Interprofessional Education Lab Manual And Workbook

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GERALDINE TERRY

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Interprofessional Education Lab Manual and Workbook
   By Geraldine Terry

Foreward

This laboratory manual was designed to educate and develop integrated healthcare practices essential in delivering person-centered care. Participants will develop their ability to distinguish the role of their own profession and other healthcare professionals collaborating in the care coordination and case management of patients. The content and team-oriented activities in this manual provide guidance on advancing leadership and communication principles necessary for effective interprofessional communication and team collaboration. The well-researched material is tailored to build on the strengths of participants, while also identifying and encouraging areas for improvement.

I have had the privilege of participating in Integrated Team Health Care as both a nursing student and as a Teaching Assistant. The knowledge provided has developed my ability to utilize my strengths to be an increasingly effective member in collaborative care teams. Additionally, the content inspired introspection on important practice concepts such as communication practices, personal values, and implicit biases that shape my care delivery.

A great deal of research, effort, and care has gone into curating the well-rounded content provided in this manual. I encourage participants to capitalize on the many opportunities provided in this manual to develop a nuanced understanding of their role in integrated health care teams, and to grow versatile leadership skills necessary for the delivery of high-quality person-centered healthcare. I wish you all the best as you continue your healthcare professional journey.

—-Joshua Selwyn

Preface

This textbook was developed over ten years of scholarship with the significant focus of teaching interprofessional education from the lens of instructor/facilitator for healthcare professional students. The work reflects my view as both physician and nurse. Therefore, it does not reflect the perspective of only one profession or apply to only one healthcare profession. The textbook is being offered as a means to sustain this body of knowledge as well as offers learning activities that promote competency in interprofessional practice. During the process of learning about, with, and from interdisciplinary faculty teaching teams, content concerning interprofessional education and collaborative practice (IPECP) as well as best practices of pedagogy have been reviewed, piloted, and revised.

This open education resource (OER) offers the background to the intentional study of the principles of teamwork and interprofessional practice and their importance to the future of healthcare. Why do healthcare professionals need to practice interprofessionally? According to Bridges, Davidson, Odegard, Maki, and Tomkowiak (2011):

> Today's patients have complex health needs and typically require more than one discipline to address issues regarding their health status. In 2001, a recommendation by the Institute of Medicine Committee on Quality of Health Care in America suggested that healthcare professionals working in interprofessional teams can best communicate and address these complex and challenging needs. This interprofessional approach may allow sharing of expertise and perspectives to form a common goal of restoring or maintaining an individual's health and improving outcomes while combining resources (p. 1).

The lessons and lab exercises that comprise this OER address the foundational education for interprofessional practice, identified by Interprofessional Education Collaborative (IPEC) that was created

in 2009 when six national educational associations of health professionals,

> "...formed a collaborative to promote and encourage constituent efforts that would advance substantive interprofessional learning experiences to help prepare future health professionals for enhanced team-based care of patients and improved population health outcomes" ((Ostermeyer, 2015, para 1).

This collaborative brought together higher education from various medical fields, providing interprofessional collaboration to guide professional schools. The idea behind IPEC is that students have a more well-rounded education, are more able to work as a part of a team and can work interprofessionally. According to the World Health Organization, "Interprofessional education occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes" (2010). Once students understand how to work interprofessionally, they are ready to enter the workplace as a member of the collaborative practice team. This is a key step in moving health systems from fragmentation to a position of strength.

The intended audience for this OER is "students," but students are not limited to healthcare profession students. The population of students could include pre-professional healthcare students as well as current healthcare providers that have not already completed professional development concerning the toolkit for interprofessional practice.

The main body of this OER is divided into two parts: lessons and lab exercises. There are ten lessons that concern the IPEC Domains of Values/Ethics, Roles/Responsibilities, Interprofessional Communication, and Teams/Teamwork. There are one to three lessons devoted to each of these domains. Additionally, there is content concerning conflict management, bullying and incivility, polarity thinking, and structural competency. Each lesson is organized to include a Learning Guide that outlines objectives, competencies, definitions, and a curated collection of sources that have a companion study guide. The sources are Web links to online

content that can be a journal article, an online blog or content at an organizational website, a video, or chapter in a book.

Meanwhile, the second part of this OER is comprised of twenty lab exercises. There are two to six lab exercises that could apply to each lesson. There is no specific alignment with a particular lesson found the the first part of the OER. Rather, the lab exercises were designed to apply knowledge and demonstrate competency of the IPEC Domains. Each lab exercise includes objectives and/or IPEC Sub-competencies, instructions, the activity to be completed, and a rubric. The activity can be a reflection, case analysis, or worksheet. These lab exercises have been piloted as both in-person flipped classroom activities as well as written assignments. The lab exercises offer opportunity for both individual and group work. On closer examination, instructors can easily adapt the exercises to meet the needs of their student population and settings.

Supplemental sections to this OER include Glossary Terms and Bibliography. The Glossary Terms are a compilation of the definitions found in each lesson. Meanwhile, the bibliography is a lengthy list of sources cited in the OER as well as influential sources that contributed to the expert knowledge gained and required to develop the lessons and lab exercises that comprise this OER.

Lastly, this OER is intended to be used as both a whole and in parts. Meaning, that the whole of The Interprofessional Education Lab Manual and Workbook can be accessed via downloading the whole OER. Alternatively, a specific lesson or lab exercise can be accessed via a Web link. Therefore, students and instructors are encouraged to pick and choose what is appropriate for their professional development needs.

PART I
LESSONS

Test: this part has the lessons!

1. Values and Ethics (Interprofessional)

LEARNING GUIDE: VALUES AND ETHICS (INTERPROFESSIONAL)

OVERVIEW

This lesson is a review and offers background to the principles of teamwork and interprofessional practice. There is optional content concerning personal values that provides a context for professional values and ethics common among healthcare professions.

Why do we need to practice interprofessionally? "Today's patients have complex health needs and typically require more than one discipline to address issues regarding their health status (1). In 2001, a recommendation by the Institute of Medicine Committee on Quality of Health Care in America suggested that healthcare professionals working in interprofessional teams can best communicate and address these complex and challenging needs. This interprofessional approach may allow sharing of expertise and perspectives to form a common goal of restoring or maintaining an individual's health and improving outcomes while combining resources (1, 3)" (Bridges et al., 2011, p. 1).

Who is IPEC? The intentional origin of work concerning inteprofessional practice is credited to the Interprofessional Education Collaborative (IPEC). IPEC was created in 2009 when six national educational associations of health professionals "...formed a collaborative to promote and encourage constituent efforts that would advance substantive interprofessional learning experiences

to help prepare future health professionals for enhanced team-based care of patients and improved population health outcomes" (IPEC, 2011, p. 1). This collaborative brought together higher education from various medical fields, providing interprofessional collaboration to guide professional schools. The idea behind IPEC is that students will have a more well-rounded education, are more able to work as a part of a team and can work interprofessionally. According to the World Health Organization, "Interprofessional education occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes. Once students understand how to work interprofessionally, they are ready to enter the workplace as a member of the collaborative practice team. This is a key step in moving health systems from fragmentation to a position of strength (Ostermeyer, 2015, para1-2).

OBJECTIVES

For this lesson you will:

1. Describe the baseline values & ethics of the healthcare professional.
2. Describe interprofessional practice as well as how it relates to Quality and Safety.
3. Differentiate between intraprofessional, multidisciplinary, and interprofessional.

COMPETENCIES

	IPEC Sub-Competencies – Values/Ethics for Interprofessional Practice
VE1	Place the interests of patients and populations at the center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span.
VE3	Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.
VE6	Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).
VE7	Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care.
VE8	Manage ethical dilemmas specific to interprofessional patient/population centered care situations.
VE9	Act with honesty and integrity in relationships with patients, families, communities, and other team members.

DEFINITIONS

Interprofessional values and ethics – "Interprofessional values and related ethics are an important, new part of crafting professional identity, one that is both professional and interprofessional in nature. These values and ethics are patient centered with a community/population orientation, grounded in a sense of shared purpose to support the common good in health care, reflect a shared commitment to creating safer, more efficient, and more effective systems of care" (IPEC, 2011, p.17).

LEARNING ACTIVITIES

- The following sources with study guides have been curated for student learning.
- For application and demonstration of learning, lab exercises can be found in the second half of this online education resource, **Lab Exercises**.

READ: To err is human: Building a safer health system

Study Guide: In this report, the Institute of Medicine (IOM) describes that improved communication and collaboration across healthcare professions is needed to address the problem of medical errors in the USA.

REFERENCE: Institute of Medicine. (2000). *To err is human: Building a safer health system*.

READ: IPEC Competency, Update 2016

Study Guide: This report updates the earlier seminal document from 2011 that addresses the areas of competency for interprofessional collaborative practice for all healthcare professions. This document offers the rationale and guidelines for IPE foundational material that all healthcare professional students are learning across the USA, really worldwide.

REFERENCE: Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice:

2016 update. Washington, DC: Interprofessional Education Collaborative.

REVIEW: Perhaps you've heard of the Interprofessional Education Collaborative (IPEC) before. Or maybe you haven't – But you've reaped the benefits of its work.

Study Guide: This reference provides the list of professional organizations that are part of IPEC.

REFERENCE: Ostermeyer, K. (2019) Retrieved from https://www.elitecme.com

LESSON REFERENCES

Bridges, D. R., Davidson, R. A., Odegard, P. S., Maki, I. V., & Tomkowiak, J. (2011). Interprofessional Collaboration: Three Best Practice Models of Interprofessional Education. *Medical Education Online*, 16, 6035.
http://dx.doi.org/10.3402/meo.v16i0.6035

Interprofessional Education Collaborative. (2016). *Core competencies for interprofessional practice: 2016 update.* Washington, D.C.: Interprofessional Education Collaborative

Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative

2. Values and Ethics (Patient-Centered Care and Shared Decision-Making)

LEARNING GUIDE: VALUES AND ETHICS (PATIENT-CENTERED CARE AND SHARED DECISION-MAKING)

OVERVIEW

This lesson offers students an opportunity to review and reflect on the topics of patient-centered care and as well as shared decision-making with patients and/or within the interprofessional team.

OBJECTIVES

For this lesson you will:

1. Examine interprofessional teams in terms of their decision-making; consider the similarities and differences, along with barriers and facilitators (found in documents such as the Code of Ethics for each discipline).
2. Identify factors that empower patient involvement in decision-

making.

3. Explain how the interprofessional team uses a shared decision-making model to support the patient's preference, values, and beliefs to achieve best healthcare outcomes.

COMPETENCIES

	IPEC Sub-Competencies – Value/Ethics for Interprofessional Practice
VE1	Place the interests of patients and populations at the center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span.
VE7	Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care.
	IPEC Sub-Competencies – Teams & Teamwork
TT3	Engage other health professionals – appropriate to the specific situation – in shared patient-centered problem-solving.
TT4	Integrate the knowledge and experience of the other professions – appropriate to the specific care situation – to inform care decisions, while respecting patient and community values and priorities/preference for care.

DEFINITIONS

Decision-making – is the process of choosing between alternatives, which may include doing nothing (Ottawa Decision Support Tutorial, 2022).

Interprofessional values and ethics – "Interprofessional values and related ethics are an important, new part of crafting professional identity, one that is both professional and interprofessional in nature. These values and ethics are patient

centered with a community/population orientation, grounded in a sense of shared purpose to support the common good in health care, reflect a shared commitment to creating safer, more efficient, and more effective systems of care" (IPEC, 2011, p.17).

Patient decision aids – While some critics of shared decision-making maintain that patients are not able or willing to make their own health care decisions, there is considerable evidence that patients want more information and greater involvement in decision-making in partnership with their doctors. The innovation of shared decision-making is the use of evidence-based tools, known as patient decision aids, to inform patients and help them set their own goals and clarify their values (AHRQ, 2013)

Patient-centered care (PCC) – "The experience (to the extent the informed, individual patient desired) of transparency, individualization, recognition/respect, dignity, in all matters, without exception, related to one's person, circumstances, and relationships in healthcare" (Berwick, 2009, p.w 560).

Person-focused care [Person-centered care] – "is based on accumulated knowledge of people, which provides the basis for better recognition of health problems and needs over time and facilitates appropriate care for these needs in the context of other needs. That is, it specifically focuses on the whole person" (Starfield, 2011).

Shared decision-making (SDM) – is a model of patient-centered care that enables and encourages people to play a role in the medical decisions that affect their health (AHRQ, 2013)

LEARNING ACTIVITIES

- The following sources with study guides have been curated for student learning.
- For application and demonstration of learning, lab exercises

can be found in the second half of this online education resource, **Lab Exercises**

WATCH: Don Berwick – What Patient Centered Care Really Means

Study Guide: Berwick is recognized and credited with defining patient-centered care. His work, reflected in the creation and evolution of the Institute for Healthcare Improvement (IHI), originates from a professional commitment to patient safety and listening to patients. This video is a short video that captures the patient voice.

REFERENCE: Berwick. (2009). _Don Berwick – What Patient Centered Care Really Means_. [Video]. YouTube.

READ: Is Patient-Centered Care the Same As Person-Focused Care [Person-Centered Care]?

Study Guide: Starfield discusses the evolution of terminology from patient-centered care to patient-focused care; that the WHO and USA now name as person-centered care. Review the differences in these two terms and/or methods of delivering patient care in Table 1. on p. 95.

REFERENCE: Starfield B. (2011). _Is patient-centered care the same as person-focused care?_ _The Permanente Journal_, 15(2):63-9.

READ: Shared decision making and patient centered care

Study Guide: Skelly, Hall & Risher offer the link between shared decision-making and patient-centered care and its origin from nursing that honorspatient autonomy.

REFERENCE: Skelly, C. L., Hall, C. A., & Risher, C. R. (2020). [Shared decision making and patient centered care](#).

EXAMINE: The SHARE Approach: Essential Steps of Shared Decision Making

Study Guide: This is a visual model of patient-centered care and shared decision-making and how the interprofessional (IP) team provides individualized care.

REFERENCE: Agency for Healthcare Research & Quality (AHRQ). (2014). *The SHARE Approach: Essential Steps of Shared Decision Making.* Retrieved from www.ahrq.gov/shareddecisionmaking. (AHRQ Pub. No. 14-0026-2-EF).

REVIEW: Strategy 6I: Shared Decision-making

Study Guide: This is a short online module from AHRQ that explains shared decision-making as well as introduces the SHARE Approach Model. Read all 4 sections: 6.1.1, 6.1.2, 6.1.3, and 6.1.4.

REFERENCE: Agency for Healthcare Research and Quality. (2013, June). *[Strategy 6I: Shared Decision-making.](#)*

WATCH: SHARE Approach Video

Study Guide: This is a 10-minute video that demonstrates a patient-physician interaction using the SHARE Approach. Although the demo is that of a patient and physician, this strategy is recommended to be used by all healthcare professions when providing care to patients/clients.

