University of Alberta, Health Sciences Education and Research Commons, Health Sciences Council IntD 410: Interprofessional Health Team Development (Blended) (Course weight: *3, 30 hours) T 6:00pm-9:00pm

Blended Course Coordinator: Sharla King Office: Telus Building, Rm #218. Phone: 780-492-2333

E-mail: sharla.king@ualberta.ca

Office Hours: appointments available by email or phone

Section Facilitators:

Name	Contact Details
Section 1	
Anita Hamilton	Anita3@ualberta.ca
Diane Aubin	dianaubin@gmail.com
Section 2	
Judy Clarke	heyjudy1@telus.net
Sharla King	sharla.king@ualberta.ca; 492-2333

Calendar Course Description:

IntD 410 is a process learning course intended to provide knowledge, skills and experience in building interprofessional (IP) health care teams comprised of students in various professional programs. Through participation on an interprofessional team of up to 8 students, participants will build their knowledge and skills in the course's four core IP competencies: communication, collaboration, role clarification and reflection. Emphasis is placed on team processes and tasks while recognizing the unique contributions of patients, families and professionals in working collaboratively to maintain health. (Offered jointly by the following faculties: Agricultural, Life and Environmental Sciences; Medicine and Dentistry; Nursing; Pharmacy and Pharmaceutical Sciences; Physical Education and Recreation; and Rehabilitation Medicine.)

Rationale:

IntD 410 was developed almost 20 years ago in response to growing calls for interprofessional teamwork in the health workplace. With the increasing financial and human resource strain on the health care system today, this call is even more pertinent. The health workforce requires graduates who are workforce-ready, and equipped with the knowledge, skills and attitudes needed to meet increasingly complex patient needs, changing practice environments, ever-evolving practice technologies and increased professional specialization. In addition, these practitioners must provide increasingly integrated and patient/client, family and community-centered care. Professional licensing bodies, standards of practice and academic accreditation standards require that students and practitioners develop interprofessional team skills in order to practice.

Scholarship in interprofessional education suggests that students develop the interprofessional team skills required by "learning from, with and about each other" with the goal of improving patient care (Center for the Advancement of Intprofessional Education, 2002)¹. IntD 410 offers an opportunity for this type of learning to take place early in students' academic program, in order to create a foundation that can be built on through their academic and professional careers.

Course Conspectus:

To enable students to build the knowledge, skills and attitudes required to promote interprofessional relationships and knowledge exchange between professions in health service delivery, with a view of enhancing patient care.

¹ References

Center for the Advancement of Intprofessional Education. (2002). Retrieved September 27, 2010, from Center for the Advancement of Intprofessional Education: http://www.caipe.org.uk/about-us/defining-ipe/

Core Competencies:

In IntD 410, students develop four core interprofessional competencies that have been identified as foundational for interprofessional team practice. The principles of patient-centered care are woven throughout these competencies.

- Communication: communication skills which enhance interprofessional team function
- Collaboration: interprofessional team process skills which achieve common goals
- Role Clarification: understanding of own role and the roles of others in an interprofessional context
- Reflection: critical evaluation of professional and team practice in an interprofessional context

Competencies are performed at 2 levels in IntD 410:

- Exposure: Explore concepts, values and contexts; practice skills
- Immersion: Apply knowledge and skills; analyze concepts, values, and contexts

Students may work toward a third level of competency performance as they pursue their academic and professional careers:

• Integration: Use and adapt knowledge and skills in practice; translate knowledge; seek new knowledge; act for change

Instructional Strategies:

Process Learning invites students to interrogate the processes through which they, individually and as a team, interact with each other, think about problems and reach decisions. Students develop more effective and dynamic processes and learn about the implications of process on their interactions and on decisions and outcomes. The scenarios and class activities used in the course provide the 'context' within which these skills can be practiced, and competencies developed.

Discovery Learning provides students with scenarios or problems to investigate as a team. Each individual team member gathers relevant information from their disciplinary perspective outside of class time, in order to contribute to the team's decisions and actions.

Peer Teaching offers students the opportunity to educate each other on the roles and perspectives of their profession and build interprofessional relationships and understanding.

