



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Interprofessional Learning Facilitator Guide

Acknowledgements

This guide has been modified with permission from the Canadian Working Group on HIV and Rehabilitation (CWGHR).

Background

According to a growing body of literature human service professions are facing problems so complex that no single discipline can possibly respond to them effectively. A wide range of complex conditions require a comprehensive approach where health professionals from a number of disciplines collaborate to provide seamless care. Interprofessional education helps to ensure that future health professionals develop competencies, in the form of knowledge, skills, attitudes, and judgments that will enable them to work collaboratively to meet the increasingly complex demands of today's health care environment. Education about complex and chronic diseases that involves health professionals at all levels and teaches a team approach is essential for improving management practices of these conditions.



The Facilitator Guide

This guide provides useful tools and strategies for delivering interprofessional learning experiences. This guide includes tools and strategies for facilitating the interactivity that is necessary for effective interprofessional learning. The guide is designed to meet the needs of facilitators and learners in a broad range of learning environments, including online and face-to-face delivery.

The guide is divided into chapters so users can pick and choose the content most relevant to their needs. The content in this guide can be used to support interprofessional learning focused on a broad range of areas related to chronic and complex disease management.

Chapter One – Interprofessional Learning

This chapter provides an overview of what we mean by *interprofessional education* and why it is important. It highlights the *National Interprofessional Competency Framework* as an anchor for the learning. This chapter also provides information about interprofessional collaborative practice.

Chapter Two– General Facilitation

This chapter is designed for those who have limited experience facilitating large or small group discussions or those who would like to review good practices in facilitation.

Chapter Three – Online Facilitation

This chapter supports those who plan to incorporate interactive learning into the online component of an interprofessional learning experience. It addresses some of the unique challenges and considerations for facilitating online discussions.

Chapter Four – Facilitating Interprofessional Groups

Interprofessional learning focuses on the process of collaboration. There are some unique challenges to facilitating interprofessional groups of learners. This chapter provides some tools and strategies for facilitating the process of interprofessional learning.

Glossary of Terms

Interprofessional Education – When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes (WHO, 2010).

Interprofessional Collaboration - Working together with one or more members of the health team who each make a unique contribution to achieving a common goal, enhancing the benefit for patients. It is a process for communication and decision making that enables the separate and shared knowledge and skills of different care providers to synergistically influence the care provided through changed attitudes and behaviors, all the while emphasizing patient-centered goals and values (Health Canada).

Multiprofessional - Multiple health care providers caring for the same patient/client who coordinate their efforts. It lacks the integration and collaborative decision-making of interprofessional collaboration.

Asynchronous Discussions – Interactions take place outside the constraints of time and place. Participants read and send messages at various times, over an extended period of time.

Synchronous Discussions – Requires all participants to be present at the same time.

Blended Learning – Learning experiences that combine online technology and face-to-face components.

Facilitation - The process of helping groups, or individuals to learn, find solutions, or reach consensus without imposing or dictating an outcome.

CHAPTER ONE – Interprofessional Learning

This chapter is designed to provide an understanding of the rationale for interprofessional education and collaboration. This section is relevant for anyone delivering interprofessional learning focused on a broad range of areas.

Why interprofessional collaboration?

Governments and policy makers around the world are recognizing that a strong, flexible and collaborative health workforce is one of the best ways to confront the highly complex health challenges facing communities around the world (WHO, 2010). According to Health Canada, all jurisdictions in Canada are currently experiencing shortages of health care providers, wait times for many services, and escalating costs (Health Council of Canada, 2005). Faced with a potential health human resources crisis, it is time to rethink how we plan for and deliver health care services. It is time to design health service delivery models that encourage health care providers to work collaboratively and to their full scope of practice.

Health Canada states that Canada's ability to provide access to "high quality, effective, patient-centered and safe" health services depends on the right mix of health care providers with the right skills in the right place at the right time (Health Council of Canada, 2005). Interprofessional collaboration supports the need to improve patient safety, reduces wait times for medically necessary procedures, provides home care programs, and increases disease prevention initiatives.

According to the literature, a collaborative approach to healthcare (Oandasan et al., 2006; WHO, 2010; Zwarenstein & Bryant, 2000):

- Maximizes the strengths and skills of health workers, enabling them to function at the highest capacity;
- Enhances the efficiency of teams through reduced service duplication, more frequent and appropriate referral patterns, greater continuity and coordination of care and collaborative decision-making with patients;
- Assists in recruitment and retention of health workers;
- Improves workplace practices and productivity;
- Improves patient outcomes;
- Improves patient safety;
- Provides better access care; and
- Increases patient satisfaction.



What is collaborative care?

Collaborative care describes a range of models of practice in which patients/clients and their families and caregivers, together with health care providers - each with different experience, training, knowledge and expertise - work together to provide more coordinated and effective services.

evaluate interprofessional learning.

