Facilitating and Coordinating the Interprofessional Education and Practice: Creating Leaders and Opportunities for Clinical Learning Programme

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Project overview

To support the expansion of interprofessional clinical placement opportunities—and produce health graduates with interprofessional collaborative capabilities—this Office for Learning and Teaching (OLT) funded project has seen the creation of a change leadership programme for Australian academic and health industry staff. Developed in partnership with the University of Toronto’s Centre for Interprofessional Education, the programme has been piloted by Curtin and Charles Sturt Universities with their health industry partners and is designed to meet the needs of staff from a range of levels and experience to become agents of change for interprofessional education and practice.

Local project outcomes

The project outcomes at the partner universities—Curtin and Charles Sturt—are diverse and suggest increased interest in, and capacity for, interprofessional education and practice to support student interprofessional capability development. Improved relationships between industry partners and project universities have also been an outcome:

- Capacity building of the project team, particularly in the area of Appreciative Inquiry. It is now embedded into staff team meetings and quality improvement workshops at Curtin.
- Three pilots of the change leadership programme have been delivered (two in Perth and one in Albury Wodonga), and the final programme package has been refined based on participant feedback and the experience of conducting the pilots with different cohorts and in different settings.
- Relationships and collaborations between the partner universities and local health service organisations have been strengthened. For example, the project lead was invited to join the selection panel for new allied health education positions at Fiona Stanley Hospital, and was invited to present on behalf of one programme participant at an international conference. In Albury Wodonga, the ‘Hume Collaborative Alliance’ was created, which came about from the pilot conducted with CSU’s industry partner AWH, and regular meetings of the community of practice have been held throughout 2014 to discuss topics related to interprofessional education and practice.
- Two participants of the Perth pilots have been employed as leaders of interprofessional education at Curtin.
- There is an emergent community of ‘change agents’ for interprofessional education and practice at Perth and Albury Wodonga.
- At CSU more staff are expressing a commitment to interprofessional education, including embedding capabilities into curricula and increased involvement in interprofessional education projects.
Four pilot participants presented their action learning plan projects at Curtin University’s Health Interprofessional Education [HIPE] Conference (5 September 2014, Bentley, Western Australia).

**National project outcomes**

National outcomes from the project include:

- Links with other OLT projects:
- Negotiations are currently under way for the programme to be facilitated at Victoria University and the Western Regional Health Centre.

**International project outcomes**

International outcomes from the project include:

- A strong relationship was built with the University of Toronto’s Centre for Interprofessional Education. A joint presentation was made at the All Together Better Health Conference in Pittsburgh, June 2014, and regular meetings via Skype are continuing to progress future research projects and joint publications.
- A strong relationship was built with Dr Joshua Tepper, and communication with him continues, to discuss interprofessional leadership in higher education and health.
- An international expert panel on interprofessional education and practice was captured through Google Hangout for use at Curtin’s HIPE Conference. One panel member was from the University of Toronto and one was from the project’s expert reference group.
- The University of Otago, New Zealand, has expressed interest in delivering the programme.

**Project products**

Several products have been produced as part of the project, including:

- LE12-2164 project final report: *Creating a Collaborative Practice Environment that Encourages Sustainable Interprofessional Leadership, Education and Practice*;
• project dissemination website;
• the Interprofessional Education and Practice: Creating Leaders and Opportunities for Clinical Practice programme—seven modules with capacity for adaption to local contexts;
• a guide to assist the implementation of the change leadership programme: *Facilitating and Coordinating the ‘Interprofessional Education and Practice: Creating Leaders and Opportunities for Clinical Learning’ Programme*;
• a full suite of programme materials, including PowerPoint® presentations, handouts, worksheets, resources to support interprofessional collaboration and an advertising flyer for the programme;
• a facilitator self-reflection tool;
• an interactive cartoon resource on interprofessional practice;
• a short video, *Collaborate for Better Health*, for use in the programme and to promote client centred care;
• two iLectures by Dr Joshua Tepper on interprofessional education and practice;
• short video by Dr Joshua Tepper on the need for change leadership for interprofessional education and practice; and
• five stories of successful interprofessional education initiatives from Curtin.
Acknowledgements

The project team would like to thank the participants of the programme pilots at Curtin and Charles Sturt Universities for their contribution and their willingness to become champions for interprofessional education and practice. Without their involvement and generous feedback on the pilots, the project would not have been possible. Curtin pilot participants included health professional staff from the South Metropolitan Health Service and the interprofessional education team from Curtin’s Faculty of Health Sciences. Staff from Curtin’s interprofessional education team also generously shared stories of student interprofessional leadership which are included as part of the project materials. At Charles Sturt University, Albury Wodonga Health staff participated along with academic staff from the Schools of Community Health and Nursing, Midwifery and Indigenous Health.

Key team members at Curtin University include Mandy Miller, the project’s instructional designer, and Cassandra Doherty, who provided (as always) excellent administrative support. At Charles Sturt University, the interprofessional project officer, Isabel Paton, provided essential organisational and administrative support. Sincere thanks go to Michelle Donaldson, who took over the project manager role mid-2013. Michelle has demonstrated outstanding collaborative team skills, generosity, patience and exceptional organisational abilities, and has been crucial to the project’s successful completion.

The University of Toronto’s Centre for Interprofessional Education was essential in shaping the programme that was developed as part of this project. In particular, Dr Ivy Oandasan and Lynne Sinclair were instrumental to the creation of the Interprofessional Education and Practice: Creating Leaders and Opportunities for Clinical Learning programme, which is based on their work in leadership development over the past decade. They truly demonstrated collaborative practice in their willingness to share and support us in developing this programme for Australia.

Thanks also go to the External Reference Group members for their insight and support of the project: Professor Hugh Barr, Maria Tassone and Professor Gary Rogers. Professor Dawn Forman initially started as a project team member but returned to England before the project was finished. Professor Forman then became part of the project’s External Reference Group, providing guidance and feedback.

The project team gratefully acknowledge the OLT for funding this project.
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A note on terminology

The table below provides a list of terms used in this document. Because many different terms are used in the interprofessional field, it is important to establish a shared understanding of the key terms used in this project: interprofessional practice, collaboration and education. For the purposes of this project, and the associated leadership programme, *interprofessional education* is the umbrella term for ‘when two or more professions learn with, from and about each other to improve collaboration and the quality of care’ (Freeth, Hammick, Reeves, Koppel & Barr, 2005, p. xv), and it occurs in both tertiary and clinical settings. *Interprofessional practice* is used interchangeably with *collaborative practice* throughout this project, and both are defined by the World Health Organization’s definition for collaborative practice: ‘when multiple health workers from different backgrounds work together with patients, families, carers and communities to deliver the highest quality care’ (World Health Organization, 2010, p. 7). Interprofessional or collaborative practice is not limited to health professionals or workers and incorporates the multitude of people working in health, education, communities, businesses, charities and public services who play a role in supporting improved health outcomes. Health in this context is therefore everybody’s responsibility and demands many partnerships (Barr, Koppel, Reeves, Hammick & Freeth, 2005), hence the emphasis on collaboration and a focus on the client.

**Definitions**

<table>
<thead>
<tr>
<th>Appreciative Inquiry</th>
<th>A strengths-based process that, rather than focusing on the problems or barriers to change, examines what is already working well to build on that success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client-centred</td>
<td>A client refers to the individual, family or community that is the focus of the health or social service/care. ‘Client-centred’ is therefore an approach focused on the client’s needs and goals; the client is valued as an important partner in planning and implementing services/care.</td>
</tr>
<tr>
<td>Clinical placement</td>
<td>Generic term used to describe clinical fieldwork and practicum experiences during which students apply and develop their learning in the workplace</td>
</tr>
<tr>
<td>Coordinator</td>
<td>The person responsible for the administration of the leadership programme</td>
</tr>
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</table>
| Collaborative        | ‘When multiple health workers from different backgrounds work 

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Interprofessional Education and Practice: Creating Leaders and Opportunities for Clinical Learning

<table>
<thead>
<tr>
<th>practice</th>
<th>together with patients, families, carers and communities to deliver the highest quality care’ (World Health Organization, 2010, p. 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitator(s)</td>
<td>Those responsible for delivering the leadership programme</td>
</tr>
<tr>
<td>Interprofessional education</td>
<td>‘When two or more professions learn with, from and about each other to improve collaboration and the quality of care’ (Freeth et al., 2005, p. xv); occurs in both tertiary and clinical settings</td>
</tr>
<tr>
<td>Interprofessional practice</td>
<td>Adopted from the World Health Organization’s definition for collaborative practice—‘when multiple health workers from different backgrounds work together with patients, families, carers and communities to deliver the highest quality care’ (World Health Organization, 2010, p. 7)</td>
</tr>
<tr>
<td>Leadership</td>
<td>Distributed in nature, implying that regardless of one’s formal leadership role (or lack thereof), there is the potential to lead change for interprofessional education and practice. For the purposes of this project and programme, leadership is conceptualised as collaborative; collaborative leaders bring people together with different viewpoints to attempt openly and supportively to solve a larger problem or achieve a broader goal.</td>
</tr>
<tr>
<td>Work-integrated-learning (WIL)</td>
<td>An umbrella term used for a range of approaches and strategies that integrate theory with the practice of work within a purposefully designed curriculum, including planned, assessed (credit-bearing) activities</td>
</tr>
</tbody>
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List of abbreviations and acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>DVD</td>
<td>Digital video disc</td>
</tr>
<tr>
<td>ehpic™</td>
<td>Educating Health Professionals in Interprofessional Care (programme developed by the University of Toronto’s Centre for Interprofessional Education)</td>
</tr>
<tr>
<td>IPE</td>
<td>Interprofessional education</td>
</tr>
<tr>
<td>IPP</td>
<td>Interprofessional practice</td>
</tr>
</tbody>
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1. Introduction and background to the project

Pause and reflect

- What changes are required to ensure that the workforce is able to meet the increasing health needs of the community?
- What role do universities play in this?
- What is your role?

