



Interprofessional Education (IPE) in a Clinical Placement Activity Series

This activity series provides a flexible means for students to learn with, from and about colleagues from other professions. The activity sheets outline **self-directed** interprofessional education activities that learners can complete while on placement¹. Download the activity sheets and work with your preceptor to determine how best to complete the activities while on placement.

Activities

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

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

Why Interprofessional Education?

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

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

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

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

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

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

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Activity Sheet #1 - Reflection on an IPE Session

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

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

Learning Objectives

This activity will enable learners to:

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

ACTIVITY DESCRIPTION

1. Choose an interprofessional education session to reflect on. The session should include:
 - Two or more professions
 - Interactivity between participants
 - Opportunities to learn about, from and with one another
 - Interprofessional teaching/learning moments that are discussed/addressed
2. The learner should review the learning objectives above and the reflective questions below with their clinical supervisor.
 - The pre-and post-session questions are a suggested guide and may be modified.
3. Before engaging in the interprofessional education session, the learner should record their pre-session reflections and share these with their clinical supervisor.

Pre-Session Reflection Questions

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

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

Reflection Questions

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

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Activity Sheet #2 - Shadowing a Patient

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

Learning Objectives

The activity will enable learners to:

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

ACTIVITY DESCRIPTION

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

Things to consider before you begin

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

2. Learners should arrange to shadow another profession via following a common patient or attending shared patient sessions with another health provider.
3. During the shadowing experience, learners should explore the questions outlined below.

Suggested Questions

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

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

Reflection

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

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Activity Sheet #3 – Consensus Building in a Team Meeting

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

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

Learning Objectives

The activity will enable learners to:

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

ACTIVITY DESCRIPTION

1. The learner should review the objectives for this activity and add additional ones that may be important for them.
2. The learner should work with their clinical supervisor to identify a team meeting that they can participate in, which will help them meet the learning objectives.

Things to consider before you begin

There is an attached document with resources around consensus building

Learners should think about:

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

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

Reflective Questions

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

Consensus Building and Collaborative Decision-Making Resource

What is Collaborative Decision Making?

Collaborative decision making is a process of engagement in which health professionals and patients (and their loved ones) work together, often using information and communication technologies to understand clinical issues and determine the best course of action (O'Grady & Jahad, 2010).

Collaborative decisions often use the principles of consensus decision making, which is a process for groups to generate a widespread agreement that respects all participants' contributions (Hartnett, 2011).

Principles of Consensus Decision Making

Collaborative – group members work together to find a decision that meets the Group's concerns as much as possible.

Inclusive and Participatory – all group members are included and encouraged to participate. Stakeholders are including in the decision making process where possible.

Process-oriented – consensus decision making highlights the process of making the decision as much as the result of the decision. Power is shared as much as possible.

Agreement seeking – the goal is to seek as much agreement as possible in this process.

Relationship building – this process is meant to build group relationships through open discussion. Share ownership of the decision can build group cohesion.

Whole Group thinking – consensus decision making values the input of all members and believes better decisions are made when various perspectives are considered.

(Hartnett, 2011)

Necessary Conditions for Consensus Decision Making:

Certain fundamental conditions need to be met in order to conduct an effective consensus-building process, including:

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

Procedures for Consensus Decision Making:

Consensus-building does not follow a recipe. It is a dialogical, iterative and emergent human process; it incorporates thought, feeling, knowledge, imagination, and lived experience. Nonetheless, it is a process that can be undertaken deliberately, mindfully, and whose broad contours can be mapped and navigated as follows.



One group member should act as the group facilitator.