Course Expectations:

Individual Expectations: Students are expected to approach course interactions with a positive attitude and respect for teammates, other teams and section facilitators. Students will also come prepared to actively participate in class discussions by critically reading and reflecting on materials before class. As early as possible, students are expected to inform teammates as well as section facilitators of absences, and to negotiate to support the team and make-up missed assignments

Team expectations: Teams are expected to take part in analyzing their own team process, particularly by making use of the Team Expectations they develop at the beginning of the course to help deal with issues that arise within their group. Teams will create constructive feedback that conveys the impact of behaviours and expectations for future behaviours to members who are not contributing constructively.

Failure to act in a professional manner: Unconstructive behaviours or attitudes that negatively affect others are considered unprofessional and often have a significant impact later on in students' training and in the workplace. Frequent failure to arrive at class or team meetings prepared and on time, and failure to engage in team discussions constitute unprofessional behaviour. If those behaviours continue in spite of feedback from team members and/or facilitators, this may result in a no-credit recommendation.

Academic Integrity: "The University of Alberta is committed to the highest standards of academic integrity and honesty. Students are expected to be familiar with these standards regarding academic honesty and to uphold the policies of the University in this respect. Students are particularly urged to familiarize themselves with the provisions of the Code of Student Behaviour (online at www.uofaweb.ualberta.ca/secretariat/studentappeals.cfm) and avoid any behaviour which could potentially result in suspicions of cheating, plagiarism, misrepresentation of facts and/or participation in an offence. Academic dishonesty is a serious offence and can result in suspension or expulsion from the University" (GFC 29 SEP 2003).

Assessment:

Assignments and activities not covered in this chart are completed and discussed in-class only. Feedback on such uncharted assignments/activities can be verbal and informal. All written assignments are due at the beginning of class on the week stipulated below.

Due Date	Туре	Assignment	Weight	
N/A	Attendance and	Participation	3%/class = 30%	Individual
)	Lord State and	Call Assessment	00/	Lead to tale and
Week 4:	Individual	Self-Assessment	0%, mandatory	Individual
Jan 25	Reflection			
Week 7 or 8	Individual	Harm reduction Scenario	5%	Individual
March 1	Reflection	Reflections		
Week 8:	Collaborative	Collaborative project	20%	Team
March 8	Project			
Week 9:	Final Exam	TOSCE (Team Objective Structured	25%	Team
March 15		Clinical Examination)		
Week 10:	Project	Collaborative Project Reflections	5%	Team
March 22	Reflections			
	Individual	End of term reflective assignment	15%	Individual
	Reflection			

Assignment Details and Grading:

Grading:

- Students Receive Credit or No-credit (Pass/Fail) at the end of the course
- Students must achieve 70% in the course to receive Credit

Attendance

This course is based on process learning, requiring attendance and participation. In order to receive 3% designated for each class, for a total of 30% over the entire course, students must attend the entire class and participate actively in team discussions. Attendance and participation marks are awarded at the discretion of section facilitators.

Absence Policy:

In cases of any absence, notification must be sent to both section facilitators, the course coordinator, and the student's team as soon as possible. The student is also required to follow-up with their team to negotiate how they may contribute to any outstanding work related to the absence.

Absence due to illness, domestic affliction, or religious conviction:

In cases where one class is missed, email documentation will be reviewed at the end of the semester, and considered when credit/no-credit recommendations are made. In cases where attendance at the missed class would make the difference between a Credit and No-Credit recommendation, the mark-weight (3%/class) for the documented missed class will be deferred to the classes attended (i.e. the total 30% mark for attendance may be distributed over 9, rather than 10, classes).

Absence due to attendance at a University Event:

In accordance with university policy, attendance at the following three types of event s may be considered for deferral:

- 1. Participation in a University sports competition
- 2. Presentation of a scholastic paper at a scientific or professional meeting
- 3. A meeting at which the student is representing the University

Requests for deferral must be submitted to the course coordinator via email at least two weeks in advance of the event. Requests will be granted on an individual basis. If the request is granted, the student must notify their section facilitators and team of their absence, and negotiate how they may contribute to the team discussion in advance of the absence, and follow-up with the team after the absence.

Email documentation will be reviewed at the end of the semester, and considered when credit/no-credit recommendations are made. In cases where attendance at the missed class would make the difference between a Credit and No-Credit recommendation, the mark-weight (3%/class) for the documented missed class will be deferred to the classes attended (i.e. the total 30% mark for attendance may be distributed over 9, rather than 10, classes).