The World Health Organization (2010), along with other peak health bodies, acknowledge that significant change is required to meet the increasing pressure on the health system in Australia and internationally. These pressures include unsustainable health funding, the ageing population, increased community expectations, increased usage of expensive health technologies and the worldwide shortage of health workers (Aiken et al., 2012; Richardson, 2014; World Health Organization, 2010). One strategy that has gained momentum over the past decade is the move to a more integrated system in which health professionals work collaboratively in client-centred interprofessional teams to provide safe, quality health and social care. To achieve this system-wide change, higher education institutions need to ensure that graduates have the capabilities for an interprofessional approach to practice. A number of universities have embedded interprofessional education experiences for their students, most of which occur in the classroom, online or in simulation contexts. This approach to interprofessional education has been questioned with concerns raised about whether the changes reported are sustained over time and, therefore, truly prepare students for practicing interprofessionally (Lapkin, Levett-Jones & Gilligan, 2013). As a result of these concerns, the focus is shifting to providing students with practice-based interprofessional experiences. To support students during their university experiences and when they enter the workforce, current health academics and clinicians need to have the capabilities to model and facilitate interprofessional practice. Beyond this, to achieve sustainable change to health education and service, a community of leaders who will drive interprofessional change is required. By building the leadership and change management capacity of those responsible for student fieldwork—to create sustainable collaborative practice learning environments—the project’s ultimate goal is to increase interprofessional fieldwork placement opportunities and bring the theory of interprofessional collaboration gained at university into clinical practice. This OLT funded project aimed to support graduate employability by providing
an interprofessional leadership development programme for senior health managers, industry fieldwork coordinators and health academic staff.

As the project evolved, it became clear that facilitating leadership development for sustainable interprofessional education and practice needs to be highly responsive to local organisations and their contexts. This is primarily due to varying levels of understanding of interprofessional education and practice and the need to ‘pitch’ the programme appropriately to meet participant needs. For this reason, the final programme resources have been designed to be flexible and responsive, and this guide emphasises an adaptive (client centred) facilitation style. A shift to interprofessional working is complex, not just because sustainable change can be challenging, but also because it requires highly reflective practitioners willing to relinquish the power, privilege and territory associated with professional identities. Delivering the programme effectively therefore requires specific capabilities and experience that emphasise the importance of ‘facilitation’ rather than ‘training’.

*The Oxford English Dictionary Online* (2014) defines training (‘Training’, 2014) and facilitation (‘Facilitation’, 2014) as:

- **Training**: I) The action of Train, in various senses: Discipline and instruction (given or received) for development of character, behaviour, or ability; education, rearing, bringing up.

- **Facilitating**: 2) A means of facilitating or promoting; a help, boost, impetus to (also towards) attaining a particular end or result.

As the definitions above suggest, training implies a certain hierarchy and power relation in which content is delivered by the ‘knowledge expert’. In contrast, facilitating implies a more participatory, flexible, supportive and collaborative partnership; the knowledge and experience of the participants is equally valuable in the same way that each health and social care worker brings his or her own particular knowledge and skills to achieve client outcomes. To model the collaborative approach required for interprofessional education and practice, facilitation is the desired mode of delivery, and skilled facilitation requires experience, knowledge and responsiveness. While the programme has significant content delivery, a didactic method should be avoided. In the interprofessional space, awareness of process is essential; an interprofessional programme delivered without a balance of content and process runs the risk of not achieving the desired outcomes. The programme facilitators also need to model collaborative practice to provide an inspiring, energising space where new ways of working collaboratively are role modelled and fostered. A key way this can be achieved is through Appreciative Inquiry, the change management process informing this project and the programme that has been created (for more information on facilitation, see Sections 3 and 5 of this guide).
Curtin University’s Interprofessional Capability Framework (Brewer & Jones, 2013) is used in the programme and informs the approach to facilitation and coordination. Specifically, the underlying emphasis on the client’s needs (which in the case of the programme is the participant group) remains central (as illustrated in Figure 1). Overall, the programme aims to model interprofessional capabilities through its design, facilitation and coordination.

![Figure 1 Curtin University’s Interprofessional Capability Framework (Brewer & Jones, 2013)](image)

The Interprofessional Education and Practice: Creating Leaders and Opportunities for Clinical Learning programme was adapted from work undertaken at the Centre for Interprofessional Education at the University of Toronto over the past decade. The Centre is recognised as a leader of interprofessional leadership development internationally.

### 1.1. Structure and purpose of this guide

This guide to Interprofessional Education and Practice: Creating Leaders and Opportunities for Clinical Learning is designed to be read in conjunction with the [project final report](#) and the [project website](#). The final report provides information on the development of the programme and the associated pilots, whilst the website provides the programme resources and some tools to assist in selecting a facilitator or further developing your own capability as a facilitator of interprofessional education and practice. This guide provides information relating to both the practical administration (coordination) of the programme and its facilitation (delivery).

The guide has been divided into six main sections:

1. introduction and background to the project
2. evidence to support implementing the programme
3. structure and learning philosophy of the programme
4. information for coordination (including the general resources required)
5. information for facilitation
6. information on the individual programme modules and the resources required.

The programme resources are available from the project website and are organised into four sections:

1. **pre-programme** materials (documents needed prior to the programme delivery, for example, programme flyer, name badges, resource file cover insert and participant pre-programme questionnaire)
2. **programme materials** (PowerPoint® slides and handouts for each module) listed under the seven modules
3. **post-programme** materials (for example, completion certificate)
4. **additional resources**.
2. Evidence to support implementing the programme

A sponsor (or someone prepared to fund the programme) will be required. It is likely that you will need to provide the evidence base for interprofessional collaboration to gain this support. The following section provides that evidence to begin the conversation about why interprofessional education and practice are important to health education and practice.

A recent report by the Steering Committee for the Review of Government Service Provision (2014) indicates that in 2012 there were 107 serious medical errors in Australian hospitals, ranging from surgery on the wrong patient or body parts, to deaths or serious injuries associated with giving birth and in-hospital suicides. The health system both locally and globally is struggling to manage current demands. In Australia, $130 billion was spent on health in 2010–11, the vast majority of this in public hospitals. This situation will be exacerbated in the future by our rapidly ageing population (including an ageing workforce); workforce shortages, particularly in rural areas; greater community expectation of improved health outcomes and involvement in decisions about their health; and increasing incidence of chronic illness and lifestyle diseases.

Interprofessional practice has been proposed by a number of peak bodies, including the World Health Organization (2010), as a key strategy to address many of the issues facing the health system. Interprofessional practice (also known as ‘collaborative practice’ and ‘interprofessional care’) can be defined as ‘when multiple health workers from different backgrounds work together with patients, families, carers and communities to deliver the highest quality care’ (World Health Organization, 2010, p. 7). Interprofessional practice capabilities need to be developed in both the current and the future workforce and cannot be achieved through existing uniprofessional educational and continuing professional development models. This need is summarised by a recent report presented to the United States Congress that argues that health professionals cannot continue to work in silos and that health must be understood and addressed within a comprehensive interprofessional context (Advisory Committee on Interdisciplinary Community-Based Linkages, n.d.). Consequently, interprofessional education has emerged as the means to ensure that health and social care workers have the capabilities to deliver high-quality, safe, client-centred care. Interprofessional education is defined as occurring ‘when two or more professions learn with, from and about each other to improve collaboration and the quality of care’ (Freeth et al., 2005, p.v).

The evidence base for implementing an interprofessional approach to health and health education, captured by the World Health Organization (2010), includes:
- greater continuity of care (less fragmented services)
- better access to services and shorter waiting times
- collaborative decision-making with patients and family
- better patient outcomes, safety and satisfaction
- more appropriate referrals
- improved safety and quality in health service delivery
- increased level of critical thinking among health professions
- higher levels of well-being among staff, greater retention
- better communication
- reduction in duplicity of service, procedures and assessment
- reduced hospital admissions.

