

Workshop:
Facilitating Interprofessional Education
In the Rural Health Care Setting

University of Ottawa,
St. Paul's University

Funding provided by the
HealthForceOntario
Interprofessional Care/Education Fund



Rural Interprofessional Clinical Education (RICE)

University of Ottawa and St. Paul's University

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Interprofessional Education (IPE)

IPE is an educational process through which learners are provided with structured learning opportunities for shared learning. The goal of such learning is to enable the learners to acquire knowledge, skills and professional attitudes which they would not be able to acquire effectively in any other way. This is how students in the health professions are helped to understand the complexities of working in a multiprofessional environment. Key drivers relate to the need to develop adaptable, collaborative team workers with high level interpersonal skills, who understand the contribution each health profession makes to client and health outcomes (Horburgh et al., 2001).

Interprofessional Care

Interprofessional care occurs when two or more experts from different disciplines collaborate in a manner that augments each other strengths, experiences and backgrounds (Gitlin et al., 1994).

Interprofessional Collaborative Practice: Building our Community of Health Care

This project brings together faculty and clinicians interested in enhancing their understanding and practice of Interprofessional Collaborative Person Centred Practice (ICPCP) through a variety of learning activities. The learning activities will be offered across the Champlain LHIN region. This project is supported by funding from the Ontario Ministry of Health and Long Term Care.

Interprofessional collaborative person centred practice (IECPCP)

An interprofessional process of communication and decision making that enables the separate and shared knowledge and skills of health care providers to synergistically enhance patient- and family-centred goals and values (Way & Jones, 2000; Herbert, 2005).

The main objective of the Rural Interprofessional Clinical Education (RICE) program is to promote interprofessional education and practice in rural communities. In 2007, a pilot project was successfully completed at the Winchester District Memorial Hospital. The project was a success and the timing for promoting interprofessional care (IPC) and education (IPE) in Canada is perfect. Health Canada and provincial governments have begun to encourage interprofessional practice (IP) to break down professional silos to promote patient centred care and patient safety. It is important to start at the grass roots to promote IPC through IPE. The RICE program is such a program. This project has been funded by HealthForceOntario.

Health care students already doing clinical placements in rural settings are given an opportunity to meet and learn together, through IPE, and promote IPC.

Students from healthcare programs at the university or college level are assigned to rural settings with preceptors or clinical instructors from their own profession. The healthcare students who are completing the required clinical curriculum of their programs are then invited to enhance their learning by participating in the RICE project. All healthcare students from any academic institution are welcomed. The RICE project consists of weekly 90-minute IPE sessions, facilitated by two local health care providers from different professions. Participants will discuss rural case studies with the goal of creating an IPC plan of action. Students and facilitators will gain a greater appreciation for interprofessional practice and become aware of how to break down silos and become a better interprofessional, patient centred care providers.

Interprofessional education tools (IPET) have recently been created and finalized for use in evaluating participant learning and experiences in the IPE activities. The RICE project will be using IPET to evaluate the changes in participants' awareness and understanding of IPE and IPC. Facilitators and students in the RICE project will be on the leading edge of a new IPE program.

Project Administration

This project is administered by a committee. For more information please contact one of the committee members listed below:

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What are the key
elements of
interprofessional
collaboration?

Rural Interprofessional Clinical Education (RICE) Facilitator Workshop

University of Ottawa
St. Paul's University

Work Shop Goal

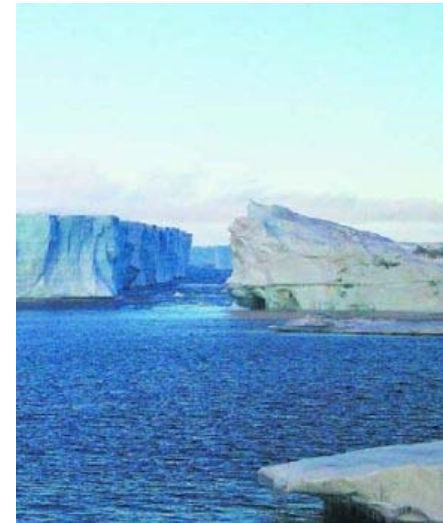
- To develop participant's ability to facilitate small group Interprofessional Education (IPE) sessions, incorporating rural issues.

