



**Not the Last Resort: Interprofessional education (IPE) in care homes**

MDT meeting handbook

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# BACKGROUND OF NOT THE LAST RESORT

**Interprofessional education** (IPE) is about the use of two or more students of different professions working collaboratively to achieve a shared goal.

‘Not the last resort’ was a pilot study that evaluated the impact IPE had on health and social care students, care home staff and residents in a care home setting. The study focused on how students from different health and social care professions can work collaboratively with care home staff to help a resident achieve a set goal over a six-week period.

Weekly Multidisciplinary Team (MDT) meetings were crucial to this process. **Action Learning** was used within the weekly MDT meetings to promote collaborative working.

The purpose of this booklet is to provide a guide explaining how action learning is used within MDT meetings. It also contains individual guides for students, care home staff and residents to aid understanding on what everyone’s role is within this process.

# WHAT IS ACTION LEARNING?

*Action learning:*

* Is a pedagogical process of learning and reflection.
* Requires working as group and supporting each other to solve a problem or issue.
* Uses questions to challenge problems and find answers to issues.
* Is often used in interprofessional training schemes (IPE).

*Action learning can:*

* Improve the quality of care by introducing new ideas to problems or issues.
* Promote knowledge and skill sharing between people with different backgrounds.
* Benefit an organisation as it brings together diverse peers to work as a group and support each other.

*Where can I find further reading on action learning?*

Here is a reference to a good resource:

James, A.H., & Stacey-Emile, G. (2019). Action Learning: staff development, implementing change, interdisciplinary working and leadership. *Nursing Management*, *26*(3), 36-41, DOI: 10.7748/nm. 2019.e1841

AN OVERVIEW ON WHO IS INVOLVED IN ACTION LEARNING?

There four main components of action learning that defines the role of each person involved. These are:

1. Goal
2. Goal Bringer
3. Set Members
4. Facilitator(s)

*Goal*

It is best to use action learning for a goal that does not have one simple answer or cannot be achieved by the person(s) who has set it.

The goal should be thought as a puzzle that requires teamwork and support to solve. In this instance a goal of the resident(s) you are working with as part of the Multidisciplinary Team.

*Goal Bringer (****Care Home Residents****)*

The Goal Bringer is a person who has a goal they wish to achieve to improve their quality of living. In this instance a resident who lives in the home you are on placement in. The goal can be unique to the resident or a situation they are involved in.

The resident will have their own view and opinion on how the problem or issue can be solved. The care home staff may advocate on behalf of the resident and bring a goal on their behalf.

*Set Members (****Students****)*

Set Members are coaches to the Goal Bringer and in this instance are students from across health and social care professions.

They use their skills and knowledge to help assist the resident and find a solution to the goal raised. Students should focus on the resident view and opinion on how a goal can be achieved. They should try to initially avoid using their own perspective, unless asked, as the focus of action learning is exploring the resident’s view and opinion on their goal.

*Facilitator(s) (****Care Home Staff or University Staff****)*

A Facilitator is someone who observes the is situation. In this case, the care home staff/university staff observe how the resident and students interact with each other and give feedback on, and at times guide, their discussions. The feedback can be positive and negative. It is an important part of action learning, and it helps the resident(s) think of a solution based on the coaching from the students.

The care home staff/university staff makes sure the meeting is kept on time and that there is an outcome for the goal before the meeting ends. This can include actions such as assessments, tasks that are implemented, and evaluations. This should include actions that will be reflections the following set meeting.

WHAT IS THE RELATIONSHIP BETWEEN THE COMPONENTS OF ACTION LEARNING?

Resident(s)

Goal

Students

Students

Facilitator

Facilitator

*Key:*

The block two-way arrow shows an even relationship between the resident(s) and goal, and resident(s) and students.

The dotted two-way arrow shows that students are not meant to be solving the problem or issue based on only their own view or opinion. The student is meant to be coaching the resident(s) and supporting them to come up with a solution from their views or opinions.

The shaded circle is the role of the Care Home Staff/ Facilitator and shows how they observe the whole situation to give helpful feedback.

# ACTION LEARNING IN A MULTIDISCIPLINARY TEAM MEETING

The process of action learning is used within MDT meetings to promote collaborative working within the IPE experience. In this case, it supports students from different health and social care professions to help a resident work on a set goal.

*Setting Goals*

The purpose of an MDT meeting is to set and review a goal a care home resident wants to achieve. It also important to make sure that the goal set is a SMART goal: Specific, Measurable, Actionable, Realistic, and Timebound.

