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# Interprofessional Education (IPE) Facilitator Guide Third Edition



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## Introduction

Interprofessional education (IPE) in health professional programs is about preparing students to practice their profession in a variety of collaborative team-based health care delivery contexts. This means graduates will have acquired the knowledge, skills, attitudes, and values that foster and support relationship-focused care and services, an appreciation and respect for the roles of other health professionals, and an ability to communicate and participate effectively as a member or leader of teams. This guide provides useful tools and strategies for facilitating interprofessional learning experiences in a classroom environment. Facilitation is a unique teaching method that encourages the interactivity that is necessary for effective interprofessional learning. This guide is designed to meet the needs of facilitators in a broad range of learning environments, including online and face-to-face delivery.



## Suggested Citation

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## Glossary of Terms

### *Interprofessional Education (IPE)*

IPE is not students from different disciplines learning together about a particular topic or skill. Interprofessional education (IPE) is a structured, interactive approach where students from various professions learn with, from, and about one another to build the collaborative knowledge, skills, values, and relationships essential for effective, team-based, patient-centred care (World Health Organization, 2005; 2010). The goal of IPE is to foster effective teamwork, which improves patient outcomes by enhancing communication, mutual respect, and understanding among healthcare professionals.

### *Interprofessional Collaborative Practice (IPCP)*

Interprofessional Collaborative Practice is the delivery of patient care by healthcare professionals from different disciplines working together as a team. It is the practical application of skills learned during IPE placements, where collaboration, communication, and shared decision-making are key to improving patient outcomes (WHO, 2010).

### *IPE Competencies*

IPE Competencies are the skills, knowledge, and attitudes necessary for effective teamwork in interprofessional healthcare settings. The Canadian Interprofessional Health Collaborative (CIHC) has provided the Competency Framework for Advancing Collaboration, which identifies six competency domains that are essential for collaborative practice: Relationship-Focused Care/Services, Team Communication, Role Clarification and Negotiation, Team Functioning, Team Differences/Disagreements Processing, and Collaborative Leadership (CIHC, 2024). The competencies are developed through IPE experiences.

### *Collaborative Learning*

Collaborative Learning in the IPE context refers to the educational process where students from multiple health professions interact and contribute to each other's learning. This process may involve joint problem-solving, case studies, or reflective discussions aimed at enhancing teamwork and collaborative practice.

### *Patient-Centred Care*

Patient-Centred Care refers to an approach where the needs, preferences, and values of patients are prioritized in their care. IPE emphasizes the importance of working together as a team to provide holistic, patient-centred care, incorporating diverse professional perspectives to enhance outcomes (CIHC, n.d.).

### *Universal Design for Learning (UDL)*

Universal Design for Learning (UDL) is a way of thinking about teaching and learning that helps give all students an equal opportunity to succeed. This approach creates a learning environment that empowers students with agency over their learning, and offers flexible ways to access, engage with, and demonstrate their knowledge (CAST, 2022).

## Chapter 1 – Interprofessional Collaboration and Learning

### Why Interprofessional Collaboration?

Governments and policymakers around the world are recognizing that a strong, flexible and collaborative health workforce is one of the best ways to confront the highly complex health challenges facing communities in Canada and around the world (WHO, 2010). Limited access to primary care and services, extended wait times, workforce shortages, and the declining well-being of healthcare and social service professionals are some of the challenges currently faced by all Canadian jurisdictions (Map Center for Urban Health Solutions, 2024).

Health Canada states that Canada's ability to provide access to "high quality, effective, patient-centred and safe" health services depends on the right mix of health care providers with the right skills in the right place at the right time (Health Council of Canada, 2005). This includes both clinical and non-clinical health-related services. Effective Interprofessional collaboration has the potential to improve the coordination, comprehensiveness, efficiency, and effectiveness of healthcare while at the same time improving the satisfaction for both patients and providers.

#### *Effective collaboration can improve:*

- Patient safety
- Patient outcomes
- Access to and coordination of health services
- Recruitment and retention of healthcare workforce
- Workplace practices and productivity
- Patient satisfaction with care and services
- Health provider job satisfaction



### What Is Collaborative Care?

Collaborative care describes a range of models of practice in which multiple health care providers, each with different experience, training, knowledge and expertise, coordinate responsibilities and partner with patients/clients and their families to deliver comprehensive, patient-centred health care.

