GEORGE BROWN COLLEGE | School of Continuing Education

UHN Toronto Rehabilitation Institute

Bridgepoint Sinai Health System

Interprofessional Education for Internationally Educated Nurses
(*IPE for IENs*)

Clinical Instructor Resource Package

March 2016

Interprofessional Education for Internationally Educated Nurses

Project Team

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Interprofessional Education for Internationally Educated Nurses
(*IPE for IENs*)

Clinical Instructor Resource Package

March 2016

Interprofessional Education for Internationally Educated Nurses

Purpose and Use of this Resource

This *IPE for IENs* Clinical Instructor Resource Package is intended as a supplemental resource for clinical instructors implementing *IPE for IENs* with IEN learners in a clinical setting. It is intended to be used as a companion to the toolkit *Interprofessional Education for Internationally Educated Nurses (2012): A Resource to Support Group Clinical Placement Program Planning, Implementation, and Evaluation.* The toolkit and this resource package is freely downloadable and can be found at the link below. While the contents of this resource package are designed for IEN learners, it is suitable for a wide range of health care professionals. You are invited to adapt these resources to meet the needs of your organization. We ask that you cite our work if you use or adapt it.

Suggested Citation

Marten-Daniel, P., Demeris, H., A'Court, K.S., Hanna, E., Paulenko, T., Summers, S., (2016). *Interprofessional education for internationally educated nurses (IPE for IENs): Clinical Instructor Resource Package.* Toronto, ON: George Brown College.

Sources Cited in this Document

All sources of information and data, whether quoted directly or paraphrased, are cited in this document. Any errors and omissions called to our attention will be corrected in future printings.

More Information

To access this Resource, visit coned.georgebrown.ca/toolkits-for-internationally-educated-nurses or contact George Brown College Continuing Education Nursing department.

Table of Contents

Introduction to *IPE for IENs* and the Clinical Instructor Resource Package

IPE for IENs Background

Interprofessional Education for Internationally Educated Nurses (IPE for IENs) was developed because the Canadian model of health care delivery is different from that which many IENs experienced in their home countries prior to immigrating to Canada. Since the delivery of collaborative Interprofessional Care (IPC) positively impacts both patients and health care practitioners (Canadian Interprofessional Health Collaborative (CIHC), 2010b), and since the ability to accomplish IPC is an entry-to-practice competency for Ontario RNs and RPNs (College of Nurses of Ontario (CNO), 2014a, 2014b), it is important that IEN learners develop the knowledge, skills and attitudes needed to thrive in a collaborative workplace.

IPE for IENs began as a collaborative initiative between IPE partners from the Toronto Rehabilitation Institute: University Health Network (Toronto Rehab: UHN), George Brown College Continuing Education Nursing department (George Brown), and Bridgepoint Hospital, Sinai Health System (Bridgepoint) with funding from the Ontario Ministry of Citizenship, Immigration and International Trade. Building on the success of initial pilots, the initiative is now being implemented in several colleges' IEN bridging programs across Ontario.

IPE for IENs clinical placement has three primary objectives:

◗ IENs will be able to describe their own role and the roles of those in other professions.

◗ IENs will use interprofessional collaboration as appropriate to work towards patient-family goals.

◗ IENs will use effective interprofessional communication.

In order to provide resources to establish *IPE for IENs* in the clinical setting, a toolkit was developed in 2012 entitled: *Interprofessional Education for Internationally Educated Nurses: A Resource to Support Group Clinical Placement Program Planning, Implementation, and Evaluation.* It contains information that supports program planning, implementation and evaluation activities, and is freely downloadable from the following link: coned.georgebrown.ca/toolkits-for-internationally-educated-nurses.

Using the *IPE for IENs* Clinical Instructor Resource Package

This resource package is provided as a companion to the toolkit as a supplement for Clinical Instructors (CIs) implementing *IPE for IENs* in a clinical setting. It is freely downloadable from the above-noted link. The materials in this resource package were designed for IEN learner initiatives and are described and presented in their suggested order of use. However, the content is suitable for a wide range of health care professionals and you are invited to adapt it and use the supporting materials to meet the needs of your organization and learners. The section "*IPE for IENs* at a Glance" (below) contains a **summary of activities** that occur during the clinical placement. The subsequent sections of this document contain the associated **resources** including descriptions for CI use (e.g., Orienting Learners to the *IPE for IENs* Clinical Placement,

Guide to the Meet & Greet, and *IPE for IENs* Debriefing Guide), as well as **handouts** and **worksheets** for learners and the clinical facility's IP team. A **Glossary** of terms and list of **References** are found at the end of this document.

IPE for IENs at a Glance

Figure 1 illustrates the timing of activities as they occur in a 12-week clinical placement schedule. The activities can be flexibly reconfigured to meet your organization's needs and timelines. **Table 1** contains a list of the activities, brief descriptions, and the specific resources for the intended audiences (Clinical Instructor (CI), Facility Team (FT) and IEN learners).

Pre-Placement Phase	Placement Phase											Evaluation Phase
	Topics & Interactive Co-Facilitated Reflection Sessions					IP Rounds/Shadowing & Interactive Co-Facilitated Reflection Sessions						
6 weeks prior to placement	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12

Orientation to Unit

Reflection Session #2

Reflection Session #4

Reflection Session #6

Clinical Team Meeting & Orientation

Meet & Greet +Reflection Session #1

Reflection Session #3

Reflection Session #5

Learner Presentations & Final Celebration + Debriefing/ Evaluation

Figure 1. **Sample 12-Week Format of an *IPE for IENs* Clinical Placement.**

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Table 1

List of IPE for IENs Clinical Placement Activities and Associated Resources.

NOTE: Activities marked with an asterisk (*) are activities in which IP team members are invited to participate.

Activity	Description	Resource Package Item and Intended Audience
Pre-Placement Phase		
Clinical Team Meeting & Orientation	Program Coordinator, CI and facility IPE Leads meet unit teams to introduce *IPE for IENs*.	**CI:** Orienting the Interprofessional Team to *IPE for IENs* **FT:** Overview of *IPE for IENs*; TIPS for Collaborating with IEN Learners; Co-Facilitating *IPE for IENs* Reflection Sessions
Placement Phase		
Orientation to Unit	CI orients learners to the activities and expectations. Learners begin to collect jargon.	**CI:** Orienting Learners to the *IPE for IENs* Clinical Placement; Sample Group Biography **Learners:** Introduction to *IPE for IENs*; Reflective Journaling during the IPE Experience; Guidelines for Shadowing an IP Team Member; IPE Presentation Guide
*Meet & Greet: [IP team members may stay for entire session if desired or may opt to stay for 10-15 minutes]	IP team members meet IEN learners during this 60- to 90-minute session and describe their roles. Often, related professions present together (e.g., physiotherapist and occupational therapists).	**FT:** [if they do not already have] Overview of *IPE for IENs*; TIPS for Collaborating with IEN Learners; Co-Facilitating *IPE for IENs* Reflection Sessions **CI:** Guide to the Meet & Greet with the IP Team **Learners:** List of Professional Associations and Regulatory Colleges
Attendance & Participation in IP rounds, family meetings	Ongoing throughout the placement as opportunities arise.	**CI:** Helpful debrief questions exist in the IPE Reflection Session #1: Overview of IP Collaboration/Care
*IP Team Member Shadow Assignments	One to two learners accompany IP team member for 1-2 hours as they go about their daily work.	**Learners, CI, FT:** Guidelines for Shadowing an IP Team Member
*IPE Reflection Session #1: Overview of IP Collaboration/Care	CI facilitates an exploration of IP collaboration in the learners' context.	**CI:** Introduction to Facilitated IPE Reflection Sessions; Sample TIPS Pocket Card; CI Guidelines for Debriefing after IP Activities; IPE Reflection Session #1: Overview of IP Collaboration/Care **Learners:** What is IPC & IPE?; National Interprofessional Competency Framework
*IPE Reflection Session #2: Jargon	Each of these 1-hour Reflection Sessions are co-facilitated by the CI and one IP team volunteer who is from another profession or role. Written guidelines and suggestions are provided. Basic education regarding facilitation skills can be provided to facility teams if desired. Clinicians who have participated in these sessions describe them as fun, informative and applicable to other areas of their practice such as patient and learner education and collaborative decision-making.	**CI/FT:** Introduction to Facilitated IPE Reflection Sessions; Sample TIPS Pocket Card; CI Guidelines for Debriefing after IP Activities; IPE Reflection Session #2: Jargon **Learners:** Jargon!
*IPE Reflection Session #3: IP Communication		**CI/FT:** Introduction to Facilitated IPE Reflection Sessions; Sample TIPS Pocket Card; CI Guidelines for Debriefing after IP Activities; IPE Reflection Session #3: IP Communication **Learners:** Description of SBARD Communication Tool & Script; SBARD Scenarios
*IPE Reflection Session #4: IP Conflict		**CI/FT:** Introduction to Facilitated IPE Reflection Sessions; Sample TIPS Pocket Card; CI Guidelines for Debriefing after IP Activities; IPE Reflection Session #4: IP Conflict **Learners:** Things People Say about Conflict; Sample Script for IP Conflict Resolution
*IPE Reflection Session #5: IP Collaboration		**CI/FT:** Introduction to Facilitated IPE Reflection Sessions; Sample TIPS Pocket Card; CI Guidelines for Debriefing after IP Activities; IPE Reflection Session #5: IP Collaboration **Learners:** What's Common? What's Unique? Activity
*IPE Reflection Session #6: IPC Going Forward		**CI/FT:** Introduction to Facilitated IPE Reflection Sessions; Sample TIPS Pocket Card; CI Guidelines for Debriefing after IP Activities; IPE Reflection Session #6: IPC Going Forward
Evaluation Phase		
*Learner Presentation and Final Celebration	This event is a thank you to the unit team and a chance for learners to provide a 10- to 15-minute presentation of what they have learned from and with the team.	**CI:** *IPE for IENs* Debriefing Guide; *IPE for IENs* Clinical Placement Summative Record
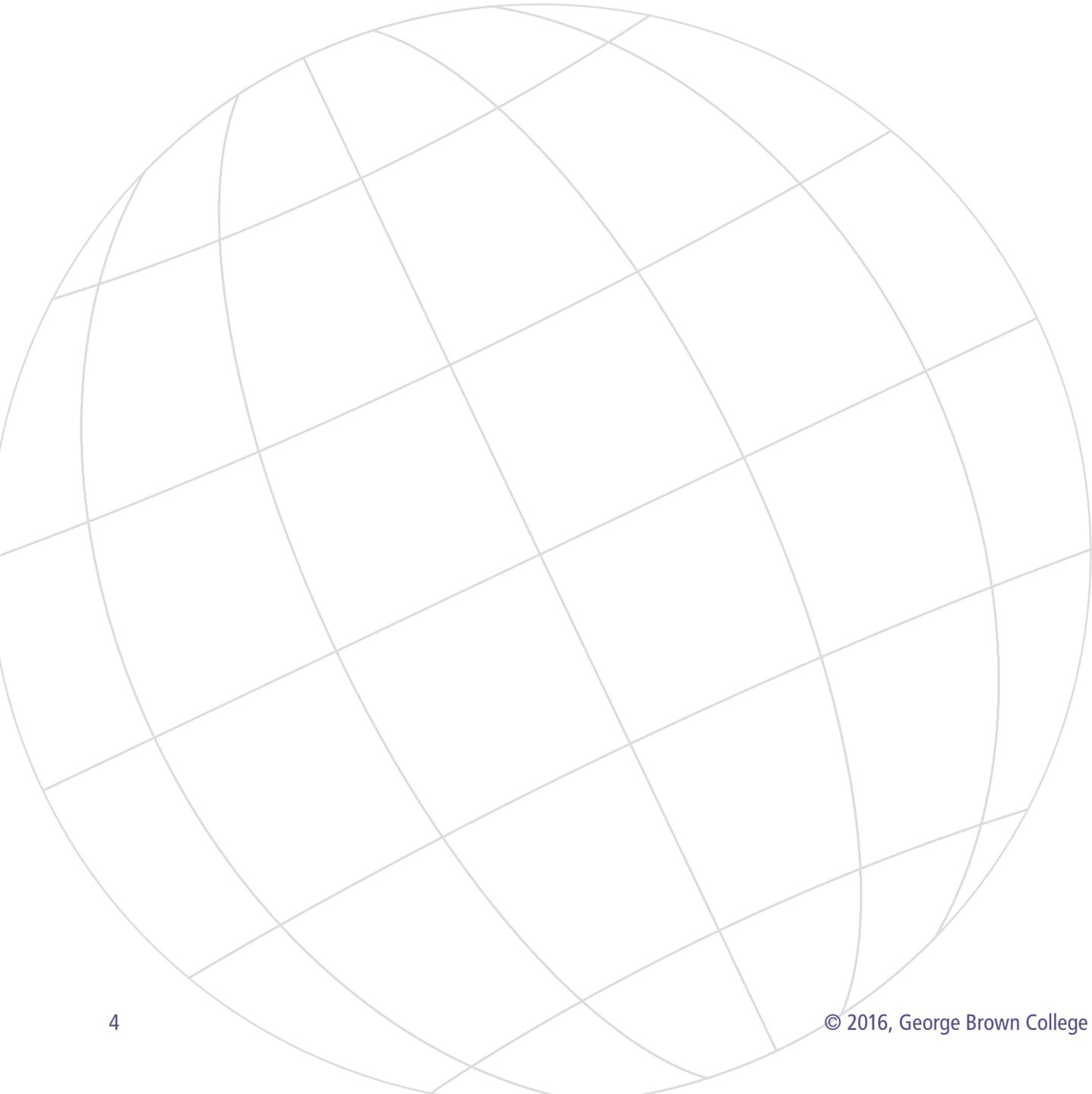
Pre-Placement Phase Activities and Resources

In this section you will find a Clinical Instructor (CI) resource and several Facility Flyers in the suggested order of use:

Orienting the Interprofessional Team to *IPE for IENs*	[CI Resource, 1pg.]
Overview of *IPE for IENs*	[Sample Facility Flyer, 1pg.]
TIPS for Collaborating with IEN Learners	[Sample Facility Flyer, 1pg.]
Co-Facilitating *IPE for IENs* Reflection Sessions	[Sample Facility Flyer, 2pgs.]

