



The IMPLC Super Toolkit

**Interprofessional Mentorship, Preceptorship,
Leadership & Coaching (IMPLC) in Toronto:**
A Collection of Resources to Support Program
Development, Implementation & Sustainability

Submitted on behalf of the

Catalyzing and Sustaining Communities of Collaboration Around
Interprofessional Care Project Steering Committee & Initiative Teams

Office of Interprofessional Education

Phone: 416-603-5800 x2577

Fax: 416-603-5580

E-mail: ipe.info@utoronto.ca

Web site: <http://ipe.utoronto.ca>

TABLE OF CONTENTS

Introduction	7
I Interprofessional Leadership: Creating Communities of Practice for Interprofessional Care	10
I.1 ehplic (educating health professionals for interprofessional collaboration) Leadership Course	14
I.2 “Ask the Experts”: Workshops for Interprofessional Collaboration	16
I.3 Creating a “Community of Collaboration”	18
2 Interprofessional Mentorship: Community of Mentorship Professionals Assisting and Supporting Students/Staff (COMPASS): “Mentoring the Mentors” Leadership Program	20
2.1 St. Michael's Hospital and Bridgepoint Health Interprofessional Mentorship Program	22
2.2 LinkHealthPro Online Networking: St. Michael's Hospital and Bridgepoint Health	24
3 Interprofessional Preceptorship: Interprofessional Education Preceptorship/Clinical Placement Program— Toronto Rehabilitation Institute	26
3.1 Facilitating Interprofessional Clinical Learning: Interprofessional Education (IPE) Placements and Other Opportunities (General Summary)	28
3.1.1 Getting Ready for Interprofessional Education (IPE) Placements	30
3.1.2 Leading and Coordinating Interprofessional Education (IPE) Placements: A Resource for Education Leaders and Coordinators	32
3.1.3 Hosting Interprofessional Education (IPE) Placements: A Resource for IPE Facilitators	34
3.1.4 Developing Interprofessional Education (IPE) Facilitator Skills: Workshop Resources	36
3.1.5 Supporting Other Interprofessional Learning Opportunities: A Menu of Options for All Types of Placements	42
3.2 Facilitating Interprofessional Collaboration with Students (DVD)	40

...continues on next page

...TABLE OF CONTENTS

4	Interprofessional Coaching: Interprofessional Coaching & Leadership: Transforming Care Through Collaboration—University Health Network	42
4.1	Refreshing, Renewing and Revitalizing Health Assessment: A 2-Day Course	44
4.2	Patient-Centred Care/Interprofessional Collaboration Course	46
4.3	Leading and Coaching an Interprofessional Care Transformation	48
5	Interprofessional Coaching: Interprofessional Education for Collaborative Patient- and Family-Centred Care—Mount Sinai Hospital	50
5.1	Interprofessional Education & Collaboration for Patient- and Family-Centred Care	52
5.2	Sustainability for Collaborative Patient- and Family-Centred Care	54
5.3	Interprofessional Education: Making a Difference for Collaborative Patient- and Family-Centred Care	56
6	Interprofessional Coaching: Interprofessional Prevention of Delirium in the Emergency Department (IPPOD): Best Practice in Emergency Elder Care—Sunnybrook Health Sciences Centre	58
6.1	IPPOD: Working Together to Prevent Delirium	60
6.2	IPPOD: Interprofessional Prevention of Delirium “Working Together to Prevent Delirium”	62
6.3	IPPOD: Developing an Interprofessional Coaching Team	64
7	Interprofessional Change Management: Leading the Change and Sustaining Interprofessional Collaboration and Education Across TAHSN Hospitals—The Potential Group	66
	Initiative & Resource Index	68
	Glossary of Terms	70
	References	72

ACKNOWLEDGEMENTS

We would like to take this opportunity to thank the Ministry of Health and Long-Term Care for the funding put forth for this project, as a part of the Interprofessional Mentorship, Preceptorship and Leadership and Coaching Fund. To the Council of Health Science Deans at the University of Toronto and the CEOs who sit on the Toronto Academic Health Sciences Network (TAHSN), we thank you for your leadership in supporting this project and the belief you provided to those who implemented it across TAHSN. These individuals, listed below, who committed time and effort to advance interprofessional care, are especially acknowledged. Without their leadership and willingness to collaborate, this project would not have reaped as many benefits personally, organizationally and systemically.

Catalyzing and Sustaining Communities of Collaboration Around Interprofessional Care Project

Steering Committee

Mary Agnes Beduz, Director Nursing Education, Mount Sinai Hospital

Cate Creede, Consultant, The Potential Group

Lianne Jeffs, Director of Nursing and Clinical Research, St. Michael's Hospital

Debbie Kwan, Pharmacotherapy Specialist, University Health Network

Jacques Lee, Emergency Physician, Sunnybrook Health Sciences Centre

Jane Merkley, Chief of Professional Affairs and Chief Nurse Executive, Bridgepoint Health

Danny Nashman, Consultant, The Potential Group

Ivy Oandasan, Director, Office of Interprofessional Education, University of Toronto

Scott Reeves, Director of Research, Centre for Faculty Development, Faculty of Medicine, University of Toronto at St. Michael's Hospital, Scientist, The Wilson Centre for Research in Education

Ivan Silver, Director, Centre for Faculty Development, Faculty of Medicine, University of Toronto at St. Michael's Hospital

Lynne Sinclair, Director of Education, Toronto Rehabilitation Institute

Maria Tassone, Director, Allied Health and Professional Practice, University Health Network

Special acknowledgement goes to the individual project teams involved in making the IMPLC initiatives a reality, and to those involved in the project's administration:

Initiative Teams

The Evaluation Team, Centre for Faculty Development, Faculty of Medicine, University of Toronto at St. Michael's Hospital

Interprofessional Coaching and Leadership Team, University Health Network

Interprofessional Collaborative Patient-Centred Care Coaching Strategy Team, Mount Sinai Hospital

Interprofessional Mentorship Initiative Team, St. Michael's Hospital and Bridgepoint Health

Interprofessional Prevention of Delirium Project Team, Sunnybrook Health Sciences Centre

Interprofessional Leadership: Creating Communities of Practice for Interprofessional Collaboration Team, Centre for Faculty Development, Faculty of Medicine, University of Toronto at St. Michael's Hospital, and the Office of Interprofessional Education, University of Toronto

The Preceptorship Initiative Team, Toronto Rehabilitation Institute

Project Administrators

Jennifer Bowman, Consultant, JR Consulting

Doreen Day, Project Manager, Office of Interprofessional Education, University of Toronto

Angela Elia, Finance Analyst, Office of Interprofessional Education, University of Toronto

Enette Pauzé, Co-Director, Spetha Inc., Project Lead, IMPLC Super Toolkit

Belinda Vilhena, Manager, Office of Interprofessional Education, University of Toronto

INTRODUCTION

Welcome to the IMPLC Super Toolkit!

This introductory section will provide you with a brief background of the toolkit, an overview of the main segments, and instructions on how to access the information and resources contained within the Toolkit most effectively.

A collaborative practice approach, involving interprofessional teams of health care providers offering comprehensive and coordinated health care services, is one fundamental way to enhance the Canadian health care system (Kirby, 2002; Romanow, 2002; Health Council of Canada, 2005). The 2003 First Ministers' Accord on Health Care Renewal identified the importance of changing the way health care professionals are educated. Interprofessional Education for Collaborative Patient-centred Practice (IECPCP) was identified both in the Accord and in the 2003 Federal Budget as a means to address current and emerging health and human resource issues. It was also seen as a mechanism to ensure that health care practitioners have the knowledge, skills and attitudes to practice together in an effective collaborative manner (Oandasan & Reeves, 2005).


To learn more about the context for interprofessional care in Ontario or to learn more about the CCIC Project, please see the following resources:

- *Interprofessional Care: A Blueprint for Action in Ontario*
- *CCIC Project Summary Report*

The "Interprofessional Mentorship, Preceptorship, Leadership & Coaching (IMPLC) Super Toolkit is one of the products of the Catalyzing and Sustaining Communities of Collaboration Around Interprofessional Care (CCIC) Project. This project was undertaken by the University of Toronto (U of T) and the Toronto Academic Health Sciences Network (TAHSN), and was awarded through a grant provided by HealthForceOntario, a division of the Ministry of Health and Long-term Care. The products of the project align with the proposed action steps to advance interprofessional care in the province of Ontario that have been highlighted in the Ministry of Health and Long-term Care's report entitled "Interprofessional Care: A Blueprint for Action in Ontario" (Closson & Oandasan, 2007). The IMPLC Super Toolkit and the other products of the CCIC Project specifically address the fourth recommendation of the Blueprint, which relates to leading sustainable cultural change (see the products listed for each of the initiatives stemming from the project).

The purpose of the CCIC Project was to create a foundation for interprofessional education and





interprofessional care in Toronto, Ontario that would support interprofessional collaborative program development, implementation and sustainability across the TAHSN and U of T. Six cornerstone initiatives and a change management strategy were developed to address each of the four main themes related to interprofessional leadership, mentorship, preceptorship, and coaching.

Comprised of representatives from all of the initiatives, the CCIC Steering Committee was responsible for overseeing the CCIC Project as a whole. The collaborative efforts at this level helped to ensure that each individual initiative and its sub-projects were strategically incorporated within the overall vision and transformation of interprofessional care at each initiative's site.

The outcomes of each of the six CCIC initiatives as well as the change management strategy are presented in this IMPLC Super Toolkit as one component of a knowledge translation and exchange strategy. Our goal is to share the information and resources that have been developed, tested and implemented as part of the overall project. The resources are described in brief, identifying target audiences and key learning objectives. All of the resources are available from the Office of Interprofessional Education at U of T, and we welcome you to contact the Office for more information (visit our Web site at: <http://ipe.utoronto.ca>; full contact information is provided below).

CCIC Initiatives

Interprofessional Leadership

- **Leadership:** Creating Communities of Practice for Interprofessional Care – The Centre for Faculty Development, Faculty of Medicine, University of Toronto at St. Michael's Hospital, and the Office of Interprofessional Education, University of Toronto

Interprofessional Mentorship

- Community of Mentorship Professionals Assisting and Supporting Students/Staff (COMPASS): "Mentoring the Mentors" Leadership Program – St. Michael's Hospital and Bridgepoint Health

Interprofessional Preceptorship

- Interprofessional Education Preceptorship/Clinical Placement Program –Toronto Rehabilitation Institute

Interprofessional Coaching

- Interprofessional Coaching & Leadership: Transforming Care Through Collaboration – University Health Network
- Interprofessional Education for Collaborative Patient- and Family-Centred Care – Mount Sinai Hospital

- Interprofessional Prevention of Delirium in the Emergency Department (IPPOD): Best Practice in Emergency Elder Care – Sunnybrook Health Sciences Centre

CCIC Supporting Initiative

Interprofessional Change Management

- Leading the Change and Sustaining Interprofessional Collaboration and Education Across TAHSN Hospitals, The Potential Group

How to Use the IMPLC Super Toolkit

For each of the CCIC initiatives, the following information is provided in sequence:

1. Initiative overview
2. Message from initiative lead(s)
3. Key insights and lessons learned
4. One-page summaries of each resource produced by the initiatives (products), their target audiences, learning objectives and key highlights

We also provide an *Initiative & Resource Index* in order to help identify the specific initiative tools and resources (products) that are of interest to readers given their specific needs.

The index is organized to highlight summaries related to the four main themes that are found in each of the initiatives: mentorship, preceptorship, leadership and coaching.

Where To Go For More Information

All of the resources (products) presented in this toolkit can be accessed by contacting the Office of Interprofessional Education at the University of Toronto.

Office of Interprofessional Education

Phone: 416-603-5800 x2577

Fax: 416-603-5580

E-mail: ipe.info@utoronto.ca

Web site: <http://ipe.utoronto.ca>

Online Version of the Toolkit

As a companion to this toolkit, an interactive, online version of the IMPLC Super Toolkit will be available through the Office of Interprofessional Education Web site (<http://ipe.utoronto.ca>). In addition to the information and resources presented in the hardcopy of this toolkit, the online version of the toolkit will include samples of the various resources. For example, additional resources might include: sample workshop module, chapter of a facilitator or participant manual, presentation slides, posters from the sustainability conference, and direct links to project Web sites.

1

INTERPROFESSIONAL LEADERSHIP: CREATING COMMUNITIES OF PRACTICE FOR INTERPROFESSIONAL CARE

Message from the Initiative Lead:

“Leadership: Creating Communities of Practice
for Interprofessional Care”

Debbie Kwan, B.Sc.Phm., M.Sc.