**Leadership** is the key element of this programme because, although the benefits of interprofessional collaboration have been documented, change does not occur by itself. It requires leaders with the passion and commitment to persevere in the face of challenges and to win the hearts and minds of colleagues (in both health and university settings) to achieve sustained change and deliver the promise of interprofessional collaboration.
3. Structure, learning philosophy and conceptual framework of programme

3.1 Structure

The overall programme structure and its objectives are outlined in Table 1. The programme components include this guide, the participant needs assessment questionnaire, the resource file, seven modules delivered face-to-face, evaluation of the face-to-face sessions, and a commitment from participants to undertake a project to support interprofessional practice and/or education. The face-to-face modules were initially developed for, and piloted over, a two-day intensive block. Modules 1 to 4 were delivered on Day 1 and Modules 5 to 7 on the subsequent day. Each module takes between one to two hours to deliver and includes interactive group activities. The seven modules allow for increased flexibility and can be delivered to suit local workplaces and schedules; for example, they may be spread over several weeks. The participant needs assessment questionnaire is an important component of the programme because it is designed to determine the participants’ knowledge, understanding and skills related to leading change for interprofessional education and practice. This information is then used to tailor the programme through placing more emphasis on the aspects requiring development.

Table 1  Programme components and their objectives

<table>
<thead>
<tr>
<th>Programme component</th>
<th>Objective</th>
</tr>
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<tbody>
<tr>
<td>Guide to facilitation and coordination</td>
<td>• Provide clear guidelines for administration.</td>
</tr>
<tr>
<td></td>
<td>• Provide clear guidelines for facilitation and the knowledge, skills and experience required.</td>
</tr>
<tr>
<td>Participant needs assessment questionnaire</td>
<td>•Ascertain the participants’ understanding and knowledge of IPE, IPP, interprofessional facilitation and change leadership.</td>
</tr>
<tr>
<td></td>
<td>• The information gathered is used to tailor the emphasis to reflect participants’ needs.</td>
</tr>
<tr>
<td>Resource file</td>
<td>• Provide a flexible repository for programme materials.</td>
</tr>
<tr>
<td></td>
<td>• Provide a clearly organised resource for ongoing use (additional IPE/IPP resources can be added in the future).</td>
</tr>
<tr>
<td>Modules 1–7 (face-to-face delivery)</td>
<td>• Inspire a passion for IPP, IPE and client centred health and social services.</td>
</tr>
</tbody>
</table>
• Build participants’ confidence and knowledge to lead interprofessional education and practice.
• Use the IP-COMPASS© to assess organisational readiness.
• Design an action learning plan to support change.
• Support networking and the development of a community of change agents to lead the expansion of interprofessional education and practice.

Evaluation

• Gather information on the participants’ experience of the programme.
• Feedback from the evaluation undertaken at the end of Modules 1 to 4 is reflected on and incorporated into Modules 5 to 7.
• The final evaluation focuses on conducting the initial pre-participant questionnaire to determine whether there has been an increase in knowledge.

Participant commitment to change

• Through the action learning plan designed as part of the programme, participants commit to leading change within their circle of influence.
• Participants complete a ‘commitment’ postcard, which serves as a reminder of their commitment (sent two months subsequent to the programme).
• Consideration must be given to how participants will be supported beyond the programme with their action learning plan.

3.2 Learning philosophy and conceptual framework

Pause and reflect

What would you describe as being a high point in your work, a time when you were most engaged? What do you value most about yourself and your work? What do your clients/students value most about you?

These Appreciative Inquiry questions, like this programme, are aimed at engaging and energising people at all organisational levels in both education and practice.
settings to build their capacity to lead sustainable change and, ultimately, improve health outcomes for individuals, families and communities. To enable collaborative practice, interprofessional change leadership must be distributed (Jones, Harvey, Lefoe & Ryland, 2014) because it cannot be achieved only through formal hierarchical leadership roles. Thus, in the context of this project, leaders are defined as ‘anyone willing to help, anyone who sees something that needs to change and takes the first steps to influence that situation’ (Wheatley, 2009, p. 144). The participants’ action learning plans are built on this premise and the programme is grounded in the principles of adult learning (Lieb, 1991).

Figure 2 illustrates the components that make up the conceptual framework of the programme; they are described in detail following the figure. As discussed earlier, the programme incorporates key elements of Curtin University’s Interprofessional Capability Framework (Brewer & Jones, 2013) and Appreciative Inquiry to engage and empower participants to be collaborative change agents (Cooperrider, Whitney & Stavros, 2008).

![Conceptual framework of the programme](image)

**Figure 2  Conceptual framework of the programme**

1. **Client centred**: The programme participants are viewed as the clients and thus members of the team (consistent with Curtin’s Interprofessional Capability Framework). Hence, they have a key role in the design of the programme. An important component in involving them in the programme design is the participant needs assessment questionnaire. The results are used by the facilitator(s) to
adapt the programme by emphasising and de-emphasising particular modules. The second key element of the client centred approach is the collection of local examples of interprofessional education and/or practice in action (to provide relevance). When these are limited or non-existent, the examples provided in this programme package can be shared with participants to highlight what is possible. The third key element of a client centred approach is the focus on scenarios throughout the programme to ensure a high level of interactivity and engagement for participants.

2. Safe and high quality: Facilitator(s) undertake self-reflection prior to the programme and are self-reflective throughout the process to ensure that they have an awareness of their effect on the participants, can deal with difference and conflict, understand and manage group process and relationships, and provide a safe environment where all opinions are sought and valued. They also take a professionally neutral stance by ensuring that they resist using profession-specific jargon and that their professional identity is secondary to the participants’ needs. They will acknowledge that power and status exist within health, often associated with stereotypes, and work with the group to flatten those hierarchies that divide participants.

3. Collaborative: Anyone considering facilitating this programme is advised to seek a co-facilitator, or co-facilitators, from a different professional background to model effective interprofessional collaborative practice for participants. A significant portion of the programme focuses on exploring collaborative practice capabilities and how these inform the design, implementation and evaluation of both interprofessional education and practice. These capabilities link inextricably with collaborative leadership (discussed below).

4. Leadership Models: Although the leadership model is distributed in nature (Jones et al., 2014), the term collaborative leadership is used to describe the leadership style employed throughout the programme and illustrated through the facilitation style. Collaborative leadership has been defined as follows (Leadership Development National Excellence Collaborative, 2012a):

Collaborative leadership embraces a process in which people with differing views and perspectives come together, put aside their narrow self-interests, and discuss issues openly and supportively in an attempt to solve a larger problem or achieve a broader goal (http://www.collaborativeleadership.org/pages/faq.html).

There are six key principles of collaborative leadership (Leadership Development National Excellence Collaborative, 2012a):

1. Assessing the environment for collaboration: Understanding the context for change before you act
2. Developing clarity through visioning and mobilizing: Defining shared values and engaging people in positive action
3. Developing trust and creating safety: Creating safe places for developing shared purpose and action
4. Sharing power and influence: Developing the synergy of people, organizations, and communities to accomplish more
5. Developing people through mentoring and coaching: Committing to the development of people to maximize learning experiences
6. Self-reflection and personal Continuous Quality Improvement (CQI): Understanding one’s own leadership attributes, pursuing one’s personal CQI, and engaging others.

(http://www.collaborativeleadership.org/pages/faq.html)

The six steps listed above should underpin the process for preparing for facilitation. Facilitators need to engage in the relevant literature and have a sound understanding of the theories underpinning the programme (see the facilitator reference list in Appendix 1). The Turning Point Leadership Development National Excellence Collaborative (Leadership Development National Excellence Collaborative, 2012b) has produced some self-assessment questionnaires on collaborative leadership. Completing these is a useful exercise in developing an understanding of collaborative leadership as it is used here.

In keeping with the client-centred approach of the programme, a number of leadership models are provided so that participants can select those that they feel most align with their own values and leadership style. The models highlighted are Kotter’s eight steps of change (1996), Scharmer’s Theory U (2008) and Bolman and Deal’s leadership frames (1997). For more information on the leadership theories, refer to the project final report and facilitator reading list.

Table 2  The leadership theories highlighted in the programme

<table>
<thead>
<tr>
<th>Leadership theories</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kotter’s 8 steps of change</td>
<td>1. Create a sense of urgency.</td>
</tr>
<tr>
<td></td>
<td>2. Form a powerful guiding coalition.</td>
</tr>
<tr>
<td></td>
<td>3. Create a vision.</td>
</tr>
<tr>
<td></td>
<td>4. Communicate the vision.</td>
</tr>
<tr>
<td></td>
<td>5. Empower others to act on the vision.</td>
</tr>
<tr>
<td></td>
<td>7. Consolidate improvements &amp; produce more change.</td>
</tr>
<tr>
<td></td>
<td>8. Institutionalise new approaches—Embed into organisation’s culture.</td>
</tr>
</tbody>
</table>


Scharmer’s Theory U
Seven leadership capabilities

1. Holding the space of listening
2. Observing
3. Sensing
4. Presencing
5. Crystallising
6. Prototyping
7. Performing

Bolman & Deal’s four frames

1. Structural
2. Human resource
3. Political
4. Symbolic

5. Appreciative Inquiry: The underlying philosophy and approach of this strengths-based programme is used to engage participants and energise them to facilitate interprofessional collaboration in their teams and organisations. The use of Appreciative Inquiry’s Four-D cycle (Discover–Dream–Design–Destiny) supports participants to lead effective, positive change. This appreciative approach values what is working before speculating on the possibility of a better future. This appreciative, strengths-based approach allows the facilitator(s) to harness the power and wisdom of the group to achieve the programme’s outcomes.

