

BAYCREST TOOLKIT FOR INTERPROFESSIONAL EDUCATION AND CARE (IPE/C)

Information and resources to help team members and students learn and work interprofessionally



How can they work together
if they don't learn together?

BAYCREST TOOLKIT FOR INTERPROFESSIONAL EDUCATION AND CARE (IPE/C):
Information and resources to help team members and students learn and work
interprofessionally

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Introduction to IPE and IPC

What is interprofessional education (IPE)? (Source: CIHC, 2009)

“IPE occurs when two or more professions learn with, from and about each other in order to improve collaboration and the quality of care.”

– CAIPE (2002)

IPE is the way we train or educate practitioners to work collaboratively.

IPE changes how healthcare providers view themselves.

IPE requires healthcare providers to practice in a way that allows for and accepts shared skills and knowledge.


IPE requires interaction between and among learners.

Healthcare providers who are good interprofessional, collaborative practitioners understand the importance of working together with colleagues and the patient/family to achieve the best health outcomes.

What is interprofessional care (IPC)? (Source: CIHC, 2009; Health Force Ontario, 2010)

It requires a climate of trust and value, where healthcare providers can comfortably turn to each other for advice and support.

When healthcare providers work collaboratively, they seek common goals and can analyze and address any problems that arise.



IPC is the delivery of comprehensive health services to patients by multiple health caregivers who work collaboratively to deliver quality care.

Patients

- Shorter wait times for care.
- Improved patient care and safety.
- Greater access to a broad range of comprehensive health care services for care.
- Increased satisfaction with care provided.
- Better health outcomes.
- A more active role in health care.

Health care providers

- Greater job satisfaction.
- Less stress and burnout.
- The opportunity to work within the full scope of practice and contribute to enhanced patient outcomes.
- An improved professional environment that supports clinical practice, provides access to peers for support and advice, and ensures greater predictability within the interprofessional workplace environment.

IPC provides many benefits to...

Health care organizations

- Greater efficiency and capacity — ability to provide care for more people, enhancing patient satisfaction.
- Decreased staff turnover with enhanced staff morale.
- Improved recruitment and retention.
- Increased patient safety and fewer treatment errors.
- Enhanced opportunities to develop ongoing quality improvement and accountability measures in health care delivery.

What do we know about IPE and IPC in geriatric services?

In Ontario, IPC is part of the solution to help reduce wait times, improve access to health care professionals and keep Ontarians healthy.

- Government of Ontario (2005)

The concept of IPE and IPC is not new, and there have been a few initiatives focused on care of older adults.

In the United States, geriatric IPE initiatives have been created through the Hartford Foundation-funded Geriatric Interdisciplinary Team Training (GITT) program, and through Geriatric Education Centres (Dyer et al, 2003; Flaherty et al, 2003; Fulmer et al, 2003). Research centers were also created, to test interdisciplinary geriatric care models (Wetle and Pincus, N/A date).

In Canada, there have been several initiatives to promote IPE and IPC:

- The Regional Geriatric Programs of Ontario developed an online toolkit, part of which promoted interprofessional care and inter-organizational collaboration in the care of seniors. This was in collaboration with the Centre for Education and Research on Aging and Health at Lakehead University and the North East Specialized Geriatric Services Group in Sudbury.
- At the University of Manitoba, the Interprofessional Education for Geriatric Care project was initiated from 2005-2008, to develop an interprofessional education program in the area of community based geriatric care (Grymonpre et al, 2008).
- The SCO Health Service in Ottawa developed a self-learning module to promote interprofessional care of the elderly (Hall et al, 2008).

In geriatric care, team training and interprofessional care works.

Training in interdisciplinary teamwork for geriatric care helps increase team functioning, improve efficiency of patient management, increase understanding of the roles of other health professionals and of sensitivity to the needs of patients (Clark et al, 2004; Leipzig et al, 2001).

For patients, the interdisciplinary approach in geriatric care...

- improves survival, quality of life, social activity and patient satisfaction
- reduces physician visits, emergency department visits, hospital stays and readmissions
- improves quality of care
- reduces costs

(Source: Wetle and Pincus, N/A date; IOM, 2008; Shortell et al, 2004; Schmitt et al, 1988; Schmitt, 2001; Burns et al, 2000; Sommers et al, 2000)

Introduction to student IPE curriculums

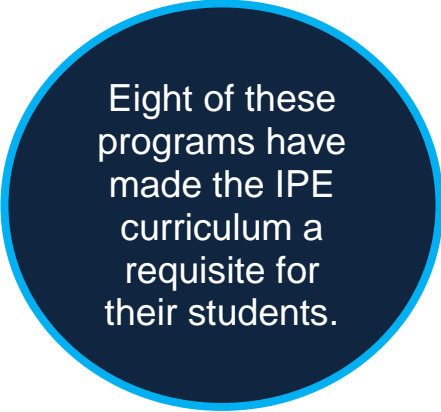
Baycrest holds formal academic partnerships with 32 universities and colleges locally, nationally and internationally. The following outlines the IPE curriculums in the universities and colleges from which we receive a high volume of students each academic year. We receive students from:

- University of Toronto, which is fully affiliated with Baycrest.
- University of Western Ontario
- George Brown College
- McMaster University, Program for Interprofessional Practice, Education and Research

University of Toronto, Centre for Interprofessional Education (2011)

The University of Toronto now has over 1200 students each year in 11 health science professions participating in the IPE curriculum:

- dentistry
- medical radiation sciences
- medicine
- nursing
- occupational science and occupational therapy
- pharmacy
- physical education and health
- physical therapy
- physician assistant
- social work
- speech–language pathology



Eight of these programs have made the IPE curriculum a requisite for their students.

As the IPE curriculum evolved over the past few years, the development of new learning activities was guided by the [IPE Core Competencies Framework](#). These core competencies focus on the acquisition of evidence–based knowledge, skills and attitudes required for collaboration–ready practitioners.

The IPE curriculum includes four mandatory core learning activities and five to six elective learning activities.

Core Learning Activities:

<p>(1)</p> <p>Year 1 - Teamwork: Your Future in Health Care</p>	<p>This introductory IPE learning activity brings together all first-year health science students, as a foundation for collaborative practice. The two-hour session enables students to learn about, from and with each other.</p> <p>As a part of this session, faculty members demonstrate different ways in which health care teams can deliver care. Students also hear an account of a patient's journey through the health care system, giving them the opportunity to reflect on the health care profession they have chosen and to think about how they can be vital members of an interprofessional health care team.</p>
<p>(2)</p> <p>Conflict in Inter-professional Life</p>	<p>This learning activity targets more advanced health professional students and focuses on IPE competencies at the immersion level. It has been designed to reinforce the message that conflict is a natural part of working life and that these students will have a professional responsibility to handle it effectively.</p> <p>Students begin with a didactic/experiential session that explores personal responses to conflict, sources of conflict and strategies for dealing with conflict. In small groups, students work with facilitators to complete an icebreaker activity, after which a DVD is shown to the larger group demonstrating an interprofessional dispute. Finally, the small groups address the demonstrated conflict through a simulation process.</p>
<p>(3)</p> <p>Case-Based: Pain or Palliative Care</p>	<p>Mixed groups of students learn about interprofessional collaboration in a pain and/or palliative care case that also focuses on competencies at the immersion level.</p> <p>Pain curriculum</p> <p>Students are grouped interprofessionally, ensuring representation from six professions. These groups work on patient cases, and over the course of three days, each group develops a pain assessment and management plan, which is then presented to a larger group on the final day. The first and last group meetings are facilitated by clinicians.</p> <p>Palliative Care</p> <p>In this facilitated session, health sciences students have the opportunity to represent their respective professions by participating in and contributing to an interprofessional team meeting involving a palliative care case. The objective is to give students a greater sense of preparedness for subsequent patient/family meetings involving patients with advanced cancer.</p>

(4)

**IPE
Component
in a Clinical
Placement**

When University of Toronto students come to Baycrest this learning activity is built into their existing clinical placement. Two different models are used: structured and flexible.

The **structured model** includes four elements:

1. a common clinical area, where students are placed on the same team** at a site where their placements overlap;
2. an introductory tutorial, which occurs prior to the four-week period;
3. facilitated patient/client/family-themed tutorials, which occur each week in an area of professional relevance to the students; and
4. a shared presentation, which is completed by the student team at the end of the placement.

The **flexible model** includes three clinical learning activities that allow students to experience interprofessional learning in an array of clinical settings. Activities focus on but are not limited to the following:

1. participating in IP team education
2. interviewing/shadowing a team member
3. participating in team meetings.

**Baycrest, being a specialized geriatric facility, ensures students share a common clinical area across all of Baycrest and join together to share their experiences from across the campus.

Elective Learning Activities:

These include *Lunch and Learns*, ½ day workshops, and discussion sessions. A few examples of some of the elective learning activities offered include:

**Dying and
Death**

This IPE learning activity focuses on developing an appreciation of diversity (in terms of faith, culture, personal and professional values), an understanding of the roles and responsibilities shared by the interprofessional team and learning how to communicate and be present with an individual and his or her family around the time of death. The three-hour evening session includes a large group teaching segment with a panel of speakers focusing on three aspects of dying and death. Small group facilitated discussion with guided questions follows, with a final large group summary. Approximately 200 students from nine health science programs and 40 facilitators participate across the health sciences and spiritual care sectors.