Learning Objectives

- At the end of this session the participant will be able to:
 - Describe the role of the IPE facilitator.
 - Lead and coordinate a RICE IPE session.
 - Identify strategies to address challenges involved with facilitating small groups.
 - Integrate rural issues into IPE learning.

Our Ice Breaker: Misconceptions

- What is the biggest misconception the public has about your profession?
- How would you educate the public about this misconception?



Icebreakers

1. Engage a group.
2. Help a group to learn about themselves.
3. Promote interaction.
4. Create a relaxed, safe learning environment.
5. Help to enhance professional identity.
6. Build trust, respect and support.
7. Foster cooperation and teamwork.
8. Build a foundation for collaboration.

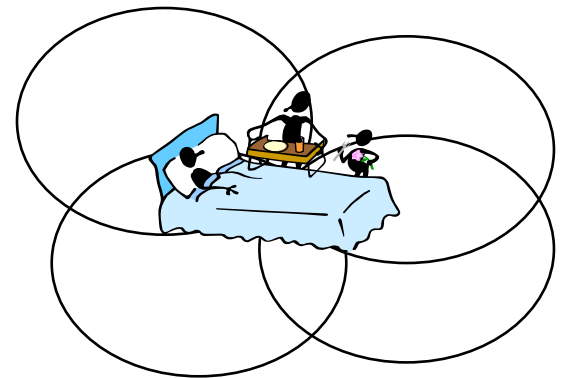
*Based on material prepared by Barb Coulston,
Toronto Rehabilitation Institute (2007)*

Interprofessional Education

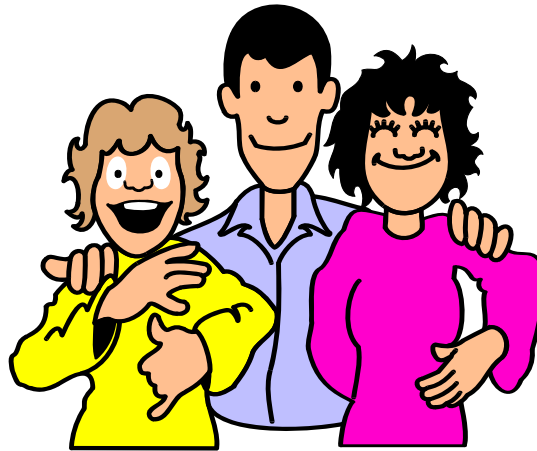
- Occasion when two or more professions learn with, from and about each other to improve collaboration and quality of care (Barr 2002).

Interprofessional Care

- Occurs when two or more experts from different disciplines collaborate in a manner that augments each others strengths, experiences and backgrounds (Gitlin et. al, 1994).