Pause and reflect

What three or four things do you stand for as a leader? What matters to you the most? To discover your key leadership values reflect upon the past few weeks or months and answer these questions:

- What gives you the most satisfaction at work?
- What are others able to do as a result of your leadership?
- What do you value most about yourself as a leader?

3.3 Programme benefits and learning outcomes

The programme is designed to develop change leaders for interprofessional education and practice who have the knowledge, skills, attitudes and values to facilitate learners—and fellow colleagues—the art and science of working collaboratively for better health outcomes.
Programme learning outcomes:

- an understanding of interprofessional education and practice, as well as drivers for change
- an understanding of interprofessional approaches that build on existing clinical opportunities
- the ability to apply change management strategies to embed interprofessional education in clinical settings
- facilitate/support interprofessional education for students and colleagues in clinical settings through an action plan.

The seven modules have their own learning outcomes, which are provided in Table 3.

**Table 3  Program modules and their individual learning outcomes**

<table>
<thead>
<tr>
<th>Module</th>
<th>Title</th>
<th>Learning Outcomes</th>
</tr>
</thead>
</table>
| 1.     | Overview of programme and participants | • Understand the programme aims and structure.  
       |       | • Understand the role of participants and facilitator(s). |
| 2.     | Setting the scene | • Define both interprofessional education and practice.  
       |       | • Demonstrate an understanding of the education practice continuum.  
       |       | • Examine the evidence for interprofessional education. |
| 3.     | Practice education system | • Develop an understanding of the practice education system.  
       |       | • Examine IPE programmes in Australia.  
       |       | • Understand your role as a change agent. |
| 4.     | Interprofessional practice capabilities, assessment and evaluation | • Critique the application of interprofessional practice capabilities in action.  
       |       | • Understand some key principles of assessment and evaluation of interprofessional education and interprofessional practice. |
| 5.     | Delivering and implementing interprofessional education and practice | • Identify the skills and abilities required to facilitate interprofessional education effectively. |
|   | Collaborative leadership | · Explore your organisation’s readiness for interprofessional education and practice.  
|   |   | · Understand key approaches to collaborative change leadership.  
|   | Sustainability | · Create an action learning plan to lead change in your context.  
|   |   | · Consider the factors for sustainable change.  }
4. Information for coordination

4.1 Scheduling the programme

The original ehpic™ course from the University of Toronto, on which the programme is based, runs for five full consecutive days. However, the advice we received from our industry partner organisations was that two days was the maximum block of time away from normal work activities to which most participants could commit. Based on this advice, the programme pilots in Perth and Albury Wodonga were conducted over two intensive days. We strongly recommend that the minimum length for the programme be maintained at 13 hours of face-to-face contact, whether the programme is delivered over two days or in modules over a longer period of time. Thirteen hours is the minimum amount of time required to cover the programme learning outcomes.

Consistent with the Appreciative Inquiry and client centred approach, engaging with relevant senior staff to determine the best delivery schedule of the programme is a very important aspect, as is adapting the material (or at least linking it) to your local context.

4.2 Selecting and preparing participants

4.2.1 Registration

The recruitment method will depend on the target participant group and their mechanisms for communication. A flyer has been developed for use in advertising the programme and is available from the website under Pre-Programme Materials. It is in a format (Microsoft Word©) that allows modification. The programme is designed for health professional and academic staff at a range of levels with an interest in interprofessional education and practice and is relevant for:

- clinical teams, including heads of departments who can influence interprofessional collaboration initiatives
- university staff responsible for coordinating clinical placements
- champions of interprofessional education and practice seeking tools to assist them to lead change
- health service staff responsible for quality and safety.

The optimal number of registrants for the programme is 35–40, with an expectation that there will be some attrition. Ideally, the registration process should be managed by one person who is service orientated and works to develop a rapport with the registrants, again reinforcing the client-centred approach of the programme. Effective
administration of the initial contact, registration and follow-up is essential because it affects the overall experience for participants. When taking participants’ registrations, ensure that both their health profession and their organisation/department affiliation are recorded. This information is used to assign participants to tables.

### 4.2.2 Selecting participants

It is important that a broad spectrum of professionals be represented from across the clinical and/or education community. We recommend that preference be given to teams of two or more members from within organisations as they are in a stronger position to provide each other with ongoing support for their change initiative. When it is not possible to attract teams individuals are also welcome to attend.

**Tip**

Do not underestimate the value of good catering. Quality food sends a clear message that you value the participants’ commitment to taking time away from their workplace to attend.

### 4.2.3 The participant needs assessment questionnaire

The questionnaire can be found on the website under Pre-Programme Materials. This can either be inserted into an online questionnaire tool such as Qualtrics© or emailed as an attachment as an Excel© document. The results from this questionnaire have to be collated and are used to tailor the programme to the participant group’s needs. The information relating to their needs is summarised and placed in Slide 14, Module 1, and discussed with the group.

**Tip**

If you are working with an external organisation, ensure that the email system will accommodate attachments. During the first pilot, it was discovered that participants had not received emails because of the size of the attachment. The other potential issue is that your emails go directly to junk mail, thus causing confusion and frustration.
4.2.4 Working productively with participants

Participants are best supported in their learning through a well-organised and welcoming environment. This includes keeping them well informed and making sure there is sufficient parking, clear information on how to reach the venue (including a map) and good food, including healthy options. Having enough people to greet participants as they arrive is an important element of the welcoming environment. Invite them to embrace the opportunity to quarantine time for reflection and their own personal development. Information specific to facilitation is provided in the next section (Section 5).

4.2.5 Working inclusively

Consideration should be given to the cultural and religious diversity of the group and include sensitivity to special dietary requirements in offering refreshments (this also extends to vegetarians, vegans and those with food allergies). The PowerPoint© for Module 1 includes an Acknowledgement of the Traditional Owners; this is an important component and should not be overlooked. It is also assumed that the programme will be run in accordance with the principles of access and equity.

4.2.6 Working productively with the team to maximise effectiveness

The team of staff working to deliver the programme—coordinator/administrator and the facilitator[s]—need to model interprofessional collaboration! This means valuing the contribution of each member and working with a focus on the participants and their needs. In Section 5 of this guide, facilitation is explored as well as the potential for co-facilitation by staff from different professional backgrounds.

4.3 Room structure, equipment and materials

4.3.1 Venue choice and room structure

The venue needs to be a flat space of an appropriate size to accommodate the participants arranged in small groups at tables. Appropriate space for small breakout activities is required for some small group activities; this can be outside if the weather is conducive. Each table group is ‘labelled’ with a displayed visual image, for example, an image of fruit or flowers.

For Modules 1 to 4, the participants are seated in interprofessional groups. As outlined earlier, when taking registrations, you need to record their health profession as well as organisation/department to ensure there is a diversity of professions and organisations at each table. On arrival, participants need to be directed to their
relevant table. For Modules 5 to 7, participants are arranged in their organisational teams because, in these modules, they assess their readiness for interprofessional collaboration as an organisation/department and work together to create their action learning plan. Mixed tables with participants from varying organisations can be used for those not attending in teams. Ideally, these tables are comprised of people from similar settings, for example, higher education, primary care or rural practice. If you are delivering the programme across two consecutive days, an alternative to directing participants to their tables each day is to place two stickers (which relate to the table display images) on their name badges (one for each day). There is a template for the name badges (on the project website under Pre-Programme Materials) that fits the recommended name card holders.

4.3.2 Equipment and materials (general)

The following equipment and materials are required in the room:

Essential:

- data projector with capacity to play DVDs
- speakers/sound system
- internet access
- whiteboard and markers
- easel.

Optional:

- lapel microphone
- slide advancer.

Checklists of materials and resources required for individual modules are provided in Section 6.
4.3.3 Participant resource file

The recommended resource file format is an A4 two display ring file with dividers to accommodate the seven modules (see Figure 3). This system works well because it allows flexibility in adapting the materials as well as the ability to incorporate additional handouts. There are inserts for the front and spine of the ring binders designed to fit the recommended file as well as a template for the file divider system. Participants can make this folder their resource for interprofessional education and practice and add to it as they wish.

Tip
If the handouts are not placed into the folders prior to the workshop, hole punch them so they can be placed directly into the files.

Table 4  File and name card recommended items to fit the templates

<table>
<thead>
<tr>
<th>Item</th>
<th>Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>A2 display ring binder</td>
<td>Bantex A4 ring (38-mm capacity) display file (white)</td>
</tr>
<tr>
<td>File dividers</td>
<td>Marbig View Tab 10 tab per page divider A4</td>
</tr>
<tr>
<td>Name card holders</td>
<td>Rexel ‘Twice-as-Quick’ Convention Card Holders (box of 50)</td>
</tr>
</tbody>
</table>

4.3.4 Factors to consider in calculating the costs

The cost of running the programme will vary tremendously depending on your local resources and whether you have someone knowledgeable and skilled to facilitate. For more advice on implementing the programme, contact the project team at Curtin and Charles Sturt Universities.