Health Mentor Program

This program matches an individual (health mentor) living with a chronic health challenge such as multiple sclerosis, HIV/AIDS, rheumatoid arthritis or chronic pain, with a group of interprofessional students. Over the course of three interviews, more than 100 students from eight programs explore the following module topics with the volunteer health mentor: 1) Impact of the Chronic Health Challenge; 2) Ethics and Professionalism Issues; and 3) Patient/Client Safety Issues. Subsequently, students participate in three facilitated on-line discussions and complete a reflective assignment. This is a great opportunity for students to develop an appreciation of the breadth of impact of health challenges. Students have indicated that this experience has been highly valuable in helping them to understand issues beyond those learned in the classroom.



University of Western Ontario (2011)

For pre-licensure health sciences students, the University of Western Ontario incorporates IPE activities into the students' educational experiences through various channels:

1. Registering in online Team Development Modules

The Team Development Modules are a set of modules initially designed to assist health practitioners to gain an understanding of interprofessional collaborative practice and an approach to help them move towards this form of practice. The modules provide a short-survey through the literature related to the topics of each module. All are intended to be followed by group discussion. Modules are designed to be completed in three hours and each is divided to allow busy practitioners to do the modules in one hour segments.

The set of modules has also been used by students who are preparing to practice in interprofessional teams. In this case the first three modules are completed by the students before they meet in a facilitated 1-day workshop to develop their interprofessional collaborative team approaches.

Module 1:

Team Development: Conceptualizing Inter-professional

This module helps learners to explore and evaluate their understanding of interprofessional collaboration. Learning is divided into five short parts:

- Part 1 explores terms used related to interprofessional collaborative teams;
- Part 2 explores benefits of interprofessional collaboration;
- Part 3 discusses the barriers to interprofessional collaboration;
- Part 4 explores professional roles and responsibilities of team

	<p>members; and</p> <ul style="list-style-type: none"> • Part 5 explores creating a culture of interprofessional practice.
<p>Module 2:</p> <p>Team Development: Helping Groups Reconceptualize</p>	<p>This module focuses on how learners and their team members may wish to view and consider adjustments to their interprofessional collaborative practice. It is composed of three parts:</p> <ul style="list-style-type: none"> • Part 1 focuses on exploring boundaries that control practice from several sources; • Part 2 examines role conflicts and how they generate power imbalances; and • Part 3 explores how to develop respect across team members. <p>An on-line interprofessional student discussion forum is also available.</p>
<p>Module 3:</p> <p>Team Development: Team Processes and Norms of Practice</p>	<p>This module helps learners and their team members to assess their own team functioning as compared to what is suggested within the literature. It is divided into three parts:</p> <ul style="list-style-type: none"> • Part 1 explores issues of power, trust, leadership, identify and communication issues within teams; • Part 2 explores suggested areas to focus on in developing team effective practice; and • Part 3 provides a means to discuss past experience in teams and how some changes could enhance team functioning to support interprofessional collaborative practice.
<p>Module 4:</p> <p>Evaluation</p>	<p>This module helps learners and their team members consider how to assess the collaborative processes being used to function effectively. It also guides learners in determining what team specific outcomes (from both a patient's and organization's perspective) will provide evidence of the same. Additionally, to assist participants, a cumulative checklist is provided that results in a comprehensive plan for evaluating the team's effectiveness and selected outcomes</p>
<p>Module 5:</p> <p>Communicating with Diverse Communities</p>	<p>This new module is about building relationships and communicating with people from diverse communities. For the purposes of this module, "people from diverse communities" are defined as people who are living in low socioeconomic environments, who require unique considerations regarding communication and health wellness. Additionally, people in these circumstances are often from a variety of cultures and ethnicities,</p>

adding another challenge to the communication process. The objectives of the module are to:

1. Gain insight into the social determinants of health of clients from diverse communities.
2. Explore how these characteristics might impact effective communication in interprofessional collaborative practice.
3. Understand the application of Partnership Communication to communicating with clients from diverse communities.
4. Understand how to build effective, appropriate, and responsive communication with clients.

2. Students have the opportunity to learn about and practice IPE/C through practice opportunities.

The Interprofessional Education and Research Office (IPHER) at UWO organizes IPE placements for students at UWO, Fanshawe College and other educational institutions whose students come to London to complete practice placements at its hospitals and community agencies. Interprofessional practice placements are usually undertaken as part of a student's program specific practice experience. Hence in many cases students participate in the interprofessional placements as an 'enhancement' to their regular placement. During this time each student is supervised by a program specified health professional who assists the student in providing input into care that reflects discipline specific practice standards. In addition, a practice facilitator provided through IPHER, guides the interprofessional student group in their collaborative team work.

3. Through various IPE/C events such as workshops and conferences are also available to students



George Brown College (2011)

Although George Brown College does not offer an IPE curriculum to its health professional students, it does offer an IPE course called "Collaboration - The Future of Health Care."

It is the College's first formal IPE course. The course provides students with a broad overview of the health care system and an understanding of collaboration and teamwork among health care providers. Working with students of other professions, students learn about each other's disciplines and about other health care practitioners with whom they will work after graduation.

Through interprofessional team assignments, students learn about and apply the theories of teamwork, conflict resolution and collaborative practice and have the

opportunity to reflect on their own, and others' participation and contributions to teamwork. The 14-week course is offered every semester.



McMaster University, Program for Interprofessional Practice, Education and Research (2011)

There are three types of IPE activities available to students within the Faculty of Health Sciences. These activities vary in terms of complexity and length. For some programs, participation in the activities will be mandatory. Eventually, all Faculty of Health Sciences students will be expected to demonstrate IP competencies prior to graduation. At a minimum each student would participate in at least one exposure, one immersion and one mastery activity. Prior to graduation, the student will be expected to:

1. describe their own professional roles and responsibilities and the general scope of practice of other health professionals to colleagues and patients/clients
2. know how to involve other professions in patient care appropriate to their roles, responsibilities and competence.
3. collaborate with other professions to establish common goals, provide care for individuals and caregivers, and facilitate shared decision-making, problem-solving and conflict resolution
4. contribute to team effectiveness by sharing information, listening attentively, respecting others' opinions, demonstrating flexibility, using a common language, providing feedback to others, and responding to feedback from others

Exposure activities: These activities are primarily knowledge-based, relating to the first two competencies. The activities will focus on “describing roles and responsibilities” and “demonstrating awareness”. Activities will be of shorter term duration. Examples include: shadowing experiences; journal clubs; special event seminars; “lunch and learn”; and Interprofessional Student Council approved activities.

Immersion activities: These activities are typically of longer duration than exposure activities and require higher levels of interaction between the health professional students. All four competencies may be addressed through these activities. Students will be required to collaborate with other health professional students, make decisions and solve problems together. Examples include: tutorial courses; e-based learning activities; special projects; communication skills labs; and clinical initiatives.

Mastery activities: This is the most complex and integrative group of activities. Students will integrate their IP knowledge and skills in a team environment. Typically this will be of longer duration. Students will build relationships in a team environment and be actively engaged in team decision making around patient/client care. Mastery activities are primarily clinical education experiences.

Tools to create IPE/IPC opportunities

The following section is divided into seven topics:

Tools to assess team function and collaborative practice

Tools to improve communication

Tools to improve meetings

Tools to clarify roles, responsibilities and scopes of practice

Tools to improve leadership and decision-making

Tools to improve conflict management

Tools for learning and teaching IPE/C

Each topic will include a brief introduction, as well as relevant activities and resources that will help you and your team build knowledge and skills. All of the information in this toolkit, including the activities and worksheets, were obtained from already existing toolkits.

All activities and worksheets in each section can be accessed by visiting the provided website links. They are also included in the APPENDIX of this toolkit.

**APPENDIX
?**

indicates where the resource is located in *this* toolkit's APPENDIX.

Tools to assess team function and collaborative practice

Teams are more likely to be effective when they have:

Clear vision and goals

- The team shares and agrees upon a shared vision, mission, and goals and objectives.

Good communication

- Communication is open, sharing, and honest. There is constructive criticism and disagreement without bullying.
- Conflicts are identified and addressed as early as possible.
- Team members listen to each other.
- Team members meet together regularly.

Support

- Team members support each other and act as different resources for the group.
- Team members trust each other and focus on how best to get the job done.

Clear roles and responsibilities

- Roles and responsibilities are clear to all team members.
- Team members are competent, professional, personally effective, and make appropriate contributions.
- Team members appreciate the roles, skills, priorities, values and cultures of each member
- Teams cooperate and coordinate activities. All team members involved contribute to the planning. Decisions are reached by consensus.
- Decisions are made, assignments are made clearly, accepted, and carried out.
- Leadership shifts depending on the circumstances.

Responsibility for evaluation

- The team evaluates its own performance and reviews its progress towards attaining its goals.

(Adapted from: The John A Hartford Foundation Inc., 2001; Health Quality Ontario (HQO), 2009)



High performing interprofessional teams need to have a shared philosophy and set of values. By discussing your team vision together from time to time, your team will set the stage for clear, shared goals and respectful working relationships.

Try this activity, it will help you and your team think about your team's vision. Or you can simply complete and discuss the *Vision Worksheet* in one of your team meetings.

Resource: Association of Ontario Health Centres (AOHC). Building Better Teams (pg 20-25): http://www.aohc.org/index.php?ci_id=3359&la_id=1

**APPENDIX
1**



Would you and your team like to assess how well the team is performing? To assess the team's strengths and areas where it can improve?

Here is an activity that can help you do this. It includes a *Team Effectiveness Survey*, which you can complete and discuss at your next team meeting.