Pharmacotherapy Specialist, Toronto Western Hospital

Growing evidence demonstrates that interprofessional care improves access to health care, patient outcomes, and satisfaction; and will lead to more efficient and effective use of health care providers’ skills. Through the course of this initiative, our goal was to build leadership capacity in interprofessional collaboration (IPC) within University of Toronto’s academic teaching community. Interprofessional teams from the University’s 13 affiliated teaching hospitals took part in a three-phase program.

Each phase of the initiative built upon the previous one, and allowed participants to learn, explore and test the viability of ideas for an IPC project in their organization.

Our change-enabling framework was supported by expert consultants in the area of change management; these consultants also provided on-site support and consultation to individual hospitals throughout the project. A virtual, web-based, communication environment was created to support a community of practice among our hospital teams. We will try to implement strategies for sustaining momentum IPC in the near future.

OVERVIEW

The curriculum of the Toronto-based “Leadership: Creating Communities of Practice for Interprofessional Care” initiative involved 3 phases. The goal of the initiative was to build leadership capacity in IPC within the Toronto Academic Health Sciences Network (TAHSN) hospitals. In Phase 1, each of the 13 hospitals identified a team of leaders and front-line clinicians to participate in a three-day intensive professional development course. The goal of the course was to advance participants’ understanding of IPC and their ability to lead fellow colleagues in the art and science of working collaboratively for patient-centred care. Using an appreciative inquiry approach, the teams developed an individualized action plan for implementing an interprofessional education/interprofessional collaboration initiative in their organization.

Phase 2 was a half-day meeting whereby the teams could share IPC resources and knowledge of initiatives going on within their institution, and identify next steps needed to move their institution specific IPC projects forward. This was supported by on-site coaching and consultations from experts in change management. In Phase 3, participants returned for a one-and-a-half day workshop that provided the opportunity for them to continue to share, consult and collaborate on the existing IPC resources as well as those in development, and to enable their work in integrating IPC and interprofessional education in their settings. A web site was created to provide a virtual forum for communication, to archive workshop materials, and to link to other IPC-related resources.

The following provides a brief sampling from some of the hospitals regarding key activities, learnings and insights that were shared at a joint “Co-Creating the Future for Interprofessional Care: Sustainability Conference” in June 2007 (Conference Proceedings Report, 2007). The text was adapted from presentations by each group at the conference. Over 80 participants from across the TAHSN hospitals reflected on progress and the emerging concept of IPC across TAHSN, and designed and planned several next steps to sustain momentum.

Centre for Addiction and Mental Health (CAMH)

Contact: Jane Paterson (jane_paterson@camh.net)

Presented three key products to participants, including:

1. Electronic Interdisciplinary Plan of Client Care (eIPCC) – a documentation tool to help embed collaborative practice into the care planning process, an essential component of CAMH’s electronic health record
2. Definition of Core Clinical Practice Competencies
3. Clinical Supervision Handbook – a tool that defines an interprofessional model for clinical supervision at CAMH

The Hospital for Sick Children (HSC)

Contact: Bonnie Fleming-Carroll (bonnie.flemingcarroll@sickkids.ca)

Presented background information on the development of their “Leadership in Action Program,” an education program that demonstrates excellence in creating a culture for interprofessional

collaboration enhancing quality care. The evidence-based program is founded on leadership research by J. Kouzes and B. Posner.

The New Women's College Hospital (WCH)

Contact: Heather McPherson (heather.mcpherson@wchospital.ca)

Developed in collaboration with the Education Committee at WCH and the initiative through the Office of Interprofessional Education at the University of Toronto, the group presented an overview of its "Interprofessional Wound Care Module Pilot." This interprofessional education (IPE) module is designed to serve as a future framework for the development of subsequent IPE models in ambulatory care. The goal of the module is to promote chronic wound prevention and care with an interprofessional focus.

St. Joseph's Health Centre

Contacts: Keith Adamson (adamsk@stjoe.on.ca); Elizabeth McLaney (mcclae@stjoe.on.ca)

The Interprofessional Practice Team at the hospital engaged in a learning project to obtain a 'snapshot' of the lived experience of interprofessional practice at the centre. Key themes resulting from the data collection process included communication related to role awareness, language, relationships, and infrastructure.

North York General Hospital

Contact: Faith Boutcher (fboutche@nygh.on.ca)

Presented the outcomes of a vision (evolving), values, and planning process they undertook related to the future of interprofessional education at the hospital. Components of the hospital's "Strategic Alignment Model" include: strategy, skills, structure and culture.

Sunnybrook Health Sciences Centre

Contact: Barbara Jonathan (Barbara.jonathan@sunnybrook.ca)

Presented an outline of their plans to promote IPE/IPC in the organization and create structured IPC experiences for students. Featured IPE/IPC projects included:

1. **Health Care for the Elderly** – a one-month rotation in health care for the elderly with Aging & Veterans Care, which includes structured exposures to the interprofessional team
2. **Team Approach to Managing Chronic Pain** – an interprofessional quality improvement initiative to improve the management of chronic pain for residents of Sunnybrook's Aging & Veterans Care facility

Mount Sinai Hospital

Contact: Mary Agnes Beduz (mbeduz@mtsinai.on.ca)

Presented an overview of the key activities related to their IMPLC-funded initiative entitled "Interprofessional Education for Collaborative Patient- and Family-Centred Care – Mount Sinai Hospital" which is found within this Super Toolkit. (e.g., eLearning Module, and process for coaching clinical teams).

Toronto Rehabilitation Institute

Contacts: Tracy Paulenko (paulenko.tracy@torontorehab.on.ca); Mandy Lowe (lowe.mandy@torontorehab.on.ca); Gillian Bone (bone.gillian@torontorehab.on.ca)

The staff who participated in the ehpic leadership courses worked together to develop and pilot appreciative inquiry change management workshops. This group presented an overview of the evolution of these workshops and a summary of the key lessons they learned.

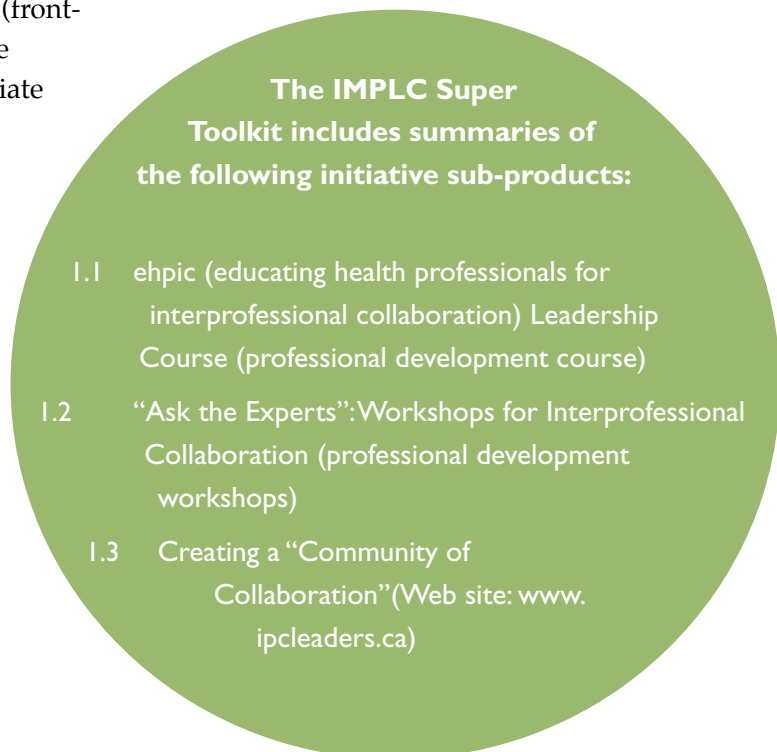
University Health Network (UHN)

Contacts: Mary Jane McNally (maryjane.mcnally@uhn.on.ca); Maria Tassone (maria.tassone@uhn.on.ca)

Presented a report of a case study in general internal medicine at UHN, designed to address interprofessional transformation through leadership and coaching. Critical success factors included: using an appreciative inquiry approach; being strategic; building the infrastructure; and planning for sustainability.

KEY INSIGHTS AND LESSONS LEARNED

- There is a wealth of resources and experiences around IPC among all the TAHSN hospitals
- Bringing health care professionals together from different organizations promoted the sharing of ideas and resources
- There is a tremendous amount of good will and optimism around IPC at all levels (front-line and senior management). The challenge lies in securing appropriate allocation of resources and establishing clear educational outcomes related to the training of health professionals, students and staff, and sustaining momentum for the further development of IPC at the TAHSN hospitals.



1.1

ehpic (EDUCATING HEALTH PROFESSIONALS FOR INTERPROFESSIONAL COLLABORATION) LEADERSHIP COURSE

Product Title:	ehpic (educating health professionals for interprofessional collaboration) Leadership Course
Product Type:	Professional Development Course
Initiative:	Leadership: Creating Communities of Practice for Interprofessional Care

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator	√			
Educator	√			
Clinician	√			
Other	√ Faculty involved in curriculum development related to interprofessional education—particularly professional development for health professionals in practice			

Learning Objectives

1. Recognize and teach the importance of professional role understanding as an essential component for collaborative practice
2. Experience and teach ways of effective team communication and the role of reflection in health care teams
3. Practice skills in facilitating interprofessional teams particularly within a clinical context
4. Acknowledge professional attitudes and cultural values and recognize their impact in the clinical context

5. Apply a change-enabling framework in considering how to plan interprofessional practice initiatives

Description

The goal of this course is to advance participants' understanding and ability to lead fellow colleagues in the art and science of working collaboratively for patient-centred care. This three-day course was modeled after a University of Toronto five-day certificate faculty development course on interprofessional education for health care professionals. The course facilitators are from various health professional backgrounds and have been involved in the original design of this course. The course is aimed at health care administrators, clinical and educational leaders and clinicians with a keen interest in interprofessional collaboration (IPC) with specific ideas to be fostered.

The course is ideal for teams of three to five health professionals who are interested in developing an idea for an interprofessional initiative in their organization. The team possesses representatives from different health professions; team members with specific expertise in educational design and change management understanding; and team members that include a manager / director as well as frontline clinical staff. A variety of interactive teaching methods are used, including: didactic / experiential learning, DVD vignettes, case discussion, standardized learners, and appreciative inquiry exercises to develop ideas for IPC projects.

Course Themes For Each Day

Day 1 – *Moving towards the practice of interprofessional collaboration: Understanding your*

role and collaborative teams. The first day focuses upon providing the context and evidence on IPC and its relationship with interprofessional education. The theoretical content introduced allows participants to explore the importance of professional role understanding as an essential component for collaborative practice.

Day 2 – *Collaborative teams and facilitation skills.* Participants identify key issues related to IPC facilitation. Building on the foundations of collaborative teams and conflict resolution, participants have the opportunity to practice facilitating interprofessional team dynamics and processes through the use of simulated teams.

Day 3 – *Enabling change:* Key principles of team functioning are reviewed. Current challenges facing leaders in developing IPC experiences are explored and analyzed with an organizational framework approach. Using a change-enabling process (appreciative inquiry), participants create a vision for IPC and develop plans on how to move this forward in their environments.

All course materials are provided. Continuing education credits are granted upon completion of the course.

Key Highlights / Features

1. Program format is interactive
2. Course is ideal for teams from health care organizations to attend
3. Provides experiential learning opportunities in collaborative practice and teamwork
4. Emphasis is placed on the transfer of skills and application of learned knowledge, attitudes and skills, to participants' home institutions

1.2

“ASK THE EXPERTS”:WORKSHOPS FOR INTERPROFESSIONAL COLLABORATION

Product Title:	“Ask the Experts”:Workshops for Interprofessional Collaboration
Product Type:	Professional Development Workshops
Initiative:	Leadership: Creating Communities of Practice for Interprofessional Care

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator	√			
Educator	√			
Clinician	√			
Other	√ Faculty involved in curriculum development related to interprofessional education—particularly professional development for health professionals in practice			

Learning Objectives

To provide opportunities for:

1. Faculty experts to share their learning experiences, practices and resources with participants about interprofessional collaboration
2. Participants to identify who may be interested in the same areas as them to facilitate informal connection and collaboration
3. Participants to consult with the experts and their peers about topic-specific issues related to their contexts

Description

These workshops were part of the Phase 3 curriculum of the “Leadership: Creating Communities of Practice for Interprofessional Collaboration (IPC) in Toronto” initiative. Participants had previously come together for Phases 1 and 2. The intent of the three-phase project was to build leadership capacity in IPC.

