Advancing Teamwork in Healthcare

A Guide and Toolkit for Building Capacity and Facilitating
Interprofessional Collaborative Practice and Education

ACKNOWLEDGEMENTS

OUR VISION

BC is Canada's leader in providing innovative and quality practice education for students while serving diverse and changing population and health system needs.

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INTRODUCTION

Interprofessional education (IPE) and collaborative practice (CP) are key priorities for the Practice Education Committee (PEC). The PEC formed a working group to enhance IPE & CP activity in the province, building on work already underway. The overall goal of the Interprofessional Education & Collaborative Practice Working Group was:

To support the identification and growth of interprofessional education and collaborative practice in BC health authorities.

This guide and toolkit has been produced as part of that work. It is intended to facilitate the identification and on-going development of interprofessional collaborative practice and learning environments (ICP & LE) within BC health authorities, and, in conjunction with other process/systems, support the placement and quality of learning of students at those sites.

The identification and on-going development of ICP & LE within health authorities has the potential to realize benefits related to: staff satisfaction and retention; productivity and effectiveness; patient centred care; and ultimately improved health outcomes[1].

The appropriate placement of students within ICP & LE provides an opportunity for interprofessional education and can help students achieve their own personal and learning objectives related to collaborative practice[2].

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1 CP&LE Evaluation Framework July 2011. www.icple.com/icpale-implementation-toolkit
2 Ibid Citations

HOW TO NAVIGATE THE GUIDE

Section 1: Linking Learning & Practice

Foundational concepts of ICP and IPE and an introduction to the model for Practice Site designation as **Evolving** or **Master** IP sites.

Section 2: Accessing Capacity

An IP criteria checklist for Practice Education sites to assess and gauge their level of ICP and LE as an **Evolving** or **Master** IP Site

Want to improve your ICP environment?

Want to proceed to student placements?

Or both

Section 3: Strengthening Capacity

A model, tools and resources to assess, plan, implement & evaluate IP interventions to strengthen capacity for ICP & LE.

Section 4: Planning for Placement

Descriptions of IP Practice Education Sites & processes for identifying, requesting & planning an IP placement.

Section 5: Facilitating IPE

Tools and Resources to facilitate learning:
Roles & Responsibilities
Assessing Competency
Teaching / Learning Strategies
Evaluation

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Section 1

Linking Learning & Practice

WHAT IS AN INTERPROFESSIONAL COLLABORATIVE PRACTICE & LEARNING ENVIRONMENT (ICP & LE)?

Interprofessional collaborative practice and learning environments are health authority sites that demonstrate a degree of interprofessional collaborative practice, interprofessional education, and workforce optimization[3]. They can be categorized as either **Evolving** or **Master**.

Evolving - practice education sites that demonstrate a *certain degree* of IP collaborative practice and preparation for IP Education (IPE)

Master - practice education sites that demonstrate a *high degree* of IP collaborative practice and preparation for IP Education (IPE)

Interprofessional collaborative practice

Collaborative practice (CP) in healthcare occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers and communities to deliver the highest quality of care across settings. Practice includes both clinical and nonclinical health related work, such as diagnosis, treatment, surveillance, health communications, management and sanitation engineering. (WHO framework)[4]

CP is designed to promote the active participation of each discipline in patient care. It enhances patient and family-centred goals and values, provides mechanisms for continuous communication among care givers, optimizes staff participation in clinical decision making within and across disciplines and fosters respect for disciplinary contributions of all professionals. (Health Canada, 2004)[5]

The National Interprofessional Competency Framework developed by the Canadian Interprofessional Health Collaborative (CIHC) identifies the competencies required for effective interprofessional collaboration. Six competency domains highlight the knowledge, skills, attitudes and values that shape the judgments essential for interprofessional collaborative practice[6]:

- Interprofessional communication
- Patient/client/family/community centered care
- Role clarification
- Team functioning
- Collaborative leadership
- Interprofessional conflict resolution

Some potential benefits of interprofessional collaborative practice include[7]:

- Allows professionals to search for solutions that go well beyond their own vision of what is possible
- Promotes the active participation of several health care disciplines and professions
- Enhances patient-/family-/community-centred goals and values
- Provides mechanisms for continuous communication among health care providers and Patients/families
- Optimizes staff participation in shared clinical decision making within and across disciplines
- Fosters respect for the contributions of all providers

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3 Adapted from the definition used during the "Developing Interprofessional Collaborative Practice and Learning Environments across the Continuum of Care in Western and Northern Canada" project. See www.icple.com

4 World Health Organization (WHO). Framework for Action on Interprofessional Education and Collavorative Practice (2010). www.who.int/resources/

5 Health Canada. (2004) *Interprofessional education for collaborative patient centred practice*. Ottawa, ON, Canada: Office of Nursing Policy.

6 Available at www.cihc.ca/files/

7 From: UNDERSTANDING AND FACILITATING INTERPROFESSIONAL EDUCATION. A Guide to Incorporating Interprofessional Experiences into the Practice Education Setting. June 2010. Donna Drynan and Sue Murphy

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Interprofessional education

Interprofessional education (IPE) occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. Professional is an all encompassing term that includes individuals with the knowledge and/or skills to contribute to the physical, mental and social well being of a community. (WHO framework)

Interprofessional education is about learning together to work together. Being aware of one's own learning style and exploring one's own understanding and experience of working in groups and teams will assist in understanding other members of the healthcare team and their various roles[8].

Effective, well functioning teams have enormous potential to improve healthcare delivery. There is increasing evidence that interprofessional education is integral to addressing issues such as patient safety, chronic disease management and primary health care, through the formation of more effective healthcare teams[9].

Workforce optimization

Workforce optimization "enables organizations to optimize patient outcomes while ensuring the most effective, flexible and cost effective use of human resources. It is the product of multiple, integrated and interacting organizational interventions focused on: (i) appropriate staff mix; (ii) continued education to ensure health service provider continued competency in a changing health system, (iii) optimal deployment of staff members' competencies; and (iv) optimal practice environments"[10].

HOW ARE ICP & LE CREATED?

In general terms, these sites are created by intentionally focusing on building collaborative practice and interprofessional education capacity. Different sites will be at different stages of development depending on the degree of CP and IPE achieved.

CP is developed at the health authority site level through the **intentional inclusion** of:

- Interprofessional practice interventions - post-licensure interprofessional activities or procedures incorporated into regular practice routines to improve collaboration and the quality of care[11].
- Interprofessional organization interventions - interprofessional procedures (i.e., space, staff mix changes, policy) at the organizational structure or the systems level to improve collaboration and the quality of care[12].

IPE is developed at the health authority site level through the **intentional inclusion** of:

- Interprofessional education interventions - when two or more professions learn interactively to improve collaboration and the quality of care. They comprise formal education sessions of any type taught to pre-licensure and post-licensure learners using different teaching approaches (including action based, simulation, interactive, e-based opportunities). They include interprofessional clinical practicum experiences for students[13].

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8 Ibid Citations

9 Ibid Citations

10 Dubois, CA. and Singh, D. (2009). From staff-mix to skill-mix and beyond: towards a systemic approach to health workforce management. Human Resources for Health. 7 (87): p. 1-19.

11 Reeves S., Goldman J., Zwarenstein M., Gilbert J., Tepper J., Beradall S., Silver I. and Suter E. 2009. An empirically developed framework for classifying interprofessional interventions

12 Ibid Citations

13 Ibid Citations

WHAT IS THE RELATIONSHIP BETWEEN ICP & LE AND STUDENT LEARNING?

Interprofessional collaborative practice and learning environments, like other clinical sites within a health authority, can serve as IP practice education sites for student placement and learning. As shown in the figure below, it is expected that the intensity of interprofessional learning opportunities at a site will increase as capacity for ICP and IPE increases.
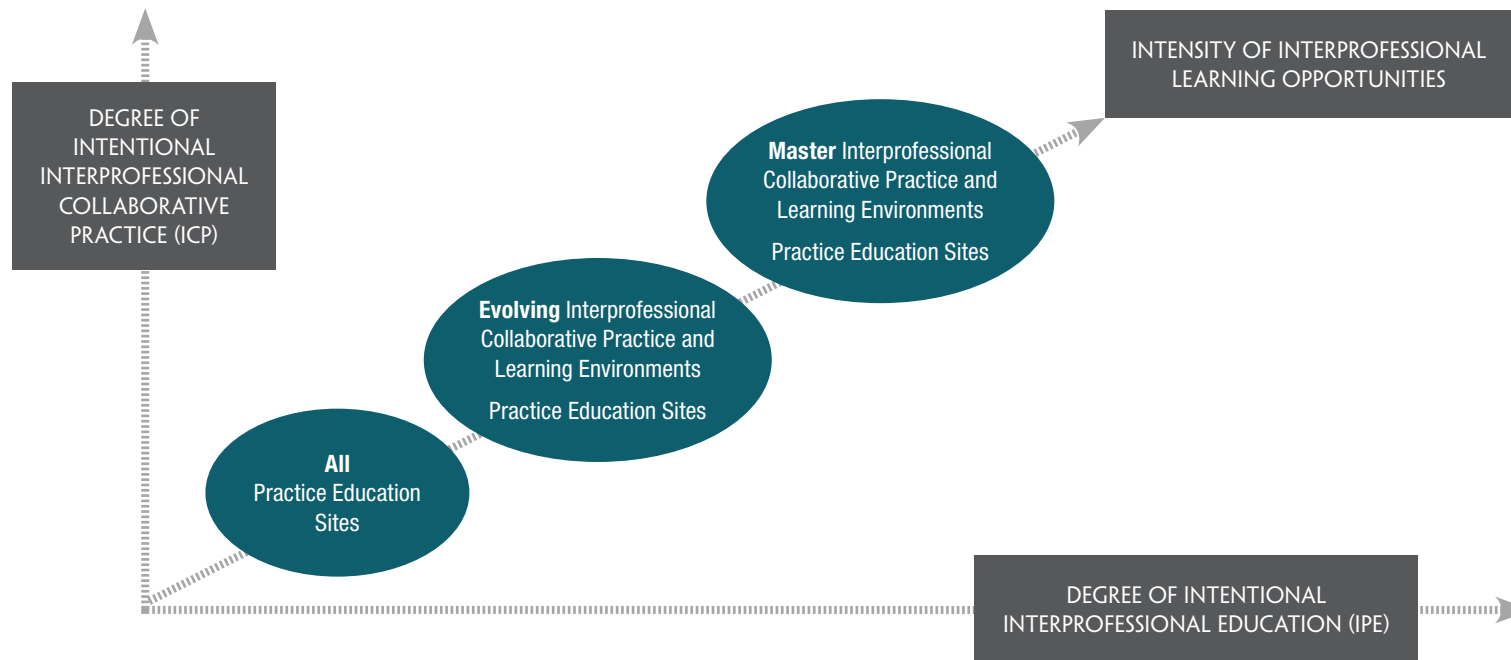
Interprofessional learning opportunities arise from the interaction between members (or students) of two or more professions. This may be a product of interprofessional education or happen spontaneously in the workplace or in education settings. (Freeth et al., 2005)

There are two key purposes of students participating in interprofessional learning opportunities in their practice education sites[14]:

1. Gaining experience in interprofessional team work and collaboration
    a. Establishing and maintaining interdependent relationships with other professionals and students
    b. Developing an understanding of interprofessional team structures, effective team functioning and knowledge of group dynamics

2. Understanding the roles and contributions of the professions with whom the students will interact during their placement
    a. Understanding their own profession in relation to others
    b. Providing patient-centred care that is personal, professional and community sensitive
    c. Involving the patient/client and family as partners in group decision-making processes as part of an interprofessional care plan

Students may also gain exposure and skill development in IP competencies of communication, conflict resolution and leadership.

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WHO IS RESPONSIBLE FOR IP EDUCATION?

Interprofessional education is a shared responsibility between practice and academic institutions. A high performing health human workforce requires practitioners who are competent in their discipline specific clinical practice and in interprofessional collaborative practice.

- Both academic and practice partners have a committment to meeting standards for ICP & IPE.

- The Accreditation of Interprofessional Health Education (AIPHE) is a national collaborative who have established standards for integration of interprofessional education to academic programs across Canada. Currently, six health and social care programs have adopted these standards, including physical therapy, occupational therapy, pharmacy, social work, nursing and medicine (www.aiphe.ca)[15].

- Accreditation Canada (www.accreditation.ca) has established in its service standards the requirement for teams to develop skills to improve their interdisciplinary approach through collaboration, cooperation, communication, education, leadership and responsibility[16].

- The Canadian Patient Safety Institute's competencies directly address the need for interprofessional teamwork and effective communication for patient safety (www.patientsafetyinstitute.ca). Interprofessional collaborative practice is a foundational element to achieving these standards for patient care quality and safety[17]. The opportunity for students to apply the knowledge learned in their academic programs within the clinical practice education setting, promotes development and consolidation of those IPC competencies and thereby improve the safety and quality of patient care.

Acknowledgement of these shared standards provides a foundation for collaborative partnerships for ICP & IPE.

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15 Accreditation for Interprofessional Health Education. (2011). Interprofessional health education accreditation standards guide. Retrieved December 7, 2012 from: www.aiphe.ca.

16 Accreditation Canada. (2012). Standards. Retrieved December 7, 2012 from www.accreditation.ca

17   Canadian Patient Safety Institute. (2009). Enhancing patient safety across the health professions. Retrieved December 7, 2012 from: www.patientsafetyinstitute.ca

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WHAT DO PARTNERS NEED FROM IPE EXPERIENCES?

Clarity, direction and consistency in approach and planning for the learning experiences is necessary to ensure the student has an opportunity to achieve the expected learning outcomes, while ensuring the provision of safe, quality patient care. The quality of an IP learning experience begins with an understanding of the needs of each partner for that experience.