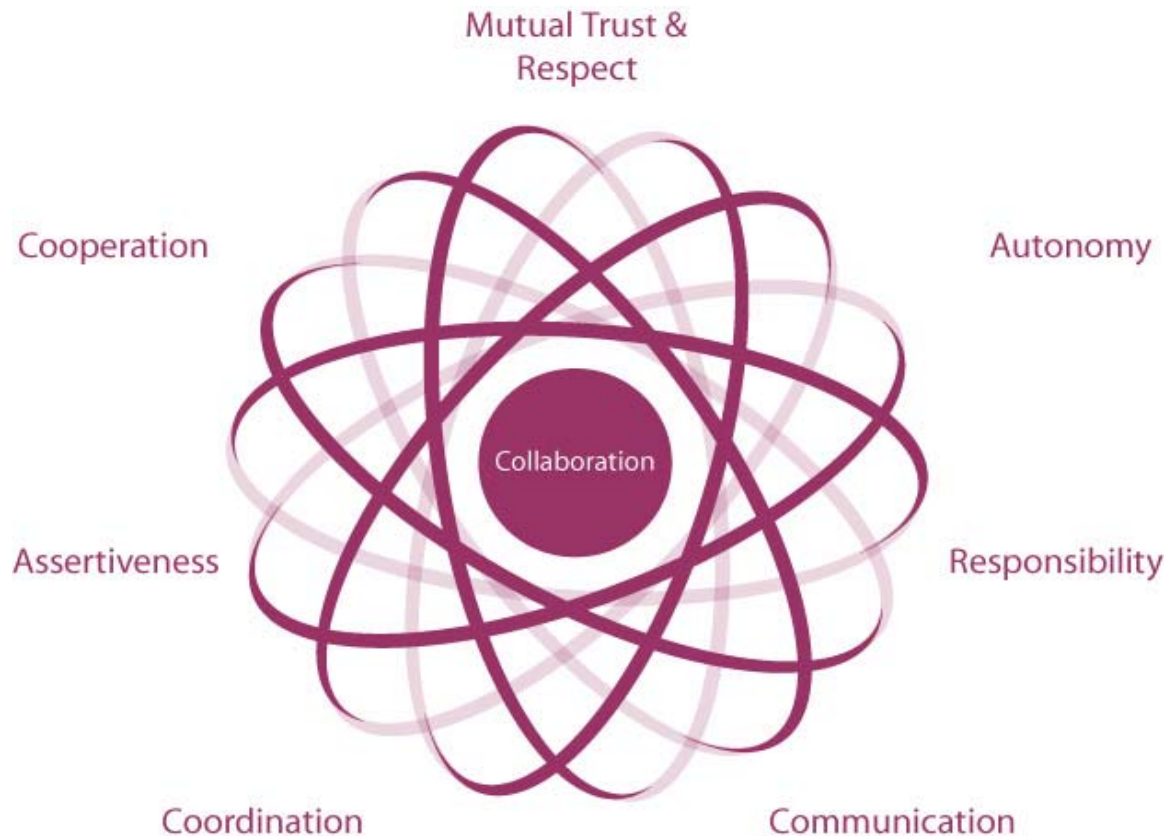


Why is interprofessional collaboration important?



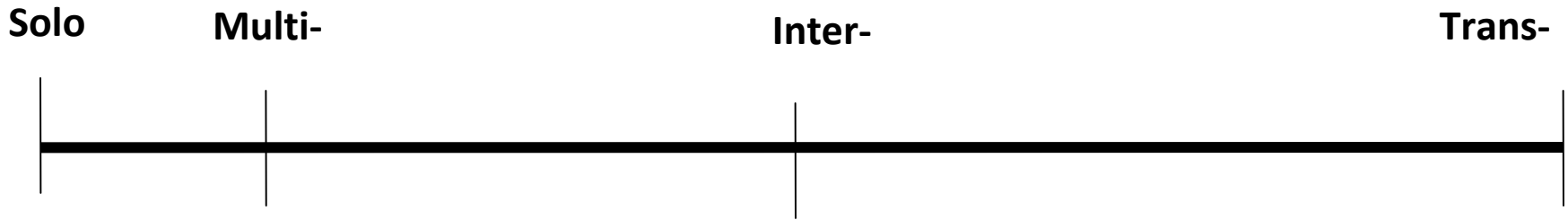
- Improved patient outcomes (Zwarenstein et al, 2005)
- Improved cost efficiency (D'Amour & Oandasan, 2005)
- Improved health profession satisfaction (Cohen & Bailey, 1997)

Essential Elements of Collaborative Practice



Norsen, Opladen & Quinn 1995; Way, Jones & Baskerville, 2001

Solo to Transprofessional Practice



1+0=1 2+2=4



2+2=5 or more!