Interprofessional education

Interprofessional education is a key method of ensuring that various collaborators improve team functioning, for the benefit of the patient/client. Interprofessional education develops knowledge and understanding of other professions and promotes the respect needed for effective collaboration. Collaborative teams are dedicated to expanding on the benefits of interprofessional approaches to care for all stakeholders, and provide a description of the roles of patients/clients, families and caregivers, and various team members.

The World Health Organization (2010) defines interprofessional education as occasions when “students from two or more professions learn about, from and with each other to enable effective

Competencies for interprofessional education

Interprofessional education is not an end in itself, but a means of preparing different types of health care personnel, and patients/client, families and caregivers, to work together. Interaction is an important element of interprofessional education—interaction between learners and educators from different health care professions. The learner’s readiness for interprofessional collaborative practice is influenced by the development of certain competencies. *The National Interprofessional*

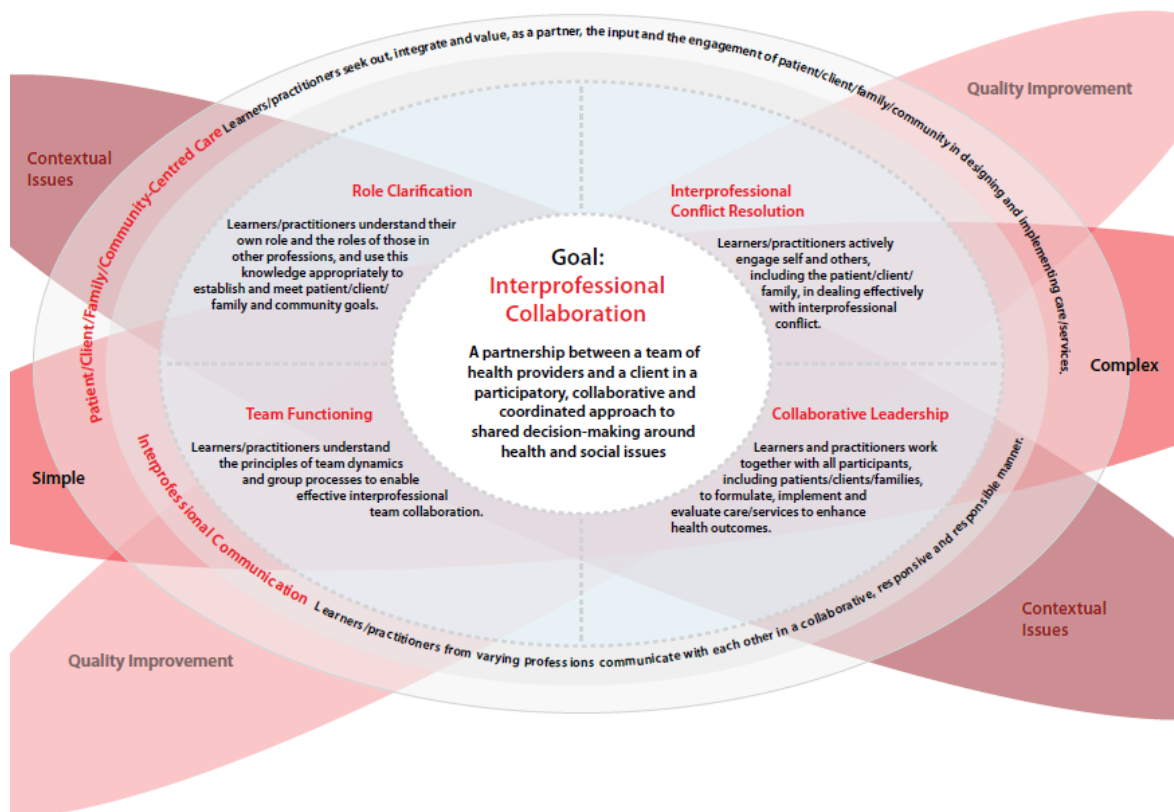
Similar to engaging in collaborative care activities, opportunities to include patients/clients, families and caregivers, and other individuals who do not necessarily hold professional designations, should be explored and encouraged when designing, implementing and

collaboration and improve health outcomes” (p.13). Interprofessional education may be introduced at two main levels, either pre-licensure or post-licensure. *Pre-licensure* education occurs while a student/learner is in his/her formal years of learning, before receiving a license/certification to practice independently. *Post-licensure* education denotes education that occurs once a health professional is practicing independently. In the context of collaborative HIV care, interprofessional education activities may also occur formally or informally. Informal activities often occur at the practice level, where the exchange of knowledge between providers and future providers (learners) happens on a regular basis. The CWGHR modules offer a formal means of delivering interprofessional education focused on HIV and other related illnesses.

*Competency Framework** identifies the competencies necessary for effective interprofessional collaboration (www.cihc.ca):

1. Interprofessional Communication
2. Patient/Client/Family/Community-Centred Care
3. Role Clarification
4. Team Functioning
5. Collaborative Leadership
6. Conflict Resolution

**See Chapter Six in this guide for reflective questions related to these competency domains*



What collaboration looks like

An interprofessional health care team is a group of health professionals from different professions who engage in planned, interdependent collaboration. Patients/client, families and caregivers are also considered integral members of the collaborative team and should be involved in the planning, development, implementation and evaluation of interprofessional education programs and collaborative care activities.