Orienting the Interprofessional Team to *IPE for IENs*

CI Resource

(Page 1 of 1)

Advance planning and ongoing communication are essential strategies to ensure the success of an *IPE for IENs* initiative. IEN educators, facility Practice Leads and IPE champions should meet approximately 6 weeks before the clinical placement starts, and together, attend a unit meeting or interprofessional council, to orient the team members to IEN learners and course activities. IP team members should be invited to participate in a flexible manner that accommodates their schedules. Logistical arrangements such as the following should be discussed and collaboratively agreed upon before the learners' clinical placement begins:

◗ Dates and times for Co-Facilitated IPE Reflection Sessions.

◗ Meeting location for Reflection Sessions [ideally the meeting room is situated on the unit for convenience of the IP team].

◗ Names, contact information and primary responsibilities of facility leaders and CIs. For example, decide who will invite and coordinate IP team members to participate in the course activities. Who will email professionals the week before their participation (e.g., with a reminder of shadowing details or inclusion of reflection session prompts)? Who will email a thank you after the event?

◗ Suggested minimum communication requirements:

– **For reflection session**s, email the facility's co-facilitators two documents a week

before their session: Introduction to Facilitated IPE Reflections Sessions (a general guideline for effective facilitation) and Reflection Session #[x] (a document that details specific objectives and activities for the relevant reflection session). This email should include a reminder of the date, time and location to meet. Co-facilitators should also meet for a few minutes before the start of the session to review which activities each will address.

– **For shadowing**, a week before a learner's shadowing appointment, confirm the date, time and length of the session and where learners should meet the professional. Confirm if the professional would like one or two learners as their "shadow".

– **For IP in-services**, or a tour of an IP team member's department, send an email a week prior to the event, confirming date, time and location to meet.

– **For all interactions**, send a thank you email within 2 days of the activity, and copy the facility lead as well as your own IPE coordinator.

◗ Create a schedule for planned feedback e.g., mid- and post-placement debrief.

The following **sample flyers** are helpful materials to give to facility team members for their ongoing reference: Overview of *IPE for IENs*; TIPS for Collaborating with IEN Learners; Co-Facilitating *IPE for IENs* Reflection Sessions.

Overview of *IPE for IENs*

Overview

Internationally Educated Nurses (IENs)
Interprofessional Education (IPE) Clinical Placement

Thank you for welcoming IEN Learners to your Unit!

Internationally Educated Nurses (IENs) are nurses who have completed their nursing education outside of Canada. The IEN learners who are coming to your unit at [Name of Facility] are taking a bridging program at [Name of College] that orients them to Canadian health care culture. In addition to providing nursing care, the learners who are coming to your unit will participate in a new Interprofessional Education (IPE) initiative originally piloted by George Brown College, Toronto Rehabilitation Institute: University Health Network and Bridgepoint Hospital, Sinai Health Centre. This initiative is being coordinated by [Name of Coordinator(s)] from [Name of College], in partnership with [Name and Title of Facility IPE Coordinator].

We invite your participation!

We would like to provide targeted opportunities for these IEN learners to engage in activities that help them learn *about*, *from* and *with* the interprofessional (IP) team at [Name of Facility]. These activities might include being part of:

Rounds and team meetings;
Family meetings to observe how the family is part of the IP health team;
Facilitated reflection sessions where learners discuss IP competencies such as communication, conflict resolution and collaboration;
Shadowing and interviewing IP team members.

At the end of the placement, the IENs will showcase their IP learning and thank you for your participation.

Interprofessional Education for Internationally Educated Nurses

Host
[Logos]

When & Where

[xx] groups of [xx] IENs from [Name of College]'s Bridging Program for IENs will be on placement [xx] days a week with a [Name of College] Clinical Instructor.
[days of placement]
[hours of placement]
[date to date]

Interested?
Want to be a Volunteer?

If you are able to provide an IP learning opportunity or want to know more, please contact:

[Name]
[Title]
[Location]
[Email address]
[Phone number]

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TIPS for Collaborating with IEN Learners

TIPS for Collaborating with IEN Learners
in the *IPE for IENs* Clinical Placement

English may not be an IEN's first language. Provide additional time for IENs to express themselves, assist with pronunciation, explain jargon and acronyms (written and verbal), and speak slowly, as required.

IENs are experienced nurses; often with extensive nursing knowledge. Provide a safe learning environment by accepting differences in knowledge, and sharing your interprofessional practice resources and your Canadian expertise. Since both the Canadian nurses' scope of practice and our culture may be new to IENs, it is important to be explicit about responsibilities–provide clear direction, ensure understanding, and outline expectations and required follow-up.

Move beyond rote or memorized thinking styles by using best practices and resources specific to the patient population (e.g., fall-prevention strategies, wound management, and assistive device use) in order to foster IENs' critical thinking.

Although our health care equipment (e.g., IV pumps, suction units, and computers) may be familiar to IENs, it is important to explicitly support them in using our technology and practice processes.

The variety of Team Members and professions may be new. Provide opportunities for education about your profession, your role, and how you collaborate with Team Members when providing patient-centred care (e.g., empowering patients and families, defining roles, making referrals, using preferred communication).

IENs may not be comfortable dealing with interprofessional conflict given their home country experiences (e.g., they may not have been allowed or expected to raise issues, make recommendations to other professionals). But dealing with conflict is a professional expectation in the Canadian health care setting, as an essential part of the shared decision-making process to achieve patient-centred care goals.

Most of all have fun learning about, from, and with each other!

For more information, see: Tilley, C. M. (2010). *Support for internationally educated nurses transitioning into practice: An integrative literature review* (Master's thesis). University of Victoria, Canada. Retrieved from https://dspace.library.uvic.ca:8443/bitstream/handle/1828/4095/Tilley_Carla_MN_2010.pdf

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Co-Facilitating *IPE for IENs* Reflection Sessions

Facility Resource

(Page 1 of 2)

Co-Facilitation Opportunity!

Do YOU want to Co-facilitate an IP Reflection Session?

"As we teach, we learn"

What is the Opportunity?

Interprofessional (IP) volunteers are paired with an experienced [Name of College] representative and together they co-facilitate student discussion and reflection on one of the topics below.

These 1-hour Reflection Sessions will be held during the lunch period. Instruction and support will be provided as needed.

Benefits to IEN Learners: Build knowledge and skill with IP competencies; hear the perspectives of IP team members directly.

Benefits to Co-Facilitators: Deepen facilitation skills (a teaching and leadership asset in your practice!)

For more information, see *"What is it all about?"* on the back of this flyer.

Topics & Schedule

There will be [number] Reflection Sessions as follows (you only need to volunteer for one):

Overview: IP Collaboration/Care (week of [date])

Jargon (week of [date])

IP Communication (week of [date])

IP Conflict (week of [date])

IP Collaboration (week of [date])

Summary: IP Collaboration Going Forward (week of [date])

Interprofessional Education for Internationally Educated Nurses

Host
[Logos]

How much time will it take?

IPE co-facilitators spend a total of **1 to 1.5 hours** for each Reflection Session:

45-60 minutes for the learner session **+ 30 minutes** (approximately) for planning and debriefing.

Help Us Plan!

If you are interested or want to know more, please contact:

[name], IPE Coordinator, [contact information]
[name], College [contact information]

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Being a Co-Facilitator
What is it all about?

What is a "Focused Facilitated Reflection Session"?

Facilitated reflection sessions are not instructor-led lectures or 'lessons'. They are opportunities for learners to reflect on and analyze their experiences and observations. Guided "prompts" from co-facilitators help learners make the interprofessional (IP) learning explicit. For learners, this is a chance to optimize their learning from an IPE experience! Each reflection session has as its focus a particular IP competency such as communication, collaboration or conflict resolution.

What does a Co-Facilitator Do?

Facilitators value diverse opinions, are able to address issues openly, and respect the distinctive experience and expertise that each profession brings to the sessions. As such, they play a key role in providing an environment that supports the goals of IP collaboration.

Utilizing two co-facilitators from different professions provides IEN learners with an opportunity to view issues and competencies from multiple perspectives. As two individuals work together to guide each session, each provides a different professional lens, and learners can experience the co-facilitators role-modeling IP collaboration first hand.

Co-Facilitators:

- Discuss the session ahead of time with their co-facilitator, identifying goals and possible case-related scenarios that may be taking place on the unit;
- Debrief with their co-facilitator after the session to share observations and learning;
- Keep the discussion focused, listen actively to what is said (or not said), and guide or "coach" learners to make the most of their observations and experiences by making the IP learning explicit;
- Promote thinking and problem-solving and encourage interaction and self-assessment in a safe non-threatening environment.

How do I Prepare for a Reflection Session?

There is very little preparation–you will find that you already possess the skills to co-facilitate simply by being the collaborative professional that you are! The Clinical Instructor/IPE Coordinator will touch base with co-facilitators a few days before the session to answer questions and provide orientation to *IPE for IENs* and the unique needs of IEN learners. A written list of 'prompts' is available, however these should be viewed as a flexible guideline, as each session allows time and openness to address IENs' needs as they emerge.

Interprofessional Education for Internationally Educated Nurses

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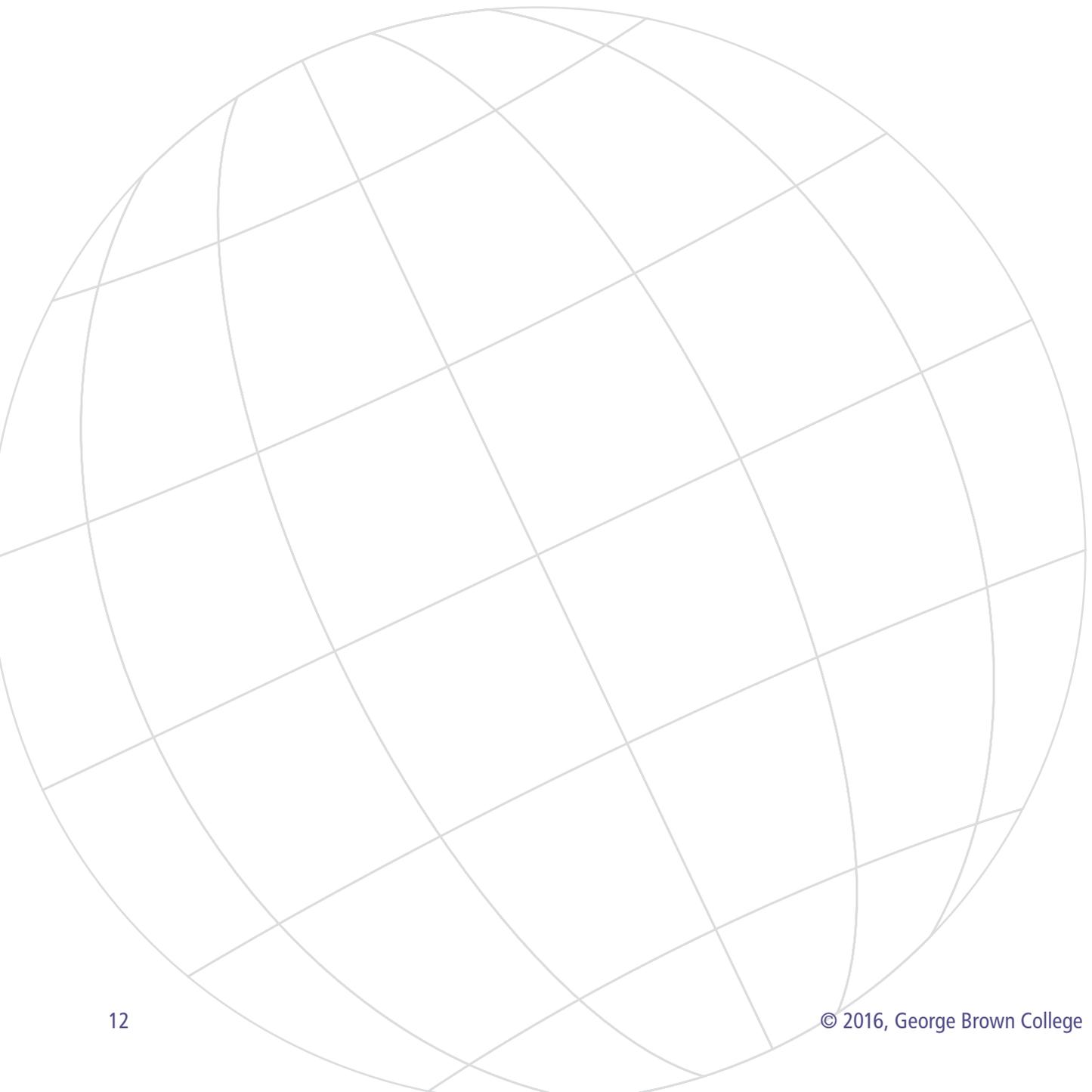
Placement Phase Activities and Resources

