1. a) How should I prepare for an interprofessional education (IPE) small group session?

The best way to prepare is to approach a HMP faculty and discuss how IPE sessions are managed. We all have different styles but generally follow the faculty and student guides. Review the content and contact the HMP faculty with any questions. If you are unfamiliar with the HMP then ask one of the HMP course directors or faculty about the program, objectives, assignments, etc.

Review all module objectives, assigned readings, and module facilitator instructions. I tend to follow the instructions, and at the same time get the students to participate in some deeper reflection by asking probing questions. I also try to facilitate students talking to the entire group instead of speaking directly to me and the co-facilitator.

You might want to prepare a few questions, in advance, that you can rely on to probe deeper into the module objectives; ask for similarities and differences between the approaches of the professional groups represented. I also ask students to share with the group what their expectations are/were, how the expectations were realized or not realized, and to describe how it’s changed their understanding of health care and module concepts. I also like to ask the students to ask clarifying questions about the roles of the various professional groups represented.

- Review the Health Mentors Program goals and objectives
- Contact HMP faculty with any questions prior to the session
- Familiarize yourself with the student team module assignment and faculty facilitator questions

b) How can I set an agenda with my co-facilitator?

Before the session begins, review the objectives with the co-facilitator and discuss how the two of you want to proceed (set some “ground rules”); does one of the facilitators want to take the lead? Do you want to take turns asking the “scripted” questions?

Personally, I like to keep the session as “fluid” as I can, and to listen to the students responses; but always making sure at the end we’ve addressed the module objectives. I like to model critical thinking by demonstrating comfort with plurality, and expressing my own problem solving/reasoning.

- Meet ten minutes before the scheduled time
- Familiarize yourself with the module assignment
- Divide the questions among each other

c) What do I do if my co-facilitator is a student?

This is a great opportunity for the student teams to relate their issues or concerns with a peer. I don’t do anything differently if my co-facilitator is a student. If he/she is a student, I tend to ask them to share some of their experiences in achieving the module objectives.
with the group. Perhaps, if the co-facilitator’s experience illustrates something new or different than what was discussed in the group, I’d encourage them to share their narrative.

- Allow the student to contribute to the IPE session by asking the student co-facilitator to comment if applicable to student team responses
- Encourage the student co-facilitator to question the student team using the assigned questions

2. **What is a good opener for an IPE small group session?**

Welcome the students, explain why we are here, goals, objectives, and expectations for today’s session.

What do we want them to learn in the next hour that would help them to use what they have learned within person-centered, collaborative practice settings. Or what skills will they learn today? (i.e. skills that will help them to be better in working with patients and team members). We want them to reflect and analyze what went well, what was not so good and what or how could it have been better, from which they could learn something, in their previous activity with their mentor—as well as share interesting information with their peers.

Explain what or why we are doing in this session as this specific assignment relates to the larger program. You can mention that they can ask questions along the way for comments or clarification.

Begin with an activity related to the first goal that is to be achieved, such as a couple true/false questions that lead to a discussion (good with controversial ideas or topics), or a question that would lead the students to observe the process of what they just accomplished with their mentor, or giving some action that they did and asking how they went about doing it, etc.

Praise the first person who speaks.

3. **How should I wrap up the IPE small group session?**

Close after asking if there are any further comments or questions that haven’t been discussed. Summarize and restate what was accomplished or general ideas or conclusions that were discussed. This could include the frequent themes, statements that they are “making progress”, “building” etc. their relationships with each other and with their health mentor each step along the way in the program. Praise with specific information what they have done (not “good job”). Close with thanks (for their participation and enthusiasm) and a brief statement about the next activity as more learning, a challenge, or a bringing together of more information or greater depth… etc related to their health mentor and their teammates, (again to the whole process) and with high expectations for them to fulfill.
4. What do I do when students are not answering the questions and/or there is silence?

- Break the students into smaller groups to discuss and share one idea.
- Have students write down the answer from their professional point of view and then share with their group. Are there any surprises?
- Give students the opportunity to discuss something they gained that they feel would contribute to the knowledge of others.
- Ask students to write down the answer or ideas individually or as a group first and then share with everyone or another group. “think individually and then pair” then group
- Have instructor describe BRIEFLY what (s)he thinks the question might be trying to elicit or be useful.
- Change the question to what inspired you about…..
- What would you like to discuss that seems more important or relevant to this experience?
- Call on the groups!

5. What do I do if a session is getting off track (i.e. becoming a course feedback or “venting” session)?

Objective: Prevent this situation from occurring in a session.

- At the beginning of each session, tell the group that “the health mentors team appreciates comments and feedback from students and provides evaluations for that purpose’. You can also state that the health mentors team has used student feedback in the past, to make changes to the current program and course evaluations will be given after each module.

- State the goals for the session and remind students of the tight schedule and “staying on task”.

