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Several concepts within this manual were adapted from the documents entitled: “Interprofessional Education Geriatric Care (IEGC) Reference Guide to the Seven Core Competencies” and the “Interprofessional Education in Clinical Settings: A Facilitators Guide”. Winnipeg, MB. (2008) Adapted with permission. Available as a pdf at: [http://www.cihc.ca/library/](http://www.cihc.ca/library/)

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We welcome your feedback and comments to these materials. A revised manual will be developed in the Fall of 2012. Please send your comments to: IPE_initiative@umanitoba.ca

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Opportunity knocks!

Chances are, right now, students from different health professions are participating in some form of practice education within your organization, even if they are at different sites within the organization. What a pity that they cannot learn about, with and from each other. If you want to seize the opportunity and offer one or more IP practice education opportunities for these students all you need to do is identify a site lead, a facilitator, and a ‘Collaborative Practice and Learning Environment’. Everything you need to do is provided in this manual. Participation in IP practice education learning sessions is as rewarding for the site leads, facilitators and teams as for the students.

Are you ready for the challenge?

This toolkit contains everything you need to organize and deliver learning sessions for interprofessional (IP) teams of students who are participating in practice education at your institution. If you ready for the challenge, read on!

1 A Collaborative Practice and Learning Environment is a team that has the necessary collaborative knowledge, skills, attitudes and behaviours to mentor an IP team of students.

Toolkit overview

Introduction
- What is collaborative practice?
- What is person-centered care?
- What is interprofessional education (IPE)?
- Why learn collaboration?
- What does collaboration look like?

This is Module 2A of a 3 module toolkit:
Facilitator Guide: 'Exposure'
IP learning activities
- Organizing the IP learning session
- Six IP Learning Activities

- Session 1: Understanding Roles and Responsibilities
- Session 2: Shared Leadership and Decision Making
- Session 3: Interprofessional Communication Skills
- Session 4: Conflict Analysis and Management
- Session 5: Supporting Person- or Family-Centred Health and Wellness
- Session 6: Putting it all together: IP Care Planning

Appendices
Organizing the IP learning session

To run the IP learning sessions provided in module 2 you require a site lead, a facilitator and an IP team willing to role model collaborative competencies.

The **site lead** has the following responsibilities:

1. identify an IP team willing to be observed by an IP team of students during team rounds or case/family conferences
2. identify a trained facilitator willing to provide an orientation (15 minutes) and facilitate a debriefing session (30 minute)
3. locate and gather students from 2 or more health professions
4. work with the facilitator to arrange the schedule as recommended below
5. work with the facilitator to provide students with the chosen Activity handouts
6. book a room for the orientation and debriefing sessions

Each IP learning session has been designed to run the same way. That being said, site leads and/or facilitators are encouraged to modify the format as required for their particular context.

For each session the **facilitator** is encouraged to:

1. Provide an **orientation** (15-30 minutes) with the IP team of students to introduce the collaborative competency under discussion, outline the goals and activities of the session and review handouts.
2. Arrange an opportunity for the IP team of students to **observe** an IP team during one of their IP care planning sessions¹ and document their observations. The duration of this exercise will depend on the nature of the team rounds (about 1 hour).
3. Facilitate a **debrief** (30 minutes) with the IP team of students to reflect and discuss student observations

Outlined below is one example of an IP learning opportunity schedule:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-8:30</td>
<td><strong>Orientation</strong> session (Room C4G)</td>
<td></td>
</tr>
<tr>
<td>8:30-9:30</td>
<td>Students’ <strong>observation</strong> of the IP Care Planning session (Room C4F)</td>
<td></td>
</tr>
<tr>
<td>9:30-10:00</td>
<td><strong>Debriefing</strong> session (Room C4G)</td>
<td></td>
</tr>
</tbody>
</table>

A calendar has been included in **Appendix 7** to help the site lead or facilitator arrange convenient times to meet with their IP student team and observe the IP care planning session.