In this section you will find the following Clinical Instructor (CI) resources and Learner handouts presented in the suggested order of use:

Orienting Learners to the *IPE for IENs* Clinical Placement	[CI Resource, 1pg.]
Sample Group Biography	[CI Resource, 1pg.]
Introduction to *IPE for IENs*	[Learner Handout, 1pg.]
Reflective Journaling during the IPE Experience	[Learner Handout, 1pg.]
Guidelines for Shadowing an IP Team Member	[Learner Handout, 1pg.]
IPE Presentation Guide	[Learner Handout, 2pgs.]
Guide to the Meet & Greet with IP Team	[CI Resource, 1pg.]
List of Professional Association and Regulatory Colleges	[Learner Handout, 2pgs.]
Introduction to Facilitated IPE Reflection Sessions	[CI Resource, 2pgs.]
Sample TIPS Pocket Card	[CI Resource, 1pg.]
CI Guidelines for Debriefing after IP Activities	[CI Resource, 1pg.]
IPE Reflection Session #1: Overview of IP Collaboration/Care (IPC)	[CI Resource, 1pg.]
What is IPC & IPE?	[Learner Handout, 1pg.]
National Interprofessional Competency Framework	[Learner Handout, 1pg.]
IPE Reflection Session #2: Jargon	[CI Resource, 1pg.]
Jargon!	[Learner Handout, 1pg.]
IPE Reflection Session #3: IP Communication	[CI Resource, 1pg.]
Description of SBARD Communication Tool & Script	[Learner Handout, 2pgs.]
SBARD Scenarios	[Learner Handout, 1pg.]
IPE Reflection Session #4: IP Conflict	[CI Resource, 1pg.]
Things People Say about Conflict	[Learner Handout, 1pg.]
Sample Script for IP Conflict Resolution	[Learner Handout, 1pg.]
IPE Reflection Session #5: IP Collaboration	[CI Resource, 1pg.]
What's Common? What's Unique? Activity	[Learner Handout, 1pg.]
IPE Reflection Session #6: IPC Going Forward	[CI Resource, 1pg.]

Orienting Learners to the *IPE for IENs* Clinical Placement

Depending on their past experience, learners may be nervous about working with an IP team and may have difficulty understanding what is expected. Providing learners with an orientation to the purpose and nature of the *IPE for IENs* clinical placement is important to put them at ease and provide them information to get started. The orientation should include:

◗ **Introduction to IPE and IPC:** What is IPE and IPC and why it is important? (Refer to companion toolkit for more information: coned.georgebrown.ca/toolkits-for-internationally-educated-nurses).

◗ **Overview and timeline of the course activities:** A list of course activities is found in the learner handout Introduction to *IPE for IENs*. Additional learner handouts on subsequent pages (Guidelines for Shadowing an IP Team Member and IPE Presentation Guide) may be helpful to clarify learners' expectations during this discussion.

◗ **Compilation of a "Group Biography":** Members of the IP team are very interested in learning about IENs and enjoy getting to know the learners they are working with. One way to do this is to compile a written "Group Biography" that summarizes IENs' experience prior to coming to Canada. If learners agree, compile information such as learners' countries of origin, previous year's experience, languages spoken and fields of nursing practice. This biography can be emailed as an introduction when connecting with professionals who will be joining the group in co-facilitated reflection sessions.

All learners in the group can edit and approve the text of their biography before it is finalized and distributed. Refer to the Sample Group Biography on the next page.

◗ **Discussion of group norms and creation of a "Group Contract"** (if desired)**:** *IPE for IENs* helps learners develop knowledge and skill working with an IP team to provide patient care. But these IENs are also part of their own group of learners—a situation that creates a unique opportunity for collaborative learning. This form of learning may be new to IEN learners who may have not been previously encouraged to express their opinions or question assumptions (Edgecombe, Jennings, & Bowden, 2013). Explicit discussion of the goals of collaborative learning and agreement about the norms of behaviour within the learner team will role model effective team collaboration and will set a tone of inclusion, active listening and respect for the "voice" of all group participants. If desired, learners and their CI can create a "Group Contract"—there are many excellent resources that exist on the Internet to identify best practices in this regard.

◗ **Introduction to "Jargon":** Prepare learners for the fact that in the next few weeks they will encounter many words and acronyms that are new to them. Encourage them to keep an ongoing list of new terms—this will form part of an IPE reflection session. The handout Jargon! will assist with this orientation (found in the resources associated with IPE Reflection Session #2 later in this document).

Sample Group Biography

Thank you for welcoming us to your unit!

We are a group of learners who have received our initial nursing education outside of Canada—"Internationally Educated Nurses" (IENs). Among our group of eight learners, we have a combined total of 37 years of nursing experience working in India, the Philippines, Rwanda, Israel, Saudi Arabia, Kuwait, China and Pakistan. In addition to English we speak Tagalog, Hebrew, Arabic, Urdu, Bengali, Cantonese, Mandarin, Swahili and Kinyarwanda. We have worked in the following fields of nursing practice: paediatrics, maternal-child health, community nursing, intensive care, emergency, and medical surgical nursing.

We are really looking forward to learning *with*, *about* and *from* you in the coming weeks!

Cristina   Emmanuel   Mary Grace   Nelly
Parminder   Ram   Hanna   Xiolan

Introduction to *IPE for IENs*

Interprofessional Care (IPC) is an entry-to-practice competency for Ontario RNs and RPNs (College of Nurses of Ontario (CNO), 2014a, 2014b) for good reason: The delivery of collaborative IPC is known to positively impact both patients and health care practitioners (Canadian Interprofessional Health Collaborative, 2010b). So as IENs, you need to develop the knowledge, skills and attitudes required to accomplish this. This preparation for collaborative practice is called Interprofessional Education (IPE).

IPE for IENs has three primary objectives:

◗ IENs will be able to describe their own role and the roles of those in other professions.

◗ IENs will use interprofessional collaboration as appropriate to work towards patient-family goals.

◗ IENs will use effective interprofessional communication.

IPE for IENs provides targeted opportunities to engage in activities that help you learn *about*, *from* and *with* the interprofessional (IP) team. These activities include:

◗ **Meet & Greet:** A gathering where the IP team members that you will be working with will introduce themselves;

◗ **Facilitated Reflection Sessions:** There will be six sessions where learners discuss IP competencies such as communication, conflict resolution and collaboration;

◗ **Rounds, IP Team and Family Meetings:** These are opportunities to see how the team (including the patient and family) functions collaboratively. Where appropriate, it is expected that you will both attend and be able to contribute in these meetings;

◗ **IPE Personal Reflection Journals:** These written journals help guide your observations, promote critical thinking about IP learning, and give you an opportunity to reflect on the ability of IP team members to work collaboratively with one another;

◗ **Shadowing and Interviewing IP Team Members:** One to two learners accompany an IP team member for 1-2 hours as they go about their daily work; and

◗ **IPE Presentation:** At the end of the placement, learners showcase their IP learning and thank the IP team members for their participation.

A **Summative Record** of the *IPE for IENs* activities will be completed by your Clinical Instructor at the end of your clinical placement.

Canadian Interprofessional Health Collaborative. (2010b). *What is collaborative practice?* Retrieved from http://www.cihc.ca/files/CIHC_Factsheets_CP-2010.pdf

College of Nurses of Ontario. (2014a). *Competencies for entry-level Registered Nurse practice.* Retrieved from http://www.cno.org/globalassets/docs/reg/41037_entrytopracitic_final.pdf

College of Nurses of Ontario. (2014b). *Entry to practice competencies for Ontario Registered Practical Nurses.* Retrieved from http://www.cno.org/globalassets/docs/reg/41042_entrypracrpn.pdf

Reflective Journaling during the IPE Experience

You will be asked to write three reflections to help guide your observations, promote critical thinking about your IP learning, and reflect on your ability to work collaboratively with others. These brief (approximately 1- to 2-page) journal-type written assignments complement the verbal Reflection Sessions that occur as course activities.

Sample Pre-Clinical Personal Reflection Questions

1. What is your past experience working with other professionals in the care of your patients? For example, did you work with other professionals when you worked elsewhere? If so, who did you work with and what were the relationships like?

2. What are your expectations for the coming clinical placement? For example, what do you *think* it will be like working with an interprofessional team?

3. Do you have a 'burning question'—something you would really like to know more about right now?

Sample Mid-Placement Personal Reflection Questions

1. Briefly describe the experiences you have had with the IP team so far in this placement. For example, have you attended a Meet & Greet, in-service sessions or patient care rounds, or have you had a one-to-one conversation with another team member?

2. Describe your role as a team member. For example, what do you contribute to the team as a nurse? Were you able to offer insight into a decision that was made about patient care?

3. What have you learned that you can apply to your own practice? For example, have you observed specific behaviours and attitudes related to the way in which the IP team communicates and manages conflict? Is there anything that you do *differently* now that you are working as part of an interprofessional team?

Sample Post-Placement Personal Reflection Questions

1. What have you learned about the roles and relationships on this team that you did not know previously?

2. How were the patients' voices and goals expressed in the team's work?

3. How will this clinical placement experience influence you as a professional in the future? For example, identify at least one action that you would like to commit to doing going forward.

Guidelines for Shadowing an IP Team Member

When you are "shadowing" another professional, you follow in their footsteps as they go about their daily work with patients. You will obviously listen and watch what they do, but you are not expected to be a totally *silent* shadow! This is an opportunity to talk and learn about another team member's professional role and about how you, as a nurse, can collaborate effectively with them.

Before you participate in this activity, check out what the Internet says about the role and scope of practice of the professional you will be shadowing (refer to separate handout List of Professional Associations and Regulatory Colleges). What kind of educational preparation is required to perform this role? After doing this research, create a list of questions you could consider asking 'your' professional. What are you curious about?

Here are some conversation-starter questions to consider adding to your own list (Centre for Interprofessional Education, 2014a):

◗ I was reading about the role of an [e.g., occupational therapist]. It sounds really varied … Do all occupational therapists do the same kind of activities or does it vary from place to place?

◗ Can you tell me a bit about your relationships on the team? For example, who do you collaborate most closely with on the team? Can you give me an example or a patient story to illustrate this?

◗ What can I do as a nurse to collaborate effectively with someone in your profession? How would you suggest we work together?

◗ What are some of the biggest challenges in your role?

◗ Are there areas of overlap between your role and the role of a nurse?

◗ How did you become interested in [name of profession]?

◗ Can you tell me a bit about your assessment process? Is there any particular information that nurses have that is useful to you in your assessment?

◗ It seems like a lot of the planning and delivery of care in this facility is done on the basis of team decisions. What kinds of things do you need to do or keep in mind to support this?

Centre for IPE, University of Toronto. (2014a). *IPE Component in a Clinical Placement: Flexible Activity 2: Interviewing/Shadowing a Team Member.* Adapted with permission.

IPE Presentation Guide

At the end of this clinical placement your group will be asked to provide a short (10- to 15-minute) presentation for the IP team to highlight what you have learned from and with them. There are two reasons for doing this:

1. The presentation is a 'thank you' gift to the IP team. It provides feedback that builds understanding of the *IPE for IENs* initiative and helps professionals understand that what they do makes an important difference.

2. The presentation is also a consolidation and synthesis gift to yourselves—an opportunity to 'put the pieces of learning together' and apply your learning.

There is LOTS of flexibility and room for creativity in your presentation and there will be time during the placement to plan and prepare the details. It is something you can think about as your placement progresses. But from the start of this experience, try to tune in to the 'Aha!' moments as they happen and make a note of them for future reference. What surprises or pleases you the most about this IP placement? Is there a particular IP learning that stands out as the most significant, most important, most amazing, or most challenging? When it comes time to plan the presentation, you may find the following ideas helpful to get you started on your thinking, but there are no rules about how this "must" be done, so feel free to be creative and have some fun with it!