2+2=oranges





Factors Used to Define Rural

- Long distance to a secondary referral centre.
- Barriers to timely access to health care services.
- Inability to provide services such as obstetrics, anesthesia, and surgery.
- Long distance to a tertiary referral centre.
- High level of on-call responsibilities.
- Insufficient health care providers.

Canadian Medical Association, Canadian Nurses Association, Society of Rural Physicians of Canada and Canadian Pharmacists (2003)

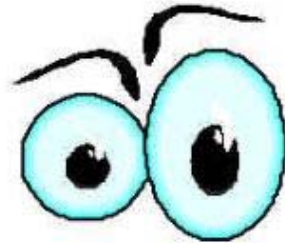
Facilitator

- Facilitating is a teaching technique that encourages participants to engage in critical thinking, listening and communicating.
- The key to facilitation is to allow the participants to discuss a topic openly and freely.

Role of Facilitators



- Ensure introductions
- Establish norms
- Act as role model
- Set clear expectations
- Establish learning climate
- Build confidence
- Observe & clarify group process
- Listen
- Question
- Focus the group
- Identify conflicts
- Summarize
- Give and receive feedback



Facilitator as learner

- **“ We had a very frank discussion. It was great because one mind can think, can come up with good ideas, but five minds around the table and you come up with a solution. ... I wrote the case, but I didn't walk into it with a pre-conceived notion. As we talked through the case, you could just feel we all built on each other's comments and by the end we came up with an absolute great plan of how we were going to handle it.”**

Facilitator WDMH 2007

Preceptors

- Responsible for facilitating clinical learning experiences and assessing students' performance in cognitive, psychomotor, and affective domains as related to entry-level clinical practice and expectations.

Preceptors

- Also called clinical instructors/supervisors.
- Usually daily contact with the student.
- Largely influence the scope of the student experience.
- Are the key to embedding IPE into the student experience.
- Influence the way the student collaborates with others FOREVER.

Why Use Small Groups?

- To Promote
 - Understanding
 - Critical thinking
 - Problem solving abilities
 - Foster self-directed learning
 - Enhance communication skills
 - Favourable attitudes towards learning
 - Etc...

Stages of Group Development

- Forming- tentative, hesitant
- Storming-realize work ahead
- Norming- initial resistance fades
- Performing-more effective
- Adjourning/Mourning

Overall IPE Set Up

- How students become participants.
- Pre-placement activities.
- Facilitators and preceptors are identified.
- Establish IPE session schedule – 1/wk for 90 minutes.
- Challenges...

Office of IPE
University of Toronto (2007)

Small Group Facilitation Troubleshooting

1. Poor time planning.
2. Digression from goals.
3. Students not active enough.
4. Students who dominate.
5. Conflict.
6. Not enough cross-interaction.
7. Feedback.

How to get the most from your IPE experience

- Have students shadow other professions.
- Have students collaborate on a client's care.
- Discuss cases in groups ahead of time.
- Be organized.
- ...

Session Structure

- Preamble -5 mins
- Check-In -15 mins
- Follow-up from last week -10 mins
- Case Discussion -40 mins
- Real Cases -10 mins
- Wrap-up & Next Case- 10 mins



Cases

- Match your case to the facilitator.
- Actual in-hospital “real” cases preferred.
- Distribute the case to the students in advance of the session.

Case Studies

Small IPE Group Facilitation Workshop

Ice Breaker Exercises / Games¹

Misconceptions

Get into pairs. Share with your partner what is the biggest misconception the public has about your profession. How would you educate the public about this misconception? Come back to the large group and process your findings – what did you learn? How did you feel about speaking about the misconceptions or hearing the misconceptions? How might this occur when working with patients or caregivers?