Interprofessional approaches to consumer care are believed to have the potential for improving professional relationships, increasing efficiency and coordination, and ultimately enhancing patient/client and health outcomes. The care provided to patients/client by an interprofessional team is enhanced by the integration of ideas and varying expertise about patient/client needs and intervention strategies that would not be possible without the collective insight of the team.

An interprofessional team developing care plans for patients/clients must be able to approach care holistically, consider the needs of the patient/client, and identify and integrate important pieces of information. The ability of each discipline to contribute to the care plan will depend on each team member's understanding of the patient/client's needs, problems and goals. The team may agree that "optimal health" is the goal for the patient/client. However, the means for achieving or arriving at the goal may differ between professions. These differences are in part a result of each discipline's background training, expertise and approaches to problem solving and patient/client care. These differences are a significant element of interprofessional collaboration, as unique perspectives enable team members to view and approach problems in new ways. The various viewpoints and expertise must be embraced and respected by the team, and integrated as part of the interprofessional approach to patient/client care.

Effective interprofessional health care teams may be characterized by the following:

- Members provide care to a common group of patients/clients;
- Members develop common goals for patient/client outcomes and work toward those goals;
- Appropriate roles and functions are assigned to each member, and each member understands the roles of the other members;
- The team possesses a mechanism for sharing information; and,
- The team possesses a mechanism to oversee the carrying out of plans and to make adjustments based on the results of those outcomes.

Key principles of effective interprofessional collaboration include the following:

- The focus of team members is on needs of the patient/client rather than on individual contributions of team members;
- Team members depend on others and contribute their own ideas toward solving a common problem;
- Team members respect, understand roles, and recognize contributions of other team members;
- Teams work both within and between organizations; and
- Individuals have realistic expectations of other team members, which can help avoid role ambiguity, role conflict, and role overload



CHAPTER TWO - General Facilitation

Interactivity is key to interprofessional learning. Facilitating small group discussions requires some unique skills. Facilitation is different to teaching. This chapter focuses on the skills and strategies that facilitators need to support large and small group learning in any context.

What is facilitation?

Facilitation is the process of helping groups, or individuals to learn, find solutions, or reach consensus without imposing or dictating an outcome. Facilitation works to empower individuals or groups to learn for themselves or find their own answers to problems.

What is a facilitator?

A facilitator is a process guide who focuses discussions and clarifies understanding, while encouraging shared decision-making and problem-solving. A facilitator assists the group in creating and achieving common goals and expectations. *Facilitators are not a content/topic expert.*

Characteristics of a good facilitator

Facilitators need good communication skills. Effective facilitators are non-authoritarian, patient, flexible, intuitive, organized, confident, respectful and open-minded. In addition, they have good tolerance for ambiguity and uncertainty and an eagerness to learn.



The role of a facilitator

- ✓ Articulate the purpose of the discussion and its significance to the group
- ✓ Clearly state the goal and purpose of each activity
- ✓ Let the group know the expected time that will be spent on each activity
- ✓ Stimulate, encourage, and maintain a safe environment
- ✓ Support good interpersonal relationships in the group
- ✓ Observe verbal and non-verbal cues from the group
- ✓ Ensure all disciplinary perspectives represented in the group are presented
- ✓ Stimulate critical thinking
- ✓ Maximize group interaction
- ✓ Help participants reflect on the experiences they are having
- ✓ Link discussions to practice
- ✓ Challenge thinking
- ✓ Question and probe reasoning
- ✓ Provide frequent feedback
- ✓ Keep the discussion moving when tensions arise or discussions lag

Facilitation techniques

- ✓ Asking rather than telling
- ✓ Listening
- ✓ Observing
- ✓ Structuring
- ✓ Guiding
- ✓ Suggesting
- ✓ Summarizing
- ✓ Synthesizing
- ✓ Encouraging
- ✓ Consensus building
- ✓ Balancing task and process
- ✓ Providing opportunities for individual input and reflection



Common facilitation challenges

Facilitation is a complex process that differs markedly from other types of leadership and education. There are a number of considerations that facilitators need to be aware of as they help groups through the collaboration process. The following table provides an overview of some common challenges facilitators might face, the causes of such challenges, and some strategies to address them.