- **Patients/Families:** require provision of patient centred, safe, evidence-based, quality care within an interprofessional collaborative practice environment, including effective supervision of care provided by students;

- **Academic Programs:** require access to appropriate, quality IP practice education settings that can foster the learning and development of IP competencies for all health science students;

- **Health Authorities/Practice Sites:** require appropriate placement and effective supervision of students within the IP practice education setting to ensure safe, quality patient-centred care.

- **Students:** require knowledge of expectations for the IP learning experience and require access to and effective support for IP learning within a safe, quality practice environment;

- **Preceptors/Clinical Supervisors:** require knowledge of expectations for the IP learning experience and system/supports to guide and facilitate the learning.

Aligning the needs of all partners requires effective planning through open communication and commitment to collaborative partnership. Positive experiences will enhance learning and improve care. The ultimate goal for all partners is effective preparation of students to become high functioning members of the collaborative health human workforce.

HOW CAN IPE LEARNING OCCUR IN PRACTICE EDUCATION SETTINGS?

Different practice education sites will offer different interprofessional learning opportunities. The depth and integration of learning can evolve through three levels along a continuum of learning, each level building on the previous learning:
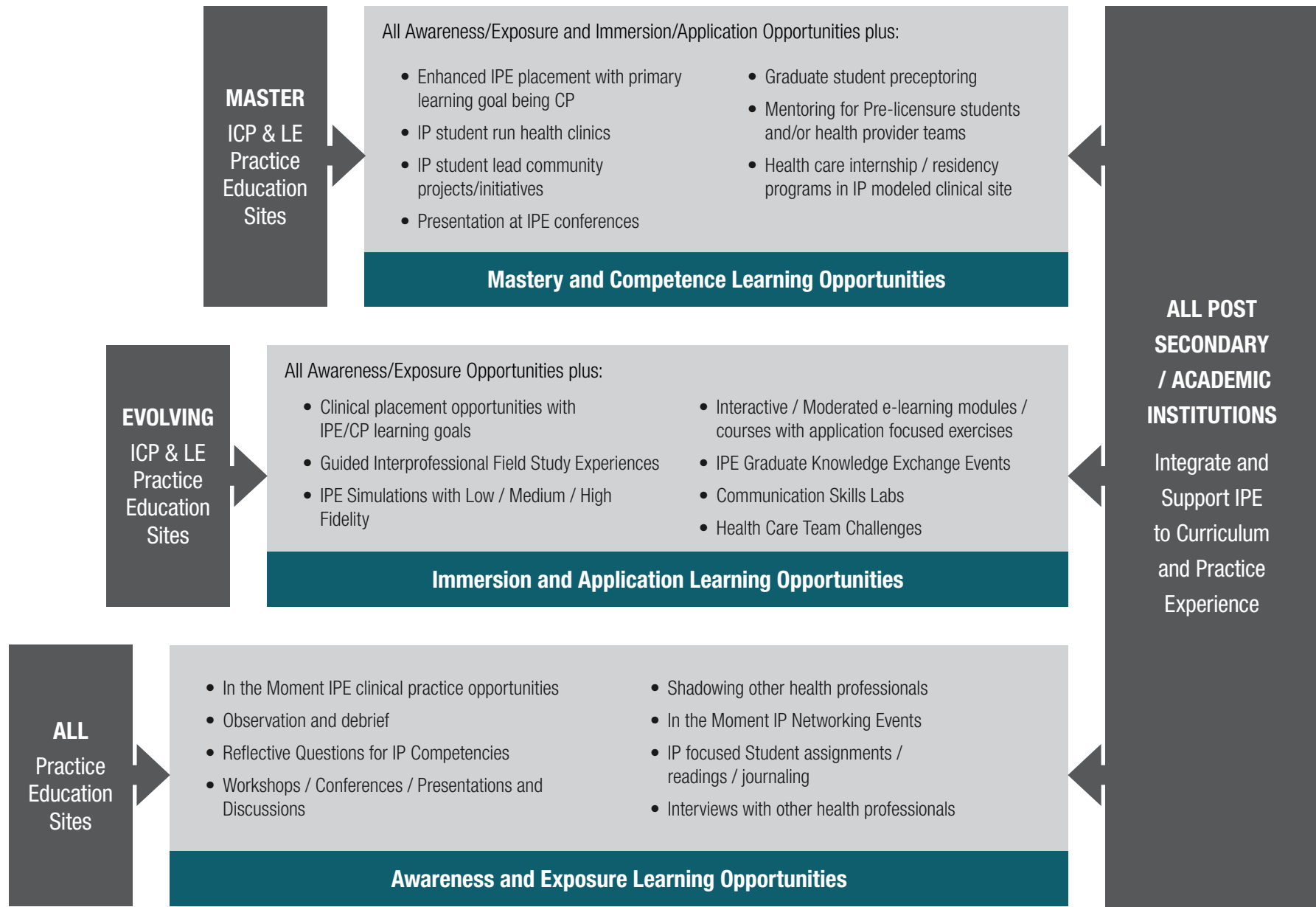
Awareness/Exposure

This level captures the initial learning experiences that introduce the learner to the concept of interprofessional collaborative practice. Learning strategies target the development of knowledge and primarily focus on areas of role clarification and interprofessional communication. This level of learning can occur through classroom / self-directed learning, in any practice education site and/or simulated setting.

Immersion/Application

This level advances the depth and breadth of IP learning and requires a higher level of learner participation and interaction with IP teams of health care providers, student colleagues and patients and their families. This level of learning requires greater intentionality for IP learning, and learning strategies target not only the continued development of knowledge, but advances development of skill, attitude and judgment. Learning strategies within this level of learning promote application of knowledge to practice and may address all six competency domains (Interprofessional communication, patient/client/family/community centered care, role clarification, team functioning, collaborative leadership and interprofessional conflict resolution). This level of learning is best achieved in practice education sites that demonstrate a certain degree of development of IP collaborative practice and preparation for IPE. These sites are referred to as **EVOLVING** IP practice education sites.

Mastery/Integration/Competence

This is the most advanced and complex level of learning and requires high intentionality for IP learning as a priority in the learning experience. Learning strategies provide opportunities for learners to move from a novice/proficient stage to competent in each of the six IP competency domains. The learner integrates their knowledge / skill into an IP team environment and actively participates as a team member in collaborative care delivery and decision making. This level of learning is best achieved in practice education sites that demonstrate a high degree of IP collaborative practice and preparation for IPE. These sites are referred to as **MASTER** IP practice education sites. Learning strategies are aligned with the level of learning and the IP Practice Site that can best foster the learning. Examples of learning strategies within each level are identified below:

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Interprofessional Learning Opportunities in Practice Education Sites

MASTER
ICP & LE Practice Education Sites

All Awareness/Exposure and Immersion/Application Opportunities plus:

- Enhanced IPE placement with primary learning goal being CP
- IP student run health clinics
- IP student lead community projects/initiatives
- Presentation at IPE conferences
- Graduate student preceptoring
- Mentoring for Pre-licensure students and/or health provider teams
- Health care internship / residency programs in IP modeled clinical site

Mastery and Competence Learning Opportunities

EVOLVING
ICP & LE Practice Education Sites

All Awareness/Exposure Opportunities plus:

- Clinical placement opportunities with IPE/CP learning goals
- Guided Interprofessional Field Study Experiences
- IPE Simulations with Low / Medium / High Fidelity
- Interactive / Moderated e-learning modules / courses with application focused exercises
- IPE Graduate Knowledge Exchange Events
- Communication Skills Labs
- Health Care Team Challenges

Immersion and Application Learning Opportunities

ALL
Practice Education Sites

- In the Moment IPE clinical practice opportunities
- Observation and debrief
- Reflective Questions for IP Competencies
- Workshops / Conferences / Presentations and Discussions
- Shadowing other health professionals
- In the Moment IP Networking Events
- IP focused Student assignments / readings / journaling
- Interviews with other health professionals

Awareness and Exposure Learning Opportunities

ALL POST SECONDARY / ACADEMIC INSTITUTIONS

Integrate and Support IPE to Curriculum and Practice Experience

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Assessing Capacity for IPE in Practice Education Sites

ICP & LE PRACTICE SITE CHECKLIST

Practice education sites are encouraged to reflect on the level of IP activity, systems and supports currently in place in their setting to identify their strengths for ICP and IPE, as well as areas for continued development. This awareness allows practice education sites to:

- Optimize their current capacity and strengths
- Identify and priorize specific areas for development
- Plan and support IP placements that are appropriate to the level of ICP & LE available at the site.

This section presents a checklist of indicators that promote ICP & LE and inform   practice education sites of their degree of intentional ICP and preparation for IPE.

The ICP & LE Checklist has been developed using a number of different sources. The overall approach and rating scale comes from the Clinical Leaders Checklist and the Corporate Leaders Checklist produced by the Practice Education Committee of the BC Academic Health Council. The three broad categories are the same as those used by Suter et al, in the Health Systems and Workforce Research Unit of Alberta Health Services (CP & LE Environmental Checklist).

Determining Self-Rating Scores

The checklist should be completed by a minimum of 2 different discipline leaders at the practice site. Looking across your program/service unit, and considering all disciplines and locations, compare your program/service unit against each indicator involving one or more academic partners would be ideal. Assign a score for your organization based on the rating levels described below.

> 0 - Not yet considered/nothing in place related to goal
>
> 1 - Beginning stage of implementation/performance is inconsistent across disciplines and locations
>
> 2 - Actively in progress and halfway or more to full compliance
>
> 3 - Fully established and functioning well

Categorization as a Practice Education Site

Based on your scores your program/service unit will fall in to one of three categories as described below.

If the majority of your responses are assigned a score of *0* or *1* your program/service unit is considered to be in the category ALL Practice Education Sites.

If the majority of your responses are assigned a score of *1* or *2* your program/service unit is considered to be in the category EVOLVING ICP & LE Practice Education Sites.

If the majority of your responses are assigned a score of *2* or *3* your program/service unit is considered to be in the category MASTER ICP & LE Practice Education Sites.

Identifying Examples & Priorities for Improvement

You may want to document your rationale for certain ratings in the space provided on the form so that an assessment team at a future point could make a reasonable comparison. Providing examples of existing relevant activity within your organization for items on the checklist will assist in communicating organizational strengths to build on and areas for improvement. Priorities for improvement can also be suggested as part of the initial self-assessment, or developed in an action planning process once your assessment is complete.

Category One: Evidence of Education Interventions

Indicators	Rating: 0-3
Staff are educated in collaborative practice.	
Learning opportunities are interprofessional whenever appropriate	
Clinical units accept students to full capacity of unit.	
Clinical unit offers intentional IP student placement opportunities	
Faculty are involved in planning and teaching interprofessional education.	
Formal partnerships exist between academic programs and clinical unit	
Preceptors are educated for interprofessional education.	
IP learning events are consistently evaluated for impact on practice / care	
Student practice policies are in place to foster IP practice education experiences	
Dedicated IP practice educator resources are available to support learning (eg: IP Facilitator Role)	
Faculty and students evaluate the practice education experience	
Preceptors / clinical supervisors evaluate the practice education experience	
Evaluation findings are shared between practice and academia	
Program changes are made in response to evaluation findings	

Example / supporting data for ratings	Priorities for improvement

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Category Two: Evidence of Practice Interventions *(Note: Indicators in this section are grouped by IP competencies)*

Indicators	Rating: 0-3
Interprofessional Communication	
Have interprofessional patient centred rounds that include the patient / family	
All professions document on the same record.	
Patient/client/family/community centred care	
Care delivery team is determined by patient care needs vs. routine referral	
Team considers patient as central member of the IP team.	
Patients and families are actively included in patient care round discussions and decision making	
Medical jargon and terminology is not used; discussions and resources are in plain language.	
Unit / Organization has family councils with IP health care providers	
Role clarification	
Team members provide care in a way that best utilizes their full scope of practice and spectrum of competencies.	
Team functioning	
Team has shared values and a common purpose.	
Team has participated in IP teambuilding events	
Collaborative leadership	
Opportunities exist for all team members to engage in patient centered IP dialogue, knowledge exchange and decision making.	
Clinical unit has leaders who champion IP collaborative practice and IP education	
Interprofessional conflict resolution	
Team members are comfortable expressing their opinions and feel heard.	
Unit has IP unit based councils	

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Category Two: Evidence of Practice Interventions (Note: Indicators in this section are grouped by IP competencies)

Example / supporting data for ratings	Priorities for improvement

Category Three: Evidence of Organization Interventions

Indicators (These are samples only, for further discussion)	Rating: 0-3
Organization's strategic plan reflects a philosophy of collaborative practice.	
Policy statements and protocol instructions reflect and promote collaborative practice.	
Job descriptions include expectations for collaborative practice.	
Hiring teams/panels are interprofessional	
Hiring interview tools incorporate questions aimed at applicants knowledge / philosophy of IP collaborative practice	
New employee orientation is interprofessional.	
Environment/space facilitates IP collaboration (e.g. shared office and treatment spaces)	

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Example / supporting data for ratings	Priorities for improvement