Multiple Absences:

In cases where two or more classes are missed for any reason, the case will be reviewed by section facilitators, the course coordinator, and relevant administrators from the student's home program in order to determine appropriate remediation and support for the student.

Individual Reflection

Due Dates:

- Individual Self-Assessment (Completion mandatory for completion of course. Ungraded, formative feedback provided): Jan 25, 2011
- Harm Reduction Reflections: Section 1 March 1, 2011; Section 2 March 8, 2011

Individual Reflections are integrated to help each student explore thoughts and ideas throughout the course. They are also used to provide continual feedback from facilitators. Individual Reflections are each worth 5% of the course grade.

No half marks will be given.

Grading Scale for Individual Reflections:

- 0 Not satisfactory
- 1 Satisfactory
- 2 Superior

Grade of 0 (Not satisfactory):

☐ The assignment was not submitted, OR does not meet ALL of the criteria required for a grade of 1.

Grade of 1 (Satisfactory), the assignment must meet ALL of the following criteria:

- ☐ Student provided a relevant response to each question.
- ☐ Thoughts are organized. Grammar and diction are clear.
- ☐ Student provided a basic description of the event .
- □ Student analyzed their experience by exploring their feelings/biases/experiences.
- ☐ Student drew on relevant examples.

Grade of 2 (Superior), the assignment must meet ALL of the following criteria:

- □ Student demonstrated a depth of analysis in response to each question.
- ☐ Thoughts are very well organized. Grammar and diction are clear and fluid.
- □ Student demonstrated robust analysis of experience through deep insight into their feelings/biases/experiences
- ☐ Student reflected on the impact of actions/events within health/social system.
- □ Student drew on relevant examples and evidence. Student provided one or more appropriate references.
- □ Student indicated how experience and analysis will inform future action.

For a grade of 2, students are asked to provide one or more appropriate references in order to connect their thoughts and ideas to relevant literature. The student may challenge or refute an idea in the literature, use it to support their own thoughts, or to stimulate further thought. Provided that the use of the references is clear and relevant, any mode of integration will be acceptable. Students may use a course reading as their reference.

All in-text references and reference lists must be provided in an approved and consistent citation format. NLM and APA are examples of acceptable citation styles. Format may be dictated at the discretion of section facilitators. For a guide to common citation styles, visit the University of Alberta Libraries:

http://guides.library.ualberta.ca/content.php?pid=57725&sid=422871.

Collaborative Project:

The collaborative project is an opportunity for your team to work together with each other and with the community to deliver a community service. The project must be submitted to section facilitators, and to the community partner before the beginning of class on the due date.

Presentation date: March 8, 2011

On the presentation date the team will have 15 min. total to present on each of the following aspects of the project:

- The organization and planning behind the project work and timelines
- An outline of the contributions of each team member
- An analysis of the needs of the partner organization and their audience
- An overview of project content
- The team's thoughts on their key learnings

Grading Scale for Collaborative Project:

Each item below is worth one point. Total possible points: 10 for 20% of course grade. In cases where the community partner is absent from the presentation, the facilitator will contact community partner to arrange completion of the community portion.

Community Partner Grading Scale:

☐ Engaged in respectful and	professional manner (De	emonstrated reliability a	nd punctuality,	Maintained	professional
appearance)					

□ Demonstrated commitment to collaborative project

□ Developed and provided project that was accurate and relevant to community partner

□ Developed a product that communicated in manner that accounted for audience needs

□ Sought feedback and integrated feedback received into ongoing work

Facilitator Grading Scale:

Observed team behaviours that dealt with process or content issues (e.g. timekeeper addressed time constraints,
advocate addressed process issues, initiator led process, encourager engaged team and audience, recorder ensured
that partner received copy of project)

☐ Equitable distribution of workload demonstrated

☐ Project content was clear and useful

 $\hfill\Box$ Project content was supported by evidence

☐ Consideration of audience needs clearly demonstrated

All in-text references and reference lists must be provided in an approved and consistent citation format. NLM and APA are examples of acceptable citation styles. Format may be dictated at the discretion of community partner, or section facilitators. For a guide to common citation styles, visit the University of Alberta Libraries: http://guides.library.ualberta.ca/content.php?pid=57725&sid=422871.