REFERENCE: Agency for Healthcare Research and Quality (2019, November). *SHARE Approach Video*.

LESSON REFERENCES

Berwick, D. M. (2009). What 'patient-centered' should mean: Confessions of an extremist. *Health Affairs*, 28, (3/4), ProQuest, W555

Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative

Ottawa Hospital Research Institute. (2022, October 18). *Patient Decision Aids.* Retrieved November 12, 2022, from https://decisionaid.ohri.ca/

3. Values and Ethics (Structural Competency)

LEARNING GUIDE: VALUES AND ETHICS (STRUCTURAL COMPETENCY)

OVERVIEW

The topic of structural competency introduced in this lesson builds on earlier knowledge concerning Social Determinants of Health (SDOH), cultural competency, and implicit bias. This content may be a review, but it is intentionally included to strengthen a student's professional identity development.

When students explore of structural competency, we often get this request for clarification, "We were wondering if you could give us an example of structural competency." It is assumed that the questioner is wondering about how SDOH, cultural competency, and structural competency are related. These three frameworks, SDOH, cultural competency, and structural competency as layers in an onion:

- In the center of the onion is SDOH which are directly related to the patient – such as, a patient's resources at hand, their social support system, the patient's understanding of their health (health literacy), genetics, and risk factors.
- Overlapping and in the center and/or in parallel with SDOH, is the healthcare providers' knowledge and understanding of their own culture and the patient's culture as well as how these

influence interactions with patients/families and other healthcare team members – such as language, communication customs, and other cultural customs that impact self-care associated with health/wellness and disease management.

- In the outer layer of the onion that outside of the patient and healthcare provider is the greater healthcare system/ community/society (structure) – such as disparities related to access to insurance, dental care/healthcare/mental healthcare, shelter, banking (checking accounts, credit cards, loans), transportation, technology (telephones, computers/ internet), news and information, childcare, education, access to medications/treatments, access to caregivers in the home, equity in policing/criminal justice, access to services, and access to businesses owned by persons of the same race/ background/chosen culture(s), and living in an area of the city where there is a food desert.

Next, consider the examples of implied by questions that apply to structural competency that examine upstream structures/systemic biases:

- Why does a person who is homeless keep coming back to the Emergency Department for the health/illness problem?
- Why are there disparities concerning postpartum maternal mortality between women of color and Caucasian women?
- Why is COVID-19 causing more illness and death in persons of color?
- What was happening during the summer of 2020 in terms of policing and Black Lives Matter demonstrations?
- Why are there disparities concerning remote learning among children in K-12 grades?
- Why are there discussions in the news about disparities in access to COVID-19 vaccines?

OBJECTIVES

This week you will:

1. Compare and contrast cultural competency, SDOH, and structural competency.
2. Describe how Transformation Activism can be applied to implicit bias in healthcare.
3. Discuss how structural humility is practiced by a healthcare profession.

COMPETENCIES

Core Structural Competencies (Metzl & Hansen):

1. Recognizing the structures that shape clinical interactions.
2. Developing an extra-clinical language of structure.
3. Re-articulating "cultural" presentations in structural terms.
4. Observing and imagining structural interventions.
5. Developing structural humility.

IPEC Competencies

	IPEC Sub-competencies: Value & Ethics
VE1	Place the interests of patients and populations at the center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span.
VE7	Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care.
	IPEC Sub-competencies: Roles & Responsibilities
RR9	Use unique and complementary abilities of all members of the team to optimize patient care.
	IPEC Sub-competencies: Teams & Teamwork
TT3	Engage other health professionals – appropriate to the specific situation – in shared patient-centered problem-solving.
TT4	Integrate the knowledge and experience of the other professions – appropriate to the specific care situation – to inform care decisions, while respecting patient and community values and priorities/preference for care.

DEFINITIONS

Implicit Bias – "An attitude or internalized stereotype that affects an individual's perception, action, or decision making in an unconscious manner and often contributes to unequal treatment of people based on race, ethnicity, nationality, gender, gender identity, sexual orientation, religion, socioeconomic status, age, disability, or other characteristic" (Michigan Public Health Code – General Rules, 2022, Rule 338.7001(c)).

Structural Competency – the ability to discern how a host of issues defined clinically as symptoms, attitudes, or diseases (e.g., depression, obesity, smoking, medication 'non-compliance,' trauma, psychosis) also represent the downstream implications of a number of upstream decisions about such matters as health care and food delivery systems, zoning laws, urban and rural infrastructure,

medicalization, or even about the very definitions of illness and health (Metzl & Hansen, 2014).

Structural Humility – The orientation emphasizing collaboration with patients and populations in developing responses to structural vulnerability, rather than assuming the health professionals alone have all of the answers. This includes awareness of interpersonal privilege and power hierarchies in healthcare (Metzl & Hansen, 2014).

Structural Violence – the one way of describing social arrangements that put individuals and populations in harm's way. The arrangements are structural because they are embedded in the political and economic organization of our social world; they are violent because they cause injury to people (Farmer, 2006).

Structural Vulnerability – The risk that an individual experiences as a result of structural violence – including their location in socioeconomic hierarchies. It is not caused by, nor can it be repaired solely by individual agency or behaviors (Neff et al., 2020).

LEARNING ACTIVITIES

- The following sources with study guides have been curated for student learning.
- For application and demonstration of learning, lab exercises can be found in the second half of this online education resource, **Lab Exercises**.

WATCH: Implicit Bias — how it effects us and how we push through

Study Guide: Funchess concisely talks about implicit bias and

action points, Transformation Activism. Gaining self-awareness is a significant first step in attaining structural competency as a healthcare provider.

REFERENCE: TED. (2014, October 14). *Implicit bias-How it effects us and we push through/Melanie Funchess*. [Video]. YouTube.

READ: Social Determinants of Health, health equity, and vision loss

Study Guide: Although this article by the CDC focuses on how the Social Determinants of Health (SDOH) applies to vision loss, the CDC succinctly offers a summary figure of the 5 domains of SDOH:

- Health Care Access and Quality – include access to primary care, heatlh insurance coverage, and health literacy
- Social and Community Context – include community cohesion, civic participation, discrimination, conditions in the workplace, and incarceration
- Education Access and Quality – include educational attainment – graduating from high school and enrollment in higher education – language literacy, and early childhood education and development
- Economic Stability – includes poverty, employment, food and nutrition security, and housing stability
- Neighborhood and Built Environment – include neighborhood crime and violence, quality of housing, access to transportation, availability of healthy foods, and air and water quality

REFERENCE: Center for Disease and Prevention (2021, June 21). *Social Determinants of Health, health equity, and vision loss*.

REVIEW: Figure 3. Elements of Cultural Competence

Study Guide: In their literature review of cultural competence, Watt, Abbott, and Reath found that education concerning this practice of cultural competency can be broken down into 3 elements as shown in Figure 3; the knowledge, skills, and attitudes (KSAs).

REFERENCE: Watt, K., Abbott, P., & Reath, J. (2016). <u>Developing cultural competence in general practitioners: an integrative review of the literature</u>. *BMC Family Practice*, 17(158).

REVIEW: Health equity + structural competency

Study Guide: In this PowerPoint presentation, Cabello-De la Garza explains how structural competency builds on cultural competency and why there is a need for this framework that addresses health equity.

REFERENCE Cabello-De la Garza, A. B. (2021, May 06). *<u>Health equity + structural competency</u>* [PowerPoint slides].

LESSON REFERENCES

Farmer, P. E., Nizeye, B., Stulac, S., & Keshavjee, S. (2006). Structural violence and clinical medicine. *PLoS medicine*, 3(10), e449. https://doi.org/10.1371/journal.pmed.0030449

Interprofessional Education Collaborative Expert Panel. (2011).

Core competencies for interprofessional practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative

Metzl, J. M., & Hansen, H. (2014). Structural competency: theorizing a new medical engagement with stigma and inequality. *Social Science & Medicine,*1982 *(103),* 126–133. https://doi.org/10.1016/j.socscimed.2013.06.032

Neff, J., Holmes, S. M., Knight, K. R., Strong, S., Thompson-Lastad, A., McGuinness, C., Duncan, L., Saxena, N., Harvey, M. J., Langford, A., Carey-Simms, K. L., Minahan, S. N., Satterwhite, S., Ruppel, C., Lee, S., Walkover, L., De Avila, J., Lewis, B., Matthews, J., & Nelson, N. (2020). Structural competency: Curriculum for medical students, residents, and interprofessional teams on the structural factors that produce health disparities. *MedEdPORTAL : the journal of teaching and learning resources,* 16, 10888. https://doi.org/10.15766/mep_2374-8265.10888

4. Roles and Responsibilities (Accountability)

LEARNING GUIDE: ROLES & RESPONSIBILITIES (ACCOUNTABILITY)

OVERVIEW

In this lesson students in the various healthcare professions will examine how it is important for them to have knowledge of their own discipline, *Disciplinary Articulation*, which includes how they explain their role to healthcare team members from other professions. Additionally, students will broaden their understanding of the roles and responsibilities of other healthcare professions, and explore the concepts of role clarity and relational coordination. As it turns out, students from all healthcare professions have knowledge deficits concerning roles and responsibilities. They need to understand and demonstrate how to explain their knowledge of training, background, and expertise of their own profession as well those of their peer professionals from other disciplines. This content may be a review for some students, but it is intentionally included to strengthen a student's professional identity development.

OBJECTIVES

For this lesson you will:

1. Use the knowledge of one's own role and those of other professions to assess the healthcare needs of patients (IPEC Competency 2 – Roles/Responsibilities).
2. Explain the similarities and differences among other health professions.
3. Become aware of stereotyping both positive and negative related to other health professions.
4. Develop an awareness concerning "inaccurate perceptions about diversity that prevents professions from taking advantage of full scope of abilities that working together offers to improve health care" (IPEC, 2011, p. 20).

COMPETENCIES

	IPEC Sub-Competencies – Roles/Responsibilities
RR1	Communicate one's roles and responsibilities clearly to patients, families, community members, and other health professions.
RR2	Recognize one's limitations in skills, knowledge, and abilities.
RR3	Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.
RR7	Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning.
RR8	Engage in continuous professional and interprofessional development to enhance team performance and collaboration.

DEFINITIONS

Accountability – entails the procedures and processes by which one party justifies and takes responsibility for its activities (Emanuel & Emanuel, 1996).

Disciplinary Articulation– "the ability to clearly describe your own professional role and responsibilities to team members of other professions and understand others' roles and responsibilities in relation to one's own role" (IPEC, 2011, p. 20).

Relational Coordination– "While coordination is the management of interdependencies between tasks, relational coordination is the management of interdependencies between people who perform those tasks" (Gittell, 2011, p.15).

Responsibility – Job responsibilities refer to the duties and tasks of their particular roles. This is sometimes referred to as the job description (Rose, 2021).

Role – Roles refer to a person's position on a team. The individual roles that make up a team vary depending on the organization or business (Rose, 2021).

Role Clarity – "...is also essential to smooth-functioning, high performing groups. Staff must know where the boundaries of their own jobs lie, what they are responsible for, accountable to, and what tasks they are to complete" ((Kaini, 2017, para 5).

LEARNING ACTIVITIES

- The following sources with study guides have been curated for student learning.
- For application and demonstration of learning, lab exercises can be found in the second half of this online education resource, **Lab Exercises**.

READ: Interprofessional team collaboration in health care.

Study Guide: Kaini discusses Interprofessional Team Collaboration overall, but for this source was included to expand the importance of understanding roles and responsibilities and their impact on collaboration. Pay special attention to the section, Roles and Responsibilities of Health Care Professionals (pp. 2-4) that relationship between roles and tasks and role boundaries (role clarification and role overlap).

REFERENCE: Kaini, B. K. (2017). Interprofessional team collaboration in health care. *Global Journal of Medical Research: K Interdisciplinary.* ISSN: 2249-4618

READ: Interprofessional Care Competency Framework and Team Assessment

Study Guide: The University of Toronto (2018) offers a brief summary of role clarification [role clarity] and why it is important as part of teamwork. These authors state, "This understanding helps avoid duplication and gaps in service. This enhances team work and enables all health professionals to work to their full scope of practice allowing more effective planning, implementation and evaluation of services" (para 2).

REFERENCE: University of Toronto (2018, January 15). *Interprofessional Care Competency Framework and Team Assessment*.

READ: What is RC?-Relational Coordination

Study Guide: The scholarship work of this organization is an outgrowth of Gittell's work on relational coordination, a framework for collaboration to achieve improved work outcomes.

REFERENCE: Relational Coordination Collaborative. (2022, February 19). *What is RC?-Relational coordination.*

READ: Roles and responsibilities: Why defining them is important.

Study Guide: Job responsibilities refer to the duties and tasks of their particular roles. This is sometimes referred to as the job description. Roles, however, refer to a person's position on a team. The individual roles that make up a team vary depending on the organization or business.

REFERENCE: Rose, K. (2021, December 15). *Roles and responsibilities: Why defining them is important.* Retrieved October 13, 2022, from https://www.betterup.com

READ: What is accountability in health care?

Study Guide: These authors offer background about what is meant by accountability as a healthcare professional.

REFERENCE: Emanuel, E. J., & Emanuel, L. L. (1996). What is accountability in health care? *Annals of Internal Medicine,* 24(2):229-39.

READ: Health care roles

Study Guide: This is a short summary of the roles and responsibilities of various healthcare professions.

REFERENCE: Center for Health Interprofessional Practice at the University of Texas-Austin. (2022). *Health Care Roles.* Retrieved October 13, 2022, from https://healthipe.utexas.edu/

LESSON REFERENCES

Gittell, J. H. (2011). Relational coordination: Guidelines for theory, measurement and analysis. *Waltham, MA: Brandeis University*, 1.

Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative

5. Communication (Personal and Professional)

LEARNING GUIDE: COMMUNICATION (PERSONAL AND PROFESSIONAL

OVERVIEW

Communication comes in all sizes. It is primarily written or spoken. The information delivered can be formal or condensed into acronyms (jargon or as used in social media) and data. Communication can be audio, use sign language, or presented as video. Culture and structures/systems play an important role in the sharing and understanding information. In this lesson on communication students will explore communication best practices, barriers to effective communication, and communication tools used in healthcare as well as review therapeutic and non-therapeutic communication strategies. This content offers a context for communication both personal/professional and interprofessional communication that are foundational to for all healthcare professionals. That is, regardless of degree or program, Nurses, Physician Assistants, Respiratory Therapists, Occupational Therapists, Physicians, and Social Workers, Pharmacists, Emergency Medical Technicians, Athletic Trainers, and so on, are being taught similar content to ready them to become effective communicators. For many students, this may be a review however, for some students they may appreciate a refresher and expansion

on their competency in communication in the dyad of patient-healthcare profession.