Resource: HQO. Team Building Resource Guide (Part B, pg 43-47): http://qiip.ca/user_files/partb.pdf

**APPENDIX
2**





If you and your team would like to identify enablers and barriers to your team's function, try this activity and worksheet.

Resource: HQO. Team Building Resource Guide (Part B, pg 48-51):
http://qiip.ca/user_files/partb.pdf



Perhaps you would like to learn more about what your team members think about interprofessional collaboration.

Here is a simple activity that involves a survey, which everyone can complete before and discuss during a team meeting.

Resource: HQO. Team Building Resource Guide (Part B, pg 53-57):
http://qiip.ca/user_files/partb.pdf



Tools to improve communication

Open lines of communication are necessary to effective teamwork. It is the way that teams achieve their objectives.

Research by the AOHC (2007) found that being able to communicate and discuss concerns both formally and informally was important to reducing the stress of the work. Casual face to face encounters provided support and assistance to team members in their roles. And, poor communication was identified as a barrier to resolving conflict.

AOHC:
Effective communication is one of the major challenges to team-functioning.

Health Care Deja vu



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What is effective communication? (Source: John A. Hartford Foundation Inc, 2001)

Effective communication relies on team members listening and explaining their perceptions, and acknowledging and discussing their differences and similarities in views. Good communication means members recommend and negotiate appropriate treatments for their patients.

Barriers, such as differences in language and culture, can exist among team members and can make it difficult for one member to understand the meanings, intentions, and reactions of other team members. Our cultural heritage, sex, class, and stage of life influence our use of language and our perception of others. Team members must be aware of these differences in order to effectively communicate with each other as well as with patients and family members.

Team members also need to recognize and value the different competencies and approaches of different disciplines. The key to team success is to value the differences on the team and use such diversity to achieve the team's common purpose.

The following tips are helpful for valuing diversity on your team:

(Source: John A. Hartford Foundation Inc, 2001)

- Reasonable people can—and do—differ with each other. No two people are the same. Diversity among team members enhances creativity.
- Learn as much as you can from others. Learning the various backgrounds, cultures, and professional values of others can enrich your own skills and abilities.
- Evaluate a new idea based on its merits. Avoid evaluating ideas based on who submitted them or how closely they mirror your own personal preferences.
- Avoid comments and remarks that draw negative attention to a person's unique characteristics. Humor is a key factor in a healthy team environment but should never be used at the expense of another's identity or self-esteem.
- Don't ignore the differences among team members. The differences should be honored and used to advance the goals of the team.

The following are techniques that encourage communication:

(Source: John A. Hartford Foundation Inc, 2001)

Closed questions	<ul style="list-style-type: none">• Closed questions focus on specific problems and elicit limited responses, often just a yes or no. Example: "Have you reviewed the patient's medications?"• Closed questions rarely elicit a lot of additional information but they are appropriate when specific information is needed quickly.
Open questions	<ul style="list-style-type: none">• Open questions give people permission to say more about what they are thinking and feeling. Examples: "What else can you tell me about...?" "Can you tell me more about...?" "What are some examples of the things you want to talk about today?"
Minimal leads and accurate verbal following	<ul style="list-style-type: none">• Minimal leads indicate interest and encourage people to continue talking. Examples: "Uhuh." "Umm." "Hmm." "Ah."• Minimal nonverbal leads include head nodding, eye contact, and leaning toward the speaker.• Accurate verbal following indicates understanding.
Repetition	<ul style="list-style-type: none">• Repetition involves repeating one or two key words from the person's last sentence, which indicates the team member is listening, encourages people to keep talking, and enhances their sense of being heard.• Repetition does not mean that one agrees with another; it only means the person is listening.• Repetition is an important skill, but it should be mixed with other techniques to avoid sounding like a parrot.
Paraphrasing and reflecting	<ul style="list-style-type: none">• When people paraphrase and reflect, they repeat a person's statement in their own words to ensure that the message is understood.
Clarifying responses	<ul style="list-style-type: none">• Clarifying responses help people understand the facts and the other person's feelings and attitudes. Examples: "Is it possible that you feel...?" "Can you give me an example of what you are talking about?"• Clarifying responses also help people think about what they have just said, examine their choices, and look at their life patterns.
Confrontation and honest labeling	<ul style="list-style-type: none">• Confrontation and honest labeling are techniques for gently exploring uncomfortable subjects such as distortions of reality or differences between words and actions. This is not an angry demand that people confront any subject. Examples: "I hear anger in your voice..." or "You sound sad even though you say everything is fine."
Integrating and summarizing	<ul style="list-style-type: none">• Integrating and summarizing help ensure that the main concerns are understood. They help team members clarify their thoughts and feelings and encourage them to further explore confusing and conflicting issues.



Do you and your team want to assess the team's communication?

Try this activity. It will also help you develop a plan to improve communication. This activity includes a staff survey or *Communication Audit*, a *SWOT (Strengths-Weaknesses-Opportunities-Threats) analysis*, and development of a communication plan.

Resource: HQO, Team Building Resource Guide (Part B, pg 67-73):
http://qiip.ca/user_files/partb.pdf



Tools to improve meetings

Why are team meetings important? (Source: HQO, 2009)

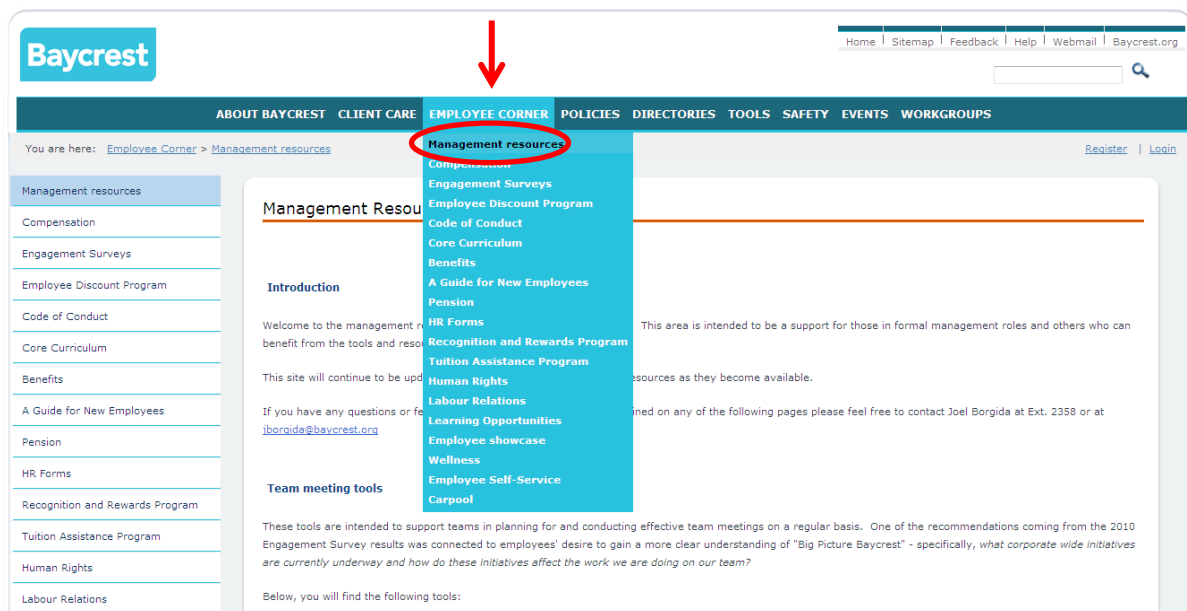
Meetings are essential to smooth team functioning. They serve many purposes, which include:

- Exchanging ideas, strategies, and information;
- Learning about each other's day-to-day work and understanding each other's perspective and roles;
- Solving problems;
- Planning patient care;
- Planning for the team;
- Providing support for one another;
- Creating team norms;
- Developing or ratifying policies.

Meetings should be as **brief** as necessary, **well-prepared**, and **run efficiently**. Poorly planned or run meetings can be frustrating and feed into negative stereotypes about the role that meetings play.

Meetings should also be **held only as often as is required**. Finding time for meetings is a challenge and meeting the needs and schedules of everyone to be connected can also be difficult. The frequency of meetings can be increased or decreased at any time according to the task.

Baycrest now has tools to help you run effective meetings. These tools are found on the intranet (<http://intranet3/>) in **Management Resources** (under the EMPLOYEE CORNER tab).



For health professional teams at Baycrest, useful tools on the intranet include the: *Meeting notes form*; *Meeting feedback form*; and document of *Meeting tips and hints*.



Do you and your team want to learn how to make the most out of meetings?

This resource will help you and your team learn: how to structure team meetings; the roles of team members in meetings; and techniques for facilitating a meeting.

Resource: HQO. Team Building Resource Guide (Part A, pg 25-29):
<http://qiip.ca/tbrg.php>





Does your team want to review and evaluate how your team meetings are conducted?

Try these activities, or simply have the entire team complete and discuss the *Participant Worksheet* and *Meeting Effectiveness Survey* at your next team meeting.

Resource: HQO. Team Building Resource Guide (Part B, pg 26-41):
http://qiip.ca/user_files/partb.pdf



Tools to clarify roles, responsibilities and scopes of practice

Why is it important to clarify skills and responsibilities?

(Source: John A. Hartford Foundation Inc, 2001; HQO, 2009)

Health professionals from different disciplines are trained in their own unique professional environment and culture with its own language, terminology, problem-solving methods, professional behaviours, values and beliefs.