### What Does Collaboration Look Like?

An interprofessional health care team is a group of health professionals from different professions who work alongside patients/clients and families in planned, interdependent collaboration and care delivery. Patients, families and caregivers are the experts of their lived experience and their priorities and goals for their healthcare and are integral members of the collaborative team.

An interprofessional team developing care plans with patients/clients must be able to approach care holistically, prioritize the needs of the patient/client, and identify and integrate important pieces of information. The ability of each discipline to contribute to the care plan will depend on each team member's understanding



of the patient/client's needs, problems, and goals. The team may agree that "optimal health" is the goal for the patient/client. However, the means of reaching the goal may differ between professions, reflecting each discipline's training, expertise, and approach to problem-solving and care. These differences are key to interprofessional collaboration, as unique perspectives help teams see and approach problems in new ways. The team must value diverse perspectives and expertise to develop the best possible treatment plan through collective insights.

*Effective interprofessional health care teams may be characterized by:*

- Members providing care to a common group of patients/clients.
- Collaborative goal-setting with patients/clients, where team members work together towards common health outcomes.
- Team members negotiating appropriate roles and functions, so that each member understands the roles of the other members.
- An established mechanism for sharing information amongst team members; and,
- Systems in place to oversee the implementation of plans and to adjust based on outcomes.



*Key principles of effective interprofessional collaboration include:*

- A shared focus on meeting the needs of the patient/client, rather than emphasizing individual contributions of team members.
- Mutual reliance among team members, with each contributing ideas toward solving a common problem.
- Respectful understanding and negotiation of roles, along with recognition of each member's contributions.
- Collaboration that occurs both within and across organizational boundaries; and,
- Realistic expectations of team members to prevent role overload



## Interprofessional Education

Interprofessional education (IPE) “occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010).

Interprofessional education is a key strategy to ensure health care providers are prepared with the knowledge, skills, attitudes, and values that foster and support collaborative care. Interprofessional education emphasizes relationship-focused care with patients/clients/families/communities, an appreciation and respect for the roles of other health professionals, and an ability to participate effectively as a member or leader of a team.

Interprofessional education can span pre-licensure education through to post-licensure practice. In pre-licensure education, IPE can be offered as facilitated and classroom-based, self-directed and asynchronous, or practice-based while in field placements. This guide will focus on facilitation for classroom-based learning.



## Competencies for Interprofessional Collaboration

Interprofessional education is not an end in itself, but a means of preparing different health care professionals to work with patients/ families and communities and each other for effective health care delivery. Interaction is an important element of interprofessional education— interaction between learners and educators from different health care professions and interactions with patients and communities. The learner’s readiness for interprofessional collaborative practice is influenced by the development of competencies.