OBJECTIVES

For this lesson you will:

1. Increase knowledge of how voice and body language components contribute to effective interprofessional communication.
2. Embrace a willingness to critique your own communication weaknesses.
3. Display the motivation to improve interprofessional communication skills.
4. Choose effective communication tools or techniques to facilitate discussions and interactions to enhance team function.
5. Express one's knowledge and opinions to team members [as well as peers and faculty] with clarity and respect, working to ensure common understanding of information.
6. Organize and communicate information with clients, families and health care team members in a form that is understandable, avoiding discipline-specific terminology (jargon) when possible.

COMPETENCIES

	IPEC Sub-Competencies – Interprofessional Communication
CC1	Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.
CC2	Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.
CC3	Express one's own knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity, and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies.
CC4	Listen actively and encourage ideas and opinions of the other team members.

DEFINITIONS

Communication: "The act or process of using words, sounds, signs, or behaviors to express information or to express your ideas, thoughts, feelings, etc., to someone else." (Merriam-Webster, n.d.).

Professional Communication: "…is important in establishing trustworthiness and competence" (Potter et. al., 2021, p. 330). Professional communication includes 1) appearance, demeanor, and behavior; 2) speaking in a clear and effective voice; 3) appropriate grammar; 4) active listening; 5) timely, well-organized, and offers clear, concise, comprehensive information.

Interprofessional Communication: "Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease" (IPEC, 2016, p. 10).

LEARNING ACTIVITIES

- The following sources with study guides have been curated for student learning.
- For application and demonstration of learning, lab exercises can be found in the second half of this online education resource, **Lab Exercises**.

READ: Interprofessional communication

Study Guide: These authors describe the basis of medical errors in terms of communication. Although this article is written for pharmacists, the authors outline common barriers to interprofessional communication and collaboration regardless of discipline. Although they visually present a theoretical model of a collaborative relationship between physician and pharmacist, his can be generalized to apply to other dyads of healthcare professionals. Also, they describes different types of non-verbal communication.

REFERENCE: Woods, J.A., Jackson, D.J., Ziglar, S., & Alston, G.L. (2011). Interprofessional communication. *Drug Topics*, 155(8), 42-53.

REVIEW: The importance of effective communication

Study Guide: This source is included for the figure is that offers a framework for discussing 10 communication skills important for providing care as a nurse. Although this content may seem to apply to nursing alone, it also applies to best practices of everyone in healthcare professional regardless of discipline. These communication skills include Verbal Communication, Nonverbal

Communication, Active Listening, Written Communication, Presentation Skills, Patient Education, Making Personal Connections, Trust, Cultural Awareness, and Compassion.

REFERENCE: University of St. Augustine for Health Sciences. (2020, February). *The importance of effective communication in nursing*.

LESSON REFERENCES

Interprofessional Education Collaborative. (2016). *Core competencies for interprofessional collaborative practice: 2016 update*. Washington, DC: Interprofessional Education Collaborative

Merriam-Webster. (n.d.). Communication. In Merriam-Webster.com dictionary. Retrieved November 5, 2022, from https://www.merriam-webster.com/dictionary/communication

Potter, P. A., Perry, A. G., Stockert, P. A., & Hall, A. M. (2022). *Fundamentals of Nursing* (11th ed). Elsevier. ISBN: 9780323810340

6. Interprofessional Communication

LEARNING GUIDE: INTERPROFESSIONAL COMMUNICATION

OVERVIEW:

In this lesson there is a special emphasis on interprofessional communications well as communication tools commonly used by interprofessional healthcare teams. These tools may be familiar to students and include SBAR, iRoundS, Huddles, and Handoffs. These tools as well as the competency in communication are the first line of defense against medical errors that commonly occur during transitions to care and/or when poor communication occurs. For some students who have healthcare work experience, this may be a review. However, for some students this may be their first exposure concerning this communication content.

OBJECTIVES

For this lesson you will:

1. Choose effective communication tools or techniques to

facilitate discussions and interactions to enhance team function.

2. Express one's knowledge and opinions to team members and other healthcare-related colleagues with clarity and respect, working to ensure common understanding of information.

3. Organize and communicate information with clients, families and health care team members in a form that is understandable, avoiding discipline-specific terminology (jargon) when possible.

COMPETENCIES

	IPEC Sub-Competencies – Interprofessional Communication
CC1	Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.
CC2	Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.
CC3	Express one's own knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity, and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies.
CC4	Listen actively and encourage ideas and opinions of the other team members.

DEFINITIONS

SBAR – Situation, Background, Assessment, & Recommendation. SBAR is used to convey patient information in clear and concise

manner. Additionally, it offers a recognized and structured way to ask questions of other healthcare professionals (Institute for Healthcare Improvement, 2018).

Huddle – a brief team meeting before the start of scheduled work that identifies goals for the work period: such as patient care goals or quality improvement measures etc. During the scheduled work period, additional huddles may occur if important team updates are needed (Institute for Healthcare Improvement, 2018).

iRounds – the practice of frequent "rounds" on patient status and treatment plan with the inteprofessional healthcare care team, patient, and patient's family; the frequency of rounds is determined by patient needs.

CUS – "I am CONCERNED!" "I am UNCOMFORTABLE!" "This is a SAFETY issue!" (Pocket Guide: TeamSTEPPS 2.0, 2013).

Handoff – "The transfer of information (along with authority and responsibility) during transitions in care across the continuum. It includes the opportunity to ask questions, clarify, and confirm" (Pocket Guide: TeamSTEPPS 2.0, 2013).

LEARNING ACTIVITIES

- The following sources with study guides have been curated for student learning.
- For application and demonstration of learning, lab exercises can be found in the second half of this online education resource, **Lab Exercises**.

REVIEW: Table 2. Strategies for Effective Interprofessional Communication and Collaboration

- States [named] self-identification coupled with affiliation to patient
- Organization of the encounter [with the patient] prior to initiation
- Eliciting information from the patient and other healthcare providers
- Tact
- Assertiveness
- Conciseness
- No apologies for demanding another healthcare provider's time or medically founded opinions

REFERENCE: O'Daniel, M., & Rosenstein, A. H. (2008). Professional communication and team collaboration. In Hughes, R. G. (Ed.), *Patient Safety and Quality: An Evidence-Based Handbook for Nurses* (pp. 1-14), Agency for Healthcare Research and Quality.

REVIEW: Common Barriers to Interprofessional Communication

- Personality differences
- Gender
- Culture and ethnicity
- Generational differences
- Hierarchy in medical practices [between/among different healthcare professions]
- Differences in requirements, regulations, and norms of professional education [between/among different healthcare professions]
- Fear of stature erosion
- Historical interprofessional rivalries
- Complexity of care, differences in accountability, payment, and rewards

REFERENCE: O'Daniel, M., & Rosenstein, A. H. (2008). Professional communication and team collaboration. In Hughes, R. G. (Ed.), *Patient Safety and Quality: An Evidence-Based Handbook for Nurses* (pp. 1-14), Agency for Healthcare Research and Quality.

REVIEW: Pocket Guide: TeamSTEPPS 2.0

Study Guide: This is a summary document developed for the Department of Defense Patient Safety Program. For content specific to communication, REVIEW pp. 8-13 which succinctly summarizes communication tools routinely used by healthcare teams: SBAR, Call-Out, Check-Back, and Handoff (including the "I PASS THE BATON" strategy); REVIEW p. 30 describes the assertive statement of CUS.

REFERENCE: Agency for Research and Quality [AHRQ]. (2016). *Pocket Guide: TeamSTEPPS 2.0: Team Strategies & Tools to Enhance Performance and Patient Safety*

REVIEW: Daily Huddles

Study Guide: In this very brief module, IHI recommends using quick huddles before the start of a work cycle and/or for quick team ad hoc updates throughout the day with the goal that all team members are staying informed.

REFERENCE: Institute for Healthcare Improvement (IHI). (2018). *Daily huddles.* Retrieved from http://www.ihi.org/

REFERENCES

Institute for Healthcare Improvement. (n.d.). *SBAR Tool: Situation-Background-Assessment-Recommendation.* Retrieved December 5, 2022, from https://www.ihi.org/resources/Pages/Tools/SBARToolkit.aspx

7. Teams and Teamwork (Team Roles and Team Development)

LEARNING GUIDE: TEAMS AND TEAMWORK (TEAM ROLES AND TEAM DEVELOPMENT)

OVERVIEW

Take a moment and consider how groups and groupwork are not the the same things as teams and teamwork. In this lesson students will take a more focused look at teams and teamwork. This lesson reviews the stages of team development and explores the different ways to look at team roles. The composition of teams in terms of team roles contributes significantly to team functioning. Additionally, there is content on mutual suppport that is an important component of team culture and therefore, team functioning. Lastly, there is content about leadership and the different ways to look a leadership on a team.

OBJECTIVES

For this lesson you will:

1. Describe the similarities and differences between group and team.
2. Describe the stages of team development.
3. Identify the myriad of team roles and how they impact team functioning.
4. Explain how mutual support and task assistance play an important role in team culture.
5. Describe the characteristics of effective leadership in healthcare applying the models shared leadership, situational leadership, and transformational leadership.
6. Display the motivation to improve performance in the leader role on the interprofessional healthcare team.

COMPETENCIES

	IPEC Sub-Competencies – Team and Teamwork
TT1	Describe the process of team development and the roles and practice of effective teams.
TT2	Develop consensus on the ethical principles to guide all aspects of teamwork.
TT3	Engage other health professionals—appropriate to the specific care situation—in shared patient-centered problem-solving.
TT4	Integrate the knowledge and experience of other professions—appropriate to the specific care decisions, while respecting patient and community values and priorities/ preferences for care.
TT5	Apply leadership practices that support collaboration practice and team effectiveness.
TT11	Perform effectively on teams and in different team roles in different team roles in a variety of settings.

DEFINITIONS

Mutual support – "is the provision of task assistance, social support, and feedback to one or more team members, as needed. In other words, mutual support is back-up behavior that benefits the individual, thereby, the greater good of the team" (Salas et al., 2021).

Shared Leadership – "as a relational, collaborative leadership process or phenomenon involving teams or groups that mutually influence one another and collectively share duties and responsibilities otherwise relegated to a single, central leader" (Kocolowki, 2010).

Situational Leadership – "[Occurs when] any team member who has the skills to manages the situation at hand…In contrast, the Designated Leader is the person assigned to lead and organize a designated team, establish clear goals, and facilitate open communication and teamwork among team members" (AHRQ, 2014).

Team – "is a group of people who are interdependent with respect to information, resources and skills, and who seek to combine their efforts to achieve a common goal" (Thompson, 2011, p. 4).

Team role – A team is not a bunch of people with job titles, but a congregation of individuals, each of whom has a role which is understood by other members. Research showed that the most successful teams were made up of a diverse mix of behaviors. Belbin researched these clusters of behaviors and identified them as team roles (Belbin, 1993).

Transformational Leadership – there are five practices that transformational leaders use to lead their followers: (1) Model the way; (2) Inspire a shared vision; (3) Challenge the process; (4) Enable others to act; and (5) Encourage the heart (Kouzes & Posner, 2007).

LEARNING ACTIVITIES

- The following sources with study guides have been curated for student learning.
- For application and demonstration of learning, lab exercises can be found in the second half of this online education resource, **Lab Exercises.**

READ: Forming, storming, norming, and performing: Understanding the stages of team formation

Study Guide: Mindtools succinctly describes the stages of team development. Team member awareness of these stages can inform a team's functioning and offer a framework for addressing conflict on teams.

REFERENCE: Mindtools Content Team. (2018). *Forming, storming,*

norming, and performing: Understanding the stages of team formation. Retrieved from https://www.mindtools.com/

READ: The role of teamwork and situational awareness in patient safety

Study Guide: Charney links situational awareness, an important component of team, specifically to patient safety. She offers a concise list of abilities that teams can work on together.

Charney, F. (2018). *The role of teamwork and situational awareness in patient safety.* Retrieved January 28, 2021 from https://www.mgma.com/

REVIEW: Mutual Support

Study Guide: In this presentation the authors define and describe the importance of mutual support. The authors describe how team members can effectively apply the behavior of mutual support to teamwork. They emphasize when a team member should seek and give mutual support as well as task assistance and social support.

REFERENCE: Salas, E., Benishek, K., Gregory, M., Hughes, A., Marlow, S., Lacerenza, C., Zajac, S., Rosenfield, S., Newell, M., Hodges, K., Sheras, P., DuPaul, G., Subotnik, R., & Lee, G.M. (January 25, 2021). *Mutual Support* [PowerPoint slides].

READ: Teams, tribes, and patient safety: Overcoming barriers to effective teamwork in healthcare

Study Guide: Weller, Boyd, and Cumin describe educational interventions to promote an understanding of teamwork. They review common psychological barriers to teamwork – professional silos, hierarchies, and organizational structure. Then, they offer a framework for teaching and learning effective teamwork.

REFERENCE: Weller, J., Boyd, M., & Cumin, D. (2014). [Teams, tribes, and patient safety: Overcoming barriers to effective teamwork in healthcare]. *Postgraduate Medicine Journal*, 90,149-154.

READ: Shared leadership: Is it time for a change?

Study Guide: Kocolowski summarizes the findings from the literature review concerning shared leadership that includes historical context, the components of situational leadership, and the benefits and limitations of the shared leadership model.

REFERENCE: Kocolowski, M. D. (2010). Shared leadership: Is it time for a change? *Emerging Leadership Journeys Journal*, 3(1), 22-32. Retrieved November 5, 2022 from, [https://www.regent.edu/]

WATCH: Why credibility is the foundation of leadership

 Study Guide: Posner discusses the attributes of a good leader in terms of the transformational leadership model.

REFERENCE: TED (2015). *Barry Posner: Why credibility is the*

foundation of leadership [Video]. TEDxUniversityofNevada. Retrieved from https://www.youtube.com/

LESSON REFERENCES

Agency for Healthcare Research and Quality (AHRQ). (2014). *TeamSTEPPS fundamentals course.* Retrieved from https://www.ahrq.gov/teamstepps/instructor/fundamentals/module4/slleadership.html

   Institute for Manufacturing at Cambridge University. (2021, November 18). *Belbin's team roles.* https://www.ifm.eng.cam.ac.uk/research/dmg/tools-and-techniques/belbins-team-roles/

   The Leadership Challenge. (2022). *The five practices of Exemplary Leadership Model.* Retrieved November 21, 2022, from https://www.leadershipchallenge.com/research/five-practices.aspx

   Thompson, L. L. (2011). Chapter 1. Teams in organizations: Facts and myths. In L. L. Thompson (Ed.), *Making the Team: A guide to managers* (3rd ed.). Upper Saddle River, NJ: Pearson/Prentice Hall. http://leighthompson.com/images/books/MTT3Ed_Ch1_Web_Final.pdf ISBN 9780131861

8. Team and Teamwork (Team Dynamics and Interprofessional Practice Models)

LEARNING GUIDE: TEAMS AND TEAMWORK (TEAM DYNAMICS AND INTERPROFESSIONAL PRACTICE MODELS)

OVERVIEW

This lesson on teams and teamwork examines best practices of team dynamics and interprofessional practice models. In other words, what makes a high-performing team? There is an examination of the importance of flexibility/adaptability and its impact on team functioning. Meanwhile, the topic of team intelligence, which is like emotional intelligence, but on a group level is introduced. Lastly the interprofessional practice models of S.C.O.R.E. and those from Wamsley are offered.