¹ An IP care planning session includes any strategy used by an IP team of health professionals to identify, prioritize and document patient/client issues, interventions, goals and timelines. Examples include team rounds and case or family conferences.
Six IP learning activities

The first 5 IP learning activities listed below are designed to address one of five IP collaborative competencies. The last learning activity ‘Putting it all together’ is designed as a ‘capstone’ learning activity which should really only be taught to students who have participated in at least 3 of the competency-focused sessions:

• Understanding Roles and Responsibilities
• Shared Leadership and Decision Making
• IP Communication Skills
• Conflict Analysis and Management
• Supporting Person- and Family- centred health and wellness
• Putting it all together: IP collaborative care planning

The overall goal of each session is to use student observation and reflection to foster development of the necessary collaborative person–centred knowledge, attitudes, skills, and behaviours.

Each session follows a similar format:
• Stated learning objectives
• A brief discussion of the IP competency domain
• An outline of the student orientation, observation and reflection activities
• Within each session are links to the relevant appendices. Each appendix lists descriptors for each competency domain to help the student visualize actions which either demonstrate (or fail to demonstrate) mastery of that IP competency. The appendix also includes tools and/or instruments to guide and stimulate students’ thinking as they observe and reflect on the collaborative behaviours of the IP team.
Session 1: Understanding Roles and Responsibilities

Learning Objectives:
1. To articulate your professional role in the care of individuals
2. To articulate the roles and scopes of practice of other members of the IP collaborative team.
3. To identify areas of responsibility overlap and negotiate responsibilities/ actions based on role constraints, overlap and/or discipline-specific legal/ethical practice standards.
4. Be able to recognize actions or behaviours which either demonstrate (or fail to demonstrate) and understanding of the different roles of each member of the team.

Roles and Responsibilities¹
It is important for all team members to be aware of the different roles of each discipline on a team, to learn about their individual perspectives on & responsibilities for person centred health and wellness and to recognize and value the potential for role overlap. Team members need to understand each other and respect the roles played by each professional. Only when team members are aware of the values and philosophies of other disciplines can they fully understand the roles of those disciplines and know who and how to ask for advice. Team members with professional competence, who recognize the limitations of their own professional knowledge and who respect and trust the unique and complementary knowledge of other disciplines, are integral to an effective team.

A lack of appreciation between health professionals is one of the root causes leading to inadequate communication, a lack of trust and respect between team members, and inevitably situations of team conflict. Further, role ambiguity and poor understanding of role overlap often leads to conflict or ‘turf wars’ and underutilization of the skills and knowledge of many members of the health care team.

¹ “Interprofessional Education Geriatric Care (IEGC) Reference Guide to the Seven Core Competencies” with permission.
Activity:

1. During the orientation session each student will be asked to articulate his/her professional role & responsibility in supporting person- and family- centred health and wellness. In preparation for the orientation, students might want to complete the handouts entitled: ‘Diversity of Values, Beliefs and Strengths’ and the ‘Professional Role Template’ included in Appendix 1 entitled Understanding Roles & Responsibilities. The focus of the orientation should be around a discussion of the competency and a review of the instruments included in Appendix 1 for the chosen competency. For example, ‘today we are going to observe whether team members understand the roles and responsibilities of the various members of their IP team.’
   - Can each of you articulate your role on an IP team?
   - Can each of you articulate the role of a different health professional on an IP team?
   - What will we be looking for to assess whether team members are comfortable with their role on the IP team?
   - What will we be looking for to assess whether team members understand the role of other members of the IP team?

2. Following the orientation, students will observe the IP team during their IP care planning session. Students are encouraged to look for and identify any team behaviours which either demonstrated or failed to demonstrate an understanding of the roles & responsibilities of members within IP team. The competency descriptors and table of Roles and Responsibilities included in Appendix 1 are meant to guide students during their observation and prepare them for an active debriefing discussion.

3. During the debriefing session students will discuss their observations. Here are some of the questions that could be addressed.
   - Which disciplines were involved in the care planning session?
   - Were there any professions that should have been involved in the care planning but were not? What perspectives would they have brought to the care planning session?
   - Did team members demonstrate confidence in their own roles and responsibilities on the team? How?
   - Did team members demonstrate an understanding of the roles and responsibilities of the various other members of the team? How?
   - Were any behaviours relative to understanding roles and responsibilities observed that hindered person-centred ‘care’?
   - Were there any examples of role overlap between members of the team? Were these overlapping roles a cause for duplication? Conflict? Were efforts made by the team to negotiate any overlapping roles and responsibilities?