Challenge	Possible Causes	Facilitation Strategies
Keeping the group on track	<ul style="list-style-type: none"> • Talkative people • People focused on their own knowledge and expertise 	<ul style="list-style-type: none"> • Thank them, restate relevant points, move on • Acknowledge interest and refocus on agenda/topic • Refer back to objectives of the session • Promise/give space for related tangents to be followed up: parking lot, handout resources, break time discussions, etc.
Conflict	<ul style="list-style-type: none"> • Personality clashes • Perceived hierarchies • Disrespect • Generational differences • Emotionally charged issue 	<ul style="list-style-type: none"> • Get options from others • Note points of disagreement and minimize where possible • Draw attention to the agenda/topic/new question • Review ground rules for engagement
Quiet or shy participants in the discussion	<ul style="list-style-type: none"> • Personality style • May be lost or confused • Cultural differences (familiarity/comfort with collaborative processes; different educational traditions; different approaches to time management; language barriers) 	<ul style="list-style-type: none"> • Seek out their opinions • Sincere and subtle recognition • Include “introverted” forms of participation – reflection questions, pair discussions, etc.
Over bearing participants	<ul style="list-style-type: none"> • Personality style • Natural leaders • Don’t feel their point is being made • Well-informed • Over-eager 	<ul style="list-style-type: none"> • Ask them challenging questions to slow them down • Let the group manage them to the greatest extent possible • Use the parking lot to place some points up for later discussion
Use of discipline specific language / jargon	<ul style="list-style-type: none"> • Interdisciplinary group • Showing off • Unaware language might not be understood 	<ul style="list-style-type: none"> • Ask for a definition or clarification for yourself and the group • Point out the group may not be familiar with a particular term • Anyone has the right to call “Jargon” at any time when jargon comes up - model doing this yourself the first few times

Challenge	Possible Causes	Facilitation Strategies
Perceived hierarchies	<ul style="list-style-type: none"> • Interdisciplinary group • Cultural differences 	<ul style="list-style-type: none"> • Ask group members for different perspectives • Acknowledge value of all contributions
Disruptive group member	<ul style="list-style-type: none"> • Bored • Don't see relevance of discussion • May not understand something 	<ul style="list-style-type: none"> • Call on the individual by name and ask an easy question (caution – calling by name can sometimes generate additional resistance) • Repeat last opinion offered and ask for theirs
No one is talking / contributing	<ul style="list-style-type: none"> • Instructions might not have been clear • Lack of leadership • An entire group of “the strong silent type” 	<ul style="list-style-type: none"> • Arouse interest by seeking their opinions • Think-Pair-Share – allows participants to get used to talking in a situation where being silent is much more awkward for them (a pair discussion) – which segues into a group discussion
Wanting your expertise	<ul style="list-style-type: none"> • Genuine interest • Think there is a “right answer” 	<ul style="list-style-type: none"> • Redirect the question to others • Reaffirm your role as a facilitator, and that there are benefits to peer-based investigation

Culture and Diversity

Cultural differences can impact group dynamics, as well as the facilitation style that is most effective. All human beings have a culture this is reflected in their everyday activities, relationships and social processes. Culture impacts the way we interact with others and like to be communicated with. People from some cultures speak directly, while others use more indirect ways of talking. Different cultures incorporate implicit language practices, while others may be more explicit. Language expectations, role expectations, and what are considered appropriate topics of conversation also differ.

Facilitators do not need to understand the communication styles of each and every cultural group they may come in contact with. They just need to be open, flexible and non-judgmental. Facilitators should be aware that many of the facilitation challenges outlined above may be due to cultural differences. One strategy for managing issues that arise from cultural difference is to get participants to use the mnemonic ODIS.



ODIS

1. **Observe** – Stop and take note of what is going on.
2. **Describe** – Objectively describe the situation. What was said? What did people do? Do not interpret at this time!
3. **Interpret** – Come up with as many possible explanations to explain the situation. This will promote understanding and empathy.
4. **Suspend** – Suspend judgment. Acknowledge that there are many possible reasons for any given situation.

Culturally diverse groups do not necessarily present challenges. Having participants from different cultures can enhance learning and foster a rich learning environment. Whether the group is culturally diverse or not, it is important to highlight the impact of culture on HIV care and prevention. For example, Aboriginal populations have an increased prevalence of, and vulnerability to, HIV and other chronic diseases where rehabilitation can be very useful and important. Capitalize on the cultural diversity of your group whenever possible. In culturally homogeneous groups, get people to think about what the implications might be if they were dealing with someone from a different culture or marginalized group. Using cases that represent different cultural groups can help with this.

Facilitation Strategies

Some basic strategies that help prevent some of the challenges that might arise when facilitating a group include:

- ✓ Establishing your role up front
- ✓ Checking your biases
- ✓ Being attuned to group and interdisciplinary dynamics
- ✓ Valuing the distinctive experience and expertise each participant brings
- ✓ Being ready to encounter friction that arises due to the collaboration process
- ✓ Understanding issues of power and hierarchy
- ✓ Having a 'parking lot' for when the conversation goes off track
- ✓ Setting ground rules/group guidelines at the beginning of the session*
- ✓ Not being directing
- ✓ Not stereotyping
- ✓ Allowing participants to direct themselves
- ✓ Ensuring equal participation
- ✓ Considering all ideas presented
- ✓ Being aware of non-verbal communication

**Setting ground rules*

There are several effective ways to create group guidelines or agreements.