The PowerPoint® slides for each module contain photographic images that have been licensed from iStock. To ensure you are licensed to use these images, you must re-purchase each image (or replace with your own). A full list of images used is available here.
Figure 3  Participant resource file

As a general rule, costs will relate to:

- centrepiece display to identify tables (for example, fruit images to distinguish each table)
- A4 display ring binder files (which house the materials)
- file dividers
- colour and black-and-white printing of materials for the resource file
- pens
- coloured markers for table activities
- A3 paper for group work
- name badges
- Post-it easel pad 3M and small Post-it notes for activities
- DVD interprofessional education and practice facilitation resources from the University of Toronto's [Centre for Interprofessional Education](https://www.dataverse.org) (DVD 1, *Student Experience of Interprofessional Education*, and DVD 6, *Facilitating Interprofessional Collaboration with Students*)
- key reference books (see reference list for essential textbooks: Barr & Brewer, 2012; Howkins & Bray, 2008)
- postage for ‘commitment to change’ postcards
- venue (will need to include easel, internet connection, data projector, whiteboard, etc.)
- catering
• any other cost such as parking and administrative assistance.

4.3.5 Evaluation tools

There are two evaluation tools provided as part of the project materials. The first is administered following Modules 1 to 4 and asks fairly standard questions about the value of sessions, time for reflection, facilitation, and so on. The information gathered is then used to adapt the following modules to meet the needs of participants better. The second tool is designed for use following the final modules (5 to 7) and asks similar questions. This tool also repeats the pre-participant questionnaire to determine whether the participants perceive an increase in their knowledge and understanding of key concepts following the programme. The two evaluation forms are available from the project website in the Post-Programme section.

Ideally, a longitudinal study exploring the effect of the action learning plans should be carried out, and this is currently being explored with participants from the pilots conducted as part of this OLT project. Contact the project team for more information.
5. Information for facilitation

When you facilitate the programme, you bring with you your knowledge, skills, attitudes and values relevant to interprofessional collaboration. You need to come prepared to facilitate learning rather than deliver training because, in the spirit of effective collaboration, you need to engage your participants as peers working towards a common goal: advancing interprofessional education and practice. In this interprofessional space, you explore ideas and issues rather than identify the right answers or achieve consensus. The key threads or themes running through the programme are designed to enable the participants to:

- understand themselves as professionals
- understand themselves as educators
- understand themselves as leaders
- understand themselves as people.

To be an effective facilitator of this programme, you need to have undertaken this journey yourself.

To understand yourself as a professional, educator, leader and person, read through the following facilitator profile and undertake the ‘Pause and reflect’ activity at the end.

5.1 Margo’s story

“Early in my career as a speech pathologist, I recognised that our health service was not focusing on individuals and their families. Health professionals rarely worked with each other to provide a coherent, integrated service. I observed that this model of service delivery often led to inefficient use of health professionals’ resources and less effective outcomes for clients and their families, particularly those with complex and/or chronic conditions.

This professional experience was reiterated when I became the mother of a baby with multiple health problems. Our journey through the health system was frustrating, time and energy zapping with often suboptimal outcomes due to the very limited (if any) collaboration between the multitude of health professionals we consulted. I recall many of our experiences as horrendous as we dealt with this unsupportive health system.

When I started work in health education, I realised that to achieve the supportive health service I felt all people deserved we would need to educate students how to collaborate effectively, not only with each other but with their clients. An interprofessional approach to health just makes sense!

My experiences both professionally and personally are the emotional drivers behind my passion for facilitating interprofessional collaboration. I have worked to develop my leadership capabilities so that I can have a positive influence on both health education
Interprofessional Education and Practice: Creating Leaders and Opportunities for Clinical Learning

and practice. Like you, I am a learner in this space and, although I bring significant knowledge and skills, having fully immersed myself in interprofessional education and practice over a number of years, I believe it is my attitude and values and how they inform my leadership style that has enabled me to have a positive influence on others interested in improving outcomes for the community."

Margo Brewer, Director of Practice and Interprofessional Education at Curtin University’s Faculty of Health Sciences, has built her success as a facilitator over many years. Margo’s education and professional experience include:

- qualified health professional: speech pathologist
- professional health experience: 30 years across a range of health and educational settings
- facilitation of adult learning workshops across a range of professions: 10 years’ experience
- strong working knowledge of interprofessional education and practice: six years as Director, Interprofessional Practice, Curtin University
- in-depth knowledge of change leadership including Appreciative Inquiry
- commitment to ongoing professional development across a range of disciplines (e.g. leadership and management, educational research, and interprofessional collaboration)
- qualified life coach
- completed Curtin University’s Senior Leadership Programme
- experienced facilitator of the Interprofessional Education and Practice: Creating Leaders and Opportunities for Clinical Learning programme.

Pause and reflect

What personal and professional experiences have shaped your attitudes and values to health education and/or practice? How do your attitudes and values align with an interprofessional approach to education and practice? How will this understanding of yourself influence your facilitation?

5.2 Preparing for facilitation

To help you prepare yourself to facilitate this programme a Facilitator Self-Reflection Tool available on the project website. Through completing this activity, you will be able to reflect and identify any potential gaps in your knowledge, skills, attitudes and
values, to ensure your readiness to be an effective facilitator of this programme. A list of essential and recommended readings for facilitators is also available as an appendix to this guide.

Part of preparing for the programme is ensuring that you understand Appreciative Inquiry (Cooperrider & Whitney, 1999) because it underpins the programme and is the theory and process employed to support change. In contrast to traditional change management, which focuses on problems and barriers before diagnosing solutions, Appreciative Inquiry highlights the strengths of an organisation to imagine further positive change. Thus, facilitating using Appreciative Inquiry means philosophically aligning how you interact and engage with your participants, and your thought processes, with Appreciative Inquiry. If you replicate the ‘problems/barriers’ approach to change management, you may limit your participants’ capacity for interprofessional change. Instead of energising them to become agents of change, building on tangible examples of good practice, participants may become disheartened and overwhelmed by the obstacles well documented in the interprofessional literature (Davidson, 2008; Lawlis, Anson & Greenfield, 2014). The importance of Appreciative Inquiry for the success of this programme cannot be underestimated, which is why it has been emphasised throughout this guide. This relates to the challenges of achieving sustainable change, the issues of power and relinquishing power, as well as professional identity, within the interprofessional space. You have the opportunity as the facilitator to capture the minds and hearts of participants; however, if the programme is poorly facilitated and fails to model the collaborative approach you are requiring of them, it is likely they will turn away from interprofessional collaboration and it may be difficult to re-engage them.

One way to think through whether you are ready to facilitate this programme is to consider the ‘iceberg of professional practice’ proposed by Fish and Coles in 1998 (as cited in Wee & Goldsmith, 2008). This activity is used in Module 5 of the programme and asks participants to consider how what is invisible (one’s experience, knowledge, feelings, expectations, assumptions, attitudes, beliefs and values) affects professional practice. Without reflecting on what is beneath the waterline (what is invisible), one can inadvertently reinforce traditional hierarchical structures, power relations and practices. This activity can also be applied to thinking through how to apply Appreciative Inquiry. As suggested earlier, if you approach facilitation with a style that emphasises (and thus is likely to amplify) problems and barriers and the need to find solutions, you will not be creating the optimal conditions for changes to practice (whether clinical practice or health education).

An effective facilitator will need to draw on a broad range of interprofessional education and practice initiatives currently taking place and be familiar with the literature in the field (see reading list in Appendix 1). For example, you need to be able to explain clearly the difference between interprofessional and multiprofessional practice/education.
Visible

- Doing

Invisible

- Experience
- Knowledge
- Feelings
- Expectations
- Assumptions
- Attitudes
- Beliefs
- Values

Figure 4  The ‘Iceberg of interprofessional practice’ from Fish and Coles (as cited in Wee & Goldsmith, 2008)

Familiarising yourself with the project final report, this guide and all the programme materials is an obvious component to preparing yourself. As established in the introduction to this guide, the programme utilises Curtin University’s interprofessional education curriculum to provide examples of different learning experiences. Explore the interprofessional education and practice activities in your local region and substitute these for the Curtin examples. However, retain Curtin’s Interprofessional Capability Framework because this underpins much of the programme design.

Pause and reflect

What do you:

- understand about yourself as a professional?
- understand about yourself as an educator?
- understand about yourself as a leader?
- understand about yourself as a person?
5.3 Facilitating

The following section is adapted from *The Human Rights Education Handbook* developed by the Human Rights Resource Center, University of Minnesota (2000). The style of facilitation for which they advocate is in alignment with the approach taken here: interprofessional education and practice are focused on empowering individuals to understand and exercise their basic rights as humans through collaborative, respectful and open communication. Human rights and interprofessional collaboration also promote equality between people and therefore require an approach to education that models those underlying principles: one that is respectful and supports equal recognition of the participants and the facilitator.

5.3.1 What makes a good facilitator?

Experience, along with reflection to raise awareness, can enhance everyone's facilitation skills.