In preparation for Phase 3, a needs assessment was conducted with participants. It indicated that there were a variety of topics about which participants were interested in learning more and for which they wanted to identify resources. It was also apparent that there was some desire for participants to connect around topics of shared interest without necessarily forcing a commitment to collaborate. The intent of the workshops was to support the development of these informal communities of practice (Wenger, 2007).

Each one-hour workshop consisted of a maximum of 15 participants from various health care backgrounds and academic, administrative and clinical roles. A total of six workshops were offered:

1. How to evaluate your interprofessional activity
2. The change journey and strategies for sustaining momentum
3. Embedding IPC in primary care
4. How to market IPC in your organization
5. Preparing your organization for interprofessional education placements
6. IPC basics

Key Highlights / Features

1. Small group format encourages sharing of ideas and resources
2. Each workshop addresses one specific aspect related to IPC, and could be conducted as a stand-alone workshop

1.3

CREATING A “COMMUNITY OF COLLABORATION”

Product Title:	Creating a “Community of Collaboration”
Product Type:	Web site www.ipcleaders.ca
Initiative:	Leadership: Creating Communities of Practice for Interprofessional Care

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator	√			
Educator	√			
Clinician	√			
Other	√ Faculty involved in curriculum development related to interprofessional education, and particularly professional development for health professionals in practice			

Learning Objectives

1. Facilitate sharing of materials and resources
2. Support ongoing communication between Toronto Academic Health Sciences Network hospital interprofessional collaboration (IPC) and interprofessional education (IPE) leaders
3. Provide a central location for resources relating to IPC and IPE

Description

This Web site (www.ipcleaders.ca) was created to support leaders in developing, implementing and sustaining momentum around initiatives relating to IPC.

The Web site was designed to support a community of practice in interprofessional collaboration. Communities of practice are groups of people who share a concern, a set of problems; passion about a topic and the desire to deepen their knowledge and expertise by interacting on an ongoing basis. Over time, they develop a unique perspective on their topic as well as a body of common knowledge, practices and approaches (Wenger, 2007). The Web environment will serve as an information hub (e.g., online resources including course materials, key references, resources and toolkits developed by organizations) and an interactive communication site allowing for facilitated discussion groups and shared virtual work spaces. The interactive communication site, course materials and shared resources are password-protected and accessible to all participants in the ehpic Leadership Course.

Key Highlights / Features

1. Serves as a forum to promote communication in a virtual environment
2. An easily accessible Web site, it serves as an information hub for tools and resources related to interprofessional collaboration
3. Web site is easily modifiable to meet user needs

2

INTERPROFESSIONAL MENTORSHIP: COMMUNITY OF MENTORSHIP PROFESSIONALS ASSISTING AND SUPPORTING STUDENTS/ STAFF (COMPASS):“MENTORING THE MENTORS” LEADERSHIP PROGRAM

Message from the Initiative Leads:

Interprofessional Mentorship: Community of
Mentorship Professionals Assisting and Supporting
Students/Staff (COMPASS):“Mentoring the Mentors”
Leadership Program

**Lianne Jeffs RN, M.Sc (Initiative Co-Lead), Director of Nursing and Clinical
Research, St. Michael’s Hospital**

**Jane Merkley RN, MSc (Initiative Co-Lead),
Chief of Professional Affairs and Chief Nurse Executive, Bridgepoint Health**

The Interprofessional Mentorship Initiative provided an opportunity for us to leverage foundational work in mentorship at St. Michael’s Hospital (SMH) and embed interprofessionalism in a cohort of health care professionals across two different organizations and several different disciplines.

Dr. Vincent Chien, St. Michael’s Hospital (Technical Lead)

LinkHealthPro is potentially a transformative technological modality for enhancing our abilities as health care professionals to define and connect with an individualized network of collaborators and mentors.

OVERVIEW

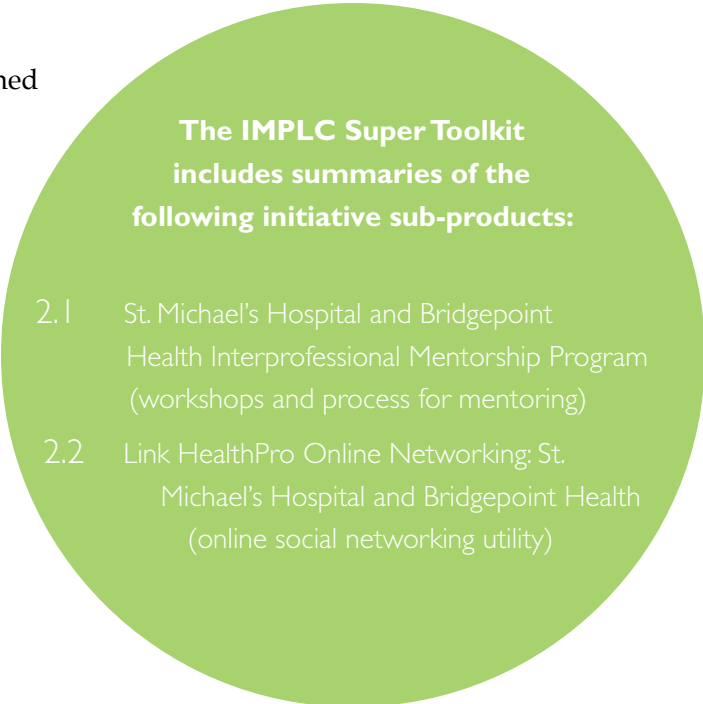
This initiative evolved from an organizational commitment to interprofessional practice and an identified gap in mentorship competencies at SMH and Bridgepoint Health (BP) related to both staff and patient satisfaction outcomes. In this context, an interprofessional team, composed of different disciplines in practice, research, management and education roles, developed an integrated interprofessional program in mentoring. The work built upon the successes and lessons learned from previous initiatives and resources around mentorship and leadership developed at SMH and BP. The “Interprofessional Mentorship Initiative” includes the following infrastructure:

1. Standardized interprofessional curriculum that reflects best practices for effective mentorship
2. Technology-enabled learning solutions and networks (i.e., web enabled learning community with multimedia support, online discussion forum, mentor-mentee matching process)
3. Project leadership for program start-up (i.e., curriculum design, facilitation of advisory committee)
4. Administrative support for overall program coordination

The courses were taught by experts in the field of interprofessional care, education, and mentorship identified through the Centre for Faculty Development at the University of Toronto, utilizing both interactive workshops and new multimedia-enabled learning experiences.

KEY INSIGHTS AND LESSONS LEARNED

Continued efforts that test out strategies aimed at embedding interprofessionalism in the actions of health care professionals are essential to the provision of safe and quality health care. These efforts need to go beyond traditional mentorship approaches within single organizations and disciplines, and leverage web application and OLAP technologies. By leveraging technology, knowledge translation strategies can connect large numbers of professionals between different disciplines and different organizations, and give rich feedback in a timely fashion.



The IMPLC Super Toolkit includes summaries of the following initiative sub-products:

- 2.1 St. Michael's Hospital and Bridgepoint Health Interprofessional Mentorship Program (workshops and process for mentoring)
- 2.2 Link HealthPro Online Networking: St. Michael's Hospital and Bridgepoint Health (online social networking utility)

2.1

ST. MICHAEL'S HOSPITAL AND BRIDGEPOINT HEALTH INTERPROFESSIONAL MENTORSHIP PROGRAM

Product Title:	St. Michael's Hospital and Bridgepoint Health Interprofessional Mentorship Program
Product Type:	Workshops and process for mentoring
Initiative:	Interprofessional Mentorship: Community of Mentorship Professionals Assisting and Supporting Students/Staff (COMPASS): "Mentoring the Mentors" Leadership Program

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator				
Educator				
Clinician		Health care professionals including nurses, MD's, physiotherapists etc. May include students from these professions as well.		
Other		Can be offered to anyone who is involved in the healthcare team in the broadest sense.		

Learning Objectives

By the end of the workshop, participants will be able to:

- Describe the elements and goals of effective mentoring relationships
- Negotiate and complete a mentoring agreement
- Develop and enhance the skills required to establish and maintain mentoring relationships
- Identify sources of support materials and resources
- Understand each other's potential role in the promotion of a mentoring 'culture' that supports interprofessional collaborative practice

Description

The Interprofessional Mentorship initiative involves an integrated approach that combines several educational approaches (didactic, experiential and self-learning) and virtual communities of practice model to embed interprofessional care through mentorship exchanges in health care professionals. The key pillars of the initiative include a mentor/mentee application and matching process; an integrated curriculum (two, two-and-a-half hour sessions); an online social utility network; and the evaluation framework (evaluation plan section).

The mentoring program description has been captured in the following acronym: **SHAPE**. It stands for: **Share experience**, both clinical and career experience, learning, research and solutions; **Help others**, as colleagues and health care professionals; **Acquire new knowledge**, as a mentor and mentee; **Promote interprofessional benefits and future** of collaborative care and education; and **Engage in interdisciplinary team collaboration**.

Key Highlights / Features

1. A process for interprofessional mentoring with tips and tactics which includes a DiSC profile system
2. An online networking site which matches, tracks and evaluates mentorship partners

2.2

LINKHEALTHPRO ONLINE NETWORKING: ST. MICHAEL’S HOSPITAL AND BRIDGEPOINT HEALTH

Product Title:	LinkHealthPro Online Networking: St. Michael’s Hospital and Bridgepoint
Product Type:	Online Social Networking Utility: www.linkhealthpro.com
Initiative:	Interprofessional Mentorship: Community of Mentorship Professionals Assisting and Supporting Students/Staff (COMPASS): “Mentoring the Mentors” Leadership Program

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator				
Educator				
Clinician		Health care professionals including nurses, MD’s, physiotherapists etc. May include students from these professions as well.		
Other		Can be offered to anyone who is involved in the health care team in the broadest sense.		

Learning Objectives

LinkHealthPro (www.linkhealthpro.com) is an online social networking utility designed to help health care professionals to connect and collaborate with other health care professionals.

LinkHealthPro was born out of a dream to promote interprofessional collaboration by using technology to:

1. Empower health care professionals in providing a profile of expertise (clinical, educational, research, or leadership) that they can offer to others

2. Assist people from different disciplines and different organizations to network and share topics of mutual interest and build a foundation of common ground
3. Help health care professionals to find mentorship support that is tailored to their individual needs
4. Provide real-time feedback on the quality of interactions

Description

LinkHealthPro meets the above goals by providing users with a variety of powerful communication and evaluation tools. These tools include: 1) private messaging; 2) discussion forums; 3) user-defined networks (you can custom build your own networks of friends, colleagues, special advisors, etc., and control how the content you generate is seen by them); 4) mentorship matching services; and 5) mentorship event evaluation.

Users are free to sign up for a time-limited trial of the site. Site subscriptions to the LinkHealthPro service (approximately \$950/month) will grant all health care professional staff within an entire hospital full access to LinkHealthPro services. Subscription to the service will also empower the site to designate administrators who can grant mentorship privileges to the appropriate staff.

In a short period of time, LinkHealthPro is proving to be a user-friendly yet powerful and cost-effective modality to help professionals collaborate between different disciplines and different organizations.

Key Highlights / Features

1. Is a web-enabled tool
2. Helps health care professionals to connect and collaborate
3. Permits smart matching of professionals for mentorship or general networking through its shared profiles of expertise
4. Collects and provides real-time quantitative/qualitative feedback on the quality of interactions

3

INTERPROFESSIONAL PRECEPTORSHIP: INTERPROFESSIONAL EDUCATION PRECEPTORSHIP/ CLINICAL PLACEMENT PROGRAM—TORONTO REHABILITATION INSTITUTE

Message from the Initiative Leads:

Interprofessional Preceptorship:
Interprofessional Education Preceptorship/Clinical
Placement Program—Toronto Rehabilitation Institute

Lynne Sinclair, MA (Ad Ed), BSc(PT) (Initiative Co-Lead)
Director of Education

Mandy Lowe, MSc, BSc(OT) (Initiative Co-Lead)
Interprofessional Education Leader

We established the first clinically-based student interprofessional education (IPE) placement program at the Toronto Rehabilitation Institute (Toronto Rehab) in 2004. Since that time, the IPE student placement program has evolved largely in light of the experiences and feedback of the many students, clinical faculty and IPE facilitators who have participated in this innovative program. The resources developed and shared here build on the experiences of this program, and are informed by the needs identified by 21 Toronto area hospitals. We hope you find these resources a helpful guide in your own interprofessional collaboration and educational journeys.