Speed Disciplining

Set up chairs in 2 circles, one inside the other. Have students sit in the circles facing a partner. Have students say their full name and discipline. Facilitator will be the timekeeper. The students have 2 minutes to find out all they can about the other student's discipline (education, training, areas of employment, what they do in day-to-day practice, etc.). Timekeeper calls time at 2 minute mark and everyone quickly goes to a new seat with a new partner and repeats the process. Come back to the larger group after and share 1 or 2 things that they learned or surprised them about another discipline.

Here's My Card

Hand out cue cards and pens – have the students think of 3 or 4 qualities of their profession or activities of their profession but don't write the discipline on the card. Have them write the 3 or 4 qualities plus a catchy advertising slogan on their business cards. Have the students exchange cards, and then share what's written on the card 1 at a time in the large group. The group can then guess which discipline it is.

True or false

Ask the students to say 3 things about themselves – 2 which are true and 1 that is not. Everyone has to guess the false one. Then the students think of 3 things about their profession 2 things that are false and one thing that is true – guess the true thing.

Similar / Dissimilar

Get into groups of 3. One person is the recorder. Write down all the things about your professions that are similar. Write down all the things that are different in your professions. Come back and share in the large group.

Magic Hat

Students write down 2 questions each about 2 different professions – put the questions in a hat. Pass the hat around and each student pulls a question out of the hat to answer. They have to convince the group that they are that particular profession – afterward try and guess who the real OT, PT, etc. are – clarify any of the questions / answers at that time.

Time Capsule

You are building a time capsule and are asked to put 3 things in the capsule that best reflect your profession and what you do in patient care. Introduce yourself to the group, and share with the group what things you would choose, and why.

¹ Toronto Rehabilitation Institute (2007)

Jargon

Acronyms and jargon – ask everyone to write down 3 acronyms / jargon words that are common to their profession but that may not be as familiar to other professions. Invite the group to search through the list looking for commonalities or differences in how words are used (ex. Transfer from acute care to rehabilitation, transfer from bed to wheelchair, etc.). Or you may choose to have the students get into 2's or 3's and swap papers and ask others to guess what the acronyms or words are. The writer can then explain, clarify and ask who else uses these words / acronyms.

Profession Description

Choose a profession. Ask everyone to write down on a paper (anonymously) what he or she believes are the role, educational preparation, etc. The student whose profession was chosen then reviews these and comments on their accuracy, what surprised them.

First Moments

In pairs – share the moment when you decided to become your particular health care professional. Describe it – where you were, when it was, etc. What are the factors or inspiration for your choice? Come back to the large group – what are 3 qualities of your profession? How are you like those qualities?

Ball of Yarn

Stand in a circle facing each other. One person starts, holding a ball of yarn. Share with the group what activities you do for patient care – how do you work with patients. Hold onto your end of the yarn and pass the ball of yarn to someone opposite you. That person grabs onto the line of yarn and shares their activities. If you notice that someone shares an activity that is similar to what you may do or how you might work with a patient, ask for the ball of yarn to be passed back to you. Continue to hold onto points on the line and build a yarn “patient care” net connecting all of you. You may wish to be creative on how you wrap the yarn around each other.

The next exercises are fun, a little more creative and may be more risky for the students – optional.

Superhero

Come up with a superhero name for your discipline / profession and a phrase that indicates your profession's superhero ability or quality plus the thing that challenges you the most in your profession. Introduce yourself to the group as your superhero persona.