- Sensitivity to the feelings of individuals: creating and maintaining an atmosphere of trust and respect requires awareness of how people are responding to both the topics under discussion and the opinions and reactions of others. Most people will not articulate their discomfort, hurt feelings, or even anger; instead, they silently withdraw from the discussion and often from the group. Sensing how people are feeling and understanding how to respond to a particular situation is a critical skill of facilitation.
- Sensitivity to the feeling of the group: in any group, the whole is greater than the sum of the parts, and group chemistry generally reflects shared feelings: eager, restless, angry, bored, enthusiastic, suspicious, or even silly. Perceiving and responding to the group’s dynamic is essential to skilful facilitation.
- Ability to listen: one way the facilitator learns to sense the feelings of individuals and the group is by listening, both to the explicit meaning of words and to their tone and implicit meaning. As outlined previously, facilitators generally speak less often than anyone in the group; they focus their input on highlighting comments, linking key ideas, summing up and responding directly to what others have said.
- Ability to tell stories: good interprofessional facilitators are good storytellers. The ability to draw on stories to illustrate points and infuse participants with a passion for interprofessional collaboration is essential.
- Tact: sometimes the facilitator must address awkward moments or challenge the group to achieve the desired outcome. The ability to do so carefully and responsively is critical. In addition, the subject matter of interprofessional collaboration can elicit strong feelings of professional territoriality. The
facilitator needs particular tact in dealing with emotional situations respectfully and, at times, firmly.

- Commitment to collaboration: collaborative learning can occasionally seem frustrating and inefficient; at such times, every facilitator feels tempted to take on the familiar role of the expert and direct, rather than facilitate. However, a genuine conviction about the empowering value of cooperative learning will help the facilitator to resist a dominating role. Likewise, the facilitator needs to be willing to share facilitation with co-facilitators.
- A sense of timing: the facilitator needs to develop a sixth sense for time—when to bring a discussion to a close, when to change the topic, when to cut off someone who has talked too long, when to let the discussion run over the allotted time and when to let the silence continue a little longer. Trust in the group and the process is demonstrated through the ability to sit with silence.
- Flexibility: facilitators must plan, but they must also be willing to adapt those plans in response to the situation. This is of particular relevance in relation to the evaluation following the first day. The facilitator needs to be able to evaluate the group’s needs and determine how to respond to these. Although every module is important, a facilitator needs to decide how much time to allocate to exploring particular gaps in participants’ understanding or issues they raise. Remember, however, that the programme takes a strengths- and solution-based approach, so be careful to balance any discussion of problems/issues with a discussion of potential solutions and highlighting what is currently working.
- A sense of humour: as in most human endeavours, even the most serious, a facilitator’s appreciation of life’s ironies, an ability to laugh at one’s self and to share the laughter of others enhances the experience for everyone.
- Resourcefulness and creativity: each group is as different as the people who make it. A good facilitator needs an overall programme with clear goals but must also be able to adapt it to fit changing conditions and expectations. The facilitator will call on the talents and experiences of people in the group and the community, or participants may suggest resources. A good facilitator also identifies and utilises teachable moments.

Pause and reflect

How do you share your knowledge and skills with others? Is your style aligned with training (teaching) or facilitating (coaching)?
5.3.2  Personal checklist for facilitators

☐ I have the required knowledge and understanding of interprofessional education and practice.
☐ I have a strong understanding of change leadership and theories of change.
☐ I have read the essential references.
☐ I have invested time in pre-planning with all stakeholders.
☐ I am focused on improving health services and outcomes and clients’ experience.
☐ I know how to create a comfortable learning environment for participants.
☐ I am very clear about my role: my behaviour more than my words will convey that I am not the teacher but a fellow learner.
☐ I ensure I take a neutral professional role, explore the assumptions and myths of each profession, and acknowledge and use participant professional expertise.
☐ I am aware of my eyes: I maintain eye contact with participants.
☐ I am aware of my voice: I try not to talk too loudly, too softly, or too much.
☐ I am aware of my body language: I consider where I sit or stand and other ways in which I may unconsciously exercise inappropriate authority.
☐ I am aware of my responsibility: I make sure everyone has a chance to be heard and be treated equally, I encourage differences of opinion but discourage argument, I curb those who dominate, I draw in those who are hesitant.
☐ I am aware when structure is needed: I explain and summarise when necessary, I decide when to extend a discussion and when to go on to the next topic, I remind the group when they get off the subject.
☐ I am aware of my power and share it: I ask others to take on responsibilities whenever possible (e.g. taking notes, keeping time, and, ideally, leading discussion).

Pause and reflect

Imagine you have facilitated this change leadership programme. The participants are very positive about this experience. They are working much more collaboratively with their colleagues and students, and this is having a positive influence on clients and their families.

- What contributed to this success?
- What did you do to facilitate this?
- What did you value most about your involvement in the programme’s success?
5.3.3 Additional facilitators for the IP-COMPASS© activity

In Module 6, ‘Collaborative leadership’, the Interprofessional Collaborative Organization Map and Preparedness Assessment (IP-COMPASS©) (Parker & Oandasan, 2012) tool is used by participants to identify their action learning plan focus. This tool was developed by the University of Toronto’s Centre for Interprofessional Education (Parker & Oandasan, 2012). The IP-COMPASS© is a quality improvement tool designed to assess an organisation’s readiness for interprofessional education and prepare to better provide intentional interprofessional learning opportunities. Participants work through different constructs from the IP-COMPASS© and require knowledgeable facilitators at each table to guide them. This means you will require a qualified facilitator of this tool (familiar with it and how to use it) for every table/group you have. For more information on the IP-COMPASS©, see the guide that accompanies the tool. The programme facilitator(s) must provide training to these IP-COMPASS© facilitators on how to use the tool prior to this module. It is important to ensure that these facilitators have knowledge of interprofessional education and practice and understand the learning philosophy underpinning the programme (as outlined in this guide).

5.4 Adapting the programme

As suggested earlier, the programme has been organised into seven modules to allow adaption to local health service and/or university contexts. The most important adaption of the programme is to incorporate the information about participants gathered through the participant needs’ assessment questionnaire to ensure the programme addresses any gaps identified. However, it is recommended that you do not change the order of the modules because they have been sequenced to best engage participants and tell a logical story. Removal of sections is also not recommended. For example, there could be a temptation to focus on the interprofessional capabilities at the cost of the modules relating to change leadership (Module 6 and 7). However, the change leadership components are crucial elements to ensuring the champions of interprofessional collaboration have the skills and abilities to lead the sustained change required to improve health and social care services.

Tip

The materials and references will need checking and updating as part of the preparation to ensure that the programme is as up to date as possible. Using old references and/or examples or providing inactive website links will lessen the relevance and quality of the programme.
6. Programme modules

6.1 Module content

This section has been provided to give an overview of the seven programme modules, including the materials and resources required.

Several of the slides in each module will require modification and adaption to your local context; information on which one needs changing and what to do are listed in the notes section of relevant slides.

There are two reference lists. The first is the reading list for the facilitator(s), which includes both essential and recommended readings (Appendix 1). The second is an overall programme reference list that is provided to participants (Appendix 2).

Tip
This symbol on a module PowerPoint® slide indicates there is an activity.

6.1.1 Module 1: Overview of programme and participants

This first module aims to give the essential background to the programme, as well as start to form the group. The main goal is to generate a sense of trust and safety and establish the needs of the participants (by reviewing the feedback from the pre-participation questionnaire). The module also establishes what the participants can expect from the facilitator(s) and each other. The opportunity that the programme offers participants—to establish a new community of practice in which members support each other in their role as change leaders—should be highlighted. It is worth pointing out at the outset of the programme that the first four modules are content focused (to provide a shared understanding of key background information), but the following modules (5 to 7) are more activity based and relate directly to the change they will be leading in their work setting.

Table arrangement: interprofessional groups

Duration: approximately one hour
Module learning outcomes:

- Understand the programme aims and structure.
- Understand the role of participants and facilitator(s).

**Table 5  Module 1 materials and activities**

<table>
<thead>
<tr>
<th>Materials Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catering (if applicable)</td>
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<tr>
<td>Registration table</td>
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<tr>
<td>Attendance sheet</td>
</tr>
<tr>
<td>Participant files (prepared in advance)</td>
</tr>
<tr>
<td>Name badges</td>
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<td>Data projector</td>
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<tr>
<td>Easel/whiteboard/markers</td>
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<tr>
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<tr>
<td>Internet connection</td>
</tr>
<tr>
<td>Slide advancer (optional)</td>
</tr>
<tr>
<td>Small Post-it notes and large Post-it notes</td>
</tr>
<tr>
<td>Audio visual support (if needed)</td>
</tr>
<tr>
<td>Centrepiece table display (used to identify individual tables) (see Section 4.3.1)</td>
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<tr>
<td>PowerPoint© file for this module</td>
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</tbody>
</table>

**Handouts**

Printed PowerPoint© slides for Module 1 (handout version three slides per page with section for participant notes)

**Activities**
1. [Slide 12—Who is here?] Ask participants to identify (by raising their hand) who is from [naming the various organisations/professions]. Ask if any organisations/professions have been missed. Highlight the diversity of the group and their alternative perspectives and how this adds to the programme through providing an interprofessional education experience for participants.