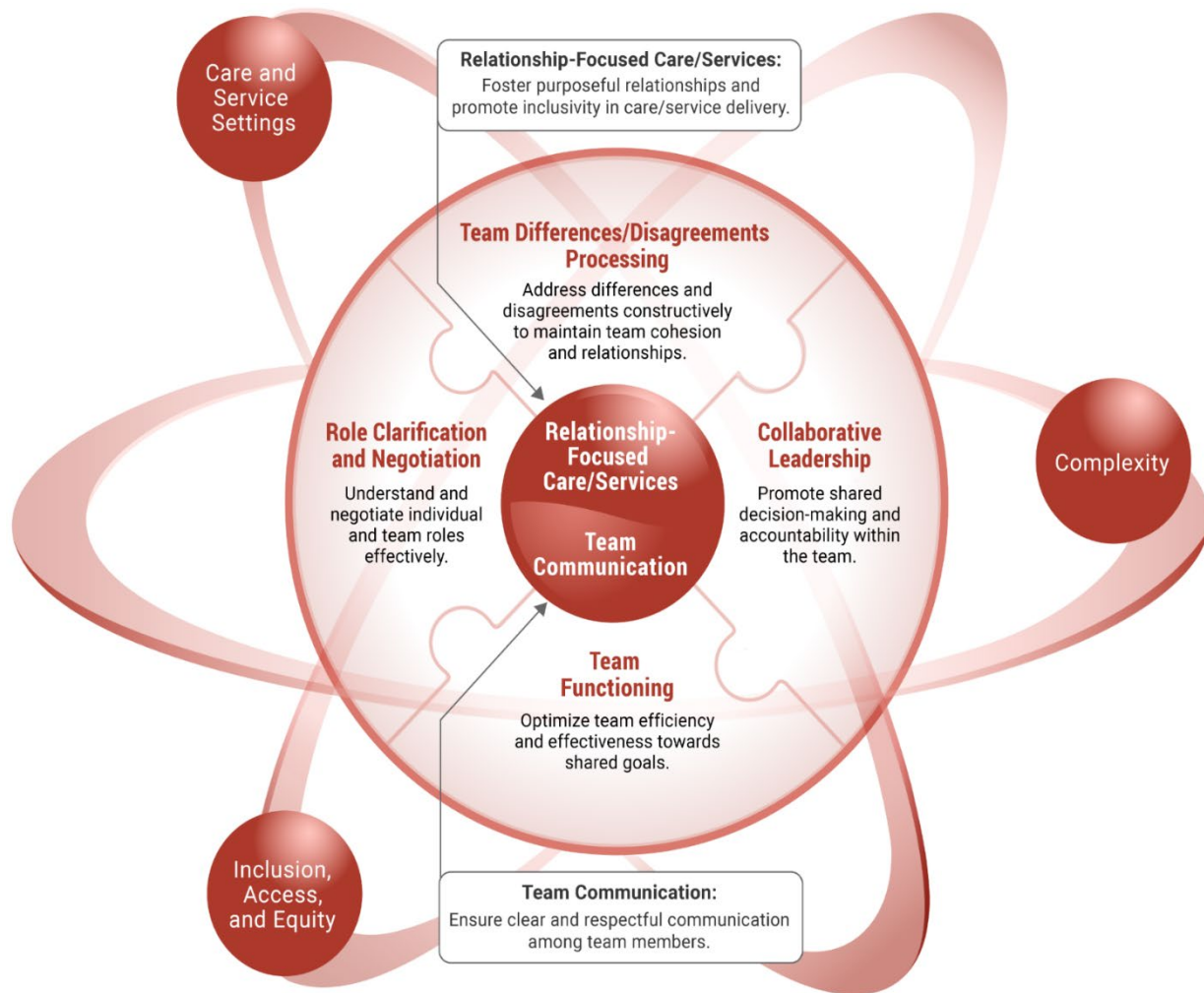
The Canadian Interprofessional Health Collaborative Competency Framework (CIHC, 2024) identifies six key competencies for advancing interprofessional collaboration:

1. Relationship-Focused Care and Services
2. Team Communication
3. Role Clarification and Negotiation
4. Team Functioning
5. Team Differences/Disagreement Processing
6. Collaborative Leadership

For a detailed explanation of the competencies, please refer to the CIHC Competency Framework available at: <https://cihc-cpis.com/new-competency-framework/>, or to Diagram 2, a simplified version of the CIHC competencies graphic.

**Diagram 1**

*CIHC competencies and intersections illustrated*



*Note. From CIHC competency framework for advancing collaboration 2024 (Canadian Interprofessional Health Collaborative, 2024), <https://www.cihc-cpis.com>. Copyright 2024 by Canadian Interprofessional Health Collaborative. Reprinted with permission.*



## Diagram 2

### *Simplified CIHC competencies graphic*

## CIHC Competency Framework for Advancing Collaboration

Canadian Interprofessional Health Collaborative



### **Relationship-Focused Care/Services**

Foster purposeful relationships and promote inclusivity in care/service delivery.



### **Role Clarification & Negotiation**

Understand and negotiate individual and team roles effectively.



### **Team Differences/Disagreements Processing**

Address differences and disagreements constructively to maintain team cohesion and relationships.



### **Team Communication**

Ensure clear and respectful communication among team members.



### **Team Functioning**

Optimize team efficiency and effectiveness towards shared goals.



### **Collaborative Leadership**

Promote shared decision-making and accountability within the team.

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*Note. Adapted from CIHC competency framework for advancing collaboration 2024 (Canadian Interprofessional Health Collaborative, 2024), <https://www.cihc-cpis.com>. Copyright 2024 by Canadian Interprofessional Health Collaborative.*

## Chapter 2 – Facilitation and Interprofessional Education

### What is facilitation?

Facilitation is a powerful skill set aimed at helping a group of people achieve a desired outcome. The process of facilitation involves and respects all contributions. It builds ownership, and allows participants to “construct” meaning and come to an understanding of important ideas and processes. Facilitation works to empower individuals or groups to learn for themselves, make decisions or find their own answers to problems.



