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Enhancing Capacity for Interprofessional Collaboration:

A Resource to Support Program Planning

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ipcec

Enhancing Capacity for **Interprofessional CARE** through **Team-Building Quality Improvement Projects**

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To access the resource

Go to "Tools" from: www.torontorehab.com ➠ Education & Learning ➠ Interprofessional Education ➠ Tools

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1. Introduction

This resource is intended for anyone interested in developing similar programs to promote interprofessional collaboration (IPC) and care in existing or new teams. The strength of the proposed program design is in its deliberate attention to interprofessional team process while also addressing clinical content and tasks to be completed. Participants are guided on a number of levels to reflect on team function, how their interactions affect others, and how context affects IPC. Particularly aimed at the program organizers, we hope you will find this a user-friendly and practical resource.

This resource is the product of learning through leading and participating in an 18-month project, *Enhancing Capacity for Interprofessional Care through Team-Building Quality Improvement Projects (IPCEC)*. In this project, health care practitioners were brought together to develop knowledge and skill around selected clinical topics in a supportive, interprofessional learning environment. They were also challenged to apply knowledge to their current workplace and engage in a quality improvement project. For clarity, terms used in the document are defined in the *Definitions section*.

To improve program design for efficiency and efficacy, the project consisted of four cycles of education blending the quality improvement model of Plan-Do-Study-Act (PDSA) cycles, where learning about programming and processes/structures that promote interprofessional collaboration (IPC) was taken from one cycle and applied to the next. We have captured our lessons learned and have highlighted essential elements of planning a program to enhance IPC among clinicians.

"This project not only helped me enhance my knowledge on the topic (completing the task), but it also helped me recognize and appreciate the process part of working in a team. It shapes the way I approach my day-to-day interaction with other team members as well as students."

- IP Co-Facilitator

2. Definitions

Excerpts from participant feedback about the IPCEC project:

"....this project energized me."

"(The project was) an excellent opportunity for me to learn about the other professions and their different duties."

"(The project was) an opportunity to interact and form new relationships with other professions."

Continuing Professional Development (CPD)
Encompasses ongoing uniprofessional (learning within a profession), multiprofessional (learning with or along side other professions), and interprofessional education (learning with, from and about other professions) (Barr, 2009).

Interprofessional Collaboration (IPC)
"…the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/clients/families and communities to enable optimal health outcomes. Elements of collaboration include respect, trust, shared decision making, and partnerships" (Canadian Interprofessional Health Collaborative, 2010). Interprofessional collaboration can be achieved through interprofessional education.

Interprofessional Care
"the provision of comprehensive services to patients/clients by two or more health and/or social care professions who work collaboratively to deliver care within and across settings" (Barr et al, 2005 in Reeves, 2009). Often used interchangeably with 'interprofessional collaboration' but distinguished here as an outcome of effective interprofessional collaboration.

Interprofessional Education (IPE)

The World Health Organization (2010) described IPE as occurring when learners/professionals, "…from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes…Professional is an all-encompassing term that includes individuals with the knowledge and/or skills to contribute to the physical, mental and social well-being of a community".

The social learning process (knowledge creation by social exchange) is as important as learning content. The central goal of IPE is to provide learning opportunities to acquire knowledge, skills and attitudes about collaboration that typically would not occur incidentally (Reeves, 2009).

Continuing Interprofessional Education (CIPE)

Also termed 'continuing interprofessional development' (CIPD), CIPE falls under the broader umbrella of IPE, but refers specifically to post-licensure IPE (i.e. learners are practitioners rather than students). Intended for learning to be situated where teams practice.

Interprofessional (IP) Facilitator

A facilitator is someone who enables and supports the group/team to work towards its goals. An IP facilitator is particularly adept at recognizing and supporting opportunities for IP learning and collaboration, particularly through attending to and enabling IP group/team process. The co-facilitator is one of two IP facilitators who works collaboratively and models interprofessional collaboration.

Quality Improvement (QI)

A process whereby a team works together to improve safety, increase efficiency, or improve outcomes (Wood et al, 2009). Continuous quality improvement (CQI) is rooted in organizational learning theory - continuous team-based learning produces improvements. CQI provides an ideal vehicle for delivering CIPE (Reeves, 2009).

'Task' versus 'Process'

Teams and groups can be understood by considering how they address both task and process. Team/group task is concerned with what a team/group needs to accomplish (e.g. what 5 tasks must we achieve today). Teams that are particularly effective also address their process, or how they function. For example, questions that address team process include: How are decisions made on this team? How do we support and enable everyone's participation? How do we address conflict? How do we demonstrate respect and value for one another?

Transformative Learning

Learning that changes the way we see ourselves, those around us, and the world (Merrium, 2006 in Sargeant, 2009). This learning stems from experience, critical reflection, and personal development; occurs when a new experience cannot be explained by current knowledge/perspectives, and thus stimulates a new way of thinking to account for the experience. It is the re-examining of long-held beliefs and values that leads to transformative learning. Transformative learning can be an outcome of interprofessional collaboration (Silver & Leslie, 2009).

3. Information for the Senior Sponsor

Excerpts from participant feedback about the IPCEC project:

"(The project) changed the way I view other professionals and what they bring to the team."

"(The project) changed the frequency in which I interact with team members."

"(I now) realize the impact on patient outcomes through collaboration (i.e. patient safety, decreased risk of falls, patient satisfaction and improved functional outcomes)."

Why support Continuing Interprofessional Education (CIPE)?

Interprofessional Collaboration has demonstrated enhanced patient care and patient outcomes; for clinicians, lower stress levels and greater job satisfaction (World Health Organization, 2010). However, effective collaboration does not happen without effort. Interprofessional learning opportunities must be created (Sargeant et al, 2008). CIPE is intentional in bringing clinical teams together to build knowledge, skills and attitudes necessary for collaboration.

Based on the outcomes from the IPCEC Project, anticipated benefits from CIPE with similar structures and processes include:

- ✓ Greater readiness by clinicians to learn and practice interprofessionally
  - Increased trust of, and openness to, other health care professions
  - More frequent and timely consults
- ✓ Feeling valued as a team member, feeling more effective in making a positive impact on patient care
- ✓ Improved teamwork, even in teams that have been working interprofessionally
- ✓ Increased capacity for student IPE – IP co-facilitators seeking opportunities to extend facilitation skills to IPE student groups as well as to clinical teams

- ✓ Diffusion of IPE/IPC via unit-based learning activities, working with current patients, exposing others to the IPC approach and stimulating curiosity and openness.

What topics best lend themselves to an interprofessional approach?

There is a natural fit between continuing interprofessional education (CIPE) and quality improvement. Clinical teams have the desire to improve quality. With knowledge and skills to engage in improvement work, CIPE can happen formally and informally to the benefit of the system. By learning interprofessionally, teams develop a shared understanding, establish common goals and plans to make improvements (Wilcock et al, 2009).

The concept of continuous quality improvement in the context of CIPE promotes ongoing team-based reflection and interprofessional learning. Equipping clinicians with the know-how and the structure to engage in QI/CQI produces outcomes that have immediate benefits to patients/clients and lasting benefits to the organization beyond completion of the initial education initiative or project.

As a subset of quality improvement, Reeves notes the trend of blending CIPE with patient safety initiatives (2009). Effective communication and collaboration are considered critical elements in promoting patient safety (Institute of Medicine, 2001 in Sargeant, 2009).

Complex clinical issues also lend themselves well to an interprofessional team approach. Some examples cited in literature include:

- ✓ Mental health
- ✓ Geriatrics
- ✓ Palliative care
- ✓ Pain management

What resources are needed to support CIPE?

The time and resources for IPE tend to be higher than uni or multiprofessional education since interactivity (e.g. small group learning) is a critical component of IPE (Barr, 2009). Initial investment is high, but leads to transformative learning, fundamental shifts in thinking, which drive change (Silver & Leslie, 2009).

See *Appendix A-7*, *B-3* for *Project Team* and *Budget* considerations respectively. At minimum, a Program Lead with dedicated time from work-up to evaluation, and IPE expertise is needed. There are also additional resources to build capacity for IPE discussed in the *Co-Facilitators section* of this resource.