OVERVIEW

At the time of the Interprofessional Mentorship, Preceptorship, Leadership & Coaching Fund proposal submission, Toronto Rehab was the only Toronto Academic Health Sciences Network hospital to have IPE placements for students. Toronto Rehab developed resources and processes to assist any hospital to develop their clinical environments and to support interprofessional education. The practical resources include checklists, presentation materials, handouts for staff and students, workshop outlines, sample evaluation forms, facilitation tips, frequently asked questions, and educational DVD with facilitator's guide and more. The processes and supporting materials were piloted at Bloorview Kids Rehab. The results of the pilot testing were integrated into the resources presented below, which are available for distribution. The Office of Interprofessional Education, with leadership from Toronto Rehab, remains an active resource of support for institutions that have developed, are in the process of developing or would like to develop clinical IPE placements for students.

KEY INSIGHTS AND LESSONS LEARNED

1. IPE student clinical placements are strongly desired
2. An IPE leader/coordinator is required for each organization
3. In addition to the IPE student clinical placement tools, ongoing coaching and mentorship is needed

The IMPLC Super Toolkit includes summaries of the following initiative sub-products:

The “Facilitating Interprofessional Clinical Learning: Interprofessional Education (IPE) Placements and Other Opportunities” toolkit consists of 6 sections. In the following pages, you will find a general summary of this toolkit, as well as summaries of its sub-sections. A DVD was also created to support IPE facilitators in their roles during placements with interprofessional student groups. This DVD is entitled: “Facilitating Interprofessional Collaboration with Students” and a summary of its content is also included in this section.

3.1 “Facilitating Interprofessional Clinical Learning: Interprofessional Education (IPE) Placements and Other Opportunities” (general summary)

- 3.1.1 Section 1: “Getting Ready for Interprofessional Education (IPE) Placements” (section 1 of toolkit)
- 3.1.2 Section 2: “Leading and Coordinating Interprofessional Education (IPE) Placements: A Resource for Education Leaders and Coordinators” (section 2 of toolkit)
- 3.1.3 Section 3: “Hosting Interprofessional Education (IPE) Placements: A Resource for IPE Facilitators” (section 3 of toolkit)
- 3.1.4 Section 4: “Developing Interprofessional Education (IPE) Facilitator Skills: Workshop Resources” (section 4 of toolkit)
- 3.1.5 Section 5: “Supporting Other Interprofessional Learning Opportunities: A Menu of Options for All Types of Placements” (section 5 of toolkit)
- 3.1.6 “Interprofessional Education (IPE) Web sites and Key References” (Section 6 of toolkit. Note: a one-page summary is not provided for this section)

3.2 “Facilitating Interprofessional Collaboration with Students” (DVD summary)

3.1

FACILITATING INTERPROFESSIONAL CLINICAL LEARNING: INTERPROFESSIONAL EDUCATION (IPE) PLACEMENTS AND OTHER OPPORTUNITIES (GENERAL SUMMARY)

Product Title:	Overall Toolkit Title: Facilitating Interprofessional Clinical Learning: Interprofessional Education Placements and Other Opportunities
Product Type:	Toolkit: divided into 6 sections
Initiative:	Interprofessional Preceptorship: Interprofessional Education Preceptorship/Clinical Placement Program—Toronto Rehabilitation Institute

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator	√		√	
Educator	√		√	
Clinician	√		√	
Other	√ IPE leader, Director of Education, academic faculty		√ IPE leader, Director of Education, academic faculty	

Learning Objectives

Please refer to each of the one-page summaries included following this summary for individual objectives.

Description

The main topics covered in the toolkit include:

- **Section 1:** “Getting Ready for Interprofessional Education (IPE) Placements” – Overview of factors to consider in preparing for IPE placements
- **Section 2:** “Leading and Coordinating Interprofessional Education (IPE) Placements: A Resource for Education Leaders and Coordinators” – material to assist education leaders in developing, coordinating and implementing an IPE placement program
- **Section 3:** “Hosting IPE Placements: A Resource for Interprofessional Education (IPE) Facilitators” – Resources for staff who lead the small interprofessional groups of students
- **Section 4:** “Developing Interprofessional Education (IPE) Facilitator Skills: Workshop Resources” – Material to assist leaders/coordinators in both developing and running a workshop for IPE facilitators (as part of the orientation for IPE facilitators)
- **Section 5:** “Supporting Other Interprofessional Learning Opportunities: A Menu of Options for All Types of Placements” – Resources for students and student supervisors for promoting interprofessional learning in the clinical setting
- **Section 6:** “IPE Web sites and Key References” - Included are key resources for additional information regarding IPE. Note: a one-page summary is not provided for this section.

Material for “Facilitating Interprofessional Clinical Learning: Interprofessional Education Placements and Other Opportunities” toolkit was generated from IPE placement successes at Toronto Rehab, a needs assessment, an updated literature review, research and networking with colleagues. This entire resource can be accessed through the University of Toronto, Office of IPE (E-mail: ipe.info@utoronto.ca).

Key Highlights / Features

1. Resource development informed by the needs identified by 21 Toronto area hospitals
2. Resources developed built on the experiences of the Student IPE Placement Program in place at Toronto Rehabilitation Institute since 2004
3. Practical resources such as checklists, presentation materials, handouts for staff and students, sample evaluation forms, facilitation tips, frequently asked questions, and more

3.1.1

GETTING READY FOR INTERPROFESSIONAL EDUCATION (IPE) PLACEMENTS

Product Title:	Getting Ready for Interprofessional Education (IPE) Placements
Product Type:	Section 1 of Toolkit
Initiative:	Interprofessional Preceptorship: Interprofessional Education Preceptorship/Clinical Placement Program— Toronto Rehabilitation Institute

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator	√		√	
Educator			√	
Clinician			√	
Other			√ IPE leader, IPE facilitator	

Learning Objectives

Learners will be able to:

1. Describe IPE and interprofessional collaboration (IPC), including background and context
2. Identify key steps in planning and preparing for an IPE placement program, including development of an IPE leader/coordinator role
3. Identify successes, benefits and lessons learned in hosting IPE placements
4. Enhance interprofessional learning opportunities for learners in IPE placements

Description

In this section, you will find resources on things to consider in planning for IPE placements. The main topics covered are: understanding IPE; planning and preparing for an IPE placement (components, elements of success), resources for preparing teams and staff (e.g., building team collaboration, developing IPE small group facilitation skills), planning for successful leadership (i.e. role of and how to build a case for an IPE leader), hosting and evaluating IPE placements; and lessons learned through hosting IPE placements. This resource is accessed through the Office of IPE, University of Toronto.

Key Highlights / Features

1. Easy-to-follow question and answer format
2. Practical lessons learned and recommendations
3. Links to other resources created for “Facilitating Interprofessional Clinical Learning: Interprofessional Education Placements and other Opportunities” in this toolkit

3.1.2

LEADING AND COORDINATING INTERPROFESSIONAL EDUCATION (IPE) PLACEMENTS: A RESOURCE FOR EDUCATION LEADERS AND COORDINATORS

Product Title:	Leading and Coordinating Interprofessional Education (IPE) Placements: A Resource for Education Leaders and Coordinators
Product Type:	Section 2 of Toolkit
Initiative:	Interprofessional Preceptorship: Interprofessional Education Preceptorship/Clinical Placement Program— Toronto Rehabilitation Institute

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator	√		√	
Educator	√		√	
Clinician				
Other	√ senior sponsor, IPE leader/ coordinator		√ senior sponsor, IPE leader/ coordinator	

Learning Objectives

The learner will be able to:

1. Clearly describe the role of the IPE leader/coordinator throughout all phases of the IPE placement (including planning prior to placement)
2. Use practical resources to lead the implementation of a student IPE placement program

Description

The main topics addressed in this resource include:

1. IPE placement planning (selecting the timing of the IPE placement, the clinical team, students and IPE facilitators)
2. IPE leader role (before, during, and after the IPE placement)

This resource is structured in a question-and-answer format based on questions commonly raised. It includes sample academic institution contacts, material for a presentation regarding the IPE placement program, sample meeting agendas, an IPE leader checklist and sample evaluation form for clinical faculty (student supervisors) regarding the IPE placement program. This resource is accessed through the Office of Interprofessional Education, University of Toronto.

Key Highlights / Features

Resource should be used in conjunction with “Hosting Interprofessional Education (IPE) Placements: A Resource for IPE facilitators” (Section 3), as it builds on the foundation therein

1. Practical materials to support the IPE leader/coordinator in: planning for, supporting all participants and enacting the role throughout all phases of the IPE placement program
2. Includes practical and realistic troubleshooting suggestions for the IPE leader/coordinator

3.1.3

HOSTING INTERPROFESSIONAL EDUCATION (IPE) PLACEMENTS: A RESOURCE FOR IPE FACILITATORS

Product Title:	Hosting Interprofessional Education (IPE) Placements: A Resource for IPE Facilitators
Product Type:	Section 3 of Toolkit
Initiative:	Interprofessional Preceptorship: Interprofessional Education Preceptorship/Clinical Placement Program—Toronto Rehabilitation Institute

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator	√		√	
Educator	√		√	
Clinician	√		√	
Other	√ senior sponsor, IPE leader/ IPE coordinator		√ senior sponsor, IPE leader/ IPE coordinator	

Learning Objectives

The learner will be able to:

1. Facilitate the development of IPE clinical placements
2. Support IPE Leaders and Facilitators in hosting IPE placements

Description

The main topics addressed in this resource include: the description and goals of an IPE placement, an outline of the roles and responsibilities of the IPE placement team members, preparing to be an IPE facilitator and detailed tutorial descriptions. It is intended to supplement other materials, e.g., workshops, resources, education, the “Facilitating Interprofessional Collaboration with Students” DVD, etc. This resource contains tools to support communication (e.g., handouts, presentations), to keep IPE facilitators on track (e.g., tips, checklists), references to enhance understanding, and evaluation and feedback forms. The resource is accessed through the Office of IPE, University of Toronto.

Key Highlights / Features

1. Resource should be used in conjunction with “Developing Interprofessional Education (IPE) Facilitator Skills: Workshop Resources” (Section 4)
2. Practical materials to support the IPE facilitator in enacting the role throughout all phases of the IPE placement program include: preparatory planning, supporting students and clinical team (handouts, presentation), tutorial descriptions, icebreakers, evaluation and feedback forms
3. Resource includes practical and realistic tips on facilitating interprofessional dialogue, collaborative competencies and troubleshooting for the IPE facilitator

3.1.4

DEVELOPING INTERPROFESSIONAL EDUCATION (IPE) FACILITATOR SKILLS: WORKSHOP RESOURCES

Product Title:	Developing Interprofessional Education (IPE) Facilitator Skills: Workshop Resources
Product Type:	Section 4 of Toolkit
Initiative:	Interprofessional Preceptorship: Interprofessional Education Preceptorship/Clinical Placement Program— Toronto Rehabilitation Institute

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator			✓	
Educator			✓	
Clinician			✓	
Other			✓ IPE leader/ IPE coordinator	

Learning Objectives

Learners will be able to:

1. Identify key elements of an IPE small group facilitation workshop
2. Prepare and deliver a half-day IPE small group facilitation workshop
3. Consider key teaching tips in planning the workshop
4. Incorporate the “Facilitating Interprofessional Collaboration with Students” DVD into the workshop

Description

This resource will provide educators with the tools required to prepare and deliver a half-day workshop for IPE facilitators. Specifically, this workshop will prepare IPE facilitators to conduct small IPE student tutorials effectively in an IPE placement. The main topics addressed in this workshop are the sections in the half day workshop including: introduction/overview, icebreakers, small group learning and IPE, facilitating small interprofessional student groups using an educational DVD, developing strategies to address small interprofessional challenges, evaluation and wrap-up. This resource includes teaching tips for each section as well as sample presentation, handout, resource and evaluation material. This resource is intended to address the needs of those running and coordinating the workshop (e.g., IPE leader). The resource is accessed through the Office of IPE, University of Toronto.