Because of this, many health professionals may not be familiar with the education base, the roles, or the range of functions of members of other disciplines. This unfamiliarity with other disciplines can lead to under-utilization of skills and capabilities and to disputes about areas of overlapping practice on a team. Sometimes there is disagreement because the expectations and language create confusion.


Team members from different disciplines bring a unique set of skills. Each member of a team needs to understand the unique expertise contributed by each profession and the areas where skills overlap among different professions. This understanding will contribute to mutual respect. Recognizing this overlap in competencies will help a team determine who does what. By knowing the skills of other health professionals, team members can also refer elderly clients appropriately to other professionals.

Failure to establish clarity of roles and to take advantage of the complementary skills of all team members can lead to frustration, conflict and inefficiency.

To establish effective collaboration, it's important to ensure that each team member understands the role, scope of practice and experiences of other disciplines in the team, and has a chance to let the team know what skills and experience they bring themselves.

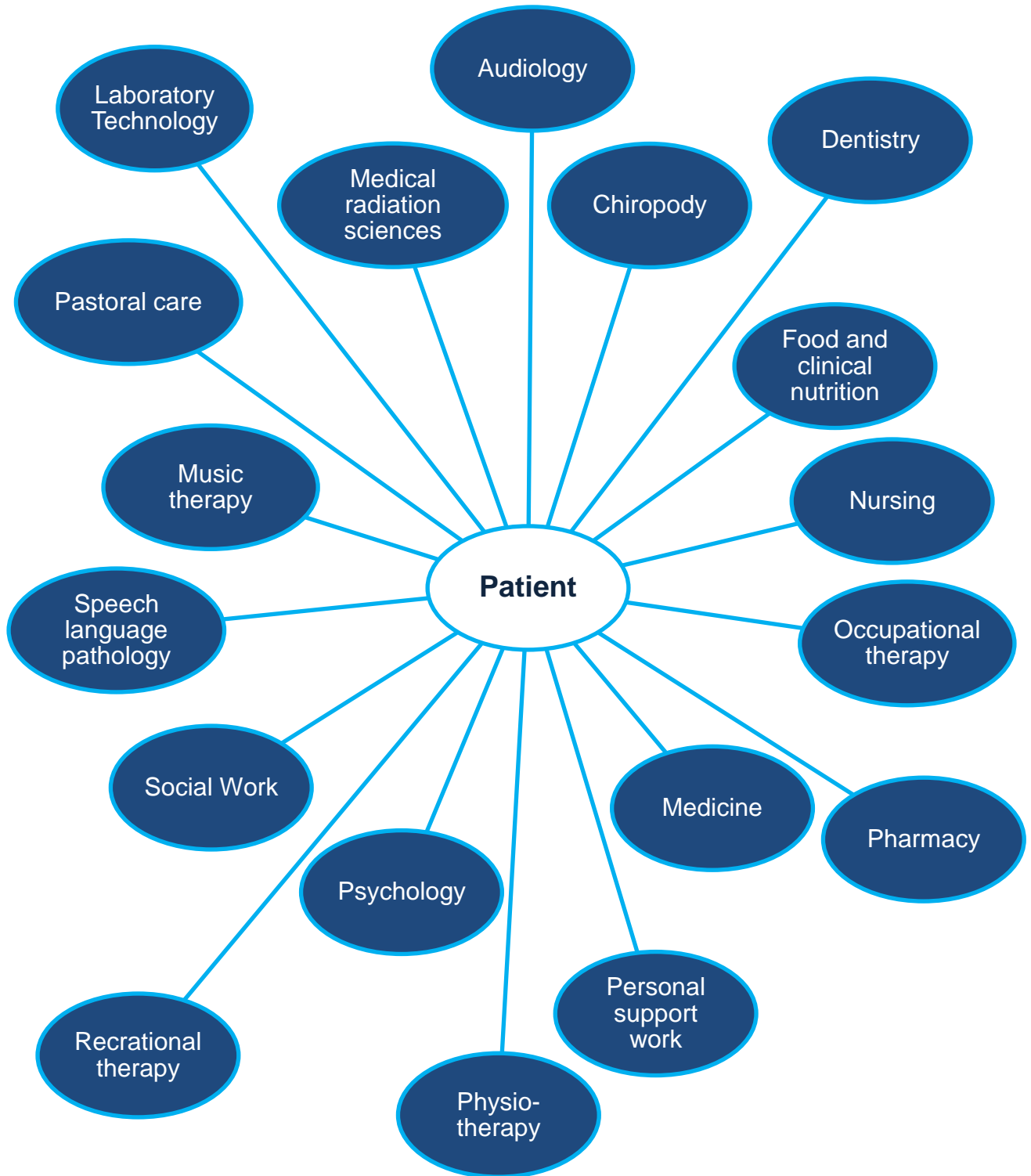
A team focus identifies the older person's problems from the following perspectives:

- Medical issues and treatments
- Psychological/emotional issues and treatments
- Social issues and treatments
- Economic issues and treatments
- Living conditions and treatments



To enhance your knowledge of team member roles, **consider shadowing a team member.**

Who are all the health professionals that work at Baycrest?



What do the health professionals on your team do?

Team member	Roles and responsibilities	Regulatory body (for more information)
Audiologist	<p>Audiologists prevent, identify, assess, treat and (re)habilitate hearing difficulties. They also provide education and counseling services for people experiencing hearing difficulties and vestibular problems, such as dizziness and tinnitus.</p> <p>In Ontario, audiologists assess hearing, prescribe and fit hearing aids and other assistive listening devices and provide training for their use. Some audiologists also dispense hearing aids.</p>	<p>College Of Audiologists and Speech Language Pathologists:</p> <p>http://www.caslpo.com/</p>
Chiroprapist	<p>Chiropradists assess the foot and the treatment and prevention of diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means. They work to help patients eliminate foot pain, gain mobility, and maintain healthy feet.</p>	<p>College of Chiropradists of Ontario:</p> <p>http://www.cocoo.on.ca/</p>
Dentist	<p>Dentists assess the physical condition of the oral-facial complex and the diagnosis, treatment and prevention of any disease, disorder or dysfunction of the oral-facial complex.</p>	<p>Royal College of Dental Surgeons of Ontario:</p> <p>http://www.rcdso.org/</p>
Dietitian	<p>Dietitians are food and nutrition experts who translate scientific, medical and nutrition information into practical individualized therapeutic diets and meal plans for people. They work with a variety of health professionals to manage nutrition for health promotion, disease prevention, and treatment of acute and chronic diseases.</p>	<p>College of Dietitians of Ontario:</p> <p>http://www.cdo.on.ca/en/</p>
Medical laboratory technologist	<p>Medical laboratory technologists perform lab tests on blood, body fluids, cells and tissues. MLTs in various specialties collect and process specimens, analyze results, and interpret findings. The knowledge and expertise of the MLT contributes to innovation in the prevention, diagnosis and treatment of diseases and medical conditions.</p>	<p>The College of Medical Laboratory Technologists of Ontario (CMLTO):</p> <p>http://www.cmlto.com/</p>
Medical radiation technologist	<p>Radiological technologists aid in the diagnosis of disease and injury by producing permanent images which are read by a physician who specializes in radiology. These images are captured on X-Ray film and other imaging devices such as video monitors, video tape and electronic digital imaging devices.</p>	<p>The College of Medical Radiation Technologists of Ontario (CMRTO):</p> <p>http://www.cmrto.org/</p>
Nurse	<p>Nurses promote health and the assessment of, the provision of care for, and the treatment of health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function.</p>	<p>College of Nurses of Ontario:</p> <p>http://www.cno.org/</p>
Occupational therapist (OT)	<p>Occupational therapists help people learn or re-learn to manage the everyday activities that are important to them, including caring for themselves or others, caring for their home, participating in paid and unpaid work and leisure activities. Occupational therapists address not only the physical effects of disability, injury or disease but also the psychosocial, community and environmental factors that influence function.</p>	<p>College of Occupational Therapists of Ontario:</p> <p>http://www.coto.org/</p>

Pharmacist	Pharmacists are experts in medication management. They are responsible not only for obtaining and dispensing medications, but also for their safe and effective use in the prevention of disease and the promotion of health and wellness.	Ontario College of Pharmacists: http://www.ocpinfo.com/
Physician	Physicians assess the physical or mental condition of an individual and the diagnosis, treatment and prevention of any disease, disorder or dysfunction.	College of Physicians and Surgeons of Ontario: http://www.cpso.on.ca/
Personal support worker (PSW)	PSWs do what a person would do for him or herself if physically and/or cognitively able. The role of a PSW depends upon the individual needs of the patient, but can include home management, personal care, family responsibilities (routine care giving to children), and work, social and recreational activities.	No regulatory body. For more information, visit Personal Support Network of Ontario: http://www.psno.ca/
Physio-therapist (PT)	Physiotherapists are experts in physical rehabilitation. Physiotherapists assess physical function and treat, rehabilitate and prevent physical dysfunction, injury or pain, to develop, maintain, rehabilitate or augment function or to relieve pain. They assess the patient, establish a diagnosis for physical dysfunction, and then plan and implement an appropriate treatment program.	College of Physiotherapists of Ontario: http://www.collegept.org/
Psychologist	Psychologists assess, treat and prevent behavioural and mental conditions. They diagnose neuropsychological disorders and dysfunctions as well as psychotic, neurotic and personality disorders and dysfunctions. In addition, they use a variety of approaches directed toward the maintenance and enhancement of physical, intellectual, emotional, social and interpersonal functioning.	College of Psychologists of Ontario: http://www.cpo.on.ca/
Recreational therapist (RT)	Recreation therapists provide recreation and leisure activities to help individuals improve and maintain physical, mental, and emotional well-being of their clients. Therapists help individuals reduce depression, stress, and anxiety; recover basic motor functioning and reasoning abilities; build confidence; and socialize effectively so that they can enjoy greater independence and reduce or eliminate the effects of their illness or disability.	No regulatory body. For more information, visit Therapy Recreation Ontario: http://www.trontario.org/
Social worker	In an interdisciplinary team, social workers provide the psychosocial perspective to complement the biomedical perspective. Social workers assess, diagnose, treat and evaluate individual, interpersonal and societal problems through the use of social work knowledge, skills, interventions and strategies, to assist individuals, families, groups, organizations and communities to achieve optimum psychosocial and social functioning.	Ontario College of Social Workers and Social Service Workers: http://www.ocswssw.org/
Speech-language pathologist (SLP)	SLPs prevent, identify, assess, treat and (re)habilitate communication and/or swallowing disorders. They also provide education and counseling services for people experiencing communication and/or swallowing difficulties.	College Of Audiologists and Speech Language Pathologists: http://www.caslpo.com/

