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Facilitation on Interprofessional Training Wards

Challenges Facing the Facilitator's Role and Tasks and Implications for the Training of Facilitators

ABSTRACT

Placements on interprofessional training wards (ITWs) are a great opportunity for students from different professions to learn interprofessional collaboration in a real ward context. Placements on Mannheim's ITW are mandatory for students of medicine, nursing and physiotherapy. The benefit of ITWs depends on the quality of facilitating interprofessional learning. The teacher's role on ITWs differs from traditional teaching. Teachers are to stay in the background, facilitate interprofessional learning and collaboration while ensuring good patient care and safety. This role change does not come naturally and needs to be made explicit. The question is how teachers can be trained to effectively facilitate interprofessional learning and mastering the challenges on ITWs.

After describing the facilitator's role, tasks and challenges on ITWs, a concept of a short training session for clinical teachers is presented. By explaining, reflecting and discussing the tasks and challenges of facilitators on ITWs, this session aims to onboard new facilitators, enhance facilitation skills awareness and ensure a common facilitation approach to interprofessional learning. The evaluation results show that the concept of the training session was successful as the participants benefited from alternating between input, reflection and discussion. Ideas for improving, extending and transferring such short training sessions are proposed.

Keywords: Interprofessional learning – Facilitator role – Faculty development

ZUSAMMENFASSUNG

Einsätze auf interprofessionellen Ausbildungsstationen bieten Lernenden verschiedener Berufsgruppen die Möglichkeit, interprofessionelle Zusammenarbeit im realen Stationskontext zu lernen und üben. In Mannheim sind Pflichteinsätze im Medizinstudium, in der Pflege- und Physiotherapieausbildung vorgesehen. Allerdings hängt der Mehrwert dieser Einsätze von der Qualität der Supervision (Lernbegleitung) des interprofessionellen Lernens ab. Die Rolle der Lehrenden auf interprofessionellen Ausbildungsstationen unterscheidet sich von der herkömmlichen lehrendenzentrierten Rolle. Lehrende werden auf Ausbildungsstationen zu Facilitator*innen (auch: Supervisor*innen, Lernbegleiter*innen), die die Lernenden aus dem Hintergrund begleiten und dabei eine gute Patientenversorgung sowie die Patientensicherheit gewährleisten müssen. Da dieser Rollenwechsel normalerweise ungewohnt ist, muss er bewusstgemacht werden. Die Frage stellt sich, wie Lehrende zu effektiven Facilitator*innen für interprofessionelles Lernen und die Herausforderungen von Ausbildungsstationen ausgebildet werden können.

Nach der Beschreibung der Rolle, Aufgaben und Herausforderungen der Facilitator*innen wird ein Konzept eines Kurzworkshops für Lehrende vorgestellt. Durch Erklären, Reflektieren und Diskutieren der Aufgaben und Herausforderungen der Facilitator*innen auf Ausbildungsstationen sollen die Workshopziele – neue Facilitator*innen einarbeiten, ein Bewusstsein für die erforderlichen Fertigkeiten der Facilitator*innen entwickeln, einen gemeinsamen Facilitation-Ansatz für interprofessionelles Lernen finden – erreicht werden. Die Evaluationsergebnisse zeigen, dass das Workshopkonzept aufging und die Teilnehmenden von wechselnden Input-, Reflexions- und Diskussionsphasen profitierten. Verbesserungs-, Erweiterungs- und Transfervorschläge solcher Kurzworkshops werden aufgezeigt.

Schlagworte: Interprofessionelles Lernen – Facilitatorrolle – Fortbildung für Lehrende

Introduction

The importance of health professionals being able to work interprofessionally increases as health care becomes more and more complex and high-quality patient care, e. g. for chronic disease patients or elderly patients, cannot be provided by a single profession nor without collaboration (JACKSON, BLUTEAU & FURLONG 2013; WACKERHAUSEN 2009). Thus, students of different health professions are required to learn and train together to acquire competencies necessary for interprofessional collaboration (SOTTAS ET AL. 2020).

