



## ALIGNING INTERPROFESSIONAL EDUCATION AND COLLABORATION IN PRACTICE

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using promising regional experiences for international exchange

# INPRO PROCESS GUIDE FOR TRAINERS IN REHABILITATION PRACTICE

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plan and implement interprofessional learning

This is a guide for experienced inter-professionals in practice settings who train students and/or professionals. Health and social care professionals are targeted. The ICF framework is referred to as a common language.

The aim of this process guide is to support you when designing interprofessional, person-centred collaboration. This guide can serve you as a form of “blueprint” if you are new in this field of work. Or it may be used as help if you are already in the process and want to experience more opportunities.

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## How to Use this Guide

The **aim** of this process guide is to **support educators and trainers in practice settings**.

The following chapters provide general information and reflective questions for ‘stations’ of designing interprofessional, person-centred collaboration based on ICF.

Are you a health or social care professional and **train students and/or learning professionals**?

This guide can serve you as a form “blueprint” if you are new in this field of work.

Or it may be used for an extra bit of help if you are already in the process of designing an interprofessional learning experience.

The chapters are designed in such a way that they can be read independently and should fit your specific needs, depending on where you may need help.



Are you just looking for some **inspiration** for your own interprofessional work?

→ Read the whole guide, starting **from the beginning**.

Do you already have a **plan in mind**, but are not sure which **methods** to use for your educational content?



→ Start with **chapter 4**.

Or let’s say you already have an established learning activity in your institution, but are unsure about the **impact** it has on the participants?



**Chapter 6** will help you to implement an **evaluation process** for your next activity.



So, you see, this guide is made to fit your individual needs.

There are even empty spaces for you to write down your own thoughts.



For further information about the **use** of this guide, please watch the **introduction video** / Prezi. It **visualises** how you may use the roadmap to designing your educational journey.



Video:

[https://youtu.be/Zj70\\_IdivhD4](https://youtu.be/Zj70_IdivhD4)

Prezi: [INPRO Process Guide presentation](#)

## 1. Needs and Ideas – Why?

In this chapter, you will work with frameworks, possible advantages of interprofessional collaborative practice for you / your employer, and what all this has to do with person-centredness and ICF.

You will reflect on where you are right now in your development and why learning within IPECP and defining INPRO CF learning outcomes could be an aim.

### 1.1. Interprofessional Education and Collaborative Practice (IPECP)

If you ask yourself why people should learn about IPECP, please watch (one of) these videos:

Sarah Wilkinson: WHY Interprofessional Collaborative Practice? (1:18 min)

<https://www.youtube.com/watch?v=xjXxx3gBmO8>

Joy Doll @ TEDxCreightonU (10 min): <https://www.youtube.com/watch?v=qOV-5h0FpAo>

### 1.2. Person-Centred Approach

What does person-centeredness mean to you? -> [Take a look at this model \(Scholl et al.\)](#)

An overview on person-centred principles is provided by the [Health Foundation \(2016\)](#).

Why is it important to take this into account when working with other professionals?

- ...
- ...

How would you implement a person-centred approach? Find [Inspiring Didactics from INPRO](#), e.g. case studies and vignettes are frequently used materials and methods (Chapter 4).

### 1.3. International Classification of Functioning, Disability, and Health (ICF)

Become familiar with the [WHO's ICF framework](#), e.g. via [e-learning](#), which is part of the [INPRO ICF-basic course](#), or get to know the INPRO advanced learning material from [www.inproproject.eu](http://www.inproproject.eu).

[ICF-based tools and practices](#) were developed by INPRO consortium partners from practice settings. Get inspired by how they facilitate person-centred, interprofessional care!

- ...
- ...

## 1.4. Where Are You From?

*“Interprofessional Collaborative Practice in health-care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with persons, their families, carers and communities to deliver the highest quality of care across settings.”*

(World Health Organisation, 2010)

### 1.4.1. Institutional Standpoint

What is the current situation at your job in your work/training environment with regard to person-centred, interprofessional collaborative practice? What professions are involved?