Objective: If “venting” does occur in a session, it is very important to get the session “back on track” to accomplish course goals.

- Acknowledge student’s statement, example “I understand what you are saying however…” quickly remind the group that all comments are welcome, but this is not the forum because of the tight schedule and need to accomplish session goals.

- Remind the group that students can contribute constructive feedback on the evaluations, or if they feel strongly can make an appointment to discuss concerns.

6. How can I elicit peer feedback on student comments, rather than always providing my own comments?

Objective: Facilitate discussion and feedback from the students.

- Students need direction in the sessions. Provide clear instructions and expectations in the beginning of the session.
• Open up each session by introducing yourself and explaining your role. You are a group “facilitator” not an “instructor” in this situation. You are there to help student groups share their experiences within the framework of the module goals and keep the session moving.

• Inform students of the importance of providing feedback to other student groups (professionalism, group dynamics etc…). Tell students that in the sessions, they should be providing comments or feedback for each group. Feedback should exhibit thought and reflection about the group’s presentation of their experience.

• When introducing topics for general discussions remind students that the goal is to gain insight and perspectives from each other’s professional point of view.

• At the beginning of the session, provide students with lead questions to facilitate feedback (some examples):
  o Did your group experience something similar?
  o How would your group have handled the situation?
  o What are some other thoughts about the situation?
  o What are some barriers in the situation?
  o What are some future considerations about the situation?
  o How did you see the team working together in the situation?
  o Did team members learn from each other in the situation?
  o What was the most salient point about the experience?
  o What do you think the group learned from each other?
  o What do you think the group learned from the Health Mentor?

7. How can I encourage students to reflect on broader course goals (patient-centered care, teamwork and ICF) during an IPE session?

In preparing for an IPE session, specific discussion questions related to the modules are always provided for the facilitators. What I will do is to look at each of the specific discussion questions and see which of the broader HMP goals are addressed by it. After posing the ‘prescribed’ question to the group and garnering discussion, follow up with a question related to the broader course goals.

For example:
• How important do you think teamwork was to the successful completion of this activity/module?
• How did this activity or module illustrate the importance of patient-centered care?
• What did you learn about the other professions in completing this activity/module?
8. **What do I do with comments that my Health Mentor is “too healthy” or my Health Mentor “does not have anything wrong with him/her”?**

Sometimes students expect individuals with chronic conditions to have obvious physical impairments or frailty. We have even heard students say “My Health Mentor doesn’t have any chronic conditions” and then list the 8 medications they are taking. Remember, especially in the first year, our students haven’t had much clinical experience, and they often take statements made by their Health Mentor quite literally. Thus, if a Health Mentor with hypertension, diabetes, and asthma says “I feel fine – I don’t really have anything wrong with me” the students aren’t always able to make the leap that their Health Mentor feels well because they are managing their chronic conditions effectively. Students also may forget that even individuals with hypertension and hyperlipidemia, who will probably never have any symptoms directly from these conditions, need to engage in significant health behavior change and self-management in order to avoid long-term complications. When students raise these issues, the first step is often to ask them to tell you more about their Health Mentor – what diagnoses they have, what medications they take, how many health professionals they visit. From this information, you can engage your students in a discussion of how it is a good thing that people don’t think of themselves as “sick” or “ill” but they still need to engage in their short- and long-term health and wellness. Most students will have a real epiphany when we help them think in this way. It is also a great opportunity to reinforce the role of health professionals in prevention and maintaining health and wellness, as well as “curing disease”.

9. **What do I do if a Health Mentor/student team interaction sounds inappropriate (i.e. Health Mentor is an alcoholic and/or drinking at the meeting; Health Mentor is calling students frequently)?**

Sometimes, I hear students speaking judgmentally about their health mentor’s behaviors. An example of this might be a health mentor who appears to the students to have limited financial means has a large HD TV and a house with maintenance needs. Students have shared their beliefs that the health mentor should spend less on TV equipment and more on home repairs. Not only is this judgmental, it is also indicative of the student not understanding the environmental context. Perhaps, that TV was a gift to a family member because they spend a large portion of their day watching television because they are no longer able to access the outdoors independently. Or, the health mentor is a retired TV show producer and watching TV is a way for him/her to remain involved in his/her former vocation, but now it’s become an avocation.

If a health mentor is calling students frequently, I will ask the team to describe the type of boundaries they set up with the mentor. This usually brings about discussion of communication, team roles and responsibilities. It’s never too late to establish these boundaries, roles, and responsibilities; and write them down when everyone is in agreement. Students are reminded to (practice &) provide clear, accurate, immediate, and assertive feedback to each other, including their health mentor, about a behavior(s), rather than their character. Role playing with each other how to end the inappropriate behavior, including suggesting an alternative behavior, is helpful so students have some experience to apply at the
next Health Mentor encounter (face to face, or phone call). I would discourage use of email or other electronic communication for this.