Music therapist

Music therapists use music and musical elements to promote, maintain, and restore mental, physical, emotional, and spiritual health. They prepare, implement, and evaluate music therapy programmes with individuals and groups. These include, but are not limited to singing, playing instruments, rhythmic based activities, improvising, composing/song writing, imagery based experiences, and listening to music.

No regulatory body.

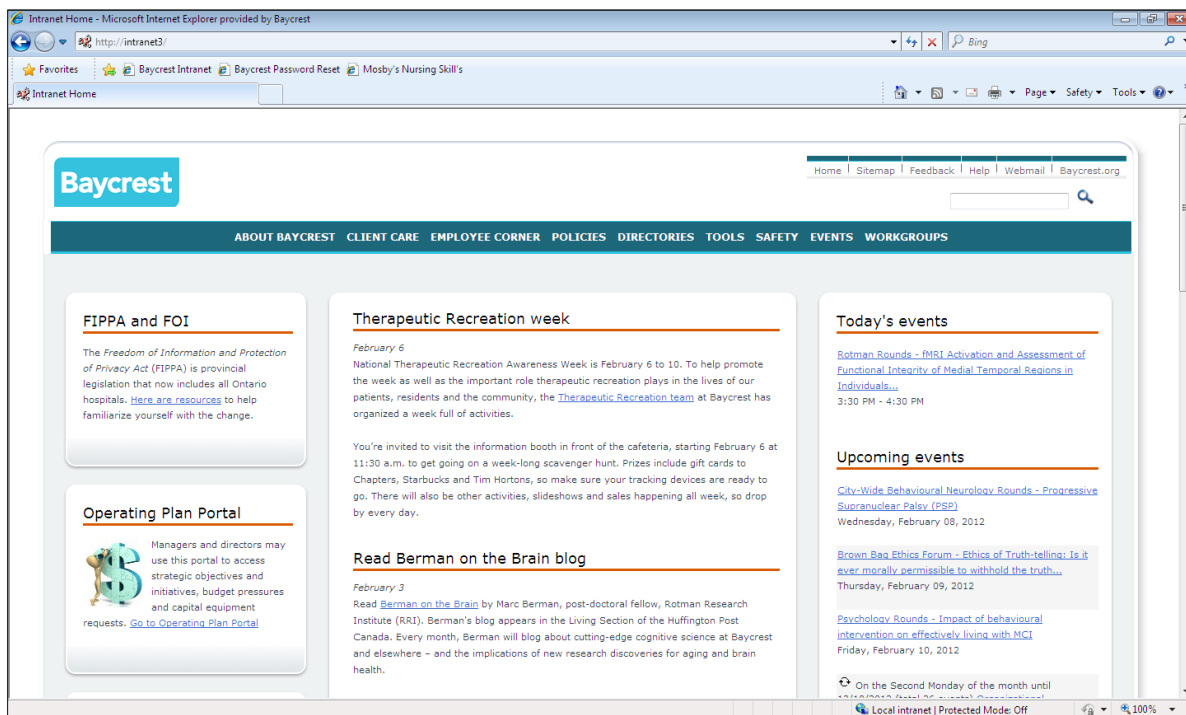
For more information, visit Music Therapy Association of Ontario:

<http://www.musictherapyontario.com/>

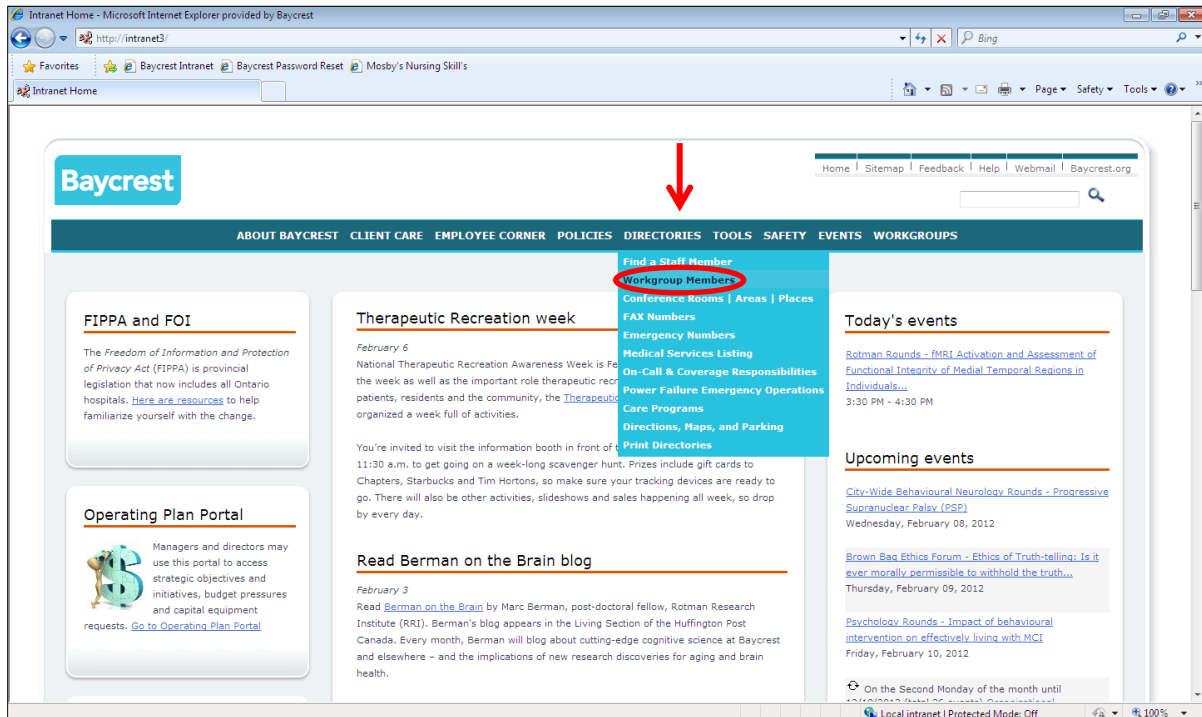


If you need to contact members of a particular health professional group at Baycrest, how can you find their contact information?

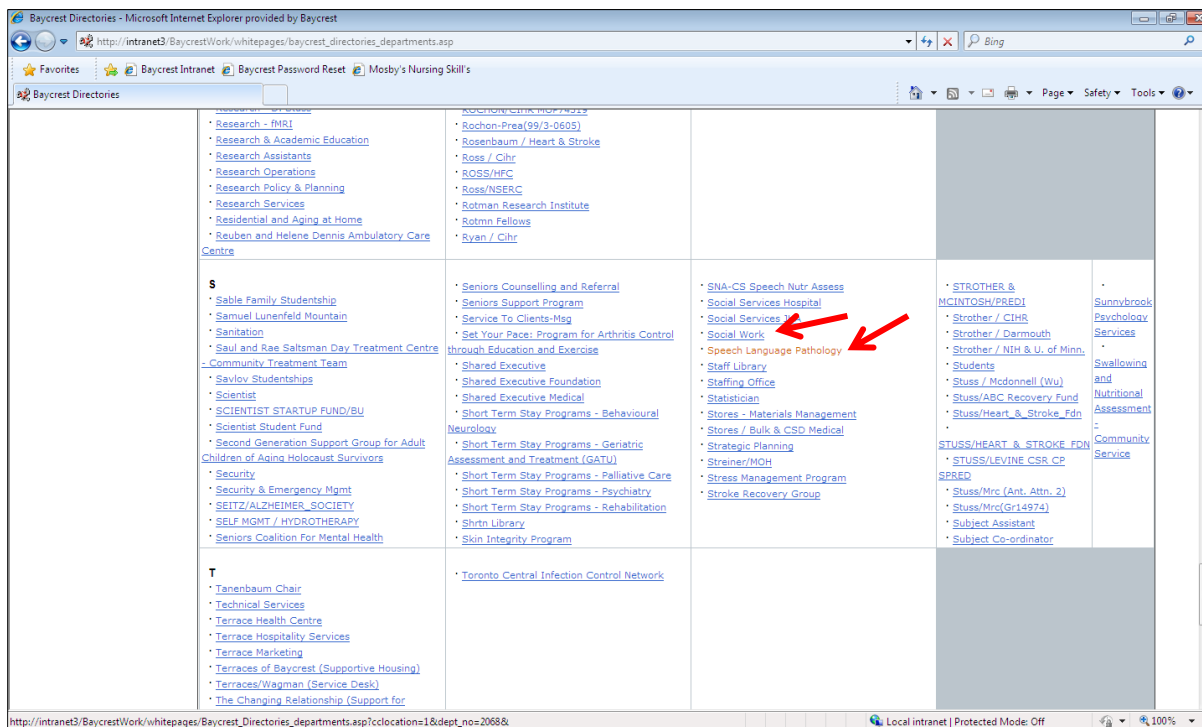
1) Access the intranet at <http://intranet3/>



2) Scroll your mouse over the DIRECTORIES tab and select Workgroup Members



3) Working groups are listed alphabetically. When you click on a group, contact numbers will be given for all members, as well as a department main number.