Possible Ideas for your IPE Presentation

◗ **IP Team Planning:** Enact a role-play that demonstrates a patient care-planning scenario (e.g., team rounds, a discharge planning meeting or a family meeting). Or perhaps consider doing two role-plays—one that illustrates how rounds would take place back home in your previous experience, and one that illustrates how IP rounds take place in this setting.

◗ **Voice:** Explore who has a voice in an IP care setting. Whose voices are heard and valued, and what impact does this have? How is the patient's/family's voice heard and incorporated into a plan of care? Is this different from what you experienced previously?

◗ **Pain Management:** Discuss/role-play how we communicate and use evidence-based research to strengthen collaborative decision-making in the interest of patient/family-centred care. How does a team come together to create a plan to deal with pain management?

◗ **Oral Care:** Discuss/role-play how we facilitate oral care for patients. Which team members have what roles and how do we collaborate together to decide on a plan?

Figure 2: **IENs presenting a role-play to the IP team.**

◗ **Communication:** Explore how professionals communicate in this setting and how their communication affects the delivery of collaborative care.

◗ **Conflict Management:** Demonstrate a conflict interaction that affects the decision-making process (with resolution or resolution-in-progress).

◗ **Dealing with Overlap in Assessment or Treatment:** Demonstrate how different team members work together with a patient by giving a shared assessment or giving shared treatment. How do we share information and handle the overlap of our roles?

◗ **Jeopardy Game:** Create questions/answers and role-play a game show where you call upon the audience to help provide the answers.

◗ **Pros & Cons of Interprofessional Care Debate:** Create a structured debate, possibly incorporating questions/answers/comments from the IP team audience.

Planning the Details of your Presentation

◗ **What are your objectives?** What do you want to learn from your presentation? What do you want your audience to learn from your presentation?

◗ **What is your focus?** What kind of 'Aha!' moments have you experienced during this placement? Think about the discussions you participated in or observed, about the specific learning discussed (e.g., conflict management, communication, role overlap, collaboration), and about how you have changed over the last few weeks. Once you have chosen a focus,

think about how you would like to illustrate your learning. If you decide to do a role-play, create characters for your scenario; add details to it as you see fit in order to make the role-play realistic and give your 'characters' some personality.

◗ **Which roles will each of you represent?** Who will make the introduction or narrate? Who will thank the IP team members and the unit for their time and support during your clinical placement?

◗ **What will you say?** Write a script so that you do not have to make it up on the day. One of the fun and empowering aspects of a role-play is that you get to decide how the story will end! Everyone in your group needs to speak at some point in the presentation. For example, if Learner 'A' does not play the part of someone in a scripted scenario, then that learner should speak in another portion of the presentation, e.g., perhaps narrating or thanking the audience.

◗ **Additional *TIPS* to Keep in Mind:**

   – Try to forget people are watching and just allow yourself to become involved in the role-play action. For example, if one of your team members is speaking, look at that person. Or if someone is addressing the audience, then look at the audience.

   – You are nurses, not actors and you will not be judged for your "performance"!

   – The audience is here because they want to hear what you have to say. So have fun and enjoy the learning!

Guide to the Meet & Greet with IP Team

The Meet & Greet is a valuable opportunity for the IP team and learners to meet each other and begin to know their roles. Learners are often amazed that the team welcomes them and looks forward to working with them! The Meet & Greet is also an excellent time for a CI to get to know the team members better and explore whether they may be willing to become involved with shadowing or become a co-facilitator for a reflection session. Distribute the following flyers if IP team members do not already have them: Overview of *IPE for IENs*; TIPS for Collaborating with IEN Learners; Co-Facilitating *IPE for IENs* Reflection Sessions.

Tell learners before the session which professionals will be attending and provide them with the learner handout List of Professional Associations and Regulatory Colleges.

IP team members are invited to take 5-10 minutes to speak about the roles and responsibilities they perform at this facility. Team members are welcome to stay for the entire session or come at a prescribed time to provide their own introduction. Sometimes related professionals choose to present their roles together (e.g., a physio- and an occupational therapist might present together). Here are some things to keep in mind when you introduce and host the team:

◗ **Introduce yourself.** Be sure to include the fact that you, and your experienced learner group, are thrilled to be a part of the IP team on that unit!

◗ **Explain** (for those who may not know) that your college and your facility are partners in an established, sustainable IPE clinical initiative for the IENs who are doing their clinical bridging placement on the unit this semester.

◗ **Thank** the IP team for coming and tell them that you look forward to their support in welcoming the learners to various IP learning opportunities in the coming weeks (such as rounds, meetings, in-service sessions, co-facilitated reflection sessions, and shadow assignments).

◗ If appropriate, **introduce learners** as members of the IP team for the placement. Ask learners to introduce themselves (name, country, nursing background) and provide a Group Biography if your learners want to do this.

◗ **Use prompt questions** if team members do not cover these details: *"Who do you collaborate mostly with on the team and why?"* and *"How might we work together in the best interests of the patient?"*

◗ **Politely keep people to their time**, as you move to the next person, and remember you may need to go out of sequence if some participants need to leave early.

◗ **Thank each person** when they are finished, and at the end **thank the whole group** for their upcoming support and involvement in the IENs' learning experiences.

List of Professional Associations and Regulatory Colleges

Below is a handy list containing names of many professional organizations and their regulatory colleges. Learn more about the profession you will be shadowing by searching the Internet for the profession's organization and college websites. The Health Professions Regulatory Advisory Council (2013) is another source of information.

The Council's website provides information about relevant legislation related to many of the above professions, e.g., the Regulated Health Professions Act: hprac.org/en/keylegislation/keylegislation.asp.

Table 2
Professional Associations and Regulatory Colleges by Profession

Profession	Professional Association	Regulatory College
Audiologist	Ontario Association of Speech-Language Pathologists and Audiologists	College of Audiologists and Speech-Language Pathologists of Ontario
Chiropodist	Ontario Society of Chiropodists	College of Chiropodists of Ontario
Chiropractor	Ontario Chiropractic Association	College of Chiropractors of Ontario
Dental Assistant	Ontario Dental Assistants Association	No regulatory college
Dental Hygienist	Ontario Dental Hygienists Association	College of Dental Hygienists of Ontario
Dental Technologist	Association of Dental Technologists of Ontario	College of Dental Technologists of Ontario
Dentist	Ontario Dental Association	Royal College of Dental Surgeons of Ontario
Denturist	Denturist Association of Ontario	College of Denturists of Ontario
Dietitian	Dietitians of Canada	College of Dietitians of Ontario
Health Information Management Professional	Ontario Health Information Management Association	No regulatory college
Hearing Instrument Specialist	Association of Hearing Instrument Practitioners of Ontario	No regulatory college
Homeopathy	Ontario Homeopath Association	College of Homeopaths of Ontario
Kinesiologist	Ontario Kinesiology Association	College of Kinesiologists of Ontario
Massage Therapist	Ontario Massage Therapy Association	College of Massage Therapists of Ontario
Medical Laboratory Technologist	Ontario Society of Medical Technologists	College of Medical Laboratory Technologists of Ontario
Medical Radiation Technologist	Ontario Association of Medical Radiation Technologists	College of Medical Radiation Technologists of Ontario
Midwife	Association of Ontario Midwives	College of Midwives of Ontario
Naturopath	Ontario Association of Naturopathic Doctors	College of Naturopaths of Ontario
Recreation Therapist	Therapeutic Recreation Ontario	No regulatory college
Registered Nurse	Registered Nurses' Association of Ontario; Nurse Practitioners' Association of Ontario	College of Nurses of Ontario

(Page 2 of 2)

Profession	Professional Association	Regulatory College
Registered Practical Nurse	Registered Practical Nurses' Association of Ontario	College of Nurses of Ontario
Occupational Therapist	Ontario Society of Occupational Therapists	College of Occupational Therapists of Ontario
Optician	Ontario Opticians Association	College of Opticians of Ontario
Optometrist	Ontario Association of Optometrists	College of Optometrists of Ontario
Paramedic	Ontario Paramedic Association	No regulatory college
Personal Support Worker	Personal Support Network of Ontario	No regulatory college
Pharmacist	Ontario Pharmacists' Association	Ontario College of Pharmacists
Physician	Ontario Medical Association	College of Physicians and Surgeons of Ontario
Physiotherapist	Ontario Physiotherapy Association	College of Physiotherapists of Ontario
Psychologist	Ontario Psychological Association Ontario Association of Psychological Associates	College of Psychologists of Ontario
Registered Psychotherapist	Ontario Society of Psychotherapists	College of Registered Psychotherapists
Respiratory Therapist	Respiratory Therapy Society of Ontario	College of Respiratory Therapists of Ontario
Social Worker	Ontario Association of Social Workers	Ontario College of Social Workers and Social Service Workers
Speech-Language Pathologist	Ontario Association of Speech-Language Pathologists and Audiologists	College of Audiologists and Speech-Language Pathologists of Ontario
Spiritual Care Provider	Canadian Association for Spiritual Care	No regulatory college
Traditional Chinese Medicine Practitioners and Acupuncturists	Chinese Medicine and Acupuncture Association of Canada	College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

Introduction to Facilitated IPE Reflection Sessions

Facilitated reflection sessions are not instructor-led lectures or 'lessons'. They support the goals of IP collaboration by providing opportunities for learners to reflect on and analyze their experiences and observations. Guided "prompts" from co-facilitators help learners analyze a situation and make the IP learning explicit. Each reflection session focuses on a particular IP competency such as role clarification, communication, collaboration or conflict resolution. The resource package contains activities and prompts for a total of six reflection sessions. It is recommended that at least four of these (sessions numbered 2 through 5) be co-facilitated by two people from different professions.

> Facilitation:
>
> "is the process of guiding groups, or individuals to learn, find solutions, or reach consensus without imposing or dictating an outcome. Facilitation empowers individuals or groups to learn for themselves and to establish solutions to problems collaboratively" (Centre for IPE, 2013, p. 1).

Strategies for Effective Facilitation

Below is a list of strategies you may use to ensure your facilitation efforts are effective (Centre for IPE, 2013; Lowe et al., 2012). Please refer to the Sample TIPS Pocket Card for a summary.

◗ **Set ground rules and identify session goals.** Co-facilitators plan the session, identifying goals and possible case-related scenarios that may be taking place on your unit. Meet with your co-facilitator before the session to ensure you divide the session, and model the collaboration you want to foster. All activities should be preceded by explicit instructions.

◗ **Listen actively to what is said and not said.** Active listening encompasses verbal and non-verbal behaviours. Key listening responses include reflection (where the facilitator reflects an underlying emotion e.g., "It sounds like that might have been a scary thing to do.") or clarification (e.g., "I don't think I'm quite getting what you mean. Are you saying

that . . ."). Non-verbal indicators such as nodding and maintaining eye contact send a key message that you value what the speaker is saying.

◗ **Summarize key points.** Summarizing is a key listening response that can help learners sort complex information and make IP learning explicit.

◗ **Ask rather than tell.** Inviting learners to explore answers to a question promotes critical thinking and problem-solving. Learners who are actively involved in knowledge construction will retain the information better and be able to apply it in their practice more readily. Start with open-ended questions, then move to more specific, focused questions.

◗ **Encourage all group members to participate and interact.** Some learners may be shy or feel inadequate in the presence of participants with more experience. Think-Pair-Share activities (described on the next page) encourage reticent speakers to interact. Emerging confidence with peer interaction will build confidence for IP collaboration.

◗ **Keep it "real".** Create scenarios from your clinical area (respecting patient confidentiality). Adult learners have a vast store of experience and will grasp content better if it is related to "real life" situations.

◗ **Surface issues and help the group find common ground.** IP collaboration occurs within a complex social context that may be threatening for a learner. If co-facilitators surface issues, this indicates it is 'safe' to discuss them openly and invites reflection.

◗ **Role model IP collaboration.** Co-facilitators who value diverse opinions, address issues openly and respect the distinctive experience and expertise each profession brings to the session become an example of "IP collaboration in action". Co-facilitators who are not reluctant to seek clarification for jargon similarly model this behaviour for learners.

◗ **Create a safe learning environment.** Many learners are not accustomed to a constructivist-style of learning and may be uncomfortable 'trying on' a new behaviour in front of a group, for example in a role-play. They may feel their actions are being evaluated as "right" or "wrong". Acknowledging ideas without judgment will enhance the group's feeling of safety.

◗ **Co-facilitate with someone from a different profession.** Utilizing two co-facilitators from different professions gives learners a chance to view issues from multiple perspectives.

◗ **De-brief with both learners and your co-facilitator** after the session. Are learners finding the sessions helpful? Are there things they are curious about that they'd like to explore more fully? Are everyone's voices being heard? (Are learners talking more than facilitators?) What was it like learning together as a group? What learning are you helping the group construct? Is there anything we should do differently next time?