OBJECTIVES

For this lesson you will:

1. Identify important components of team dynamics.
2. Identify barriers to effective teamwork in healthcare.
3. Observe and describe experiences that are team intelligence.
4. Identify important behaviors and characteristics of high-performing teams.
5. Describe the importance of flexibility/adaptability on team functioning.

COMPETENCIES

	IPEC Sub-Competencies – Teams and Teamwork
TT5	Apply leadership practices that support collaboration practice and team effectiveness.
TT6	Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among health and other professionals with patients, families, and community members.
TT7	Share accountability with other professions, patients, and communities for outcomes relevant to prevention and healthcare.
TT8	Reflect on individual and team performance for individual, as well as team performance improvement.
TT9	Use process improvement to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies.
TT10	Use available evidence to inform effective teamwork and team-based practices.

DEFINITIONS

Adaptability – "enables a team to respond to changes in the environment and change in the plan for patient management" (Weller, Boyd, & Cumin, 2014, p.149)

Team intelligence – "The mastery of cognition (thinking) governing the coordination of elements of a task. It involves being aware not only of what skills and material people have mastered but also of what they don't understand but need to. It means making sure that people speak the same language, share the same goals, have clear expectations, are not subverted by unclear assumptions, and help one another maintain situational awareness. Being aware of the barriers that might prevent people from sharing important information and insights is also central to team intelligence." (Gordon, 2012, p. 219)

Teamwork – "An essential component of patient-centered primary care practice is interprofessional teamwork. High functioning teams require collaboration between physicians, nurses, pharmacists, social workers, clinical psychologists, case managers, medical assistants, and clinical administrators" (Department of Veterans Affairs, 2010, p.2).

LEARNING ACTIVITIES

- The following sources with study guides have been curated for student learning.
- For application and demonstration of learning, lab exercises can be found in the second half of this online education resource.

EXAMINE: Figure 3. High-performing c-suite

executive teams require a complementary set of characteristics known collectively as S.C.O.R.E.

Study Guide: Bawany explains the components of the SCORE Framework: 1) cohesive **S**trategy with vision and a team charter; 2) **C**learly defined roles & responsibilities for team members; 3) developing Open and trust-based communication; 4) agility and **R**apid decision making; and 5) **E**xemplary leadership

REFERENCE: Bawany, S. (2022). Leading high performance teams for a disruptive and digital-driven workplace. Retrieved November 5, 2022 from, https://www.disruptiveleadership.institute/

READ: 11. On Teams, Teamwork, and Team Intelligence

Study Guide: Gordon offers the concept of team intelligence as a framework of team functioning – it describes how a team coordinates the work to complete a task – this includes understanding of roles and responsibilities, interprofessional communication, and values and ethics.

REFERENCE: Gordon, S. (2012). 11. On Teams, Teamwork, and Team Intelligence. In R. Koppel & S. Gordon (Ed.), *First, Do Less Harm: Confronting the Inconvenient Problems of Patient Safety* (pp. 196-220). Ithaca, NY: Cornell University Press.

WATCH: What makes a Team Teams and teamwork in healthcare 5/7

Study Guide: Wamsley describes team dynamics in terms of the

difference in levels of interaction and engagement. These levels are coordination, collaboration, and teamwork.

REFERENCE: Wamsley, M. (2015, June 5). *What makes a team, teams and teamwork?* [Video]. YouTube.

READ: Helping fluid teams work: A research agenda for effective team adaptation in healthcare

Study Guide: Bedwell, Ramsey, and Salas state that healthcare teams are ad hoc/fluid teams. Additionally, they offer that team members need training on generalizable teamwork skills and shared leadership for teams to adapt effectively.

REFERENCE: Bedwell, W. L., Ramsay, P. S., & Salas, E. (2012). Helping fluid teams work: A research agenda for effective team adaptation in healthcare. *Translational behavioral medicine*, 2(4), 504–509.

LESSON REFERENCES

Department of Veterans Affairs (VA). Veterans Health Administration. (2010, August 26). VA *requests proposals for primary care education centers for excellence. Program Announcement.* Washington, DC: Author. Retrieved April 9, 2011 from http://www.va.gov/oaa/rfp_coe.asp

Weller, J., Boyd, M., & Cumin, D. (2014). Teams, tribes and patient safety: overcoming barriers to effective teamwork in healthcare. *Postgraduate Medical Journal*, 90(1061), 149–154. https://doi.org/10.1136/postgradmedj-2012-131168

9. Conflict and Polarity Thinking

LEARNING GUIDE: CONFLICT AND POLARITY THINKING

OVERVIEW

This lesson is on conflict which can be viewed primarily as the antithesis of team collaboration. Conflict can be examined through various lenses of interprofessional competency. It explores conflict and its management which is not the same as conflict resolution. It is important to recognize that not all conflicts can be resolved. Team members may need to "respectfully disagree". Seemingly unresolvable conflicts do not mean that the persons involved should not try to manage or address the conflict at hand. Unresolvable conflicts or recurring conflicts are very difficult because they may include polarities instead of conflicts. Polarity thinking is introduced as way to address recurring problems that may not be conflicts or problems, but rather a pair of polarities.

OBJECTIVES

For this lesson you will:

1. Identify the common sources of conflict that occur in healthcare.
2. Describe ways to de-escalate a conflict such as conflict resolution strategies and negotiation.
3. Compare and contrast conflict resolution and conflict management.

COMPETENCIES

	IPEC Sub-competencies – Values/Ethics for Interprofessional Practice
VE8	Manage ethical dilemmas specific to interprofessional patient/ population centered care situations.
	IPEC Sub-competencies – Interprofessional Communication
CC5	Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.
CC6	Use respectful language appropriate for a given difficult situation, critical conversation, or interprofessional conflict.
CC7	Recognize how one's own uniqueness, including experience level, expertise, culture, power, and hierarchy within the health care team, contributes to effective communication, conflict resolution, and positive interprofessional working relationship.
	IPEC Sub-competencies – Teams and Teamwork
TT6	Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among health and other professionals and with patients, families, and community members.

DEFINITIONS

Conflict – a disagreement through which the parties involved perceive a threat to their needs, interests, or concerns.

Conflict resolution – the process used by two or more persons find a peaceful solution to their dispute.

Groupthink – The symptoms of groupthink arise when the members of decision-making groups become motivated to avoid being too harsh in their judgments of their leaders' or their colleagues' ideas. They adopt a soft line of criticism, even in their own thinking. At their meetings, all the members are amiable and seek complete concurrence on every important issue, with no bickering or conflict to spoil the cozy, "we-feeling" atmosphere" (Janis, 1991).

Negotiation – a method by which people settle differences. It is a process by which compromise or agreement is reached while avoiding an argument.

Polarity thinking – Meanwhile, polarity thinking is introduced as way to address recurring problems that may not be problems, but rather a pair of polarities (Wesorick, 2016).

LEARNING ACTIVITIES

- The following sources with study guides have been curated for student learning.
- For application and demonstration of learning, lab exercises can be found in the second half of this online education resource, **Lab Exercises**.

WATCH: How to respond to conflict? A 3-step framework

Study guide: As you watch the video consider how you would answer to the following questions(s): *What is Cool Down? What is Slow Down? What is Engage Constructively?*

REFERENCE: UCSF IPE Program. (2021, February 7). *Module 4. Segment 3: How to respond to conflict? A 3-step framework*. [Video]. YouTube.

WATCH: Conflict in the healthcare setting

Study guide: This video is one of a set of videos that offers content concerning conflict. This video explores conflict in terms of what happens in healthcare, the types of conflict (also known as sources of conflict), the consequences of conflict, barriers to conflict resolution, and the ways that team dynamics is important to successfully manage a conflict.

REFERENCE: UCSF IPE Program. (2021, February 7). *Module 4. Segment 1: Conflict in the health care setting*. [Video]. YouTube.

READ: The nature of conflict: Conflict resolution or conflict management

Study Guide: This is a brief comparison of conflict management and conflict resolution that clarifies why conflict management is the goal for high performing teams.

REFERENCE: Communication Institute for Online Scholarship (CIOS). (2021, February 8). *The nature of conflict: Conflict resolution or conflict management*

READ: Using 'polarity thinking' to achieve sustainable positive outcomes

Study Guide: What is polarity thinking? "It is a way of thinking that helps one understand the difference between problems to solve and polarities that need to be leveraged. It includes a principal driven model to leverage polarities. The formal systematic approach provides a framework that leads to levels of clarity not previously achieved by old ways of thinking. It is the missing logic that can be used to reach new outcomes and possibilities needed to advance our cultures and our practices" (Wesorick, 2015, p.5). More specifically, Levknecht gives a clear and concise overview of how recurring and seemingly unsolvable problems are probably really polarities, interdependent pairs of perspectives. The author explains how leveraging polarities requires honoring opposing perspectives to establish the "Greater Good". Lastly, Levknecht lists common polarities that are seen in healthcare; of special interest for this lesson is the polarity of individual and team.

REFERENCE: Levknecht, L. (2021, February 5). *Using 'polarity thinking' to achieve sustainable positive outcomes*.

WATCH: Basic negotiation

Study guide: As you watch the video consider what are the 5 steps in negotiating an agreement?

REFERENCE: UCSF IPE Program. (2021, February 7). *Module 4. Segment 6: Basic negotiation skills*. [Video]. Youtube.

LESSON REFERENCES

Janis, I. (1991). Groupthink. In E. Griffin (Ed.). A *First Look at Communication Theory* (pp.235-246). New York: McGraw-Hill.

Wesorick, B. (2016). *Polarity thinking in healthcare: The missing link to achieve transformation.* Amherst, MA: HRD Press. ISBN 978-1-61014-406-3

10. Conflict and Bullying

LEARNING GUIDE: CONFLICT AND BULLYING

OVERVIEW

This lesson builds on the lesson concerning conflict. This exploration of bullying contrasts bullying with conflict, identifies the challenges concerning bullying as well as strategies to address bullying and/or a difficult conversation.

OBJECTIVES

For this lesson you will:

1. Examine the pitfalls of groupthink and how it can impact conflict resolution.
2. Identify the scope of incivility and bullying in the healthcare workplace.
3. Describe the Respectful Conversations framework for resolving conflict.

COMPETENCIES

	IPEC Sub-competencies – Values/Ethics for Interprofessional Practice
VE8	Manage ethical dilemmas specific to interprofessional patient/population centered care situations.
	IPEC Sub-competencies – Interprofessional Communication
CC5	Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.
CC6	Use respectful language appropriate for a given difficult situation, critical conversation, or interprofessional conflict.
CC7	Recognize how one's own uniqueness, including experience level, expertise, culture, power, and hierarchy within the health care team, contributes to effective communication, conflict resolution, and positive interprofessional working relationship.
	IPEC Sub-competencies – Teams and Teamwork
TT6	Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among health and other professionals and with patients, families, and community members.

DEFINITIONS

Crucial Conversation – "A discussion between two or more people where (1) stakes are high, (2) opinions vary, and (3) emotions run strong" (Patterson, Grenny, McMillan & Switzer, 2002, p. 3).

   Workplace Incivility and Bullying – "is any negative behavior that demonstrates a lack of regard for others" (PACERS Civility Toolkit, 2015).

LEARNING ACTIVITIES

- The following sources with study guides have been curated for student learning.
- For application and demonstration of learning, lab exercises can be found in the second half of this online education resource, **Lab Exercises**.

READ: Bullying vs. conflict in the workplace

Study Guide: The authors of this resource examine the difference between bullying and conflict. Other take-aways include that bullying in the workplace should not be tolerated and that not all disagreements or fights are bullying events.

REFERENCE: Go2HR. (2021). *Bullying vs. conflict in the workplace*. (February 05, 2021).

WATCH: Incivility and bullying in healthcare: Overview

Study guide: The American Nurses Association convened a task force to address burnout in nurses. At first glance, this source may be considered nurse-specific, but incivility and burnout are important to all healthcare professions; this is most recently apparent when examining the healthcare workforce during and post the COVID-19 pandemic challenge. As students watch the video consider the definition, setting, and who is involved in a bullying event as well as the consequences of bullying.

REFERENCE: PACERS Civility Toolkit. (2015). *Incivility and bullying in healthcare: Overview (Video 1 of 3)* [Video].

WATCH: Incivility and bullying in healthcare: Approach to respectful conversions.

Study guide: The American Nurses Association convened a task force to address burnout in nurses. At first glance, this source may be considered nurse-specific, but incivility and burnout are important to all healthcare professions; this is most recently apparent when examining the healthcare workforce during and post the COVID-19 pandemic challenge. As students watch this video, focus on the explanations of the steps for the Respectful Conversation framework which is an evidence-based strategy.

REFERENCE: PACERS Civility Toolkit. (2015). *Incivility and bullying in healthcare: Approach to respectful conversations (Video 2 of 3)*. [Video].

WATCH: Crucial Conversations book summary: How to make it safe to talk about anything

Study Guide: This video summarizes the six important points from the book, **Crucial Conversations.** This Crucial Conversations framework can be used to negotiate a conflict, to break a cycle of bullying, and describes how to students can present their position in a bullying-type manner.

REFERENCE: McAdam, E. (2019, August 22). *Crucial Conversations book summary: How to make it safe to talk about anything*. [Video]. YouTube.

LESSON REFERENCES

Patterson, K., Grenny, J., McMillan, R., & Switzler, A. (2002). *Crucial*

conversations: Tools for talking when stakes are high. New York, NY: McGraw-Hill. ISBN 0071415831

LAB EXERCISES

11. Lab Exercise: Interprofessional Practice Readiness

LAB EXERCISE: INTERPROFESSIONAL PRACTICE READINESS

OBJECTIVES

For this lab exercise you will:

1. Place the interests of patients and populations at center of interprofessional health care delivery and population health programs and policies, with the, with the goal of promoting health and health equity across the lifespan (IPEC, 2011, VE1).
2. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs (IPEC, 2011, VE5).
3. Maintain competence in one's own profession appropriate to scope of practice (IPEC, 2011, VE10).

INSTRUCTIONS

Part I.

1. COMPETE the self-assessment tool provided by your instructor that concerns interprofessional practice readiness.
2. REVIEW of your result.
3. REFLECT on your result.
4. IDENTIFY areas of professional development.

Part II.

1. REVIEW the information provided here concerning SMART Goals
2. **SMART** stands for:

   - **S**pecific (simple, sensible, significant)
   - **M**easurable (meaningful, motivating)
   - **A**chievable (agreed, attainable)
   - **R**elevant (reasonable, realistic and resourced, results-based)
   - **T**ime bound (time-based, time limited, time/cost limited, timely, time-sensitive).