How can the benefits of IPC be sustained?

Sustainability requires alignment of micro, meso and macro level factors, creating a culture of interprofessional practice (Goldman et al, 2009; Silver & Leslie, 2009).

Strategies may include:

- ✓ Encouraging/valuing involvement in IPE, and CIPE as CPD or CQI
- ✓ Allocating time for CIPE and IPC activities including mentoring, networking (Silver & Leslie, 2009)
- ✓ Formalizing structures to support IPC teams/networks (e.g. IP tools and effective communication systems, resource teams)
- ✓ Building accountability through:
  - Staff performance – expectation of involvement
  - Establishing targets - identify measures to track over time related to IPC, providing regular feedback to teams
- ✓ Actively identifying and addressing systems issues that may impede IPC (Silver & Leslie, 2009)

What are some challenges unique to planning CIPE?

Sargeant (2009) identified social identity, stereotyping and professionalism as potential barriers to IPC. Social identity provides a sense of belonging to a group/profession, and builds positive feelings and self-esteem. Stereotyping of professions occurs as a result of mental shortcuts, ignoring uniqueness and making broad generalizations that may be hard to change. Professionalism suggests that each profession controls its own work and is rewarded by what has been established by the profession as good work.

IPE may challenge strongly held perspectives, values, beliefs, and may create threats to social identity and professionalism. Skillful group facilitation is therefore critical in ensuring that the issues are raised and that meaningful dialogue occurs to address these issues. IP facilitators help create a safe place for open discussion.

Sargeant (2009) also suggests that focusing on the patient and patient outcomes as the collective goal across team members can redirect attention from the self and allow self-interests to be over-ridden. Establishing common focus and goals from team formation may help navigate future issues.

Day 1 of a CIPE/CPD program should attend to the creation of a trusting and respectful environment with group values and norms established by the team. In this environment, issues can be addressed more easily as they arise.

4. Information for the Program Developer

Introduction

This section highlights the unique aspects of designing, implementing, and evaluating programs to enhance interprofessional collaboration among practicing clinicians. This section, along with the appendices, is intended to lessen the work of program start-up by providing tips, checklists, and blank templates, all of which can be adapted and tailored for unique contexts and settings.

We hope that thoughtful planning and reflective implementation will result in transformational learning for both participants and program team.

"Social learning in the workplace leads to collective knowledge creation, stimulating innovation, and improvement in practice and increasing productivity."

- Wilcock et al, 2009

What is needed prior to getting started?

- ✓ Basic program development knowledge and skills in needs assessment, program design, implementation and evaluation.
- ✓ Overview of IPE/CIPE.

Listed below are some resources that form an essential base for CIPE program planning.

Journals:

The following journals have dedicated issues to the topic of IPE/CIPE program development and can be found in the reference list:

- *Journal of Interprofessional Care*, May 2005, S1
- *Journal of Continuing Education in the Health Professions*, 2009, 29(3)

Web resources:

- Competency framework for Interprofessional Collaboration. See document called "A National Interprofessional Competency Framework" released in February 2010 https://www.cihc.ca
- On-line access to resources related to interprofessional education https://www.cihc.ca/library
- Interprofessional Care Initiatives http://ipe.utoronto.ca/initiatives/ipc
- Evaluating Interprofessional Education: A Self-Help Guide http://www.ipe.utoronto.ca/educators/evaluation.html

✓ Strong Interprofessional co-facilitation. Engage local IPE experts and those who have facilitated IPE/CIPE groups in the past. Read the *IP Co-Facilitator section*.

Working Assumptions

Listed below are some working assumptions used in the development of the IPCEC program:

✓ Interprofessional collaboration is a learned set of knowledge and skills. Principles and concepts of interprofessional care need to be explicitly addressed and applied through team activities and QI projects.

✓ IPC is most needed in clinical areas where there is high patient complexity, where the contributions of multiple professionals are needed to fully address care needs.

✓ There are many pockets of IPC happening already. This program will build on existing capacity to further enhance and grow IPC within and across teams and as an organization.

✓ Consistent with adult learning theory, the greatest learning happens when it enhances daily function and is meaningful to daily practice.

✓ Opportunity to apply knowledge to current clinical practice promotes knowledge translation.

✓ Moments of interprofessional learning need to be recognized and explicitly addressed (e.g. what has been learned that may impact how you work with your colleague from another profession)

✓ Basic ingredients to include in learning format and support in the learning environment:

- cooperative learning to promote teamwork, includes five essential components (D'eon, 2005)
- positive interdependence - synergistic interaction

- face-to-face promotive interaction - supporting team members in achieving a common goal
- individual accountability - contribute fair share to the group
- interpersonal and small group skills - team skills to succeed
- group processing - reflecting on individual and team dynamics that contribute to effectiveness of group.

✓ Attention to social learning but also the traditional cognitive, psychomotor, affective domains of learning

✓ Promoting equality and valuing all individuals

✓ Understanding the unique professional knowledge/values/ways of thinking that different professions possess

✓ Reflective practice

"Group dynamics is equally important compared to the content piece and it is important for the group to learn and build relationships with one another".

- IP Co-Facilitator

How much time and resources should be budgeted for this program?

Developing an interprofessional program may require more time up front than a uniprofessional program due to the greater number of stakeholders and thus the number of consultations required. It is critical that this extra time is accounted for in the planning phase. As well, allocation of sufficient time to evaluate program outcomes and opportunity to reflect/learn from the current program to improve future programs is needed. Please refer to the *Sample Timelines Chart* in *Appendix A-6* to assist you in gauging how much time is needed to run an IPE program.

Depending on available resources, project team time should be allocated, reasonably equivalent to 1 to 2 days per week during development phase, 2 days per week during delivery and 1 day per week during evaluation phases.

You may find the *Timelines Worksheet* in *Appendix B-1* and the *Project Tasks Worksheet* in *Appendix B-2* helpful in highlighting the steps to consider in program and project development. In turn, these templates can assist with budget useful even if there is no external funding available, particularly if proposing an education plan. Please refer to *Budget Worksheet* in *Appendix B-3*.

Who should be part of the planning/implementation team?

In keeping with IPE/CIPE, the planning team should reflect multiple professions to inform program design and model IPC.

Here are roles and responsibilities that should be considered and adapted to fit the scale of your program.

Table 1. Roles and Responsibilities of the Education Team

Role	Responsibilities
Senior Sponsor	– Acts as organizational champion for IPC project – Fosters collaboration between professions/departments/units/programs/institutions
Project/Program Lead	– Leads development, delivery, and evaluation of program – Delegates areas of responsibilities as required to maintain timelines
IP Resource	– Provides IPC/E and process support in developing IP program – Provides mentorship and support to program lead, coordinator, and co-facilitators
Coordinator	– Arranges for speakers and clinical placements – Ensures physical environment prepared for learning/group activities – Assist with evaluation
IP Co-Facilitators	– Works with co-facilitator to facilitate all group sessions, one chosen from participant pool and one from project team ideally
Coach/Mentors	– Provide clinical expertise/direction related to QI projects, case studies, presentations
Finance	– Create, negotiate budget – Track expenses and file reports – Ensure program stays within budget
Administrative Support	– Provides administrative support (e.g. scheduling, communications, room and AV bookings, printing, etc.)

You may consider drafting a brief document for roles and responsibilities at the beginning of the project to clearly define expectations from beginning to end. Periodically reviewing the document and making adjustments as needed is recommended. A sample project/team charter can be seen in *Appendix A-7*.

Who should I consult in the beginning?

Gather as much information as broadly as you can to inform your current project and provide food for thought for future programs. This will give you the ability to potentially tie in your current program with other programs/initiatives to maximize outcomes. Include all stakeholders. The number of stakeholders expands when engaging in IPE/CIPE and when expertise lies outside the circle of the planning team.

