

10 Tips for Interprofessional Facilitation

1. BE PREPARED

Before you go into a session, be in a particular mindset. If you want your learners to be self-reflective, you'll want to model that. Think about what you want to learn from your learners and what you want to share from your experiences. A structure needs to be in place for learning and/or discovery to happen. Consider developing a facilitator guide to help prepare yourself.



- What do I need to do to be ready for my learners? Review didactic material? Reflect? Seek help from my interprofessional partners?

2. KNOW YOUR LEARNERS AND “INVEST IN THE BEGINNING”

At the beginning of the session, learn about your learners. A lot of learning can occur during what appears to be ‘chit-chatting.’ Getting to know your learners also builds trust and rapport.



- Who is in the room?
- What skills and knowledge do they bring to the conversation?

3. CREATE A SAFE AND OPEN ENVIRONMENT

Establish ground rules. For example, if you don't want learners to use cell phones during the debrief discussion, establish that rule up front. And, remember to put your phone away too! In an interprofessional group discussion, sensitive topics and professional conflict (e.g., professional hierarchies and stereotypes) can arise. It can be important to acknowledge this possibility at the beginning and ask that all participants remain respectful and civil in their conversation.



- Has anyone ever worked in an environment that was not safe? What was it like to work there? How did it affect job satisfaction? How did it affect productivity?

4. UNDERSTAND AND RESPOND TO GROUP DYNAMICS

Some learners may be quiet and/or shy and don't realize the value of their voice; others are extroverted and might inadvertently dominate. Before the session, think about how you want to address such dynamics. Think about representation of professions in the room. That is, are there more medical learners than pharmacy students? If so, how will you manage the conversation if the medical students dominate? If some learners are disengaged, try to understand why. Are they afraid of speaking to the group? Often professional culture contributes to this fear. If you address this issue, a deeper conversation can occur to move the group forward. Find out what they value and use that to get them engaged.



- It is important that we hear from all professions represented in the room. We value your professions' contributions and input. Would a learner from a profession that has not contributed please share your thoughts with the group?

5. ENCOURAGE DIPLOMACY AND ALLOW FOR VARIOUS OPINIONS

Little is gained from hearing only one voice. Learners need to hear others' perspectives—even if it's uncomfortable.



- Whose voice has not been heard? How can I reach them? What are the barriers preventing them from feeling safe to speak?

6. BE A POSITIVE ROLE MODEL FOR INTERPROFESSIONAL COLLABORATION

Think about how to role model interprofessional collaboration. If learners use role-specific jargon, ask them to clarify. Be inquisitive and reveal areas in which you want to learn and grow. Facilitators who show vulnerability (i.e., inquisitiveness and curiosity) signal to learners that it's okay to be vulnerable. Learners may express their opinion that interprofessional practice (IPP) doesn't exist in the real world. Be prepared to break through those beliefs without being defensive or uncomfortable. Engage learners and their skepticism in this conversation instead of shutting it down. Explain that learners will often have to be change agents.



- What do you think are the barriers that prevent IPP from being adopted widely in our current healthcare system?
- What are some changes that you, as future healthcare professionals, can make today and in the future?

7. MONITOR THE SITUATION

Watch body language and eye contact. Where's the conversation going? Is this conversation productive or is the group getting stuck?



- What's the 'elephant in the room'?

8. MAINTAIN NEUTRALITY AND SENSITIVITY

Add your profession-specific perspective to the conversation, while being respectful of participants' different experiences and perspectives. Balance is important when a preceptor is facilitating learners from multiple professions. Think before you speak. What is considered acceptable in your professional culture may be offensive to other professionals. Be aware of stereotypes. If stereotypes and/or labels come up, use that as an opportunity to discuss roles. Professional roles may sometimes blur and learners may view this as a threat to their own professions' identity. As the facilitator, turn this sensitive issue into an opportunity for learners to view professional role overlap as a positive component of interprofessional collaboration.



- What experiences have you had that have personally influenced your perception of other professions or particular stereotypes?



- What surprised you about the role of another profession? What are the challenges and opportunities regarding role overlap and how does this affect interprofessional care?

9. FOCUS THE CONVERSATION ON INTERPROFESSIONAL PRACTICE

Because learners have spent most of their time learning clinical content, conversations may become focused on technical aspects of healthcare. Encourage learners to think beyond the application of clinical knowledge and skills. For example, ask learners to think about the team process and how that contributed to patient care (e.g., interprofessional roles on the team, communication).



- How was the interprofessional communication among team members? What were some specific positive examples and what were some opportunities for improvement?

10. HAVE CLOSURE

Reflect on and summarize the discussion; pull ideas together. Ask learners how they're going to use what they learned during the discussion.



- If the session was particularly sensitive, will the learners need additional debriefing? A reflective exercise? A different activity in a new context with different players?



- What are some of the challenges we discussed today?
- How will you apply this in your future practice?
- How will this affect patient care?
- What is your take-home message?

Example ideal level of reflection

People in our field are jaded; they work long hours and deal with patients that are frustrating. They have paperwork and on-call hours, not to mention that they want to go home at some point and see their loved ones. One attitude that I have seen cloud positive interactions, especially with highly vulnerable patients, is the thought that these patients don't want our help. You can only prescribe a medication that someone doesn't take so many times before you have these thoughts. Through group work and reflection, I have decided that it's not that patients do not want our help; I think the problem is that we don't yet have the mechanisms by which to effectively reach and convince these patients that we can and that we do want to help.

–Health Professions Student