Are you or others on your team unclear about what others on the team do? Help each other out by filling out a *Professional Role Template* and sharing or posting it for the other team members to see.

The template, produced by the Program for Interprofessional Practice, Education and Research at McMaster University, is attached in

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It is also available online through: University of Manitoba IPE Initiative. Interprofessional Practice Education in Clinical Settings Toolkit (Appendix, pg 8):

http://umanitoba.ca/programs/interprofessional/media/Appendix_1.pdf



The following is a list of activities, including case studies, that can help you and your team members better understand and appreciate the skills, roles and responsibilities, and values and beliefs of all the members on your team:



This series of exercises and activities will help you and your team learn and appreciate the skills, potential and scopes of practice of all team members. One activity includes a case discussion to learn about each other's scope of practice.

Resource: HQO, Team Building Resource Guide (Part B, pg 4-24):
http://qiip.ca/user_files/partb.pdf

**APPENDIX
9**





These learning activities will help you and your team members identify your/their knowledge and understanding of the roles of different professionals. This includes a case scenario.

Resource: Self-Learning Module: You, the Person in Your Care & the Interprofessional Care Team At SCO Health Service, (pg24, 31-40): http://www.bruyere.org/uploads/files/ebri_investigator_profiles/ebri_various/rehab_self-learning_module.pdf

**APPENDIX
10**



This handout will help you and your team members reflect on your/their own values, beliefs and strengths, and to become of aware of these in other professions and roles.

Resource: AOHC, Building Better Teams (pg 45): http://www.aohc.org/index.php?ci_id=3359&la_id=1

**APPENDIX
11**



This case study and activity is for you and your team members to explore team involvement and role overlap in the care of a patient

Resource: John A. Hartford Foundation Inc., GITT Core Curriculum, Topic 2: Team Member Roles and Responsibilities (pg19-23): http://www.gittprogram.org/files/Topic_2.pdf

**APPENDIX
12**



Tools to improve leadership and decision-making

What is a team leader? (Source: <http://www.ipe.utoronto.ca/std/ryan1.html>, <http://www.ipe.utoronto.ca/std/ryan2.html>, HQO, 2009)

Effective leaders have personal credibility, and communicate regularly and clearly with team members. They are able to involve all team members, and encourage them to develop their skills and potential. They are able to help the team manage change and to lead a review of goals and objectives as necessary. They ensure team members are accountable and complete assigned tasks.

In more mature teams, leadership can be shared, with different team members being able and allowed to take on responsibility for specific tasks, according to the skills and competencies they possess and the demands of the task.

In a team setting, part of the role of the leader is that of a facilitator. As a facilitator, the team leader tries to guide the team towards goal attainment but does not direct the team.

The following table outlines some of the important activities of the leader:

Task facilitation	<p>Effective team leaders are able to help guide the team through its tasks. Leadership roles that fall into this category include:</p> <ul style="list-style-type: none">• Information-seeking• Information-sharing• Elaborating• Coordinating• Monitoring• Process-analyzing• Reality testing• Summarizing• Resource acquisition
Relationship/ process facilitation	<p>The team leader must help facilitate positive relationships between team members. This role includes:</p> <ul style="list-style-type: none">• Supporting• Harmonizing• Tension-relieving• Energizing• Developing• Facilitating

- Processing

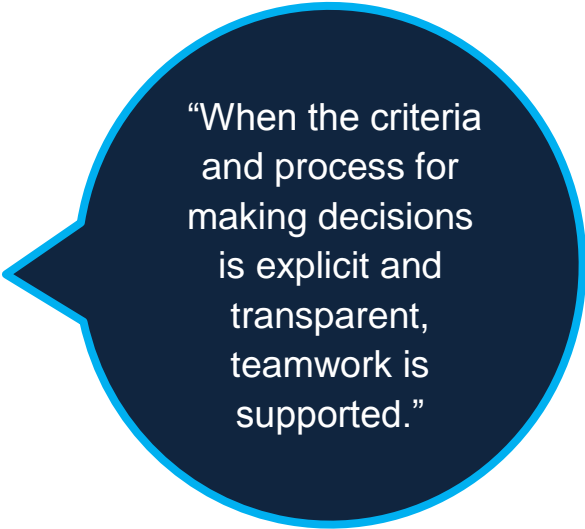
While people often think of team leadership in terms of a formally appointed leader, it is important to note that leaders can emerge in teams when members take on leadership roles or when they have expertise that the team needs. However, effective team leaders share leadership by encouraging team members to take on leadership roles or by formally recognizing team members with special expertise.

In true interprofessional teams, the functions of leadership and membership are viewed as synonymous. Because all team members have an investment in seeing the team achieve its goals and objectives, each member has the responsibility to help the team progress.

How is decision-making tied to teamwork? (Source: AOHC, 2007)

The process of decision-making is key to teamwork.

Research by the AOHC (2007) found that successful interprofessional team functioning is associated with efforts to involve staff in critical decisions. There are different styles of decision-making and team leaders must think strategically about when to implement them effectively. When the criteria and process for making decisions is explicit and transparent, teamwork is supported. If the process of decision-making is transparent and open, power differences between professions (if they exist in your team) can be equalized.



“When the criteria and process for making decisions is explicit and transparent, teamwork is supported.”

Both culture and gender have an effect on how people engage in decision-making, and being aware of these differences during decision-making can help to ensure the full and equal participation of everyone on the team.

When decision-making is based on a shared vision and philosophy, it helps to create and support effective teamwork. It can be complicated, however, to continue to involve everyone in all decisions.

What personal skills support effective decision-making?

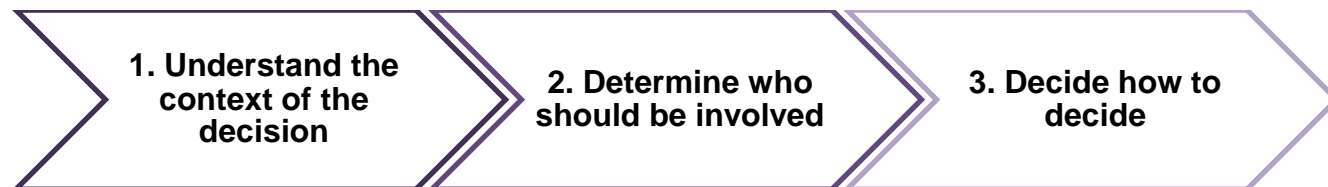
(Source: HQO, 2009)

- Active listening
 - Supporting each other's ideas
- Being comfortable presenting differing views
 - Participation from all team members
- Implementing the best alternative, which includes effective planning and communicating the decision to all who will be impacted
- Evaluating the outcome, because team work is a learning process

For a more detailed description of personal skills, please see HQO, Team Building Resource Guide (Part A, pg 47-48): <http://qiip.ca/tbrg.php>.

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How can you make decisions effectively? (Source: AOHC, 2007)



When a decision is important, start by understanding the context.

- Clarify the decision. Make sure everyone has the same understanding of what is being decided.
- Understand deadlines. Know the risks of missing the time window and not making decisions.
- Learn how this decision affects the teams work.
- Gather relevant information about past, pending and implicit decisions that are related to this one.

Teams will need to identify:

- Who has the authority to make the decision?
- Who is ultimately responsible for the results of this decision?
- Who is critically affected, both now and in the future?
- Who has vital information?
- Will whoever has the authority to make the decision choose whether and how to involve others?

Depending on the nature of the decision, the decision-maker could be one member of the team, the entire team, the team leader, a subgroup of the team, a manager or group of managers outside the team, or another team or group altogether.

Select how the decision will be made. The main choices include:*

- Unanimous: 100% agreement among all members.
- One person decides: The team selects one person to make the decision. He/she may consult other team members.
- Compromise: A negotiated decision when team members are divided between two or more different options.
- Multi-voting: A priority setting method used when the team ranks various options
- Majority voting: All team members vote on the alternatives, and the alternative that gets the most votes is chosen.
- Consensus: All team members jointly develop solutions

***For more detail about the pros and cons and when to use each decision-making method, please see:**

AOHC. Building Better Teams (pg 56-57):
http://www.aohc.org/index.php?ci_id=3359&la_id=1.

**APPENDIX
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Would it be helpful for you and your team members to see a step-by-step process of how to solve a problem as a team?

If so, visit the following resource: HQO, Team Building Resource Guide (Part A, pg 46-47): <http://qiip.ca/tbrg.php>

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Would you and your team members like to identify some barriers that hinder effective decision-making on your team? Or perhaps your team has made a recent decision and members would like to review how the decision was made.

Here is a checklist that will help you and your team think about your team culture and how decisions are being made.

