



# LEARNING TOGETHER TO WORK TOGETHER: WHY TEAMWORK MATTERS

## STUDENT PACKAGE

Friday, Feb. 3, 2017  
Hamilton Convention Centre

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## PLANNING/CONSULTATION TEAM

### Welcome to our annual IPE Day!

The workshop is made possible through the collaborative work of the Program for Interprofessional Practice, Education and Research (PIPER), the Health Science Education Committee (HSEC), and the wonderful energy of the McMaster Interprofessional Student Collaborative (MISC). On Friday February 3, approximately 525 students from the Faculty of Health Sciences, along with a team of expert facilitators, will come together to learn more about each others' disciplines and best practices in care planning as a team. We hope you enjoy the workshop. Thank you.

**Carrie McAiney, Director, PIPER**

PIPER	Educational Programs
<p><b>Linda Bondy:</b> Program Coordinator, PIPER  <b>Hartley Jafine:</b> Instructor &amp; Applied Theatre Specialist, Bachelor of Health Sciences Program  <b>HeeJin Kim:</b> Research Assistant, PIPER  <b>Jennifer English:</b> Program Assistant, PIPER  <b>Valerie Kim:</b> Chair, McMaster Interprofessional Student Collaborative</p>	<p><b>Kristen Burrows:</b> Physician Assistant Program  <b>Jim Gladstone:</b> School of Social Work  <b>Nadine Graham:</b> Physiotherapy Program  <b>Cathy Humphreys:</b> Child Life Studies Program  <b>Jeanette LeGris:</b> Nursing Program  <b>Anne Malott:</b> Midwifery Program  <b>Sandra Moll:</b> Occupational Therapy Program  <b>Jennifer Nash:</b> Bachelor of Health Sciences Program  <b>Val Thornton:</b> Medical Program</p>

## WORKSHOP OBJECTIVES

Through the workshop learning activities, students will have the opportunity to:

- describe their own professional roles and responsibilities;
- learn about the general scope of practice of other health professionals;
- begin to understand how to involve other professions in patient care; and
- contribute to team effectiveness by sharing information, listening attentively, respecting others' opinions, and demonstrating flexibility.

## AGENDA

### Learning Together to Work Together: Why Teamwork Matters

Feb 3, 2017, Hamilton Convention Centre  
Chedoke Room, 8:40am – 1:00 pm

- |               |  |
|---------------|--|
| 8:20 – 8:40   | Refreshments available.<br><b>Please note:</b> Registration, by way of taking attendance at the end of the program, will be done at individual tables.   |
| 8:40 - 8:50   | Introductions and Ice Breaker Activity at Assigned Tables (Chedoke Room)<br>*Table assignments will be emailed 2-3 days before the event.<br><br><b>Please note:</b> Seating is assigned so that each table will have a mix of students from the various health science programs. Attendance will be taken at your assigned table. |
| 8:50 - 9:00   | Welcome and Introduction to the Workshop<br><br><b>Dr. Carrie McAiney, PhD</b><br>Director, Program for Interprofessional Practice, Education, and Research (PIPER),<br>Associate Professor, Department of Psychiatry and Behavioural Neurosciences  |
| 9:00 - 9:30   | Video from the Canadian Patient Safety Institute   |
| 9:30 – 10:30  | Theatre: Your Health is in Your Hands: The Baby Stefan Story<br><b>Hartley Jafine, MA</b><br>Instructor, BHSc Program<br>Student actors from the Faculty of Health Sciences  |
| 10:30 - 10:50 | Break  |
| 10:50 - 12:10 | Interprofessional Small Group Work (Designated Rooms)  |
| 12:10 - 1:00  | Lunch, Closing Remarks (Chedoke Room)  |

## SUGGESTED PROCESS

The workshop provides an opportunity for students to interact, collaborate and learn together with the guidance of a facilitator. Consistent with Problem-Based Learning, the small group sessions should be student-centered, promote critical thinking, facilitate dialogue and engagement, and stimulate future learning.