1. If time is an issue, as it tends to be in short sessions, it may be necessary for you simply to list the group guidelines for participants. Be sure to inquire whether the group guidelines are agreeable.
2. List guidelines you commonly use and then ask for additional group guidelines from the participants. When somebody proposes a guideline, ask the other participants if they agree to it.
3. If you have the time, the best way is to allow the participants to generate the entire list. Ask them to think about what they, as individuals, need to ensure a safe environment for collaboration.

Useful Tips

- ✓ It is helpful to post the group ground rules somewhere visible
- ✓ Refer back to the list when you sense that participants are failing to follow one or more of the items
- ✓ Challenge the participants on the group guidelines early and often
- ✓ *Model* these group guidelines in your own participation
- ✓ Revisit the group guidelines occasionally and, if time allows, ask whether the participants would like to add any new items

Useful language

Here are some phrases that facilitators might want to add to their arsenal for addressing particular challenges.

Keeping discussions on track

- When a participant questions the process or otherwise wants to take the group in a different direction, it can be helpful to turn that question to the group.
 - “Well, what do you think?”
 - “Let’s consider that question for a minute. What are people’s thoughts?”
- Keep people working with the process and ground rules that the group agreed to.
 - “Remember, this is just the brainstorming stage - clarifications and discussion will follow later.”
 - “If you would like to speak, I need to see a hand up, like we agreed. It doesn’t work to have people cutting each other off.”
- Use the goals, agenda, outcomes, activity at hand or other ways to refocus the group on the purpose of the time. Give participants an allotted time for particular discussions or activities.
 - “We’re getting off track with this item. Remember our purpose is to decide a theme for the training; we can deal with the issue of space, but we need to make a separate time for that.”
 - “Let’s refocus - do people want a five minute break, then come back and get through this.”
- An important tool can be to accept the statements of participants, even when emotional.
 - “That’s a good point.”
 - “It’s clear that you have some very strong opinions about this. Let’s keep thinking about how to turn these problems into solutions.”
 - “Wow, that’s an important point. Perhaps we should take five minutes to address that point before moving on. Does everyone agree?”
 - “That’s a critical issue. Keep it in mind because we’re going to talk about this a few items down our agenda.”
- Humor, used right, can diffuse a tense situation. Allow for some laughter and good-natured joking.
- Don’t be afraid to be direct. Being direct can be a useful technique when there is clear tension or resistance. Be prepared to deal with the answer.
 - “What’s going on here?”
- Call a break. Have a stretch. Play a short game or do an icebreaker.

Responding to Challenging People

It is inevitable that you will face people in the group that challenge you or are blocking what others are saying. In general you need to address the behavior-not the person-when handling a challenge from one or a few individuals. Try to establish responses that you memorize and can pull out of your head to respond when people are being difficult.

- “Would you see me at the break to discuss this point further?”
- “That is an interesting dilemma - perhaps we can discuss this over lunch.”
- “You are very knowledgeable about this topic. Thank you for sharing another perspective.”
- “I hear 3 questions. Let’s deal with one question at a time.” - then repeat the questions you heard them ask to check for clarity
- “Thank you for asking. I must not have been clear before. Let me try to explain the concept in a different way.”
- Summarize what participants say and ask if this is what they mean

Dealing with uncertainty

If asked a question you don’t know the answer to just remember the mantra:

- “That is a really good question, what do you/others think?”
- Ask open-ended questions – use “why”, “how”, “what”, “where”, “who” and “when”

What not to do

A facilitator should not:

- Impose a solution on the group
- Downplay people’s ideas
- Push personal agendas and opinions as the “right” answer
- Dominate the group
- Tell inappropriate or offensive stories
- Make up an answer
- Allow people to bully others in the group
- Tell too much about their personal experience and life
- Assume the demographics of the group
- Fail to set ground rules at the beginning of the session
- Be directing
- Stereotype
- Present their own disciplinary perspective
- Reinforce hierarchies – deferring to particular disciplines as the leader

Group dynamics

Despite your best efforts as a facilitator, you cannot change who people are. Group dynamics are often influenced by different approaches towards collaboration or the way in which individuals communicate. As a new group starts to work together, they will go through various stages of team development. You will need to think of ways to help the group through these stages so they are able to meet their goals. At first, roles will be vague and uncertain and communication will be “nice”. Slowly, roles will start to crystalize, a sense of “we” will begin to emerge, and communication will start to deepen. Once the team has been working together for a little while, conflicts may start to occur and the need for facilitation may emerge or increase. Eventually, with the help of effective facilitation, goals will be set, roles will become clear, criticism will be constructive, and consensus will be reached.

Stages of Team Development

Still relevant today are Tuckman’s (1965) four stages of team development - While progression through each stage is by no means universal or necessarily sequential, reflection on the development stages of collaborating teams provides clues to potential issues that might compromise collaboration.

Forming - High dependence on facilitator for guidance and direction. Little agreement on team aims other than received from facilitator. Individual roles and responsibilities are unclear. Facilitator must be prepared to answer lots of questions about the team's purpose, objectives and external relationships. Processes are often ignored.