*Who will attend the MDT meetings?*

Residents (the **Goal Bringers**)

Students (the **Set Members**)

A staff member (the **Facilitator**)

*How often are MDT meetings?*

MDT meetings might be held several times a week, weekly, or fortnightly. There is no one size fits all approach – they can be tailored to meet the needs of everyone involved.

*What time should MDT meetings be held?*

It is beneficial to hold MDT meetings at a time that does not conflict with other activities in the care home that the resident enjoys participating in. The best time for the group might remain the same every week or be different to accommodate changing circumstances.

*Do MDT meetings have to be in person?*

MDT meetings can include face-to-face and virtual attendance. Virtual attendance can create more flexibility for organising a time and day that all members can attend. If including virtual attendance, it is important to consider how this will impact everyone involved.

*How many residents can attend?*

We have found that two or three residents works well. Each resident should attend their part of the MDT meeting separately for confidentiality purposes. This would mean the meeting runs for 2 hours 15 minutes maximum (45 minutes per resident). This allows enough time for the set members to unpack and work on the resident’s individual goals. This may change depending on the length of the meeting, the number of students present and the needs of the residents.

*What if residents cannot or do not want to attend?*

In some instances, residents might not want to, or feel able to, attend the meeting and verbally identify a goal they would like to work toward. Staff members or family members can attend to advocate and articulate on behalf of the resident. It is important to support the resident’s engagement in ways that feels right for them. For example, they might wish to attend with an advocate, by themselves, or just attend some of the meetings.

# AN EXAMPLE OF ACTION LEARNING IN A CARE HOME SETTING:

*Care Home Residents* *(****Goal Bringer****)*

The care home resident or their advocate explains that they want to improve their walking and would like the students (**Set Members**) advice and support on how to achieve this.

*Students (****Set Members****)*

Students from Podiatry, Nursing and Physiotherapy are all on placement in the care home. Together, in the MDT meetings, they discuss with the care home resident what can be done to assist their walking abilities. They are encouraged to utilise their professional knowledge and expertise and might consider:

*What does ‘walking without assistance’ mean to the care home resident?*

*How mobile is the resident currently, what exercises could be done to improve this?*

*What is the resident’s daily routine, how could this impact their walking abilities?*

*What is the motivation for why the resident wants to improve their walking?*

*Is the resident’s current footwear preventing them from walking without assistance?*

Outside of the MDT meeting care home staff can also use the student’s knowledge on how to help the resident achieve the set goal. Equally the students can learn from the care home staff’s knowledge and expertise for how the resident can achieve the set goal. The student, care home staff, and residents all working collaboratively and sharing knowledge is a key part of action learning.

*Staff member (****Facilitator****)*

The staff member is there to manage the smooth running of the MDT meeting. At the first meeting they conduct introductions and establish a set of ground rules for the group. These might include discussion around things like:

*Attendance*

*Confidentiality*

*Listening*

During the MDT meetings, the facilitator provides prompts to facilitate the discussion. For example, they may:

*Ask different students to share their perspectives on assessment of the resident’s mobility.*

*Ask how the knowledge from different professions can be used on mobility and management of it.*

*Ask the students what steps need to be put in place for the resident to achieve their goal from their professional perspective.*

*Ensure the sharing of advice, assessments, perspectives is evidence based and uses the latest best practice/literature/research.*

An important element of the facilitator’s role is to know when to withdraw from the process and allow the students to be in control. The facilitator is not there to provide answers, rather help the students to find the answers out with the resident and each other. Therefore, they might:

*Encourage the students to discuss amongst themselves.*

*Suggest they ask the resident some more questions about their lived experience.*

*Ask what they could do to learn more about a topic.*

At the end of meetings, the facilitator will run through actions the students have agreed to complete. For example, they might suggest that by the next meeting:

*The Physiotherapy student will research exercises that might strengthen foot muscles.*

*The Podiatry student will make a presentation about supportive footwear.*

*The Nursing student will spend some time with the resident to explore their day-to-day experiences.*

At the start of the following meeting, the facilitator will review the groups progress and ask the students and resident to feed back on the actions taken and reflect on the impact of any actions.

# ACTION LEARNING GUIDE FOR CARE HOME RESIDENTS

You and/or an advocate on your behalf, will attend weekly meetings where students from different professions will work with you on one of your goals. Here is some information about the process:

1. At the first weekly meeting, you will be asked to choose something that you would like the students to help you with. This could be something to do with your health or a task you want to achieve. It might help to think about your daily activities and consider whether there’s something you want to add into your routine or part of it you would like to change. When working with the students they will call this your *goal*.