Stakeholders may be consulted using key informant interviews and/or surveys. Potential stakeholders may include:

- ✓ patients and advocacy groups
- ✓ clinicians, clinical leaders representing the different professions
- ✓ managers/program leaders
- ✓ senior administration
- ✓ potential contributors to education program

Other sources of information may provide needs assessment data:

- ✓ reports (quality data, patient satisfaction data)
- ✓ previous needs assessments
- ✓ organizational/program strategic directions, mission/vision statements

Below are some sample questions to answer:

Sample Consultation Questions

1. What are the expressed needs of clients/ patients?
2. What are the expressed learning needs of staff to better care for clients/ patients?
3. What are the existing strengths and weaknesses of the unit/program?
4. Are there recent needs assessment reports that might be helpful?
5. Are there current initiatives or planned initiatives that would be augmented by running sequentially or concurrently?
6. Is there expertise in-house to run a program or are external resources necessary? Where might you look?

See *Appendix A-1* Sample Needs Survey from the IPCEC project, with potential topics identified by past needs assessments. Basic support and interest for the program was also assessed at this time.

How are stakeholders kept engaged through the program?

Heightened awareness of IPC starts with the needs assessment/stakeholder consultations. Stakeholders are kept involved through selected open sessions (e.g. internal and external speakers representing different professions) during workshop time. Other vehicles for engagement included sharing of initial project/topic ideas, unit-based group learning activities involving current patients, problem-solving around current clinical concerns for all staff, and final group presentations.

The use of existing social/professional networks for diffusion of knowledge was maximized by encouraging participants to share their knowledge and test out new skills between workshop weeks. Since the plans developed during unit-based case studies were tested between weeks, participants modeled IP collaboration and this often resulted in positive outcomes for patients during the project.

How is IPE/CIPE different from other Continuing Professional Development (CPD) activities?

CPD includes ongoing uniprofessional (learning within a profession), multiprofessional (learning with or along side other professions), and interprofessional (learning about, from and with other professions) education (Barr, 2009). However, most CPD does not attend to learning about one another's professions, nor is improved communication and team building a focus of the program. IPE/CIPE necessitates interactive learning, often in small groups.

See *Appendix A-2* for sample CIPE Goals and Objectives.

What process should I use to select participants?

See sample Letter of Interest or Application *Appendix A-4*, and Welcome Letter *Appendix A-5*. Limitations for recruitment included staff availability (competing demands) and ability to replace staff. Consult managers and schedulers to decide when to best hold education and how much notice is needed to find replacement staff. While students may be invited, full participation is limited by length of clinical placement and time needed to fulfill all learning objectives. The program may be suitable for students/interns on longer placements.

What are the formats that will best promote IP learning?

Format	Description	Rationale	Link to
IPC Workshop (Day 1)	Includes theory of IPE/C, establishing group norms and values.	Bring process to forefront, establish IP learning environment	IP Co-Facilitation Section 5
Speakers	Included didactic portion, Q&A, case discussions	Efficient way of covering clinical content	n/a
Patient Rounds	Unit-based case studies – recommendations are carried forward into regular work	Providing complex task that is best addressed by interprofessional team	Appendix A-9
Staff Clinical Placements	Placed with practitioner of same profession and then of different profession	Understand the roles of own and other professions	Appendix A-10
QI project	Teams of 5 to 10 representing at least two professions work together to problem-solve. Share learning with larger group in session open to all staff.	Experiential learning in area perceived as valuable to participants. Opportunity for participants to build trust and rapport, build communication and team skills. Coaches available to assist teams.	Appendix A-11
Reflective Group Exercises	Check-in, debriefing, roundtable discussions, focus group	Structured time to promote social learning. Facilitated sessions.	IP Co-Facilitation Section 5
IP protected learning time	Break-out sessions for groups to work on QI projects, time to work on presentations	Unstructured time to promote social learning, collaboration on real issue/problem	n/a
Presentation/ labs	Participants who have profession-specific expertise are asked to present or provide hands-on learning on some aspect related to clinical topic that would meet learning needs of group	Provide opportunity to clarify own role in the clinical area, build respect.	n/a

To see a sample of how the formats were put together in a 10-week program, see Appendix A-3 and A-8.

What is involved in setting up staff clinical placements?

Participants should have a clear understanding of the purpose of clinical placements. Discuss goals and objectives with learners before placements. You may want to include some form of this along with a brief outline of the project in your introduction to your partnering organizations so they are clear on what you are expecting from participants as they go to their visits. Highlighting the interprofessional nature of these placements helps orient the preceptors/ buddies. See *Appendix A-10*. Depending on where the clinical placements are taking place, a privacy agreement may need to be arranged between the receiving facility and participant.

How will I measure program effectiveness?

IPE outcomes have been classed by Freeth et al. (2002) using Kirkpatrick Model of Learning Outcomes and can be seen in *Appendix A-12.3*. Depending on the nature and scale of change expected, a number of indicators can be tracked for benefits to patients/ clients (see *Appendix A-12.2*).

Pre-developed tools are available to measure knowledge, attitudes, beliefs and/or behaviors that impact interprofessional learning and collaboration (see *Appendix A.12.1* for tools used in our program).

Others can be found at the following website:

- ✓ *http://ipe.utoronto.ca/educators/evaluation.html*
- ✓ *http://www.cihc.ca/resources/evaluation_instruments*

Subjective data may be collected using survey, interview, or focus groups. In the IPCEC project, while providing concrete feedback for improving our next program in the series, the focus group also provided participants the opportunity to critically reflect on their experience in the project. Here is a sample set of questions:

Sample Focus Group Questions

1. Share one highlight of the program
2. What contributed to making the program successful?
3. What specific format was helpful for learning?
4. What format was helpful in understanding each other's roles?
5. How was a 'level playing field' created?
6. If there was more time for the project, where would you want to spend it?
7. What are some barriers to enhancing IPC? What supports are needed?
8. How did the program promote team development. Did anything hinder the development?

Brief surveys might be more suitable. Some examples include:

1. Cite a few concrete examples of opportunities that you had in working with other team members related to patient care. What made the experience positive or negative?
2. What learnings (knowledge, beliefs, attitudes) will you carry forward to benefit patient care after this project is complete?
3. How could your learning experience in the project have been improved? Consider in terms of both your learning and team development.
4. How has this project better enabled you to collaborate or learn with, from, about other professions

Should I consider ethics approval?

Depending on the outcomes being measured and the primary purpose of the program (research or QI/CIPE), the answer will vary. If in doubt, it is best to consult your Privacy Officer and/or Ethics department prior to the start of your program. Also refer to document/tools that help you decide like the one found at:

www.torontorehab.com
➠ Research ➠Students and Trainees ➠Links

What should I consider in the budget?

Whether your budget is externally funded or an in-kind contribution from your facility, working out the timelines and budget will make the steps of implementation and needed resources easier to institute. See Sample Budget for items to consider in *Appendix B-3*.

5. Information for the Interprofessional Co-Facilitator

It's a great, valuable experience that you gain so much from. It not only challenges you to role-model true interprofessional collaboration when you co-facilitate, but it also provides you the opportunity to help facilitate others to do the same. You gain a lot more than you give and a lot of what you learn can be translated to other experiences."

- IP Co-Facilitator

As models for interprofessional collaboration, this section is meant as a resource for co-facilitators as well as preceptors who take students who are engaged in interprofessional education or clinicians engaged in continuing interprofessional education. Your role as an IP co-facilitator is critical in facilitating transformative learning.

IPE is most effective when...

- ✓ Principles of adult learning are used (e.g. problem-based learning, learning by doing, building on experience)
- ✓ Learning methods reflect real world practice experiences
- ✓ Interaction occurs between learners (i.e. learning about, from and with)

WHO, 2010

This is also supported by project experience. Small group activities and abundant opportunities for interaction supported participants to build relationships in which they not only valued each other as colleagues but also learned about each other as individuals. Meaningful, relevant learning was also critical to the success of the project as the participants grounded their interprofessional learning in real examples and experiences (e.g. community visits, shadowing, working with patients/clients).

"It overall helped me become more of an interprofessional clinician rather than a multidisciplinary clinician"

- IP Co-Facilitator

Why is interprofessional co-facilitation important?

"The role of the interprofessional facilitator is regarded as pivotal in the IPE literature" (Oandasan & Reeves, 2005 p.32). The role of the IP facilitator has been key to the success of the cycles within the project by fostering interprofessional learning and interprofessional relationships that extend beyond the period of the project itself.