Key Highlights / Features

1. Sample handouts and presentations for the workshop
2. Practical teaching tips for conducting the workshop
3. Helpful strategies for integrating teaching using the “Facilitating Interprofessional Collaboration with Students” DVD into the workshop

3.1.5

SUPPORTING OTHER INTERPROFESSIONAL LEARNING OPPORTUNITIES: A MENU OF OPTIONS FOR ALL TYPES OF PLACEMENTS

Product Title:	Supporting Other Interprofessional Learning Opportunities: A Menu of Options for All Types of Placements
Product Type:	Section 5 of Toolkit
Initiative:	Interprofessional Preceptorship: Interprofessional Education Preceptorship/Clinical Placement Program— Toronto Rehabilitation Institute

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator			√	
Educator			√	
Clinician			√	
Other			√ All clinical placement students	

Learning Objectives

The reader will be able to:

1. Use this tool as a stimulus for reflection and discussion in prioritizing interprofessional learning priorities and developing plans to address these
2. Operationalize interprofessional learning objectives using sample learning activities provided

Description

As interprofessional (IP) learning is not restricted to interprofessional education (IPE) placements, students should be encouraged to address IP learning priorities in all types of clinical placements. Early in the clinical placement, students and clinical faculty should discuss the student's interprofessional learning needs and the range of interprofessional opportunities available in the clinical environment. This resource may facilitate a dialogue as it includes a menu of options for both sample IP learning objectives and IP learning activities from which to select and generate other options. The resource is accessed through the Office of IPE, University of Toronto.

Key Highlights / Features

1. This resource is applicable to students in any clinical placement (either IPE or non-IPE placements)
2. Practical suggestions provided to address students' interprofessional learning priorities
3. Range of interprofessional learning activities provided to challenge students across a wide range of abilities and experiences

3.2

FACILITATING INTERPROFESSIONAL COLLABORATION WITH STUDENTS (DVD)

Product Title:	Facilitating Interprofessional Collaboration with Students
Product Type:	DVD with facilitator’s guide
Initiative:	Interprofessional Preceptorship: Interprofessional Education Preceptorship/Clinical Placement Program— Toronto Rehabilitation Institute

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator			√	
Educator			√	
Clinician			√	
Other			√ IPE leader/ IPE coordinator	

Learning Objectives

Learners will be able to:

1. Recognize effective and ineffective small interprofessional group facilitation
2. Identify how and when to intervene as a small interprofessional group facilitator

Description

This DVD was designed to assist health care professionals to facilitate interprofessional collaboration and learning with students. In viewing the DVD, interprofessional education (IPE) facilitators will observe scenarios of small groups of interprofessional (IP) students in various clinical and tutorial settings. Each scenario captures a number of teaching moments that highlight both ineffective and effective IPE facilitation and potential challenges a facilitator may encounter with groups of IP students engaged in a variety of IP learning opportunities (e.g., tutorials, IPE placements, rounds, case studies, etc.) across clinical settings. This DVD was designed to be used as an integral part of the IPE Facilitator Workshop (Section 4 of the toolkit). This DVD is available through the Office of IPE, University of Toronto.

Key Highlights / Features

1. 21-page teaching facilitator's guide that accompanies this DVD features scenario descriptions and teaching strategies
2. Effective and ineffective facilitation strategies portrayed
3. Key teaching moments highlighted in the facilitator's guide to assist workshop facilitators in using the DVD with both small and large groups

4

INTERPROFESSIONAL COACHING:

INTERPROFESSIONAL COACHING & LEADERSHIP: TRANSFORMING CARE THROUGH COLLABORATION—UNIVERSITY HEALTH NETWORK

Message from the Initiative Lead:

Interprofessional Coaching and Leadership:
Transforming Care Through Collaboration –
University Health Network

Maria Tassone BScPT, MSc

Director, Allied Health and Professional Practice, University Health Network

Leading and coaching an interprofessional transformation at the University Health Network (UHN) was a tremendous learning experience for our team. As leaders, we were already committed to the notion that interprofessional collaboration (IPC) could have a profound impact on our patients and staff. What we were most excited about was discovering new possibilities for care and learning through collaboration; the tangible ways that we might grow exceptional patient care and staff engagement in our general internal medicine (GIM) units. What we learned is that collaboration is alive and well in our clinical environments, and that our teams already share a strong sense of collaboration in service of our patients. Our role as leaders is to elevate that collaboration in an intentional, systematic and focused way, moving our teams toward a co-created and shared vision of the future. We focused on a few key interventions that brought interprofessional teams together to learn about one another, about their roles and scopes of practice, and about how their collective gifts and skills could be used towards collaborative, patient-centred care.

We hope that the transformation model, curricula and tools from our work assist you in your collaborative journey.

OVERVIEW

This initiative was designed to: 1) build on the development, implementation and evaluation of an interprofessional leadership and coaching team at the UHN; and 2) test and share an interprofessional framework and tools with other clinical programs and hospitals, locally and provincially. The initiative supported the collective vision of building upon a strong foundation and further framing IPC as a standard to enhance patient care and staff engagement/retention across the Toronto Academic Health Sciences Network (TAHSN)/University of Toronto. With GIM as a focus, the objectives of the initiative were to: 1) build upon the IPC foundation at UHN; 2) embed IPC as a corporate priority, particularly given emergency department/GIM as a Balanced Scorecard initiative; and 3) further enable UHN to develop its IPC strategy. The interprofessional leadership and coaching team, comprised of six to eight clinical and administrative leaders with expertise in IPC, coaching, mentoring and organizational change, provided coaching and mentorship to leaders and leadership teams in GIM. The intervention was based on an appreciative inquiry approach that emphasized strengths and assets of individuals and teams in the creation of a shared vision and outcomes for a clinical program.

KEY INSIGHTS AND LESSONS LEARNED

Use an Appreciative Inquiry Approach

- Engage interprofessional staff at the point-of-care
- Emphasize what already works
- Focus on a shared vision of the future

Be Strategic

- Use multiple leaders from different professions to lead the process

- Obtain senior management endorsement and support
- Assess organizational readiness
- Link with balance scorecard
- Use project management infrastructure
- Communicate constantly

Obtain Resources

- Leadership time
- Replacement costs
- Consultant costs
- Build internal capacity for interprofessional coaching/facilitation

Attend to sustainability

- Integrate with existing projects and activities
- Link with HR and performance measurement
- Build in resources for coaching and clinical education
- Develop opportunities for reflective practice
- Provide leadership development

**The IMPLC
Super Toolkit includes
summaries of the following
initiative sub-products:**

- 4.1 Refreshing, Renewing and Revitalizing Health Assessment Course (2-day course)
- 4.2 Patient-Centred Care/Interprofessional Collaboration Course (3-day course)
- 4.3 Leading and Coaching an Interprofessional Care (IPC) Transformation (Web site and web-based guide with audio features)

4.1

REFRESHING, RENEWING AND REVITALIZING HEALTH ASSESSMENT: A TWO-DAY COURSE

Product Title:	Refreshing, Renewing and Revitalizing Health Assessment: A Two-Day Course
Product Type:	Two-Day Course
Initiative:	Interprofessional Coaching: Interprofessional Coaching & Leadership: Transforming Care Through Collaboration

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator				
Educator	√			√
Clinician	√			√
Other				

Learning Objectives

1. Renew and develop critical thinking in the health assessment of individuals utilizing a patient-centred care focus
2. Promote the collaboration of all health care team members in planning and implementing interventions based on assessment findings
3. Optimize outcomes for health care strategies by incorporating evaluation methods into patient care planning

Description

“Refreshing, Renewing, and Revitalizing Health Assessment: A 2-day course,” was conceived and developed in consultation with general internal medicine (GIM) staff and leaders, and offered to all staff in March and April 2007. The program was developed in direct response to specific learning needs articulated by GIM staff in the areas of deteriorating patient status, end-of-life care and decision-making and collaborative patient-centred care. The curriculum team included representatives and/or input from nursing, occupational therapy, physiotherapy, social work and pharmacy. These professions, as well as chaplaincy, speech-language pathology, clinical nutrition and respiratory therapy, contributed to the planning, case scenarios and best practices incorporated into the program.

A simulated family from the Standardized Patient Program, University of Toronto/University Health Network, was trained to act out an end-of-life care vignette for learning purposes. This ‘vignette’ has been filmed as a sustainability and dissemination strategy, and will be available on DVD. The curriculum was delivered using lectures, power-point presentations, discussion, small-group work, peer education, reflective exercises and experiential opportunities.

Key Highlights / Features

1. Revitalizing Health Assessment – day one of program targeted to nurses, and day two to the interprofessional team
2. Renewing Attention to Changing or Deteriorating Status – a critical patient safety issue in our health care system today
3. Planning Successful Team Discharges with Complex Patients: Going Home & Going to Rehab
4. Assessing & Planning Together to Address Complex End of Life Care with Patients/Families – shared accountability and decision-making

4.2

PATIENT-CENTRED CARE/ INTERPROFESSIONAL COLLABORATION COURSE

Product Title:	Patient-Centred Care/Interprofessional Collaboration Course
Product Type:	Three-Day Course
Initiative:	Interprofessional Coaching: Interprofessional Coaching & Leadership: Transforming Care Through Collaboration

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator	√			
Educator	√	√		√
Clinician	√	√		√
Other	√ professional/ practice leader	√ professional/ practice leader		√ professional/ practice leader

Learning Objectives

1. Elevate patient-centred care (PCC) from individual interactions with patients, to the interprofessional team level
2. Discuss and reflect upon the meaning professionals give to values, language, culture, and actions implicit in healthcare interactions with patients
3. Demonstrate interprofessional, patient-centred care processes in practice with individuals and families
4. Reflect upon and describe interprofessional, patient-centred principles

Description

The Patient-Centred Care/Interprofessional Collaboration course is based on an already existing three-day comprehensive course developed at the University Health Network (UHN) for its patient-centred care strategy. The program, based on the NRC/Picker model of patient-centred care, is focused on building and enhancing the one-to-one interactions that individual professionals have with patients. It examines underlying assumptions about who we are and how our long-held beliefs and values are brought into health care relationships and encounters with patients. This is achieved through small group discussion of scholarly articles, case studies, personal stories and dialogues with patients, movie clips and role-playing with standardized actors. Throughout the course, aspects of clinical practice are explored to encourage participants to identify routines and structures that are unnecessary, time-consuming and inconsistent with the values and standards of patient-centred care.

The focus of this initiative was to infuse notions of interprofessional collaboration (IPC) into the PCC program in order to build on the self-reflection, communication and personal leadership skills embedded in the curriculum. Two IPC curriculum experts worked with the PCC team to integrate a number of IPC exercises/activities that would stimulate discussion and reflection about the value of team work, the understanding of interprofessional roles and scopes of practice, shared accountability and decision-making, and effective, collaborative, patient-centred care. In essence, the outcome of this initiative was to elevate the PCC course focus on the individual role and impact health care professionals make on patients, to the role and impact of the interprofessional team.

In a debriefing session held with course facilitators and leaders, the lead facilitator expressed that in the three years she has been with the program, some of the richest and deepest conversations about team and patient care occurred during these sessions. The difference for her was not only in the new content of the course, but also in the intentionality of facilitators using the language of “team” vs. individual, and the interprofessional nature of the participants. As a result of the experience and evaluations, this new program will become the standard for teaching interprofessional, patient-centred care at UHN.

Key Highlights / Features

1. Questions, articles, and probes regarding team support, collaboration and decision-making to enhance patient-centred care
2. Discussion of importance of full interprofessional team involvement as a necessary component of patient and family centred interactions
3. Demonstration of skills through the use of standardized patients/actors
4. Explicit exercises that incorporate an interprofessional focus

4.3

LEADING AND COACHING AN INTERPROFESSIONAL CARE TRANSFORMATION

Product Title:	Leading and Coaching an Interprofessional Care Transformation
Product Type:	Web site and web-based guide with audio features
Initiative:	Interprofessional Coaching: Interprofessional Coaching & Leadership: Transforming Care Through Collaboration

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator	√			√
Educator	√			√
Clinician				
Other	√ professional/ practice leader			√ professional/ practice leader

Learning Objectives

1. Provide a model on leading and coaching an interprofessional transformation based on the University Health Network (UHN) experience
2. Provide access to tools/ exercises that can be incorporated into individual programs and organizations
3. Understand the cyclical process of interprofessional collaboration (IPC) transformation

Description

The UHN undertook a major transformation project in the emergency department (ED) and general internal medicine (GIM) in 2006/07. A significant component of this work centred on team renewal, growing exceptional care and staff engagement through IPC and the development of high functioning clinical teams. An interprofessional coaching team consisting of seven clinical and administrative leaders, supported by experts in appreciative inquiry and change

management, worked together to develop an interprofessional framework and tools to coach through collaborative practice.

The objective of this project component was to develop and share an interprofessional leadership and coaching model with clinical programs and hospitals, locally and provincially. Through the integration of interprofessional collaboration and appreciative inquiry concepts and theories, a transformation model and web-based guide was developed for clinicians, leaders and administrators on leading and coaching interprofessional transformation in any health care setting.

As a context for the development of the transformation model, a graphic artist was invited to two half-day 'retrospective' sessions with the project team and GIM staff to graphically illustrate the methodology and journey undertaken in this initiative. Through a structured inquiry, participants shared stories, mapped out a chronology of events, created a narrative of their work, and identified the critical success factors to sustain the project into the future.