Strengthening Capacity for ICP & LE

STRENGTHENING CAPACITY FOR ICP & LE

Earlier it was noted that ICP & LE are created by building collaborative practice and interprofessional education capacity through the intentional inclusion of interprofessional practice, organization and education interventions. This section of the guide is designed to help practice education sites build capacity for ICP & LE.
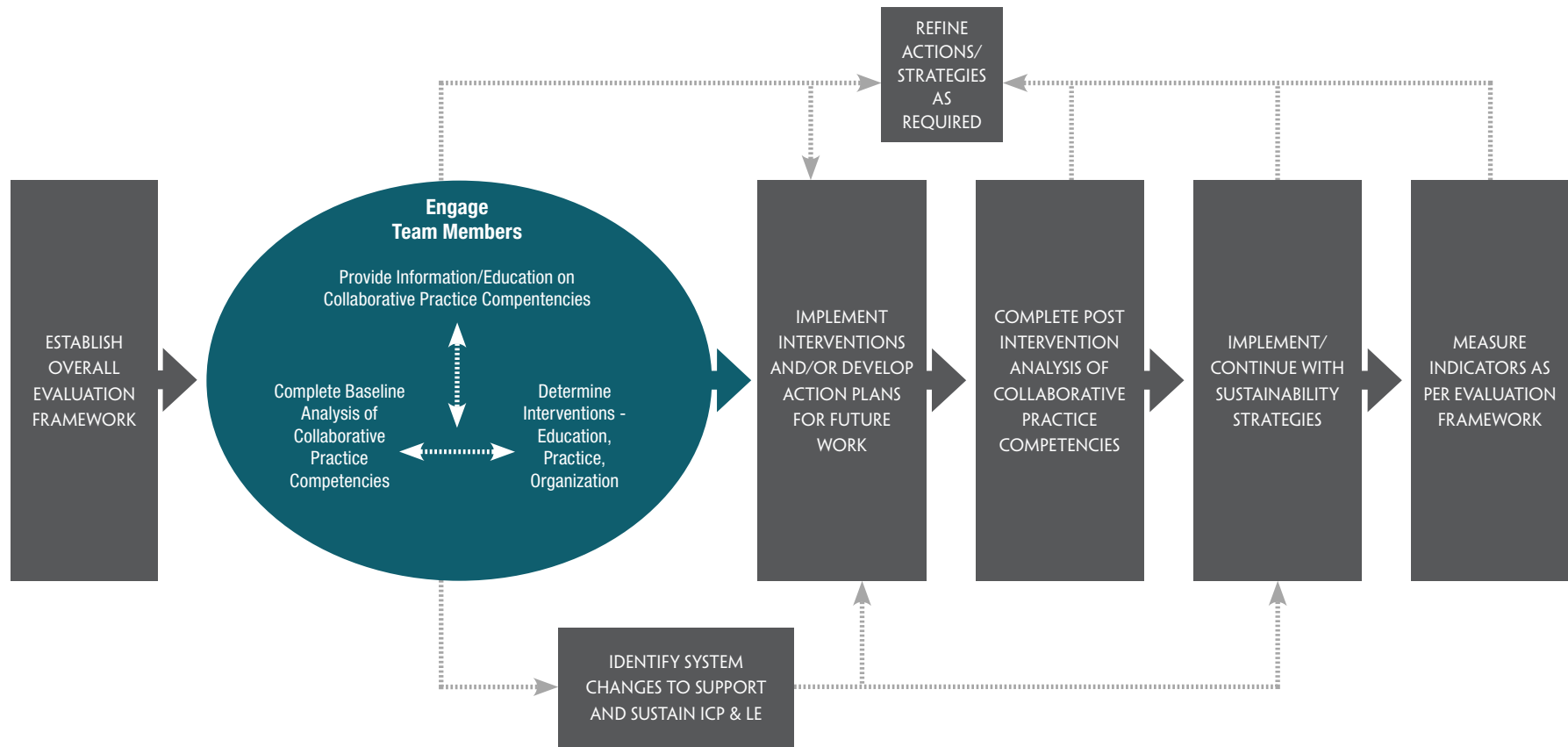
The materials presented are based to a large extent on the learnings from the project entitled "Developing Interprofessional Collaborative Practice and Learning Environments across the Continuum of Care in Western and Northern Canada". A diverse group of clinical practice sites selected from the four western provinces (total 9 sites) established projects that reflected their individual needs and priorities for building interprofessional collaborative practice and learning environments[18]. The aim of this project was to develop, implement and evaluate innovative and effective interprofessional collaborative practice and learning approaches to health care delivery in a variety of practice settings. The initiative was administered by the Western and Northern Health Human Resources Planning Forum and funded through a grant from Health Canada (see www.icple.com for more information).

Throughout the course of the project, it became evident that there is a need for knowledge and supports for promoting and embedding IP collaborative practice at the clinical unit level. Based on the work completed by each of the participating provincial teams a generic site development plan was created to support other organizations to plan, implement and evaluate IP programs for their clinical settings.

The site development plan shown below provides a more detailed model that can be used to guide the development of an ICP & LE.

IP SITE DEVELOPMENT PLAN

The overall approach and each stage of the development plan are discussed below. Resources and tools that may help support clinical sites as they complete the work are also included.

OVERALL APPROACH

- *Ground the work within the CIHC and WHO Competency Frameworks* - Central to forming an ICP & LE is the need for developing competencies related to collaborative practice among members of care delivery teams and redesign of the way in which providers work together to maximize the effective utilization of all team members. The CIHC framework identifies the six competencies required for effective collaborative person centred care and services. The WHO framework highlights the need to take action in three key areas in order to make and sustain change: interprofessional education, collaborative practice, system level supportive structures. Together these frameworks provide a common language for the creation of an ICP & LE and point to where and how interventions can be planned and deployed. They also provide the basis for development of common indicators and measures of collaborative practice.

- *Begin the work with those who demonstrate willingness to change their practice* - Consider asking teams to 'volunteer' or 'apply' to be part of the process of creating the ICP & LE. They could be asked to explain why they should be involved; why and how they are willing to change their practice and approach.

- *Employ dedicated facilitators to work with teams* - The facilitator is a dedicated resource that functions as a key 'intervention' with team members as well as a guide for the process of creating the ICP & LE. Investing in this resource signals that this is an important process and is deserving of the team's energy and time. It also allows the team members to focus on how they would like to change rather than being concerned with the process.

Resources and Tools	Description
Canadian Interprofessional Health Collaborative (CIHC) The National Interprofessional Competency Framework (2010) www.cihc.ca/files/	Identifies the six competencies required for effective collaborative person centred care and services: - Interprofessional communication - Patient/client/family/community centred care - Role clarification - Team functioning - Collaborative leadership - Interprofessional conflict resolution
World Health Organization (WHO) Framework for Action on Interprofessional Education and Collaborative Practice (2010) www.who.int/hrh/	Describes action required in three areas (interprofessional education, collaborative practice, system level supportive structures) in order to make and sustain change
Winnipeg Regional Health Authority (WRHA) Sample Facilitator Role Description www.icple.com/project-documents/	The WRHA participated in the project entitled "Developing Interprofessional Collaborative Practice and Learning Environments across the Continuum of Care in Western and Northern Canada". The project required facilitators to oversee and coordinate activities of the project and to work with the participating site teams and stakeholders

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ESTABLISH EVALUATION FRAMEWORK

- *Link improvements in collaborative practice to improvements for clients/patients and their families* - the ultimate goal in creating collaborative practice and learning environments is to influence positive outcomes at the patient, provider and health system levels over time. It is important to demonstrate in the overall evaluation framework how the anticipated changes will impact clients/patients and their families.

- *Incorporate principles of continuous quality improvement* - As with any change management process it is important to allow for modifications to the approach and opportunities to review and incorporate evaluation results.

Resources and Tools	Description
Developing ICP & LE Across the Continuum of Care in Western and Northern Canada Multi-Site Evaluation Framework-July 2011 www.icple.com/icpale-implementation-toolkit/	Detailed project evaluation framework which includes the following information: 1. evaluation questions: the question which identifies the information of interest 2. indicators: measures that inform the answers to the evaluation question 3. data collection sources: where the evaluation data will come from 4. data collection methods: how the data will be collected Project logic model and program theory showing: - Context - Inputs - Activities - Outputs - Outcomes – short term, intermediate and long term
ICP & LE Project Interview Questions http://www.icple.com/icpale-implementation-toolkit/	Questions used to gather information about implementation of project activities, potential impact of the activities and lessons learned.

ENGAGE TEAM MEMBERS

- *Provide Team members with education and information on the competencies for collaborative practice* - Members of an interprofessional team will generally rate their practice as being collaborative; however, they will not typically understand what that means. Providing education and information on collaborative competencies may allow them to provide a more accurate rating of their status at baseline.

- *Conduct a baseline analysis of team members collaborative practice competencies* – This self-assessment will allow for comparison pre and post-intervention. (See Section 5: Facilitating IPE: IP Competency Assessment, Planning & Evaluation Tool).

- *Facilitate an engagement process that allows for critical self and team assessment* - Appreciative Inquiry and Future Search are examples of processes that allow for critical self/team assessment and engagement of all people involved with the client/patient. The Interprofessional Collaborative Organizational Map & Preparedness Assessment (IP-COMPASS) is another quality improvement process intended to help clinical settings improve interprofessional collaboration and become better prepared to provide intentional interprofessional education. In the development of an ICP & LE these types of processes serve as an intervention with team members as well as a method of identifying other interventions that will contribute to the development of collaborative practice.

- *Engage and actively involve physicians* - Make every effort to involve all the physicians who are members of the team. This may mean adapting meeting schedules (outside of office hours), paying sessional fees, or other accommodations.

Resources and Tools	Description
Information on the competencies for collaborative practice www.wrha.mb.ca/professionals/	"Plain language" descriptions of the six core team competencies developed by the WRHA to provide foundational knowledge of what collaborative care means to the team and to patient/client/resident care and to help teams prepare for a commitment to excellence in collaborative care.
Examples of IP self-assessments used in ICP & LE Project BC sites: www.icple.com/icpale-implementation-toolkit/ Sun Country Health Region: www.icple.com/icpale-implementation-toolkit/	Self-assessment used as a pre- and post-test in the BC sites. Assessing Team Attitudes & Functions: A Set of Pre & Post Questionnaires

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Resources and Tools	Description
Appreciative Inquiry (AI) Overview: www.wrha.mb.ca/professionals/ Facilitator's guide: www.wrha.mb.ca/professionals/	The AI process is about exploring and understanding what factors are in place when a team, program or organization is functioning at its best. It builds on the aspects of 'what is working well' and involves 4 steps: discovery, dreaming, design and destiny. A half-day AI session has been developed by the WRHA Research and Evaluation Unit to assist team members in the first two steps of AI - discovery and dreaming. From this interaction, team members can then build on the information to develop their action plan (design) and create their desired future (destiny).
IP-COMPASS Overview: www.wrha.mb.ca/professionals/ If you are interested in having your team use the IP Compass Tool, contact Ivy Oandasan at i.oandasan@utoronto.ca or Kathryn Parker at kparker@hollandbloorview.ca	The IP-COMPASS tool was developed by the University of Toronto and the Sick Kids Institute to assist teams to rate themselves in four constructs relating to interprofessional care and interprofessional education. This tool builds on the information gathered from the AI process as it looks at specific team and organization processes and structures needed to support effective Collaborative Care.
Future Search General information: www.futuresearch.net/index.cfm How Future Search was used in the ICP & LE Project (BC sites): www.icple.com/icpale-implementation-toolkit/	Future search is a PLANNING MEETING that helps people transform their capability for action very quickly. The meeting is task-focused. It brings together 60 to 80 people in one room or hundreds in parallel rooms. Future search brings people from all walks of life into the same conversation - those with resources, expertise, formal authority and need. They meet for 16 hours spread across three days. People tell stories about their past, present and desired future. Through dialogue they discover their common ground. Only then do they make concrete action plans.
Other Assessment Tools Queen's University Office of Interprofessional Education and Practice Collaborative Practice Assessment Tool: www.wrha.mb.ca/ Alberta Health Services: CP&LE Environmental Checklist for Evidence of Structures and Processes Supporting Interprofessional Education and Collaborative Practice at Community Settings www.icple.com/icpale-implementation-toolkit/ Questions are designed to highlight and clarify the IP competencies for providers and students. - Role Clarification - Conflict Resolution - Collaborative Leadership - Client Centred Care - Interprofessional Communication - Team Functioning www.icple.com/icpale-implementation-toolkit/	These tools can be completed by individual team members to gain an understanding of people's attitudes towards collaborative care and how they view the team's collaborative care processes. These tools can be used prior to the start of the team's work on improving their collaborative care and at various points along the journey to measure change and improvements.

IMPLEMENT INTERVENTIONS

- *Document actions to be completed* - Work with team members, and others as required, to determine the overall timeline for implementation of each intervention identified during the engagement phase – document short, medium and longer term action items. Consider incorporating this timeline/action plan into any relevant individual and/or team performance plans. Also consider how this timeline/action plan aligns with the broader organization's strategic and operational plans; confirm and document intersections.

- *Move to establish some 'quick wins'* - Demonstrate willingness to change by quickly taking action on some items raised during the engagement phase.

- *Ensure a focus on activities that enhance workforce optimization* - Workforce optimization enables organizations to optimize patient outcomes while ensuring the most effective, flexible and cost effective use of human resources. It is the product of multiple, integrated and interacting organizational interventions focused on: appropriate staff mix; continued education to ensure health service provider continued competency in a changing health system; optimal deployment of staff members' competencies; and optimal practice environments.

Resources and Tools	Description
Example of an action plan template www.wrha.mb.ca/professionals/	Taking the information gathered from the various team assessment activities, the team then develops an action plan. This template can be used to document the intended goals, activities and timelines.
IP Information Resources www.icple.com/icpale-implementation-toolkit/	Examples of IP information interventions generated through the ICP & LE project.
Organization/ Operational Resources www.icple.com/icpale-implementation-toolkit/	Examples of organization/operational interventions generated through the ICP & LE project.
Staff Development And Teaching Resources www.icple.com/icpale-implementation-toolkit/	Examples of staff development and teaching interventions generated through the ICP & LE project.
Student Practice Teaching Resources www.icple.com/icpale-implementation-toolkit/	Examples of student practice teaching interventions generated through the ICP & LE project.
Workforce Optimization www.icple.com/icpale-implementation-toolkit/	Description of knowledge exchange interventions related to workforce optimization conducted during the ICP & LE project.