◗ **Relax and enjoy** learning *about*, *from* and *with* one another!

Activities to Facilitate Learning

◗ **Think-Pair-Share.** This collaborative learning strategy maximizes participation from all group members. It starts with reflection (asking learners to *think* on their own about the issue being discussed), and then invites learners to *pair* (partner with a peer), then *share* (discuss their opinion with this peer). If desired, pairs can then share with the larger group.

◗ **Role-Play Activity Guidelines.** Role-plays have immense value in helping learners translate theory into practice. The role-play does not need to be complicated—it can literally be one or two exchanges. To avoid the perception that the activity is a 'test', establish ground rules at the outset, identifying that the session is a safe place to practise new behaviours without judgment. Learners will be encouraged to participate if co-facilitators are supportive and encouraging, noting that there are often no clear-cut "right" or "wrong" responses. If learners are very shy, start the role-play with the two facilitators first. Try to give several learners the opportunity to participate and allow 'do-overs' to give participants an opportunity to refine responses.

Centre for Interprofessional Education (IPE), University of Toronto. (2013). *General Facilitation Skills, Version 1.1. 10/18/2013*. Retrieved from http://ipe.utoronto.ca/content/general-facilitation-guide

Lowe, M., Paulenko. T., Jardine, J., Marten-Daniel, P., Summers, S., Demeris, H., Freedman, J. (2012). *Interprofessional education for internationally educated nurses: A resource to support group clinical placement program planning, implementation and evaluation*. Retrieved from https://coned.georgebrown.ca/toolkits-for-internationally-educated-nurses

Sample TIPS Pocket Card

Below is an example of a double-sided card that is sized to be portable and conveniently fit in a pocket. For durability, it can be laminated with a protective coating.

3.25"

4.25"

TIPS

Co-Facilitating an IPE Reflection Session

◗ Set ground rules with participants. Identify session goals.

◗ Listen actively to what is said and not said.

◗ Ask rather than tell.

◗ Summarize key points.

◗ Encourage all group members to participate and interact.

◗ Keep it 'real': Use learner experiences as a starting point.

◗ 'Surface' issues and help the group find common ground.

◗ Stimulate curiosity and open reflection.

◗ Role model IP collaboration, address use of jargon.

◗ Balance group task and process.

◗ Create a safe learning environment, acknowledging ideas without judgment or criticism.

◗ Co-facilitate with someone from a different profession!

◗ De-brief with your co-facilitator after the session.

◗ Enjoy learning *about*, *from* and *with* each other!

GEORGE BROWN COLLEGE | School of Continuing Education

What is Facilitation?

"Facilitation is the process of guiding groups, or individuals to learn, find solutions, or reach consensus without imposing or dictating an outcome. Facilitation empowers individuals or groups to learn for themselves and to establish solutions to problems collaboratively" (Centre for IPE, 2013, p. 1).

Centre for Interprofessional Education (IPE), University of Toronto. (2013). *General Facilitation Skills, Version 1.1. 10/18/2013.* Retrieved from http://ipe.utoronto.ca/content/general-facilitation-guide

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CI Guidelines for Debriefing after IP Activities

CI Resource

(Page 1 of 1)

Debriefing is an opportunity for the Clinical Instructor and Co-Facilitators to celebrate successes and learn from challenges in order to maximize 'lessons learned'. A debrief should address both the *content* of a session (for example, are learners learning what they need to know?) and the *process* of the session (for example, do learners feel 'safe' in this setting? Does everyone have a voice?). The following questions may provide a helpful guide:

1. What worked well? What was my/our biggest success?

2. Was I/were we able to model collaboration? How?

3. What did I/we say that made IP learning explicit/facilitated the IP learning?

4. How did I/we support the learners to learn about, from and with each other?

5. Did my/our facilitating questions work well? Are any changes required?

6. Observing the group, how would you describe what is happening between individuals? How is the group addressing tasks and process?

7. Did I/we talk more than the learners in the group?

8. What would I/we do differently/note/change next time?

9. Did I/we adequately apply learning from a previous self-reflection?

IPE Reflection Session #1: Overview of IP Collaboration/Care (IPC)

CI Resource

(Page 1 of 1)

Objectives for this Session:

1. Explore IP collaboration in the learners' current experiences.
2. Examine similarities and differences in how IP team members collaborate.
3. Identify IP group dynamics and collaboration.

Definitions: Interprofessional Care is "the provision of comprehensive health services to patients by multiple health care professionals who work collaboratively to deliver the best quality of care in every health care setting" (Health Force Ontario, 2015).

Learner Handouts: What is IPC & IPE?; National Interprofessional Competency Framework.

Icebreaker: Think-Pair-Share (5-10 minutes)

"We'd like you to each share something new you learned about another profession this week. (Or perhaps there is something you WANT to learn about a specific profession?) Think on your own for a minute, then share your experience with a peer." After brief discussion, co-facilitators can weave in the questions below.

Prompt questions to consider: (15-20 minutes)

If learners in the group have not yet attended team meetings, the following can be positioned as things to watch for in the coming weeks (Centre for IPE, 2014b).

1. How did the actual experience compare with your expectations/assumptions?
2. Do you feel like you are a part of the IP team? What does that feel like?
3. Rate your comfort and confidence level interacting with the IP team.
4. Who was at the meeting? Is there anyone NOT present that you feel should have been?
5. What communication behaviours did you see in the meeting? For example, what verbal and non-verbal behaviour did you see that makes you think people were/were not listening?
6. What did the team members share? (Information? Knowledge? Recommendations?)
7. Was there one leader or was leadership shared? Is the same person always the leader?
8. What did this person do that made you think they were the 'leader'?
9. Were there any sub-groups of people who have a strong connection?
10. Did everyone have a voice in the meeting? Who had the most influence or power?
11. What impact did the logistics of the meeting have on the group (e.g., time of day, room setting)?
12. Did you feel that participants in the meeting trusted and respected each other? What did they say or do to give you this impression?
13. What information would you have needed/wanted before going into the meeting?
14. Co-create what you think would be a good definition of collaboration. What is needed to engage in IP collaborative practice? [Provide learners with above-noted handouts.]

Session Debrief: Learner Questions (5 minutes)

"What worked well? What didn't work well? What surprised you?"

…NEXT REFLECTION SESSION: JARGON

Centre for IPE, University of Toronto. (2014b). *Flexible Activity 3: Participation in Team Meetings.* © 2014 Centre for Interprofessional Education, University of Toronto. Adapted with permission.

Health Force Ontario. (2015). *Interprofessional care.* Retrieved from http://healthforceontario.ca/en/Home/Policymakers_and_Researchers/Interprofessional_Care

What is IPC & IPE?

Interprofessional Collaboration is: "...the process of developing and maintaining effective interprofessional working relationships with colleagues, patients/clients, and families to enable optimal health outcomes" (Canadian Interprofessional Health Collaborative, 2010a, p. 6).

It is also described as "working together with one or more members of the health-care team, each of whom makes a unique contribution toward achieving a common goal. Collaboration is an ongoing process that requires effective communication among members of the health-care team and a clear understanding of the roles of the individuals involved in the collaboration process. Nurses collaborate with clients, other nurses and other members of the health care team in the interest of client care" (College of Nurses of Ontario, as cited in Registered Nurses Association of Ontario, 2016, p. 59).

Interprofessional Education... "occurs when learners from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes" (World Health Organization, 2010, p. 7).

Canadian Interprofessional Health Collaborative (CIHC). (2010a). *A national interprofessional competency framework for Canada*, p. 6. Retrieved from http://cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

Registered Nurses Association of Ontario. (2016). *Best practice guidelines: Intra-professional collaborative practice among nurses, 2nd ed,* p. 59. Retrieved from http://rnao.ca/sites/rnao-ca/files/Intra-professional_Collaborative_Practice_WEB_6.pdf

World Health Organization. (2010). *Framework for action on interprofessional education and collaborative practice.* Geneva, Switzerland: WHO. Retrieved from http://apps.who.int/iris/bitstream/10665/70185/1/WHO_HRH_HPN_10.3_eng.pdf?ua=1

What do you need in order to engage in IP collaborative practice?

Complete the following statements.

According to the CIHC (2010a) …. [Hint: Refer to the Framework diagram on the next page.]

According to my own observations and reading …

National Interprofessional Competency Framework

Competencies are "the knowledge, the skills, and the attitudes and behaviours required to be a successful practitioner in any profession" (Canadian Interprofessional Health Collaborative (CIHC), 2010a, p. 7).

This diagram depicts the nature and dynamic interaction of competencies that the CIHC has identified as being essential elements of interprofessional collaboration. Can you find six competency domains in the image?
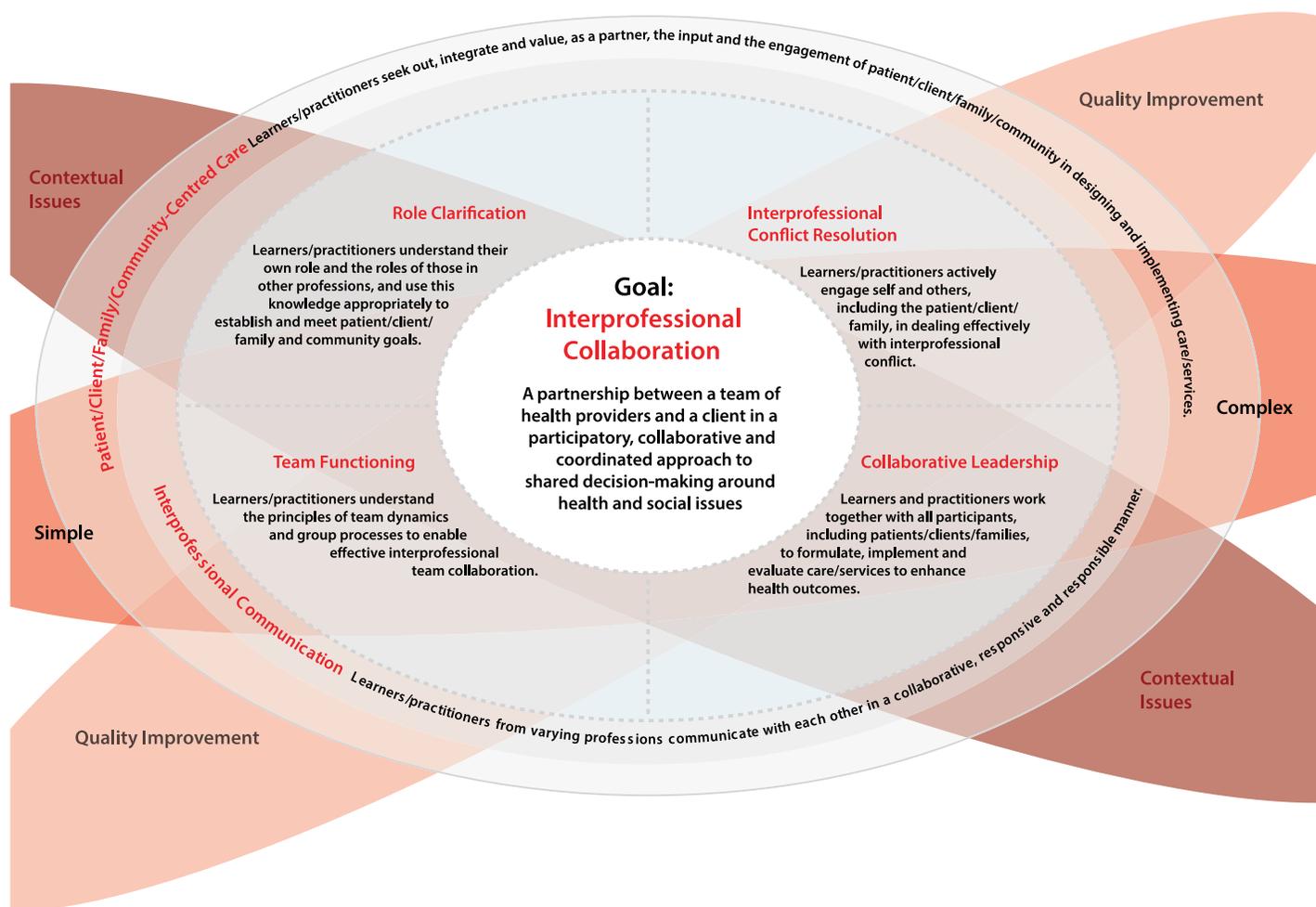

Contextual Issues

Quality Improvement

Patient/Client/Family/Community-Centred Care Learners/practitioners seek out, integrate and value, as a partner, the input and the engagement of patient/client/family/community in designing and implementing care/services.

Role Clarification

Learners/practitioners understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and meet patient/client/family and community goals.

Interprofessional Conflict Resolution

Learners/practitioners actively engage self and others, including the patient/client/family, in dealing effectively with interprofessional conflict.