Clinical placements on interprofessional training wards (ITWs) are considered a suitable way for future health professionals to develop these competencies by experiencing and practicing interprofessional collaboration on an authentic hospital ward (OOSTEROM ET AL. 2019). ITWs are well established in Scandinavia (JAKOBSEN 2016; OOSTEROM ET AL. 2019) and are increasingly implemented in the German-speaking countries. These ITWs offer students the opportunity to provide comprehensive patient care as an interprofessional team (JAKOBSEN 2016), applying a participatory, collaborative and coordinated approach to shared decision-making around health and social issues (WHO 2010). An interprofessional facilitator team consisting of clinical teachers and instructors of each participating profession supervises the student teams and assures patient safety (OOSTEROM ET AL. 2019). As facilitation is key to interprofessional education, clinical teachers and instructors need to modify their traditional teacher role (CARLSON, PILHAMMAR & WANN-HANSSON 2011). The need for training clinical teachers and instructors specifically for interprofessional education has long been identified (IPEC 2011) but there is little guidance available and often limited to general recommendations on how to prepare facilitators involved in interprofessional learning (e. g. BODE ET AL. 2021, FREEMAN, WRIGHT & LINDQVIST 2010, WATKINS 2016). However, there are several ways to support future facilitators adopting their new role (e. g. GAUTHIER & WAQAR 2021):

— teacher trainings (ideally with role plays, examples or videos of typical educational situations in which facilitation differs from traditional teaching),

— structured reflection of own teaching and attitudes,
— shadowing of experienced facilitators and discussing facilitation challenges and practices,
— feedback from colleagues and students when giving facilitation a try.

Facilitation is a student-centred, constructivist approach supporting experiential learning: on ITWs, students are to immerse themselves in their professional role, integrate into the interprofessional student team, contribute their knowledge and skills in real clinical situations, revisit, review, reflect on, interpret and draw conclusions from their observations and actions and test new behavior (KOLB 1984). This requires a change of the teacher's role from being an expert, who directs learning by providing knowledge and skills, to being a facilitator whose aim is to support student learning (CARLSON, PILHAMMAR & WANN-HANSSON 2011). Facilitation includes delegating a part of the responsibility for the learning process to the students and making them accountable for their learning outcomes (CHUR 2011). To change from teaching to facilitating, teachers and instructors need to understand the demands posed on facilitators on ITWs and realize that the shift in roles depends largely on the reflection of their attitude towards teaching and their willingness to make that change. This leads to the question of how clinical teachers and instructors can be trained to effectively facilitate interprofessional learning and mastering the challenges on ITWs.

To answer this, first, the main challenges of facilitation on ITWs are explained below. Then, the background of Mannheim's ITW, the need for a specific facilitator training and the development and implementation of the concept of a short training session are described. The evaluation results are presented and discussed and ideas to improve the concept of the short training session or to adapt it for follow-ups or transfer to other faculty development topics are proposed.

Facilitation on ITWs

An ITW can be part of any medical department (e. g. surgery, orthopaedics, paediatrics, gastroenterology) and its patients can be there to undergo acute or elective treatment. Interprofessional student teams, usually consisting of 4-6 medical students and 3-4 nursing students, sometimes additionally 1-2 students of physiotherapy or occupational therapy if available, are responsible for their patients. Most students are in their last or second to last year of study.

Facilitators on ITWs need to be experienced health care practitioners in the respective medical department, educators, and communicators. They mainly stay in the background and encourage, observe and evaluate the interprofessional student teams to develop and execute concerted and coordinated treatment plans for each patient (SOTTAS ET AL. 2020). The facilitator's unobtrusive presence in the background allows the students to take on their professional role within the student team, assume responsibility for their patients and be the

health professionals in charge. Since students differ e. g. in their personality, their level of knowledge, their personal and professional experience, facilitators must identify the level of each learner's professional and interprofessional competence and adapt their guidance accordingly. For this, facilitators have to evaluate a learner's level of knowledge about diseases, their diagnostics, treatment, documentation and the level of the relevant professional skills. They identify a learner's level when observing the information exchange at handovers, ward rounds, interprofessional meetings and the way of taking care of patients etc. and check whether the identified level matches the level of professional education expected for the placement. Thus, facilitators have to be close enough to witness everything, but far enough to accentuate that the students are in charge. If a facilitator notices in conversation and from observation that a learner's level of (inter)professional competence is lower than expected, the facilitator and learner should agree on further individual learning objectives (e. g. researching a certain disease, medication, treatment/therapy options, practicing of clinical skills with peers) and how to achieve them in order to benefit from the ITW placement.