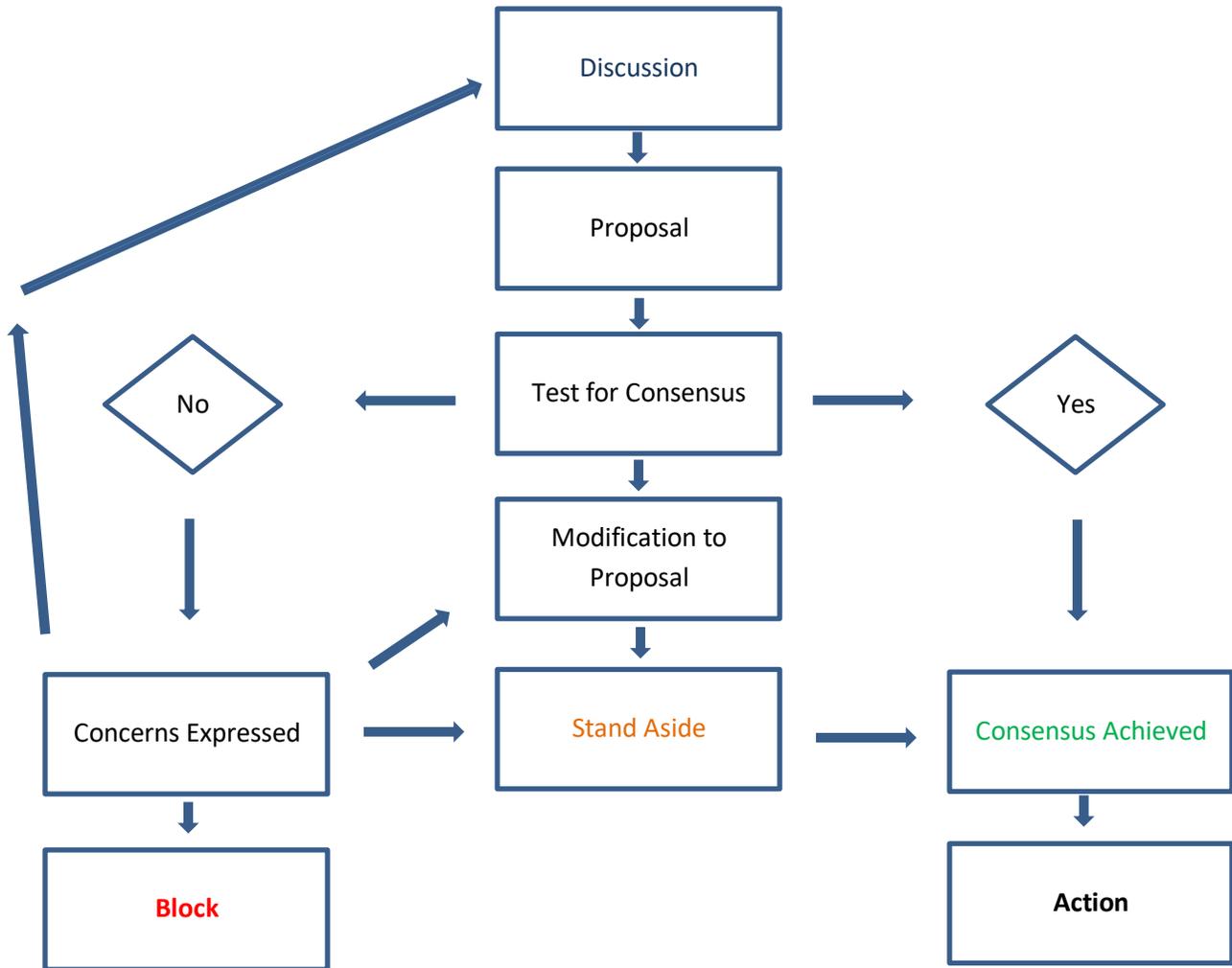
1. **An issue will emerge, or a decision is to be made.** The issue or decision to be made must be stated clearly by the facilitator.
2. **Those present discuss the issue.** Everyone should have an equal opportunity to speak and express their thoughts and feelings honestly and succinctly. It is the role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

The Power of the Round

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



Consensus Decision-Making Flowchart²



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

Assent: agree with the decision proposed.

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

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

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

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

Blocking or withdrawing from the Group: Blocking means "I cannot support this or allow the Group to support this. I perceive it to be in contradiction of our core values and/or unethical or immoral." Blocking can only be used very rarely without threatening the viability of the Group. It should be a last resort. For blocking to be a viable option, an individual taking such a stand must be operating from a place of deep conviction and enjoy the trust and respect of the Group. Individuals may decide they do not feel justified in blocking the Group, but they cannot continue to be a member based on the Group's direction.

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

References

Hartnett, (2011). *Consensus Oriented Decision Making*. New Society Publishers.

Madden, J. (2017) A Practical Guide for Consensus-Based Decision Making retrieved from <https://www.tamarackcommunity.ca/hubfs/Resources/Tools/Practical%20Guide%20for%20Consensus-Based%20Decision%20Making.pdf?hsLang=en-us>

O'Grady, L & Jadad, A. (2010). Shifting from shared to collaborative decision making: A change in thinking and doing. *Journal of Participatory Medicine*