*Example:*

**My goal is that I would like to be able to walk without assistance for 5 minutes.**

1. It is helpful to share the reason behind your goal and why it has meaning to you.

*Example:*

**I would like to be able to do this because I enjoy being able to walk outdoors. I have always liked the outdoors, and this is an important part of my wellbeing.**

1. It is important to think what you specifically envision your goal to look like.

*Example:*

**I want to be able to walk for 5 minutes without assistance so I can go for a walk round the garden.**

1. It is also important to think about what is stopping you in already achieving this goal.

*Example:*

**I have arthritis and my joints get stiff and sore.**

1. It is important that your goal something achievable. The students might ask you questions at the first meeting to make sure that it is something realistic that they can help you with. This will be different for everyone.

**For example, walking for 2 minutes without assistance might be an achievable first step to the bigger goal of going for a 5-minute walk round the garden.**

At every meeting the students will feed back about your progress, and the latest best practice in regard to assisting you to achieve your goal. You will have the opportunity to share your perspectives about progress. You might work on one goal over a longer period of time with the students or work on several smaller goals.

# ACTION LEARNING GUIDE FOR STUDENTS

When working with the care home resident, the first task you will do is to help the resident think of a what they would like to work on. This could be something to do with their health or a task they want to achieve regarding their well-being. When working with the care home residents, you will call this their goal.

*Setting a goal*

1. It important to work with the resident and care home staff to ensure the goal set is a SMART goal: Specific, Measurable, Actionable, Realistic, and Timebound. It will require your negotiation skills with the resident and care home staff to ensure the goal set is SMART.

*Example:*

**The resident suggests they want support to walk without assistance. You might suggest they set the goal at walking for 5 minutes without assistance to ensure it is a SMART goal.**

1. It is helpful to understand the reason behind the resident’s goal.

*Example:*

**The resident explains they would like to be able to walk without assistance because they enjoy being able to walk outdoors. They have always liked the outdoors, and this is an important part of their wellbeing.**

1. It is important to get to know the resident you are working with. For example, understanding their journey to the care home, what they are interested in, their hobbies and previous profession. Engaging with the resident you are working with will help you understand why they might have set a particular goal and will help you think about how you can motivate them to achieve their goal.
2. It is also important to understand what the goal end point is for the resident.

*Example:*

**You might ask them: what does walking without assistance look like to you?**

Asking questions like this will ensure both yourself and the resident are working towards the same end point and will clarify what progress and achievement means for both of you.

1. You also need to understand the barriers for why the resident is currently unable meet their goal.

*Example:*

**You can question, why does the resident currently need assistance with walking? What support have they already had with this?**

*The student’s role in a multidisciplinary meeting (MDT)*

The purpose of an MDT meeting is to set and review a goal a care home resident wants to achieve. The student’s role in an MDT meeting is representing the Set Members of action learning. You will discuss the resident’s goal and what steps are needed to put in place to help the resident achieve their set goal.

It is important to work as a collaborative team with the other health and social care students on placement at the care home, as well as the care home staff. By working together, you can combine your knowledge and skills to formulate a suitable care plan for the resident to achieve their set goal. The MDT meeting is also an opportunity to learn from other health and social care students and care home staff. Working as a collaborative team will improve your understanding of different health and social care professions and how their roles benefit the health and wellbeing of care home residents.

*Scheduling an MDT meeting*

The MDT meetings will be held in relation to the need of the goal and time availability of the care home. This means an MDT meeting could be held several times a week, weekly or fortnightly. It is important for you to attend as you will be reviewing the progress of the resident’s goal at each meeting and evaluate how the steps put in place are impacting the resident.

*Top tip*

It will be useful for you to find out about the services and facilities available in the care home to identify barriers for why the resident is unable to achieve their goal, as well as knowledge on how they can achieve it. Here are a few tips on what to identify:

*The different roles and expertise of the care home staff.*

*The care home daily routine, building structure and facilities available.*

*The care home’s core values and person-centred care approach.*

*The resident’s current care plan.*

*The resident’s current medications.*

*Current policies in the home regarding care delivery.*

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# ACTION LEARNING GUIDE FOR THOSE ACTING AS AN ADVOCATE FOR A RESIDENT

Action learning must be adapted to the IPE care home setting. This means residents involved in the IPE scheme might be living with dementia or have other cognitive impairments. Therefore, it is advised that a care home staff member acts as an advocate for such residents to improve the effectiveness of action learning and communication in achieving the set goal.

*What is means to be an advocate for a resident?*

Being an advocate for a resident means you provide information on behalf of the resident and act as a voice for them. Being an advocate for a resident is important in Multidisciplinary Team (MDT) meetings as you will be updating the students and facilitator (other care home staff/ university staff) on the progress of the set goal. You can also voice an opinion on how suitable the recommending steps for achieving the set goal are to the capabilities of the resident.