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COMPLETE POST INTERVENTION ANALYSIS

- *Reassess team* – Repeat self-assessment of team members collaborative practice competencies using same tool as used in base-line analysis.

- *On-going review of action plan/team goals* – Ensure continued relevance of approach; make changes as required.

IDENTIFY SYSTEM CHANGES TO SUPPORT AND SUSTAIN ICP & LE

- *Work simultaneously in different parts of the system* - System wide support and change are needed to fully realize effective ICP & LE. This perspective is one of the principles underlying the WHO Framework for Action on Interprofessional Education and Collaborative Practice. Change must be advanced within the policy context (national, provincial, organizational), the clinical practice setting, during professional development for healthcare personnel, and during student education and training.

- *Begin sustainability discussions early in site development* - Work with the team members to identify how the practice changes they are planning and implementing can be embedded within their ongoing operations and within the broader organization. Consider: What factors will influence sustainability? What questions do we ask to assure sustainability in our work?

- *Identify and foster links to other elements of the organization's strategic agenda* - Build support for the ICP & LE by showing the linkages between project activities and other strategic primary healthcare and/or service redesign initiatives at the organization, provincial and national levels.

- *Identify and establish leaders/champions at many levels* - Look for leaders/champions within the team, their department, and the broader organization. These are people who will speak to the benefits of ICP &LE and highlight how practice change is advancing the organization's agenda and improving patient care.

- *Utilize multiple methods of communication* - Use formal and informal communication approaches (i.e., meetings, presentations, email, etc.) within the team and to communicate with others about the development of the ICP & LE. Consider developing an electronic community of practice (eCoP) to further support participants.

Planning for Placement

PRACTICE EDUCATION SITE DESIGNATION

Knowledge of the degree of interprofessional collaborative practice and preparation for interprofessional education in a practice setting, facilitates appropriate placement of students in an environment that can best provide opportunities to achieve the expected learning outcomes.

The framework presented in this guide categorizes practice sites to "all" practice sites, "evolving" IP practice sites and "master" IP practice sites. Understanding the differences between the sites will facilitate appropriate placements requests and approvals

Based on your scores on the ICP & LE Checklist (Section Two) your program/service unit will fall in to one of three categories of IP practice education site designation:

- *ALL PRACTICE SITES:* If the majority of your responses are assigned a score of **0** or **1** your program/ service unit is considered to be in the category 'ALL Practice Education Sites'.

- *EVOLVING PRACTICE SITES:* If the majority of your responses are assigned a score of **1** or **2** your program/service unit is considered to be in the category 'EVOLVING ICP & LE Practice Education Sites'. These are sites that demonstrate a certain degree of development of IP collaborative practice and preparation for IPE.

- *MASTER PRACTICE SITES:* If the majority of your responses are assigned a score of **2** or **3** your program/service unit is considered to be in the category ' Master ICP & LE Practice Education Sites'. These are sites that demonstrate a high degree of IP collaborative practice and preparation for IPE.

The table below shows characteristics of each of the three types of practice education sites.

	ALL Practice Education Sites	EVOLVING ICP & LE Practice Education Sites	MASTER ICP & LE Practice Education Sites
	All Clinical Sites; not self- identified as ICP & LE	Select Clinical Sites that have self- identified as being ICP & LE suited	Highly selective Clinical Sites that have self-identified as ICP & LE
Degree of Intentional CP an IPE	No structured engagement with team members No baseline analysis of IP competencies No intentional inclusion of interprofessional practice, organization and education interventions	May have initiated or completed some engagement with team members May have initiated or completed baseline analysis of IP competencies May have initiated or completed some intentional inclusion of interprofessional practice, organization and education interventions	Completed baseline analysis of IP competencies On-going intentional inclusion of interprofessional practice, organization and education interventions
Learning Level Focus	Awareness and exposure	Immersion and application	Mastery and competence
IP Course Learning Outcomes	Introductory IP learning outcome(s)	IP Course Learning Outcomes articulated & expected	IP Course Learning Outcomes articulated & expected as a priority

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	ALL Practice Education Sites	EVOLVING ICP & LE Practice Education Sites	MASTER ICP & LE Practice Education Sites
School & Practice Site Partnerships	Learning Outcomes and practice experience are predominantly School driven	Learning Outcomes and IPE practice experience are both School and Practice Site driven Collaboration exists between School & Practice Site for planning & implementation of IPE learning	Learning outcomes and IPE practice experience are both School and Practice Site driven High degree of School / Practice Site collaboration exists for planning and implementation for IPE learning
Learning Opportunities Provided	No formal IPE experiences planned / integrated by practice site. Primarily faculty &/or student driven Awareness and Exposure Learning Opportunities	Some structured / formal IPE experiences planned by practice site and/or in partnership with academic partners All Awareness / Exposure learning opportunities + Immersion / Application Learning Opportunities	Planned, structured, formal IPE experiences planned / integrated by practice site in partnership with academic partners. May have practice site designated IP Facilitator. All Awareness/Exposure and Immersion/Application Opportunities + Mastery / Competence Learning Opportunities
Evaluation	School directed; Findings shared with practice site. Curricula revised as needed.	School & Practice Site directed; Findings shared between School / Practice Site partners School and practice specific revisions + Collaborative program revisions as needed.	School & Practice Site directed; Findings shared between School / Practice Site partners School and practice specific revisions + Collaborative program revisions as needed.

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PLANNING, REQUESTING AND TRACKING STUDENT PLACEMENTS FOR IP LEARNING

Quality learning opportunities for developing competency in IP collaborative practice requires intentional planning by both academic and practice partners. In British Columbia, HSPnet is an electronic student placement and data tracking system used by practice sites in health authorities and by academic programs. IP learning opportunities, requests, approvals and tracking will occur through this system. Whether an academic program is an active HSPnet user or the HSPnet website will be the source of information regarding IP placement opportunities in practice sites across the province.

Use of this system for all IP placements will allow tracking and reporting of this student practice activity to inform future expansion, quality and overall capacity for IP education. The HSPnet home page is located at: www.hspcanada.net

The table below outlines the requirements by both Academic (Placing Agency) and Practice site (Receiving Agency) partners to ensure accurate and complete communication for placement availability, appropriateness, preparation and approval.

FUNCTION	ALL Practice Education Sites	EVOLVING ICP & LE Practice Education Sites	MASTER ICP & LE Practice Education Sites
HSPnet Placement Type Options	• Group / Group with Optional Rotation • Preceptor • Observation • Field	• Group / Group with Optional Rotation • Preceptor • Observation • Field • CLU: Collaborative Learning Unit	• Preceptor • Observation • Field • CLU: Collaborative Learning Unit
Primary Data Driver	Placing Agency (PA) through IP identifier in Course Maintenance for those courses that have an IP Learning Outcome articulated NURS300	Placing Agency (PA) through IP identifier in Course Maintenance for those courses that have an IP Learning Outcome articulated NURS300 **OR…** Receiving Agency (RA) through Unique Destination IP Identifier EAST4 (colour designated flag for Evolving site)	Placing Agency through IP identifier in Course Maintenance for those courses that have an IP Learning Outcome articulated NURS300 **OR…** Receiving Agency (RA) through Unique Destination IP Identifier EAST4 (colour designated flag for Master site)
Placement Details	3X per year by term. Regular placement process Course needs to have at least one IP learning outcome to assign IP identifier PA assigns unique IP identifier to those courses with IP learning outcome(s) in the course curricula (NURS300)	3 X year by term PA search Evolving PE site by specific colour designated flag (EAST4) and requests placement for IP Identified course (NURS300) Course Curriculum and Student may need to meet established criteria for placement	3 X year by term PA search Master PE site by specific colour designated flag (EAST4) and requests placement for IP Identified course (NURS300) Course Curriculum & Student must meet established criteria for placement

FUNCTION	ALL Practice Education Sites	EVOLVING ICP & LE Practice Education Sites	MASTER ICP & LE Practice Education Sites
Health Authority Responsibility	Review / Accept 3X per year by term based on capacity Practice Site is aware of IP learning outcome component to request	Evolving Site Profiles identify: • Site & placement descriptions, • Professions requested for IP experience • Unique Evolving IP colour specific Destination Identifier: EAST4 🧑 Enter placement requests submitted via Quick Entry forms to HSPnet system Review the student placement requests and criteria checklist and approve based on appropriate student match / learning outcomes Accept based on capacity and in accordance with placement request timelines	Master Site Profiles identify: • Site & placement descriptions, • Professions requested for IP experience • Unique Master IP colour specific Destination Identifier: EAST4 🧑 Enter placement requests submitted via Quick Entry forms to HSPnet system Review student placement requests and criteria checklist re: high IP intention placement. Approve placement based on appropriate student match / learning outcomes Accept based on capacity and in accordance with placement request timelines
PSI Responsibility	Request 3X per year by term via: HSPnet or Quick Entry Request form Regular placement request process Ensure Course Curricula & Profile includes IP learning outcome(s) Flag course to indicate IPE component to learning (e.g.: PSYC400) 🧑 Submit requests in accordance with placement request timelines Upon Receiving Agency approval, confirm Placement Offer	3X per year by term via , HSPnet or Quick Entry Request Form Search by unique Evolving site Destination identifier and submit request Ensure Course Curricula & Profile includes IP learning outcome(s) Flag course to indicate IPE component to learning (e.g.: PSYC400) 🧑 Submit requests in accordance with placement request timelines Review Evolving site placement criteria checklist. • HsPnet Users: Acknowledge completion of criteria by checking "Placement Critervamet" checkbox on placement request screen • Non HsPnet Users: submit completed placement checklist with request. Upon Receiving Agency approval, confirm Placement Offer	3X per year by term via , HSPnet or Quick Entry Request Form Search by unique Evolving site Destination identifier and submit request Ensure Course Curricula & Profile includes IP learning outcome(s) Flag course to indicate IPE component to learning (eg: PSYC400) 🧑 Submit requests in accordance with placement request timelines Review Master site placement criteria checklist. • HsPnet Users: Acknowledge completion of criteria by checking "Placement Critervamet" checkbox on placement request screen • Non HsPnet Users: submit completed placement checklist with request. Upon Receiving Agency approval, confirm Placement Offer

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Placement Criteria Checklist ~ EVOLVING SITES:

Prior to submission of placement request, faculty or course leader must review and confirm that the following criteria can be met:

- ☐ Faculty / Course leaders have reviewed and agree to the roles and responsibilities for Academic Institutions and Students for placement in an IP Evolving Site.
- ☐ The course curriculum includes at minimum, one IP learning outcome.
- ☐ There is an explicit intention and expectation for students to engage in IP learning.
- ☐ Faculty / Course leader will review and confirm course IP learning outcomes and placement expectations with students prior to start of placement.
- ☐ Faculty / Course leader is available for health authority / preceptor consultation to facilitate IP learning as required.
- ☐ Faculty / Course leader agrees to evaluate the IP learning experience and share findings with practice site.

Placement Criteria Checklist ~ MASTER SITES:

Prior to submission of placement request, faculty or course leader must review and confirm that the following criteria can be met:

- ☐ Faculty / Course leaders have reviewed and agree to the roles and responsibilities for Academic Institutions and Students for placement in an IP MASTER Site.
- ☐ The course curriculum includes IP learning as high priority and states intentional IP learning outcomes for placement.
- ☐ There is an explicit intention and high expectation for students to engage in and take initiative for IP learning.
- ☐ Faculty / Course leader will facilitate preparation of student for the IP learning experience:
  - review and confirm course IP learning outcomes;
  - review and assign student self assessment of IP Competencies; review learning needs
  - review and confirm placement expectations with students prior to start of placement;
  - confirm pre-placement IP learning assignments
- ☐ Faculty / Course leader agrees to partner with other discipline Faculty / Course leaders and health authority clinical leaders / preceptor to facilitate IP learning for students and staff.
- ☐ Faculty / Course leader is available for health authority / preceptor consultation throughout placement to support IP learning as required.
- ☐ Faculty / Course leader agrees to evaluate the IP learning experience and partner with health authority clinical leaders to followup on findings for program improvement.

Facilitating IPE

ROLES AND RESPONSIBILITIES

The quality of IP learning is enhanced through integration of evidenced based practices to the planning, implementation and evaluation of the practice experience, as well as effective communication and coordination between practice partners. IP education can present an added layer of complexity but at the same time, can provide quality opportunities for competency development when attention is paid to intentional planning, preparation and support for the experience.

This section presents an overview of roles and responsibilities to guide key partners to support and enhance the IP practice education experiences in all practice education sites, evolving sites and master sites. Competency assessment & learning plan tools are introduced and specific strategies are described to support faculty, clinical leaders, preceptors and students learning plans. Evaluation of Learner achievement of IP competencies and of the practice experience is discussed and tools to support this integral component are presented.
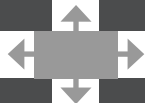
ALL PRACTICE SITES

PARTNER ROLES AND RESPONSIBILITIES

HEALTH AUTHORITY / CLINICAL LEADER:

- Be aware that IPE can occur in all student placement experiences, whether the clinical setting is highly IP collaborative or not.
- Identify, communicate and support in the moment IPE experiences for students in all placement experiences
- Support faculty / student led IPE experiences in practice setting
- Provide resources and learning opportunities to prepare staff for IPE experiences, including integration of IPE to preceptor / mentor workshops and learning resources

ACADEMIC INSTITUTIONS / FACULTY:

- Be aware that IPE can occur in all student placement experiences, whether the clinical setting is highly IP collaborative or not.
- Articulate IP student learning outcome(s) in course profile on HSPnet or on Quick Entry Worksheet used to request placement
- Follow Planning, Requesting and Tracking guidelines to request and confirm placements (Section 4)
- Communicate IP learning outcomes to staff on clinical unit and request in the moment IPE experiences.
- Provide faculty / student led IPE experiences in practice setting
- Evaluate the experience and integrate findings into course revision and/or provide feedback to clinical leaders for consideration to practice site changes

PRECEPTOR / CLINICAL SUPERVISOR:

- Be aware that IPE can occur in all student placement experiences, whether the clinical setting is highly IP collaborative or not.
- Review the IP learning outcomes expected for the student practice experience by reviewing the HSPnet course profile and/or asking the faculty and student
- Review the student's IP learning needs / goals
- Identify and support in "in the moment" IPE learning opportunities
- Encourage/support learning through reflective questioning/observation/story telling
- Encourage students to share their learning with other student colleagues, clinical staff, faculty members
- Evaluate the experience.