### What is a facilitator?

A facilitator is a process guide who assists a group of people to construct their own understanding through inquiry, discussion, and exploration, rather than simply delivering information. The principal methods of a facilitator are questioning, probing, clarifying and process-related commentary, with very little direct instruction. Facilitators are not necessarily content/topic experts.

### Characteristics of a good facilitator

An effective facilitator fosters open communication, manages discussions, and ensures everyone feels heard and engaged. Facilitators need good communication skills. Effective facilitators are non-authoritarian, patient, flexible, intuitive, organized, confident, respectful, and open-minded. In addition, they demonstrate a strong tolerance for ambiguity and uncertainty, alongside an eagerness to learn.

### Skills of a good facilitator

Beyond personal qualities, good facilitators practice specific techniques that create inclusive, effective learning environments:

**Preparedness:** Familiarity with curricula, workshop materials, and activities, and clear coordination with co-facilitators to ensure a smooth, well-managed session.

**Humility:** Engaging as a co-learner rather than an expert fosters trust and encourages vulnerability, showing learners that it is acceptable to ask questions and take risks.

**Open-ended Questions:** Inviting more than one-word answers encourages learners to share reasoning, feelings, and experiences.

**Clarifying Questions:** Probing respectfully helps participants to articulate ideas more clearly, while tone ensures that questions feel supportive rather than interrogating.

**Listening:** Attentive listening goes beyond words to capture underlying emotions and perspectives, demonstrating genuine respect for contributions.

**Summarizing:** Rephrasing or highlighting key ideas reassures learners that they are heard and helps refocus the discussion. Checking accuracy with participants strengthens inclusivity.

**Synthesizing:** Integrating multiple or opposing ideas helps to identify connections, contrasts, and relationships across perspectives, leading to more comprehensive insights.

### Skills of an effective IPE facilitator

Facilitating interprofessional groups requires additional skills beyond general facilitation. IPE facilitators model collaboration and create an environment that supports interprofessional learning. They focus on process, inclusivity, and linking learning to collaborative practice.

**Highlight collaborative processes:** Ensure that team processes, such as trust, respect, role clarification, team communication, and managing disagreements, are explicitly addressed. Discussions can be challenging as participants expand their understanding of each profession's roles and expertise.

**Include all perspectives:** Actively create space for each participant to describe their role, skills, and responsibilities. Acknowledge role constraints while emphasizing how care is enhanced when professions work together. Manage misunderstandings and foster interdependence among participants.

**Link discussions to practice:** Connect classroom collaboration to patient care. Reinforce that no single profession has all the answers and highlight the importance of asking patients what matters most to them. Help learners recognize practical barriers to collaboration (e.g., time pressures, caseloads) and explore strategies to plan for them.

**Limit discipline-specific treatment discussions:** Refocus conversations on collaborative processes (e.g., negotiating roles, making shared decisions, managing differences) rather than discipline-specific treatment details. Use gentle questions to guide participants back to interprofessional teamwork.

### The roles of a facilitator

*(Roles marked with an \* are particularly important for facilitating interprofessional education.)*

#### Guide

- ✓ Clearly states the goal and purpose of the learning activity
- ✓ Outlines key steps of the process or learning activity
- ✓ Manages time by letting the group know the expected time that will be spent on each activity
- ✓ Monitors progress, and keeps group on task

#### Motivator

- ✓ Promotes interest and engagement in the activity
- ✓ Helps participants see the relevance of the learning
- ✓ Creates a safe space by outlining ground rules for engagement
- ✓ Links learning to professional practice

#### Activator

- ✓ Stimulates critical thinking by providing thought-provoking discussion questions
- ✓ Inquires and probes reasoning
- ✓ Collects and synthesizes ideas
- ✓ Challenges thinking in a supportive way
- ✓ Provides frequent feedback

- ✓ Helps participants reflect on the experiences they are having

#### *\*Manager of Dynamics and Communication*

- ✓ Supports good interpersonal relationships in the group by outlining key tasks and group roles
- ✓ Maximizes group interaction
- ✓ Monitors verbal and non- verbal cues from participants
- ✓ Uses active listening to diffuse tension and find common ground
- ✓ Keeps the discussion moving when tensions arise or discussions lag
- ✓ Helps learners with consensus building processes where all voices are heard and respected

#### *\*Role model of collaboration*

- ✓ Models respectful communication and recognition of other's expertise (including patients in their lived experience)
- ✓ Establishes a trusting relationship and dedicates adequate time to prepare and support co-facilitator

### Group facilitation challenges

Facilitation is a complex process that differs markedly from other types of teaching and there are challenges that might arise when facilitating group learning.