However, on ITWs facilitators are not only responsible for facilitating student learning and collaboration, but also for assuring good care and patient safety (Sottas et al. 2020). Due to the dual responsibility and unpredictable patient care situations (e. g. emergencies, patient deterioration, patient's absence from the ITW due to diagnostic interventions), facilitators on ITWs are expected to find acceptable ways of facilitating student learning while assuring good patient care. The main challenges for clinical teachers and instructors when required to become a facilitator on an ITW are described below.

Act on teachable moments

Apart from formal interprofessional time slots in the daily ITW routine, such as meetings or ward rounds for clinical reasoning and decision-making, there are spontaneous, authentic, informal occasions that facilitators can explore for interprofessional learning and collaboration. As these occasions arise without foreknowledge, quick thinking and deciding to take advantage of a challenging situation instantaneously are demanded from the facilitators (Wray 2020). These opportunities, the so-called teachable moments, play an important role in professional and personal development (Wray 2020). These occasions can be used for enhancing knowledge, skills and/or illustrating certain attitudes. Facilitators could e. g. pose open-ended questions, initiate peer-teaching or reflection on experience and knowledge. While scheduled meetings usually offer time and opportunities to act instantly, it may be different in clinical situations, especially as some teachable moments should not be pursued in the patient's presence, need deeper consideration or concern the whole student team. If a teachable moment cannot be seized immediately, the facilitator should evoke the clinical situation in the next interprofessional meeting and start a discussion. Alternatively, the issue could be addressed by planning an interprofessional activity (e. g. nursing and/or medical

students observing and comparing the physiotherapy student's technique for bandaging the legs). Identifying and acting upon teachable moments are an important skill in facilitating professional understanding (CARLSON, PILHAMMAR & WANN-HANSSON 2011). Teachable moments arise when a facilitator realizes that e. g. a technical term used or a treatment method proposed by a student is not known or understood by the fellow students and then develops a learning opportunity out of the situation. Facilitators need to be experienced to detect these occasions and immediately think the options through how to stimulate learning (e. g. asking to share explanations, clarify the line of reasoning or demonstrate a therapeutic technique) while weighing up the educational benefit and patient care. Trainings, shadowing of experienced facilitators and feedback can help facilitators in handling teachable moments as will be elaborated upon below.

Endure being inactive

It is important for facilitators *not* to intervene immediately when observing situations that are not handled expertly (LEKALAKALA-MOKGELE 2006), e. g. because students lack certain information or skills to adequately tackle the situation with the patient. Similar to deliberately using intentional silence (KANER 2014), facilitators need to give the student teams time to sort things out on their own, even if it is not as efficiently done as experienced health professionals would do. This self-imposed inaction is usually not easy to endure as this approach differs from traditional teaching (i. e. encouraging students to find solutions on their own instead of providing expert knowledge and correct answers or giving instructions). Literally keeping one's hands behind the back is a posture that can signal and support the facilitator's attitude of only interfering if the patient safety is at risk. Giving the students enough time to interact and find shared solutions allows experiencing forms of interprofessional collaboration and improved patient care which can be discussed later in group reflection. However, facilitators have to step in immediately when an emergency situation calls for a prompt reaction to ensure patient safety (SOTTAS ET AL. 2020).

Pose the right questions

Facilitators need to get a feeling for how to facilitate interprofessional learning and collaboration by posing the right questions. Instead of giving ready-made answers to clinical problems, they should ask open-ended and probing questions. These can promote higher-order thinking (e. g. synthesizing and analyzing information) and enable the development of problem-solving and clinical reasoning skills (e. g. evaluating processes and outcomes), always focusing on the patients' needs (CARLSON, PILHAMMAR & WANN-HANSSON 2011; LAKE, VICKERY & RYAN 2005). These questions (e. g. Which information is needed when and from whom to decide on the next steps? What would happen if the patient …?) activate learning processes by engaging

the students to find solutions through interacting and contributing knowledge and skills of different professions to clinical reasoning (LAKE, VICKERY & RYAN 2005).

Facilitators support the student teams to develop a shared framework of understanding, find a common language and bring structure to different ways of thinking and solving patient problems (KANER 2014). Reflection and dialogue on interprofessional collaboration play a major role on ITWs (CARLSON, PILHAMMAR & WANN-HANSSON 2011; LAKE, VICKERY & RYAN 2005). Reports of students' personal experiences of interprofessional interactions allow to reflect on the different professional perspectives and to discuss how to integrate them to improve collaboration.