With a graphic depiction in place, and a series of tools and reflections available, a web designer worked with the project team to create the guide found at www.ipctransformation.ca. The guide is divided into four phases of a transformation cycle: "Imagine and Envision," "Co-create Action Plans," "Put Plans into Action," and, "Reflect and Review Successes." Each phase of the guide is sub-divided into six sections:

1. Questions and Answers
2. Critical Success Factors

3. Case Study
4. Reflections
5. Tools
6. Connecting Tips (as you move into the next stage)

In order to enhance the learning experience, the unique feature of audio narration has been incorporated into the web-based guide. Users are provided with the option to view the guide in a traditional format, moving from screen to screen, or with a guide/narrator that summarizes and highlights the relevant content and story within each phase and section. The guide can be used by downloading tools, reviewing a section that is of particular interest or relevance, using it as part of a workshop or working group or downloading a printable version.

Key Highlights / Features

1. Web-based guide divided into four phases based on a transformation cycle: Imaging and Envisioning; Co-creating Plans; Turning Plans into Actions and Reviews Successes
2. Each phase further sub-divided into: Questions and answers; Critical Success Factors; Case Study; Reflections; Tools; and Connecting Tips as you review each stage
3. Access to tools and resources that are specific to the UHN project, as well as generic applications that can be applied to individual organizations
4. Easy to use resources, with unique feature of audio narration

5

INTERPROFESSIONAL COACHING:

INTERPROFESSIONAL EDUCATION FOR COLLABORATIVE PATIENT- AND FAMILY-CENTRED CARE—MOUNT SINAI HOSPITAL

Message from the Initiative Lead:

Interprofessional Coaching: Interprofessional
Education for Collaborative Patient- and
Family-Centred Care—Mount Sinai Hospital

Mary Agnes Beduz, RN MN
Director Nursing Education, Mount Sinai Hospital

As the Mount Sinai Hospital (MSH) Interprofessional Core Project Team, we were committed to enacting the processes of team collaboration and patient-centred care. This included having representatives of the interprofessional team as well as patient advisors collaborate to identify initiative goals, strategies and processes. Our initiative represents a methodology of how to partner with patients and families to achieve improved service delivery.

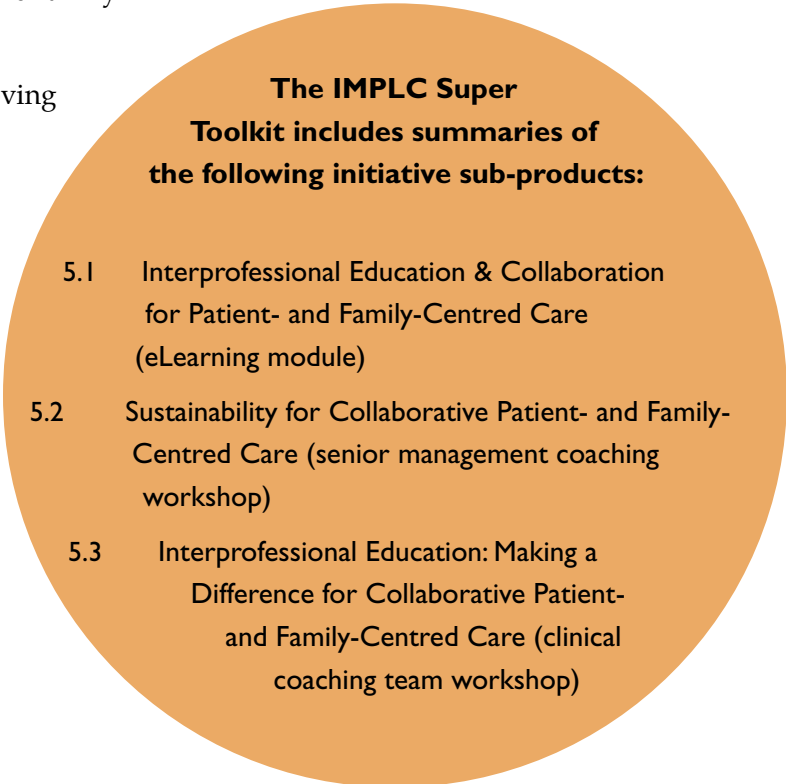
OVERVIEW

The focus of this initiative was to develop core resource teams within targeted areas of the hospital for collaborative patient- and family-centred care. A variety of coaching strategies were developed to bridge the gap between interprofessional education (IPE) principles with a patient-and family-centred model of care (PFCC) for service delivery. During the initiative, a model and framework were developed to guide the initiative. The initiative had three main phases. Phase 1 involved the training of the MSH Interprofessional Core Project Team in interprofessional coaching, mentoring and organizational change. Phase 2 involved the development of targeted curricula to support the dissemination and knowledge transfer of interprofessional collaboration (IPC) for PFCC at the introductory, clinical team and organizational leadership levels. Phase 3 involved three main deliverables that addressed three key themes. These themes are linked with three deliverables:

- 1. “Building Awareness” (eLearning module and workbook)
- 2. “Building Skill and Knowledge” (2-day clinical team workshop)
- 3. “Building Sustainability” (management network leadership workshop)

KEY INSIGHTS AND LESSONS LEARNED

- 1. Live the values from the start
- 2. Link projects to organization’s goals and objectives
- 3. Understand the role of patient and family advisors
- 4. Provide opportunities for improving the depth of understanding of professional roles through interprofessional workshops



The IMPLC Super Toolkit includes summaries of the following initiative sub-products:

- 5.1 Interprofessional Education & Collaboration for Patient- and Family-Centred Care (eLearning module)
- 5.2 Sustainability for Collaborative Patient- and Family-Centred Care (senior management coaching workshop)
- 5.3 Interprofessional Education: Making a Difference for Collaborative Patient- and Family-Centred Care (clinical coaching team workshop)

5.1

INTERPROFESSIONAL EDUCATION & COLLABORATION FOR PATIENT- AND FAMILY-CENTRED CARE

Product Title:	Interprofessional Education & Collaboration for Patient- and Family-Centred Care
Product Type:	eLearning Module
Initiative:	Interprofessional Education for Collaborative Patient- and Family-Centred Care—Mount Sinai Hospital

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator				✓
Educator				✓
Clinician				✓
Other				✓

Learning Objectives

1. Introduce Mount Sinai’s model for interprofessional collaborative patient- and family-centred care
2. Review the core principles of interprofessional collaboration (IPC) and patient- and family-centred care (PFCC) practice
3. Apply the principles of IPC/PFCC to clinical scenarios

Description

Mount Sinai developed an interprofessional collaborative patient- and family-centred care framework to guide the integration of these concepts within the organization.

An interprofessional team working collaboratively with patient advisors and an expert curriculum developer modeled the principles of collaborative patient and family-centred care while developing this eLearning module. The purpose of this module is to create awareness and beginning knowledge of the framework and core principles. It is most applicable to professionals, but can be used with modification of the scenarios to include all hospital staff. eLearning has the benefit of providing interactive educational experience delivered at the convenience and pace of the learner. It is specifically beneficial for individuals for whom attending face-to-face education sessions may be difficult due to their clinical commitments.

A companion workbook was developed for use with staff who may wish to have a hard copy, may not have access to a computer or prefer a different learning method. Upon completion of the eLearning module, a certificate is provided. Learning can also be tracked through out learning management system.

Key Highlights / Features

1. Self-directed web-based learning module
2. Good introduction to the principles of IPC for PFCC
3. Generally accessible to hospital employees, students and physicians

5.2

SUSTAINABILITY FOR COLLABORATIVE PATIENT- AND FAMILY-CENTRED CARE

Product Title:	Sustainability for Collaborative Patient- and Family-Centred Care
Product Type:	Senior Management Coaching Workshop
Initiative:	Interprofessional Education for Collaborative Patient- and Family-Centred Care—Mount Sinai Hospital

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator				✓
Educator				✓
Clinician				✓
Other				✓ CEO,VP, Directors

Learning Objectives

1. Introduce Mount Sinai’s model for interprofessional collaborative patient- and family-centred care
2. Review the core principles of interprofessional collaboration (IPC) and patient- and family-centred care (PFCC) practice
3. Review the leadership skills needed to create and sustain the optimal functioning of an IPC/ PFCC model organization
4. Build capacity through the real-time application of IPE/ PFCC principles to current initiatives

Description

Mount Sinai developed an interprofessional collaborative patient- and family-centred care framework to guide the integration of these concepts within the organization.

An interprofessional team working collaboratively with patient advisors and an expert curriculum developer modeled the principles of collaborative patient- and family-centred care while developing this workshop. This team worked extensively to assess the learning needs of the target audience, through an online survey, a series of interviews using an appreciative inquiry framework and two focus groups with patients and family members. The group planned and facilitated a five-hour workshop for 60 senior and middle management leaders within the organization. The workshop consisted of interactive large group discussion and small group learning and concluded with an opportunity to apply the concepts to a care delivery improvement strategy which the team members had identified in advance of the workshop. To ensure relevancy, teaching/learning scenarios arose from the lived experiences of workshop participants obtained during the assessment phase. Patient/family advisors, used as workshop faculty, both modeled the use of patients/family advisors and ensured inclusiveness of the patient voice. The workshop facilitated both conceptual and experiential learning and provided an opportunity to apply the concepts learned to a real issue that the team needed to resolve.

Key Highlights / Features

1. Five-hour facilitator-led interactive workshop
2. Large group discussions mixed with small group learning exercises
3. Current clinical improvement strategies for use in applying interprofessional collaborative patient- and family-centred care principles provided by management team
4. A sustainability initiative using specific knowledge transfer strategies to build capacity among organizational leaders

5.3

INTERPROFESSIONAL EDUCATION: MAKING A DIFFERENCE FOR COLLABORATIVE PATIENT- AND FAMILY-CENTRED CARE

Product Title:	Interprofessional Education: Making a Difference for Collaborative Patient- and Family-Centred Care
Product Type:	Clinical Coaching Team Workshop
Initiative:	Interprofessional Education for Collaborative Patient- and Family-Centred Care—Mount Sinai Hospital

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator				✓
Educator				✓
Clinician				✓
Other				✓

Learning Objectives

1. Enhance knowledge about the interprofessional education (IPE) initiative
2. Review the core principles of IPE and patient- and family-centred care (PFCC) practice
3. Discuss the current realities and potential outcomes of an IPE/PFCC model of practice in general and subspecialty medicine (GSM)
4. Discuss and practice skills needed in the optimal functioning of an IPE/PFCC model unit
5. Build capacity through the real-time application of IPE/PFCC principles to a current GSM initiative

Description

Mount Sinai developed an interprofessional collaborative patient- and family-centred care framework to guide the integration of these concepts within the organization.

A multiprofessional team working collaboratively with patient advisors and an expert curriculum developer modeled the principles of collaborative patient- and family-centred care. This team worked extensively to assess the learning needs of the target audience, through an online survey, a series of staff interviews using an appreciative inquiry framework and two focus groups with patients and family members. The group planned and facilitated a two-day workshop for 50 members of the general and subspecialty medical team. This team comprises a group of professionals that work across three nursing units and provide care for a homogenous patient population. Workshop attendees included representation from all professional groups (including some physicians). The workshop consisted of one-and-a-half days of interactive large group discussion, small group learning, and one half-day of application of the concepts to a care delivery improvement strategy (which the team had identified in advance of the workshop).

To ensure relevancy, teaching/learning scenarios arose from the lived experiences of workshop participants obtained during the assessment phase. Patient/family advisors, used as workshop faculty, both modeled the use of patients/family advisors and ensured inclusiveness of the patient voice. The workshop facilitated both conceptual and experiential learning and provided an opportunity to apply the concepts learned to a real issue that the team needed to resolve.