Resource: HQO, Team Building Resource Guide (Part A, pg 52-53): <http://qiip.ca/tbrg.php>

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If you and your team would like to explore the various ways your team can make decisions, try the activities found in the following resource:

HQO, Team Building Resource Guide (Part B, pg 77-91): http://qiip.ca/user_files/partb.pdf

**APPENDIX
17**



Tools to improve conflict management

Conflict is unavoidable...

(Source: Grymonpre R et al, 2008; HQO, 2009; John A. Hartford Foundation Inc, 2001)

Conflict is natural and unavoidable, especially as we try and work with other individuals on an interdisciplinary health care team.

Conflict can occur between individuals or within the entire team, and it can arise because of a number of things. For instance, various health professionals on a team have differing professional perspectives that affect their relationships with each other, as well as with their patients. Team members also have different personalities that influence interactions among team members. Conflicts can also arise when a team experiences scarce resources and organizational or professional change that threatens individuals or the overall program.

A situation becomes a conflict because of people's reactions to the circumstances or actions of others. These reactions are based on learned values, biases and lived experiences.

Within a health care team, there is considerable social pressure to avoid conflict—taking the time to work through team conflict may be viewed as taking time “away” from the patient. But, avoiding conflict can be much more destructive to the team as a whole.

Conflict is normal and should not be avoided. Rather, it should be managed in a way that is constructive and can help move the team forward. Understanding the sources of conflict can be helpful in formulating a management approach.

What are the strategies for minimizing conflict within a team?

(Source: Grymonpre R et al, 2008; John A. Hartford Foundation Inc, 2001)

- Team members are aware of their own approaches to conflict.
- The team has an agenda and ground rules for conducting meetings.
- Team members clarify their roles by discussing and having an understanding of each other's knowledge, professional training, competencies and responsibilities, values, and diverse professional perspectives.
- The team acknowledges and discusses overlapping roles between team members and renegotiates role re-assignments.
- Team members recognize professional hierarchies and discuss their impact on team functioning.
- The team establishes mutual goals and priorities.
- The team establishes a planned built-in process for decision-making and problem-solving.
- Team members show respect, listen carefully, and give everyone an opportunity to express views.
- Team members have opportunities to improve interprofessional skills and conflict management skills.

Conflict resolution strategies

(Source: Grymonpre R et al, 2008; John A. Hartford Foundation Inc, 2001)

Acknowledging and resolving a team conflict can be a productive and beneficial experience for the team.

There are varying approaches to resolving conflict, and choosing the best ones depends on the nature of the situation, the personalities and professional roles involved, and how long individuals have been working together.

Successful resolution of conflict requires the ability to communicate effectively, as well as to confront issues and not individuals.

Common approaches to manage team conflict include:

(Source: John A. Hartford Foundation Inc, 2001)

- Welcome the existence of the conflict, bring it into the open, and use it as potential for change.
- Deal with one problem at a time, beginning with the easier issues.
- Clarify the nature of the problem as seen by both parties. Is this the real problem?
- Listen carefully and give all parties an opportunity to express views.
- Clarify the core issue(s) by separating areas of agreement from areas of disagreement.
- Identify areas of agreement. Focus on common interests and not positions.
- Attack data, facts, assumptions, and conclusions, but not individuals, e.g. "I disagree with your assumptions."
- Brainstorm about possible solutions.
- Develop and analyze options based on the merit of the option, not who presented it. As much as possible, keep discussion focused on the topic and not the person.
- Use objective criteria when possible.



There is a range of conflict styles people use, and understanding these styles can help you and your team members work with conflicts as they emerge.

Try this worksheet exercise, which will help you and your team members think about their personal conflict styles and preferences.

Resource: AOHC, Building Better Teams (pg 70-71):
http://www.aohc.org/index.php?ci_id=3359&la_id=1.

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Would you and your team like to work through conflict case scenarios?

Try this activity, which involves reading a scenario and answering questions.

Resource: AOHC, Building Better Teams (pg 72-73):
http://www.aohc.org/index.php?ci_id=3359&la_id=1.



Would you and your team members like to assess how a conflict in your team can be resolved?

Check out this conflict management checklist. It can be used as a survey and/or discussion tool in a team meeting. It can help you identify what needs to change to improve your team's conflict management system.

Resource (checklist format): HQO, Team Building Resource Guide (Part A, pg 54-55): <http://qiip.ca/tbrg.php>

Resource (survey format): HQO, Team Building Resource Guide (Part B, pg 102-103): http://qiip.ca/user_files/partb.pdf





Tools for learning and teaching IPE/C

Numerous online and DVD multimedia resources are available to help you and your team think about and practice collaboration. Here is a list of resources that you may find useful:



Videos scenarios that demonstrate collaboration between several health professionals.

Resource: Jefferson InterProfessional Education Center, Videos and Curricula: <http://jeffline.jefferson.edu/jcipe/learning/videos.cfm>





Activities that involve you and your team watching videos and answering questions about collaboration and interprofessional care. The videos present scenarios of discussion between health professionals. There are a few videos that demonstrate how the same situation is approached with a different attitude.

Resource: Centre for IPE, University of Toronto. Interprofessional Development Multimedia Toolkit.

- DVD 2, module 2 and 3.
- DVD 1 and 3 are also provide useful video scenarios of health professionals in the workplace

**Available in
Baycrest
Library.**



Video scenarios of simulated team meetings:

Resource (videos): Hartford Institute for Geriatric Nursing, New York University College of Nursing. Hartford Institute Videos: Geriatric Interdisciplinary Team Training.

http://consultgerirn.org/resources/media/?vid_id=5917402#player_container

Resource (script and questions for videos): John A. Hartford Foundation Inc., Geriatric Interdisciplinary Team Training Program.

http://www.gittprogram.org/teaching_tools.htm

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Case studies to help students and team members practice operating on teams:

Resource: John A. Hartford Foundation Inc., Geriatric Interdisciplinary Team Training Program (Topic 4: Care Planning Process, pg15-72): http://www.gitprogram.org/files/Topic_4.pdf



Frequently Asked Questions

A reproduction of CIHC (2008):
http://www.cihc.ca/files/resources/CIHC_IPE_FAQ_July2008.pdf

1. What is interprofessional education (IPE)?

A profession is an occupation, vocation or career requiring special training (for example, doctor, licensed practical nurse, respiratory therapist, air traffic controller, lawyer, accountant).

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

(see the Canadian Interprofessional Health Collaborative's (CIHC) Statement on the Definition and Principles of IPE:

http://www.cihc.ca/resources-files/CIHCStatement_IPE_Final.pdf)

2. What is the difference between interprofessional and interdisciplinary?

A discipline is an academic branch of knowledge such as medicine, nursing, respiratory therapy, air traffic control, law, accounting. Interdisciplinary means that two or more disciplines work or learn together to

solve a problem or gather information. For example, medicine, pharmacy and law have to work together if a new drug is being tested for the market.

On the other hand, interprofessional describes the relationship between various professions as they purposely interact to work and learn together to achieve a common goal. For example, if a patient has trouble swallowing, nurses, speech language pathologists and dietitians need to work together as a team to figure out what is wrong and how to help the patient.

3. Why does IPE matter?

A global health human resources crisis with shortages across all health provider groups poses many challenges for health and education planners and managers. The media and government leaders often talk about the fact that there just aren't enough health care providers to manage the system. However, simply increasing the number of students in health professional schools is not enough to solve this problem. Instead, health planners are beginning to look at changing the way health services are delivered and the manner in which providers interact with each other. Evidence indicates that a lack of communication and collaboration between health providers can seriously harm patients. IPE is one process that teaches students and practitioners how to effectively work across professions.

4. How does the IPE research benefit decision-makers?

Many people cite IPE as being beneficial to the health care system – potentially reducing wait times, addressing chronic disease management challenges, improving the workplace, etc. Studies report positive changes to organizations resulting from the

delivery of IPE. These changes are usually around the organization of care, for example referral practices between professions, working patterns, processes and improved documentation (guidelines, protocols, shared records). However, in order for decision-makers to actually reallocate funding and resources, more information about the benefits to patients and the health care system is needed. Evidence makes the best case for IPE.

5. What are some practical applications of IPE?

IPE can be delivered effectively in a variety of clinical settings. From 2005-2008 Health Canada funded 20 interprofessional projects across Canada in a variety of settings, populations and programs. Each interprofessional scenario has a unique composition depending on the community and patient needs. CIHC has documented the successes and outcomes of each of these projects, and some have become permanent programs. Please see <http://www.cihc.ca/resources/ipe-in-action.html> for descriptions and highlights of these and other initiatives.

6. What are the key ingredients for successful IPE?

To ensure an IPE project or movement is sustainable, a number of key principles must be considered:

- One size does not fit all
- Resources are required
- Curricula changes are essential
- Collaborative learning environments must be created
- Structures must be modified to support collaboration
- IPE should be embedded in the system
- Evidence makes the best case for IPE
- Interprofessional players must engage the wider community

7. How does IPE benefit healthcare providers and patients?

Evidence shows that IPE can enable students and practitioners to learn the knowledge and skills necessary to work collaboratively. IPE can enhance practice, improve the delivery of services and may also have a positive impact on patient care.

8. How can students learn IPE skills?

Many universities and colleges now offer IPE courses and practicums to health and human service students. Most studies report that students enjoy their interprofessional experiences. Curricula changes are essential to enhance the ability for schools to offer these experiences. For more information on student engagement in IPE, the National Health Sciences Students' Association at www.nahssa.ca is a national student-run organization with active chapters across Canada.