A positive learning environment in which everybody feels valued, cared for and safe to speak up helps the students to feel that each of them has something to contribute and share (ROGERS 2001). Facilitators can help to create such an environment, e. g. by paying attention that all students get to know each other by name, treat and interact with each other with respect, allow time for all to participate in the discussions and avoid that individual students play a dominant role (BURGESS ET AL. 2020). This is fundamental for understanding and practicing collaboration, allowing discussions of sensitive topics such as mistakes, conflicts, hierarchy or overload. Guiding these discussions (e. g. starting with a provocative remark, asking students to take on, comment on or discuss different perspectives) involves posing the right questions and continuously use reflective dialogue. However, it can also demand from the facilitators to share own experience of positive and negative interprofessional collaboration.

Be a role model

Although facilitators are to stay mainly in the background, they need to be aware of being role models (CARLSON, PILHAMMAR & WANN-HANSSON 2011). It is the way the facilitator team collaborates with the student teams that makes them role models: stimulating to positively interact with other professions and speaking respectfully about the knowledge and skills of other professions. It is obvious that the facilitator team has to set a good example and demonstrate productive interprofessional collaboration in order to be recognized as an authentic role model (CARLSON, PILHAMMAR & WANN-HANSSON 2011). For this, discussions among the facilitators need to take place in front of the students in a respectful way. As interprofessional collaboration does not usually happen automatically (OOSTEROM ET AL. 2019), it is helpful to show the students when and how to approach the other professions and to encourage them to actually do it, e. g. by proposing collaborative activities that make professional responsibilities evident (CARLSON, PILHAMMAR & WANN-HANSSON 2011). It is useful to consult fellow facilitators when unusual interprofessional issues arise or role modelling in front of the students fails and a course of action is needed. Above all, facilitator

teams should schedule regular meetings to negotiate, recall and revise the roles, tasks, responsibilities and attitudes. This can help to assure that all respect and act according to the ITW's mission.

Interim conclusion

Successful facilitation on ITWs demands a shift in mindset from clinical teachers and instructors (LEKALAKALA-MOKGELE 2006) as well as the willingness to modify their teaching behavior. As this change usually does not come naturally, knowledge about the facilitator's role and its challenges need to be made explicit to teachers and instructors, ideally in specific trainings (LEKALAKALA-MOKGELE 2006).

Implications for the Training of Facilitators on Mannheim's ITW

Clinical teachers and instructors have usually been trained monoprofessionally and are used to only educate students of their own profession, thus, they have little to no experience to reflect on and facilitate interprofessional learning and collaboration. Therefore, they need specific training to enable them to become 'effective educators in team-based and collaborative models of care' (THISTLETHWAITE & VLASSES 2021: 152). The general concept of training facilitators on ITWs (Bode et al. 2021) can serve as a starting point but it is not sufficient, as effective trainings have to be specifically adapted to the participants, their needs, the local conditions and the timeframe available for the training.

MIA (Mannheimer Interprofessionelle Ausbildungsstation), the ITW at University Medical Centre Mannheim, has been running in the department of gastroenterology with interprofessional student teams consisting of medical students, nursing trainees and physiotherapy trainees since 2017. Preparatory to the start of MIA, a very experienced facilitator of a Swedish ITW provided a six-hour training for the MIA facilitator team. However, over the time, the facilitator team has changed several times. Hence, in July 2021, a training session was scheduled for clinical teachers and instructors from medicine, nursing and physiotherapy forming the new facilitator team on MIA. They were to (re-)develop a shared understanding of running MIA and ensure the expected student learning outcomes together. The aims of the training session were to

- onboard new facilitators and forming a MIA facilitator team
- enhance the participants' awareness of facilitation skills needed on MIA including the facilitator's challenges mentioned above
- ensure a common facilitation approach to interprofessional learning and collaboration.