Key Highlights / Features

1. Two-day facilitator-led interactive workshop
2. Large group discussions mixed with small group learning exercises
3. GSM team provided the current clinical improvement strategy to apply interprofessional collaborative patient- and family-centred care principles
4. Process for creating and developing site/program specific knowledge transfer strategy

6

INTERPROFESSIONAL COACHING:

INTERPROFESSIONAL PREVENTION OF DELIRIUM IN THE EMERGENCY DEPARTMENT (IPPOD): BEST PRACTICE IN EMERGENCY ELDER CARE— SUNNYBROOK HEALTH SCIENCES CENTRE

Message from the Initiative Lead:

Interprofessional Coaching: Interprofessional
Prevention of Delirium in the Emergency Department
(IPPOD): Best Practice in Emergency Elder Care—
Sunnybrook Health Sciences Centre

Jacques S. Lee MD, MSc, FRCPC

Director of Clinical Research, Sunnybrook Health Sciences Centre

Welcome to IPPOD, Interprofessional Prevention of Delirium in the emergency department (ED). To improve care of elderly patients, the Sunnybrook ED staff adapted an existing best practice guideline to prevent delirium among older patients in the ED. The IPPOD Coaching Team then used the resources provided to the Catalyzing and Sustaining Communities of Collaboration Around Interprofessional Care Project to develop a multifaceted strategy to promote interprofessional collaboration and the uptake of the IPPOD best practice guideline. We developed a workshop curriculum and materials then delivered the workshops in small interdisciplinary groups of staff replicating the team that delivers care to older patients in the ED. Over 120 people (70 per cent of available staff) participated.

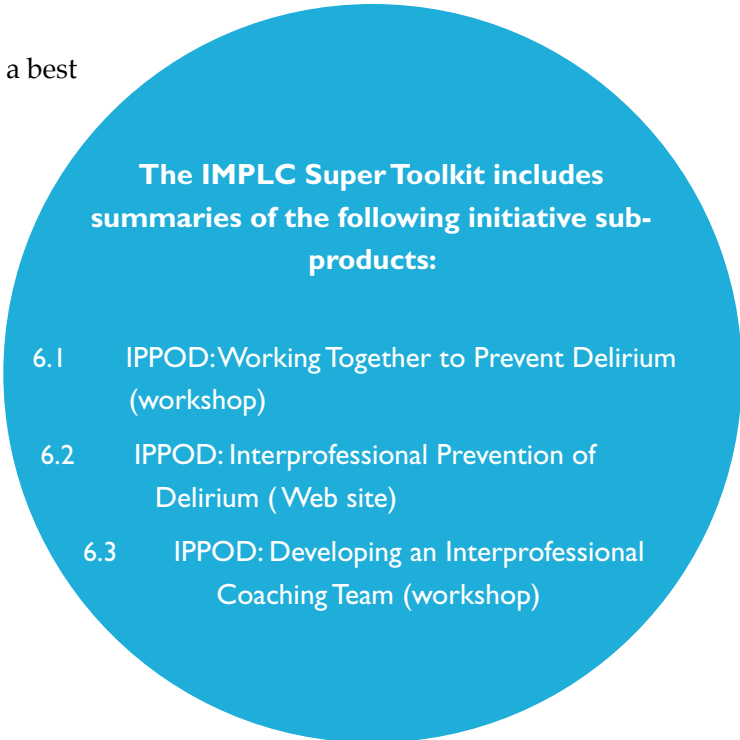
We were surprised at the overwhelming enthusiasm for the interprofessional collaboration (IPC)/interprofessional education (IPE) concept. Participants liked learning together and used the workshops to work out common problems with the current state of care delivery. We found facilitating learning in such a diverse group to be challenging, but our experience and skill as facilitators grew rapidly during the course of the initiative. We have subsequently shared this initiative with Thunder Bay Regional Health, and invite anyone with an interest in any aspect of the initiative to contact us.

OVERVIEW

The IPPOD initiative built upon the work completed by the Emergency Care Committee at the Sunnybrook Health Sciences Centre (Sunnybrook), which developed an evidence-based best practice guideline to promote the health and safety of older patients in the ED. The resources developed included: 1) an evidence-based screening tool to identify the most vulnerable elder clients; 2) a process to prepare the interprofessional coaching team that included required reading, an IPE skill analysis, workshops on IPE, ongoing mentorship and support during crises; 3) all materials necessary to deliver a best practices initiative to prevent delirium, falls, polypharmacy and loss of independence among older patients treated in the emergency; and 4) an online blended learning resources. The main purpose of the initiative was to develop and test an interprofessional knowledge to practice process, using resources that are available or transferable to other health care institutions, including: experienced faculty, multidimensional Geriatric Emergency Management (GEM) learning needs survey, a teamwork measurement tool validated for use in geriatrics settings in acute care, extensive reference repositories, and the Build-A-Case (an innovation of case-based learning).

KEY INSIGHTS AND LESSONS LEARNED

1. Front-line health care providers were enthusiastic for IPE/IPC when applied to a complex clinical problem (caring for older people in the emergency setting)
2. Adequate preparation of the interprofessional coaching team was an essential ingredient
3. Using an IPE/IPC approach to adapt a best practices guideline seemed to create favorable conditions for acceptance and uptake of the guideline



The IMPLC Super Toolkit includes summaries of the following initiative sub-products:

- 6.1 IPPOD: Working Together to Prevent Delirium (workshop)
- 6.2 IPPOD: Interprofessional Prevention of Delirium (Web site)
- 6.3 IPPOD: Developing an Interprofessional Coaching Team (workshop)

6.1

IPPOD: WORKING TOGETHER TO PREVENT DELIRIUM

Product Title:	IPPOD: Working Together to Prevent Delirium
Product Type:	Workshop
Initiative:	Interprofessional Coaching: Interprofessional Prevention of Delirium in the Emergency Department (IPPOD): Best Practice in Emergency Elder Care—Sunnybrook Health Sciences Centre

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator	√	√	√	√
Educator	√	√	√	√
Clinician	√	√	√	√
Other	√	√	√	√

Learning Objectives

1. Understand delirium and why it is a problem for older patients in the emergency department (ED)
2. Gain knowledge and skills in preventing delirium in the ED
3. Learn more about the roles of other team members and how they can help prevent delirium
4. Gain understanding about interprofessional collaboration (IPC): when, why and how to collaborate to improve patient care

Description

This half-day workshop is run by an ED clinical educator, and a Geriatric Emergency Management (GEM) nurse clinician. It is designed to educate a clinical team of professionals and non-professional ED staff, all of whom are involved in the care of older patients in the ED, including nurses, doctors, personal support workers, unit clerks, volunteers, security guards, social workers, pharmacists, geriatric nurse clinicians, mental health team members and paramedics. The workshop educates 10-15 team members from these diverse disciplines together, and replicates the composition of the clinical team in the ED. Participants complete a test on their knowledge of delirium, and knowledge and attitudes toward older people prior to the start of the workshop, as well as a survey on geriatric learning needs and current practices in the care of the elderly.

The workshop format consists of two presentations, The first is entitled “Delirium: Current Practices,” and covers the features of delirium, its causes and prevalence, importance for older patients and the impact of failing to recognize delirium in the ED. Participants then engage in the “Build-a-Case” exercise where they assemble a composite case based on their collective experience. This serves as the basis for discussing current practice vis-à-vis delirium among ED older patients. The second presentation is “Best Practices in Delirium Prevention,” and is followed by another breakout session, where the best practice interventions are discussed, focusing on how they would work in the ED. Each small group session is facilitated by one of the presenters. Key concepts of teamwork, IPC and IPE are embedded into each presentation. Participants also receive a handbook containing supporting articles, detailed resource materials, and copies of the presentations.

Key Highlights / Features

1. PowerPoint presentations (2)
2. Handbook
3. Group work exercises (“Build-A-Case,” facilitated discussion)

6.2

IPPOD: INTERPROFESSIONAL PREVENTION OF DELIRIUM “WORKING TOGETHER TO PREVENT DELIRIUM”

Product Title:	IPPOD: Interprofessional Prevention of Delirium “Working Together to Prevent Delirium”
Product Type:	Web site
Initiative:	Interprofessional Coaching: Interprofessional Prevention of Delirium in the Emergency Department (IPPOD): Best Practice in Emergency Elder Care—Sunnybrook Health Sciences Centre

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator	√	√	√	√
Educator	√	√	√	√
Clinician	√	√	√	√
Other	√	√	√	√

Learning Objectives

Visitors to the Web site will:

1. Learn about the problem of delirium in older people in the emergency department (ED)
2. Learn what different members of an interprofessional team can do to prevent delirium
3. Gain knowledge and skills about teamwork and interprofessional collaboration
4. Gain familiarity with the concept of interprofessional education (IPE)

Description

The IPPOD Web site houses a self-directed 'version' of the IPPOD workshop, and is designed as an educational tool for new ED staff.

There are three curriculum components:

1. **Learning About Delirium in the ED.** Topics address the following: What is delirium? What causes it? Who is at risk for developing it? How common is it? Why is delirium a problem in the ED?
2. **Learning About Working Together.** Topics address the following: What is teamwork? What is interprofessional collaboration? When does teamwork work best? How does teamwork help me? How does teamwork help the patient? What is IPE?
3. **The IPPOD Challenge.** This is a self-test on knowledge of delirium and knowledge of and attitudes toward older people.

Once the user has navigated the entire site, they can request a certificate acknowledging their participation. Users will also find resources developed by the IPPOD project such as a "Best Practice in Emergency Elder Care" guideline with an accompanying worksheet checklist, a pamphlet on delirium for family members, and materials on interprofessional collaboration, coaching and knowledge-to-practice (KTP) methods. A reference list will be provided as links to other online resources (e.g., organizational policies, videos, articles, Web sites).

Key Highlights / Features

1. "Learn about Delirium in the ED"
2. "Working Together" (IPC/IPE)
3. "The IPPOD Challenge"
4. References, resources and materials

6.3

IPPOD: DEVELOPING AN INTERPROFESSIONAL COACHING TEAM

Product Title:	Developing an Interprofessional Coaching Team
Product Type:	Workshop
Initiative:	Interprofessional Coaching: Interprofessional Prevention of Delirium in the Emergency Department (IPPOD): Best Practice in Emergency Elder Care—Sunnybrook Health Sciences Centre

Target Audiences and Major Category Addressed by the Initiative Sub-Product

	Leadership	Mentorship	Preceptorship	Coaching
Administrator	✓	✓	✓	✓
Educator	✓	✓	✓	✓
Clinician	✓	✓	✓	✓
Other	✓	✓	✓	✓

Learning Objectives

1. Understand the history and diverse styles of teamwork with a focus on multi-professional and interprofessional teams
2. Understand the core competencies for an interprofessional collaborative (IPC) coaching team
3. Gain skills in facilitating IPC
4. Be able to apply a knowledge-to-practice (KTP) process framework using a variety of blended methods and approaches
5. Be able to utilize tools to understand team member behavior and identify sources of interactional challenge

Description

This half-day workshop prepares participants to act as members of an interprofessional coaching team in order to implement practice change in their settings.

In a series of mini-lectures, small group exercises and readings, participants learn about the following:

- History and evolution of teamwork in health care
- Differences between diverse styles of teamwork especially multiprofessional and interprofessional practice and where each might be effective
- KTP methods such as the process of adapting best practice guidelines to fit new contexts
- Identification and use of formal and informal opinion leaders
- “Build-A-Case” method for small group learning
- The use of structured messaging, posters and practice aids, and parallel organizational change initiatives

Participants also practice the use of a very brief personal learning styles survey that can be used as a coaching aid and as a tool for self-reflection. Finally, participants are exposed to a set of tools for the assessment of team performance such as the informal roles checklist, stages of team development checklist, team culture, leadership style and organizational culture checklists. Just as any KTP enterprise cannot rely on a single educational event or method, coaching of the coaching team extends in time as coaches are able to consult on emerging issues and adapt their interventions in response to them.

Key Highlights / Features

1. Presentation (Powerpoint): “Developing an Interprofessional Coaching Team”
2. Handouts: “Competencies of an Inter-professional Coaching Team,” “The Build-a-Case Method,” “Work Plan for Implementing a Best Practice Guideline”
3. Teamwork tools (eg. “Informal Roles on Teams,” “Stages of Team Development”)
4. Self-reflection exercise (“So short you can’t make a mistake and if you do it doesn’t really matter guide to understanding each other’s behaviors in all sorts of situations”)

7 INTERPROFESSIONAL CHANGE MANAGEMENT: LEADING THE CHANGE AND SUSTAINING INTERPROFESSIONAL COLLABORATION AND EDUCATION ACROSS TAHSN HOSPITALS—THE POTENTIAL GROUP

OVERVIEW

The change management arm of the Catalyzing and Sustaining Communities of Collaboration Around Interprofessional Care (CCIC) Project was charged with enabling the Project's initiatives to move forward with greater clarity, momentum and support. Over the period January to July 2007, The Potential Group provided advice and guidance to the six CCIC key initiatives at University Health Network, Mount Sinai Hospital, St. Michael's Hospital, Bridgepoint Health, Sunnybrook Health Sciences Centre, and Toronto Rehabilitation Institute to fulfill their mandates from a change management perspective. We also provided support for the leadership project by helping design change management curriculum and providing change consulting services to each of the Toronto Academic Health Sciences Network (TAHSN) hospitals participating in the project.