At what levels do they work together? What is the current quality of collaboration?

Watch: [Missed Opportunitites for Interprofessional Practice - YouTube](#) (6:24 minutes)

Promising person-centred, interprofessional approaches are the PEEER model ([Conigliaro et al., 2015](#)) and interprofessional shared decision-making ([Légaré et al., 2011](#)).

What is the aim or strategy of your institution? Is any developmental project planned?

- ...
- ...

### 1.4.2. Motivation and Needs

Why do you want to optimise collaboration? What benefits could it bring (see Chapter 1.1-1.3)?

- ...
- ...

## 1.5. Where Do You Want to Go?

- a) Education of students in practice settings? [-> Read the INPRO SR-IPLW guideline!](#)
- b) Continuing training or development of professionals?

Were you asked to / would you like to teach students or train learning professionals?

Describe how you (aim to) train students or learning professionals at your workplace:

- ...
- ...

**Task, after reflecting all these questions:** Is there a reason for designing IPECP?

\_\_\_ No, everything works well at the moment.

\_\_\_ Yes, there is potential for more!

## 2. Planning Group – Who?

Whom do you want to bring on board on your educational journey?

A good crew needs colleagues with different talents.

Consider a) how much time you all want and need to invest in this process and  
b) in which way an implementation would be feasible.

### 2.1. Who Needs to Be Involved?

Interprofessional collaborative practice can, by its very nature, never be carried out by just one person – therefore, carefully consider in your first planning activities **who could be involved** in the [design & organisation of learning activities \(HPAC, p.13\)](#), e.g.:

- Management / heads
- Administration / offices / IT & I
- Other colleagues / trainers
- Students / learning professionals
- Persons in care at your workplace
- Partner institutions / networks / policy makers / health insurance system, ...

Which professions, clinical fields, stakeholders will be useful in the **core planning team**?

- ...
- ...
- ...
- ...

**Who will contribute** to the planning process for each relevant area to be represented?

In small institutions, all employees may be involved in the process.

For larger institutions, consider how many people from one area should be represented and whether, for example, workshops could be divided into several design stages (Chapter 2.3).

Pay attention to a good distribution of the number of professional years and groups.

### 2.2. Which Resources Are Needed and Provided?

**How much time should be invested?**

How could this be divided?

Are additional working hours required?

Are these provided by the institution?

Is additional funding required?

- ...
- ...
- ...



Visualise a timeline to get an idea for your specific setting, how much time your involved parties will need to design and implement IPECP (of at least one year, if from scratch):

**Needs & ideas   Planning group   Learning outcomes   Content & methods   Detailed strategy   Evaluation**

**Are additional materials / platforms required?** E.g. communication / e-learning platform

Where might difficulties arise in your planning?

Which ideas (1.5) might not be feasible?

Would you be flexible enough to react to difficulties with a change of plan / a plan B?

- ...
- ...

**Is there mutual agreement for providing resources and motivation to make this effort?**

Contact your superior authorities with summarised needs and benefits.

Interprofessional learning requires additional planning and coordination time.

It is important to ensure that needed resources are accepted and financed.

If you get commissioned to coordinate this cooperative project, prepare yourself for an exhausting - yet so rewarding - experience!

## 2.3. What Are Needs of Involved Professions / Stakeholders?

**Management / heads:** Organise at least one meeting and prepare the benefits and aims as identified in chapter 1 to obtain agreement for investing the needed resources (2.2).

You will receive valuable information by asking for their aims, advice, and questions concerning the workflow of institutional organisation and implementation. They may aim for person-centred, effective, efficient, save, timely vs. equitable quality ([Unertl et al., 2010](#)).

**Administration / offices / IT, if needed:** In case you need your institutional services, plan at least one early meeting to identify which steps and time you need to consider.

As an example from INPRO: an administrative checklist was created to consider relevant timeframes.

**Other colleagues / trainers / educators:** Ask your colleagues, planning team, and target group:

Which content, procedure, and conditions would you expect in IPECP learning?