### In Your Preparation:

- review two e-modules in preparation of the workshop. These modules can be found on YouTube:
  - **Introduction to IPE** <http://youtu.be/y3iHN6PrvZs>
  - **CIHC National Competency Framework** <http://youtu.be/zbFk4Devalw>
- review the [Professional Roles](#) document
- print off this Student Package and **bring it with you on February 3.**

### GROUPS:

Each small group will have a Facilitator and consist of approximately 9-10 students:

3-4 Medical students (Year 1)

2-3 Nursing students (2<sup>nd</sup> Year);

1-2 Occupational Therapy students (Year 1);

1-2 Physiotherapy students (Year 1); and

1 Student from Midwifery (Level I) or Physician Assistant (Level 1) or the BHSc Program

## SCHEDULE

**GETTING TO KNOW YOUR GROUP** **8:40 – 8:50**

**WELCOME AND INTRODUCTION TO THE WORKSHOP** **8:50 – 9:00**

**VIDEO FROM THE CANADIAN PATIENT SAFETY INSTITUTE** **9:00 – 9:30**

The video from the Canadian Patient Safety Institute shares a real life example of what can happen when communication and collaboration within a team – including the meaningful involvement of the patient and his/her family – is not working effectively. The video is meant to underscore the importance of communication and strong team functioning and, thus, set the stage for the day.

**THEATRE EXPERIENCE: BABY STEFAN** **9:30-10:30**

The theatre experience aims to highlight the importance of Communication within interprofessional teamwork through drama.

Your Health is in Your Hands: The Baby Stefan Story - Hartley Jafine is a talk show host providing a retrospective special, revisiting a story he covered a couple of years ago about Baby Stefan. Today, the parents, Adonia and Stavros, share their experience about Stefan and his road to recovery. Throughout his care, Stefan and his parents interacted with a paediatrician, obstetrician, plastic reconstructive surgeon, physician assistant, nurse, midwife, occupational therapist, physical therapist and child life specialist.

The structure is as follows: the actors tell a bit of the story, they will break allowing your table time for discussion, we return to the staged story of the narrative, and the cycle will repeat. Questions will be posed during the session via power point for your table to address.

*Resource: **Collaboration Indicators Chart (page 6)***

**REFRESHMENT BREAK** **10:30-10:50**

**REJOIN GROUP IN THE BREAKOUT ROOM ASSIGNED** **10:50-12:00**

Work through the following activities. You may want to try different approaches, e.g., use of dyad/triad breakout discussions, or role play as appropriate to the comfort level of your group.

### **ACTIVITY 1 – FURTHER REFLECTION ON THE VIDEO & THEATRE EXPERIENCE**

What aspects of the video / theatre experience were most meaningful to you?

What did the video/theatre experience tell us about the importance of interprofessional collaborative ?

## ACTIVITY 2 – ROLES AND RESPONSIBILITIES

Role clarification is an important domain that impacts one's ability to work effectively in a team to achieve patient/client, family and community goals.

Students will share with each other:

- the role and responsibilities of their chosen discipline/profession
- educational requirements in your program
- regulatory and practice requirements
- understanding of other team member's roles (discuss assumptions, knowledge gaps)
- understanding of the patient's/client's role within the team

## ACTIVITY 3 – SHARING PERSPECTIVES AND EXPERIENCES

In the practice setting there are many enablers and barriers to interprofessional collaboration. Discuss the following questions:

- How do you define IPE/C? What does IPE/C mean to you?

Share some positive examples that you have experienced related to IPE/C. What were the key factors that made it a positive example? What factors would contribute to a well-functioning interprofessional/interdisciplinary team?

- Share some challenging examples that you have experienced related to IPE/C. How might you re-write the script for those situations now?
- Identify and describe 1-2 strategies that you can realistically implement to promote and facilitate IPE/C in the future.

## GROUP DEBRIEF

**12:00-12:10**

Discuss how the group collaborated as an interprofessional group? Reflect using the ***Collaboration Indicators Chart, page 6.***

Review the learning needs as developed at the beginning of the workshop and discuss whether these needs were addressed.

Please complete the PIPER event evaluation form before adjourning for lunch. Your feedback is very important to us!!

## LUNCH

**12:10-1:00**

Return to the same table with your same group (Chedoke Room) and enjoy lunch!

## APPENDIX A COLLABORATION INDICATORS

The chart below summarizes the behaviours that are necessary for each indicator of collaboration.