3. **EXAMPLE SMART goals**:

   An example SMART goal has all of the S-M-A-R-T components. Here are 2 examples:

4.

   STUDENT Goal – By April 23, 20XX (by graduation), increase (my) knowledge of effective patient education concerning

nutrition as demonstrated by certificate from a module; and reading relevant materials, and developing my own mock patient education handout that includes meal planning calendar and a food diary.

- **PATIENT Goal –** By February 14, 20XX, increase knowledge of self-care concerning nutrition and the intake of liquids as demonstrated by 2-week food and activity diary that is shared with primary care provider at the February 14, 20XX outpatient appointment.

3. WRITE 1-2 SMART goals concerning your interprofessional education for collaborative practice.

RUBRIC – SMART Goal(s) for Interprofessional Practice Readiness

POINTS	CRITERIA
0-10	SMART goal(s) is/are written as one sentence.
0-2	SMART goal(s) is/are specific.
0-2	SMART goal(s) is/are measurable.
0-2	SMART goal(s) is/are achievable.
0-2	SMART goal(s) is/are relevant.
0-2	SMART goal(s) is/are time-bound.

REFERENCES

Dow, A. W., DiazGranados, D., Mazmanian, P. E., & Retchin, S. M. (2014). An exploratory study of an assessment tool derived from the competencies of the Interprofessional Education Collaborative. *Journal of Interprofessional Care,* 28(4):299-304. https://doi.org/10.3109/13561820.2014.891573

Institute for Healthcare Improvement. *Readiness for Interprofessional Learning Scale* (RIPLS). Retrieved November 21, 2022, from https://www.ihi.org/

Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative

Merrihew, M. (2017, August 4). *The importance of setting SMART goals.* Retrieved August 02, 2022, from https://www.hydratemarketing.com/blog/

The Mind Tools Content Team (2021, October 15). *SMART goals: How to make your goals achievable.* https://www.mindtools.com/

12. Lab Exercise: Why Values Matter

LAB EXERCISE: WHY VALUES MATTER

OBJECTIVE

For this lab exercise you will:

1. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes (IPEC, 2011, VE4).
2. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs (IPEC, 2011, VE5).

INSTRUCTIONS

1. IDENTIFY as an individual or team an important value for your

team that is related to providing patient care as a healthcare professional.
2. DEFINE the value.
3. WRITE a healthcare-related/patient-related story that demonstrates the value.
4. SEARCH FOR/CREATE the unique image of your value that is demonstrated in the healthcare-related/patient-related story.

RUBRIC – Why Values Matter

POINTS	CRITERIA
0-5	Identifies a relevant value that is team-related/ collaboration-related.
0-10	Clearly and in depth, defines the value.
0-10	The healthcare-related/patient-related story well-represents the value.
0-5	The image is relevant and illustrates the value and the story

REFERENCES

Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative

TED. (2019, January 17). *Why values matter/Jan Stasssen/ TEDxMunchen.* [Video]. YouTube.

13. Lab Exercise: Other Healthcare Profession Role and Responsibilities

LAB EXERCISE: OTHER HEALTHCARE PROFESSION ROLE AND RESPONSIBILITIES

OBJECTIVES

For this lab exercise you will

1. Examine the roles and responsibilities of health care team members outside of their own discipline.
2. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease (IPEC, 2011, RR4).

INSTRUCTIONS

1. This assignment concerns the role exploration of "the other" healthcare profession; not your own.
2. IDENTIFY a healthcare profession to research.
3. REVIEW the questions that need to be addressed by your

research

4. GATHER INFORMATION by any/all of the following methods: interview and/or shadowing a practicing professional, look at professional/organizational websites, educational/university websites that offer that degree, and/or governing bodies (state/federal) websites. For example, if you have pharmacist look at the Ferris State University website for the Pharmacy Doctorate program; besides the educational information and pre-requisites they have other professional links that will help you.

5. ANSWER the following questions:

- **What is the educational preparation for entry into practice requirements of this healthcare role?**

  - **(Such as: What undergraduate and graduate courses are common to this profession as well as your own? What is the training? Are there certification exams? Are there additional requirements for licensing?)**

- **What specialized knowledge and skills does this healthcare role contribute to the interprofessional team?**

- **How does this healthcare profession's role and specialized knowledge overlap with other members of the interprofessional team?**

- **Where does this healthcare profession provide care to patients?**

- **Does the healthcare professional provide care to specific patient/community populations? If so, which ones?**

RUBRIC – Other Health Profession Role and Responsibilities

POINTS	CRITERIA
0-4	Offers a relevant explanation of educational preparation and ongoing professional development for the healthcare profession.
0-4	Clearly and concisely describes the specialized knowledge and skills [and/or responsibilities] of the healthcare profession and how they contribute to the interprofessional team.
0-4	Offers a relevant explanation of the role overlap with other healthcare professions.
0-4	Where does this healthcare profession provide care to patients?
0-4	Does the healthcare professional provide care to specific patient/community populations? If so, which ones?

REFERENCES

Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative

14. Lab Exercise: Roles and Scenarios

LAB EXERCISE: ROLES AND SCENARIOS

OBJECTIVES

For this lab exercise you will:

1. Explain roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent illness (IPEC, 2011, RR4).
2. Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective, and equitable (IPEC, 2011, RR5).
3. Use unique and complementary abilities of all members of the team to optimize health and patient care (IPEC, 2011, RR9).

INSTRUCTIONS

1. As a team or as individuals, decide which healthcare professions should be involved the patient's care in each

scenario. (Hint: not all roles need to be involved for each case).

2. Then, write a rationale for why each healthcare profession is needed for each scenario.

SCENARIOS

Scenario #1: 18-year-old Elite gymnast with a femur fracture from a motor vehicle accident who is ready to resume training.

1. **Circle the Healthcare professions that would be involved in this patient's care:** Dietitian, Athletic Trainer, Hospital Administrator, Nurse, Speech Language Pathologist, Pharmacist, Physical Therapist, Physician Assistant, Social Worker, Public Health Specialist, Occupational Therapist, Other_____
2. **What healthcare professions would provide care to the person who was in the motor vehicle accident? Why?**

Scenario #2: 16-year-old soccer player who sustained a second game-related concussion who is having headaches and focusing issues at high school.

1. **Circle the Healthcare professions that would be involved in this patient's care:** Dietitian, Athletic Trainer, Hospital Administrator, Nurse, Speech Language Pathologist, Pharmacist, Physical Therapist, Physician Assistant, Social Worker, Public Health Specialist, Occupational Therapist, Other_____

2. **What healthcare professions would provide care to the person who has sustained multiple concussion? Why?**

Scenario #3: 25-year-old with bilateral below-the-knee amputations due to an individual explosion device (IED) who is ready to train for the wheelchair basketball team in hopes of participating in the Paralympics.

1. **Circle the Healthcare professions that would be involved in this patient's care:** Dietitian, Athletic Trainer, Hospital Administrator, Nurse, Speech Language Pathologist, Pharmacist, Physical Therapist, Physician Assistant, Social Worker, Public Health Specialist, Occupational Therapist, Other_____
2. **What healthcare professions would provide care to the person who was the victim of an IED? Why?**

Scenario #4: 42-year-old person without health insurance that requires a kidney transplant due to multi-organ failure related to a viral illness.

1. **Circle the Healthcare professions that would be involved in this patient's care:** Dietitian, Athletic Trainer, Hospital Administrator, Nurse, Speech Language Pathologist, Pharmacist, Physical Therapist, Physician Assistant, Social Worker, Public Health Specialist, Occupational Therapist, Other_____

2. **What healthcare professions would provide care to the person who needs a kidney transplant? Why?**

Scenario #5: 62-year-old person who has survived a stroke and has left-sided paralysis and communication difficulties who is stable and being transferred to a rehabilitation unit.

1. **Circle the Healthcare professions that would be involved in this patient's care:** Dietitian, Athletic Trainer, Hospital Administrator, Nurse, Speech Language Pathologist, Pharmacist, Physical Therapist, Physician Assistant, Social Worker, Public Health Specialist, Occupational Therapist, Other_____
2. **What healthcare professions would provide care to the person who survived a stroke and is being transferred to rehab? Why?**

RUBRIC – Roles and Scenarios

POINTS	CRITERIA
0-6	Scenario #1 – Identifies relevant healthcare professions that would provide care to the patient (2 points). Describes relevant roles and responsibilities for each healthcare profession identified (4 points).
0-6	Scenario #2 – Identifies relevant healthcare professions that would provide care to the patient (2 points). Describes relevant roles and responsibilities for each healthcare profession identified (4 points).
0-6	Scenario #3 – Identifies relevant healthcare professions that would provide care to the patient (2 points). Describes relevant roles and responsibilities for each healthcare profession identified (4 points).
0-6	Scenario #4 – Identifies relevant healthcare professions that would provide care to the patient (2 points). Describes relevant roles and responsibilities for each healthcare profession identified (4 points).
0-6	Scenario #5 – Identifies relevant healthcare professions that would provide care to the patient (2 points). Describes relevant roles and responsibilities for each healthcare profession identified (4 points).

REFERENCE

Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative

15. Lab Exercise: Health Professions - Who Am I?

LAB EXERCISE: HEALTH PROFESSIONS – WHO AM I?

OBJECTIVES

For this lab exercise you will:

1. Recognize one's limitations in skills, knowledge, and abilities (IPEC, 2011, RR1).
2. Explain the roles and responsibilities of other providers and how the team works together to provider care, promote health, and prevent disease (IPEC, 2011, RR4).

INSTRUCTIONS

1. Many professions collaborate in the care of patients; these professions include: lab technician, social worker, physician, respiratory therapist, nurse practitioner, physician assistant, speech language pathologist, registered dietitian, pharmacist, occupational therapist, physical therapist, dentist, chaplain, or others.
2. IDENTIFY each profession that described who may be on an

interprofessional team that may be collaborating to provide care to patients; to find the answers, ask your healthcare professional colleagues, and/or research educational and professional organizational websites.

3. This exercise can be completed as individuals or via collaboration as a team.

- **#1 – I have at least an Associate Degree and am certified and/or licensed. I studied medical terminology, anatomy, physiology, and other basic sciences. My role focuses on obtaining and analyzing patient's body fluids and tissue cells. I work under the direction of a supervisor. WHO AM I?**

- **#2 – I offer a holistic approach on the tasks a person performs every day (the ADLs). I person may have a health condition or had an injury and need to learn/relearn/adapt including speech, communication, play, self-care, household management, social participation, etc. WHO AM I?**

- **#3 – I evaluate clients/patients, develop a treatment plan to improve movement, restore lost function, prevent disability, help a person to achieve fitness goals, and manage pain. WHO AM I?**

- **#4 – I promote good mental health including therapy (if I have done an externship and have a master's degree). I help clients access the community resources they need to address their SODH and/or other challenges. WHO AM I?**

- **#5 – I have a master's degree and have completed a clinical fellowship. I assess and treat speech (including fluency), language, the cognitive components of communication, and oral/feeding/swallowing skills. WHO AM I?**

- **#6 – I have a BA/BS with emphasis in basic sciences (biology, organic and inorganic chemistry, physics, anatomy & physiology), calculus, and stats. I went to 4 years of graduate school and had to pass competency exams along the way to progress. Then, I did at least 3 more years of training and took at least one more competency exam. I provide holistic care to clients/patients – providing preventive healthcare, and management of illnesses, and disease; and educate clients/patients/families about health and illness. I write orders, prescribe medication, order and interpret tests, and make referrals. I am concerned with quality improvement, patient satisfaction, and patient outcomes. WHO AM I?**

- **#7 – I have an advance degree at the master's or Doctorate level which took 2 or 4 years, respectively. I provide holistic care to clients/patients – providing preventive healthcare, and management of illnesses, and disease; and educate clients/patients/families about health and illness. I am concerned with quality improvement, patient satisfaction, and patient outcomes. In many states, my scope of practice allows me to practice completely independently. WHO AM I?**

- **#8 – I have 6-8 years of training in a specialized school. I took courses such as organic chemistry, and physiology. I passed national and state licensing exams. I supply**

medications to patients ensuring their safe use as well as advising patients how to take them, what reactions could occur, and answer patient questions. I respond to patients' symptoms and recommend OTC medications. I provide services to patients, such as smoking cessation, blood pressure measurement, diabetes management, and vaccine administration. WHO AM I?

- **#9 – I have an advance degree at the master's which took 3 years. I provide holistic care to clients/patients. I obtain medical histories, perform physical examinations, make clinical diagnoses, treat illnesses, provide patient education, counsel patients, assist in surgery, create patient orders, interpret lab studies, and prescribe medications. My scope of practice allows me to practice under supervision, but the supervisor does not need to be onsite. WHO AM I?**

- **#10 – I perform physical exams on patients and perform diagnostic testing and recommend treatments. I respond to emergency situations and urgent calls for care. I analyze breath, tissue, and blood specimens to determine levels of oxygen and other gases. I manage ventilators and artificial airways. I educate patients and families about lung disease so they can maximize their quality of life. WHO AM I?**

- **#11 – I have a bachelor's degree, but soon the education need for entry level in the profession will be a master's degree. Athletic trainers (ATs) are unique health care providers and an essential member of any health care team skilled and trained in the prevention of injury and illness, examination,**

diagnosis, treatment and rehabilitation of emergency, acute or chronic injuries and medical conditions. Found on sidelines, military bases, warehouse floors, performance halls and clinics and hospitals, ATs provide a safer approach to work, life and sport. – WHO AM I?

- **#12 – I have at least an Associate Degree and I am licensed. I protect, promote, and optimize health and abilities, prevent illness and injury, alleviate suffering through diagnosis and treatment of the human response, and advocacy in the care of individuals, families, communities, and populations. – WHO AM I?**

- **#13 – I have a bachelor's degree followed by four years of graduate school that includes lecture courses along with simulation classes, labs, and clinical experiences. My peers and I mostly work in private practices, although a few are employed by hospitals, government agencies, and outpatient clinics. I provide routine screenings and patient care that includes procedures and treatments; this includes early detection of heart disease, diabetes, and kidney problems. WHO AM I?**

- **#14 – I have a bachelor's degree in public health, business, or clinical discipline, then a master's degree and various certifications. I am involved in the daily operations of a healthcare facility although I may specialize to coordinate staff schedules, oversee hiring and salaries, improve efficiency, manage finances and budgets, maintain health records, address needs of staff members, and ensure that the**

facility is in compliance with healthcare laws and regulations. WHO AM I?

- **#15 – I have at least a master's degree. I am specialized and certified in my profession. I support patients and staff with spiritual and religious concerns across all faiths and cultures. I advocate for patients and staff and influence better decisions about care, improve clinical outcomes, and enhance staff morale. I establish trust with patients that transfers to other members of the healthcare team which leads to better care and better outcomes. WHO AM I?**

RUBRIC – Health Professions – Who Am I?