9. How can practitioners learn IPE skills?

Many governments and health authorities recognize the importance of implementing

meaningful interprofessional policies. In Canada, most health professionals are employed through or affiliated with hospitals and health authorities, which offer courses and projects specific to IPE. The use of quality improvement approaches such as Continuous Quality Improvement or Total Quality Management can support IPE in enhancing practice, delivery of services and patient care. Many practicing professionals also mentor or preceptor students and can introduce or learn interprofessional and collaborative skills from their students.

10. Where do I go to find out more about IPE?

CIHC's vision is that Canada's healthcare providers are well prepared for teamwork and collaboration with patient/clients and communities to achieve high quality care. CIHC is the national hub for interprofessional education, collaboration in healthcare practice and patient-centred care. CIHC can also help you find out who to connect with in your local area.

Resources

Various resources have been developed to help teams and organizations prepare and implement interprofessional educational opportunities and interprofessional care.

Throughout our toolkit, we referenced specific sections, tools and activities from various existing resources. Below, we have compiled a more comprehensive list of entire resources.

General IPE/C resources

Building Better Teams: A Toolkit for Strengthening Teamwork in Community Health Centres.

Produced by: Association of Ontario Health Centres (2007).

To download, go to http://www.aohc.org/index.php?ci_id=4139&la_id=1

This resource contains a variety of tools, learning activities and resources that you can use to strengthen teamwork. The material in this toolkit can be readily facilitated by team members with intermediate to advanced facilitation skills. The toolkit is divided into eight modules: Team Vision; Team Values; Communication; Collaboration; Decision Making; Conflict Management; Making the Most of Meetings; Everyday Leadership Practices.

Some potentially useful tools in this toolkit include a Team Effectiveness Survey; a Diversity of Values, Beliefs and Strengths handout; a Collaboration Audit; a Conflict Analysis Tool; and a Personal Conflict Management Styles worksheet.

Facilitating interprofessional clinical learning: Interprofessional education placements and other opportunities.

Produced by: Toronto Rehab, and University of Toronto, Centre of IPE

To download, go to http://www.cihc.ca/library/bitstream/10296/291/1/SCRIPT_FacilitatingIPE_Jul2007.pdf

This resource is a manual for facilitating interprofessional education, created by Toronto Rehab and the Office of Interprofessional Education, University of Toronto. Several sections are dedicated to helping educators, coordinators, and staff prepare and implement IPE placement programs and IPE education opportunities.

You may find Section 5 particularly useful; it provides learning activities for students and staff, to promote interprofessional learning in the clinical setting.

<p>Team Development Resource Guide for Family Health Teams.</p> <p>Originally produced by: Quality Improvement and Innovation Partnership (2008). QIIP is now Health Quality Ontario (HQO).</p> <p>To download, go to http://qiip.ca/tbrq.php</p>	<p>The purpose of this guide is to assist teams to better understand some of its processes and find ways to strengthen team-based care. Part A is an overview of the meaning of teambuilding; this section includes definitions, explanations and examples. Complementary to Part A, Part B contains teambuilding tools and activities for team members to use and work through. Facilitator notes are included in this section.</p>
<p>Interprofessional Practice Education in Clinical Settings Toolkit.</p> <p>Produced by: University of Manitoba Interprofessional Education Initiative (2011).</p> <p>To download, go to http://umanitoba.ca/programs/interprofessional/tools/index.html</p>	<p>This toolkit includes both student manuals and facilitator manuals. All manuals include an introduction to collaborative practice, person-centred care and interprofessional education. The student manuals include interprofessional learning activities and a manual for participating in interprofessional student sessions. The facilitator manuals include tips on how to run the learning activities and student sessions.</p>
<p>Reference guide to the seven core competencies,</p> <p>Produced by: Interprofessional Education for Geriatric Care (IEGC) Program, University of Manitoba (2008).</p> <p>To download, go to http://www.cihc.ca/library/bitstream/10296/413/1/IEGC_CoreCompetencies_Mar08.pdf</p>	<p>This is a background document that describes seven core knowledge and skill competencies that help you be an effective interprofessional team member. This resource only provides written content, and no activities. It provides information on important competencies that include disciplinary articulation and flexibility, conflict management and communication, team dynamics and leadership, and goal setting.</p>
<p>Enhancing Interprofessional Practice: A Resource Manual for Team Coaches</p> <p>Produced by St. Joseph's Health Centre (2009).</p>	<p>The Manual is a learning tool for healthcare providers interested in being trained as coaches for healthcare teams to advance collaboration among healthcare professionals. Section A provides the background and theory needed to understand interprofessional practice and team coaching. Section B provides team</p>

<p>A copy is available from: Manager of Interprofessional Practice St. Joseph's Health Centre 30 The Queensway Toronto, ON M6R 1B5 (416) 530-6486 ext. 3835</p>	<p>coaches with everything they need to facilitate structured interventions (a series of two workshops) designed to enhance interprofessional practice in healthcare teams.</p>
<p>Interprofessional Education for Internationally Educated Nurses: A Resource to Support Group Clinical Placement Program Planning, Implementation, and Evaluation</p> <p>Produced by Toronto Rehab and George Brown College (2012).</p> <p>http://coned.georgebrown.ca/section/nurs/IPE-IEN-Toolkit.pdf</p>	<p>This resource is intended to assist anyone interested in developing an Interprofessional Education Program for groups of IENs enrolled in a clinical placement, who wishes to promote learning around the competencies involved in interprofessional collaboration and care.</p> <p>This resource contains a description of the 12-week program, the key team members and their roles, and sample materials that will assist in implementing the program in a new organization. You are invited to adapt this program and the supporting materials to meet the needs of the organization – depending upon available staff resources, and the needs of the IENs or other internationally educated healthcare professionals who are enrolled in a clinical placement program.</p>

IPE/C resources for geriatric and long-term care settings

<p>The Geriatrics, Interprofessional Practice and Interorganizational Collaboration Toolkit.</p> <p>Produced by: Regional Geriatric Programs of Ontario.</p> <p>To download, go to http://giic.rgps.on.ca/welcome-giic-toolkit</p>	<p>The toolkit is divided into sets of different subject areas, such as advance care planning, capacity assessment, caregiver support, interprofessional practice, and interorganizational collaboration. Each set includes: topic overviews and quick facts; clinical tools and algorithms; client/patient self assessment tools; patient/client/family handouts; teaching case studies; quizzes; slide materials that can be used to build capacity on teams; and reference lists.</p> <p>The toolkit's section on interprofessional practice provides a 'Dimensions of Teamwork Survey,' and two tools for facilitating health care teamwork. It also includes several documents on conflict management.</p>
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<p>Geriatric Interdisciplinary Team Training Program.</p> <p>Produced by: John A. Hartford Foundation Inc. (2001).</p> <p>To download, go to http://www.gittprogram.org/learning.html</p>	<p>The team training program includes a Learning Manual, which provides background information and exercises on a series of topics. These topics include: teams and teamwork; team member roles and responsibilities; team communication and conflict resolution; care planning process; multiculturalism; and ethics.</p>
<p>Self-Learning Module: You, the Person in Your Care & the Interprofessional Care Team At SCO Health Service.</p> <p>Produced by SCO Health Service (2008).</p> <p>To download, go to http://www.bruyere.org/uploads/files/ebri_investigator_profiles/ebri_various/rehab_self-learning_module.pdf</p>	<p>This resource is a self-instructional guide that will help a student learn the interprofessional collaborative team approach to providing person-centred care. The module contains interprofessional collaborative learning activities that can be adapted to any level of training and expertise. The module contains information and learning activities about holistic care, interprofessional teamwork, the humanities, and how to do a <i>Creative Summary</i>.</p>

Video resources

<p>Interprofessional Development: Multimedia Toolkit.</p> <p>Produced by: University of Toronto's Centre for Interprofessional Education (2006)</p> <p>Resource available in Baycrest Library.</p>	<p>This toolkit is a collection of six DVDs that hold videos and modules. They include video scenarios of health professionals in the workplace, discussion between health professionals and what health professionals should and should not do in relation to each other. There are three modules on collaboration and practicing interprofessional care, which include activities that involve watching videos and answering questions on handouts.</p>
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<p>Learning Resources.</p> <p>Produced by: Jefferson InterProfessional Education Centre, Thomas Jefferson University.</p> <p>[includes videos and didactic modules]</p>	<p>Learning resources include:</p> <ul style="list-style-type: none"> • Videos, including an interprofessional home visit video, an interprofessional hospital visit and discharge planning video, and an interprofessional team care video. They can be viewed at: http://jeffline.jefferson.edu/jcipe/learning/videos.cfm • Videos and information sheets summarizing the roles of health professions. They can be viewed at: http://jeffline.jefferson.edu/jcipe/learning/info_sheets.cfm • Didactic modules on roles of health professions; interprofessional communication; patient-centeredness; interprofessional discharge planning and home visiting. They can be viewed at: http://jeffline.tju.edu/jcipe/learning/didactic.cfm
<p>Geriatric Interdisciplinary Team Training Program.</p> <p>Produced by: John A. Hartford Foundation Inc. (2001).</p> <p>[includes videos, video scripts, and questions]</p>	<p>The team training program provides six videos – one video demonstrates how to conduct a geriatric patient interview, and the other five demonstrate simulated team meetings.</p> <p>Videos can be viewed at: http://consultgerirn.org/resources/media/?vid_id=5917402#player_container</p> <p>The accompanying script and questions for the videos can be found at: http://www.gittprogram.org/teaching_tools.htm</p>

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