Methods

A short, participant-centered training session was developed for the MIA facilitators that took the participants' level of knowledge about MIA and facilitation experience with interprofessional learning and collaboration into account. The most important topics to be covered were identified, the respective learning objectives defined, suitable teaching methods, the overall structure of the session and the presenter's role were chosen (see tables 1 and 2 for details). The training applied the so-called sandwich principle with alternating individual and collective learning phases to encourage active learning while respecting individual factors such as previous knowledge and experience and personal interest (KADMON ET AL. 2008). By engaging the participants actively using different teaching methods, they were to gain a deeper level of understanding and motivation (KADMON ET AL. 2008). After the training session, the presenter conducted a critical self-review on the content, structure, her role and handling of spontaneous situations. Also oral participant feedback was taken into account.

Planning and Implementations

Due to the facilitators' regular commitments in patient care, a short, two-hour training session was considered suitable. The training session targeted clinical teachers and instructors from medicine (4), nursing (4) and physiotherapy (1). The target group was very heterogeneous due to different levels of previous knowledge about and facilitation experience on MIA (one month – four years). The training session was to bridge the gap between fairly new and quite experienced MIA facilitators from the professions, relying on a form of peer-tutoring. Apart from explaining the concept of ITWs and MIA's particularities and administrative matters, the facilitator's main challenges, i.e. using teachable moments, enduring inactivity, posing questions, role modelling, were selected for their relevance for the transition from traditional clinical teaching to facilitating interprofessional learning and collaboration in a team. The presented facilitator's tasks and challenges were to be discussed among the participants. The participants with more facilitation experience were asked to contribute sample situations or strategies for illustration. Five learning objectives were defined for the training session (Table 1, next page).

Learning objectives
After the training session, the participants …
…can describe the MIA concept including the routine and the required administrative matters.
…can explain the difference between teaching/instructing and facilitating student learning.
…can name the facilitator's tasks and challenges and know how to adequately respond to and act upon difficult situations.
…can give examples of good interprofessional collaboration on a ward.
…are able to apply, reflect, evaluate, discuss and change the facilitation team approach on MIA.

Table 1
Learning objectives of the training session for MIA facilitators

The concept of the training session was based on the sandwich principle (Table 2). Thus, phases of giving or recapitulating information about MIA alternated with phases of reflecting on and discussing facilitation issues on MIA. With this structure, the presenter's role alternated. This changing role aimed to sensitize the participants for the difference between traditional teaching to facilitating.

min.	intention	content	method/interaction
10	Stating learning objectives	Welcome and stating the aims of the training session	presenter‘s talk
	self-introduction of participants	Getting to know each other (who, which role on MIA, level of MIA experience)	
10	Activating prior knowledge on interprofessional collaboration	Eliciting prior knowledge about the participants' understanding of good interprofessional collaboration (examples from everyday ward life)	think & share for brainstorming: reflection, group discussion
10	Establishing the same level of knowledge about MIA	Giving an overview of MIA: educational concept, routine, conditions	presenter‘s talk
15	Imparting knowledge about facilitation	Explaining the facilitator's role, tasks and challenges (teachable moments, inactivity, questions, role modelling)	presenter's talk, group discussion and presenter's summary
45	Putting theory into practice, sharing of best practices	Elaborating facilitation processes/rules by means of example situations on MIA	group discussion
15	Providing the basis for forming a facilitator team	Expressing and discussing of individual expectations and demands made on co-facilitators and teamwork	think & share: individual reflection,

min.	intention	content	method/interaction
			group discussion, presenter's summary
10	Imparting administrative matters relevant for facilitators	Presenting/recapitulating conditions of MIA placements	presenter's talk
5	Drawing personal conclusions	Expressing the most important facilitation aspect learned and to be pursued as MIA facilitator	think & share: individual reflection shared with group
	encouraging frequent/regular exchange	Farewell	

Table 2
Concept of the training session for MIA facilitators

Presentation slides guided through the training session. Depending on the phase, the slides provided either information or stimuli for reflection and discussion. The presenter was to make sure that at the end of the training session that

- all participants had the same knowledge of the MIA concept and facilitation which they could describe,
- discussions on how facilitation can be put into practice on MIA were productive,
- ideas of mutual support and communication among the facilitator team members were generated and
- results from the discussions on facilitation were summarized and individual take-home messages were produced.

Results

In mid-September 2021, the two-hour training session for MIA facilitators took place with a smaller number of participants than expected.