Storming - Decisions don't come easily within group. Team members vie for position as they attempt to establish themselves in relation to other team members. Clarity of purpose increases but plenty of uncertainties persist. Cliques and factions form and there may be power struggles. The facilitator needs to help the team focus on its goals to avoid becoming distracted by relationships and emotional issues.

Norming - Agreement and consensus is largely formed among team members who respond well to facilitation. Roles and responsibilities are clear and accepted. Big decisions are made by group agreement. Smaller decisions may be delegated to individuals or small teams within group. Commitment and unity is strong. The team may engage in fun and social activities. The team discusses and develops its processes and working style. There is less need for formal facilitation. Facilitator should still be on alert for regression back to the storming stage or stagnation.

Performing - The team is more strategically aware; the team knows clearly why it is doing what it is doing. The team has a shared vision and is able to stand on its own feet with no interference or participation from the facilitator. There is a focus on over-arching goals, and the team makes most of the decisions without guidance from the facilitator. The team has a high degree of autonomy. Disagreements occur but now they are resolved within the team positively and necessary changes to processes and structure are made by the team. The team is able to work towards achieving the goal, and also to attend to relationship, style and process issues along the way. Team members look after each other. The team requires delegated tasks and projects from the facilitator. The team does not need to be instructed or assisted. Team members might ask for assistance from the facilitator with personal and interpersonal development.

Group Development and Facilitative Leadership

	Phases of Group (Needs of Group Members)	Facilitation Strategies
Terminating the Group's Work	<p>ADJOURNING</p> <ul style="list-style-type: none"> ➤ Creates apprehension, minor crisis ➤ Regression in maturity level ➤ Needing help in saying "good-bye" 	<p>DELEGATING/SEPARATING</p> <ul style="list-style-type: none"> ➤ Supporting, letting go ➤ Adjusting own leadership style ➤ Helping group deal with termination issues
Functioning as an Effective Group	<p>PERFORMING</p> <ul style="list-style-type: none"> ➤ Working productively toward shared goals ➤ Problem solving and decision-making ➤ Open communication, trust, respect ➤ Dealing with conflict 	<p>SUPPORTING</p> <ul style="list-style-type: none"> ➤ Offering own resources, ideas ➤ Sharing the leadership role ➤ Being available for one-to-one consultation/coaching ➤ Soothing the interface between the group and the organization or community
Managing conflict, establishing "ground rules"	<p>NORMING</p> <ul style="list-style-type: none"> ➤ Resolving control concerns ➤ Establishing group agreement ➤ Catharsis, "honeymoon" 	
Dealing with issues of power and control	<p>STORMING</p> <ul style="list-style-type: none"> ➤ Consolidating influence ➤ Confronting dependency on leader ➤ Conflict among group members ➤ Work level low 	<p>COACHING</p> <ul style="list-style-type: none"> ➤ Surfacing issues, legitimizing concerns ➤ Facilitating communication, managing conflict ➤ Inviting input and feedback, sharing control ➤ Expecting and accepting tension
Developing a positive working environment	<p>FORMING</p> <ul style="list-style-type: none"> ➤ Becoming oriented ➤ Developing commitment ➤ Needing direction ➤ Wanting to be accepted, included 	<p>DIRECTING</p> <ul style="list-style-type: none"> ➤ Climate setting ➤ Clarifying roles, expectations ➤ Defining goals, providing structure ➤ Group-building

Over Time . . .

CREDITS: Model by Marilyn Laiken (1985); graphic design, Jeff Solway (1988); "phases of group development" headings, Bruce Tuckman (1977); "role of the facilitator" headings, K. Blanchard (1985).

CHAPTER THREE - Online Facilitation

Online discussion forums provide a means to bring together interprofessional groups of learners, while overcoming some of the common challenges of interprofessional education. Discussions can be asynchronous. Throughout this guide, there are discussion questions presented, which can be used to foster online discussions and interprofessional learning.

Some key strategies for facilitators include:

- Checking discussion forums daily, since immediacy in feedback appears to be a strong predictor of learning and learner satisfaction.
- Establishing rapport. The first part of the online interactions is a particularly important time to establish rapport, develop confidence in mastering the discussion forum, and modeling expectations.
- Posting a brief biography, indicating interest and expertise in the topic. Some early comments will help to engender enthusiasm and establish an atmosphere of collegiality. Building of a sense of community in the discussion is critical to student learning.
- Opening the online discussion by providing discussion questions to the group. As the discussion continues, facilitators need to connect and weave ideas. Probing and requests for further elaboration help to promote further discussion. At the conclusion of the discussion period, the facilitator should prepare a summary of the main points and key learning.
- Sending personalized emails to enhance the perception of interaction, fostering the students' sense of community, and increasing their satisfaction with the learning experience.
- Creating a safe learning environment where opposing ideas are welcomed. Leading questions that reveal personal biases should be avoided. Begin a response to a student posting by providing a positive comment prior to a critical assessment of other issues.
- Being mindful of any negative comments or stereotypes of professions during discussion. This needs to be re-directed positively; use this as an opportunity to provide positive education and the appropriate information of a profession.