**Goal:
Interprofessional Collaboration**

A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues

Complex

Team Functioning

Learners/practitioners understand the principles of team dynamics and group processes to enable effective interprofessional team collaboration.

Collaborative Leadership

Learners and practitioners work together with all participants, including patients/clients/families, to formulate, implement and evaluate care/services to enhance health outcomes.

Simple

Interprofessional Communication Learners/practitioners from varying professions communicate with each other in a collaborative, responsive and responsible manner.

Quality Improvement

Contextual Issues

Figure 3. **The National Competency Framework.**

IPE Reflection Session #2: Jargon

Objectives for this Session:

1. Explore the common jargon terms that learners have encountered.
2. Discuss the impact of jargon on IP communication and patient/family care.
3. Develop strategies to communicate effectively with IP team members.

Definitions: Jargon is "the language used for a particular activity or by a particular group of people … obscure and often pretentious language" (Merriam-Webster.com, 2015).

Learner Handout: Jargon!

Icebreaker: Think-Pair-Share (5-10 minutes)

"Have you seen anyone from the Meet & Greet gathering? Whose names have you learned? What is their role? Who on the team would you most like to interview or shadow? Why?"

Jargon Activity: (20-30 minutes)

Co-facilitator writes categories of jargon on a whiteboard or easel paper and asks: *"What jargon have you heard on your unit/around the hospital?"* Groups of 2-3 learners write down 4-5 examples of jargon they have heard on small sticky notes, and then post their notes in the appropriate category. Categories include:

– Short Forms that all Professionals Share
– Profession-Specific Words
– Words We Use To Be Polite (Euphemisms)
– Great Big Words
– Mystery Words (Not Sure!)
– [Add Other Categories if desired, e.g., Dangerous]

Co-facilitators read out jargon samples and have learners determine meanings and decide if sticky notes belong in the category. Two learners act as "scribes" to list jargon and meanings.

Prompt Questions to Consider: (15-20 minutes)

1. Where is jargon most commonly used? What impact does it have on team members?
2. How did it make you feel when you did not understand the jargon you heard?
3. Were you comfortable asking for clarification? How was it clarified?
4. Have you seen jargon used in communicating with patients? What impact does this have?
5. The CIHC (2010a) identifies that in order to support collaborative practice, team members must "communicate to ensure common understanding of care decisions" (p. iii). Do you think everybody understands jargon when it's used?
6. Can you summarize what you can do to communicate effectively with the IP team?

Optional Activity: (15 minutes)

List professionals in your facility and ask learners to generate examples of jargon for each profession. If they cannot identify this, assign homework to find the answer.

Session Debrief: Learner Questions (5 minutes)

"What worked well? What didn't work well? What surprised you?"

Canadian Interprofessional Health Collaborative. (2010a). *A national interprofessional competency framework for Canada*, p. iii. Retrieved from http://cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

Jargon. (2015). In Merriam-Webster.com. Retrieved from http://www.merriam-webster.com/dictionary/jargon

Jargon!

Jargon is "the language used for a particular activity or by a particular group of people … obscure and often pretentious language" (Merriam-Webster.com, 2015). You will encounter a lot of it as you become oriented to this unit!

Instructions: Make a list of the new words you have encountered so far in this placement. Identify at least one example of jargon for each profession in the IP team. Feel free to guess what the word or phrase means or jot down its meaning if you have been able to discover it. Have FUN with this activity—when things seem confusing it can really help to have a sense of humour!

Jargon Word or Phrase	Where did you hear it?	Meaning (if you know it)

Jargon. (2015). In Merriam-Webster.com. Retrieved from http://www.merriam-webster.com/dictionary/jargon

IPE Reflection Session #3: IP Communication

Objectives for this Session:

1. Identify key elements of interprofessional communication.
2. Apply IP communication tools and strategies in simulated practice situations.

Definitions: Interprofessional Communication

"Communications in an interprofessional environment is demonstrated through listening and other non-verbal means, and verbally through negotiating, consulting, interacting, discussing or debating. Respectful interprofessional communication incorporates full disclosure and transparency in all interactions with others including patients/ clients/ families" (CIHC, 2010a, p. 16).

Learner Handouts: Description of SBARD Communication Tool & Script; SBARD Scenarios. If your facility has its own communication tools (e.g., guidelines for communication in team rounds) include this as well.

Icebreaker: Think-Pair-Share (5-10 minutes)

"What kinds of communication have you seen on your unit between members of the IP team (e.g., written, via telephone, oral)? Are they one-to-one conversations or do they take place in a group? What have you noticed about both the content of the communication and its tone?"

Prompt Questions to Consider: (15-20 minutes)

1. How does the IP team communicate in your setting (e.g., rounds, meetings, email, phone)?
2. What do you think are key *elements* of IP communication? (For example, taking initiative, communicating with the appropriate person, respect, inclusion, clarity, brevity, timeliness, listening, giving and receiving feedback, use of common language.)
3. How do team members establish and maintain open, respectful communication?
4. Does your facility use a tool to guide communication among IP team members?
5. What impact does use of communication tools have on you/the team/the patient?
6. SBARD: Are you familiar with SBARD? How can you see it being used with the team?

Communication Activity: SBAR Role-Play (15-20 minutes)

Establish ground rules for the role-play using the "Role-Play Activity Guidelines" found in the CI Resource: Introduction to Facilitated IPE Reflection Sessions. Pick one of the following two options: *Option 1.* Choose one (or more) of the SBARD scenarios to role-play with the IP team member present. *Option 2.* Think-Pair-Share one (or more) of the SBARD scenarios and create a script for the interaction. After about 10 minutes, debrief the role-plays by asking:

> *"How did that feel? What went well? What might you like to do differently in the future? Did you provide all the necessary information or did your partner have questions? What information does a specific professional require that you did not realize?"*

Session Debrief: Learner Questions (5 minutes)

"What worked well? What didn't work well? What surprised you?"

…NEXT REFLECTION SESSION: IP CONFLICT

Canadian Interprofessional Health Collaborative. (2010a). *A national interprofessional competency framework for Canada*, p. 16. Retrieved from http://cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

Description of SBARD Communication Tool & Script

Communication failures are a frequently cited factor in incidents of patient harm (The Joint Commission, 2014). **SBARD** is an acronym that can help prevent them. It stands for **S**ituation, **B**ackground, **A**ssessment, **R**ecommendations, and **D**ocumentation. It is a standardized communication method that improves patient safety by providing a framework for comprehensive but concise communication about a client's condition (Thomas, Bertram & Johnson, 2009). SBARD is particularly helpful in critical conversations about patients who require another team member's immediate attention and action.

Data needed prior to using the SBARD Communication Tool

You will need:

◗ assessment data relevant to the problem you are reporting on and knowledge of how these compare to the patient's norm

◗ a list of laboratory results, current medications, allergies, IV fluids, treatments,

◗ and a list of current interventions (treatment plan), response to treatment, code status.

Bridgepoint Active Healthcare. (2006) *SBARD communication guidelines.* Toronto, ON: Author

The Joint Commission. (2014). S*entinel event data: Root causes by event type, 2004-2014.* Retrieved from http://jointcommission.org/assets/1/18/root_causes_by_event_type_2004-2014.pdf

Thomas, C.M., Bertram, E. & Johnson, D. (2009). The SBAR communication technique: Teaching nursing students professional communication skills. *Nurse Educator, 34*(4), pp. 176-180.

The SBARD Process

(Bridgepoint Active Healthcare, 2006).

S   **Situation:** What is the situation you are calling about? Identify yourself and your client (name, age, location). Briefly state the problem, what it is, when it happened or started, and how severe it is.

B   **Background:** Relevant background information related to the situation could include the following: the admitting diagnosis, relevant comorbidities, date of admission, attending physician, code status; most recent vital signs and comparison of these to patient's norm; any available laboratory/blood results; and current medications, allergies, IV fluids, treatments.

A   **Assessment:** What is your assessment of the situation? Are there any recent key changes? How serious do you feel it is?

R   **Recommendation:** What is your recommendation, or what do you require? For example, you may request a specific action or ask the professional to evaluate the patient. Re-iterate your level of concern (e.g., "The patient needs to be seen now").

D   **Documentation:** Document the change in the client's condition and the discussion with the health care professional you contacted (indicate the name and role of the person) as appropriate.

"SBARD + 2": In this variation of SBARD, there is an opportunity for questions and answers to validate understanding of the message.

Examples of an SBARD Script

S **Situation:** (What's going on?) [Learner is talking with a speech language pathologist (SLP)]
"Hi. My name is [xxx], I'm the student RPN caring for Mr. Smith at Bridgepoint Hospital on 4 West. I am concerned about him. He is choking on his steak, today. I've chopped it up smaller, but it is still causing him problems."

B **Background:** (What are the important facts?)
"He came here two weeks ago after a month in acute care following a stroke. He had some swallowing difficulties just after his stroke but they resolved and he's tolerated a regular diet since then. This is the first time there's been a problem since he got here. He also has hypertension and diabetes but these are well controlled with medication and there are no significant changes in his vital signs or lab tests."

A **Assessment:** (What do you think the problem is?)
"He can't manage to swallow the regular, solid food he has been used to and I'm concerned that this is an unsafe situation for him. He denies pain but he has difficulty chewing and gags and coughs when he tries to swallow. He also seems to pocket solid food in his mouth, even when it's a small bite. He was able to swallow yogurt without difficulty. I don't know if he has had another stroke or if he is too tired, or if it is just this meal."

R **Recommendation:** (What do you suggest?) NOTE: this is your suggestion, not you asking what the SLP suggests you do—you are there with your client, they are not. If you are concerned, you should state your views to give the SLP an idea of how serious you feel the situation is. *"Can you re-assess Mr. Smith's swallowing ability, as soon as possible please? I've downgraded him and ordered him a soft diet from the kitchen, until you assess him."*

SBARD + 2: If you are using the SBARD + 2 option, this would be the point in the conversation where the sender of the message could ask *"Do you have any questions?"*

D **Documentation:** Document that you used SBAR. Include what the other team member has committed to do (e.g., the SLP will assess Mr. Smith later today, and approves the action to downgrade the diet texture). If the person you contacted refuses to do anything, you will need to advocate for your client with someone above the first person. Also document any additional changes to the client's condition related to the situation, any further monitoring, what other team members you have notified and any conversation with the client/family regarding the situation.

Watch an IP team using SBAR in action [Educational videos about SBAR]:

▶ The Toronto Rehab. (2010a). *No SBAR: Ineffective Communication* [video file]. youtube.com/watch?v=NBNrYOBFwDs

▶ The Toronto Rehab. (2010b). *SBAR: Effective Communication* [video file] youtube.com/watch?v=1r31pL1aZDQ

SBARD Scenarios

Scenario 1: You are the nurse caring for Mr. X. When transferring himself from his bed to his wheelchair this morning he became shaky and light-headed and you notice that he seems to slump forward in his chair. He really wants to attend the cooking group and insists he is well enough to go. You are concerned that he is at risk of a fall.

Who would you talk with to problem-solve this situation?	Why did you choose this professional to speak to, and what would you say?

Scenario 2: You are the nurse caring for Mrs. Y. She is scheduled to attend her physiotherapy session in an hour and is really worried that missing the session will compromise her discharge date. Her temperature is elevated [38.5] and her other vital signs are a bit higher than her usual normal [136/72, HR 100]. She reports that it hurts when she voids and you notice when you empty the bedpan that her urine is cloudy.

Who would you talk with to problem-solve this situation?	Why did you choose this professional to speak to, and what would you say?

Scenario 3: You are the nurse caring for Mr. ABC. You notice that in the last 2 days he has been requesting breakthrough pain medication more often. He is now asking for it 4+ times a day. In addition to his usual pain "in his bones" he is now reporting tingling and burning sensation in his lower back.

Who would you talk with to problem-solve this situation?	Why did you choose this professional to speak to, and what would you say?

Scenario 4: You are the nurse caring from Mrs. XYZ. Her appetite has been declining lately. Today you learned that one of her favourite foods is blueberries. Her daughter had phoned you to pass on this information and also asked if her mother would be allowed to have blueberries on her puréed diet.

Who would you talk with to problem-solve this situation?	Why did you choose this professional to speak to, and what would you say?

IPE Reflection Session #4: IP Conflict

CI Resource

(Page 1 of 1)

Objectives for this Session:

1. Identify factors that influence IP conflict.
2. Discuss the impact of IP conflict on patient care and a healthy work environment.
3. Apply IP conflict management strategies though role-play.

Definitions: Conflict "Effective interprofessional communication is dependent on the ability of teams to deal with conflicting viewpoints and reach reasonable compromises" (CIHC, 2010a, p. 8).

Learner Handouts: Things People Say about Conflict; Sample Script for IP Conflict Resolution.