Profession	**Facilitation experience on MIA**			
	1 month	4 months	4 years	total
Medicine	1			1
Nursing	2	1		3
Physiotherapy			1	1

Table 3
Overview of participants according to profession and MIA experience

Due to the fact that most of the more experienced MIA facilitators did not participate in the training session, some methods planned were not reasonable and had to be adapted spontaneously. For example, as parallel interprofessional group work on different topics and learning through input from more experienced peers were not possible, the participants prioritized the proposed topics and selected one for a plenary discussion. Therefore, the discussion of one facilitation topic with all participants served as an example to encourage discussions in future team meetings arranged by the facilitator team itself.

The presenter's self-review showed that all participants actively contributed to the different topics and discussions, often giving examples from their experience. Communication was respectful and focused. The information and explanations by the presenter, e. g. the basic facilitation principles and challenges, served as introductions to the different topics and stimulated reflection. The observations and intensive discussions among the participants seemed to support the formation of a facilitator team with a common understanding of how to facilitate interprofessional learning and collaboration on MIA. The idea that the presenter serves as a facilitator when alternating between providing input and stimulating and guiding reflection and discussions among the participants worked out as planned. The participants confirmed the impression from the presenter's self-review of the training session. Oral feedback when drawing personal conclusions at the end of the training session showed that the input, reflection and discussion of the MIA concept, facilitation-in-action and ways of how to become and remain a good MIA facilitator team were appreciated. Participants mentioned e. g. a better understanding of the MIA concept and certain routines, the relevance of the facilitator team and the regular attention and reflection that is needed for its optimal functioning. However, the two-hour training session seemed to be too short as interesting discussions needed to be stopped by the presenter to address all relevant content defined by the learning objectives.

Discussion

Looking at the results from the presenter's self-review and the participant feedback, most of the learning objectives seemed to be achieved. Apparently, the session was especially useful for the fairly new facilitators. The structure of the training session with alternating phases of input from the presenter and phases of active participant engagement was successful. However, as most of the more experienced MIA facilitators did not participate in the training session, valuable peer-tutoring, e. g. contribution of useful first-hand experience on MIA, would have probably provided deeper insights and guidance for the new facilitator team.

Discussions on what to expect from the co-facilitators and how to find ways to become and grow as a facilitator team led to agreed decisions why, how and when to arrange facilitator team meetings. The participants considered this topic essential because facilitation of

interprofessional learning on MIA demands from the facilitators to act according to the facilitator team's defined framework. Thus, the facilitators need to find a common approach to facilitation including guidelines of how to handle certain situations. Although some discussions had to be broken off due to time restrictions, the two-hour time frame of the training session was considered adequate because regular facilitator team meetings also allows to continue and expand the discussions started in the training session. This requires that follow-up meetings are regularly scheduled and all facilitators take the time to participate and get engaged in the discussions. Otherwise, facilitators, especially the rather new ones, would have profited from an extended, at least three-hour training session with a short break in between for informal exchange.

As mentioned above, instead of finishing the training session by the presenter giving a summary, the participants were asked to individually reflect on their learning and draw personal conclusions by stating the aspect they want to focus on most as a facilitator on MIA. These concluding personal take-home messages spoken aloud also transmitted a certain commitment of each facilitator to his/her task, role and the team.

An idea for another training session or a follow-up is to illustrate the tasks and challenges of facilitation by using sample situations that facilitators can be and/or have been faced on ITWs (see Figure 1, next page). This can stimulate the participants to reflect and discuss the described facilitator's behavior. Even a course of action for similar situations could be agreed upon.

Example of facilitating interprofessional collaboration

In preparation of the ward round, a medical student reports laboratory values and starts discussing them with the medical facilitator. The physiotherapy facilitator realizes that neither the nursing student nor physiotherapy student can follow or understand the discussion. The facilitator decides to wait and see whether the nursing student or the physiotherapy student speaks up and asks for clarification. As nothing happens after a while, the physiotherapy facilitator interferes and tells the medical student that she cannot follow the discussion and asks to explain what the laboratory values mean for the patient's treatment, why and if they are important to discuss now. The medical student explains that the high creatinine level is important because it means that the patient needs dialysis. She adds that she will ask the medical facilitator later about the interpretation of the other values. The medical facilitator agrees that it would not be appropriate to keep the other professions and the patients waiting.