Steps to consider when composing a message

1. What are the learners' ideas? When reviewing the messages, identify themes, unresolved concerns and discrepancies and any other ideas you plan to address.
2. Identify what the group needs to explore in greater depth? Identify the most important issues raised thus far and then write a sentence about an area to be explored in greater depth. Conclude with an open-ended question.
3. Identify the behaviours to be modeled or encouraged. Review the drafted message and ensure that it aligns with the program goals.
4. Consider how the readers will perceive the posting. Reread and then consider the addition of a greeting or opening.

Tips for Online Facilitation (Hanna et al., 2012)

Be Prepared for "Flying Blind":

- Know that you will not have access to many of the sensory skills you use in the face-to-face setting
- Consider how the foundations of your F2F IPE Facilitation skills will transfer to the online environment

Don't let technology take over:

- The more complex it is the more likely there will be "bumps" – go with the flow
- Develop contingency plans that will allow collaboration to move forward in the face of glitches
- Provide support and gives learners adequate time to work with new applications and technology: keep tasks very simple at the start to reduce anxiety

Be explicit, be clear:

- Expectations about homework, participation and other areas may need to be spelled out very clearly, in multiple places, multiple times
- Simple netiquette rules (e.g. introducing yourself before you speak in a synchronous environment, avoiding use of CAPITALS in the asynchronous setting) should be addressed and consider providing ahead of time

Make sure the IPE Collaborative process gets it's due:

- Look to connect process elements to tasks to deepen collaboration and group development
- Understand that learners may be drawn to the relatively safe structure of a task in the unfamiliar online world. Challenge and support them to address both task and process elements

Expect IP group processes may take longer:

- Allow for extra time for learners to find their way in this new world. They will likely spend considerable time at first contributing from their own professional view points
- Watch for signs that the group is feeling greater comfort: asking each other questions, disagreeing with each other, taking leadership
- Foster the IP group process development through implicit (and explicit) encouragement as well as modeling
- Consider following-up with quieter participants through 1:1 contact to support and develop approaches to build their comfort and participation

Make full use of your Co-Facilitator:

- If you have a co-facilitator, use him/her for modeling collaborative practice, content or process support, tech support and mentorship
- Ensure you both do reflective debriefing after every session
- If you do not have a co-facilitator, be open about your need for support from others
- Continue to reflect to allow growth from session to session

Take full advantage of what the online environment offers:

- The online setting has a lot to offer that the F2F setting does not.
- Seize every opportunity to bring in online resources, tools, videos that enhance the collaborative learning

CHAPTER FOUR - Interprofessional Facilitation

Facilitating interprofessional groups of students is recognized as a complex and demanding task. Facilitators play a crucial role in creating an environment that supports the goals of interprofessional collaboration. There are some unique skills, beyond general facilitation skills, that are required for effectively facilitating an interprofessional group, as there are some unique issues that may arise:

- Use of discipline specific language / jargon
- Perceived hierarchies
- Different / conflicting expertise
- Professional-based stereotyping
- Participants at different levels / stages in their program
- Difficulty entering into professional dialogue due to uncertainties about other disciplines
- Difficulty transferring knowledge from one field to another
- Perceived relevancy or lack of relevancy of the topic/case/discussion to a particular profession or student group

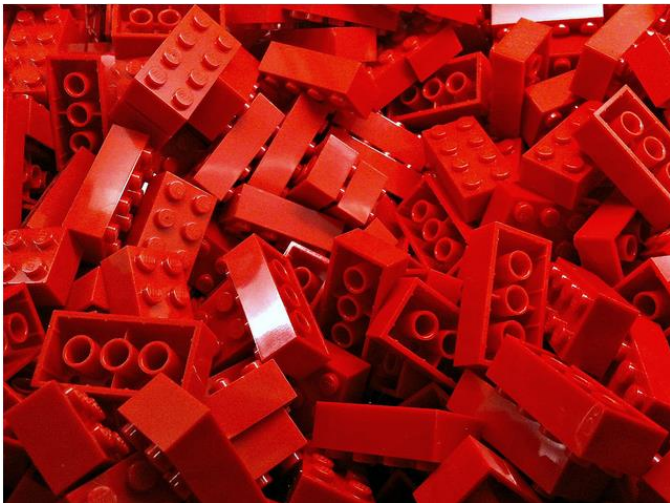
Interprofessional Facilitation Skills

Those facilitating an interprofessional group need to understand the elements of group dynamics and team formation. They need to be able to role model communication and leadership skills and be confident managing conflict. Applying educational principles such as adult learning theory, reflective practice, problem-based learning, experiential learning, critical appraisal and questioning techniques is essential in the success of interprofessional learning. Therefore, interprofessional facilitators need to act as coaches and must be able to use a variety of interactive methods to promote learner autonomy and experiential learning. Interprofessional facilitator need to understand the dynamic nature of interprofessional learning, ways to optimize learning opportunities, and how to value the distinctive experience and expertise of each participating profession.