Indicators of Collaboration	What to Look For	Check If Present
<b>Shared experience</b>	<ul style="list-style-type: none"> <li>• Agreeing on a shared vision</li> <li>• Having a patient-centred orientation</li> <li>• Establishing consensual goals</li> <li>• Participating in shared planning</li> <li>• Reducing duplication in services</li> <li>• Using consultation and referral appropriately</li> </ul>	
<b>Responsibility and accountability</b>	<ul style="list-style-type: none"> <li>• Balancing independent and shared accountability within the team</li> <li>• Engaging in collective decision-making</li> </ul>	
<b>Sharing information</b>	<ul style="list-style-type: none"> <li>• Sharing information in a way that is concise, relevant to decision-making, timely and open to discussion</li> <li>• Understanding how team work contributes to outcomes</li> <li>• Meeting frequently to discuss opportunities</li> <li>• Accessing common infrastructure for collecting and exchanging information</li> </ul>	
<b>Co-operation</b>	<ul style="list-style-type: none"> <li>• Establishing non-hierarchical relationships</li> <li>• Participating in shared consensual leadership</li> <li>• Defining rules jointly</li> <li>• Having a willingness to collaborate</li> <li>• Establishing partnerships with patient, community and faculty</li> </ul>	
<b>Support for innovation</b>	<ul style="list-style-type: none"> <li>• Having expertise that fosters introduction of collaboration and innovation</li> <li>• Sharing different viewpoints to integrate different approaches when creating care solutions</li> </ul>	
<b>Mutual trust and respect</b>	<ul style="list-style-type: none"> <li>• Depending on each other as a team</li> <li>• Having grounded trust</li> <li>• Appreciating and respecting all professions included in the interprofessional team</li> </ul>	

(Busing, Way & Jones, 2000; D'Amour et al., 2008; Nolte, 2005; Oandasan et al., 2004)

Interprofessional Resource Centre, Collaboration Chart. Retrieved from:  
[http://www.interprofessionalresourcecentre.ca/s3/documents/3.1\\_assessing\\_2\\_Collaboration.pdf](http://www.interprofessionalresourcecentre.ca/s3/documents/3.1_assessing_2_Collaboration.pdf)

## REFERENCES

- Busing, N., Way D.O. & Jones, L. (2000). Implementation strategies: *Collaboration in primary care — Family doctors and nurse practitioners delivering shared care*. Retrieved from:  
<http://www.ocfp.on.ca/English/OCFP/Communications/Publications/default.asp?s=1>
- Canadian Interprofessional Health Collaborative (CIHC)(2010). *National interprofessional competency framework: Quick reference guide*. Pgs. I-IV (After p.16).  
[http://www.cihc.ca/files/CIHC\\_IPCompetencies\\_Feb1210.pdf](http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf)
- D'Amour, D., Goulet, L., Labadie, J.F., San Martin-Rodrigues, L., & Pineault,R. (2008). A model and typology of collaboration between professionals in health care organizations. *BMC Health Services Research*, 8, 188.
- Nolte, J. (2005). *Enhancing interdisciplinary collaboration in primary health care in Canada*. Retrieved from:  
<http://www.eicp.ca/en/resources/research.asp>
- Oandasan, I., D'Amour, D., Zwarenstein, M., Barker, K., Purden, M., Beaulieu, M. .... Tregunno, D. (2004). *Interdisciplinary education for collaborative, patient-centred practice*. Retrieved from:  
[http://www.ferasi.umontreal.ca/eng/07\\_info/IECPCP\\_Final\\_Report.pdf](http://www.ferasi.umontreal.ca/eng/07_info/IECPCP_Final_Report.pdf)
- Patientsafetycanada. (2016, October 24). *Disregard of the patient voice contributed to critical errors in treatment* [Video file]. Retrieved from  
[https://www.youtube.com/watch?time\\_continue=4&v=iyW2LBOsAUG](https://www.youtube.com/watch?time_continue=4&v=iyW2LBOsAUG)
- Rosenbaum, P., & Gorter, J. W. (2012). The 'F-words' in childhood disability: I swear this is how we should think!. *Child: care, health and development*, 38(4), 457-463.
- Snyman, S., Von Pressentin, K. B., & Clarke, M. (2015). International Classification of Functioning, Disability and Health: catalyst for interprofessional education and collaborative practice. *Journal of interprofessional care*, 29(4), 313-319.