2. [Slide 13—Getting to know you] Ask participants to reflect individually on what they hope to achieve by undertaking this programme (within the context of their workplace) and have them record this on a small Post-it note. Ask the groups to then share their individual hopes at their table and collaborate to reach consensus on one shared hope for the group. Invite each group to state their shared hope and record these on a large Post-it note to display and refer back to at the end of the programme.
6.1.2 Module 2: Setting the scene

The purpose of this module is to gain a shared understanding of interprofessional education and practice and their drivers. This module is content focused; however, didactic delivery should be avoided as much as possible. The slides need to reflect the audience. For example, Slides 8 and 9 provide different activities based on whether the audience is from a practice setting or education. Remove the slide that is not applicable but, if it is a mixed audience, retain both. You will also need to source and print out a copy of the ‘Executive Summary’ of Framework for Action on Interprofessional Education & Collaborative Practice (World Health Organization, 2010, WHO/HRH/HPN/10.3).

Table arrangement: interprofessional groups

Duration: two hours

Module learning outcomes:

- Define both interprofessional education and practice.
- Demonstrate an understanding of the education–practice continuum.
- Examine the evidence for interprofessional education.

Table 6  Module 2 materials and activities

<table>
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<td>Lapel microphone (optional)</td>
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<tr>
<td>Slide advancer (optional)</td>
</tr>
<tr>
<td>Centrepiece table display (used to identify individual tables) (see Section 4.3.1)</td>
</tr>
<tr>
<td>PowerPoint© file for this module</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Handouts</th>
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</thead>
<tbody>
<tr>
<td>Printed PowerPoint© slides for Module 2 (handout version three slides per page with section for participant notes)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommended Participant Reading</th>
</tr>
</thead>
</table>
Activities

1. [Slide 8—Practice spectrum] This slide is used when the majority of participants are from industry/practice. In small groups, discuss how multiprofessional, interprofessional and transprofessional practices differ from each other. (Note: Retain both Slide 8 and Slide 9 if participants are from combined education and practice backgrounds.)

2. [Slide 9—Education spectrum] This slide is used when the majority of participants are from universities/education. In small groups, discuss how multiprofessional education and interprofessional education differ from each other. (Note: Retain both Slide 8 and Slide 9 if participants are from combined education and practice backgrounds.)

3. [Slide 19—Example from Canada] Show participants the YouTube clip embedded in Slide 19 (approximately 17 minutes). Invite discussion.

4. [Slide 21—Client and student facilitator stories] Choose option prior to delivery of module. Option 1: Ask participants to share their stories as a whole and to reflect on the key lessons learnt from the stories presented. Ask group if anyone has a similar story. Option 2: Show participants the videos of Curtin University examples of interprofessional education in action. Copy and place links from the Module 2 programme materials from website into PowerPoint Slide 21 prior to delivery.

6.1.3 Module 3: Practice education system

This module explains the practice education system and provides an overview of interprofessional education programmes in Australia. Slides 6 to 12 illustrate Curtin’s interprofessional practice programme and can be replaced with your local example. The module also begins participants’ journey to understanding their role as a change agent.

Table arrangement: interprofessional groups

Duration: two hours

Module learning outcomes:

- Develop an understanding of the practice education system.
- Examine IPE programmes in Australia.
- Understand your role as a change agent.
### Module 3 materials and activities

#### Materials Required

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<thead>
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<tr>
<td>Slide advancer (optional)</td>
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<td>PowerPoint® file for this module</td>
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</table>

#### Handouts

- Printed PowerPoint® slides for Module 3 (handout version three slides per page with section for participant notes)

#### Activities

1. [Slide 14—What is unique] Introduce the dreamcatcher image and explain how it should be used (see Slide 14 for more detail). In small groups, ask participants to draw a dreamcatcher on the slide, dividing the outer circle into as many areas as there are people in the group. Ask participants to identify what is unique to their role in shaping the health workforce as leaders or change agents. Record these for each person in the outer segments of the circle. In the centre circle, participants are to record what they have in common as leaders or change agents.
6.1.4 Module 4: Interprofessional capabilities, assessment and evaluation

This module goes through the key interprofessional practice capabilities and uses DVDs developed by the University of Toronto to explore different capabilities and their development. The DVD resources can be purchased from the Centre for Interprofessional Education’s website. This module also addresses assessment and evaluation of interprofessional education and practice.

Table arrangement: interprofessional groups

Duration: two hours

Module learning outcomes:

- Critique the application of interprofessional practice capabilities in action.
- Understand some key principles of assessment and evaluation of interprofessional education and interprofessional practice.

Table 8 Module 4 materials and activities

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<td>Internet connection</td>
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<tr>
<td>Slide advance</td>
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<tr>
<td>A3 blank paper or large Post-it notes</td>
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<tr>
<td>DVD player</td>
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<tr>
<td>DVD 1 (<em>Student Experience of Interprofessional Education</em>) resource from the University of Toronto’s Centre for Interprofessional Education</td>
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<tr>
<td>Centrepiece table display (used to identify individual tables) (see Section 4.3.1)</td>
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<tbody>
<tr>
<td>Printed PowerPoint© slides for Module 4 (handout version three slides per page with section for participant notes)</td>
<td></td>
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<tr>
<td>National Interprofessional Competency Framework</td>
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<tr>
<td>Roles and Scopes of Practice: IP Pictionary</td>
<td></td>
</tr>
</tbody>
</table>
Team Guiding Principles or Team Charter

Characteristics of Effective Interprofessional Care Teams

Characteristics of Effective Interprofessional Team Meetings

Participation in Interprofessional Team Education

Survey: What Stage is Your Team In?

Following the OBEFA Model

Self-Assessment—Strategies for Handling Conflict

Guide to Completing Curtin’s Interprofessional Capability Assessment Tool

Interprofessional Capability Assessment Tool (ICAT)

Recommended Participant Reading

In preparation for Module 5, ask participants to read Barr and Brewer (2012) and Wee and Goldsmith’s chapter.

Place printed copies of Barr and Brewer (2012) and Wee and Goldsmith chapter from Howkins and Bray into participants’ resource file.

Activities

1. [Slide 11—In your group] In small groups, ask participants to describe what effective interprofessional education and practice looks like. What is different about the way people work together? Ask them to craft a statement that describes why learners want to be educated there. This can be recorded on a large Post-it note for display around the room for all to see during breaks.

2. [Slide 17—DVD scenario] Show the University of Toronto Centre for Interprofessional Education DVD (Clip 2, ‘Scope of Practice’, from DVD 1, Student Experiences in Interprofessional Education) and ask the group to discuss and critique the issues raised in the clip.

3. [Slide 21—Questions] Ask participants to close their eyes and note how they feel as the questions are being read. Read questions (as per slide) aloud to the participants—start with the problem-based questions, pause and then finish with the appreciative questions.

4. [Slide 24—Interprofessional IP Pictionary] IP Pictionary Activity: allocate different health professional identities to each table/small group. Ask them to draw an image (without using numbers or letters) that is representative of that profession. Once they have created their image poster, go round to each table and ask them to display to the group. Then ask the whole group to guess what profession is being depicted. Highlight how this links to common stereotypes and myths of different professions.

5. [Slide 28—DVD Scenario] Show the University of Toronto Centre for Interprofessional Education DVD (Clip 5, ‘Ulcer Management’, from DVD 6,
Facilitating Interprofessional Collaboration with Students) and ask the group to discuss and critique the issues raised in the clip.

6. [Slide 39—DVD Scenario] Show the University of Toronto Centre for Interprofessional Education DVD (Clip 4, ‘Participation in Rehabilitation, from DVD 6, Facilitating Interprofessional Collaboration with Students) and ask the group to discuss and critique the issues raised in the clip.

7. [Slide 43—DVD Scenario] Show the University of Toronto Centre for Interprofessional Education DVD (Clip 4, ‘Discharge Plan’, from DVD 1, Student Experiences in Interprofessional Education) and ask the group to discuss and critique the issues raised in the clip.

8. [Slide 48—Reflect on your own ways of knowing] Pause and ask group to reflect on their own interprofessional practice capabilities either on a personal level or as a small group.
6.1.5 Module 5: Delivering and implementing interprofessional education and practice

In this module, participants explore what elements need to be in place to enable interprofessional education within their organisation, and what capabilities are required for effective interprofessional facilitation. Therefore, participants need to be seated in their organisational teams or departments to work on their plan. Note: This module as well as Modules 6 and 7 require this seating arrangement. The content covered in this module applies to both education and practice settings. Participants are engaged in activities to practice and develop interprofessional facilitation skills, which can be used with colleagues and students.

Table arrangement: organisational teams/departments

Duration: two hours

Module learning outcomes:

- Identify the skills and abilities required to facilitate interprofessional education effectively.