As part of the project, we were charged with maximizing collaboration between initiatives to support sustainability. This work was brought together at a sustainability conference that engaged the broad community across all 13 TAHSN hospitals to reflect on their learning as a collaborative community at the end of the initiatives.

The resulting sense of energy and momentum about interprofessional collaboration (IPC) that now infuses the community was a direct result of the multiple efforts made to integrate the work and thinking across the initiatives and to engage the participants in constructive change leadership.

OBJECTIVES

- Support leaders in creating effective, visionary strategies and plans for their work on interprofessional care
- Guide leaders in recognizing that every organization already has some form of interprofessional collaboration at work, and to support them in identifying and expanding it
- Foster conversations about the emerging concept of collaboration across the network to creating a cohesive concept of IPC across TAHSN that builds on core principles while honouring each site's unique needs
- Support leaders in gaining strength at leading from an appreciative, energizing framework
- Recognize that the cross-project work was a learning model for networked collaboration
- Provide support to the specific interventions in each site to support the integration of IPC into the strategic goals of the hospital – i.e., not collaboration for the sake of collaboration, but to further the quality of care for patients and families

KEY INSIGHTS AND LESSONS LEARNED

1. IPC is not an end in itself; it is a key driver for key focus areas within health care. Professionals need a bigger mandate or focus to help drive their collaborative efforts. The desire to communicate better just for the betterment of the team is not meaningful on its own.
2. Effective teamwork is driven by a clear and commonly created vision and focus for the unit, department or clinical team. Teams that build a common compelling focus get beyond conversations about courtesy and respect to create innovations in collaboration that make a difference for patients and staff alike.
3. IPC is a movement that can be supported and enabled across the system. If we work together across institutions and coordinate efforts we will achieve better results.
4. Sustainability will be a function of our ability to link collaborative practice to key items on the health care agenda. Leaders and decision makers need to see the value that IPC can bring to their mandates and should be linked into the strategic plans of each institution.

KEY HIGHLIGHT(S)/FEATURES:

1. Use of appreciative inquiry as a methodology to support change
2. Consistently creating meaningful co-created anchor goals that inspire collaboration on teams and in organizations
3. Finding new ways to collaborate and learn between initiatives and hospitals to maximize synergies

Initiative & Resource Index

Page	Product Title and Resource	Mentorship			
		Adm	Edu	Clin	Oth
10	Creating Communities of Practice for interprofessional Care				
14	ehpic (educating health professionals for interprofessional collaboration) Leadership Course				
16	“Ask the Experts”:Workshops for Interprofessional Collaboration				
18	Creating a “Community of Collaboration”				
20	Community of Mentorship Professionals Assisting and Supporting Students/Staff (COMPASS): “Mentoring the Mentors” Leadership Program				
22	St. Michael's Hospital and Bridgepoint Health IP Mentorship Program		RN, MDS, HD	NC	
24	LinkHealthPro Online Networking: St Michael's Hospital and Bridgepoint		RN, MDS, HD	NC	
26	Interprofessional Education Preceptorship/Clinical Placement Program-Toronto Rehabilitation Institute				
28	Facilitating Interprofessional Clinical Learning: Interprofessional Education (IPE) Placements and Other Opportunities (General Summary)				
30	Getting Ready for Interprofessional Education (IPE) Placements				
32	Leading and Coordinating Interprofessional Education (IPE) Placements:A Resource for Education Leaders and Coordinators				
34	Hosting Interprofessional Education (IPE) Placements:A Resource for IPE Facilitators				
36	Developing Interprofessional Education (IPE) Facilitator Skills:Workshop Resources				
38	Supporting Other Interprofessional Learning Opportunities:A Menu of Options for All Types of Placements				
40	Facilitating Interprofessional Collaboration with Students (DVD)				
42	Interprofessional Coaching & Leadership:Transforming Care Through Collaboration—University Health Network				
44	Refreshing, Renewing and Revitalizing Health Assessment:A 2-Day Course				
46	Patient-Centred Care/Interprofessional Collaboration Course		√	√	P/PL
48	Leading and Coaching an Interprofessional Care (IPC) Transformation				
50	Interprofessional Education for Collaborative Patient- And Family-Centred Care—Mount Sinai Hospital				
52	Interprofessional Education & Collaboration for Patient- and Family-Centred Care				
54	Sustainability for Collaborative Patient- and Family-Centred Care				
56	Interprofessional Education: Making a Difference for Collaborative Patient- and Family-Centred Care				
58	Interprofessional Prevention of Delirium in the Emergency Department (IPPOD): Best Practice in Emergency Elder Care—Sunnybrook Health Sciences Centre				
60	IPPOD:Working Together to Prevent Delirium	√	√	√	√
62	IPPOD: Interprofessional Prevention of Delirium: “Working Together to Prevent Delirium”	√	√	√	√
64	IPPOD: Developing an Interprofessional Coaching Team	√	√	√	√

LEGEND:

AF: Academic Faculty
CPS: Clinical Placement Students

D: Director
DE: Director of Education
HD: Health Discipline

Preceptorship				Leadership				Coaching			
Adm	Edu	Clin	Oth	Adm	Edu	Clin	Oth	Adm	Edu	Clin	Oth
				√	√	√	CD				
				√	√	√	CD				
				√	√	√	CD				
√	√	√	IPEL, DE, AF	√	√	√	IPEL, DE, AF				
√	√	√	IPEL, IPEF	√							
√	√	√	SS, IPEL/I PEC	√	√		SS, IPEL/I, PEC				
√	√	√	SS, IPEL/I PEC	√	√	√	SS, IPEL/I, PEC				
√	√	√	IPEL/IPEC								
√	√	√	CPS								
√	√	√	IPEL, IPEC								
					√	√			√	√	
				√	√	√	P/PL		√	√	P/PL
				√	√		P/PL	√	√		P/PL
								√	√	√	√
								CEO, VP, D	√	√	√
								√	√	√	√
√	√	√	√	√	√	√	√	√	√	√	√
√	√	√	√	√	√	√	√	√	√	√	√
√	√	√	√	√	√	√	√	√	√	√	√

ICD: Faculty involved in curriculum development related to interprofessional education

IPEC: IPE Coordinator
IPEF: IPE Facilitator
IPEL: IPE Leader

MDS; MD student
NC: Offered to non-clinical
P/PL: Professional/practice leader

RN: Registered Nurse
SS: Senior Sponsor
VP: Vice-President

GLOSSARY OF TERMS

Note: The following glossary of terms was adapted from Interprofessional Care: A Blueprint for Action in Ontario (Closson, T. & Oandasan, I., 2007, p. 44).

Accreditation is a process that aims to achieve optimum patient care by maintaining high educational and practice standards in a program for a given profession or academic/health care institution in the provision of education and health care delivery. Accreditation can validate a program or institution's quality and improvement procedures and is usually conducted by an outside arms-length agency or relevant legislative and professional authorities. Accreditation status is granted when a program or institution has met or exceeded pre-determined standards.

Clinical Education means any on-location teaching environment, ranging from one-to-one training between a licensed or registered health care provider and a student to training in a health clinic or hospital with or without a residency program.

Clinical Placement is a planned period of learning, normally outside the academic institution at which the health care student is enrolled, where the learning outcomes are an intended part of the program of study. This will enable the student to learn and develop the skills and required competencies to practice health care delivery.

Collaborative Patient-Centred Practice “promotes the active participation of each health care discipline in patient care. It enhances patient and family centred goals and values, provides mechanisms for continuous communication among caregivers, optimizes staff participation in clinical decision-making within and across disciplines and fosters respect for disciplinary contributions made by all professionals (2003 Accord)”.

Collaborative Practice is defined as an interprofessional process for communication and decision-making that enables the knowledge and skills of care providers to synergistically influence the client/patient care provided (Way et al., 2000). Collaborative practice is linked to the concept of teamwork.

Competency is used to define discipline and specialty standards and expectations and to align practitioners, learners, teachers and patients with evidence-based standards of health care performance (Verma et al., 2006). Competency includes the understanding and application of clinical knowledge, clinical skills, interprofessional care skills, problem solving, clinical judgement and technical skills.

Delivery Organization encompasses hospitals, home care, and other health care delivery agencies.

Entry-To-Practice is the educational qualification identified in legislation for health professions as the requirement for an individual to be considered for registration or licensure to practice. Students or trainees in any health care discipline require clinical supervision in the delivery of health care.

Health Caregivers are regulated and unregulated health care providers, personal support workers, caregivers, volunteers and families who provide health care services at the organizational, practice and community levels.

HealthForceOntario is a provincial strategy that was launched in May 2006 to help address the shortage of health care professionals in key areas, create competitive job opportunities and better equip the province to compete for health care professionals. A key initiative of the strategy is to support health care providers in working collaboratively in their workplace, thereby strengthening the health workforce.

Interprofessional Care is the provision of comprehensive health service to patients by multiple health caregivers who work collaboratively to deliver quality care within and across settings.

Interprofessional Education is the process by which two or more health professions learn from, with and about each other across the spectrum of their life-long professional educational journey to improve collaboration, practice and quality of patient-centred care (D'Amour & Oandasan, 2005).

Team is a collection of individuals who work interdependently, share responsibility for outcomes, and see themselves and are seen by others as an intact social entity embedded in one or more larger social systems (for example, business unit or corporation) and who manage their relationship across organizational boundaries (Cohen & Bailey, 1997).

Teamwork describes an interdependent relationship that exists between members of a team. It is an application of collaboration. 'Collaboration' deals with the type of relationships and interactions that take place between coworkers. Effective health care teamwork applies to caregivers who practice collaboration within their work settings (D'Amour et al., 2005).

REFERENCES

2003 First Ministers' Accord on Health Care Renewal (2003). Health Canada Web site. Available at: www.hc-sc.gc.ca/hcs-sss/delivery-prestation/fptcollab/2003accord/index_e.html. Accessed July 11, 2007.

Closson, T., & Oandasan, I. (2007). *Interprofessional Care: A Blueprint for Action in Ontario*. Prepared by the Interprofessional Care Steering Committee for the Ontario Ministry of Health and Long-Term Care, HealthForceOntario. Available from: <http://ipe.utoronto.ca>.

Cohen, S.G., & Bailey, D.R. (1997) What makes team work. Group effectiveness research from the shop floor to the executive suite. *J Management* 23(4), 238–290.

Conference Proceedings Report (2007). Co-creating the Future for Interprofessional Care Sustainability Conference. Submitted by the University of Toronto Council of Health Sciences Deans in partnership with the Toronto Academic Health Sciences Network. Report prepared for the Ontario Ministry of Health and Long-Term Care. Available from: <http://ipe.utoronto.ca>.

D'Amour, D., Ferrada-Videla, M., San Martin Rodriguez, L., et al. (2005) The conceptual basis for interprofessional collaboration: core concepts and theoretical frameworks. *J Interprof Care* 19(suppl 1),116–131.

D'Amour, D., Oandasan, I. (2005) Interprofessionality as the field of interprofessional practice and interprofessional education: An emerging concept. *J Interprof Care* 19 (suppl 1), 8 – 20.

Health Council of Canada (2005). *Health care renewal in Canada: accelerating change*. Available from: <http://hcc-ccs.com/index.aspx>

Kirby, M.J.L. (2002) *The health of Canadians – the federal role: final report on state of the health care system in Canada*. The Standing Senate Committee on Social Affairs, Science and Technology. Available from: <http://www.parl.gc.ca/37/2/parlbus/commbus/senate/com-e/soci-e/rep-e/repoct02vol6highlights-e.htm>

Oandasan, I., & Reeves, S. (2005). Key elements for interprofessional education. Part 1: the learner, the educator and the learning context. *Journal of Interprofessional Care (suppl 1)*, 21–38.

Romanow, R.J. (2002) *Building on values: the future of health care in Canada – final report*. Commission on the Future of Health Care in Canada. Available from: <http://www.hc-sc.gc.ca/english/care/romanow/index1.html>

Verma, S., Paterson, M., & Medves, J. (2006) Core competencies for health care professionals: what medicine, nursing, occupational therapy, and physiotherapy share. *J Allied Health* 35(2),109–115.

Way, D., Jones, L., & Busing, N. (2000) *Implementation Strategies: Collaboration in Primary Care—Family Doctors & Nurse Practitioners Delivering Shared Care*. Toronto, ON: Ontario College of Family Physicians.

Wenger, E. *Communities of Practice: A Brief Introduction*. Available at: <http://www.ewenger.com/theory/index.htm> . Accessed August. 29, 2007.