This also becomes a teaching moment about communication. We all need to be diligent about and cognizant of the effectiveness of our communication, and to use self-reflective activities to analyze that effectiveness.

Students should be reminded to contact HMP faculty immediately if they are ever uncomfortable with any interaction with their health mentor or unsure of how to proceed.

10. If students have concerns about Health Mentors inviting them to dinner/events outside of the scheduled module meetings, please inform them:

Health Mentors and students are requested to maintain a professional working relationship. They should meet only during their scheduled module meetings. In the past, we had some students experience uncomfortable circumstances. For example, one underage student was offered alcohol at an event hosted by their Health Mentor. To avoid these situations in the future, we request students to communicate the meeting policy with their Health Mentor. However, if students feel uncomfortable communicating the meeting policy with their Health Mentor, they can contact Sokha Koeuth at (sokha.koeuth@jefferson.edu) and she will be happy to call their mentor.

11. What do I do if one student appears to be doing the majority of the work for the team assignments?

This group is not performing efficiently as a group. Why? That is what we need to find out. There may be many reasons for this. In this case, might it be an example of avoiding conflict? Avoiding the issues is dysfunctional. This group makes an agreement as to what should be done regarding what the problem is and what should be done about it. However, they make this decision on an individual basis. If they figure this out privately and fail to communicate with each other their real thoughts, then they do something that is contrary to what they really want to do. When someone does something that is counterproductive to what they desire, they become frustrated, angry, irritated, and dissatisfied with their group. If they don’t learn to talk to each other, this will repeat itself. Each member should talk with the others and reveal his/her true position. No one should be silent. Once there is a discussion, the solution to do the assignment another way must be a real, sincere agreement, not superficial agreement that seems agreeable, but is not really what anyone wants. Remind students that this is an opportunity to practice conflict resolution within teams while maintaining appropriate professionalism.

12. What do I do if there appears to be significant team conflict/dysfunction?

Conflict is inevitable. It is normal, especially on teams. All members are interdependent. What one member does influences everyone else? Conflict must be managed effectively. If it is managed, everyone can win. If it is not managed, everyone loses. The members have to problem-solve, as a group, all together. There is a problem that needs to be solved. Once identified, all members should come up with possible solutions, and even more solutions, until
each member feels like the outcome is something he/she can live with—s/he feels like s/he has won and everyone else feels the same. This is a solution that is neither one person’s nor the other’s, but another of the several solutions on the list. There has been creativity in problem solving and everyone feels like s/he won.

In order to do this, team members must have, or must be willing to develop good interpersonal skills. These may include active listening skills, paying attention, clarifying what the other person is saying, and no judging others. Also the climate must be one of acceptance, not one of coercion or persuading and debating. Opportunities must be present to makes each of the member’s thoughts known. Trust must be present in order to feel safe enough to offer new ideas. The members also need to be able to question in a non-threatening way and deal with discrepancies. Once they are able to manage the conflict and come to agreement, they can get back to the task at hand.

13. My discipline is ‘X’ and I am comfortable speaking to my students, but how can I engage and empower students from other disciplines to participate in the IPE sessions?

Participating in an IPE session requires general interprofessional skills, unrelated to a specific profession. The participants, and the leader, should have active listening skills, and be able to support others when they make their thoughts known. These skills are part of the balance of the person who can speak in warm friendly terms and can build on other’s ideas. This leader can encourage diverse ideas and can reflect on how the group is doing in regard to many aspects such as time, progress, and personal relations. In this way this professional will be engaged with all of the students and be able to help bring all of them into the process regardless of their individual professions.

14. How can I highlight the similarities and differences among health professionals/health care provider roles during an IPE session?

I will often ask the groups to think about what they found ‘easy’ about the module and what they found ‘difficult’. These questions often lead into a discussion of the similarities or differences among the different health professionals that are members of each team. I also ask them what it is about their similarities and differences that contributed to the successful completion of the activities/modules. Follow up questions can include things such as, how would the completion of this module have been different if you did not have a (nurse, pharmacist, PT, etc.) on the team?

15. How do I introduce educational research surveys in the IPE sessions and let students know the purpose of this research?

Request students complete the surveys as the information they provide will be kept confidential and is used to improve their learning experience. The information gathered from the surveys will assist the Health Mentor planning team in improving the program for future classes.
16. What are some general lessons learned from previous IPE sessions that you would like to share with your other faculty peers (i.e. successful session formats, seating arrangements, time management for session)?

A successful session format is to pose the predetermined question(s) to the group. Ask that they meet in their small teams to discuss and then have them appoint a lead person to share their feedback with the larger group. I call on each team numerically so each has a voice in moving the discussion forward. I break up the session into 3 blocks so that students have time to discuss and work together in their teams for the majority of the session.

Another successful tip is that I wait about 5-10 minutes to begin the session to allow the students to network and just socialize as I feel this is a good time for them to get to know each other as people with similar interests in healthcare.