Consider at this point the “Journey of the professional trainer” -> [LINK to a YouTube video by INPRO](#)

**Students / learning professionals:** To what extent can they be involved in the planning process?

Consider at this point the “Journey of the learner” -> [LINK to a YouTube video by an INPRO student](#)

**Person in care at your workplace:** To what extent can they be involved in the planning process?

Consider at this point the “Journey of the person” -> [Interactive visualisation by INPRO](#)



**Task:** Organise an appointment for a **design thinking workshop** with your planning group. It takes place between defining learning outcomes (Chapter 3.) & designing content / methods (4.).

**INPRO example:** You can plan duration, setting, participants, and agenda as follows

A half-day workshop could last about four hours, including at least a 30-minute break. If suitable room(s) and material or collaborative virtual plans which support interactive brainstorming are provided, preferably plan the workshop in a setting the participants are familiar with.

Six to twelve participants with one to three moderators are feasible per workshop. If possible, all stakeholders and professionals of your planning group should be present (worked out in 2.1). Pay attention to diversity of age and experience within each exchanging subgroup.

**Agenda:** Combine general parts with small discussion groups. After 15 minutes of welcome and check-in (e.g. ask for everyone's view / experience with interprofessional collaboration), use additional 15 minutes to explain the design process (**empathise, define, ideate, prototype, test**) and how the first step(s) will be elaborated within the workshop.

This MOOC provides more information: <https://imoox.at/course/DesignThinking>

To discover the aim of IPECP and **empathise** with a potential beneficial, develop a user persona in 20 to 30 minutes. You may refer to a present or a fictitious person, e.g. chosen from a [DIPEX member association](#). Based on this user persona, split into small groups to repeat this process for service personas (per group either learning and/or experienced professional, if needed student, educator and/or institutional deliverer, ...), which might contribute to optimised IPECP for the initially discussed person. Brainstorm and collect every association on possible characteristics, experiences or needs in about 30 minutes.

To **define** a story and frame the possibilities, invite all participants to share the patient persona's most important needs from IPECP in another 30-minute session. It is useful to provide a framework of competencies (e.g. the [INPRO CF](#)), which participants chose from or match. In INPRO, students and educators identified the highest needs of competencies in communication.

After a 30-minutes break, participants are invited to **ideate** creative opportunities in small groups. They may imagine sitting in a café. By telling their "wildest dream", brainstorming ideal interprofessional and person-centred collaborative learning is encouraged.

After 45 minutes and another short break, one participant per small group summarises what she or he heard in the "café" that inspired them. "Dreams" are collected on a flipchart or equivalent, additions may be made by other group members for up to 45 minutes.

Except for structuring / voting for priorities and checkout in final a 30-minute session, follow-up appointments of the core planning team focus on the last design phases. **Prototyping** and detailed planning of how to **test** the developed design(s) are described in Chapter 3. to 6.

### 3. Learning Outcomes and Theories – What?

Choose competencies and learning outcomes relevant to your aims.  
 In INPRO, a competency framework was developed in four languages.  
 It provides a “bunch of flowers”, where you can “pick” learning outcomes.

#### 3.1. Overview: Competencies and Learning Outcomes

There are several existing frameworks, you may identify one especially suitable to you.

- [EIPEN: Key Competences framework \(2020\)](#)
- [CIHC: Canadian Interprofessional Health Collaborative framework \(2010\)](#)
- [Interprofessional capability framework \(Brewer, 2011\)](#)
- [IPA: Interprofessional professionalism assessment \(Frost et al., 2018\)](#)
- [IPCIHC: Interprofessional collaboration in health care \(2018\)](#)
- [IPEC: Interprofessional Education Collaborative \(2016\)](#)
- [RCF: WHO Rehabilitation Competency Framework \(WHO, 2020\)](#)
- [WHO: Framework for action on interprofessional education and collaborative practice \(2010\)](#)

**INPRO example:** the framework [INPRO CF](#) was developed by considering most of these.

**Task:** Take a look in the [INPRO Competencies Framework](#) (Aerts & De Weerd, 2021), consider and select which learning outcomes are most important in your learning setting.