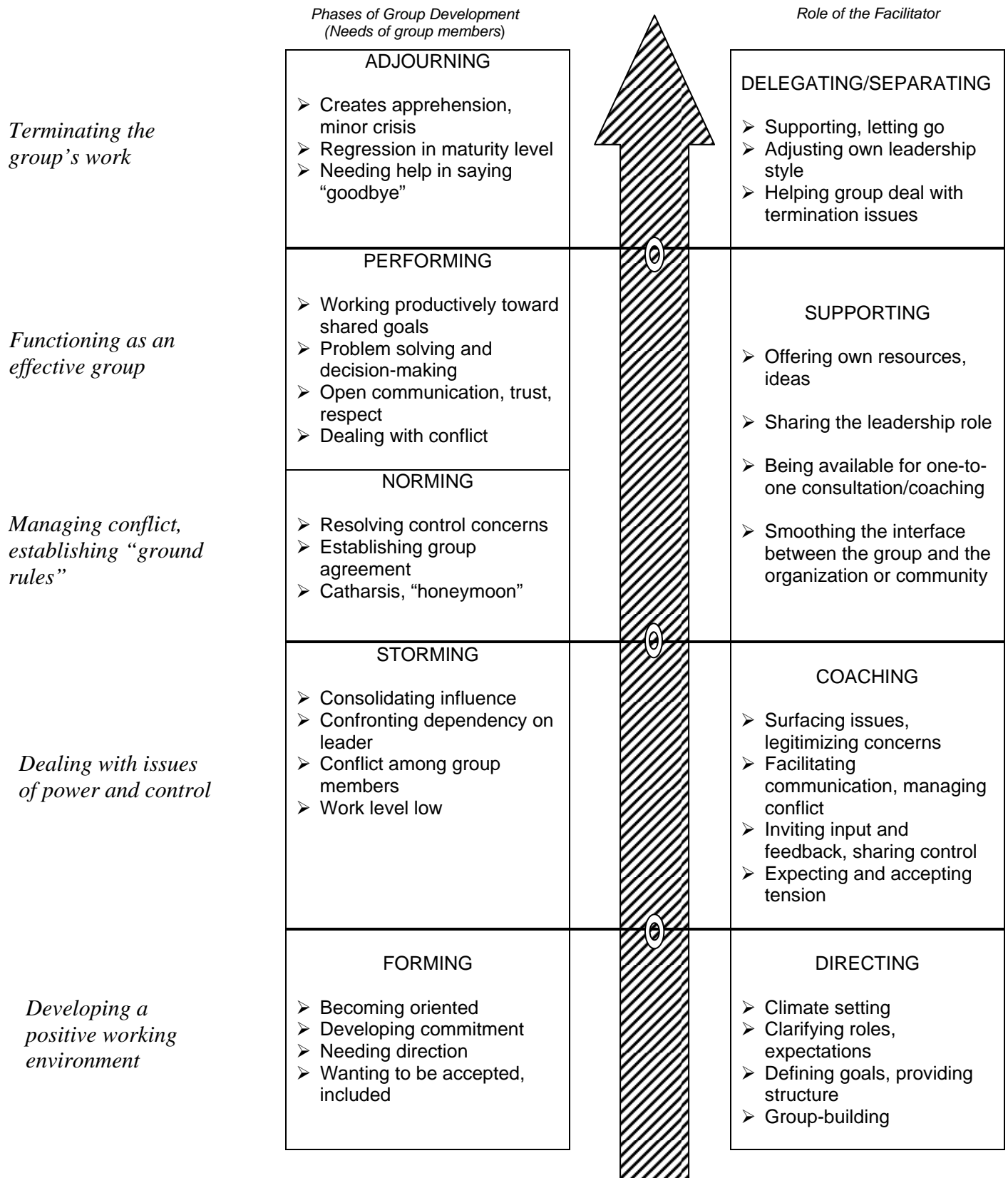
Fairy Tale (taken from Comedy Improv game)

All fairy tales have a protagonist (patient) and a challenge to overcome (injury / disease) and heroes or heroines (health care providers). Sit in a circle – starting with the opening line “once upon a time in the far off land of” Start your story and then stop when you want the person beside you to take over. Be sure to include aspects of your profession in the funny little fairy tale. You may choose to say a whole phrase or just one word – the challenge is to leave the story hanging and for the next person to rush in with the next part of the story.

Essential Elements of Collaborative practice

Please check off the elements you have observed during the videos.