POINTS	CRITERIA
0-2	Offers correct health or other profession for #1
0-2	Offers correct health or other profession for #2
0-2	Offers correct health or other profession for #3
0-2	Offers correct health or other profession for #4
0-2	Offers correct health or other profession for #5
0-2	Offers correct health or other profession for #6
0-2	Offers correct health or other profession for #7
0-2	Offers correct health or other profession for #8
0-2	Offers correct health or other profession for #9
0-2	Offers correct health or other profession for #10
0-2	Offers correct health or other profession for #11
0-2	Offers correct health or other profession for #12
0-2	Offers correct health or other profession for #13

REFERENCES

Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative

16. Lab Exercise: Myths and Truths

LAB EXERCISES: MYTHS AND TRUTHS

OBJECTIVES

For this lab exercise you will:

1. Become aware of stereotyping both positive and negative related to other health professions as well as their own discipline.

INSTRUCTIONS

1. IDENTIFY and/or write 5 myths and 5 truths from any healthcare profession; they do not need to apply to one profession, rather you can mix and match to many professions. Think about it like this…"What have you heard about your profession [or another healthcare profession]?" (true or false).
2. LIST the health profession that you are describing for each myth and truth
3. OFFER a rationale about why each myth is untrue.

4. OFFER a rationale about why each truth is correct.

RUBRIC-Myths & Truths

POINTS	MYTH AND RATIONALE
0-3	Myth #1 – LIST the healthcare profession and myth. BE ABLE TO: clearly and concisely describes why the myth is untrue.
0-3	Myth #2 – LIST the healthcare profession and myth. BE ABLE TO: clearly and concisely describes why the myth is untrue.
0-3	Myth #3 – LIST the healthcare profession and myth. BE ABLE TO: clearly and concisely describes why the myth is untrue.
0-3	Myth #4 – LIST the healthcare profession and myth. BE ABLE TO: clearly and concisely describes why the myth is untrue.
0-3	Myth #5 – LIST the healthcare profession and myth. BE ABLE TO: clearly and concisely describes why the myth is untrue.
	TRUTH AND RATIONALE
0-3	Truth #1 – LIST the healthcare profession and truth. BE ABLE TO: clearly and concisely describes why the truth is correct.
0-3	Truth #2 – LIST the healthcare profession and truth. BE ABLE TO: clearly and concisely describes why the truth is correct.
0-3	Truth #3 – LIST the healthcare profession and truth. BE ABLE TO: clearly and concisely describes why the truth is correct.
0-3	Truth #4 – LIST the healthcare profession and truth. BE ABLE TO: clearly and concisely describes why the truth is correct.
0-3	Truth #5 – LIST the healthcare profession and truth. BE ABLE TO: clearly and concisely describes why the truth is correct.

17. Lab Exercise: Reflective Analysis (Communication)

LAB EXERCISE: REFLECTIVE ANALYSIS (COMMUNICATION)

OBJECTIVES

For lab exercise you will:

1. Increase knowledge of how voice and body language components contribute to effective interprofessional communication.
2. Embrace a willingness to critique own communication weaknesses.
3. Display the motivation to improve interprofessional communication skills.

INSTRUCTIONS

Part I.

1. TAKE THE QUIZ on communication skill that is provided by your instructor.

2. TAKE THE QUIZ on communication styles that is provided by your instructor.
3. REVIEW AND REFLECT on the meaning of the assessment results concerning your communication skills and your predominant communication style.
4. WRITE answers to the following questions as they relate to one of the assessments; either your communication skill or your communication style.

- **What about the quiz result surprised you?**

- **What did you learn about your communication skills and/or communication style?**

- **How does this new learning about yourself and/or communication connect with past/present experiences?**

Part II.

1. IDENTIFY areas of professional development concerning your communication skill and/or communication style.
2. REVIEW the information provided here concerning SMART

Goals.

3. WRITE 1-2 SMART goals concerning your communication for interprofessional practice.

4. **SMART** stands for:

   ◦ **S**pecific (simple, sensible, significant)
   ◦ **M**easurable (meaningful, motivating)
   ◦ **A**chievable (agreed, attainable)
   ◦ **R**elevant (reasonable, realistic and resourced, results-based)
   ◦ **T**ime bound (time-based, time limited, time/cost imited, timely, time-sensitive).

EXAMPLE SMART goals:

An example SMART goal has all of the S-M-A-R-T components. Here are 2 examples:

   ◦ **STUDENT Goal –** By April 23, 20XX (by graduation), increase (my) knowledge of effective patient education concerning nutrition as demonstrated by certificate from a module; and reading relevant materials, and developing my own mock patient education handout that includes meal planning calendar and a food diary.
   ◦ **PATIENT Goal –** By February 14, 20XX, increase knowledge of self-care concerning nutrition and the intake of liquids as demonstrated by 2-week food and activity diary that is shared with primary care provider at the February 14, 20XX outpatient appointment.

- **How will you apply this new learning to your healthcare profession-related practice and/or your role as an interprofessional team member (WRITE a SMART goal)?**

RUBRIC – SMART Goal(s) for Communication

POINTS	CRITERIA
0-10	SMART goal(s) is/are written as one sentence.
0-2	SMART goal(s) is/are specific.
0-2	SMART goal(s) is/are measurable.
0-2	SMART goal(s) is/are achievable.
0-2	SMART goal(s) is/are relevant.
0-2	SMART goal(s) is/are time-bound.

REFERENCE(S)

LeadershipIQ. (2022, January 03). *Communication styles quiz and research: Which of these different communication styles do you use?* https://www.leadershipiq.com/

Merrihew, M. (2017, August 4). *The importance of setting SMART goals.* Retrieved August 02, 2022, from https://www.hydratemarketing.com/

Mindtools. (2021, June 20). *How good are your communications skills? Speaking, listening, writing, and reading effectively.* https://www.mindtools.com/

18. Lab Exercise: Best Practices (Communication)

LAB EXERCISE: BEST PRACTICES (COMMUNICATION)

OBJECTIVES

For this lab exercise you will:

1. Describe best practices for effective communication.
2. Describe communication challenges.

INSTRUCTIONS

Part I.

1. REVIEW your learning that concerns Communication.
2. ANSWER the following prompt.

- **LIST and DEFINE FIVE best practices of effective**

communication AND GIVE AN EXAMPLE of each practice.

Part II.

1. REVIEW your learning that concerns Communication.
2. ANSWER the following prompt.

- **LIST and DEFINE FIVE communication challenges AND GIVE AN EXAMPLE of each practice.**

RUBRIC – Communication (Best Practices)

POINTS	CRITERIA
0-2	Best Practice #1. Offers a relevant best practice and example as well as defines it clearly and concisely.
0-2	Best Practice #2. Offers a relevant best practice and example as well as defines it clearly and concisely.
0-2	Best Practice #3. Offers a relevant best practice and example as well as defines it clearly and concisely.
0-2	Best Practice #4. Offers a relevant best practice and example as well as defines it clearly and concisely.
0-2	Best Practice #4. Offers a relevant best practice and example as well as defines it clearly and concisely.
0-2	Communication Challenge #1. Offers a relevant barrier to effective communication and example as well as defines it clearly and concisely.
0-2	Communication Challenge #2. Offers a relevant barrier to effective communication and example as well as defines it clearly and concisely.
0-2	Communication Challenge #3. Offers a relevant barrier to effective communication and example as well as defines it clearly and concisely.
0-2	Communication Challenge #4. Offers a relevant barrier to effective communication and example as well as defines it clearly and concisely.
0-2	Communication Challenge #5. Offers a relevant barrier to effective communication and example as well as defines it clearly and concisely.

19. Lab Exercise: Case Analysis (Communication)

LAB EXERCISE – CASE ANALYSIS (COMMUNICATION)

OBECTIVES

For this lab exercise you will:

1. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible (IPEC, 2011 [CC2]).
2. Express one's knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity, and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies (IPEC, 2011 [CC3]).
3. Listen actively and encourage ideas and opinions of other team members (IPEC, 2011 [CC4]).

INSTRUCTIONS

1. As a team, OBSERVE an in-person interprofessional team performing iRounds OR WATCH the video of an interprofessional team performing iRounds (a sample is found in REFERENCES).
2. ASSESS the team communication using a team assessment tool provided by your instructor; at least 10 items from the tool will be identified to score. (team assessment tools are listed in REFERENCES).
3. OFFER a rationale for the score for each item of the team assessment tool.

RUBRIC – Case Analysis (Communication)

POINTS	CRITERIA
	Team Communication Assessment Tool
0-2	Item #1 – Gives the Score and a relevant Rationale
0-2	Item #2 – Gives the Score and a relevant Rationale
0-2	Item #3 – Gives the Score and a relevant Rationale
0-2	Item #4 – Gives the Score and a relevant Rationale
0-2	Item #5 – Gives the Score and a relevant Rationale
0-2	Item #6 – Gives the Score and a relevant Rationale
0-2	Item #7 – Gives the Score and a relevant Rationale
0-2	Item #8 – Gives the Score and a relevant Rationale
0-2	Item #9 – Gives the Score and a relevant Rationale
0-2	Item # 10 – Gives the Score and a relevant Rationale

REFERENCE(S)

devoschildrens. (2012). *Bedside Rounding at HDVCH*. [Video]. YouTube.

Curran, V., Hollett, A., Casimiro, L. M., Mccarthy, P., Banfield, V., Hall, P., Lackie, K., Oandasan, I., Simmons, B. & Wagner, S. (2011). Development and validation of the Interprofessional Collaborator Assessment Rubric ((ICAR)), *Journal of Interprofessional Care*, 25(5), 339-344, https://doi.org/10.3109/13561820.2011.589542

Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative

20. Lab Exercise: Worksheet (Communication)

LAB EXERCISE: WORKSHEET (COMMUNICATION)

OBJECTIVES

For this lab exercise you will:

1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function (IPEC, 2011, CC1).
2. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible (IPEC, 2011, CC2).
3. Express one's knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity, and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies (IPEC, 2011, CC3).
4. Listen actively, and encourage ideas and opinions of other team members (IPEC, 2011, CC4).

INSTRUCTIONS

1. REVIEW your knowledge concerning communication.
2. As a team, ANSWER the following questions concerning communication skills important for healthcare professionals.
3. REVIEW the Rubric.

- **What are verbal and nonverbal communication? Give examples.**

- **What does active listening look like?**

- **What are the types of written communication performed by healthcare professionals? Give examples.**

- **What are the types of presentations performed by healthcare professionals? Give examples.**

- **How does cultural awareness impacts communication?**

- **What are various ways that healthcare professionals provide patient education? Give examples.**

RUBRIC – Worksheet (Communication)

POINTS	CRITERIA
0-5	Describes/defines verbal and nonverbal communication and offers relevant examples of each type.
0-5	Describes active listening.
0-5	Describes various examples of written communication used by health professionals.
0-5	Describes various examples presentations performed by healthcare professionals.
0-5	Describes the importance of cultural competency and it is demonstrated via communication.
0-5	Describes strategies for patient education used by healthcare professionals.

REFERENCES

Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative

21. Lab Exercise: Team Charter

LAB EXERCISE: TEAM CHARTER

OBJECTIVES

For this lab exercise you will:

1. Establish the group norms for the team.
2. Begin the first stage of team development, forming.

Part I.

INSTRUCTIONS

Using a Team Charter, teams co-write ground rules for team functioning – in terms of values, communication, team functioning, team roles, team leadership, and conflict negotiation. Unless students have been involved in formal project management, they may not have had experience with writing a team charter and are uncertain about what such a document should contain.

1. REFLECT on your prior group/team experiences.
2. CONSIDER, what the group norms for the team should be?
3. ANSWER the following questions:

- **What contact information should all team members share? [Name, phone number*, email, and other]**

- **What is important to know about team meetings? [What format/software is going to be used – In-person (if remote learning ends), video, audio (phone) and synchronous? What is the schedule for meetings – Regularly, irregularly scheduled (ad hoc)? What are the attendance requirements? Expectations, being late, no show? Other considerations?**

- **What are expectations about communication? [What format and software is going to be used – Google doc, Google Hangout, Skype, Facebook, Twitter, GVSU email, Text, Phone call, FaceTime, Group Chat, etc.? How often should everyone check messages? Will there be a way to send an urgent message needing a response? What are the hours that messages can be sent? How fast do team members need to reply to routine messages? Other considerations?]**

- **How are you going to give each other feedback on progress for an assignment? [What does respectful feedback look like for the team? What does timely feedback look like?]**

- **What are you going to do about potential areas of accountability and conflict? [What will the team do about missed deadlines? How will the team address different points of view on content? How will the team address different priorities of team members? How will the team address different quality standards of team members for group assignments?]**

- **Who is the Team Leader? This role will be assigned within the team at the first class meeting [What should this role be? Is this person going to be the person that starts communications/a conversation? Is this person the one to CHECKIN with the team to see if anyone needs help?] – SEE TABLE IN PART II.**

- **Are there any other team issues/goals?**

Part II.

INSTRUCTIONS

Each week whether teams are meeting inthe format is IN-PERSON (Clinical Seminar) or ONLINE LEARNING, one (or more) of the students from your group/team/table will be the team LEADER FOR THE WEEK. This role includes assigning roles for IN-PERSON (Clinical Seminar Group work) or ONLINE LEARNING as well as sharing and facilitating the team using Team Charter guidelines. As Leader, CHECKIN (by text or email) with your team to ensure that everyone is staying connected and to evaluate/guide everyone in completing individual and Group work assignments for the week. Additionally, if there is an urgent course issue instructor(s) will be contacting the Leaders to disseminate any new information.

RUBRIC – Team Charter

POINTS	CRITERIA
0-6	Team member information – is complete and all members are listed (include team member name, email, telephone/text number)
0-6	Team meeting – expectations are clear and concise (man include items such as scheduling meetings, regular/ad hoc, attendance, and being on time – when is it okay to "no show"?).
0-6	Team communications – expectations are clear and concise (may include – How often is everyone going to check messages; what is the reply time to team communications; is there a way to send urgent messages; and what software/formats [email, Google docs, Google Hangout, Skype, Facebook, Twitter, FaceTime, texting, phone calls, Groups chat, email, etc.]).
0-6	Feedback with Mutual Support – expectations are clear and concise – (may include how to give/receive feedback; what is timely feedback).
0-6	Accountability and Team conflict – expectations are clear and concise (may include management of missed deadlines, different points of view, different priorities, and different quality standards on assignments).

REFERENCE(S)

Hillier, J. and Dunn-Jensen, L. M. (2013). Group meet...teams improve: Building teams that learn. Journal of Management Education, 37(5), 704-733.