- ...
- ...

**Task:** Talk to your colleagues and target group (e.g. learning professionals or students and patients). Which competencies (and specific learning outcomes) are important to them?

- ...
- ...

You may apply group interviews (example from the previous page)  
 or take a look at the “[journey of the professional trainer](#)” or the “[journey of the person in IPECP](#)”  
 to identify IPECP needs and ideas, motivation, and benefits.  
 Do they match your own needs (1.)?

- ...
- ...

## 3.2. Collaborative Factors, Learning Theories, Principles

Person-centred, interprofessional collaboration is **influenced** by professional-related, patient-related, interpersonal, organisational, or external factors ([Van Dongen et al., 2016](#)).

Professionals may bridge gaps, negotiate overlaps, and create spaces ([Shot et al., 2020](#)).

[Tyson et al. \(2014\)](#) summarised a **framework of multi-disciplinary team meetings** which considers the context, personal contributions, meeting structure and organisation, leadership, team/social climate, meeting outputs, and attributes of successful meetings.

**Teamwork activities** may differ in design and purpose typologies (Reeves et al., 2011):

- **Education-based** interventions with learning objectives/outcomes and activities (e.g. teamwork exercises, simulation, site visits, and placements).
- **Practice-based** interventions to improve how professionals interact in practice (e.g. interprofessional meetings, communication activities / tools such as checklists, processual interventions such as resource management, integrated care pathways, case management, task and role shifting).
- **Organisation-based** interventions for quality improvement, accreditation, and re-organising delivery of care, such as the introduction of staffing policies or guidelines to enhance teamwork or reconfiguration of workspace and promote interaction.
- **Contextual level** interventions are implemented in broader scope and depend on governments, and/or professional regulatory bodies via policies or funding.

You may apply learning theories to design interprofessional, person-centred collaboration, which may match with theories on the assessment of learning (provided in Chapter 6.).

Contributors to the [INPRO Inspiring Didactics](#) described the [Constructivist Learning Theory](#) as well as the [Meta Model of Interprofessional Development \(Reinders, 2020\)](#), [Team-Based Learning](#), [Community-Based Learning](#), [Design Thinking and the Self-determination Theory \(Deci & Ryan, 2008\)](#).

Besides general principles such as humour, interaction, reflection,...

Which of the following summary of [Sottas et al. \(2017\)](#) will you work with to meet needs and learning outcomes?

- Theory-based learning (lecture / exercise on concept / evidence)
- Exchange-based learning (debates, games, problem-solving)
- Activity-based learning (case- / problem-based, research)
- Simulation-based learning (role play, skill training, actors)
- Observation-based learning (job shadowing, observing field)
- Practice-based learning (in a realistic future field of work)

## 4. Content and Methods – How?

Based on the content (defined from needs and learning outcomes, 1.-3.), you consider the provided and aimed for general conditions. Furthermore, you choose specific methods and materials which support the achievement of the learning outcomes. Finally, make sure to match assignments and evaluation (Chapter 6.). Get inspired from existing examples and theories!

### 4.1. General Conditions of the Learning Activity

#### When and where?

Specify intensity and duration by matching the provided and aimed for resources. Dose and type of training correlate with interprofessional interaction ([Stadick et al., 2020](#)).

**Professionals trained “with eight to nine hours** reported the highest attitudes towards teamwork”, while those with ten or more hours reported attitudes which were similarly low “to those with little to no training” ([Stadick et al., 2020](#)).

Interprofessional interaction is highest after combined didactic and experiential training.

Organise the **training / learning locations** depending on your defined learning principles. This may call for a large room as well as facilities for collaborative groups.

**Learning in** personal presence may be combined with virtual presence and / or independent learning. Platforms may be needed to communicate, exchange, and / or collaborate on material.

- ...
- ...