2 Throughout this toolkit we have used the term ‘person- and family- centred health and wellness’ to acknowledge that in addition to providing ‘care’ to treat ‘illness’ in clinical environments, health professionals promote ‘health and wellness’ in many community environments to prevent illness.
Session 2
Shared Leadership and Decision Making

Learning Objectives:
1. Gain knowledge about the variety of decision-making methods available including their respective advantages and disadvantages.
2. Develop skill in recognizing behaviours that help and that hinder effective decision making in teams

Shared Decision Making:
Collaborative reflection and decision making that takes advantage of the multiple perspectives, knowledge and skills of members of the interprofessional health and social care team will lead to superior outcomes. Team morale is also increased when decision making processes are explicit and transparent and value the knowledge and skills of each team member. Dissatisfaction in the workforce occurs when members feel their voices are not being heard, when opinions are not valued or respected, and when power determines decision making authority.

It is important for the team to be aware of their decision making processes and the behaviours that either help or hinder decision making.
Activity

1) During the **orientation** session students will discuss the various decision making methods including their advantages and disadvantages. In preparation for the orientation, students will want to review the handouts ‘Six Decision Making Processes,’ ‘Advantages and Disadvantages of Various Decision Making Processes,’ ‘Behaviours that Help or Hinder Decision Making’ included in Appendix 2. The focus of the orientation should be around a discussion of the competency and a review of the instruments included in Appendix 2 for the chosen competency. For example, ‘today we are going to observe the decision making processes used by the team.’
   • What are the six decision-making processes?
   • What are the advantages and disadvantages of each process?
   • What decision making process would be most effective for a collaborative team?
   • What will we be looking for to assess the decision making process of the group? Helpful or hindering behaviours?
   • Let’s review the tools included in Appendix 2. Do the tools help us understand what we are looking for? The tools are only there to stimulate your thinking and to guide your observations. The goal is not for you to obsessively focus on completing each instrument.

2) Following the orientation, students will **observe** the IP team during one of their IP care planning sessions. Students are encouraged to look for and identify any team behaviours that either help or hinder IP shared decision making within the Collaborative Environment. The competency descriptors and other instruments included in the Appendices are meant to guide students during their observation and prepare them for an active debriefing discussion.

3) During the **debriefing** session students will discuss their observations around team decision making. Here are some of the questions that could be addressed:
   • What decision making process(es) did the team use? What was the advantage/disadvantage of this decision making process? Was this the most appropriate decision making process for the situation?
   • Did you observe or identify any helpful decision making behaviours? Any hindering behaviours?
Session 3
Interprofessional Communication

Learning Objectives
1. Become aware of helpful and less helpful interprofessional (IP) communication behaviours
2. Develop skills in identifying effective and ineffective IP team communication.

Interprofessional Communication:¹
Effective communication is an essential characteristic of a highly functioning IP team. Communication in health care teams is especially important for: providing and receiving constructive feedback, developing trusting relationships with clients and team members, evaluating new ideas based on the merit of the idea, and developing an integrated care plan.

Although verbal communication between health care team members is the most obvious mode of communication, it is not the only communication style that exists. Highly effective strategies for communication among individuals and teams include but are not limited to: body language (facial expressions, gestures and body positioning), unspoken understandings between team members and or patients, as well as cultural and environmental cues.

This unit assumes that you already are aware of basic communication skills (active listening, questioning, paraphrasing, validating, reframing, reflecting, summarizing, closed and open ended questions, minimal leads and accurate verbal following, repetition, confrontation and honest labelling, integrating). The focus of the following exercise is to address the common pitfalls in communication between interprofessional team members and in interactions with the patient and family.

¹ “Interprofessional Education Geriatric Care (IEGC) Reference Guide to the Seven Core Competencies” with permission.
Activity

1. During the orientation session students will discuss effective IP communication skills. In preparation for the orientation, students will want to review the IP Communication Competency descriptors included in Appendix 3.