	Team Performance	My performance
Cooperation <ul style="list-style-type: none"> • Acknowledging & respecting other opinions & view points. • Willingness to examine & change beliefs & perspectives. 		
Assertiveness <ul style="list-style-type: none"> • Supporting viewpoint with confidence. 		
Responsibility <ul style="list-style-type: none"> • Accepting & sharing responsibilities. • Participating in group decision-making & planning. 		
Communication <ul style="list-style-type: none"> • Effective sharing of important information. • Effective exchange of ideas & discussion. 		
Autonomy <ul style="list-style-type: none"> • Ability to work independently. 		
Coordination <ul style="list-style-type: none"> • Efficient organization of group tasks & assignments. 		
Trust & Respect <ul style="list-style-type: none"> • Respecting knowledge & skills of others. 		



Small Group Facilitation

Troubleshooting Tips¹

Some strategies to address challenges you may encounter in your group sessions are listed below:

Poor time planning – set goals and time agendas, invite group to select a time keeper, remind group of schedule, delegate tasks, summarize key points to assist the group to move forward, ask the group how they would like to address time problems

Digression from goals – use flip chart with group goals listed, redirect, and use agreed upon learning objectives that were developed by group to guide discussions

Students are not active enough – use probing questions (open ended), give positive feedback, address individually - ask directly to comment (e.g. what would the role of the pharmacist be in this situation?), take turns responding in order, give everyone a minute or 2 to think about a particular question (some may want this time for quiet reflection prior to being able to speak 'off the top of their heads'), don't always try to fill the silence. Students may be reluctant to share their lack of knowledge about a key area. Prior to moving on to interpretation, ensure that the group has clarified all of the relevant information up front (focus on the facts, clarify terms, ask others to clarify jargons and acronyms, etc.), ask, 'what surprised you?'

Students who dominate – redirect (e.g. "before we move on, I would like to get some reactions from others..."), everyone takes a turn around the group

Conflict – identify conflicts openly – "there seems to be a conflict here, how should we as a group move on and address this?", work to identify source (e.g. lack of information, environmental stress, etc.), use of conflict resolution resources

Lack of feedback – you may want to invite your group to give positive and constructive feedback (e.g. what did you find most challenging about this case study? What types of case study discussions do you find most useful?)

Students interacting with facilitator or speaker primarily rather than each other – ask direct questions (e.g. How would this work for speech language pathology?), when the person responds to you, look at other group members to encourage them to do the same, ask questions of the group for the students if necessary e.g. 'what questions do you have about speech language pathology?', comment directly e.g. 'this is a time for you to learn about each other – you needn't respond directly to me'; 'we want you to become more comfortable working as a team, try commenting or asking questions of each other directly', ask them to reflect on something in pairs or triads and then share with group.

¹ Credits: Lynne Sinclair and Mandy Lowe, Toronto Rehab with reference to: Tiberius, RG (1995) Small group teaching: A trouble shooting guide. OISE Press: Toronto.

Feedback dos and don'ts²

Some of the most important information we can receive from others (or give to others) consists of feedback related to our behaviour. Feedback can provide learning opportunities for each of us. By using the reactions of others we understand the consequences of our behaviour. Such personal data helps to make us more aware of what we do and how we do it, thus increasing our ability to modify and change our behaviour and to become more effective in our interactions with others.

To help us develop and use techniques of feedback for personal growth, it is necessary to understand certain principles important to the process. The following is a brief outline of some factors which may assist us in making better use of feedback, both as the giver and the receiver of feedback. This list is only a starting point.