Icebreaker: (5-10 minutes)

Selecting from the phrases on the handout Things People Say about Conflict, give one 'conflict statement' to each person or small group and ask them to discuss it. Do they agree? Disagree? Why? After learners have each had a turn, co-facilitators summarize common themes and weave in the prompts questions below.

Prompt questions to consider: (15-20 minutes)

1. What is conflict? Is it the same as a disagreement? Is it a positive or negative event?
2. What can you do or say to deal with or prevent conflict? Is prevention always possible?
3. What does "being assertive" mean? Why is it so difficult sometimes? Are there power differences?
4. Responding 'acceptably' to conflict is something that varies considerably across

cultures. Do you see differences between how a nurse reacts in this context and back home? How might these differences influence the role of the nurse in this setting?

After about 10 minutes discussing the questions above, move to eliciting a situation upon which you can build a role-play (or two) using questions such as:

5. Tell us about situations you have seen on the unit or elsewhere that could be described as "IP conflict". What did that conflict look like? Who was involved and how was it handled?
6. What factors contributed to the conflict you've seen (e.g., what caused it)?
7. What impact did it have? What was the outcome and how might participants have felt?

Role-Play Practice: (at least 10 minutes)

Ideally the above questions will provide "scaffolding" for a simple role-play. Use the handout Sample Script for IP Conflict Resolution to guide a response as needed. If learners are reluctant to share conflicts they have seen, offer a sample: e.g., *"After a very busy morning, Mrs. B is not ready for her PT appointment and the PT is not pleased"; "After morning report, you see two nurses arguing loudly about the patient assignment."*

Session Debrief: Learner Questions (5 minutes)

"What worked well? What didn't work well? What surprised you?"

…NEXT REFLECTION SESSION: IP COLLABORATION

Canadian Interprofessional Health Collaborative. (2010a). *A national interprofessional competency framework for Canada,* p. 8. Retrieved from http://cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

Things People Say about Conflict

Instructions:

Discuss your assigned 'conflict statement'. Use the space below to record your thoughts. Do you agree? Disagree? Why?

Conflict Statements

1. People tell me I should be more assertive… but it feels really rude to respond that way!

2. I know it's not possible that we're always going to agree on everything, but I'm afraid of the other person getting angry and I might get emotional too.

3. I was taught that we just have to be quiet and take it whether we like what the other person is saying or not.

4. In my head I know I should deal with conflict, but in my heart I just want to run away!

5. My problem is English—it's not my first language so it takes me more time to express myself. Sometimes people think I'm slow or not very smart. I don't want to say the wrong thing so I just say nothing at all. I may be boiling inside but I say nothing!

6. I'm just a new nurse—just starting out. It doesn't feel like it would be my place to be assertive with someone else who's my 'superior'.
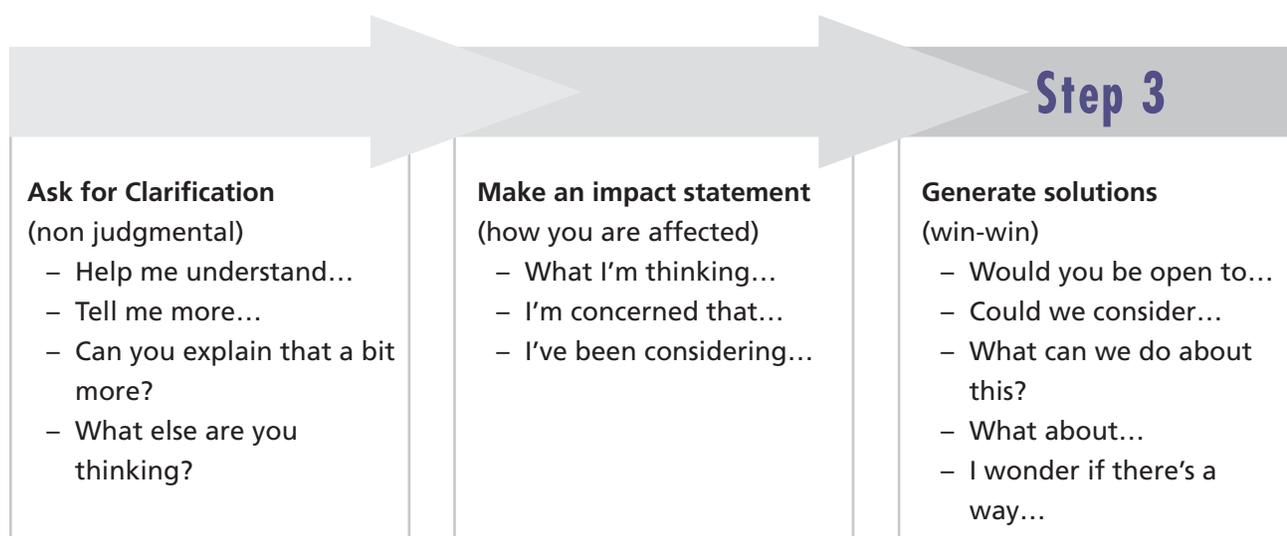
Sample Script for IP Conflict Resolution

Steps for Collaborative Conversations

The following three steps can be used to defuse and resolve conflict. Next time you find yourself in a conflict in your practice, try applying these steps.

Step 3

Ask for Clarification
(non judgmental)
 – Help me understand…
 – Tell me more…
 – Can you explain that a bit more?
 – What else are you thinking?

Make an impact statement
(how you are affected)
 – What I'm thinking…
 – I'm concerned that…
 – I've been considering…

Generate solutions
(win-win)
 – Would you be open to…
 – Could we consider…
 – What can we do about this?
 – What about…
 – I wonder if there's a way…

Figure 4. **Steps for Collaborative Conversations.**

University Health Network (UHN). (n.d.). *Collaborative interprofessional conversations.* Adapted by UHN IPEC from Greene and Ablon (2006) & Hospital for Sick Children, Cultural Competency Workshop (2013). Used with permission.

IPE Reflection Session #5: IP Collaboration (IPC)

Objectives for this Session:

1. Summarize their own role and roles of other IP team members, including the patient/family.
2. Describe common barriers and facilitators to IPC.
3. Summarize key elements of effective IPC.

Definitions: Interprofessional Collaboration "occurs when learners/ practitioners, patients/ clients/ families and communities develop and maintain interprofessional working relationships that enable optimal health outcomes." (CIHC, 2010a, p. 6).

Learner Handout: What's Common? What's Unique? Activity

Icebreaker: (5 minutes)

"We'd like each of you to think for a few minutes about some elements of collaboration that you have observed between team members, or that you have experienced when collaborating with or shadowing a team member. Just think about this for a few moments and make a mental list."

Activity: What's Common? What's Unique? (15 minutes)

Distribute the handout What's Common? What's Unique? Activity to each small group or pair of learners. In the blank space provided, indicate a **Domain of Care** (for example skin integrity, wound care, falls prevention, activation, continence management). The centre part of the circle graphic represents tasks that different professionals have **in common** with each other in relation to that domain of care. Each smaller segment of the graphic represents a different profession and the tasks that are **unique** to that particular profession.

Ask learners to write the names of each different profession in the spaces provided, then identify what tasks that individual does, either uniquely or in common with other professionals. Ask learners: *"What areas of overlap/ collaboration exist between professions? For example, if the Domain of Care were 'Falls Prevention', an OT might indicate that prescribing an appropriate wheelchair as an assistive device is unique to the OT profession."* When all group members seem clear about roles, move on to prompt questions: *"Now that you've summarized who does what, let's take a closer look."*

Prompt Questions to Consider: (15-20 minutes)

Using the mental list of collaboration that you developed at the start of this session, ask:

1. What are some *challenges* to IP collaboration? What makes it difficult to do?
2. What are some *facilitators* to IP collaboration? What makes it easier to do it?
3. Looking at these challenges and facilitators, can you summarize what you need to do in order to engage in IP collaborative practice?
4. How was the patient's voice/goals expressed in the situations you've been part of?
5. What effect does IP collaboration have on the patient, family and team?

Session Debrief: Learner Questions (5 minutes)

"What worked well? What didn't work well? What surprised you?"

…NEXT (AND LAST) REFLECTION SESSION: IPC GOING FORWARD

Canadian Interprofessional Health Collaborative. (2010a). *A national interprofessional competency framework for Canada,* p. 6. Retrieved from http://cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf Centre for Interprofessional Education, University of Toronto. (n.d.). *What's Common? What's Unique? Interprofessional Icebreaker©, ehpic™ Module 3.*

What's Common? What's Unique? Activity

Instructions:

The circle graphic below is for six people. Divide the graphic into as many sections as you have people. A Domain of Care will be identified by the co-facilitators. The centre part of the graphic represents tasks that different professionals have **in common** with each other in relation to that domain of care. Each smaller segment of the graphic represents a different profession and the tasks that are **unique** to that particular profession.

Write the names of each different profession in the space provided in each small segment. Then identify what tasks that individual does uniquely or in common with other professionals. What areas of overlap/ collaboration exist between professions?

Domain of Care: _____

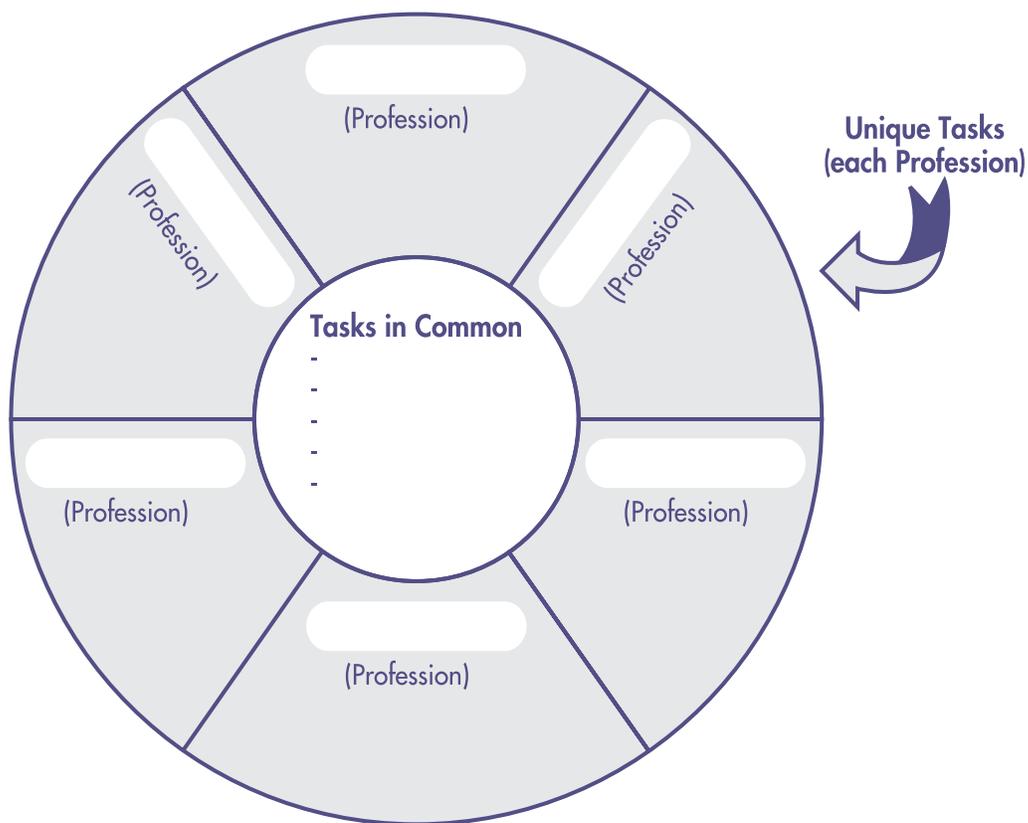(e.g., wound care, falls prevention, activation, continence management)

Figure 5. **What's Common? What's Unique? Template.**

IPE Reflection Session #6: IPC Going Forward

Objectives for this Session:

1. Apply IP learning to future practice scenarios.
2. Identify areas of further IP learning.
3. Commit to one specific action for IP Collaboration going forward.

Icebreaker: Think-Pair-Share (10 minutes)

"Imagine you are at a job interview and your prospective employer asks you what you learned in the IPE placement. Create a two- or three-sentence statement that describes this IPE placement."

## Activity: Fill in the Blanks (15-20 minutes)

Fasten several pieces of paper or large sticky posters on the walls with the following titles [a whiteboard could also be used]:

– The most exciting thing about this IPE placement has been…
– The most difficult part of this IPE placement has been…
– The most surprising thing about this IPE placement has been…
– I'm still confused about … / I want to learn more about…

Give each learner a bundle of small sticky notes and ask them to go around the room writing comments to complete the sentences on the posters. Weave comments into the following prompts.