Highlight Process

It is important to remember the importance of discussing process issues related to interprofessional education and working in an interprofessional team environment. This means that the facilitator's role is to ensure that concepts and principles around processes—such as trust, respect, role clarification, and perceptions—are adequately addressed. Discussions involving these issues can be challenging, as participants work to expand their understanding and appreciation of the roles, skills and expertise of other team members.



Link discussions to practice

Facilitators should establish the link between effective team collaboration and patient/client care. At the conclusion of the experience, students should realize the value of collaboration and recognize that no one profession has all of the answers for a patient/client. Ideally, learning experiences should enable participants to work with others to assess and plan care for particular patients. During this process, facilitators will need to manage differences and misunderstandings, and foster interdependent relationships between participants.

Include all perspectives

Participants may come from a variety of backgrounds. It is the facilitator's responsibility to ensure that everyone's roles, skills and expertise are respected and appreciated. Facilitators should provide learners with opportunities to describe their role, which recognizing the constraints of that role based on patient needs and their own competence. Interprofessional learning experiences should help participants recognize and respect the roles and responsibilities of other professions in relation to their own.

Interprofessional Competency Questions

Interprofessional learning should link explicitly to the competencies necessary for effective interprofessional collaboration outlined in the *National Interprofessional Competency Framework* (www.cihc.ca) and highlighted in Chapter Two. The following reflective questions can help your learners reflect on the collaborative process generally and the competencies necessary for collaborative practice more specifically.

General Reflections

- How were the interprofessional competencies expressed in your group?(Present the National Interprofessional Competency Framework so learners are familiar with it)
- What are the opportunities for collaboration in this situation and how might they happen?
- How were your assumptions and expectations challenged?
- What are the interprofessional competencies that you have gained?

Interprofessional Communication

- How effective was your team's communication?
- Was the communication appropriate for the information being exchanged?
- How well did your team listen to each other?
- What was your process for communicating and providing feedback?
- What are some of the differences in language among professional disciplines?

Patient/Client/Family/Community-Centred Care

- How is patient information shared across the continuum of care among relevant providers?
- How does the team provide equitable access for clients/patients?
- Did your team use language that is easy for patients to understand?
- Did your team use language that conveys a common goal to work in partnership with the client/patient?
- Did your team advocate for systems and policies to be changed for the benefit of clients/patients?
- What are the most important pieces of information the patient needs?
- What is the best format to provide the patient with the information they need?
- Did your team's decisions convey an understanding of the patient's values?
- What does the concept of partnership (with patients) mean to you?
- What are some patient safety issues that need to be addressed by the team?

Role Clarification

- What professions need to be involved in this situation?
- What are the unique knowledge/skills that each provider brings to the table?
- What is some of the discipline specific jargon different team members used?
- What are some of the similarities/differences between the different professions?
- What are the different provider's functions in service delivery? Similarities/differences?
- What therapeutic approaches are being used?
- Which providers engage in case management?
- What are the treatment values and priorities each provider brings to patient care?
- Is there role blurring and/or role ambiguity between providers?
- Which professions are missing? Where are potential gaps?
- How would you address issues of role-blurring?
- What are some stereotypes and personal prejudices held about various professions?

Team Functioning

- What are the interprofessional dynamics of the group?
- Do team members show strong commitment to the team?
- Is there a need for team building activities?
- How does the team work towards improved team dynamics?
- How did your team make decisions?
- What types of decisions did your team make?
- Are there some common professional interests among team members?
- What strategies are important for coping with uncertainty and change?

Conflict Resolution

- What are the circumstances in the team in which conflict is more likely to arise?
- How did your group manage conflict?
- What were some of the negative outcomes of conflict in your group?
- What were some of the positive outcomes of conflict in your group?
- What is your personal conflict management style? How does it compare to that of others?
- What attitudes are necessary to tolerate difference, miscommunication and perceived shortcomings in others?

Collaborative Leadership

- Are you aware of your own emotions in your interactions with others?
- How did you encourage emerging leadership roles for different team members?
- How did you ensure all team members engaged equally?
- Did you have a group leader? How did the leader emerge?
- Which leadership roles rotated among members?
- How did you encourage collaboration in your group?

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Resources

Canadian Working Group on HIV and Rehabilitation

www.hivandrehab.ca

College of Health Disciplines, University of British Columbia

www.chd.ubc.ca

Centre for Interprofessional Education, University of Toronto

www.ipe.utoronto.ca

University of Manitoba Interprofessional Initiative

<http://umanitoba.ca/programs/interprofessional/>

Dalhousie University Faculty of Health Professions

www.dal.ca/faculty/healthprofessions/programs/interprofessional-education.html

Canadian Interprofessional Health Collaborative (CIHC)

www.cihc.ca