1. Focus feedback on behaviour rather than the person: It is important that we refer to what a person does rather than comment on what we imagine he or she is. When we talk in terms of personality traits it implies inherited, constant qualities that are difficult if not impossible to change. Focusing on behaviour implies that it is something related to a specific situation that might be changed. It is less threatening to a person to hear comments about his behaviour than his "traits". This focus on behaviour implies that we use adverbs (which relate to qualities) when referring to a person. Thus we might say a person "talked considerably at the meeting", rather than the person is overly talkative.
2. Focus feedback on observations rather than inferences: Observations refer to what we can see or hear in the behaviour of another while inferences refer to interpretations and conclusions which we make from what we see or hear. In a sense, inferences or conclusions about a person contaminate our observations, thus clouding the feedback for another person. When inferences or conclusions are shared (and it may be valuable to have this data), it is important that they be so identified.
3. Focus feedback on description rather than judgment: The effort to describe represents a process for reporting what occurred, while judgment refers to an evaluation in terms of good or bad, right or wrong, nice or not nice. The judgments arise out of a personal frame of reference or values, whereas description represents neutral (as far as possible) reporting.
4. Focus feedback on descriptions of behaviours in terms of "more or less" rather than in terms of "either – or": The "more or less" terminology implies a continuum on which any behaviour may fall, stressing quantity, which is objective and meaningful rather than quality, which is subjective and judgmental. Thus, the participation of a person may fall on a continuum from low participation to high participation, rather than good or bad participation. Not to think in terms of "more or less" and the use of continua is to trap ourselves into thinking in categories, which may then represent serious distortions of reality.
5. Focus feedback on behaviour related to a specific situation, preferably to the "here and now" rather than to behaviour in the abstract, placing it in the "there

² Adapted from: Lehner, G.P. (1975): Aids to Giving and Receiving Feedback. CA: University Associates Publishers.

_____ What you and I do is always tied in some way to time and place, and we increase our understanding of behaviour by keeping it tied to time and place. Feedback is generally more meaningful if given as soon as appropriate after the observation or reactions occur, thus keeping it concrete and relatively free of distortions that come with the lapse of time.

6. Focus feedback on sharing ideas and information rather than giving advise: By sharing ideas and information we leave the person free to decide for himself, in the light of his own goals in a particular situation at a particular time, how to use the ideas and the information. When we give advice we tell him or her what to do with the information, and in that sense we take away the freedom to determine for oneself what is for him or her the most appropriate course of action.
7. Focus feedback on the value it may have to the recipient, not on the value or "release" that it provides the person giving the feedback: The feedback given should serve the needs of the recipient rather than the needs of the giver. Help and feedback need to be given and heard as an offer, not an imposition.
8. Focus feedback on the amount of information that the person receiving can use, rather than the amount that you might like to give: To overload a person with feedback is to reduce the possibility that he or she may use what they received effectively. When we give more than can be used we may be satisfying some need for ourselves rather than helping the person.
9. Give feedback at appropriate times: It is important to be sensitive to when it is appropriate to provide feedback. Excellent feedback presented at an inappropriate time may do more harm than good.
10. Allow sufficient time for feedback: Make sure that enough time is allowed for feedback at the end of the session. Sometimes group members need a few minutes to warm up to giving feedback, therefore allow time to get started.
11. Stimulate feedback with self-assessment: Request group members to self evaluate.
12. Check feedback for accuracy: One way of doing this is to have the receiver of the feedback try to rephrase the feedback he has received to see if it corresponds to what the sender had in mind.

Ten Small Group Facilitation Tips

Use open-ended questions to promote discussion.

Thank group members for their participation.

Be aware of your own and others' non-verbal communication (e.g. eye contact).

Listening is key.

Encourage enthusiasm and be enthusiastic – e.g. speak with interest.

Allow time for silence.

Invite open participation– members are more likely to respond if assured that the purpose of the group is to learn – there is no “wrong” answer.

Encourage interaction – “That’s similar to what Kate said, what do you think Pete?”

Attend to visual (e.g. body language, eye contact) and verbal cues of group members.

Use humour - have fun.

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Web Resources

Interprofessional Education for Collaborative Patient-Centred Practice http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/interprof/index_e.html