Facilitator:

- ✓ endured inactivity up to a certain point
- ✓ served as a role model for respectful interprofessional communication
- ✓ posed questions promoting higher-order thinking by asking for synthesis, analysis and even evaluation (i.e. reflect on the other professions' perspectives, e.g. if this discussion is necessary in this moment and with this interprofessional group)
- ✓ explored a teachable moment of interprofessional learning and collaboration

Figure 1
Example regarding facilitation of interprofessional collaboration

A self-review and oral feedback by the participants are not objective measures for evaluating a training session. Since the opportunity was missed in the planning of the training session to collect specific data to find out if the participants achieved the learning objectives, the presented findings lack a certain statistical robustness. Thus, evaluation needs to be improved for future training sessions. A suitable form of evaluation could be a self-assessment by the participants, which would be revealing for the participants (indicating their learning outcome) as well as for the presenter (indicating the effectiveness or usefulness of the training session). This could be realized e. g. in the form of a 2-minute-paper with the learning objectives reworded as "I can …"/"I am able …" statements to be assessed by the participants using a Likert scale of agreement. This self-assessment could even be expanded to address the learning about facilitation in more detail, e. g. the facilitator's tasks and challenges and adequate ways to respond to and act upon difficult situations. Such self-assessment could also be a tool to support facilitators beyond the training session to revisit, review, reflect and develop their facilitation skills regularly on an individual basis. The self-assessment results, if shared, could also serve as basis to develop follow-up training sessions. Items e. g. selected and reworded from the Interprofessional Facilitation Scale (cf. SARGEANT, HILL & BREAU 2010: 129) that was developed to assess various aspects of interprofessional facilitation could be added (number of the respective item of the Interprofessional Facilitation Scale is mentioned in brackets):

— I can role model positive interactions with other health professionals and how professionals can work together, for example, by working collaboratively with the co-facilitator. (Item 3)
— I can create a learning environment in which the principles of interprofessional education are demonstrated or clearly explained (e. g. do not focus on one provider group; acknowledge all professionals' contributions; acknowledge, respect, celebrate diversity in group). (Item 4)
— I can openly encourage participants to learn from other health providers' views, opinions, and experiences (e. g. ask questions that generate free exchange of ideas, openness, and sharing among all professions). (Item 5)
— I can use learning and facilitation methods that encourage participants from different professions to learn with, from, and about each other (e. g. icebreaker games, case studies, group discussions). (Item 6)
— I can ask questions to encourage participants to consider how they might use each other's professional skills, knowledge, and experiences. (Item 15)

This self-assessment introduced as a tool in the training session and individually repeated over time by the facilitators (e. g. in facilitator team meetings) allows a longitudinal comparison of the results. This can give facilitators an indication of their development of facilitation skills. It can also serve to realize which facilitation skills need improvement and should be dealt with e. g. in follow-up or refresher trainings.

Conclusion

Facilitators on ITWs need to get used to the constant double challenge to juggle their educational mission to enable students to develop competencies for successful interprofessional collaboration and their clinical mission to assure good patient care and safety. Therefore, it is helpful to have facilitator teams to face and meet these challenges together using a common approach. As the student learning experience depends on the quality of the interactions with fellow students and facilitators, clinical teachers and instructors must be proficient in facilitating interprofessional learning and collaboration on ITWs. Apart from regular meetings of the facilitator team to discuss current issues, short, well-designed, specific, participant-centered training sessions at longer intervals allow for a guided development of the individual facilitators and the facilitator team. These sessions can contribute to train new facilitators, integrate them into existing facilitator teams and continuously assure a common interprofessional facilitation approach on ITWs. The present concept of a short, straightforward training session can be adapted to design follow-ups for facilitators or to address other faculty development topics.

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Bibliography

Bode, S. F., Hinrichs, J., Ballnus, R., Straub, C., Mette, M. 2021. "Schulungskonzept für Lernbegleitende auf interprofessionellen Ausbildungsstationen", in: *PADUA–Fachzeitschrift für Pflegepädagogik, Patientenedukation und-bildung*, pp. 45–50.

Burgess, A., van Diggele, C., Roberts, C., Mellis, C. 2020. "Facilitating small group learning in the health professions", in: *BMC Medical Education*, 20:2, pp.1–6.

Carlson, E., Pilhammar, E., Wann-Hansson, C. 2011. "The team builder: The role of nurses facilitating interprofessional student teams at a Swedish clinical training ward", in: *Nurse Education in Practice*, 11:5, pp. 309–313.