The focus of the orientation should be around a discussion of the competency and a review of the instruments included in Appendix 3 for the chosen competency. For example, ‘today we are going to observe the interprofessional (IP) communication skills of the various members of the IP team.’

- What behaviours or actions demonstrate positive IP communication?
- Hindering IP communication behaviours or actions?

2. Following the orientation, students will observe the IP team during one of their IP Collaborative Care Planning sessions. Students are encouraged to look for and identify effective and ineffective IP communication skills. The competency descriptors are meant to guide students during their observation and prepare them for an active debriefing discussion.

3. During the debriefing session students will discuss their observations around IP team communication. Here are some of the questions that could be addressed:

- Did you notice the use of jargon/acronyms during the team meeting? Do you believe all members of the team understood the language used? What behaviours support your opinion?
- Were team members genuinely interested in the discussion? What behaviours support your opinion? Were there interruptions? (blackberries, cell phones, no shows, late arrivers, early departers)
- Were all team members confident in offering their perspectives? Were opinions substantiated with good rationale?
- Did members demonstrate active listening? How?
- Was communication open and honest? Describe such behaviours.
- Provide other examples of when you thought a team member demonstrated effective/ineffective IP communication? What made them effective/ineffective?
“Woulnd’it be nice if all the members of a team treated each other respectfully at all times, agreed on everything, knew and accepted their roles from the outset, had no conflict and no stress? That’s a world most of us wil never live in. In reality, after a team has its honeymoon period at the outset, the often untidy process of storming through the gritty details of leadership, purpose, traction, speed, roles, rules and regulations and all other housekeeping issues rears its head. This is part of the normal, unavoidable series of stages that all teams encounter.”

Learning Objectives
1. Be able to describe the types and sources of conflict.
2. Increase knowledge of the range of conflict styles that people use.
3. Develop the ability to identify a variety of conflict avoidance and management strategies.
4. Increase skills in analyzing conflict and considering options for management.
5. Develop the ability to explore a variety of conflict management strategies.

Potential Sources of Conflict:
- Individual values, beliefs, learned experiences, personalities
- Philosophies of practice. Each professional has its own values/beliefs/attitudes/customs/behaviours/diverse professional perspectives
- Differences in modes/methods of practice. Lack of understanding of one’s role on the team may be perceived by the affected team member as lack of appreciation for his/her role on that team.
- Power imbalances that are often hidden and not acknowledged
- Poor communication
- Scarce resources (money, time, staffing, space)
- Organizational or professional change that poses a threat
- Differing interests (concerns, hopes, expectations, priorities, fears)

“Conflict resolution is always challenging... We all tend to shy away from conflict and sometimes conflict is good. Because it means that something is wrong and there needs to be change. So I think that a healthy team is sometimes gonna experience conflict... I think people just learning that conflict is a natural occurrence and not holding grudges.” (p. 60)

2 Building Better Teams: A toolkit for strengthening team work in community health centers: Resources, tips and activities you can use to enhance collaboration. Reproduced with permission from The Association of Ontario Health Centers, Canada
Conflict Management Strategies:

- Welcome the existence of the conflict, bring it into the open, and use it as potential for change.
- Separate the person from the problem in an effort to diffuse the emotional component of the conflict by showing respect, listening carefully, and giving all parties an opportunity to express views.
- Clarify the nature of the problem as seen by both parties. Is this the real problem?
- Deal with one problem at a time, beginning with the easier issues.
- Listen with understanding (interest) rather than evaluation. Use the communication skills of listening, reflecting, and clarifying.
- Attack data, facts, assumptions, and conclusions but not individuals (e.g., “I disagree with your assumptions”).
- Brainstorm about possible solutions.
- Use objective criteria when possible.
- Invent new solutions where both parties gain.
- Implement the plan.
- Evaluate and review the problem-solving process after implementing the plan.
- Identify areas of agreement. Focus on common interests not positions.

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Activity

1. During the orientation session students will discuss effective conflict avoidance and management strategies. In preparation for the orientation, students should review the two sections above outlining potential sources of conflict and conflict management strategies as well as the Conflict Management Styles and Personal Conflict Management Styles Handout included in Appendix 4.