Collaborative Project Reflections

Due: March 22, 2011

In the collaborative project reflections, the team assesses the successes and challenges of the collaboration. The project reflection is worth 4% of the final grade for the course. No half marks will be given.

Submit one **800-1000 word** double-spaced reflection, containing:

- · An overview of data gathered from the community partner on the effectiveness of the collaboration
- An overview of feedback received from other sources
- The team's own perception of their performance
- An analysis of the above information and steps to improve team performance

Grading Scale for Collaborative Project Reflections

0 - Not satisfactory

- 1 Satisfactory
- 2 Superior

Grade of 0 (Not satisfactory):

 $\ \square$ The assignment was not submitted, OR does not meet ALL of the criteria required for a grade of 1.

Grade of 1 (Satisfactory), the assignment must meet ALL of the following criteria:

□ Team provided a relevant response to each question.
□ Thoughts are organized. Grammar and diction are clear.
□ Team provided a basic description of process and interactions that occurred.
□ Team demonstrated a basic analysis of their team processes, including details of their processes and the needs of externa partners and audience
□ Team drew on relevant examples from their process and product
□ Team drew on feedback provided in their reflection
Grade of 2 (Superior), the assignment must meet ALL of the following criteria:
□ Team demonstrated a depth of analysis in response to each question.
□ Thoughts are very well organized. Grammar and diction are clear and fluid.
□ Team demonstrated robust analysis of team processes, included details of their processes and the needs of external partners and audience
□ Student reflected on the impact of actions/events within health/social system.
□ Team integrated and analyzed feedback provided
□ Team drew on relevant examples, evidence and feedback gathered. Team provided one or more appropriate references. □ Team indicated how experience and analysis will inform future action
All in-text references and reference lists must be provided in an approved and consistent citation format. NLM and APA are

TOSCE (Team Objective Structured Clinical Examination)

http://guides.library.ualberta.ca/content.php?pid=57725&sid=422871.

Due: March 15, 2011

The TOSCE (Team Objective Structured Clinical Examination) is the final exam for IntD 410, weighted at 25%. Facilitators observe the team as they conduct an interview with a Standardized Patient. The observers will be assessing the four core interprofessional competencies: communication, collaboration, role clarification and reflection. The TOSCE evaluation rubric will be provided to students in Class 2.

examples of acceptable citation styles. Format may be dictated at the discretion of community partner, or section

facilitators. For a guide to common citation styles, visit the University of Alberta Libraries:

Teams will have 20 minutes to meet with the standardized patient. One week prior to the TOSCE, teams will receive 2 patient scenarios. These scenarios and exam locations will be posted on e-class. 20 minutes before the exam interview, teams will be informed of which scenario describes their patient. Team roles (initiator, advocate, recorder, etc) are drawn at random, upon entry into the exam room.

Grading Scale for TOSCE

The TOSCE is evaluated on a 0-4 scale:

- 0 Not satisfactory
- 1 Borderline satisfactory
- 2 Satisfactory
- 3 More than satisfactory
- 4 Superior

The TOSCE grade focuses on the four core interprofessional competencies:

- Collaboration: performed team roles, employed collaborative decision-making strategies
- Communication: employed effective verbal and non-verbal communication, employed conflict resolution strategies
- · Role Clarification: clarified professional roles, capitalized on role overlap, engaged patient as team member
- Reflection: reflected on and evaluated team process and patient-centeredness

Absences due to illness, domestic affliction or religious conviction may lead to a deferred exam at the course coordinator's discretion. Both section facilitators, the course coordinator, and the student's team must be notified of a requested absence from the TOSCE as early as possible. Requests will be granted on an individual basis.

If the request is submitted 2 or more weeks in advance of the TOSCE, the team may elect to choose a new date for the TOSCE – all team members must agree to this option.

If the request is received less than 2 weeks before the TOSCE, or if the team cannot agree on a new date for their TOSCE, the

case will be reviewed by section facilitators, the course coordinator, and relevant administrators from the student's home program in order to determine appropriate remediation and support for the student.