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they and what's their purpose? Retrieved December 4, 2022, from https://www.lce.com/

Tuckman, B. W (1965). Developmental sequence in small groups. Psychological Bulletin. 63 (6), 384–399. doi:10.1037/h0022100. PMID 14314073

22. Lab Exercise: Worksheet (Teams and Teamwork)

LAB EXERCISE: WORKSHEET (TEAMS & TEAMWORK)

OBJECTIVES

For this lab exercise you will:

1. Describe the similarities and differences between group and team.
2. Describe the stages of team development.
3. Identify the myriad of team roles and how they impact team functioning.
4. Explain how mutual support and task assistance play an important role in team culture.
5. Describe the characteristics of effective leadership in healthcare applying the models of shared leadership, situational leadership, and transformational leadership.
6. Display the motivation to improve performance in leader role on the interprofessional healthcare team.
7. Identify barriers to effective teamwork in healthcare.

INSTRUCTIONS

1. REVIEW your knowledge concerning teamwork.
2. As a team, ANSWER the following questions concerning teams

and teamwork for healthcare professionals.
3. REVIEW the Rubric.

- **Define Group and Team. What is the difference between Group and Team? Give examples.**

- **What are the Stages of Team Development? In what stage is your team? Why?**

- **What are the benefits of and barriers to teamwork?**

- **What are mutual support and task assistance? Give examples.**

- **What are shared leadership, situational leadership, and transformational leadership? Give examples.**

- **What is team intelligence?**

RUBRIC – Worksheet (Teams and Teamwork)

POINTS	CRITERIA
0-5	Defines group and team. Describes differences. Gives examples of each.
0-5	Describes the Tuckman's five stages of team development. Identifies own team's stage and development including a rationale for this assessment.
0-5	Lists at least 5 benefits of effective teamwork. Lists at least 5 barriers to effective teamwork.
0-5	Defines mutual support and task assistance. Gives examples of each.
0-5	Defines shared leadership, situational leadership, and transformational leadership. Gives examples of each.
0-5	Defines team intelligence.

23. Lab Exercise: Start-Stop-Continue

LAB EXERCISE: START-STOP-CONTINUE

OBJECTIVES

For this lab exercise you will:

1. Identify barriers to effective teamwork.
2. Describe how team has developed team intelligence.
3. Engage self and others to constructively manage disagreements about values roles, goals, and actions that arise among health and other professionals with patients, families, and community members (IPEC, 2010, TT6).
4. Reflect on individual and team performance for individual, as well as team performance improvement (IPEC, 2010,TT8).

INSTRUCTIONS

1. This exercise offers teams a moment to pause and consider how their team is functioning. It is usually placed as an exercise about halfway through the project or semester.
2. If you and your team wrote a Team Charter previously, then

REVIEW your Team Charter before answering the questions.

3. As a Team, ANSWER the questions:

- **What behaviors, mindsets, or activities do we need to begin the next cycle (START)?**
- **What are things that no longer serve us? What behaviors and practices harm us, of which we need to let go of (STOP)?**
- **What behaviors, mindsets, or activities should stay as part of the team's best practices (CONTINUE)?**

RUBRIC – Start-Stop-Continue

POINTS	CRITERIA
10	1. Describes new knowledge, skills, and attitudes (KSAs) to strengthen and improve teamwork of our team (START)
10	2. Explains KSAs that are barriers to effective teamwork of our team (STOP)
10	3. Offers KSAs that need to be continued for effective teamwork of our team (CONTINUE)

REFERENCE

Fearless Culture Design. (n.d.). *The start, stop, continue canvas.* Retrieved November 14, 2022, from https://www.fearlessculture.design/

Gordon, S. (2012). 11. On Teams, Teamwork, and Team Intelligence. In R. Koppel & S. Gordon (Ed.), *First, Do Less Harm: Confronting the Inconvenient Problems of Patient Safety* (pp. 196-220). Ithaca, NY: Cornell University Press. https://doi.org/10.7591/9780801464072-012

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24. Lab Exercise: Reflective Analysis (Team Roles)

LAB EXERCISE: REFLECTIVE ANALYSIS (TEAM ROLES)

OBJECTIVES

For this lab exercise you will:

1. Describe the process of team development and team roles and practices of effective teams (IPEC, 2011, TT1).
2. Apply leadership practices that support collaborative practice and team effectiveness (IPEC, 2011, TT5).
3. Perform effectively on teams and in different team roles in a variety of settings (IPEC, 2011, TT11).

Part I.

INSTRUCTIONS

1. TAKE THE QUIZ on personality style that is provided by your instructor.
2. TAKE THE QUIZ on leadership that is provided by your instructor.

3. REVIEW AND REFLECT on the meaning of the assessment results concerning team roles.
4. WRITE answers to the following questions as they relate to assessments of team roles.

- **What about the quiz result surprised you?**

- **What did you learn about your communication skills and/or communication style?**

- **How does this new learning about yourself and/or communication connect with past/present experiences?**

Part II.

INSTRUCTIONS

1. IDENTIFY areas of professional development concerning your communication skill and/or communication style.
2. REVIEW the information provided here concerning SMART Goals.
    1. **SMART** stands for:

- **S**pecific (simple, sensible, significant)
- **M**easurable (meaningful, motivating)
- **A**chievable (agreed, attainable)
- **R**elevant (reasonable, realistic and resourced, results-based)
- **T**ime bound (time-based, time limited, time/cost limited, timely, time-sensitive).

3. **EXAMPLE SMART goals:**An example SMART goal has all of the S-M-A-R-T components. Here are 2 examples:

- **STUDENT Goal –** By April 23, 20XX (by graduation), increase (my) knowledge of effective patient education concerning nutrition as demonstrated by certificate from a module; and reading relevant materials, and developing my own mock patient education handout that includes meal planning calendar and a food diary.
- **PATIENT Goal –** By February 14, 20XX, increase knowledge of self-care concerning nutrition and the intake of liquids as demonstrated by 2-week food and activity diary that is shared with primary care provider at the February 14, 20XX outpatient appointment.

3. WRITE 1-2 SMART goals concerning your communication for interprofessional practice.

- **How will you apply this new learning to your healthcare profession-related practice and/or your role as an interprofessional team member (WRITE a SMART goal)?**

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Merrihew, M. (2017, August 4). *The importance of setting SMART goals.* Retrieved August 02, 2022, from https://www.hydratemarketing.com/

The Mind Tools Content Team (2021, October 15). *SMART goals: How to make your goals achievable.* https://www.mindtools.com/

MindTools. (2022, January 05). *How good are your leadership skills?*

RUBRIC – SMART Goal(s) for

POINTS	CRITERIA
0-10	SMART goal(s) is/are written as one sentence.
0-2	SMART goal(s) is/are specific.
0-2	SMART goal(s) is/are measurable.
0-2	SMART goal(s) is/are achievable.
0-2	SMART goal(s) is/are relevant.
0-2	SMART goal(s) is/are time-bound.

25. Lab Exercise: Case Analysis (Team Meeting)

LAB EXERCISE – CASE ANALYSIS (TEAM MEETING)

OBECTIVES

For this lab exercise you will:

1. Engage health and other professionals in shared patient-centered and population-focused problem-solving (IPEC, 2011, TT3).
2. Integrate the knowledge and expertise of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/ preferences for care (IPEC, 2011, TT4).
3. Share accountability with other professions, patients, and community for outcomes relevant to prevention and health care (IPEC, 2011, TT7).

INSTRUCTIONS

1. As a team, OBSERVE an in-person interprofessional team meeting OR WATCH the video of an interprofessional team

enacting a team meeting (a sample is found in REFERENCES).
2. ASSESS the team collaboration/team functioning using a team assessment tool provided by your instructor; at least 10 items from the tool will be identified to score. (team assessment tools are listed in REFERENCES).
3. OFFER a rationale for the score for each item of the team assessment tool.

RUBRIC – Case Analysis (Team Meeting)

POINTS	CRITERIA
	Team Communication Tool (10 items identified)
0-2	Item #1 – Gives the Score and a relevant Rationale
0-2	Item #2 – Gives the Score and a relevant Rationale
0-2	Item #3 – Gives the Score and a relevant Rationale
0-2	Item #4 – Gives the Score and a relevant Rationale
0-2	Item #5 – Gives the Score and a relevant Rationale
0-2	Item #6 – Gives the Score and a relevant Rationale
0-2	Item #7 – Gives the Score and a relevant Rationale
0-2	Item #8 – Gives the Score and a relevant Rationale
0-2	Item #9 – Gives the Score and a relevant Rationale
0-2	Item # 10 – Gives the Score and a relevant Rationale

REFERENCE(S)

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Schmitz, C. C., Radosevich, D. M., Jardine, P., MacDonald, C. J., Trumpower, D., & Archibald, D. (2017). The Interprofessional Collaborative Competency Attainment Survey (ICCAS): A replication validation study. *Journal of Interprofessional Care* 31(1), 28-34. https://doi.org/10.1080/13561820.2016.12330986

Schroder, C., Medves, J., Paterson, M., Byrnes, V., Chapman, C., O'Riordan, A., Pichora, D. & Kelly, C. (2011) Development and pilot testing of the Collaborative Practice Assessment Tool (CPAT), *Journal of Interprofessional Care*, 25(3), 189-195, https://doi.org/10.3109/13561820.2010.532620

26. Lab Exercise: Team Lead Icebreaker

LAB EXERCISE: TEAM LEAD ICEBREAKER

OBJECTIVE(S)

In this lab exercise you will:

1. Reflect on individual and team performance for individual, as well as team, performance improvement (IPEC 2011, TT8).
2. Perform effectively on teams in different team roles in a variety of settings (IPEC, 2011, TT10).

INSTRUCTIONS

1. As a team, research and/or create a Team Lead Icebreaker that can illustrate any aspect of interprofessional practice including values and ethics, roles and responsibilities, interprofessional communication, teams and teamwork, and conflict.
2. Co-write instructions for the activity include/answer the following questions

- **What are the Objective(s)?**

- ◦ CO-WRITEN 2 or 3 objective
  - ◦ "By participating in this icebreaker, you will…"

- **What is the Title of the icebreaker?**

- **What is the Time that it takes to complete the activity?**
  - ◦ Activities that are completed in 15-20 minutes are recommended.

- **What Supplies needed for multiple peer teams to complete the activity?**
  - ◦ Team leading the activity will bring the enough supplies to the meeting
  - ◦ Examples could be: tart (shower curtains), newsprint/ giant Post-It Notes, scissors, clear tape, scarves (as blindfolds or flags), masking tape/Duct tape, markers, white paper, colored paper, index cards, construction paper, paper clips, safety pins, glue sticks, rubber bands, string/yarn balls, envelopes, and others

- **What is the Setting/special room arrangements?**

- **What are the Directions for participants?**

- **What are the Directions for activity leaders?**
  - This may include a script

- **What are the Debrief Questions?**
  - Offer 3-5 question for debrief and/or discussion
  - The questions should make the connections between the activity and interprofessional practice.

- **What is the Reference in APA format, if appropriate?**

RUBRIC: Team Lead Icebreaker

POINTS	CRITERIA
0-5	Objectives are relevant to the activity and interprofessional practice as a team.
0-5	Time for completion of activity is clearly identified
0-5	Supplies are identified and available at time icebreaker is performed
0-5	Room is suitable for activity and arranged appropriately by the team leading the activity
0-5	Directions for the activity are clear to teams partaking in the activity
0-5	There are 3-5 relevant Debrief questions that connect the activity to interprofessional practice as a team.

REFERENCE

Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative

27. Lab Exercise: Case Analysis (Conflict in the Clinic)

LAB EXERCISE: CASE ANALYSIS (CONFLICT IN THE CLINIC)

OBJECTIVES

In this lab exercise you will:

1. Identify the different types of conflict.
2. Analyze the consequences, both positive and negative, of conflict.
3. Identify the barriers to resolving a conflict.
4. Apply the responses to conflict.
5. Demonstrate strategies used to manage an incivility and bullying incident.

INSTRUCTIONS

1. REVIEW your knowledge concerning Conflict and Bullying

2. READ the case.
3. As a team ,ANALYZE the case.
4. CO-WRITE your responses to the questions.

Part I.

The Case...

Shelby Washington is a 28-year-old gender not identified (they/their/them pronouns) with the date of birth, 4-28-92. Shelby is visiting the sports medicine clinic for evaluation and treatment of right knee injury and left shoulder injury. Shelby sustained the knee injury one month ago while performing the clean and jerk weightlifting maneuver and continues to have weakness in the knee with weight bearing. Shelby is training for an upcoming triathlon. Yesterday on a Sunday, Shelby tripped and fell on to their left shoulder while running. Shelby went to the Emergency Department (ED) after the shoulder injury on the same day and had x-rays of the shoulder and knee which were both negative. The ED discharge instructions were a sling and crutches, RICE, and OTC Ibuprofen.

Shelby has a medical history exercise-induced asthma and a psychiatric history of panic attacks and performance anxiety and thought to be a complication of sexual abuse by a coach. they have a prescription for an albuterol inhaler and Paxil (paroxetine) 12.5 mg PO daily, but they use these inconsistently. Shelby reports recreational use of marijuana and alcohol, mostly in social settings. They have cut back on vaping and a daily Monster; although these helped with focus at work, they seemed to be causing more frequent panic attacks.

Currently, Shelby lives alone in a two-story walk-up apartment. Shelby has a highly demanding job at the regional office for a US Senator and often works 12 or more hours a day 6-7 days a week.

Shelby commutes to work by using the bus (doesn't have a car); the commute includes a four-block walk to the bus stop and a four-block walk from the bus stop to the office. Shelby took one day off from work after trying to make the commute on crutches; but turned around and went home before Shelby got to the bus stop. None of Shelby's close friends have cars. Shelby's job cannot be done as telework.

Phase 1 Questions. Before moving on in the case you will stop and review your knowledge concerning conflict. Answer the following questions concerning conflict for healthcare professionals:

1.What are some of the potential conflicts/issues for her healthcare providers? List at least 5.

2.Define Task conflict and Relationship conflict. Then, categorize the conflicts listed in Question #1 by task conflict and/or relationship conflict.

3.In general, what are the positive consequences of conflict?

4.In general, what are the negative consequences of conflict?

5.What are barriers to resolving a conflict?

Part II.

The Case continues...

You are providing/managing/coordinating care to patients at the sports medicine clinic. You overhear and see this conversation in the supply area of the clinic between three other staff members, the family practice medical resident (Gerry), the nurse (Shawn), and the athletic trainer (Taylor).

Gerry: "Have you finished the intake for patient SW? I need to see 3 more patients before I go on-call at the hospital at 5PM."

Shawn: "No. SW is still at the desk. It seems to be taking a long time to check SW in. SW is a new patient. There must be something wrong with SW's insurance."

Gerry: "That can't be it. Is SW here for pain meds? SW will probably be non-compliant or a psych patient? Or like HH, the hypochondriac, frequent flyer who is here every week for some lame reason."

Taylor: "That's not it. SW has had an injury while training for a competition."

Gerry: "I must be nice to have time to do that kind of thing – I used to have time to swim, but not anymore."

