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| **What is Collaborative Practice?****Collaborative practice** occurs when healthcare providers work with people from within their own profession, with people outside of their profession and with patients/clients and their families. **Collaborative practice** requires a climate of trust and respect, where healthcare providers can comfortably turn to each other to ask questions without worrying that they will be seen as unknowledgeable. When healthcare providers are working collaboratively, they seek common goals and can analyze and address any problems that arise and share the decision making.**Why is Collaborative Practice Important?****Collaborative practice** can positively impact current health issues such as:* Wait times
* Healthy workplaces
* Staff morale
* Patient safety
* Rural and remote
* Chronic disease management
* Population health and wellness

***Source: Canadian Interprofessional Health Collaborative*** [***www.cihc.ca***](http://www.cihc.ca) |

**Facilitating Interprofessional Education**

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| **Role of the IPE Facilitator*** Promote the benefits of IP learning for teamwork and patient care
* Provide direction and focus towards the learning objectives without making decisions for the group
* Encourage and reinforce interaction and collaboration
* Model and reward the skills necessary for good IP teamworking, such as mutual respect and flexibility
* Provide encouragement and support throughout the learning activity
 | **Skills Required to be an IPE Facilitator*** Be professionally neutral
* Motivate, encourage and support the process of IP learning
* Listen actively and respectfully
* Understand and respond to group dynamics
* Model and encourage diplomacy
* Model valuing professional diversity
* Be flexible
* Observe, reflect and summarize
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***Source: Freeman, Wright, Lindqvist . 2010***

**Guidelines for facilitators for Interprofessional Curricula**

* Be clear about the purpose and the time frames of the teamwork to be completed by your students
* Generally be non-directive in facilitating team discussions. But, for conflictual issues (e.g., scope of practice or power differentials) you need to identify the conflict and help the students process it.
* If the students lack important information, try to engage students in providing information related to their profession’s scope of practice
* IPE activities are focused on issues related to teams (roles, process of team functioning, power hierarchies) not health specific factors. The most important learning is related to process issues – e.g. how teams function and why, including the students’ “in the moment” experience of the interprofessional group activity.
* Resist the temptation to lecture about the content of the health issue being discussed (e.g. health promotion). Any serious professional issue should be brought to the CCHPE Manager to resolve in consultation with appropriate faculty.

**Common facilitation challenges**

Dealing with a **difference of opinion** among students can be particularly challenging for facilitators of interprofessional learning, but should be dealt with so it won’t escalate into conflict. Facilitators should:

* Acknowledge that there is a difference of opinion. Although we typically have only a short period of time with the student team and may not have time to completely resolve the difference, avoiding the issue will make it the “elephant in the room.”
* Differences should be communicated respectfully. Encourage students to address the issue, not disrespect the person or profession. If you feel that a student is communicating in an inappropriate manner, reframe without “shaming” …. “What I hear you saying is that you are concerned about…”
* View the difference of opinion as a welcome opportunity to provide different perspectives which should enrich the interprofessional experience, and communicate this to students.
* Ask students to consider how a clinical team would handle a difference of opinion.
* Don’t feel that you and the students have to resolve the issue. For the limited time available to discuss this, it should be enough for the students to understand that differences of opinion should be welcomed. A well-functioning team should provide a “safe” environment to present different perspectives, and if team members can’t agree, there are strategies to resolve their difference.

For other conflict management strategies, see the attached table.

The table below provides information about this and other common challenges that interprofessional facilitators may face, possible causes of such challenges, and suggested strategies to address them.