Prompt questions to consider: (15-20 minutes)

1. Rate your comfort and confidence level interacting with the IP team (0-5 where 5 is VERY confident).
2. During this placement we talked about power and leadership … Do you feel you have "power"?
3. When you *do* feel empowered, tell us more … What helps you feel empowered and strong?
4. When you *do not* feel empowered, tell us more … Why do you think this is the case and what might you do to change it?
5. When you collaborate with team members how does it make you feel?
6. Identify one example of IP collaboration you are most proud of during this placement.
7. What are you curious about? What would you like to know more about?
8. Identify one thing you would like do going forward to promote IPC. (Perhaps it's something new, or perhaps it's something you already do but you'd like to do better or more often?)
9. Imagine you're in your first job and it isn't as collaborative as this facility is… What are you going to do? (Start with small steps, perhaps finding out a person's name. A small step is possible and it may be all you can do. Do not be discouraged by the fact that it may only be a small step!)
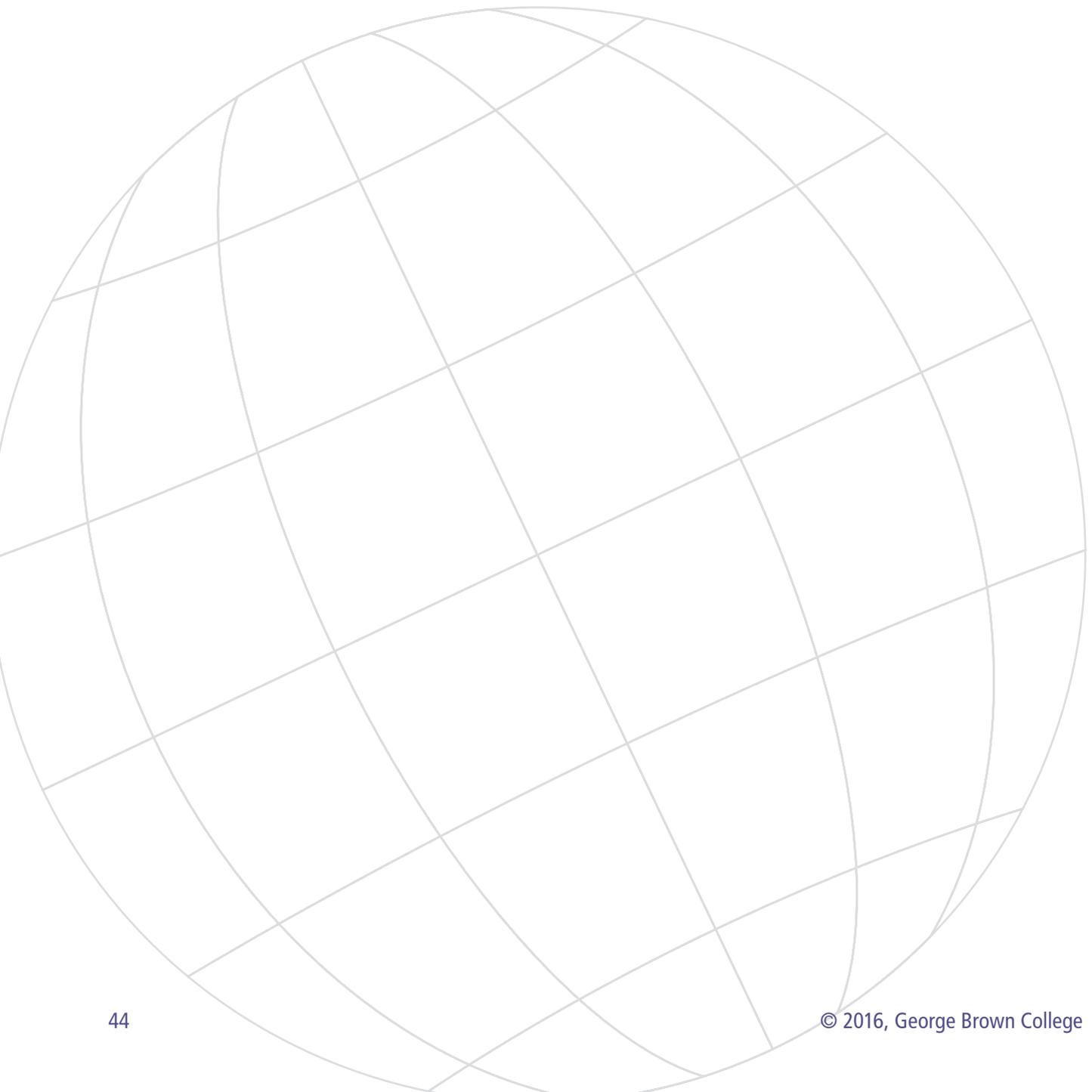
Evaluation Phase Activities and Resources

In this section you will find the following Clinical Instructor (CI) resources presented in the suggested order of use:

IPE for IENs Debriefing Guide	[CI Resource, 1pg.]
IPE for IENs Clinical Placement Summative Record	[CI Resource, 1pg.]

IPE for IENs Debriefing Guide

Instructions:

Congratulate learners on their presentations! Debrief with them about their presentations and share audience feedback. (Often learners are so anxious about presenting that they do not notice the positive response from their audience!)

Ask the following prompt questions to gather learners' feedback and suggestions about the *IPE for IENs* initiative as a whole. Learners need to know that their feedback is important and their opinion counts! Their suggestions can be implemented in future placements.

Question Prompts:

1. What did it feel like at the beginning of the placement, when you first started working with other members of the IP team? How does working with other members of the IP team feel now?

2. What worked well with the placement, for example, what did you like best?

3. What did not work so well? For example, what did you like least? Is there anything about this placement that you do not feel good about?

4. What was the most important thing you learned?

5. Did anything surprise you about the placement? Were there any unintended outcomes?

6. Was there anything you wish you had done more of?

7. Do you feel the IP team experience changed how you do your work as a nurse? Tell me more about that… Tell me about a time where the IPE experience had a direct impact on patient care…

8. *IPE for IENs* had several components and activities. Please tell me a bit about how you feel about them:
   – Meeting other IP team members ['Meet & Greet' if it was called that]
   – Shadowing another professional
   – Reflection sessions with clinical instructor/ IPE coordinator and co-facilitator
   – Presentation to IP team

9. Tell me about the learning environment on the unit where you worked. What was it like to work with the team members there?

10. Knowing what you know now, do you have any suggestions for change? What do you wish could be different?

IPE for IENs Clinical Placement Summative Record

CI Resource

(Page 1 of 1)

Instructions:

Clinical Instructors and learners complete this form as a record of placement activities.

Learner Name: _____   Faculty: _____

Clinical Facility: _____   Dates of Clinical Practice: _____

Activity	Date	Comments
IPE Personal Reflection Journals		Specify number:
IP Meet & Greet		Professionals who attended:
IPE Reflection Session #1: Overview of IP Collaboration/Care		
IPE Reflection Session #2: Jargon		Co-facilitated with: (Specify co-facilitator)
IPE Reflection Session #3: IP Communication		Co-facilitated with: (Specify co-facilitator)
IPE Reflection Session #4: IP Conflict		Co-facilitated with: (Specify co-facilitator)
IPE Reflection Session #5: IP Collaboration		Co-facilitated with: (Specify co-facilitator)
IPE Reflection Session #6: IPC Going Forward		
IPE Presentation		
IP Team Member Shadowing [at least one, minimum 1.5 hours]		Professions Shadowed:
IP Patient Rounds – Learner attended		(Specify which rounds)
IP Patient Rounds – Learner contributed		(Specify which rounds)
IPE – In-service Sessions		(Specify which profession)
Other IP Opportunities		(Specify)

Learner Signature: _____   Faculty Signature: _____

Date: _____   Date: _____

Glossary

Interprofessional: "Interprofessional (IP) means that each partner's expertise is added, discussed, and evaluated in an atmosphere of sharing and respect. This term is used as opposed to 'Multiprofessional', which refers to team members who function in parallel, for they work relatively independently amongst a group of health care providers, with little communication between them" (Oandasan & Reeves, as cited in Lowe et al., 2012, p. 4).

Interprofessional Collaboration (IPC): "Interprofessional collaboration (IPC) occurs when learners/practitioners, patients/clients/families and communities develop and maintain interprofessional working relationships that enable optimal health outcomes" (Canadian Interprofessional Health Collaborative, 2010b, p. 6).

Interprofessional Education (IPE): "Interprofessional education occurs when learners from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes" (World Health Organization, 2010, p. 7).

Interprofessional Education In-service: Any IP education session where IP roles, responsibilities and/or clinical issues (e.g., wound care, pain management) are discussed.

Interprofessional Meet & Greet: Several interprofessional team members meet with learners. IP team members give a short explanation (5-10 minutes each) of their role/responsibilities.

Interprofessional Rounds: When two or more interprofessional team members meet to collaborate on a plan of care, demonstrating shared decision-making while focusing on patient/family-centred goals. Rounds can include, for example, patient care rounds, wound care rounds, safety rounds, medication reconciliation and infection control.

Reflection Session: A guided small group discussion with an interprofessional focus. It is used to promote reflection on learning and make IP learning explicit. It can either be facilitated by the Clinical Instructor alone, or co-facilitated with another member of the interprofessional team.

Shadowing: One to two learners accompany ("shadow") an interprofessional team member as they demonstrate the patient care work they do that may be similar, different, or overlap with the role and responsibilities of a nurse. Ideally, the team member talks about their reasoning and thought process when collaborating with other team members, but does not prepare a presentation or information material.
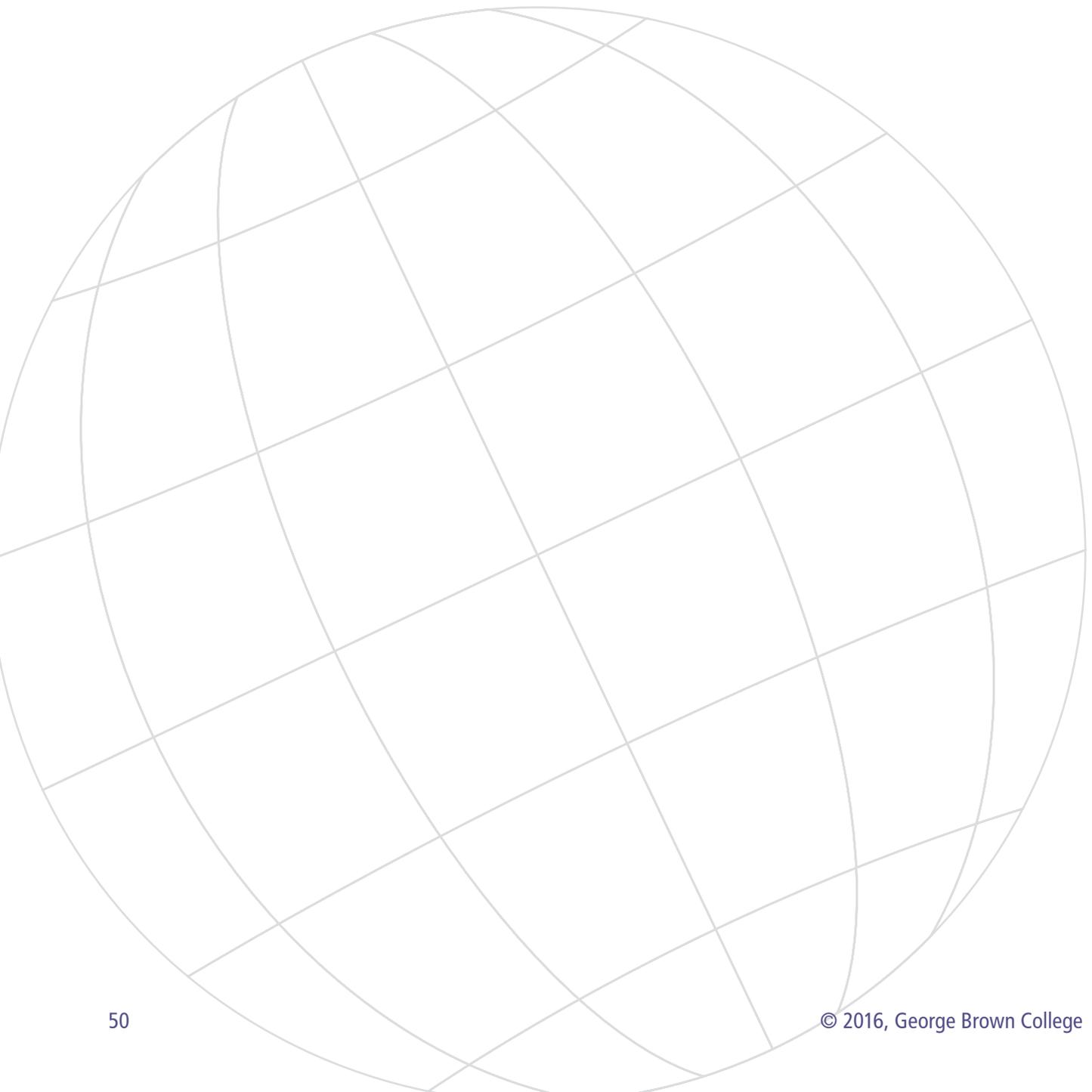
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