#### Who on what?

Describe now – at the latest – which target groups the designed learning activity addresses.

Will [persons with health questions](#) come along for the journey?

Are any partner institutions involved?

- ...
- ...

Write a general description of your learning activity.

Send a first invitation to possible participants of the upcoming workshop.

Describe the addressed target groups and content.

Register interested participants, (who on their turn) block their calendars (see further Chapter 4.2).

## 4.2. Methods and Materials

**How?** Match methods with (learning) outcomes – look for inspiration and effectiveness!

| Learning outcome / defined competency | Learning method / media / materials | Task for learners | Who provides feedback and how are the outcomes achieved? |
|---------------------------------------|-------------------------------------|-------------------|--|
|                                       |                                     |                   |  |

Examples on the effect of practice interventions: [Martin et al. \(2010\)](#), [Pierce et al., \(2020\)](#)

**INPRO examples:** Take a look at the [Inspiring Didactics](#), [ICF materials](#) and a [guide on the implementation of an interprofessional student-run learning ward](#): [www.inproproject.eu](http://www.inproproject.eu)

### Reflective task:

Do the selected methods represent a good and varied combination?

Ask other colleagues: Would they take part in the course? If not, what are they missing?

What would you do differently?

Is the planning clear? Are tasks clearly defined?

- ...
- ...

## 4.3. Train the Trainers in Being Reflective Coaches

**Task:** Plan a **meeting for all trainers** close to the learning activity to exchange your plans.

A one to three hours workshop is useful **to get accustomed** with the content, methods, materials, and assignments as well as to reflect on one’s role in coaching and giving feedback.

**Within** the activity, you may meet again to exchange on the group and the content.

Take a look at the [Inspiring Didactics “Role of the coach”](#), and the [“journey of the professional trainer”](#)!

What may be expected from an **interprofessional trainer**?

### Individual background:

- Rather developed **professional identity** and social skills, some intrinsic motivation
- **Open mind, flexibility:** embraces comprehensive content and new approaches
- **Trust, safety:** Ready to address own fears or prejudices, makes the implicit explicit (act authentically, recognise the value of uncertainty, that each person is different)

### Organisational background:

- **Time and space** to get in contact and communicate (keep tasks simple, decide well when to act or ask a question / let handle a situation, consider the learning process)
- Respectful **communication** established (also as trainer team as a living role model)
- Clarity of needs, leading to one **shared goal** (e.g. achieving the best for the client)
- Providing **clear tasks** (e.g. cases and questions) and (group) **personalised** feedback

## 5. Detailed Strategy – Where?

Approaching the start of a training activity, it's now about the finishing touches.

By taking the time to plan final details, you gain security and get prepared for eventualities.

This enables you to change plans flexibly, depending on changing needs and conditions.

### 5.1. Finalising a Workbook

- Specify the timetable for learning (add the training type) and breaks for each date
- Add details on the content, methods, tasks, trainers in charge, room number/link
- Organise and prepare final details of materials (presentations, case descriptions, working sheets, collaborative tools, stationery ...) and facilities (e.g. catering, ...)

### 5.2. Giving Specific Information

- Send instructions on how the participants can prepare for the training activity
- You may send the detailed workbook (Chapter 5.1), if this will assist the learning process
- You may send out a questionnaire to obtain information as a baseline of your evaluation and / or to personalise the learning process to existing competencies
- Meet the trainers (persons and partners) to ensure best preparation of all involved
- Clarify the process, reflect on one's role and train on specific content or methods (Chapter 4.3)
- Instruct how to exchange during and to report experiences after the activity

### 5.3. Finalising Groups and Access

- Determine which participants and trainers will take part in which group (if needed)
- Provide final information on accessibility with room numbers or links (in case of a virtual setting)
- Prepare participants lists per block (e.g. name, professional group, signature field)
- Collect not only participation, but also (non-)engagement and in-between feedback
- Check if all enrolled participants will certainly attend (if relevant for the plan)
- Check if all material is prepared / technological functions work out
- Did conditions change? Consider how you may proceed if changes are needed
- Document all changes to the original plan, as they should be included in your report

## 6. Evaluation – Is...

Finally, you get the opportunity to reflect on the process of your educational journey.