#### *General Facilitation Challenges*

- Time management (keeping the group on track)
- Distracted or disengaged students (e.g., phones, internet)
- Harmful or inappropriate comments
- Overbearing participants (dominating discussion)
- Disruptive group members

#### *Interprofessional (IPE) Facilitation Challenges*

- **Silent or low-participation groups** (linked to hierarchy, role uncertainty, or lack of confidence)
- **Conflict or disagreement** between students tied to differing professional perspectives
- **Requests for facilitator expertise** rather than peer learning (linked to role uncertainty or lack of cross-professional knowledge)
- **Use of discipline-specific language/jargon**
- **Perceived hierarchies** among professions
- **Lack of knowledge about other professions' roles/scope of practice**
- **Conflicting expertise** leading to tension or misunderstanding
- **Professional stereotyping**
- **Participants at different levels/stages of training** across programs
- **Difficulty entering professional dialogue** due to uncertainty about other professions
- **Difficulty transferring knowledge** across fields
- **Perceived lack of relevance** of the case/topic to some professions
- **Imposter syndrome** (social comparison, insecurity, fear of evaluation)

## Considerations for online facilitation

- ✓ **Making Instructions and Expectations Clear:** An online environment is less predictable for students as there are fewer visual cues and often large silences. Therefore, a virtual classroom requires explicit instructions (both written and spoken), so students know what is happening next and what is expected of them.
- ✓ **Establishing rapport:** Because you will not have the benefit of being face-to-face and using eye contact to build relationships with learners, establishing rapport with the learners early in the workshop is particularly important. This can be done through a warm welcome and a personal introduction.
- ✓ **Manage multiple modes of communication:** In an online format, students can both speak using their microphone as well as post comments in the chat. It is important when facilitating in a virtual environment that you are paying attention to both ways students might be communicating with you.
- ✓ **Allow for extra time for learners to find their way in this new world.** There will likely be a longer warm-up period in small group discussions as they introduce themselves and contribute their own professional viewpoints.
- ✓ **Consider observing small group interactions to ensure interactivity:** watch for group members asking each other questions, disagreeing with each other, and taking leadership.





**Table 1**

*Facilitation Challenges and Strategies*

The following table provides an overview of some of the common challenges facilitators might face, some of the preventative strategies used to avoid the challenge and some strategies to address them in the moment.

Challenges more specific to interprofessional education are marked with an \*.