STUDENT:

- Be aware that IPE can occur in all student placement experiences, whether the clinical setting is highly IP collaborative or not.
- Review the IP learning outcomes expected for the practice experience. Assess and articulate personal learning needs and goals to meet outcomes.
- Prepare for IP learning opportunities pre-placement
- Communicate IP learning outcomes, needs and goals with faculty member, clinical staff and/or preceptor/ clinical supervisor
- Identify and /or participate in "in the moment" IPE learning opportunities
- Engage in self reflection / observation / questioning to foster IP learning
- Share learning with student colleagues, clinical staff, faculty members
- Evaluate the experience and provide feedback to faculty.

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EVOLVING IP PRACTICE SITES

PARTNER ROLES AND RESPONSIBILITIES

HEALTH AUTHORITY / CLINICAL LEADER:

- Complete the "Assessing Capacity Checklist (Section 2).
- Self Identify as an "**EVOLVING**" ICP & LE site
- Identify areas for development & consider a plan for building ICP & LE Capacity in your area (Section 3)
- Follow Planning, Requesting and Tracking guidelines to plan and confirm placements (Section 4)
- Prepare IP staff for placement experience:
    - Provide education re: ICP/IPE
    - Share / discuss specific learning goals
    - Orient to placement experience and integration of IP experiences
    - Review evaluation tools / processes
- Communicate with faculty member and plan collaborative support
- Support faculty / student led IPE experiences
- Plan and provide IP education / learning opportunities in clinical unit
- Evaluate the experience and integrate findings to next placement

ACADEMIC INSTITUTIONS / FACULTY:

- Select **EVOLVING** practice site for students with intentional IP learning outcomes as part of course curriculum
- Articulate IP student learning outcomes in course profile on HSPnet or on Quick Entry Worksheet used to request placement
- Follow Planning, Requesting and Tracking guidelines to request an confirm placements (Section 4)
- Review/acknowledge/submit the course / student / faculty placement criteria checklist with placement request
- Prepare the student for the IP learning experience; expect that specific IP goals will be written and provided to staff.
- Support IP staff for and throughout placement experience
- Communicate with practice site and plan support required through placement
- Evaluate the experience; provide feedback to clinical leaders and /or partner to support placement and / or program changes
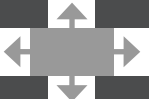
PRECEPTOR / CLINICAL SUPERVISOR:

- Be aware that students have been selected for this placement in your "**IP EVOLVING**" practice site specifically because of the IP learning outcomes. There is an expectation that the student will be an active lerner in IP learning.
- As a preceptor, complete a self assessment of CIHC IP Competencies (www.cihc.ca or see Student copy p. 42); be aware of your personal learning needs and develop a personal learning plan to develop competencies, including preceptor/mentor education, ICP/IPE education
- Prepare for this IP learning experience by reviewing the student's course IP learning outcomes and consider learning experiences that may be available for the student
- Discuss student's IP learning needs prior to or beginning of placement and develop a learning plan
- Support the student's engagement in IPE learning opportunities available throughout the placement
- Encourage and support learning through reflective questioning, observation, questioning, dialogue, presentations, case study reviews, patient presentations, etc.
- Provide opportunities for students to share learning with student colleagues, IP teams, clinical staff, faculty members
- Evaluate the experience and provide feedback to faculty and clinical practice leaders Participate in program redesign / revisions if possible.

STUDENT:

- Be aware that your placement in this "**IP EVOLVING**" practice site has been selected specifically because of your IP learning outcomes and that there is an expectation that you will be an active learner in this experience.
- Prepare for this IP learning experience by completing IP Competency Assesment Tool (p. 42), reviewing IP learning outcomes, determining personal learning needs / goals and engaging in pre-placement self directed study on ICP.
- Communicate your IP learning needs at prior to or beginning of placement with faculty, preceptor and/or clinical supervisor and develop a learning plan.
- Actively participate in the IPE learning events throughout your placement.
- Engage in self reflection, observation, questioning, dialogue, presentations, case study reviews, patient presentations etc.
- Share learning with student colleagues, clinical staff, faculty
- Evaluate the experience and provide feedback to faculty and clinical practice leaders

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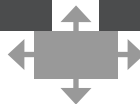
MASTER IP PRACTICE SITES

PARTNER ROLES AND RESPONSIBILITIES

HEALTH AUTHORITY / CLINICAL LEADER:

- Complete the "Assessing Capacity Checklist" (Section Two

- Self Identify as an "**MASTER**" ICP & LE site

- Identify areas for development & consider a plan for building IC Capacity in your area (Section 3)

- Intentionally plan for all selected students to engage in highly integrated IP learning experiences; plan to select students with IP learning outcomes identified as high priority

- Follow Planning, Requesting and Tracking guidelines to plan and confirm placements (Section 4)

- Prepare IP staff for placement experience:

  - education re: ICP / IPE
  - Overview / orientation to placement experience and integration of IP experiences
  - Distribution of placement specific learning goals
  - Review of evaluation tools / processes

- Partner with faculty to plan and deliver IPE experiences/education for both students and staff. If Practice site has a designated IP Facilitator, delegate all planning, implementation and evaluation coordination responsibilities to this role

- Plan formal IP education opportunities including:

  - cross discipline shadowing
  - ICP debrief sessions
  - IPE presentations
  - Student lead patient rounds
  - Student lead clinical rounds
  - Other

- Evaluate the experience and integrate findings to next placement experience and/or overall program revision

ACADEMIC INSTITUTIONS / FACULTY:

- Select "**MASTER**" practice site for students with intentional IP learning outcomes as high priority within course curriculum

- Articulate IP student learning outcomes in course profile on HSPnet or on Quick Entry Worksheet used to request placement

- Follow Planning, Requesting and Tracking guidelines to request an confirm placements (See Section 4)

- Review and acknowledge/submit the Placement Criteria checklist with placement request

- Prepare the student for the IP learning experience; expect that specific IP goals will be written and provided to staff.

- Partner with clinical leaders / IP Facilitator to plan and deliver IPE experiences/ education for both students and staff

- Participate in preparation of IP staff for placement experience:

  - education re: ICP / IPE
  - Overview / orientation to placement experience and integration of IP experiences
  - Distribution of placement specific learning goals
  - Review of evaluation tools / processes

- Partner with clinical leaders to plan / provide formal IP education opportunities including:

  - cross discipline shadowing
  - ICP debrief sessions
  - IPE presentations
  - Student lead patient rounds
  - Student lead clinical rounds

- Evaluate the experience; partner with clinical staff and to support placement and / or program changes

MASTER IP PRACTICE SITES
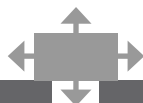
PARTNER ROLES AND RESPONSIBILITIES

PRECEPTOR / CLINICAL SUPERVISOR:

- Be aware that students have been selected for this placement in your "IP MASTER" practice site specifically because of the high priority placed on the IP learning outcomes. There is an expectation that students will be active learners in IP learning.

- As a preceptor, complete a self assessment of CIHC IP Competencies (www.cihc.ca or see student copy p. 42) ; be aware of personal learning needs and develop a personal learning plan to develop competencies, including preceptor mentor education, ICP/IPE education

- Prepare for this IP learning experience by reviewing the student's course IP learning outcomes and consider learning experiences that may be available for the student

- Discuss student's IP learning needs prior to the placement and develop a learning plan.

- Partner with the faculty member and/or Practice Site IP Facilitator (if available) supporting the learning experience to support IP education opportunities.

- Support the student's engagement in IPE learning opportunities available throughout the placement.

- Encourage and support learning through reflective questioning, observation, questioning, dialogue, presentations, case study reviews, patient presentations, presentation at case conference, patient care rounds, involvement in IP quality improvement initiatives, research activities

- Provide opportunities for students to share learning with student colleagues, IP teams, clinical staff, faculty members

- Evaluate the experience and participate in program redesign / revision with faculty and clinical leaders/ Practice site IP Facilitator.

STUDENT:

- Be aware that your placement in this "IP MASTER" practice site has been selected specifically because of your IP learning outcomes as high priority in this learning experience. There is an expectation that you will be a highly active learner in this IP experience.

- Prepare for this IP learning experience by completing IP Competency Assessment Tool (p. 42), reviewing IP learning outcomes, determining personal learning needs / goals and engaging in pre-placement self directed study on ICP.

- Communicate your IP learning needs prior to your placement with faculty, preceptor and/or clinical supervisor and develop a learning plan. Continually revisit and revise the plan throughout your placement experience.

- Actively participate in and /or initiate IPE learning opportunities available throughout your placement.

- Engage in self reflection, observation, questioning, dialogue, presentations, case study reviews, patient presentations, IP care planning conferences, quality improvement initiatives, research support etc.

- Share learning with student colleagues, clinical staff, faculty through dialogue, presentations, rounds.

- Evaluate the experience and provide feedback to faculty and clinical practice leaders

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ASSESSING IPC COMPETENCY AND PLANNING LEARNING

The first step to planning an effective learning experience is to assess the learner's current state of competency in relation to expected learning outcomes for the course. IP practice education experiences are typically not "stand-alone" courses. Students' IP learning outcomes will likely be embedded in one of their discipline practicum courses. Preceptor / clinical supervisors, will need to support the student's learning in both the clinical and interprofessional domains. This section will focus on assessing the student's interprofessional competencies.

Each course will have a set of learning outcomes stated. There will be a minimum of one IP learning outcome articulated for every IP practice experience. The learning outcomes may aim to introduce the learner to IP roles and role clarity, or may be more extensive and address several competency domains for IP collaborative practice ie: communication, patient centred care and IP conflict resolution.

The learning experience is a collaborative and interactive process between the preceptor/clinical supervisor and the learner. Using both the course learning outcomes and the CIHC IP competencies, the learner's level of competency must be assessed. The learner can initiate this process through self-assessment and then engage in a learning conversation with the preceptor/clinical supervisor. Learner competency can be assessed through 4 levels:

- Needs knowledge and practice

- Knowledgeable but needs practice

- Competent

- Expert – able to teach others

CIHC INTERPROFESSIONAL COMPETENCIES (www.cihc.ca)

Competence Assessment, Planning, Evaluation (CAPE) Tool

This tool may be used for ongoing assessment of competency development throughout the learning experience. Colour-coding or dating ✓'s / comments are techniques for documenting assessments at different times and illustrating progress. This tool should be used in conjunction with a more detailed learning plan that outlines specific learning needs, objectives and selected teaching strategies

Student Name: _____ Course: _____ Date: _____

CIHC IP Competency / Criteria	Needs Knowledge & Practice	Knowledgeable but needs practice	Competent	Expert: able to teach others	Need Addressed in Learning Plan	Student / Preceptor Comments & Date
Competency: Role Clarification: Learners/practitioners understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and achieve patient/client/family and community goals.						
Criteria: • describe their own role and that of others • recognize and respect the diversity of other health and social care roles, responsibilities, and competencies • perform their own roles in a culturally respectful way • communicate roles, knowledge, skills, and attitudes using appropriate language • access others' skills and knowledge appropriately through consultation • consider the roles of others in determining their own professional and interprofessional roles • integrate competencies/roles seamlessly into models of service delivery						

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CIHC IP Competency / Criteria	Needs Knowledge & Practice	Knowledgeable but needs practice	Competent	Expert: able to teach others	Need Addressed in Learning Plan	Student / Preceptor Comments & Date
Competency: Patient / Client / Family / Community-Centred Care: Learners/practitioners seek out, integrate and value, as a partner, the input, and the engagement of the patient/client/family/community in designing and implementing care/services.						
Criteria: • support the participation of patients/clients, their families, and/or community representatives as integral partners alongside with healthcare personnel • share information with patients/clients (or family and community) in a respectful manner and in such a way that it is understandable, encourages discussion, and enhances participation in decision-making • ensure that appropriate education and support is provided to patients/clients, family members and others involved with care or service • listen respectfully to the expressed needs of all parties in shaping and delivering care or services						
Competency: Team Functioning: Learners/practitioners understand the principles of team work dynamics and group/team processes to enable effective interprofessional collaboration.						
Criteria: • understand the process of team development • develop a set of principles for working together that respects the ethical values of members • effectively facilitate discussions and interactions among team members • participate, and be respectful of all members' participation, in collaborative decision-making • regularly reflect on their functioning with team learners/ practitioners and patients/ clients families • establish and maintain effective and healthy working relationships with learners/practitioners, patients/clients, and families, whether or not a formalized team exists • respect team ethics, including confidentiality, resource allocation, and professionalism						

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CIHC IP Competency / Criteria	Needs Knowledge & Practice	Knowledgeable but needs practice	Competent	Expert: able to teach others	Need Addressed in Learning Plan	Student / Preceptor Comments & Date
Competency: Collaborative Leadership: Learners/practitioners understand and can apply leadership principles that support a collaborative practice model.						
Criteria: • work with others to enable effective patient/client outcomes • support advancement of interdependent working relationships among all participants • support facilitation of effective team processes • support facilitation of effective decision making • support establishment of a climate for collaborative practice among all participants • support co-creation of a climate for shared leadership and collaborative practice • support application of collaborative decision-making principles • support integration of the principles of continuous quality improvement to work processes and outcomes						
Competency: Interprofessional Communication: Learners/practitioners from different professions communicate with each other in a collaborative, responsive and responsible.						
Criteria: • establish team work communication principles • actively listen to other team members including patients/clients/families • communicate to ensure common understanding of care decisions • develop trusting relationships with patients/ clients/ families and other team members • effectively use information and communication technology to improve interprofessional patient/client/community centred care						

CIHC IP Competency / Criteria	Needs Knowledge & Practice	Knowledgeable but needs practice	Competent	Expert: able to teach others	Need Addressed in Learning Plan	Student / Preceptor Comments & Date
Competency: Interprofessional Conflict Resolution: Learners/practitioners actively engage self and others, including the client/patient/family, in positively and constructively addressing disagreements as they arise.						
Criteria: • value the potential positive nature of conflict • recognize the potential for conflict to occur and taking constructive steps to address it • identify common situations that are likely to lead to disagreements or conflicts, including role ambiguity, power gradients, and differences in goals • know and understand strategies to deal with conflict • set guidelines for addressing disagreements • effectively work to address and resolve disagreements, including analyzing the causes of conflict and working to reach an acceptable solution • establish a safe environment in which to express diverse opinions • develop a level of consensus among those with differing views; allowing all members to feel their viewpoints have been heard no matter what the outcome						

Summary Comments:

Developing a Learning Plan:

Areas identified as "needs knowledge & practice" and / or "knowledgeable but needs practice", will help priorize learning needs andinform the development of a learning plan.