What is the role of the Interprofessional (IP) Co-Facilitator?

The role of the inteprofessional facilitator is truly critical to enabling interprofessional learning. However, these individuals are not expected to be content experts; "instead of teaching to learners, facilitators need to work with learners." (Oandasan & Reeves, 2005 p.32). Furthermore, the IP facilitator needs to be "attuned to the dynamics of IP learning, skilled in optimizing learning opportunities, valuing the distinctive experience and expertise which each profession brings" (Barr, 1996 p.244).

It is recommended that the role of the co-facilitator in this program include:

- ✓ Facilitation of a safe interprofessional learning climate
- ✓ Facilitation of interprofessional dialogue, growth and learning
- ✓ Preparation for and planning each session with co-facilitators (and/or project lead/IPE lead)
- ✓ Debriefing/reflecting after each session with co-facilitator and with oneself
- ✓ Role modeling of interprofessional collaboration and associated competencies (e.g. valuing diverse opinions and perspectives, addressing conflict)
- ✓ Being aware of and addressing the impact of power and hierarchy on effective team interactions (e.g. manager and clinician learning together, different professions)
- ✓ Using humour, flexibility and openness to address participant needs as they emerge

Process:

- ✓ Recognizes that team members attending and participating in the same education may see it through very different eyes – professionally and personally
- ✓ Ought to include discussion and exploration of decision-making models required for collaborative practice
- ✓ Interactivity is critical in enabling learning about, from and with one another

- ✓ Traditional educator role becomes facilitator of learning
- ✓ IP facilitation requires careful preparation and should role model IPC

Sargeant, 2009

How much time is involved in being an IP Co-Facilitator?

Timing varies depending on multiple factors. There is time required beyond actual participation in educational sessions including time to prepare (e.g. 3 hours) and planning with co-facilitator in advance of and debriefing after each session (e.g. 1 hour/session). In the cycles run to date, the co-facilitators found it helpful to have time set aside for discussion with an IP resource person (e.g. IPE expert) to discuss IP process and facilitation explicitly at the mid point and at the end of the cycle for ongoing IP mentorship.

How should I prepare to be an IP Co-Facilitator?

Ideally, people from 2 different professions who have a strong interest in enabling IP learning, growth and development, who want to learn from one another, and who have small group facilitation skills on which to build should consider being IP co-facilitators.

As the roles of the co-facilitators were key to the success of these projects, it is critical that the individuals enacting these roles are well-oriented and prepared. In particular, Lindqvist & Reeves (2007) stated that, "use of a facilitator induction and regular de-briefing sessions were key to supporting the facilitators" (p. 405).

Facilitator induction (or orientation) should include as many of the following components as possible: formal/informal orientation/education sessions, planning and reflective discussions, use of available resources and coaching/mentoring by an experienced IP facilitator/leader if at all possible.

IP co-facilitators benefit from additional support and education in order to prepare them for their roles. For example, there are resources, workshops and courses, available via the Centre for IPE at the University of Toronto. There may also be key roles within some organizations that can support and coach IP co-facilitators (e.g. IPE Leader).

Formal/informal education sessions

IPE facilitation workshops are regularly provided across many Toronto teaching hospitals or at the University (e.g. Centre for IPE – *http://www.ipe.utoronto.ca* or the Centre for Faculty Development *http://www.cfd.med.utoronto.ca*).

IPE Facilitator workshop resources are available via an existent toolkit **Facilitating Interprofessional Clinical Learning: Interprofessional Education (IPE) Placements and Other Opportunities** that is freely available at the Centre for IPE, University of Toronto website. At the time of publication, the specific link was: *http://www.ipe.utoronto.ca/initiatives/ipc/implc/preceptorship.html*

Planning and reflective discussions

These are also important in preparing to be an IP co-facilitator. Below are some sample introductory questions to discuss as co-facilitators.

Sample Co-Facilitator Questions

1. What small group facilitation experience (if any) do you have? (e.g. students/ staff, PBL, uni- or multi-professional, etc.)
2. Have you participated in any formal education re small group facilitation? e.g. have you learned about understanding groups/teams in terms of task versus process or stages of group development, what experience do you have with troubleshooting about small group facilitation challenges?
3. How would you describe your strengths as a facilitator (current/anticipated) and what are you most concerned about in facilitating a small interprofessional group of staff in the project?
4. What ideas do you have about what support you may need and how to address these needs?
5. How do you think your role in a specific profession may impact your IP facilitation? What specifically do you need to be aware of?
6. What specific feedback would be most helpful for you throughout this process?
7. What preconceptions might you hold about other professions? How might these be addressed?

You may also wish to consider specific questions in planning with the co-facilitator – please refer to section 3, page 5 of the *Facilitating Interprofessional Clinical Learning: Interprofessional Education (IPE) Placements and Other Opportunities* toolkit (e.g. agreement on how to provide feedback to each other, transparency about roles and responsibilities).

"I also found the meetings that I had with my co-facilitator prior to the sessions were also very helpful in helping me prepare. It provided me opportunities to reflect on previous sessions, and clarify and organize for upcoming sessions."

- IP Co-Facilitator

References

- ✓ Refer to reference list in IPE Facilitation References in section 7
- ✓ The toolkit *Facilitating Interprofessional Clinical Learning: Interprofessional Education Placements and Other Opportunities* also has several references for co-facilitation in section 4
- ✓ The Center for IPE, University of Toronto also has DVDs (as do many of the TAHSN hospitals) that can support learning and development of IP co-facilitators (e.g. "Facilitating Interprofessional Collaboration with Students")

Other resources

IP co-facilitators have cited several sources of support for them in their roles including:

- ✓ Reflective discussions between co-facilitators (held pre/mid/post each cycle).
- ✓ Reflection meetings with an IPE expert

Refer to the sample questions below.

Sample Reflective Questions

1. What is working well?
2. What has the biggest success been?
3. What are you most curious about moving forward?
4. What have you learned?
5. What has enabled collaboration so far?
6. How has IP communication and dialogue been supported?
7. How have IP learning opportunities been optimized?
8. What additional IP learning opportunities may be possible?
9. How have you demonstrated your value of the diversity of others?
10. What have you learned as an IP co-facilitator? What additional learning opportunities exist?
11. How will we adjourn?

It is also important to actively consider and prepare for the role of IP co-facilitator during sessions with participants. IP co-facilitators often cited having a list of questions/prompts as helpful. Refer to the sample questions below.

Sample Preparation Questions

Observing the group, how would you describe what is happening?

1. At an individual level e.g. Who is participating? Who isn't? Body language?
2. At a group level e.g. How is the group addressing tasks, how is group process being addressed, what is the energy/stress level of the group?
3. Re: communication e.g. how is interprofessional communication being enhanced?
4. Re: decision making e.g. how is power/hierarchy being addressed? How is the group identifying and building on common ground?

For the remaining tips, please refer to the toolkit *Facilitating Interprofessional Clinical Learning: Interprofessional Education Placements and Other Opportunities*.

Specific considerations for the introductory session

- ✓ Icebreakers – section 3, page 27 *Facilitating Interprofessional Clinical Learning: Interprofessional Education Placements and Other Opportunities*
  - consider using in each session, not just the first one
- ✓ Establish norms – section 3, page 12, *Facilitating Interprofessional Clinical Learning: Interprofessional Education Placements and Other Opportunities*
- ✓ Orientation to project – see section 3 and section 4 of the project toolkit

Specific considerations for the other sessions

- ✓ Consider using a quick tool to address process e.g. Check in (at the beginning of the session – this allows participants to share what has been happening, what is on their minds now prior to starting), check up (part way through – how is everyone?), check out (how are participants feeling/thinking as they leave?)
- ✓ Clarify jargon and support participants in clarifying interprofessional communication
- ✓ Invite participants to take on the perspective of another profession (e.g. change roles in a role play)
- ✓ Troubleshooting – section 3, page 31, *Facilitating Interprofessional Clinical Learning: Interprofessional Education Placements and Other Opportunities*
- ✓ Facilitating IP Dialogue – see sample questions below:

Sample IP Dialogue Questions

1. What has your role been in this area?
2. How is that similar/different from others?
3. Who else is involved? What is their role?
4. Where do roles overlap?
5. What are you surprised by? Areas for learning?
6. How does this knowledge change your practice moving forward? What can you learn from others?
7. How has IP collaboration worked really well previously? How could you do more of that?