The focus of the orientation should be around a discussion of the competency and a review of the instruments included in Appendix 4 for the chosen competency. For example, ‘today we are going to observe how a team avoids, minimizes and manages conflict.’
- What are some sources of conflict on IP teams?
- Describe the various conflict management styles and under which circumstances is each style beneficial?
- Using the Personal Conflict Management Style tool included in Appendix 4, what conflict management style(s) do you use?
- What are some effective conflict management strategies?
- What are we going to be looking for as we observe the IP team?

Let’s review the tools included in the Appendix. Do the tools help us understand what we are looking for? The tools are only there to stimulate your thinking and to guide your observations. The goal is not for you to obsessively focus on completing each instrument.

2. Following the orientation, students will observe the IP team during one of their IP Collaborative Care Planning sessions for instances where differences in opinion exist. Students are encouraged to use the Conflict Analysis Tool (included in Appendix 4) to assess causal factors and effects of conflict, as well as any conflict avoidance and or management strategies that were or should have been used. The conflict avoidance and management competency descriptors are also included in Appendix 4 to guide students during their observation and prepare them for an active debriefing discussion.

3. During the debriefing session students will discuss their observations around conflict avoidance and management. Use the questions posed in the Conflict Analysis Tool (included in Appendix 4) to guide your discussion. If you did not have the opportunity to observe conflict during your observation of the Collaborative Environment Case Scenarios have been included in Appendix 4.
Session 5
Supporting Person and Family-Centred Health and Wellness

Learning Objectives
1. State at least 5 helpful and 5 hindering person-centred and family focused health and wellness team behaviours
2. Through observation of either one member of the team or the Collaborative Environment of Excellence, as they create IP care plans, recognize helpful or hindering patient and family-centred care team behaviours.

Person Centred and Family Focused Health and Wellness
A critical philosophical underpinning to the delivery of health, wellness and social services is active, sincere engagement of individuals and their families. Care plan goals belong to the ‘patient’ and must be congruent with the individual’s expressed values and expectations. This requires clinicians to spend time in their assessment actively encouraging individuals and their families to express their opinions, social circumstances and belief system. Communication should be open, non-judgemental and respectful and individuals/families should feel like they are an integral part of the team in a supportive environment.

At times individuals and/or family will want to depend on the clinical team to guide them on specific and achievable outcomes especially for those decisions requiring clinical expertise and knowledge of diagnosis and treatment options. There are times when the clinical team identifies a problem area which the individual/family has not considered or does not consider a priority. A negotiation then follows between the individual or family and the team as to whether to address this area. If there are issues of patient safety e.g. driving ability, financial abuse, the team members may have professional, legal or ethical duties which require them to address this area even if the individual or his/her family are not in agreement.

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1 “Interprofessional Education Geriatric Care (IEGC) Reference Guide to the Seven Core Competencies” used with permission.
Activity

1. During the orientation session students will discuss actions and behaviours that demonstrate sincere engagement of individuals and their families. In preparation for this session, students should review the Person- and Family-Centred Competency Descriptors and the RANZCOG Observation Guide – Effective Communication Guide included in Appendix 5.

The focus of the orientation should be around a discussion of the competency and a review of the instruments included in Appendix 5 for the chosen competency. For example, ‘today we are going to observe the degree to which an individual care provider or the IP team ensures that the patient and/or his/her family is integral to their care decisions.’

- What behaviours and actions demonstrate a sincere engagement with the patient and/or his/her family?
- What communication strategies can be used to engage patients and/or their families?

Let’s review the tools included in Appendix 5. Do the tools help us understand what we are looking for? The tools are only there to stimulate your thinking and to guide your observations. The goal is not for you to obsessively focus on completing each instrument.