Sample:

Competency Learning Need	Learning Goal / Objective	Learning Strategies	Timeline	Comments
Role Clarification Describe own role and that of others	Learner will describe differences in own discipline role in relation to 2 other disciplines Learner will identify areas of role overlap and identify impact on own scope of practice	• Review discipline scope documents of own and 2 other professions. • Shadow professionals the 2 selected disciplines X 1 day • Interview professionals from selected disciplines • Write comparative analysis and present to IP group of students	Week 1: XX date Week 2: XX date Week 2: XX date Week 3: XX date	
Competency Learning Need #2				

IPE Learning Strategy	Description
Reflective Questioning	Reflection allows students to make sense of what they have observed, seen or experienced. Consolidation of learning is advanced when learners are encouraged to seek to understand through reflection versus passive listening and being told by others. Reflective questions promote critical thinking and help to improve the learner's degree of understanding and insight. Reflective questions are an ideal strategy for awareness/exposure levels for learning IP Competencies. Resource Link: www.icple.com/Alberta for reflective questions that can be posed for each of the IP competency domains.
IP Shadowing / Interviewing other Professions	This experience occurs when a student follows a HCP from a discipline different to their own. There is an opportunity to observe the HCP role/responsibilities, learn about the uniqueness of the discipline and discuss how and when their roles overlap. Learning is enhanced when there is reciprocal sharing of knowledge about each others' discipline. Students should be prepared with specific learning goals for the experience. An important safety distinction is that students do not perform the role of the other discipline as the scope of practice / clinical competencies are unique to that discipline. The purpose of this experience is to understand and gain clarity to one another's roles through observation, demonstration and discussion. The more professionals understand each other's roles, the better alignment of care for the patient and the family. Shadowing worksheet: www.chd.ubc.ca/files/
Workshop participation	Participation in workshops with an IP Collaborative Practice focus can be valuable for gaining a deeper understanding of ICP competencies. Learning is enhanced in workshops through interactivity, IP dialogue and opportunity to apply knowledge through simulation and practice. The student must also take responsibility for learning in these experiences; the degree to which the learner actively participates will influence the degree of learning. Participation in workshops that do not have ICP as the primary focus for learning (eg: may be clinical focus) but have an IP audience are also valuable learning opportunities, especially where there is opportunity for IP dialogue around clinical practice scenarios / challenges.
Clinical Rounds participation	Attendance at clinical rounds allows for exposure to case presentations by one or more disciplines. Together with learning the clinical component through case presentation, the student can learn about other disciplines and listen for evidence of IP collaboration. IP Clinical rounds introduce the case from different discipline perspectives and ideally will intentionally discuss roles, patient centred care, IP communication and teamwork in relation to impact on care. Students are encouraged to ask questions and /or debrief following rounds.
Patient Rounds	Patient rounds may occur in different settings including at the patient bedside/clinic room, in a conference room or even via telecommunication / telehealth. Ideally, patients and their families are included in round discussions. Students must attend rounds for the patients they are providing care to and are responsible for contributing relevant patient information to the discussion. This forum is an opportunity to ask questions and gain clarity for patient care. It is also an excellent opportunity to observe and participate in IP collaborative dialogue, problem-solving.
Student assignments	Course leaders /faculty may introduce a variety of student assignments related specifically to addressing IP collaborative practice learning outcomes of the course. These may include literature reviews, written papers, journaling and/or student presentations. Students are encouraged to share their learning with their preceptor and their student and clinical colleagues.

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IPE Learning Strategy	Description
Immersion / Application Strategies: this level advances the depth and breadth of IP learning and requires a higher level of learner participation and interaction with IP teams of health care providers, student colleagues and patients and their families. This level of learning requires greater intentionality for IP learning and learning strategies target not only the continued development of knowledge, but now advances to development of skill, attitude and judgment. Learning strategies within this level of learning promote application of knowledge to practice and addresses all six competency domains. *Additional Resources:* University of Manitoba: Interprofessional Practice in Clinical Settings: Immersion Learning Activities www.umanitoba.ca/programs/interprofessional/media/Module_3A.pdf	
Enhanced IP Clinical Experience	Enhanced IP experiences occur in clinical settings where IP models of care and ICP are more established and evident, therefore providing a greater opportunity and expectation for the student to be immersed in this model. Beyond observation, there is a higher level of IP engagement and a greater opportunity for students to develop their full range of competency (knowledge, skill, attitude and judgment). Increased accountability for IP communication and collaboration is present; students report relevant information to other disciplines as required for care and seek to understand unique roles and overall contribution to care. Enhanced IP clinical experiences provide a good opportunity to develop Patient / Family Centred Care IP Competencies.
In the Moment / Teachable Moments	Teachable moments remain rich and valuable. Students need to share and discuss IP learning outcomes with preceptors prior to and throughout the clinical experience and develop a learning plan. Knowing the learning outcomes facilitates identification of appropriate and valuable teachable moments.
IP Team Huddles	Team huddles are typically gatherings of present team members to discuss a specific topic and/or patient situation/challenge. Safety huddles are an example where all available staff, including health care provider and support staff, gather for 10 minutes in the practice setting to identify safety issues/practices requiring followup. Students can use these opportunities to identify contributions to overall practice and care from different disciplines and support staff. Students are strongly encouraged to contribute and participate.
Participation/Presentation in Patient Care and/or Clinical Rounds	Within any of the clinical and/or patient rounds described above, there is now an opportunity and expectation for students to present their clinical findings and actively participate in IP planning and decision making. Rounds provide a good learning opportunity for students to begin to examine team dynamics/functioning and IP Collaborative Leadership.
Chart Reviews / Audits	Patient health care records are a central source for documenting and communicating patient care. Students may complete chart reviews and/or audits through an IP perspective. Where do the different disciplines chart, how is information linked, how do professions refer to one another, who participates in the development of the patient care plan and where is it documented? How does the system of documentation impact the care provided to the patient. Sharing this review with the IP student colleagues and the clinical team will provide valuable learning, insight and opportunities for improvement.
Guided Interprofessional Field Study	The Guided Interprofessional Field Study is a learning opportunity that provides an interactive project team based learning experience and occurs when there is an IP project initiative underway at the health care organization. Each profession on the project team is paired with a student from their discipline and together they engage in the IP project work. Learning activities include: literature reviews, interaction with patients, families, and staff, engaging in clinical experiences, shadowing healthcare professionals, participating in team meetings and presentations, and involvement in the evaluation of the initiative.
Participation in IP Simulation and Case Study Exercises	Simulation is a strategy that allows individuals and teams to practice learning new skills before interacting with patients. Simulation is an excellent learning opportunity for IP teams to practice communication and team functioning while also improving knowledge and understanding of different discipline roles/responsibilities. Structured simulation events incorporate a comprehensive IP debrief following each learning event where learning is the primary focus. Simulation offers a safe learning environment for IP student and clinical teams to develop clinical and IP competencies simultaneously. Simulations can be low (case study, role play) to high (computerized simulation labs) fidelity.

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IPE Learning Strategy	Description
Participation/ presentation IP Knowledge Translation	Opportunities for knowledge exchange and knowledge translation occur in many different forms. Rounds, roundtable dialogue, edu-quick learning opportunities, literature reviews and case presentations. Students can engage at many different levels including participation in IP discussion to facilitating literature reviews about IP practice and models of care delivery. The deeper level of learning occurs when the student increases their level of immersion in the knowledge and takes initiative to share and apply that knowledge in practice. IP clinical and student colleagues benefit from this knowledge exchange and consolidation of knowledge is strengthened when the student presents their findings. Access to online databases is available from every desktop in any health care facility in BC through the Electronic Health Library of BC – eHLbc.
Interactive IP Learning Modules with application component	E-learning modules allow the student access to learning opportunities at a time / place that best suits the learner. IP elearning is extensive and readily accessible online. Many of the elearning programs have both a knowledge component and an application component. The practice education site provides an environment where the application activities can be implemented, practiced and shared.
Master / Competence Strategies: this is the most advanced and complex level of learning and requires high intentionality for IP learning as a priority in the learning experience. Learning strategies provide opportunities for learners to move from a novice/proficient stage to competent in each of the six IP competency domains. The learner integrates their knowledge / skill into an IP team environment and actively participates as a team member in collaborative care delivery and decision making.	
Enhanced IP clinical experiences	Students who are placed in a master site have the opportunity and the expectation for a high level of IP engagement and collaborative practice. Master sites will be well established in IP collaborative practice and will provide an optimal learning environment for IP learning and consolidation of competencies. Students may even assume leadership roles for advancing IP practice in the setting through modeling, knowledge sharing and knowledge translation activities with staff. Students may participate in discharge planning and family conferences where IP teams collaboratively plan for family care and discharge.
Health Care Team Challenge	This is an event that is organized by the academic school and faculty. At this level of learning, students are encouraged to participate in this event as a member of one of two teams of IP students who work through a clinical case scenario before a live audience. As the case evolves, new challenges are introduced and teams are asked to demonstrate best practice and interprofessional collaboration. Preceptors and student colleagues are encouraged to participate as part of the audience. Preceptors or students can facilitate a post event debrief.
IP Student Lead Community projects	IP student teams may form within a practice setting and/or organization and take leadership for a project initiative to address an identified need. Preceptors / faculty will guide and facilitate the process for the students but the students maintain the leadership for planning, implementing, evaluating and sharing their findings.
IP Quality Improvement Initiatives	Students may become actively involved in ongoing Quality Improvement / LEAN initiatives in the practice setting or organization. IP teams are immersed in change management processes with the aim to improve the efficiency and quality of patient care. Students have an opportunity to problem solve and plan for change with other health care providers. These experiences offer an opportunity to develop all IP competency domains, and will specifically highlight Patient Centred Care, IP communication, team functioning and collaborative leadership.
IP Research Activities	Master sites are rich in evidence based practice and knowledge translation. There is a culture of inquiry and engagement in research / research activities is encouraged. Preceptors and students may identify an IP research question and can collaborate with faculty and/or health authority research facilitators to support their involvement.

IPE Learning Strategy	Description
Student Mentoring for pre-licensure students	Students who have achieved a competent level of IP collaborative practice may be asked to mentor other students in earlier program years. This opportunity promotes the advancement of competence through teaching others. Students can model IP communication and collaborative leadership and can share their learning experiences in developing IP competencies.
Student presentations	Learning Outcomes at this level must incorporate facilitation of knowledge exchange of IP collaborative practice through student prepared and lead presentations to preceptors, clinical staff and student colleagues. Students may incorporate practice based case scenarios.
Student run health clinic	IP experiences where students assume leadership for the ongoing delivery of services within an IP clinic environment. This experience requires a level of competency that will support an increased level of autamy and capacity for decision making. IP practice leaders / mentors guide and supervise the experience.

EVALUATION STRATEGIES

Evaluation of Learner Achievement of IP Collaborative Practice Learning Outcomes

Development of IP competencies will span throughout a career continuum and the learning is an ongoing process. Evaluation is an important element of a learning journey allowing learning partners to assess progress toward achievement of learning goals and readjust the learning plan accordingly.

Throughout the learning experience, there are two methods of evaluation:

- **Formative**: this form of evaluation occurs throughout the learning experience. It is also called development or process evaluation. Ongoing feedback (positive feedback and feedback for learning) is provided and the learning plan is reinforced and/or modified as required.

- **Summative**: this form of evaluation occurs at the conclusion of a planned learning experience and provides a comprehensive summary of the learner's achievement toward the learning goals and course outcomes. Areas for future learning and development may be identified.

The IP collaborative practice learning experience will most likely be integrated as part of a broader clinical practicum experience for the student. Therefore, evaluation will cover both course clinical learning outcomes & goals and IP collaborative practice learning outcomes & goals. The CIHC IP Competency Framework, together with the course IP learning outcomes are used to guide the evaluation process.

Methods for data collection: There are many methods that can be used to assess a student's learning including:
Formal Evaluation documentation tools are provided by each academic school and are unique to each course. The IP collaborative practice learning outcomes will be stated within the course evaluation tool. Learners will also have their individual learning goals in relation to the course learning outcomes.

- Learner Reflections and self assessment
- Critical Questioning
- Documentation Review / Chart Audits
- Written assignments/ test

- Observation of practice
- Talk aloud practice
- Competency Validation Demonstrations / OSCE's
- Pre and Post experience tests / surveys

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As discussed, the CIHC Competencies provide specific criteria to guide the learning and evaluation process. The competency, assessment, planning and evaluation (CAPE) tool is used to follow through the formative and summative evaluations. Data collected through the methods described above will contribute toward the learner and Preceptor / Clinical supervisor's evaluation of learning.