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| **Challenge** | **Possible Causes** | **Facilitation Strategies** |
| Keeping the group on track | * Talkative people
* People focused on their own knowledge and expertise
 | * Thank them, restate relevant points, move on
* Acknowledge interest and refocus on agenda/topic
* Refer back to objectives of the session
* Promise/give space for related tangents to be followed up: parking lot, handout resources, break time discussions, etc.
 |
| Conflict | * Personality clashes
* Perceived hierarchies
* Disrespect
* Generational differences
* Emotionally charged issue
 | * Get options from others
* Note points of disagreement and minimize where possible
* Draw attention to the agenda/topic/new question
 |
| Quiet or shy participants in the discussion | * Personality style
* May be lost or confused
* Cultural differences (familiarity/ comfort with collaborative processes; different educational traditions; different approaches to time management; language barriers)
 | * Seek out their opinions
* Sincere and subtle recognition
* Include “introverted” forms of participation – reflection questions, pair discussions, etc.
 |
| Overbearing participants | * Personality style
* Natural leaders
* Don’t feel their point is being made
* Well-informed
* Over-eager
 | * Ask them challenging questions to slow them down
* Let the group manage them to the greatest extent possible
* Use the parking lot to place some points up for later discussion
 |
| Use of discipline specific language / jargon | * Interdisciplinary group
* Showing off
* Unaware language might not be understood
 | * Ask for a definition or clarification for yourself and the group
* Point out the group may not be familiar with a particular term
* Anyone has the right to call “Jargon” at any time when jargon comes up – model doing this yourself the first few times
 |
| Perceived hierarchies | * Interdisciplinary group
* Cultural differences
 | * Ask group members for different perspectives
* Acknowledge value of all contributions
 |
| Disruptive group member | * Bored
* Don’t see relevance of discussion
* May not understand something
 | * Call on the individual by name and ask an easy question (caution – calling by name can sometimes generate additional resistance)
* Repeat last opinion offered and ask for theirs
 |
| No one is talking / contributing | * Instructions might not have been clear
* Lack of leadership
* An entire group of “the strong silent type”
 | * Arouse interest by seeking their opinions
* Think-Pair-Share – allows participants to get used to talking in a situation where being silent is much more awkward for them (a pair discussion) – which segues into a group discussion
 |
| Wanting your expertise | * Genuine interest
* Think there is a “right answer”
 | * Redirect the question to others
* Reaffirm your role as a facilitator, and that there are benefits to peer-based investigation
 |

***Source: Interprofessional Learning Facilitator Guide. University of British Columbia.*** [***http://chd-sandbox.sites.olt.ubc.ca/files/2015/08/IPE-Facilitator-Guide-2015.pdf***](http://chd-sandbox.sites.olt.ubc.ca/files/2015/08/IPE-Facilitator-Guide-2015.pdf)***.***

**Three Stages of Conflict**

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| 1. **Misunderstanding**

**Behaviours/Strategies to Prevent Misunderstanding:**Clarifying ambiguity* Limit uncertainty by asking questions
* Share all relevant information people need to know in order to take informed action

Knowing the limitations (yours and others)* Ask for help when you need it or are unsure
* Ensure the opportunity for others to share their personal and professional limitations

Setting ground rules* Know how decisions are made
* Determine how the team functions, including direction and priorities

Being open to the perspective of other team members* Respectfully acknowledge others’ viewpoint
* Listen to others’ opinions with understanding and interest, rather than evaluation
 |
| 1. **Difference of Opinion**

**Behaviours/Strategies to Mange Difference of Opinion:**Viewing difference as an opportunity, not a problem* Recognize that difference is inherent in any health care team but can improve decision making and be constructive.

Identifying and accepting difference* Know the possible sources of difference
* Respond to difference early and directly, ensuring team members can openly share their opinions

Being open to being wrong* Take time to reflect on your actions and intentions
* Offer and accept apologies, when necessary

Focusing on issues, not personalities* When identifying an issue or stating your position and interests, use “I” statements rather than “you” statements (i.e. “I am frustrated with the timeline being suggested.”)
* Concentrate on data, facts and objectives criteria
 |
| 1. **Conflict**

**Strategies for Conflict Resolution:**Use self- reflection to recognize what you bring to conflict in the teams in which you work * Students and professionals can readily find online surveys to help identify their conflict management style and emotional intelligence score and interpret the results

When faced with a conflict, consider the context, your role in the situation, and manage that conflict accordingly.Effective negotiation of conflict follows a series of steps1. Identify and clarify interests underlying the conflict
2. Actively listen
3. Acknowledge others’ viewpoints
4. Seek common ground
5. Reach agreement on next steps
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