CHUR, D. 2011. “Developing key competences in higher education”, in: BAUDER-BEGEROW, I., SCHÄFER, S. (Eds.) *Learning 9-11 : teaching for key competences in literary and cultural studies*. Heidelberg, pp. 52–73.

FREEMAN, S., WRIGHT, A., LINDQVIST, S. 2010. “Facilitator training for educators involved in interprofessional learning”, in: *Journal of Interprofessional Care*, 24:4, pp. 375–385.

GAUTHIER, L., WAQAR, Y. 2021. “High Impact Learning for Facilitator Training and Development”, in: *International Journal for the Scholarship of Teaching and Learning*, 15:1, 6.

JACKSON, A., BLUTEAU, P., Furlong, J. 2013. “Interprofessional working in practice: Avoiding a theory-practice gap“, in: *International Journal of Practice-Based Learning in Health and Social Care*, 1, pp. 90–92.

IPEC (INTERPROFESSIONAL EDUCATION COLLABORATIVE EXPERT PANEL). 2011. *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Interprofessional Education Collaborative.

JAKOBSEN, F. 2016. “An overview of pedagogy and organisation in clinical interprofessional training units in Sweden and Denmark“, in: *Journal of Interprofessional Care*, 30:2, pp. 156–164.

KADMON, M., STRITTMATTER-HAUBOLD, V., GREIFENEDER, R., EHLAIL, F., LAMMERDING-KÖPPEL, M. 2008. “The sandwich principle–introduction to learner-centred teaching/learning methods in medicine“, in: *Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen*, 102:10, pp. 628–633.

KANER, S. 2014. *Facilitator's guide to participatory decision-making*. San Francisco: John Wiley & Sons.

KOLB, D. A. 1984. *Experiential Learning: Experience as the Source of Learning and Development*. New Jersey: Prentice-Hall.

LAKE, F. R., VICKERY, A. W., RYAN, G. 2005. “Teaching on the run tips 7: effective use of questions“, in: *The Medical Journal of Australia*, 182:3, pp. 126–127.

LEKALAKALA-MOKGELE, E. 2006. “Facilitation as a teaching strategy: experiences of facilitators“, in: *Curationis*, 29:3, pp. 61–69.

OOSTEROM, N., FLOREN, L. C., CATE, O., WESTERVELD, H. E. 2019. “A review of interprofessional training wards: Enhancing student learning and patient outcomes“, in: *Medical Teacher*, 41:5, pp. 1–8.

ROGERS, C. R. 2001. “The interpersonal relationship in the facilitation of learning“, in: HARRISON, R., REEVE, F., HANSON, A., CLARKE, J. (Eds.). *Supporting lifelong learning Volume I*. New York: Routledge, pp. 25–39.

SARGEANT, J., HILL, T., BREAU, L. 2010. "Development and testing of a scale to assess interprofessional education (IPE) facilitation skills", in: *Journal of Continuing Education in the Health Professions*, 30:2, pp. 126–131.

SOTTAS, B., ET AL. 2020. *Handbook for Tutors on Interprofessional Training Wards*. Stuttgart: Robert Bosch Stiftung.

THISTLETHWAITE, J. E., VLASSES, P. H. 2021. "Interprofessional education", in: DENT, J., Harden, R. M., Hunt, D. (Eds.). *A Practical Guide for Medical Teachers, E-Book*. Elsevier health sciences, pp. 147–154.

TREDE, F., MCEWEN, C., SHEEHAN, D. 2013. "Investigating what constitutes an effective workplace learning environment: A scoping review of the role physical and material elements play in student learning", in: *Journal of Cooperative Education and Internships*, 47:1, pp. 94–105.

WACKERHAUSEN, S. 2009. "Collaboration, professional identity and reflection across boundaries", in: *Journal of Interprofessional Care*, *23*, pp. 455–473.

WATKINS, K. D. 2016. "Faculty development to support interprofessional education in healthcare professions: A realist synthesis", in: *Journal of Interprofessional Care*, 30:6, pp. 695–701.

WHO - WORLD HEALTH ORGANIZATION. 2010. *Framework for action on interprofessional education and collaborative practice.* Geneva: WHO.

WRAY, N. 2020. *An Exploration of Teachable Moments in University Sport*. Dissertation: Université d'Ottawa/University of Ottawa.

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