Areas of strengths and areas for future learning and development will be evident and can be incorporated into the formal evaluation tool.

Sample:

Evaluation of the Learning Experience

CIHC IP Competency / Criteria	Needs Knowledge & Practice	Knowledgeable but needs practice	Competent	Expert: able to teach others	Need Addressed in Learning Plan	Student / Preceptor Comments & Date
Competency: Role Clarification: Learners/practitioners understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and achieve patient/client/family and community goals.						
Criteria: • describe their own role and that of others • recognize and respect the diversity of other health and social care roles, responsibilities, and competencies • perform their own roles in a culturally respectful way • communicate roles, knowledge, skills, and attitudes using appropriate language • access others' skills and knowledge appropriately through consultation • consider the roles of others in determining their own professional and interprofessional roles • integrate competencies/roles seamlessly into models of service delivery	X	X X X	X X X		Address future plan Address as priority in future plan	Developed competence throughout practice experience in key indicator areas. Further exposure / application experiences would benefit continued development in role differentiation and overlap Integration to models of care is outstanding learning need for future experience consideration. Preceptor / Supervisor Signature December XX, XXXX

SAMPLE

With an aim to ensure high quality practice education for students, ongoing evaluation and meaningful program revisions of the learning experience is important. IP Collaborative Practice learning experiences introduces an added layer of complexity and consideration to planning. Effective communication between multiple partners, clear expectations, alignment of goals and appropriate practice site placement, support for the learning and data informed planning are all critical elements to success.

Post placement evaluations by students and preceptors/clinical supervisors can provide valuable feedback. Collaboration between academic and practice site partners for program evaluation and revision will contribute to overall quality.

Completion of the following evaluation tools is recommended by each student and preceptor/faculty/clinical supervisor post placement.

STUDENT EVALUATION OF THE IP COLLABORATIVE PRACTICE LEARNING EXPERIENCE

Placement Site: _____   School: _____

Placement Dates: _____   Year of Program: _____

Course #: _____

What Learning Outcomes were stated in your Course Outline for this placement experience?

_____

What were your individual IP learning goals?

_____

How did your academic school / program prepare you for IP component of this placement experience?

_____

Did you review your IP learning goals ahead of time / or / at the start of your placement with:

- Your faculty: YES   NO

- Your preceptor / clinical supervisor: YES   NO

- Other: _____   YES   NO

On a scale of 1 (not clear/not aware) to 4 (very clear), please rate your understanding of the following expectations before the start of your placement:

1. Your preparation requirements for the IP Collaborative Practice placement: 1   2   3   4
2. Your responsibilities for the experience: 1   2   3   4
3. Your preceptor/clinical supervisor responsibilities for the experience: 1   2   3   4
4. Your level of participation in IP learning experiences: 1   2   3   4

On a scale of: 0 (did not have this opportunity) to 1 (not effective) to 4 (highly effective), please identify how effective the following IP learning opportunities were to achieving your IP learning outcomes / goals:

1.	Clinical Practice experience in an IP Collaborative Clinical Unit	0	1	2	3	4
2.	Participation in IP Clinical Conference Rounds	0	1	2	3	4
3.	Presentation at IP Clinical Conference Rounds	0	1	2	3	4
4.	Participation in Patient Care Rounds	0	1	2	3	4
5.	Presentation at Patient Care Rounds	0	1	2	3	4
6.	IP Team Huddles (eg Safety Huddles)	0	1	2	3	4
7.	Shadowing Health Care Provider from different discipline	0	1	2	3	4
8.	Chart Reviews / Audits	0	1	2	3	4
9.	IP Student Post Clinical Conferences	0	1	2	3	4
10.	IP Focused Workshop Attendance	0	1	2	3	4
11.	Health Care Challenge Event Participation	0	1	2	3	4
12.	Health Care Challenge Event Audience Member	0	1	2	3	4
13.	IP Student Team Project	0	1	2	3	4
14.	IP Quality Improvement/Change Project Involvement	0	1	2	3	4
15.	IP Simulation Activity	0	1	2	3	4
16.	IP Student Mentoring	0	1	2	3	4
17.	IP Research Involvement	0	1	2	3	4
18.	IP Student Run Clinic	0	1	2	3	4
19.	Participation/presentation in IP Knowledge	0	1	2	3	4
20.	Other: _____	0	1	2	3	4

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What do you think are the strongest attributes of IP Collaborative Practice in the Clinical unit that you were placed in?

_____

_____

What do you think this unit should develop further to strengthen their IP Collaborative Practice?

_____

_____

What improvements from the health care organization / practice site, would you suggest to improve the experience for achieving your IP learning outcomes / goals?

_____

_____

What improvements from your academic institution / program would you suggest to improve the experience for achieving your IP learning outcomes / goals?

_____

_____

PRECEPTOR/CLINICAL SUPERVISOR EVALUATION OF THE IP COLLABORATIVE PRACTICE LEARNING EXPERIENCE

Placement Site: _____ School: _____

Placement Dates: _____ Year of Program: _____

Course #: _____

How did the ORGANIZATION/ CLINICAL UNIT prepare you for IP component of this placement experience?

_____

How did the ACADEMIC PROGRAM prepare you for IP component of this placement experience?

_____

Did you have an opportunity to review the student's IP learning goals ahead of time / or / at the start of the placement with:

- The Student: YES   NO
- The faculty member / faculty contact: YES   NO
- Other: _____   YES   NO

On a scale of 1 (not clear/not aware) to 4 (very clear), please rate your understanding of the following program expectations before the start of your placement:

1. Student's preparation requirements for the IP Practice placement: 1   2   3   4
2. Your responsibilities for the experience: 1   2   3   4
3. The student's responsibilities for the experience: 1   2   3   4
4. The faculty member/contact responsibilities for the experience: 1   2   3   4

On a scale of: 0 (student did not have this opportunity) to 1 (not effective) to 4 (highly effective), please identify how effective the following IP learning opportunities were for the student in achieving IP learning outcomes / goals:

1. Clinical Practice experience in an IP Collaborative Clinical Unit	0	1	2	3	4
2. Participation in IP Clinical Conference Rounds	0	1	2	3	4
3. Presentation at IP Clinical Conference Rounds	0	1	2	3	4
4. Participation in Patient Care Rounds	0	1	2	3	4
5. Presentation at Patient Care Rounds	0	1	2	3	4
6. IP Team Huddles (eg Safety Huddles)	0	1	2	3	4
7. Shadowing Health Care Provider from different discipline	0	1	2	3	4
8. Chart Reviews / Audits	0	1	2	3	4
9. IP Student Post Clinical Conferences	0	1	2	3	4
10. IP Focused Workshop Attendance	0	1	2	3	4
11. Health Care Challenge Event Participation	0	1	2	3	4
12. Health Care Challenge Event Audience Member	0	1	2	3	4
13. IP Student Team Project	0	1	2	3	4
14. IP Quality Improvement/Change Project Involvement	0	1	2	3	4
15. IP Simulation Activity	0	1	2	3	4
16. IP Student Mentoring	0	1	2	3	4
17. IP Research Involvement	0	1	2	3	4
18. IP Student Run Clinic	0	1	2	3	4
19. Participation/presentation in IP Knowledge	0	1	2	3	4
20. Other: _____	0	1	2	3	4

What do you think are the strongest attributes of IP Collaborative Practice in the clinical unit?

_____

_____

Where do you think this unit should develop further to strengthen their IP Collaborative Practice?

_____

_____

What improvements from the health care organization / practice site, would you suggest to the improve the experience for achieving the IP learning outcomes / goals?

_____

_____

What improvements from the academic institution/ program, would you suggest to the improve the experience for achieving the IP learning outcomes / goals?

_____

_____

What additional support would be helpful for you as preceptor / clinical supervisor for IP Learning in your unit?

_____

_____

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CONCLUSION

This Interprofessional Collaborative Practice and Learning Environment (ICP & LE) guide and toolkit has been created to support practice education sites to develop and enrich ICP in their setting and share that expertise through effective IP education opportunities for students. It is designed for use by sites who may be at differing stages of ICP and IPE development. The goal is to encourage continued development and evolvement of ICP and to promote best utilization of those placements through optimal matching and strong support of student needs to practice site opportunities.

Effective interprofessional collaborative practice (ICP) is essential for promoting safe, quality patient centred care and improved outcomes. A healthcare culture that reflects the core competencies of ICP is best positioned to achieve those outcomes:

- Role Clarification
- Patient/Client/Family/Community Centred Care
- Team Functioning
- Interprofessional Communication
- Collaborative Leadership
- Interprofessional Conflict Resolution (CIHC reference – same as page 7)

It is expected that students who learn in effective IP environments will in turn contribute to an IP culture as their practice norm. Intentional planning for ICP & LE requires strong partnerships between practice and education; the framework and processes outlined in this guide are based on common understandings, shared goals and commitment to collaboration between practice and education. The ultimate goal for all partners needs to be effective preparation of students to become high functioning members of the collaborative health human workforce.

Appendices

Tool Templates

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INTERPROFESSIONAL COLLABORATIVE PRACTICE & LEARNING ENVIRONMENT (ICP&LE) PRACTICE SITE CHECKLIST

Category One: Evidence of Education Interventions

Indicators	Rating: 0-3
Staff are educated in collaborative practice.	
Learning opportunities are interprofessional whenever appropriate	
Clinical units accept students to full capacity of unit.	
Clinical unit offers intentional IP student placement opportunities	
Faculty are involved in planning and teaching interprofessional education.	
Formal partnerships exist between academic programs and clinical unit	
Preceptors are educated for interprofessional education.	
IP learning events are consistently evaluated for impact on practice / care	
Student practice policies are in place to foster IP practice education experiences	
Dedicated IP practice educator resources are available to support learning (eg: IP Facilitator Role)	
Faculty and students evaluate the practice education experience	
Preceptors / clinical supervisors evaluate the practice education experience	
Evaluation findings are shared between practice and academia	
Program changes are made in response to evaluation findings	

Example / supporting data for ratings	Priorities for improvement

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INTERPROFESSIONAL COLLABORATIVE PRACTICE & LEARNING ENVIRONMENT (ICP&LE) PRACTICE SITE CHECKLIST

Category Two: Evidence of Practice Interventions (Note: Indicators in this section are grouped by IP competencies)

Indicators	Rating: 0-3
Interprofessional Communication	
Have interprofessional patient centred rounds that include the patient / family	
All professions document on the same record.	
Patient/client/family/community centred care	
Care delivery team is determined by patient care needs vs. routine referral	
Team considers patient as central member of the IP team.	
Patients and families are actively included in patient care round discussions and decision making	
Medical jargon and terminology is not used; discussions and resources are in plain language.	
Unit / Organization has family councils with IP health care providers	
Role clarification	
Team members provide care in a way that best utilizes their full scope of practice and spectrum of competencies.	
Team functioning	
Team has shared values and a common purpose.	
Team has participated in IP teambuilding events	
Collaborative leadership	
Opportunities exist for all team members to engage in patient centered IP dialogue, knowledge exchange and decision making.	
Clinical unit has leaders who champion IP collaborative practice and IP education	
Interprofessional conflict resolution	
Team members are comfortable expressing their opinions and feel heard.	
Unit has IP unit based councils	

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INTERPROFESSIONAL COLLABORATIVE PRACTICE & LEARNING ENVIRONMENT (ICP&LE) PRACTICE SITE CHECKLIST

Category Two: Evidence of Practice Interventions (Note: Indicators in this section are grouped by IP competencies)

Example / supporting data for ratings	Priorities for improvement

Category Three: Evidence of Organization Interventions

Indicators (These are samples only, for further discussion)	Rating: 0-3
Organization's strategic plan reflects a philosophy of collaborative practice.	
Policy statements and protocol instructions reflect and promote collaborative practice.	
Job descriptions include expectations for collaborative practice.	
Hiring teams/panels are interprofessional	
Hiring interview tools incorporate questions aimed at applicants knowledge / philosophy of IP collaborative practice	
New employee orientation is interprofessional.	
Environment/space facilitates IP collaboration (e.g. shared office and treatment spaces)	
Units have IP unit based councils	

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INTERPROFESSIONAL COLLABORATIVE PRACTICE & LEARNING ENVIRONMENT (ICP&LE) PRACTICE SITE CHECKLIST

Category Three: Evidence of Organization Interventions

Example / supporting data for ratings	Priorities for improvement

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PLANNING, REQUESTING AND TRACKING STUDENT PLACEMENTS FOR IP LEARNING

Placement Criteria Checklist ~ EVOLVING SITES:

Prior to submission of placement request, faculty or course leader must review and confirm that the following criteria can be met:

- ☐ Faculty / Course leaders have reviewed and agree to the roles and responsibilities for Academic Institutions and Students for placement in an IP Evolving Site.
- ☐ The course curriculum includes at minimum, one IP learning outcome.
- ☐ There is an explicit intention and expectation for students to engage in IP learning.
- ☐ Faculty / Course leader will review and confirm course IP learning outcomes and placement expectations with students prior to start of placement.
- ☐ Faculty / Course leader is available for health authority / preceptor consultation to facilitate IP learning as required.
- ☐ Faculty / Course leader agrees to evaluate the IP learning experience and share findings with practice site.

PLANNING, REQUESTING AND TRACKING STUDENT PLACEMENTS FOR IP LEARNING

Placement Criteria Checklist ~ MASTER SITES:

Prior to submission of placement request, faculty or course leader must review and confirm that the following criteria can be met:

- ☐ Faculty / Course leaders have reviewed and agree to the roles and responsibilities for Academic Institutions and Students for placement in an IP MASTER Site.

- ☐ The course curriculum includes IP learning as high priority and states intentional IP learning outcomes for placement.