Challenge	Preventive Strategies	In the Moment Strategies	Helpful Language
<b>Time management</b> (group off track)	<ul style="list-style-type: none"> <li>Clarify timing for activities and debrief.</li> <li>Assign a facilitator as timekeeper.</li> </ul>	<ul style="list-style-type: none"> <li>Keep comments brief, summarize, refocus.</li> <li>Adjust timing later but protect small-group time.</li> </ul>	<p>"Although this is an interesting discussion, let's refocus on how the team would work together."</p> <p>"There are resources on X online, but today we're focusing on collaboration."</p>
<b>Conflict between students</b>	<ul style="list-style-type: none"> <li>Acknowledge strong feelings possible.</li> <li>Review psychological safety agreements.</li> <li>Note consensus may not be reached.</li> </ul>	<ul style="list-style-type: none"> <li>Name differing views and highlight common ground.</li> <li>Invite other perspectives.</li> <li>Revisit respectful guidelines.</li> <li>Suggest a pause or agree to disagree.</li> </ul>	<p>"I hear some feel strongly that X, while others believe Y. Let's revisit our discussion guidelines."</p>
<b>Distracted student</b>	<ul style="list-style-type: none"> <li>Emphasize importance of presence in agreements</li> <li>Remind learners programs value this time.</li> </ul>	<ul style="list-style-type: none"> <li>Ask them a direct question.</li> <li>If misuse continues, ask them to refocus.</li> </ul>	<p>"Do you mind putting that away so you can give your full attention? Your program protected this time for IPE."</p>
<b>Harmful remarks</b>	<ul style="list-style-type: none"> <li>Set expectations for respectful engagement.</li> <li>Share wellbeing resources and supports.</li> </ul>	<ul style="list-style-type: none"> <li>Assume good intent, ask clarifying questions.</li> <li>Interrupt/redirect if necessary.</li> <li>Name harm and its impact and follow up later privately)</li> </ul>	<p>"When you said X, it activated some emotions for me and imagine it did for others too..."</p> <p>"What do you mean by...?"</p> <p>"When I hear X, I feel Y."</p>
<b>Overbearing participant</b>	<ul style="list-style-type: none"> <li>Remind group about "sharing the air."</li> </ul>	<ul style="list-style-type: none"> <li>Let group manage where possible.</li> <li>Ask for other voices.</li> <li>Thank, then redirect.</li> </ul>	<p>"Thanks for sharing. Can we hear from others?"</p>
<b>Silent group / Low involvement in debrief</b>	<ul style="list-style-type: none"> <li>Provide clear startup instructions (introductions, roles, discussion prompts).</li> <li>Assign spokespersons in advance.</li> <li>Clarify what debrief responses should include.</li> </ul>	<ul style="list-style-type: none"> <li>Ask one person to start.</li> <li>Probe with clarifying questions.</li> <li>If unprepared, move on and return later.</li> </ul>	<p>"Group #5, please summarize in a few sentences."</p> <p>"Maybe you can start us off—what do you see as the key issues?"</p> <p>"Can you expand on..."</p> <p>"I'll come back to you after another group."</p>
<b>Disruptive member</b>	<ul style="list-style-type: none"> <li>Link IPE learning to practice.</li> <li>Review respectful engagement agreements.</li> </ul>	<ul style="list-style-type: none"> <li>Ask for their opinion to re-engage.</li> <li>If persists, explicitly ask them to stop.</li> <li>As last resort, ask them to leave.</li> </ul>	<p>"What are your thoughts on how the team should work together in this case?"</p>
<b>*Perceived hierarchies</b>	<ul style="list-style-type: none"> <li>Acknowledge professional culture differences at outset.</li> <li>Review agreements for respectful, curious engagement.</li> </ul>	<ul style="list-style-type: none"> <li>Ask group how they understand roles/scopes.</li> <li>Affirm the value of all contributions.</li> </ul>	<p>"Each profession brings unique value—how does your role contribute here?"</p> <p>"What did you learn from and about others?"</p>
<b>*Imposter syndrome</b> (comparison, insecurity, fear of evaluation)	<ul style="list-style-type: none"> <li>Normalize skill diversity—a single discipline cannot meet all of the patient's needs</li> <li>Model vulnerability ("I don't know" moments).</li> <li>Use activities exploring scopes/expertise.</li> <li>Encourage peer recognition across professions.</li> </ul>	<ul style="list-style-type: none"> <li>Acknowledge and validate contributions.</li> <li>Use structured reflection on self-perception and role identity.</li> <li>Normalize imposter feelings as part of development.</li> </ul>	<p>"All professions have strengths and gaps; that's why collaboration matters."</p> <p>"I really appreciated what you shared—it added depth to the group."</p>
<b>*Perceived lack of relevance</b> (students don't see themselves in the case)	<ul style="list-style-type: none"> <li>Explicitly state why the case matters for all professions.</li> <li>Connect to shared competencies (e.g., ethics, communication).</li> <li>Use/adapt cases needing multiple perspectives.</li> <li>Avoid single-discipline language/frameworks.</li> </ul>	<ul style="list-style-type: none"> <li>Ask: "From your profession's perspective, what's important here?"</li> <li>Normalize that not all details apply equally.</li> <li>Highlight benefits of multiple perspectives for team reasoning.</li> </ul>	<p>"Not every detail will be relevant to your scope, but shared understanding strengthens collaboration."</p>
<b>Students wanting facilitator expertise</b>	<ul style="list-style-type: none"> <li>State facilitator role (not expert) at start.</li> </ul>	<ul style="list-style-type: none"> <li>Reaffirm role as facilitator.</li> <li>Highlight peer learning.</li> <li>Redirect question to group.</li> </ul>	<p>"That's a great question! What do others think before I share my view?"</p>

## Chapter 3 - Inclusive Learning Practices

### Universal Design for Learning

Universal Design for Learning (UDL) is a way of thinking about teaching and learning that helps give all students an equal opportunity to succeed. This approach creates a learning environment that empowers students with agency over their learning, and offers flexible ways to access, engage with, and demonstrate their knowledge (CAST, 2022).