### 6.1. Assessment For, Of, and As Learning

#### Where am I going?

Guiding learners in becoming aware of their goals and learning outcomes, facilitates learning. Use evaluation methods that support self-efficacy ([Earl & Katz, 2007](#)).

**INPRO example:** Learners assessed their needs based on competencies of the [INPRO CF](#) framework. Educators of the core planning team chose learning outcomes aligned to the design process and added selected international online collaboration competencies.

### 6.2. Process in Learning Outcomes

#### How am I going?

Assess process on different levels (Kirkpatrick & Kirkpatrick, 2016):

- Reaction: Testing engagement, relevance, or satisfaction
- Learning: Knowledge, skills, attitude, confidence, or commitment
- Behaviour: Monitor, reinforce, encourage or reward “on-the-job learning”
- Results: Measuring leading indicators or desired outcomes (e.g. costs)

**INPRO example:** Diaries, questionnaires, or discussions tested reaction and learning, plus a standardised pre-post assessment (Extended Professional Identity Scale, Reinders, 2020). Peer-, self-assessments, and group observations were applied to assess behaviour regarding the learning outcomes. Results were the feasibility and changes in the activity.

### 6.3. Feed Back and Feed Forward

#### Where to go next?

Think of useful questions to empower self-reflection and learning of the group ([Hattie & Timperley, 2007](#)). Engage the dialogue between learners, learners and trainers as well as among trainers. (Let) collect any ideas for future development.

#### Reflect for yourself and share your thoughts:

If you applied one of the tasks or trained interprofessional learners: What went well?

Were there any (technical) / time difficulties? What would you adapt next time?

- ...  
- ...



Reeves et al. (2010) categorise evaluations for professional teams according to their...

- **...purpose:** formative information (developments), summative information (worth, e.g. participant perceptions, experienced care, care process, impact, economics)
- **...targets of action:** training experiences, consultations, new staff, process change, outcomes (e.g. on collaborative practice, communication, shared decision-making)
- **...types of evidence:** local or generalisable, to understand effects and their factors, to generate and test theories, or to estimate costs, savings, resources, and barriers

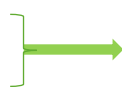
**INPRO:** More inspiring didactics and their findings are shared [online](#). E.g. in an [open forum](#), experiences and understanding of factors or theories were exchanged between partners.

## 6.4. Following Guidelines in Your Report

Document and report the activity and outcomes as early as possible.  
Using guidelines helps interpretation, synthetisation, and replication.

Search in [equator-network.org](http://equator-network.org) or use the [Guideline to Report Evidence-based practice Educational interventions and Teaching \(GREET\) by Phillips et al. \(2016\)](#):

1. Brief and clear name of the activity
2. Applied theory
3. Learning objectives
4. Content
5. Materials (for learners and those used in training of educators)
6. Educational strategies (e.g. lectures, tutorials, online modules)
7. Incentives (e.g. paid course / participation during working hours / ECTS / diploma)
8. Educators (professional discipline, teaching experience/expertise, specific training)
9. Delivery (e.g. face-to-face, virtually or as an independent study package; ratio of learners to instructors / intervention provided individually or in a group)
10. Environment (physical learning spaces, e.g. ward, lecture theatre, online room...)
11. Schedule (including the number of sessions, their frequency, timing and duration)
12. Time learners spent in presence contact with instructors vs. self-directed activities
13. Any planned adaptations made for the learner(s) or group(s)
14. Any unplanned modifications during the intervention (What? Why? When? How?)
15. Attendance of learners, how this was assessed and by whom, facilitating strategies
16. Processes used to determine if materials and strategies were delivered as planned
17. Extent number of sessions, frequency, timing, and duration delivered as scheduled



see Chapter 1  
and Chapter 3



Chapter 4



Chapter 5

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