- ✓ Feedback from participants - see section 3, page 29, *Facilitating Interprofessional Clinical Learning: Interprofessional Education Placements and Other Opportunities*

6. Final Thoughts

"Follow effective action with quiet reflection. From the quiet reflection will come even more effective action."

Peter Drucker

By creating this initiative, the project team has benefited from rich learning. Our lessons learned have been shared throughout this toolkit and we do hope you are able to build on the work in creating your own successes.

In reflecting on our lessons, we have chosen to highlight a few of the more poignant learnings with you:

1. Creating a positive learning environment starts with guided discussion of group norms, supported by getting to know one another on a personal level via icebreakers. Their power/effectiveness in promoting collaboration should not be underestimated.
2. IP co-facilitators are key to a safe, respectful learning environment conducive to interprofessional learning and collaboration. They trigger individual and group reflection by asking the right questions at the right time, pausing from the task/content to promote reflection when opportunities arise to learn about group process and learn about each other.
3. Everyone and every profession has unique strengths. It is a matter of looking for them and building on them to complement the strengths of other team members using an appreciative approach.
4. The team involved in program planning and implementation for any IPE activity serves as a model for IPC, and requires the same special attention to process that participant teams do within the program. Effectively dealing with the transitions in forming, storming, norming and performing may be facilitated by debriefing every meeting (Silver & Leslie, 2009).

We wish you all the very best in your collaborative endeavours.

7. References and Resources

Quick Reference Web Resources

Competency framework for Interprofessional Collaboration
See document posted at http://www.cihc.ca called A National Interprofessional Competency Framework released in Feb. 2010.

On-line access to resources related to interprofessional education
https://www.cihc.ca/library

Interprofessional Care Initiatives
http://ipe.utoronto.ca/initiatives/ipc

Evaluating Interprofessional Education: A self-help guide
See document posted at http://www.ipe.utoronto.ca/educators/evaluation.html

IPE Facilitator workshop resources are available via an existent toolkit:

Sinclair, L., Lowe, M., Paulenko, T., & Walczak, A. (2007). Facilitating interprofessional clinical learning: Interprofessional education placements and other opportunities. Toronto: University of Toronto, Office of Interprofessional Education. http://www.ipe.utoronto.ca/initiatives/ipc/implc/preceptorship.html.

Also, visit www.torontorehab.com
➠ Research ➠Students and Trainees ➠Links

"Failing to plan is planning to fail."

- Alan Lakein

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IPC Tools

Readiness for Interprofessional Learning Scale

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Interdisciplinary Education Perception Scale

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Appendix A: Documents from the IPCEC Project

All appendices are examples taken from different cycles (programs) of the project. Each one has been tailored to the work of that cycle. In the appendices, you will see examples from the following cycles:

- Continence
- Respiratory care
- Behavioural care
- Recovery-oriented care

List of Documents in Appendix A

A1 Survey of Expressed Learning Needs for Potential Participants

Supporting Interprofessional Collaboration

Project Overview

We are working on a proposal for education that would involve strengthening interprofessional collaboration (IPC) and knowledge/skill in clinical areas chosen by potential participants.

Goals of the program include:

1. To create an environment that best supports health care practitioners in IPC to optimize patient outcomes.
1. To adopt ways to sustain improvements in IPC and clinical practice within current resources.
2. To build capacity for Interprofessional Education.

Health care practitioners and students of all disciplines will be invited to participate in a 10-week quality improvement project. The learning format includes workshops, clinical placements, patient cases, protected learning time, a group project and presentation.

Survey

There are certain clinical issues that are best addressed by an interprofessional approach. Rate in order of greatest to least interest the top three clinical topics that you would like to work on as an interprofessional team for innovation or quality improvement?

_____ Continence
_____ Mobility
_____ Respiratory care
_____ Pain
_____ Wound care
_____ Other: _____
_____ Other: _____
_____ Other:_____

Profession: _____ Unit: _____

We are looking for at least one member from each profession that would be involved in planning and evaluation of the project. Please indicate below:

Name: _____ Contact number: _____

Program Goals and Objectives

A2

Overall Program Goals

1. Create an environment that best supports health care practitioners and students in interprofessional learning and collaboration.
2. Identify and adopt ways to sustain improvements in Interprofessional Collaboration (IPC) in each cycle.
3. Patients, families and staff will experience the benefits of an IPC approach.

Learning Objectives for Each Cycle

By the end of each cycle, participants will be able to:

1. Describe roles and responsibilities of each team member in the clinical area studied
2. Identify facilitators and barriers to IPC at the individual, group, organizational levels.
3. Utilize knowledge and skills acquired in the program to enhance group process and team functioning.
4. Develop tangible tools that create improvements to care with IPC sensibility (e.g. develop and outline processes of care, develop learning materials or patient information).
5. Apply acquired knowledge and skill in the clinical area to enhance the care of patients.
6. Disseminate learning with others internally and/or externally.

A3 Program Design

Overview

Health care practitioners will be invited to learn about a clinical topic with a focus on interprofessional collaboration and quality improvement (QI). There will be three cycles of education at the Bickle Centre covering the following topics with dates listed. Each cycle lasts 10 weeks:

Cycle 1 (January 28 to April 1, 2009) – Continence (urinary and fecal)
Cycle 2 (April 15 to June 17, 2009) – Respiratory care
Cycle 3 (September 9 to November 11, 2009) – Behavioral care

With concrete deliverables expected from group projects, participants will have the opportunity to apply new knowledge within the IPC context that is supported throughout the program. Students will also be invited to participate. IP teams will be further supported to work together to disseminate their project outcomes internally and externally. Learning from program development will be carried over to the next cycle to improve structure and processes to maximize outcomes.

The program spans 10 weeks, plus a symposium in May 2010 (meeting of participants from all cycles), totaling 64 hours of replacement time for participants.

The 10 weeks includes theory with internal and external speakers, up to 16 hours in clinical placements, team rounds, QI project, reflective exercises on group process/dynamics, protected learning time, presentations by participants.

Participant Letter of Interest

A4

Enhancing Capacity for Interprofessional Care through Team-Building Quality Improvement Projects:
First and Last Call for Cycle 1 – Continence Care (January 28 – April 1, 2009)
First Call for Cycle 2 and 3

Letter of Interest/Application

Date: _____ Name/Position: _____

Base units: _____
(defined here as units on which you spend >25% of Toronto Rehab work time)

Contact phone/e-mail: _____
(where you can be readily reached for last minute communications)

Part A: Clinical Topics

Please indicate the cycles for which you are interested in participating. If interested in more than one, please number in order of preference *(1 = most interested to 3 = least interested, or X = not interested)*:

_____Cycle 1 (January 28 to April 1, 2009) – Continence (urinary and fecal)
_____Cycle 2 (April 15 to June 17, 2009) – Respiratory care
_____Cycle 3 (September 9 to November 11, 2009) – Behavioral care

Part B: If applying for more than one cycle

If you are applying for more than one cycle, please copy this application and complete **Part B** for each cycle.

The following responses pertain to cycle _____:

1. Please outline your interest in this program/topic.

2. List some ideas you may have about a quality improvement project on which you would like to work within an interprofessional team?

3. How have you been involved in supporting best practice, or practice change in the past (e.g. formal or informal resource person for equipment/device/skill/process, preceptor for students, advocate for improvement, etc.)?

