule negates the spirit of consensus. In some situations (e.g., a group or team operating within a hierarchical organizational structure), failure to achieve consensus may result in the decision-making authority defaulting to a "higher authority." Either way, the Group needs to decide what they will do if it cannot achieve consensus. However, it must be emphasized that if the necessary conditions are met, and procedures described in this guide are followed, the prospects for success are excellent!

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ADDITIONAL RESOURCES

Canadian Interprofessional Health Collaborative

www.cihc.ca

The University of Toronto Office of Interprofessional Education

www.ipe.utoronto.ca

University of British Columbia College of Health Disciplines

www.chd.ubc.ca