You, the clinic manager can see by their faces that Shawn and Taylor are disturbed by this comment, but do not respond.

Gerry says "Hi!" with a smile to you as Gerry leaves the room with the lab supplies are needed for patients. It is two hours later. Shawn and Taylor come to report the incident and their discomfort with the conversation.

Phase 2 Question. Before moving on you will review your

knowledge of negotiation, and conflict management. Answer the following question:

6.Describe your interventions for this conflict.

Part III.

Alternative conflict management...

As the clinic manager, you decide to address this conflict with Shaun and Taylor and discuss their comments about Gerry. Complete the following:

7.Describe how you would manage this conflict that involves implicit bias.

RUBRIC – Case Analysis (Conflict in the Clinic)

POINTS	CRITERIA
0-4	Offers a relevant list of potential conflicts/issues for the healthcare providers; includes at least 5 with examples.
0-4	Defines **Task Conflict** and **Relationship Conflict**. Classifies the listed potential conflicts/issues as task conflict and/or relationship conflicts.
0-4	Offers 3 positive consequences of conflict.
0-4	Offers 3 negative consequences of conflict.
0-5	Describes interventions to the conflict.
0-5	Describes conflict management strategy for this case that include implicit bias.

28. Lab Exercise: Reflective Analysis (Conflict and Bullying)

LAB EXERCISE: REFLECTIVE ANALYSIS (CONFLICT AND BULLYING)

OBJECTIVES

For this lab exercise you will:

1. Embrace the personal work to address incivility and bullying in the healthcare workplace.
2. Embrace a willingness to critique own conflict style in terms of strengths and weaknesses.
3. Display the motivation to improve professional strategies to address conflict.

INSTRUCTIONS

Part I.

1. TAKE THE QUIZ on conflict style that is provided by your

instructor (see sample assessment in REFERENCES).

2. TAKE THE QUIZ on bullying and incivility that is provided by your instructor (see sample assessment in REFERENCES).
3. REVIEW AND REFLECT on the meaning of the assessment results concerning your conflict style and your incivility score.
4. WRITE answers to the following questions as they relate to one of the assessments.

- **What about the quiz result surprised you?**

- **What did you learn about your conflict style and/or incivility score?**

- **How does this new learning about yourself and/or communication connect with past/present experiences?**

Part II.

1. IDENTIFY areas of professional development concerning your communication skill and/or communication style.
2. REVIEW the information provided here concerning SMART Goals.
3. **SMART** stands for:

   ◦ **S**pecific (simple, sensible, significant)
   ◦ **M**easurable (meaningful, motivating)
   ◦ **A**chievable (agreed, attainable)

- ◦ **R**elevant (reasonable, realistic, resourced, results-based)
- ◦ **T**ime bound (time-based, time limited, time/cost Limited, timely, time-sensitive).

4. **EXAMPLE SMART goals:**An example SMART goal has all of the S-M-A-R-T components. Here are 2 examples:

> - ▪ **STUDENT Goal –** By April 23, 20XX (by graduation), increase (my) knowledge of effective patient education concerning nutrition as demonstrated by certificate from a module; and reading relevant materials; and developing my own mock patient education handout that includes meal planning calendar and a food diary.
> - ▪ **PATIENT Goal –** By February 14, 20XX, increase knowledge of self-care concerning nutrition and the intake of liquids as demonstrated by 2-week food and activity diary that is shared with primary care provider at the February 14, 20XX outpatient appointment.

3. WRITE 1-2 SMART goals concerning your communication for interprofessional practice.

- • **How will you apply this new learning to your healthcare profession-related practice and/or your role as an interprofessional team member (WRITE a SMART goal)?**

RUBRIC – SMART Goal(s) for Conflict and Bullying

POINTS	CRITERIA
0-10	SMART goal(s) is/are written as one sentence.
0-2	SMART goal(s) is/are specific.
0-2	SMART goal(s) is/are measurable.
0-2	SMART goal(s) is/are achievable.
0-2	SMART goal(s) is/are relevant.
0-2	SMART goal(s) is/are time-bound.

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29. Lab Exercise: Worksheet (Conflict)

LAB EXERCISE: WORKSHEET (CONFLICT)

OBJECTIVES

For this lab exercise you will:

1. Identify the common sources of conflict that occur in healthcare.
2. Examine the pitfalls of groupthink and how it can impact conflict resolution.
3. Give timely, sensitive, instructive feedback to other about their performance on the team, responding respectfully as a team member to feedback from others (IPEC, 2011, CC5).
4. Use respectful language appropriate for a given difficult situation, critical conversation, or interprofessional conflict (IPEC, 2011, CC6).
5. Recognize how one's own uniqueness, including experience level, expertise, culture, power, and hierarchy within the health care team, contributes to effective communication, conflict resolution, and positive interprofessional working relationships (IPEC, 2011, CC7).

INSTRUCTIONS

1. REVIEW your knowledge concerning conflict.
2. As a team, ANSWER the following questions concerning conflict in healthcare.
3. REVIEW the Rubric.

- **What are the types of conflict? Give examples.**

- **What are the sources/causes of conflict that happen in healthcare?**

- **What are team traits for successfully managing conflict?**

- **What are the positive and negative consequences of conflict? Give examples.**

- **What are barriers to resolving a conflict?**

- **What is Groupthink? How does Groupthink impact conflict in a group?**

RUBRIC – Worksheet (Conflict)

POINTS	CRITERIA
0-5	Identifies types of conflict and offers relevant examples of each type.
0-5	Offers a myriad of sources and/or causes of conflict that happen in healthcare.
0-5	Lists team traits that are important to effectively manage conflict on teams.
0-5	Lists at least 5 positive and 5 negative consequences of conflict. Gives examples of each.
0-5	Offers various barriers to resolving conflict on teams.
0-5	Defines Groupthink and how it impacts teamwork.

30. Lab Exercise: Case Analysis (COVID-19)

LAB EXERCISE: CASE ANALYSIS (COVID-19)

OBJECTIVES

For this lab exercise you will:

1. Discriminate the role of own profession and other healthcare professions.
2. Apply the expert knowledge, skills, and attitudes of team members.
3. Apply best practices of communication, conflict management, and teamwork.
4. Co-create a team model that demonstrates an effective high performing team.

OVERVIEW

There is an evolving pandemic, COVID-19 in the USA. The expectant duration of the outbreak is unknown. In the past, the local and regional hospitals have been able to contain and manage outbreaks when it was influenza. However, this outbreak is expected to be

very different. This time the hospitals in the region are expecting to be overwhelmed. Healthcare workers will be getting sick and dying along with the patients. You and your team are part of the Emergency Council of the City of Grand Rapids (GREC) that has decided to close the gates of the city to keep its citizens safe.

INSTRUCTIONS

1. REVIEW your knowledge concerning the Interprofessional Education Collaborative (IPEC) Sub-competencies associated with Values/Ethics, Roles/Responsibilities, Interprofessional Communication, Teams/Teamwork as well as conflict and bullying.
2. ORGANIZE your team.
3. ELECT a leader for the GREC.
4. IDENTIFY AND ORGANIZE the team's communication. In other words, decide on a common communication tool (Google docs, Word doc) and expectations.
5. ANSWER the questions to solve the Covid-19 Pandemic Challenge and save your city.
6. ASSESS your team's performance by answering the questions concerning team roles, values and ethics, communication, teamwork, and conflict management.
7. DOCUMENT any sources for the information you include – use APA format.

Part I. COVID-19 PANDEMIC CHALLENGE

EMERGENCY COUNCIL (EC) ROLES
DECIDE who should be on the City of Grand Rapids Emergency

Council (GREC). Your Council can include the roles described below OR write other roles.

AJ: is a single parent with children ages 5 (Odie), 7 (Aidan), and 10 (Fergus) who lives in a 2-bedroom apartment on the GR Transportation Authority (GRTA) bus line and is located 3 blocks from Cherry Blossom Hospital. AJ grew up in Grand Rapids and chose to live in this neighborhood because of the reputation of the school and neighborhood near the hospital. AJ is vehemently opposed to immunizations and gets her family's health care through a chiropractor that is in the neighborhood.

EH: is a retired factory worker who took the early retirement plan when the auto parts plant closed in Grand Rapids. EH thinks the family's financial security is uncertain. EH has a limited pension, veterans' benefits, and Social Security Income and does not want to pay more taxes including funds for healthcare or community health clinics.

JR: Is a self-made entrepreneur and CEO of a local high technology company. JR was previously on the GRPS School Board and is planning to run for the legislature for the State of Michigan. JR will take a position on any issue to follow the popular vote.

MS: is a retired policeman and comes from a family with a long line of policemen. MS has children that currently are policemen in the district. MS has the professional history of many community service awards, including a visit to the White House. No matter what the conversation is about, MS wants more money and recognition for policemen.

JC: is the urban planner for the county who completed a postdoc in sustainability. JC eyes have been opened to the importance of reducing the city's and county's carbon foot-print. JC wants more community green spaces, more farmer's markets, more bike paths in the community, more trees instead of parking lots and buildings, and for the community to focus on waste reduction and recycling.

FN: is a RN and new graduate in the first year of employment. FN works in the Emergency Department (ED) of Cherry Blossom

Hospital. FN's fiancé is a trauma surgery resident and is in the Army Reserves.

DM: is the OT that works at Cherry Blossom Elementary School. DM lives with an elderly, widowed mother who is recovering from a stroke. While DM is at work, DM's mother receives home care from Cherry Blossom Hospital Home Nursing Services.

CH: is a pharmacist that works at Our Town Box Store Pharmacy and teaches PharmD students from the Great Lakes State University's Pharmacy School. CH sometimes moonlights at the Pharmacy Department of Cherry Blossom Hospital.

FC: is the senior pastor at Cherry Blossom Church and has lived and served the community of Our Town for the last 35 years. FC was involved in the economic turn-a-round of the community that occurred 20 years ago. The church serves the poor and homeless. One of the newest areas of service is a "free clinic" that offers health services and vaccines to all ages and health needs.

RR: is a primary care physician who has been working in the Grand Rapids area for 5 years. RR's family moved to the area for the area's reputation for "Best Practices" and the wealth of recreational activities in the region. RR is a veteran and a member of Doctors Without Borders. RR's spouse works at Cherry Blossom Hospital and they have 2 school age children that attend Cherry Blossom Elementary School.

ST (Called "Junior"): is a supermarket owner and manager. ST started working in the store at the age of 8. ST went to business school in the area at night and inherited the store when ST Senior passed away 2 years ago. ST is middle-aged and the family is expecting their first grandchild in the next month. ST has 4 children. The children are all married and live in the area. ST is president of Grand Rapids Chamber of Commerce and sits on the City Council.

QUESTION 1:
APPLY the Team Roles to this problem. READ and CHOOSE the

roles (found above) for your GREC as they relate to your team roles OR READ and CREATE other roles.

- **How does each role contribute to the EC?**
  - List each team role and its contribution to the EC.

QUESTION 2:

BUILD a plan. Include commerce, food & water supplies, waste disposal, communication, transportation, schools, policing, providing healthcare, quarantine, etc.

CAPTURE your resources, cite, and include a Reference List.

- **Overall, what does the GREC need to Plan for?**

QUESTION 3:

ORGANIZE and BUILD on your plan in Question 2. Describe the priorities, order, and timeline; you can use SMART goals.

CAPTURE your resources, cite, and include a Reference List.

- **What is the first NEXT 6-month plan?**

QUESTION 4:

RESEARCH your city. Use the Internet and personal knowledge Grand Rapids (GR). Consider questions such as: Is GR a highly traveled city? What is the area geography – on a waterway? Are there large population movements? – area of high immigration/ refugees, tourism, college students? Are there any special industries? Are there any special events? Are there any special

resources (protective factors)? Are there any special needs (risk factors)?

CAPTURE your resources, cite, and include a Reference List.

- **What are the unique characteristics of your city?**

QUESTION 5:

RESEARCH COVID-19. Use the Internet and personal knowledge – particularly look at websites available from GVSU, GVSU Family Health Center, Kent County Health Department, State of Michigan Department of Health and Human Services, CDC, WHO

CAPTURE your resources, cite, and include a Reference List.

- **What are the characteristics of COVID-19?**

Part II. ASSESSMENT OF TEAM PERFORMANCE

QUESTION 6:

- **How did you organize the teamwork on your team to accomplish the challenge? Did you use a team charter? If so, how did you use it?**

QUESTION 7:

- **What personal and professional values were most important in guiding your team's shared decision-making?**

QUESTION 8:

- **Describe your team's communication for completing this assignment –** consider tools, strengths, weaknesses/barriers.

QUESTION 9:

- **Describe the positive teamwork and negative teamwork that occurred.**

QUESTION 10:

- **Describe the conflict management strategies that were used to complete the assignment.**

RUBRIC: Case Analysis (Covid-19)

POINTS	CRITERIA
0-5	Identifies team roles and contributions Grand Rapids Emergency Council
0-5	Co-creates a plan of action for the GREC – includes any sources in APA format
0-5	Co-creates the NEXT 6-month plan of action (first 6 months) – includes any sources in APA format
0-5	Identifies the unique characteristics of Grand Rapids [your city] – includes any sources in APA format
0-5	Identifies the characteristics of COVID-19 – includes any sources in APA format
0-5	Shares the team's story of how the team organized its teamwork to accomplish the challenge
0-5	Shares the team's story of what personal and professional values were important in guiding your team's shared decision-making to accomplish the challenge
0-5	Shares the team's story of how communication was used to complete the challenge
0-5	Shares the team's story as an explanation of teamwork – both positive and negative teamwork
0-5	Shares team's story as an explanation conflict and conflict management strategies used to complete the challenge

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Acknowledgments

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About the author

Geraldine Terry MD MS RN is an Associate Professor in the Kirkhof College of Nursing at Grand Valley State University. Dr. Terry graduated with her MD from Michigan State University and completed a Pediatric Residency at Children's Hospital of Michigan. Her MS is Parent-Child Nursing from the University of Michigan, and her BSN is from Southern Illinois University at Edwardsville. Dr. Terry worked almost ten years as staff nurse in obstetrics and pediatrics before attending medical school. For the next 20 years of her healthcare career, she provided primary care pediatrics in Southeast Michigan, rural Indiana, and central Florida. About ten years ago, Dr. Terry came to Grand Valley State University to teach, precept, and mentor healthcare students. She has taught pediatric health, physical assessment, pathophysiology, and interprofessional education.

Dr. Terry's scholarship is teaching and learning interprofessional practice. She has given presentations on teaching to the competencies related to interprofessional practice as well as contributed to published case studies and simulations. This open education resource is the cumulative effort to present her knowledge concerning the teaching interprofessional education as well as important aspects concerning structural competency, conflict and bullying in healthcare, and polarity thinking.

Dr. Terry and her husband have been married for 42 years, raised one daughter. They are gentlemen farmers and grow corn and soybeans. They live only a short drive to Lake Michigan where they enjoy swimming and walking the beach.