4. Would you be interested in presenting IP quality improvement project work to an external audience (e.g. conference)?
   _____ Interested _____ Not interested

5. To reflect an interprofessional approach, we are looking for a co-facilitator for the group sessions. Support for this role would be provided so experience as an IPE facilitator is not necessary. This would require an extra 1 to 2 hours for 4 to 8 sessions.
   _____ Interested _____ Not interested

6. If you know that you will be away any time during the cycle period, please specify dates.
   _____

Part C: Scheduling Preferences

1. Please indicate preference (keep in mind ease of replacement for your time):
   _____ Four hours every week
   _____ Eight hours every two weeks
   _____ No preference

Please send completed applications by e-mail or drop off at office: _____

Deadline: Monday, January 19, 2009 at 1700h

Welcome Letter

A5

Enhancing Capacity for Interprofessional Care (IPC) through Team-Building Quality Improvement Projects

To_____,

Welcome to the Interprofessional Continence Care program. In this cycle, participants include RNs, RPNs, PT, and PTA who also will tap perspectives from other team members throughout the program. We hope you will enjoy learning from, with and about each other working with an interprofessional team on continence with a view to the contributions of each team member in promoting continence at the Bickle Centre.

The program uses a variety of learning formats and is roughly divided in the following way. Any time left over in one category is transferable to another:

Clinical practicum	16 hours
Theory, pt rounds	16.5 hours
Project time	26 hour
Focus group	1.5 hours
Total program	60 hours

Cycle 1 will run every other Wednesday, starting January 28th, from 8:30 am – 4:30 pm, and will include didactic content, patient rounds, and group project time. The dates are as follows:

- January 28 (all day workshop, 8 hours)
- February 11 (patient cases - am 2 hour; project time - 4 hours; workshop - pm, 2 hours)
- February 25 (speaker - 1 hour; patient cases - am; project time - pm)
- March 11 (speaker - 1 hour; patient cases - am; project time - pm)
- March 25 (project time - am; presentation; focus group)

We are collaborating with Lyndhurst SCI Program for clinical placements on an in-patient unit (IB) as well as the out-patient urology clinic (Robson Clinic) to learn approaches to continence care that may be transferable to our populations at the Bickle Centre. Participants have been scheduled for two clinical days.

Your specific days at LC on unit 1B are 0730 to 1200h on: _____

Your preceptor is: _____

During _____ placement, you have been assigned a time slot to visit the Robson Clinic with _____, during Urodynamics and Ultrasound patient visits.

Finally, to help us take learnings from this cycle on to the next, we will conduct a focus group led by a consultant, which will take approximately 60 to 90 minutes on March 25.

Participants will have the opportunity to apply new knowledge within an IPC context, with concrete deliverables anticipated from group projects. The IP team will be further supported to work together to disseminate project outcomes.

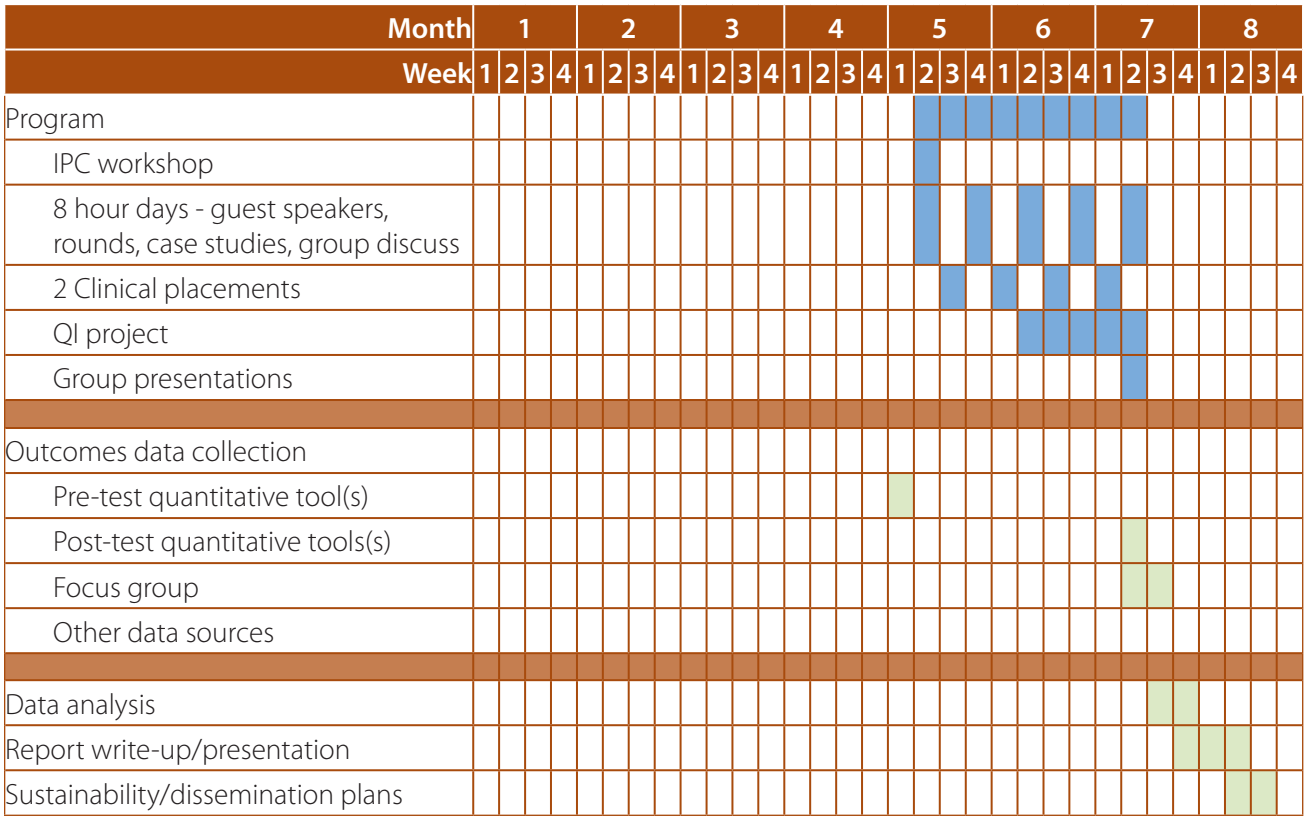
If you have further questions, please contact: _____

Sent on behalf of the Project Team

Sample Project Timelines

A6

Month	1				2				3				4				5				6				7				8			
Week	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Consultation of stakeholders																																
Seeking out potential speakers, clinical placements																																
Needs assessment																																
Develop draft plan																																
Budget of resources																																
Finalize plan																																
Booking Speakers																																
Booking Clinical Placements																																
Room, AV equipment booking																																
Catering																																
Call for participants/call for co-facilitators																																
Selection and approval from managers/ supervisors																																
Letter of invitation with dates, location																																
Staff scheduling, replacement staff																																
Orientation for preceptors																																
Orientation for co-facilitators (check-in)																																
Meetings with co-facilitator mentor (check-up, check-out)																																


Month 1 2 3 4 5 6 7 8
Week 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4
Program
IPC workshop
8 hour days - guest speakers, rounds, case studies, group discuss
2 Clinical placements
QI project
Group presentations
Outcomes data collection
Pre-test quantitative tool(s)
Post-test quantitative tools(s)
Focus group
Other data sources
Data analysis
Report write-up/presentation
Sustainability/dissemination plans

Project Charter

A7

Project Name:	Enhancing Capacity for Interprofessional Care through Team-Building QI Projects
Author(s) of Charter:	
Date:	

Overview

Through this project, we will engage current health care practitioners and students in interprofessional (IP) learning and enhancement of interprofessional care (IPC). The program is designed to support IP team building by addressing a clinical topic identified as high importance by participants.

Concurrently, participants will learn together about a clinical topic from a variety of interprofessional perspectives. With concrete deliverables expected from quality improvement-minded group projects, participants will have the opportunity to apply new knowledge within the IPC context that is supported through the program.

IPC capacity of individual participants is built around group facilitation, group process, communication, negotiation and conflict management – knowledge and skills which will strengthen IPC within existing teams and are transferable to new teams.

Students will also be invited to participate, effectively bridging IP Education (IPE) within an academic program to IPC in action. IP teams will be further supported to work together to disseminate their project outcomes internally and externally.