- ☐ There is an explicit intention and high expectation for students to engage in and take initiative for IP learning.

- ☐ Faculty / Course leader will facilitate preparation of student for the IP learning experience:

  - review and confirm course IP learning outcomes;

  - review and assign student self assessment of IP Competencies; review learning needs

  - review and confirm placement expectations with students prior to start of placement;

  - confirm pre-placement IP learning assignments

- ☐ Faculty / Course leader agrees to partner with other discipline Faculty / Course leaders and health authority clinical leaders / preceptor to facilitate IP learning for students and staff.

- ☐ Faculty / Course leader is available for health authority / preceptor consultation throughout placement to support IP learning as required.

- ☐ Faculty / Course leader agrees to evaluate the IP learning experience and partner with health authority clinical leaders to followup on findings for program improvement.

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IP COMPETENCY, ASSESSMENT, PLANNING AND EVALUATION (CAPE) TOOL

This tool may be used for ongoing assessment of competency development throughout the learning experience. Colour-coding or dating ✓'s / comments are techniques for documenting assessments at different times and illustrating progress. This tool should be used in conjunction with a more detailed learning plan that outlines specific learning needs, objectives and selected teaching strategies.

Student Name: _____ Course: _____ Date: _____

CIHC IP Competency / Criteria	Needs Knowledge & Practice	Knowledgeable but needs practice	Competent	Expert: able to teach others	Need Addressed in Learning Plan	Student / Preceptor Comments & Date
Competency: Role Clarification: Learners/practitioners understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and achieve patient/client/family and community goals.						
Criteria:						
• describe their own role and that of others	☐	☐	☐	☐	☐	
• recognize and respect the diversity of other health and social care roles, responsibilities, and competencies	☐	☐	☐	☐	☐	
• perform their own roles in a culturally respectful way	☐	☐	☐	☐	☐	
• communicate roles, knowledge, skills, and attitudes using appropriate language	☐	☐	☐	☐	☐	
• access others' skills and knowledge appropriately through consultation	☐	☐	☐	☐	☐	
• consider the roles of others in determining their own professional and interprofessional roles	☐	☐	☐	☐	☐	
• integrate competencies/roles seamlessly into models of service delivery	☐	☐	☐	☐	☐	

Practice bc Education

IP COMPETENCY, ASSESSMENT, PLANNING AND EVALUATION (CAPE) TOOL

CIHC IP Competency / Criteria	Needs Knowledge & Practice	Knowledgeable but needs practice	Competent	Expert: able to teach others	Need Addressed in Learning Plan	Student / Preceptor Comments & Date
Competency: Patient / Client / Family / Community-Centred Care: Learners/practitioners seek out, integrate and value, as a partner, the input, and the engagement of the patient/client/family/community in designing and implementing care/services.						
Criteria:						
• support the participation of patients/clients, their families, and/or community representatives as integral partners alongside with healthcare personnel	☐	☐	☐	☐	☐	
• share information with patients/clients (or family and community) in a respectful manner and in such a way that it is understandable, encourages discussion, and enhances participation in decision-making	☐	☐	☐	☐	☐	
• ensure that appropriate education and support is provided to patients/clients, family members and others involved with care or service	☐	☐	☐	☐	☐	
• listen respectfully to the expressed needs of all parties in shaping and delivering care or services	☐	☐	☐	☐	☐	
Competency: Team Functioning: Learners/practitioners understand the principles of team work dynamics and group/team processes to enable effective interprofessional collaboration.						
Criteria:						
• understand the process of team development	☐	☐	☐	☐	☐	
• develop a set of principles for working together that respects the ethical values of members	☐	☐	☐	☐	☐	
• effectively facilitate discussions and interactions among team members	☐	☐	☐	☐	☐	
• participate, and be respectful of all members' participation, in collaborative decision-making	☐	☐	☐	☐	☐	
• regularly reflect on their functioning with team learners/practitioners and patients/ clients families	☐	☐	☐	☐	☐	
• establish and maintain effective and healthy working relationships with learners/practitioners, patients/clients, and families, whether or not a formalized team exists	☐	☐	☐	☐	☐	
• respect team ethics, including confidentiality, resource allocation, and professionalism	☐	☐	☐	☐	☐	

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IP COMPETENCY, ASSESSMENT, PLANNING AND EVALUATION (CAPE) TOOL

CIHC IP Competency / Criteria	Needs Knowledge & Practice	Knowledgeable but needs practice	Competent	Expert: able to teach others	Need Addressed in Learning Plan	Student / Preceptor Comments & Date
Competency: Collaborative Leadership: Learners/practitioners understand and can apply leadership principles that support a collaborative practice model.						
Criteria:						
• work with others to enable effective patient/client outcomes	☐	☐	☐	☐	☐	
• support advancement of interdependent working relationships among all participants	☐	☐	☐	☐	☐	
• support facilitation of effective team processes	☐	☐	☐	☐	☐	
• support facilitation of effective decision making	☐	☐	☐	☐	☐	
• support establishment of a climate for collaborative practice among all participants	☐	☐	☐	☐	☐	
• support co-creation of a climate for shared leadership and collaborative practice	☐	☐	☐	☐	☐	
• support application of collaborative decision-making principles	☐	☐	☐	☐	☐	
• support integration of the principles of continuous quality improvement to work processes and outcomes	☐	☐	☐	☐	☐	
Competency: Interprofessional Communication: Learners/practitioners from different professions communicate with each other in a collaborative, responsive and responsible.						
Criteria:						
• establish team work communication principles	☐	☐	☐	☐	☐	
• actively listen to other team members including patients/clients/families	☐	☐	☐	☐	☐	
• communicate to ensure common understanding of care decisions	☐	☐	☐	☐	☐	
• develop trusting relationships with patients/ clients/ families and other team members	☐	☐	☐	☐	☐	
• effectively use information and communication technology to improve interprofessional patient/client/community centred care	☐	☐	☐	☐	☐	

IP COMPETENCY, ASSESSMENT, PLANNING AND EVALUATION (CAPE) TOOL

CIHC IP Competency / Criteria	Needs Knowledge & Practice	Knowledgeable but needs practice	Competent	Expert: able to teach others	Need Addressed in Learning Plan	Student / Preceptor Comments & Date
Competency: Interprofessional Conflict Resolution: Learners/practitioners actively engage self and others, including the client/patient/family, in positively and constructively addressing disagreements as they arise.						
Criteria:						
• value the potential positive nature of conflict	☐	☐	☐	☐	☐	
• recognize the potential for conflict to occur and taking constructive steps to address it	☐	☐	☐	☐	☐	
• identify common situations that are likely to lead to disagreements or conflicts, including role ambiguity, power gradients, and differences in goals	☐	☐	☐	☐	☐	
• know and understand strategies to deal with conflict	☐	☐	☐	☐	☐	
• set guidelines for addressing disagreements	☐	☐	☐	☐	☐	
• effectively work to address and resolve disagreements, including analyzing the causes of conflict and working to reach an acceptable solution	☐	☐	☐	☐	☐	
• establish a safe environment in which to express diverse opinions	☐	☐	☐	☐	☐	
• develop a level of consensus among those with differing views; allowing all members to feel their viewpoints have been heard no matter what the outcome	☐	☐	☐	☐	☐	
Summary Comments:						

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STUDENT EVALUATION OF THE IP COLLABORATIVE PRACTICE LEARNING EXPERIENCE

Placement Site: _____   School: _____

Placement Dates: _____   Year of Program: _____

Course #: _____

What Learning Outcomes were stated in your Course Outline for this placement experience?

_____

What were your individual IP learning goals?

_____

How did your academic school / program prepare you for IP component of this placement experience?

_____

Did you review your IP learning goals ahead of time / or / at the start of your placement with:

- Your faculty: YES   NO

- Your preceptor / clinical supervisor: YES   NO

- Other: _____   YES   NO

On a scale of 1 (not clear/not aware) to 4 (very clear), please rate your understanding of the following expectations before the start of your placement:

1. Your preparation requirements for the IP Collaborative Practice placement: 1   2   3   4
2. Your responsibilities for the experience: 1   2   3   4
3. Your preceptor/clinical supervisor responsibilities for the experience: 1   2   3   4
4. Your level of participation in IP learning experiences: 1   2   3   4

STUDENT EVALUATION OF THE IP COLLABORATIVE PRACTICE LEARNING EXPERIENCE

On a scale of: 0 (did not have this opportunity) to 1 (not effective) to 4 (highly effective), please identify how effective the following IP learning opportunities were to achieving your IP learning outcomes / goals:

1.	Clinical Practice experience in an IP Collaborative Clinical Unit	0	1	2	3	4
2.	Participation in IP Clinical Conference Rounds	0	1	2	3	4
3.	Presentation at IP Clinical Conference Rounds	0	1	2	3	4
4.	Participation in Patient Care Rounds	0	1	2	3	4
5.	Presentation at Patient Care Rounds	0	1	2	3	4
6.	IP Team Huddles (eg Safety Huddles)	0	1	2	3	4
7.	Shadowing Health Care Provider from different discipline	0	1	2	3	4
8.	Chart Reviews / Audits	0	1	2	3	4
9.	IP Student Post Clinical Conferences	0	1	2	3	4
10.	IP Focused Workshop Attendance	0	1	2	3	4
11.	Health Care Challenge Event Participation	0	1	2	3	4
12.	Health Care Challenge Event Audience Member	0	1	2	3	4
13.	IP Student Team Project	0	1	2	3	4
14.	IP Quality Improvement/Change Project Involvement	0	1	2	3	4
15.	IP Simulation Activity	0	1	2	3	4
16.	IP Student Mentoring	0	1	2	3	4
17.	IP Research Involvement	0	1	2	3	4
18.	IP Student Run Clinic	0	1	2	3	4
19.	Participation/presentation in IP Knowledge	0	1	2	3	4
20.	Other: _____	0	1	2	3	4

STUDENT EVALUATION OF THE IP COLLABORATIVE PRACTICE LEARNING EXPERIENCE

What do you think are the strongest attributes of IP Collaborative Practice in the Clinical unit that you were placed in?

_____

_____

What do you think this unit should develop further to strengthen their IP Collaborative Practice?

_____

_____

What improvements from the health care organization / practice site, would you suggest to improve the experience for achieving your IP learning outcomes / goals?

_____

_____

What improvements from your academic institution / program would you suggest to improve the experience for achieving your IP learning outcomes / goals?

_____

_____

PRECEPTOR / CLINICAL SUPERVISOR EVALUATION OF THE IP COLLABORATIVE PRACTICE LEARNING EXPERIENCE

Placement Site: _____   School: _____

Placement Dates: _____   Year of Program: _____

Course #: _____

How did the ORGANIZATION/ CLINICAL UNIT prepare you for IP component of this placement experience?

_____

How did the ACADEMIC PROGRAM prepare you for IP component of this placement experience?

_____

Did you have an opportunity to review the student's IP learning goals ahead of time / or / at the start of the placement with:

- The Student: YES   NO
- The faculty member / faculty contact: YES   NO
- Other: _____   YES   NO

On a scale of 1 (not clear/not aware) to 4 (very clear), please rate your understanding of the following program expectations before the start of your placement:

1. Student's preparation requirements for the IP Practice placement: 1   2   3   4
2. Your responsibilities for the experience: 1   2   3   4
3. The student's responsibilities for the experience: 1   2   3   4
4. The faculty member/contact responsibilities for the experience: 1   2   3   4

PRECEPTOR / CLINICAL SUPERVISOR EVALUATION OF THE IP COLLABORATIVE PRACTICE LEARNING EXPERIENCE

On a scale of: 0 (student did not have this opportunity) to 1 (not effective) to 4 (highly effective), please identify how effective the following IP learning opportunities were for the student in achieving IP learning outcomes / goals:

1.	Clinical Practice experience in an IP Collaborative Clinical Unit	0	1	2	3	4
2.	Participation in IP Clinical Conference Rounds	0	1	2	3	4
3.	Presentation at IP Clinical Conference Rounds	0	1	2	3	4
4.	Participation in Patient Care Rounds	0	1	2	3	4
5.	Presentation at Patient Care Rounds	0	1	2	3	4
6.	IP Team Huddles (eg Safety Huddles)	0	1	2	3	4
7.	Shadowing Health Care Provider from different discipline	0	1	2	3	4
8.	Chart Reviews / Audits	0	1	2	3	4
9.	IP Student Post Clinical Conferences	0	1	2	3	4
10.	IP Focused Workshop Attendance	0	1	2	3	4
11.	Health Care Challenge Event Participation	0	1	2	3	4
12.	Health Care Challenge Event Audience Member	0	1	2	3	4
13.	IP Student Team Project	0	1	2	3	4
14.	IP Quality Improvement/Change Project Involvement	0	1	2	3	4
15.	IP Simulation Activity	0	1	2	3	4
16.	IP Student Mentoring	0	1	2	3	4
17.	IP Research Involvement	0	1	2	3	4
18.	IP Student Run Clinic	0	1	2	3	4
19.	Participation/presentation in IP Knowledge	0	1	2	3	4
20.	Other: _____	0	1	2	3	4

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PRECEPTOR / CLINICAL SUPERVISOR EVALUATION OF THE IP COLLABORATIVE PRACTICE LEARNING EXPERIENCE

What do you think are the strongest attributes of IP Collaborative Practice in the clinical unit?

_____

_____

Where do you think this unit should develop further to strengthen their IP Collaborative Practice?

_____

_____

What improvements from the health care organization / practice site, would you suggest to the improve the experience for achieving the IP learning outcomes / goals?

_____

_____

What improvements from the academic institution/ program, would you suggest to the improve the experience for achieving the IP learning outcomes / goals?

_____

_____

What additional support would be helpful for you as preceptor / clinical supervisor for IP Learning in your unit?

_____

_____