Table 9 Module 5 materials and activities

<table>
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<tr>
<td>Lapel microphone</td>
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<tr>
<td>Internet connection</td>
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<tr>
<td>Slide advance</td>
</tr>
<tr>
<td>DVD player</td>
</tr>
<tr>
<td>DVD <em>(Facilitating Interprofessional Collaboration with Students)</em> resource from the University of Toronto’s <a href="http://example.com">Centre for Interprofessional Education</a></td>
</tr>
<tr>
<td><a href="http://example.com">Centrepiece table display (used to identify individual tables) (see Section 4.3.1)</a></td>
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<tr>
<td>PowerPoint© file for this module</td>
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<table>
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<tr>
<th>Handouts</th>
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</thead>
<tbody>
<tr>
<td>Printed PowerPoint© slides for Module 5 (handout version three slides per page with section for participant notes)</td>
</tr>
<tr>
<td>Tip Sheet for Staff/Supervisors</td>
</tr>
</tbody>
</table>
### Activities

1. [Slide 4—Sample IPE schedule] In groups, ask participants to discuss potential interprofessional activities that could be provided to students during this four-week overlap in their schedules at this site. Refer back to examples in Barr & Brewer chapter to assist with this.

2. [Slide 8—Practice-based IPE model] Ask participants to discuss briefly how the examples listed on Slide 9 could be adapted to interprofessional education experiences for staff.

3. [Slide 9—Multiprofessional to interprofessional] Ask participants to generate ideas on their table as to how a panel discussion on the management of diabetes (which includes a question and answer session) could become interprofessional.

4. [Slide 10—What does an effective facilitator do well?] In small groups, ask participants to brainstorm what an effective facilitator needs to do well. Following the small group activity, ask each group to share one to two ideas with the whole group.

5. [Slide 17—DVD scenario] Show the University of Toronto Centre for Interprofessional Education DVD (Clip 6, ‘Medications’, from DVD 6, *Facilitating Interprofessional Collaboration with Students*) and ask the group to discuss and critique the issues raised in the clip.

6. [Slide 19 and 20—Role play facilitation] Direct participants to the handout titled ‘Role Play’ in the resource file. Ask them to break into small groups and find a space without a table. This can be in a breakout room or outside. Participants are requested to read the case description. Each participant chooses a character name, one takes the role of facilitator and observer and the remainder select a professional role from the handout. Participants role play for 10 minutes, followed by a 10-minute debrief. See relevant slide for more detail on the activity.

7. [Slide 23—Reflection: you as a role model] Ask participants to pause for
personal reflection and write down their commitment to a behaviour that will ensure that they are a good role model for interprofessional collaboration.

8. [Slide 24—Think–pair–share] Ask participants to pair with the person next to them to share ideas about what they have learnt and experienced and what opportunities are emerging to advance interprofessional education and interprofessional practice in their setting.
6.1.6 Module 6: Collaborative leadership

As the title suggests, this module is aimed at developing participants’ knowledge of, and capacity for, change leadership. Collaborative leadership—as it is used here—is defined in Section 4. Participants are also engaged in some leadership theories to support them to be change agents in their organisation. In this module, participants also use the IP-COMPASS© to work through their organisation’s preparedness for interprofessional education and practice. Each table requires a knowledgeable facilitator of the IP-COMPASS© to guide participants through the activity (see Section 5.3.4 for more information).

Table arrangement: organisational teams/departments

Duration: two hours

Module learning outcomes:

- Explore your organisation’s readiness for IPE/IPP.
- Understand key approaches to collaborative change leadership.

Table 10 Module 6 materials and activities

<table>
<thead>
<tr>
<th>Materials Required</th>
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<td>Internet connection</td>
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<tr>
<td>Slide advanceer</td>
</tr>
<tr>
<td>IP-COMPASS© tool at each table</td>
</tr>
<tr>
<td>Knowledgeable facilitator for the IP-COMPASS© activity at each participant group table</td>
</tr>
<tr>
<td>Centrepiece table display (used to identify individual tables) (see Section 4.3.1)</td>
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<tr>
<td>PowerPoint© file for this module</td>
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Handouts

- Printed PowerPoint© slides for Module 6 (handout version three slides per page with section for participant notes)
- IP-COMPASS© Overview
- IP-COMPASS© Tool Activity—Facilitator’s Guide
<table>
<thead>
<tr>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [Slide 10—IP-COMPASS] Show participants the YouTube clip embedded in Slide 10 (approximately 3 minutes).</td>
</tr>
<tr>
<td>2. [Slide 15—Using the IP-COMPASS tool] Participants work through at least one of the constructs identified in the IP-COMPASS© at their tables with the assistance of a facilitator trained in using the tool. They map their organisation/team’s rating for that construct on the large IP-COMPASS© diagram provided.</td>
</tr>
<tr>
<td>3. [Slide 16—Large group debrief] This is followed by a whole of group debrief on the experience: what has been learnt from the activity and what existing strengths were identified?</td>
</tr>
<tr>
<td>4. [Slide 17—Large group debrief] Ask participants to identify how they will facilitate/lead the use of this tool with their colleagues to increase the readiness for interprofessional education and interprofessional practice. Ask participants to record their commitment to this.</td>
</tr>
<tr>
<td>5. [Slide 18—Leading from where you stand] Participants are asked to reflect on their circle of influence and move to different points in the room depending on their response (e.g. clinical practice, student learning, research/evaluation, government department, accreditation body). The point of the activity is to move them physically and to prompt them to lead from where they stand and to recognise the others who have a similar role and can be an ongoing support to them in their new ‘community of practice’.</td>
</tr>
<tr>
<td>6. [Slide 26—Paired interviews] Participants are invited to pair up with the person sitting next to them for a paired interview activity (handout in resource file). Each person to take turns as the interviewer and interviewee. Activity works best when participants move to a separate space away from the table.</td>
</tr>
</tbody>
</table>
6.1.7 Module 7: Sustainability

In this module, participants reflect on what has been learnt through the programme—interprofessional capabilities and facilitation skills, organisational readiness and culture, and change leadership—to create an action learning plan for implementation within their circle of influence.

Table arrangement: organisational teams/departments

Duration: two hours

Module learning outcomes:

- Create an action learning plan to lead change in your context.
- Consider the factors for sustainability of change.

Table 11  Module 7 materials and activities

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<th>Materials Required</th>
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<td>Data projector</td>
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<tr>
<td>Internet connection</td>
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<tr>
<td>Slide advanceur</td>
</tr>
<tr>
<td>Large Post-it notes with common group hopes created by participants in Module 1</td>
</tr>
<tr>
<td>Centrepiece table display (used to identify individual tables) (see Section 4.3.1)</td>
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<tr>
<td>PowerPoint® file for this module</td>
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<td>Printed PowerPoint® slides for Module 7 (handout version three slides per page with section for participant notes)</td>
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<tr>
<td>Action plan template</td>
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<tr>
<td>Interprofessional Education Leader Business Case and Role Description</td>
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<tr>
<td>Sustainability—Planning for the Future</td>
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<tr>
<td>Take Home Messages</td>
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<table>
<thead>
<tr>
<th>Activities</th>
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</thead>
<tbody>
<tr>
<td>1. [Slide 3—Develop action learning plan] Teams work together to develop their</td>
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</tbody>
</table>
action learning plans with the template provided.

2. [Slide 4—Implementing action learning plans] Following the development of the plans, a whole group discussion is facilitated to explore potential challenges and identify strategies for implementation. Challenges and strategies are recorded on Post-it notes through this activity and ongoing support is discussed.

3. [Slide 10—Three top tips] Revisit large Post-it notes with common group hopes displayed and check these have been addressed.

4. [Slide 10—Three top tips] Participants record their commitment to change on the postcards provided. These are posted two months later as a prompt for them to reflect on their progress.
7. Guide references


8. Appendix 1 Facilitator reading

**Essential facilitator reading**


Interprofessional Education and Practice: Creating Leaders and Opportunities for Clinical Learning

Recommended facilitator reading


Martin, J. (2002). Organizational culture: Mapping the terrain. USA: Sage Publications


9. Appendix 2 References cited in the programme


Brewer, M. (2013f) Role play [Programme handout]. (Adapted from Centre for Interprofessional Education. [2010]. Role play. Toronto, Canada: University of Toronto)


Centre for Interprofessional Education. (2010a). Interviewing/shadowing a team member © [Programme handout]. Toronto, Canada: University of Toronto.

Centre for Interprofessional Education. (2010b). Participation in interprofessional team education © [Programme handout]. Toronto, Canada: University of Toronto.

Centre for Interprofessional Education. (2010c). Participation in team meetings © [Programme handout]. Toronto, Canada: University of Toronto.
Centre for Interprofessional Education. (2010d). Tip sheet for staff and supervisors © [Programme handout]. Toronto, Canada: University of Toronto.

Centre for Interprofessional Education. (2013a). ehpic™. Toronto, Canada: University of Toronto.


Creative Review. (2010). The world map of stereotypes and ignorance [Image]. Retrieved from http://www.creativereview.co.uk/images/2010/05/world_map_0.jpg

Curtin University. (n.d.). Bentley Campus Aerial Photography [Photograph]. Curtin University Campus Image Galleries. Retrieved from
Interprofessional Education and Practice: Creating Leaders and Opportunities for Clinical Learning


Interprofessional Education and Practice: Creating Leaders and Opportunities for Clinical Learning


Mayo Clinic. (2009). General IPE debriefing guidelines for facilitators [Programme handout]. (Adapted from Instructor development: Simulation-based education design and debriefing workshop notes)