Schedule

Milestone/Deliverable	Target Date	Revised Finish Date
Development		
Consultation of stakeholders		
Seeking out potential speakers, staff clinical placements		
Needs assessment		
Develop draft plan		
Budget of resources		
Finalize plan		
Delivery		
Booking speakers		
Booking clinical placements		
Room, AV equipment booking		
Catering		
Call for participants/call for co-facilitators		
Selection and approval from managers/supervisors		
Letter of invitation with dates, location		
Staff scheduling, replacement staff		
Orientation for preceptors		
Orientation for co-facilitator (check-in)		
Meetings with co-facilitator mentor (check-up, check-out)		
Workshops:		
Coordination/agenda		
Icebreakers		
Reflective exercises/debriefing		
Clinical placement coach/mentor		
QI project coach/mentor		
Group presentations coach/mentor		
Evaluation		
Adjust program according to formative evaluations		
Pre-test		
Post-test		
Focus group		
Collect clinical outcomes		
Data analysis		
Program/project review and debrief		
Report write-up/presentation		
Sustainability/dissemination plans		

Roles and Responsibilities

Position	Name	Project Responsibilities
Senior Sponsor		– Acts as organizational champion for IPC project – Fosters collaboration between disciplines/departments/ units/programs/institutions
Project/Program Lead		– Leads development, delivery, and evaluation of program – Delegates areas of responsibilities as required to maintain timelines
IP Resource		– Provides IPC/E and process support in developing IP program. Provides mentorship and support to program lead, coordinator, and co-facilitators
IP Coordinator		– Arranges for speakers and clinical placements. – Ensures physical environment prepared for learning/ group activities – Assist with evaluation
IP Co-Facilitators	1. 2.	– Works with co-facilitator to facilitate all group sessions
Finance		– Create, negotiate budget. Track expenses and file reports – Ensure program stays within budget
Administrative Support		– Admin support (scheduling, communications, room and AV bookings, printing, etc.)
Other?		
Other?		

Enablers:

Limiting Factors:

Charter Approval Date:	
Review Date:	

(Adapted from document created by Aleksandra Walczak, Toronto Rehab, Education)

A8 Program Outline

Outline For Cycle 1 – Promoting Continence

Enhancing Capacity for Interprofessional Collaboration January 28 to April 1, 2009

* Sessions in blue print are open for all staff to attend

Week	Date	Location	Speaker/ Facilitator	TOPIC
1	Jan 28 0830 - 1630h (8 hour workshop)		Project staff IPE expert - internal Project staff Clinical expert - external	Pre-data collection Interprofessional collaboration Orientation to program Urinary continence A&P, types of incontinence, factors affecting continence, management options
3	Feb 11 0830 - 1630h		Co-Facilitators Clinical expert - internal	AM: Unit cases, project time PM: Fecal continence, A&P, UMN and LMN impairment and implications, Factors affecting continence, management options
5	Feb 25 0830 - 1630h		Co-Facilitators Off site visit for IP team presentation	AM: Unit cases, project time PM: 1400h -1630h Perspectives on continence care
7	Mar 11 0830 - 1630h		Co-Facilitators Clinical expert Participant IP teams	AM: Unit cases, project time 1330 - 1430h Follow-up rounds with external clinical expert by teleconference 1430 - 1630h Project time
9	Mar 25 0830 - 1630h		Co-Facilitators Participant IP teams External facilitator	AM: Project time, presentation preparation 1400 - 1500h Presentation to Bickle Centre staff 1500 - 1630h Post-data collection and focus group
Symposium	May 19, 2010 (4 hours)		Participant IP teams	Topics chosen by participant teams
Clinical placements	See individual schedule		See schedule for assigned preceptor	Paired with preceptor of same profession in placement 1. Paired with different profession in placement 2.

Unit-Based Learning Activity Guide to Care Rounds

A9

Respiratory Rounds

Goal

1. To improve respiratory status for individual patients through rounds.
2. To provide an opportunity for interprofessional collaboration and team building while further enhancing health care professionals' knowledge and skills around respiratory assessment and management.

Objectives

By the end of this program, participants will be able to:

1. Describe the roles and responsibilities of the different professions in continence care.
2. Develop, implement and evaluate interprofessional respiratory care plans.

Structure of Respiratory Rounds

Identify patients on your unit that have respiratory issues/concerns

- Patient has identified a respiratory concern to be worked on
- Multiple admissions to acute care for same respiratory condition (e.g. aspiration pneumonia).
- Trached patient (e.g. secretion management, speech)
- Sudden change in respiratory status

First Hour – We will split into pairs for assessments. Select a primary patient. Each group will collect info, or put into place plan needed to complete data collection. Develop an action plan based on assessment (e.g. research, consultation with others, education/training, develop care plan, communicate with unit team members, evaluate plan).

Second Hour – There will be two people to co-facilitate the rounds. We will cover 2 to 3 patients per rounds, and follow the same group of patients over the course of the program.

Clinical Educators will float among the groups to provide support/information. Also tap the knowledge of the health care team on the unit.

A10 Outline for Staff Clinical Placements

Goal of clinical placements

1. To identify the resources available for clients who live in the community or will be transitioning into the community that is consistent with recovery.
2. To understand the role of different professions and how the team functions in a different setting.
3. To build informal collaborative relationships with community organizations.

Objectives

1. To connect with community organizations that potentially offer support to clients living with schizophrenia, and learn about services that are offered (the who, what, when, why and how).
2. To consider facilitators and barriers to participation in a particular service (time, funds, transportation, level of readiness, etc.) and who would this service be good for?
3. To share clinical experiences with broader group and collate a list of resources to distribute. Provide summary paragraph of the service.
4. To share observations about processes, structures that support team building and IPC.

Questions for participants to consider during clinical placements

1. Have a discussion with your buddy/preceptor about how your clients might benefit from the services, any qualifying criteria, wait lists, and anything else you can think of which would be helpful for staff to know.
2. Does the receiving organization have questions? They will likely want to know what you do in your organization/program/unit and this often goes a long way to promote better understanding (finding commonalities e.g. population served).
3. Examine formal and informal structures/processes that support IPC (e.g. team rounds, case conferencing, hallway consultations, water-cooler discussions, documents, policy and procedures, practice guidelines that are actively applied).
4. If permitted, bring any print material to share with the group, or collate into resource binder.

A debriefing is built into workshop time to reflect on clinical experiences as a group. Here are samples of questions used:

- In reflecting on your clinical experience, what were top one/three (depending on time, size of group) key learnings from your placements?
- Any "ah-ha" moments or any surprises during your placement.
- Did you learn anything new about a profession?
- What processes or structures (or elements of) do you think would be beneficial to adopt in your unit/ workplace?

A11 Guide to Quality Improvement Projects

Purpose

To apply knowledge in continence care to continence practices on the unit, or make recommendations for improved processes in continence care that reflect an interprofessional approach.

Format

1. Groups will be organized by unit.
2. Agree on clinical problem/topic to work on. Below is a list of suggested topics, but you may also choose one of your own. The goal must meet the following **SMART** criteria:

   Specific **M**easurable **A**ction oriented **R**ealistic **T**ime Limited

   Come up with one short-term goal (to be completed by end of project time). Complete the "Quality Improvement Planning Worksheet" to guide you in planning.
3. You will be given time each Wednesday to work on your projects. Your project presentations will be open to all staff to attend and learn about your project.

Suggested Topics for Quality Improvement

1. Establish processes for continence care. Draft policy/procedure. Who, when, how to assess patient for improving continence. Who is candidate for toileting, toileting plan? Test it out and adjust draft.
2. Develop a poster or pocket card to cue practice (e.g. flowsheet, algorithm, how-to) related to #1.
3. Assess X number of patients and create individualized plan, test out plan, and adjust throughout program. Make recommendations based on your experiences.
4. Explore how mobility impacts continence. Select patients with mobility/hypertonicity issues and problem-solve to improve continence status.
5. Examine barriers to effective continence care on the unit. Suggest and test out one or two strategies to address the barrier. Evaluate and report. Make recommendations.
6. Create a learning package for peers or pt/family around continence (narrow down topics to make manageable).

Quality Improvement Project Worksheet
Enhancing Capacity for Interprofessional Care (IPC) through Team-Building Quality Improvement Projects

Name of Project:	
Goal (meeting SMART criteria):	

Outline steps to achieve goal (use another sheet if further steps needed):

Action	MRP*	Target Date	Resources/Consultants
1.			
2.			
3.			
4.			
5.			