#### *Why UDL for Interprofessional Learning?*

Equity, diversity, inclusion and accessibility are key concepts that are essential to patient-centred, collaborative health care (Lackie et al, 2024). The goal of interprofessional education is to foster competencies in future health professionals to enable professionals to provide more compassionate, equitable, and effective healthcare. As students learn to work collaboratively to address barriers in accessing care, they begin to value diverse perspectives in planning treatment. Anti-discriminatory practices are integrated into health care delivery. Incorporating UDL into IPE supports students' understanding of equity and inclusivity, while fostering adaptability and enhancing collaboration.

#### *Principles of UDL*

A group of educational researchers founded the Center for Applied Special Technology (CAST) and created a framework for thinking about key ideas when designing learning experiences. The CAST framework (2022) outlines these key principles:

**Engagement:** Students come to the learning experience with multiple identities and interests. The principle of engagement encourages facilitators to look for multiple ways of engaging and motivating students in their learning. Students should be able to bring their authentic selves to the learning experience and find connections to what matters most in their lives. Allowing students choice in their learning and helping them see the relevance to their professional lives are some examples of how facilitators can sustain students' interest.

**Representation:** This principle of UDL acknowledges that learners are uniquely different in their identities, cultures, abilities, etc. and therefore perceive and make meaning of information differently. To honour the unique variability of learners, content should include variability in representation of people, cultures, individual and collective identities, perspectives, and ways of knowing, as well as offer information in more than one format. For example, case studies used in a learning activity should represent a variety of identities, cultures and abilities. Providing content in multiple ways, such as through text, audio, and visual formats, allows more students to access the material in whichever way is best suited to their learning strengths.

**Action and expression:** Students navigate the learning environment in multiple ways, and this principle of UDL suggests giving students more than one way to interact with the learning material and to show what they've learned. For example, offering multiple ways to engage with the content (written materials, videos

and podcasts) allows students flexibility in navigating the curriculum. Outlining meaningful learning objectives for each learning experience is another way to support this principle of UDL.

#### *How UDL impacts interprofessional facilitation*

While many UDL principles were taken into consideration when planning the interprofessional learning experience, such as ensuring programs and students have a clear process for requesting accommodations, clear communication around workshop dates, times and expectations and choice and flexibility in completing the pre-learning coursework, there are also key implications for facilitators.

The following suggestions, while not an inclusive list, help promote an inclusive and accessible learning experience:

#### *To support the principle of engagement, facilitators can:*

- Welcome students to share their professional and personal identities
- Explicitly address traditional hierarchies in healthcare
- Encourage students to fully engage in activities
- Offer feedback on student responses to assist them in making meaningful connections.
- Make students aware of discussions which might conflict with their own values.
- Provide supportive resources for emotionally activating topics (e.g., UBC Health and Wellbeing webpage)
- Reduce environmental barriers as much as possible (e.g., adjust lighting, eliminate distractions)

#### *To support the principle of representation, facilitators can:*

- Avoid use of disciplinary jargon
- Encourage inclusive language that welcomes and supports all identities
- Connect current learning to Collaborative Interprofessional Health Competencies
- Include some front-line practice stories

#### *To support the principle of Action and Expression, facilitators can:*

- Set up the classroom so that all participants can participate
- Provide options and demonstrate flexibility in how participants can introduce themselves
- Anticipate and manage challenges in learning
- Facilitate the debrief so learners can monitor their own learning
- Be mindful of accessibility needs (e.g., use microphones, read slide content aloud)

## Supporting Cultural Diversity

Culture encompasses the shared beliefs, customs, practices, and values of a group of people, and it is learned and transmitted through generations.

While cultures can vary widely, every human being exists within and is shaped by a cultural context. This cultural context shapes our values, beliefs, behaviours, and perceptions of the world. Culture impacts many aspects of our lives, including social interactions, communication styles and preferences, decision making and emotional expression.



Culture can therefore influence learning, group dynamics and communication styles for both students and facilitators. People from some cultures speak directly, while others use more indirect ways of talking. Different cultures incorporate implicit language practices, while others may be more explicit. Language expectations, role expectations, and what is considered appropriate topics of conversation also differ.

Having participants from different cultures can enhance learning and foster a rich learning environment. However, sometimes the dominant culture appears invisible and is taken as “the norm”. Facilitators and students need to explicitly acknowledge that we all have a cultural context and be open, flexible, non-judgmental, and willing to learn from each other.

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