University policy regarding absences from final exams can be found online at:

https://www.registrar.ualberta.ca/calendar/Regulations-and-Information/Academic-Regulation/23.5.html#23.5.6

Individual End of Term Reflections

Due: March 22, 2011

The end of term reflection offers a chance to wrap up and reflect on learning throughout the course and implications for future practice.

End of term reflections are marked on a 0-4 scale. The assignment is worth 10% of the final grade.

- 0 Not satisfactory (meets none of the 'Satisfactory' criteria)
- 1 Borderline satisfactory (meets some, but not all of the 'Satisfactory' criteria)
- 2 Satisfactory (meets all of the 'Satisfactory' criteria)
- 3 More than satisfactory (meets all of the 'Satisfactory and some of the 'Superior' criteria)
- 4 Superior (meets all of the 'Superior' criteria)

Grade of 0 (Not satisfactory):

☐ The assignment was not submitted, OR does not meet ALL of the criteria required for a grade of 1.

Grade of 1 (Satisfactory), the assignment must meet ALL of the following criteria:

- ☐ Student provided a relevant response to each question.
- ☐ Thoughts are organized. Grammar and diction are clear.
- ☐ Student provided a basic description of events.
- $\hfill \Box$ Student analyzed their experience by exploring their feelings/biases/experiences.
- ☐ Student drew on relevant examples.

Grade of 2 (Superior), the assignment must meet ALL of the following criteria:

- ☐ Student demonstrated a depth of analysis in response to each question.
- ☐ Thoughts are very well organized. Grammar and diction are clear and fluid.
- □ Student demonstrated robust analysis of experience through deep insight into their feelings/biases/experiences
- ☐ Student reflected on the impact of actions/events within health/social system.
- ☐ Student drew on relevant examples and evidence. Student provided one or more appropriate references.
- □ Student indicated how experience and analysis will inform future action.

For a grade of 3 or 4, students are asked to provide one or more appropriate references in order to connect their thoughts and ideas to relevant literature. The student may wish to use the literature to challenge or refute an idea in the literature, support their own thoughts, or stimulate further thought. Provided that the use of the references is clear and relevant, any mode of integration will be acceptable. Students may use a course reading as their reference.

All in-text references and reference lists must be provided in an approved and consistent citation format. NLM and APA are examples of acceptable citation styles. Format may be dictated at the discretion of section facilitators. For a guide to common citation styles, visit the University of Alberta Libraries:

http://guides.library.ualberta.ca/content.php?pid=57725&sid=422871.

Class Schedule:

Class	Date	Classes	Location	Assignments Due
1	Jan 11	Introduction to IntD 410	Telus 217	
2	Jan 18	Collaboration : Introduction to Team-based Community Collaboration (Suzette Phillips and Wendy Fothergill)	Elluminate	
3	Jan 25	Reflection: Standardized Patient interview	Telus 217	Individual Self- Assessment. Mandatory
4	Feb 1	Role Clarification: Introduction to Roles on an Interprofessional Team	Elluminate	
5	Feb 8	Role Clarification : Professional Relationships on the Continuum of Care	Elluminate	
6 Sec 1	Feb 15	Section 1 - Communication : Conflict Resolution and Harm Reduction Approaches to Patient Care (Guest-facilitated by Streetworks)	Elluminate	
6	Feb 15	Section 2 - Communication: Mr. Mysenko role-play	Elluminate	
Sec 2		scenario, peer observation and feedback		
Feb	21-25	Reading Week		
7 Sec 1	March 1	Section 1 - Communication: Mr. Mysenko role-play scenario, peer observation and feedback	Elluminate	Individual harm reduction reflections (Section 1 only)
7 Sec 2	March 1	Section 2 - Communication : Conflict Resolution and Harm Reduction Approaches to Patient Care (Guest-facilitated by Streetworks)	Elluminate	
8	March 8	Collaboration: Collaborative Project Presentation	Elluminate	 Collaborative project presentation Individual harm reduction reflections (Section 2 only)
9	Mar 15	TOSCE (Team Objective Structured Clinical Examination) (Standardized Patient interview)	Telus 217	
10	Mar 22	Reflection: Course Reflections and Team Feedback	Elluminate	 Individual end of term reflections Collaborative project reflections

Course Readings:

All course readings are available on e-class. They are also in the coursepack, available in the University Bookstore. Your CCID and password are required to access University Libraries collections online.