*MRP=most responsible person

Project Team Members (should represent at least two professions). If not possible, plan to consult other team members for different professional perspectives/ approaches.

Name	Profession	Unit	Contact Information

A12 Program Evaluation: Measuring Outcomes of Interprofessional Education (IPE)

Table A-12.1 Interprofessional Learning and Collaboration Tools

Instrument	Description	Measures	Primary Reference
Collaboration and Satisfaction About Care Decisions (CSACD)	Brief tool, 9 items, 7-point Likert scale where 1=strongly disagree/not satisfied and 7=strongly agree/ very satisfied	Six questions measure critical attributes of collaboration and one measures overall collaboration. Last two questions measure satisfaction with decision-making process and the decision itself.	Baggs, 1994; Dechairo-Marino et al, 2001.
Interdisciplinary Education Perception Scale (IEPS)	18 item, 6-point Likert scale where 1=strongly disgree and 6=strongly agree	Measures four attitudes important in interdisciplinary settings: professional competency and autonomy; perceived needs for professional cooperation; perception of actual cooperation and resource sharing within and across professions; understanding the value and contributions of other professional/professions.	Luecht et al, 1990
Readiness for Interprofessional Learning Scale (RIPLS)	Original has 19 items, 5-point Likert scale where 1=strongly disagree and 5=strongly agree. Expanded to 29 items to include more items in roles and responsibilities and include patient-centeredness.	Tool captures three areas needed for effective interprofessional learning: team work and collaboration (9 questions); professional identity (7 questions); roles and responsibilities (3 questions). Note: some items need to be reverse coded.	Parsell and Bligh, 1999; Reid et al, 2006 for revised version.

Table A-12.2 Pre-existing Data Collection with IPC indicators

Source	Time Interval for Collection	Categories/Items of Interest	Comments
Patient Satisfaction Survey	Collected every March	– Staff composite: staff involve you in decisions regarding care – Additional questions: overall quality of care/ services	Depending on scale of QI and expected impact
Family Satisfaction Survey	Collected every March	– Global quality: Quality of care/services over last year – Care and Services: Individualized care provided by facility – Care and Services: Staff know care requirements – Communication: staff involve you in planning of care	
Staff Satisfaction Survey	Collected every two years in July	– 2c. How well colleagues/co-workers show respect for each other – 5a. How well staff work together and help each other out – 5b. Interdepartmental/team support and communication – 6c. Your opportunities to learn from other units, departments or teams – 7j. Your ability to make a difference in a patient's/client's life – What three things could your organization do to improve safety of your work environment? Only want to know if team work, communication are triggered.	
Minimum Data Set (MDS)	Entered by clinicians, repeated quarterly measures by program, unit	– Select clinical indicators based on QI project goals – Also consider mega QI for more general indicators which are tracked regularly by quarter, by unit/program	
Workload by profession	Entered by clinicians, repeated quarterly measures by program, unit	– Select clinical indicators based on QI project goals – Consultation/collaboration	Assess data quality. Workload variance of 80-90% is considered good quality where variance=workload hours/worked hours

Table A-12.3 Levels of IPE Outcomes and Measures used in IPCEC Project

Class	Outcome	Description	Sample Tools/Methods
1	Reaction	Learner's views on the learning experience and its interprofessional nature	Subjective report during and after program
2a	Modification of attitudes/perceptions	Changes in reciprocal attitudes or perceptions between participant groups Changes in perception or attitude towards the value and/or use of team approaches to caring for a specific patient/client group	Subjective reports post program Pre/post-test IPC Tools: IEPS, RIPLS, CSACD
2b	Acquisition of knowledge and/or skills	Including knowledge and skills linked to interprofessional collaboration	Subjective reports post program Pre/post-test IPC Tools: RIPLS, CSACD
3	Behavioral change	Identifies individual's transfer of interprofessional learning to their practice setting and their changed professional practice	Subjective report post program Pre/post-test IPC tool: CSACD
4a	Change in organizational practice	Wider changes in the organization and delivery of care	Staff satisfaction MDS Workload
4b	Benefits to patients/ clients	Improvements in health or well-being of patients/clients	Patient satisfaction Family satisfaction surveys Pre/post CSACD

(Freeth et al, 2002. Modified Kirkpatrick's Model)

Appendix B: Templates for Program Plan

List of Documents in Appendix B

B1 Mapping out Project Timelines

B2 Project Tasks - Timelines and Responsibilities

B3 Budget Worksheet

B 1 Mapping Out Project Timelines

Month	1				2				3				4				5				6				7				8			
Week	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Consultation of stakeholders																																
Seeking out potential speakers, clinical placements																																
Needs assessment																																
Develop draft plan																																
Budget of resources																																
Finalize plan																																
Booking Speakers																																
Booking Clinical Placements																																
Room, AV equipment booking																																
Catering																																
Call for participants/call for co-facilitators																																
Selection and approval from managers/ supervisors																																
Letter of invitation with dates, location																																
Staff scheduling, replacement staff																																
Orientation for preceptors																																
Orientation for co-facilitators (check-in)																																
Meetings with co-facilitator mentor (check-up, check-out)																																

Month	1				2				3				4				5				6				7				8			
Week	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Program																																
IPC workshop																																
8 hour days - guest speakers, rounds, case studies, group discuss																																
2 Clinical placements																																
QI project																																
Group presentations																																
Outcomes data collection																																
Pre-test quantitative tool(s)																																
Post-test quantitative tool(s)																																
Focus group																																
Other data sources																																
Data analysis																																
Report write-up/presentation																																
Sustainability/dissemination plans																																

B 2 Project Tasks - Timelines and Responsibilities

Action	MRP*	Target Date	Date Completed
Development			
Consultation of stakeholders			
Seeking out potential speakers, clinical placements			
Needs assessment			
Develop draft plan			
Budget of resources			
Finalize plan			
Delivery			
Booking Speakers			
Booking Clinical Placements			
Room, AV equipment booking			
Catering			
Call for participants/call for co-facilitators			
Selection and Approval from Managers/Supervisors			
Letter of invitation with dates, location			
Staff scheduling, Replacement staff			
Orientation for preceptors			
Orientation for co-facilitator (check-in)			
Meetings with co-facilitator mentor (check-up, check-out)			
Workshops:			
Coordination/agenda			
Icebreakers			
Reflective Exercises/Debriefing			
Clinical Placement assist			
QI project assist			
Group presentations assist			

Action	MRP*	Target Date	Date Completed
Evaluation			
Adjust program according to formative evaluations			
Pre-test			
Post-test			
Focus group			
Collect clinical outcomes			
Data analysis			
Program/project review and debrief			
Report write-up/presentation			
Sustainability/dissemination plans			

On-Going Tasks and Responsibilities

Action	MRP*
Communications	
with participants	
with managers/schedulers regarding attendance, payroll	
with speakers, clinical placement contacts with program leaders regarding program status	
Budget/Finance	
Media - Printing, AV resources, room bookings	

*MRP=most responsible person

B 3 Budget Worksheet

Item	Time (hrs)	Amount ($)
Income		
Internal sources		
Existing budget for staff education		
Other (e.g. Committee, prof activities time)		
External sources		
Total Income		
Expenses		
Project Support Staff		
Project/education lead(s)		
Admin support		
Finance/budget		
Development Costs		
Needs assessment		
Key informant interviews/consultations		
Collation/revisions/feedback		
Final design		
Delivery Costs		
Participant replacement cost (# _____)		
Workshops		
Clinical Placement		
Co-Facilitator time		
IPE consultant (if not part of project team)		
Honorarium		
Speakers		
Clinical placements		
Food catering		
Evaluation Costs		
Focus group		
Data collection		
Data analysis		
Write-up/reporting		
Dissemination		

Item	Time (hrs)	Amount ($)
Evaluation Costs		
Focus group		
Data collection		
Data analysis		
Write-up/reporting		
Dissemination		
Other expenses		
Office supplies		
Printing		
Travel		
Telephone/mail/post		
Rental utilities		
Room and equipment		
Contracted services		
Other:		
Total Expenses		

Notes

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Enhancing Capacity for **Interprofessional CARE** through **Team-Building Quality Improvement Projects**