2. Following the orientation, students may participate in one of two different observation activities:

- Students may shadow and observe one team member as (s)he conducts an uni-professional assessment with an individual and/or his/her family. For a one-on-one interaction, students are encouraged to use the RANZCOG Observation Guide – Effective Communication (included in Appendix 5) to guide their observations. The Patient and family centred services: Competencies descriptors will also offer some direction for students.
- Alternatively, students may observe an IP team during one of their IP Collaborative Care Planning sessions. The Person- and Family-Centred Competency Descriptors included in Appendix 5 can be used to facilitate students’ observations and prepare them for an active debriefing discussion.

3. During the debriefing session students will discuss their observations around person- and family-centred care. Here are some of the questions that could be addressed:

- In the uniprofessional one-to-one interaction with the patient- or family-:
  - Did the health provider attempt to build a relationship with the patient? How?
  - Did the health provider actively encourage the patient- or family to express their feelings and needs? How?
  - Did the health provider identify the patient’s social determinants of health, life events, beliefs, concerns? Discuss.
- During the IP Collaborative Care Planning session did the team:
  - Openly support inclusion of the patient’s wishes/desires in setting goals and determining care processes for the patient? Discuss.
  - Ensure the focus their work was consistently the patient? How?
  - Allow the patient to have the final decision on his/her care plan?
Session 6
Putting it all together: Interprofessional Care Planning

Learning Objectives
1. Be able to state interprofessional (IP) collaborative team behaviours that either facilitate or hinder IP care planning
2. As teams create an IP person-centred shared care plan, observe and articulate helpful or hindering collaborative team behaviours.

Interprofessional Care Planning
For the purposes of this exercise, an interprofessional (IP) collaborative care plan is a documented plan that identifies and prioritizes patient (under care) issues, interventions, goals and timelines for follow-up after consideration has been given to the varying perspectives of each member of the health and social care team, including the patient. IP care planning that takes advantage of the multiple perspectives, knowledge and skills of its team members (including the patient) will lead to superior outcomes.

Different health and social care professions may come to the care planning session with different documentation formats, underscoring the unique and varying perspectives and contributions of each team member. The: Subjective, Objective, Assessment, Plan (SOAP); Assessment, Plan, Intervention, Evaluation (APIE); Data, Assessment, Plan (DAP); or Data, Assessment, Recommendation, Plan (DARP) are but a few of the care plan formats used across professions and/or within institutions. IP care planning requires each clinician to re-evaluate their own (uni-professional) treatment goals and place them in the broader context of the treatment environment, patient wishes, as well as the goals of other members of the interprofessional (IP) team.

IP care planning requires team members to have mastered a range of collaborative competencies. During your practice education experiences, you may have had the opportunity to observe a ‘Collaborative Practice and Learning Environment’ with a critical look at their collaborative communication skills, understanding of roles and responsibilities of various members of their team, conflict avoidance and management skills, support of person- or family- centred health and wellness, and shared leadership and decision making.

1 A Collaborative Practice and Learning Environment is a team that has the necessary collaborative knowledge, skills, attitudes and behaviours to mentor an IP team of students.
Activity

1. During the orientation session students will discuss actions and behaviours that demonstrate interprofessional team collaboration. This is a capstone activity and in preparation for this session, students are encouraged to review the previous five learning activities and their appendices.
   • What behaviours and actions will suggest to us that the team is collaborative?
   Let’s review the tools included in Appendix 6. Do the tools help us understand what we are looking for? The tools are only there to stimulate your thinking and to guide your observations. The goal is not for you to obsessively focus on completing each instrument.
2. Following the orientation, students will observe the IP team during one of their IP Collaborative Care Planning sessions. Students are encouraged to look for and identify actions that demonstrate effective or ineffective IP collaborative care planning. The tools and competency descriptions included in Appendix 6 meant to guide and stimulate student thinking during their observation and prepare them for an active debriefing discussion.
3. During the debriefing session students will discuss their observations around IP collaborative care planning. Here are some of the questions that could be addressed:
   • Did all team members actively participate in the session?
   • Did team members demonstrate trust and mutual respect for one another? What did that look like?
   • Were leadership roles shared? Discuss.
   • Was the group effective in making decisions? Did team members demonstrate flexibility and make compromises to gain consensus?
   • Did team members demonstrate shared responsibility for team actions?
   • Were there occasions of inequality or disrespect? Were these addressed? How?