Class 1	Required	Boon, H., Verhoef, M., O'Hara, D., & Findlay, B. (2004). From parallel practice to integrative health
	Reading	care: a conceptual framework. BMC Health Services Research, 4, 15-5. doi:10.1186/1472-
		6963-4-15
		Excerpt from:
		Cannon, M., & Griffith, B. (2007). Chapter two: Group goals and shared vision. In Effective groups:
		Concepts and skills to meet leadership challenges (pp. 25-27). Boston: Pearson Education.
	Suggested	Allison, S. (2007). Up a River! Interprofessional education and the Canadian healthcare professional
	Reading	of the future. Journal of Interprofessional Care, 21(5), 565-568.
		Cooney, A. (1999). Reflective practice. Reflection demystified: answering some common questions.
		British Journal of Nursing (BJN), 8(22), 1530-1534. Retrieved from
		http://login.ezproxy.library.ualberta.ca/login?url=http://search.ebscohost.com/login.aspx
		?direct=true&db=rzh&AN=2000015486&site=ehost-live&scope=site
		Mann, K. V. (2008). Reflection: Understanding its influence on practice. <i>Medical Education</i> , 42(5),
		449-451. doi:10.1111/j.1365-2923.2008.03081.x

	Ray, M. (1998). Shared borders: Achieving the goals of interdisciplinary patient care. <i>American</i>
	Journal of Health-system Pharmacy, 55 (13), 1369-1374.
	Excerpt from Oakley, B., Felder, R., Brent, R. and Elhajj, I. (2004). Coping with hitchhikers and couch potatoes on teams. In Turning students groups into effective teams. <i>Journal of Student</i>
Reading	Centered Learning, 2(1), 32-33.
Required	Cole-Kelly, K., Seaburn, D. (2005). Chapter four: A family-oriented approach to individual patients.
Reading	In T. Campbell, J. Hepworth, A. Lorenz, and S. McDaniel (Eds.). Family-oriented primary
	care [electronic resource] (2nd ed.) (pp. 43-53). New York: Springer. Retrieved from
	http://lib.myilibrary.com/Open.aspx?id=23430&loc=&srch=undefined&src=0
Required	Excerpt from:
Reading	Cannon, M., & Griffith, B. (2007). Chapter three: group structure and strategy. In <i>Effective groups:</i>
	Concepts and skills to meet leadership challenges (pp. 48-50). Boston: Pearson Education.
Suggested	Senior, B. (1997) Team roles and team performance: Is there 'really' a link? <i>Journal of occupational</i>
	and organizational psychology, 70, 241-258.
-	Orchard, C., Curran, V., Kabene, S. (2005). Creating a culture for interdisciplinary collaborative
Reading	practice. Medical Education Online, 10 (11).
Required	Wynnyk, T. (2002). Harm Reduction: Pieces to the Puzzle. [Videorecording]. Company of Women
A/V	on the Screen, Inc. Video posted to
	http://vsserver.educ.ualberta.ca/MikeC/HARMStream.mov
	(Apple Quicktime Player is required to retrieve this link)
	Beirness, D., Jesseman, R., Notarandrea, R., Perron, M. (2008). Harm reduction: what's in a name?
Readings	Ottawa: Canadian Centre on Substance Abuse.
	Antle, B., Carlin, K. (1997). Enhancing patient partcipation in team decision making. <i>Humane Health</i>
	Care International. 13(1), 32-35.
Suggested	T. Campbell, J. Hepworth, A. Lorenz, and S. McDaniel. Chapter seven: Family interviewing skills in
Reading	primary care: From routine contact to the comprehensive family conference. In Family-
	oriented primary care [electronic resource] (2nd ed.) (pp. 90-104). New York: Springer.
	Retrieved from
	http://lib.myilibrary.com/Open.aspx?id=23430&loc=&srch=undefined&src=0
Suggested	Soubhi, H., et I. (2009). Interprofessional learning in the trenches: Fostering collective capability.
Readings	Journal of Interprofessional Care, 3(1), 52-57.
	Reading Required Reading Suggested Reading Required Reading Required A/V Suggested Readings Suggested Readings

Policy about course outlines can be found in Section 23.4(2) of the University Calendar.