*What information does the advocate need to share?*

1. You need to communicate a suitable goal that will help benefit the resident’s health and wellbeing. It is important to think about what the resident enjoys/ enjoyed doing and how their current health and wellbeing stops them from participating in activities or hinders their daily living.
2. It is important for you to share specific information about the resident to the students and facilitator that will help them to set steps for the resident to achieve the set goal.
3. Your role also includes relaying the information shared from students and the facilitator to the resident. This could be done by recommunicating the information in a way that is understood by the resident or ensuring the resident conducts the steps needed to achieve the set goal.
4. It is useful for you to keep a track of the resident’s progress on achieving the set goal and relay this information in the MDT meetings. Making notes in-between the MDT meetings might help you to keep a record of the resident’s progress and will also help the students identify what steps are working and what steps need to be changed.

ACTION LEARNING GUIDE FOR FACILITATORS:

The role of a facilitator is to manage the process of action learning. It is important for you to be flexible and adaptable to the care home and MDT setting you are facilitating, such as face-to-face or virtual. This document breaks the process down into key parts of the MDT meeting schedule based on the This is only a guide, and you may want to adjust certain aspects to better suit the needs of those involved.

*First Week*

* Introductions

It is good to start by getting the students, care home staff and residents to introduce themselves to each other in the first meeting. It might be helpful to consider all of your different expectations and reasons for involvement. Resident’s might like to share some information about their life and journey to the care home. Students might find it useful to give an overview of their professional background.

* Ground rules

This might be a good chance to set ground rules for the group. You might like to facilitate some discussion around attendance, respecting personal differences, listening and teamwork for example. There might be some context about the care home you think is important to include here.

* Goal setting

It’s important for the facilitator to help the group set a goal the resident would like to achieve. The goal should be: SMART: Specific, Measurable, Actionable, Realistic, and Timebound. It might be helpful to ask the students and residents to consider: (1) The reason behind the goal or the resident’s motivation for setting it; (2) What the end point of the goal looks like for the resident; (3) The different roles and expertise of the students – can they realistically help with the suggested goal? (4) Does it need breaking up into smaller, more manageable goals? (5) Is everyone contributing to the process of setting the goal?

*Ongoing Weeks*

* Collaborative contributions

Try to ensure everyone is contributing to decision making. Remember, the focus is for the students to help the resident address their goal as a team. If a student is not as forward as you would expect with feedback on their actions from the following week, you could ask them about their perspectives to draw them into the process. The use of inclusive terminology, such as *we* and *us*, is a useful technique to help foster a collaborative approach. Utilising an asset-based approach can help those involved consider the various options can consider. These prompts to generate discussion may help:

*How can you all utilise your combined knowledge and skills to create a care plan for this week?*

*What expertise do the care home staff have that might be beneficial to utilise?*

*What expertise do I have as a student from my profession?*

*Is there any reading that can be done around this to be fed back to the group next week?*

* Actions

Every week, actions should arise for the students to carry out either outside of the care home or during their time on placement. Before the end of the meeting, it might help to facilitate some discussion around what everyone’s actions are. Bear in mind the level of contribution might be different for different students given their different placement commitments and assessment criteria.

* Feedback

It is helpful if every student feeds back at the start of each work on any actions completed since the last meeting. Residents can then also have the chance to share their perceptions about the progress of their goal.

* What if there is a challenging situation?

You may find that tensions or difficulties in communication arise. For instance, this could occur because there are different dominant members of the group, members are unclear about their role within the MDT, or different professions disagree about a solution. It is important for the facilitator to encourage the members of the MDT meeting to work together and negotiate to come to an outcome. It might help to ensure everyone understands their roles within the MDT meeting and for the meeting to have a clear aim and outcome. Working through these experiences are beneficial for personal development and aid collaboration skills. Here are some prompts that might help you to deal with such situations:

*Do you think we need to look at this in a different way?*

*Are you making any assumptions here?*

*What has made you come to that conclusion?*

*What evidence has brought you to think that?*

*How else can we address this situation?*

*What are the long-term implications of this?*

*Are there any other questions we need to ask?*

* Keeping to time

It is important for you to time keep during the meeting and ensure discussions remain on topic with an outcome. It might be helpful for you to create a meeting agenda for provide structure to the discussion and ensure all topics are covered in the meeting timeframe.

* Different styles of facilitation

You might find over the weeks that your role as a facilitator will change as the group dynamic develops.

* Stepping back

Important to remember your role is to facilitate and generate discussion – not impart expertise. Prompts might include:

*Can you describe the current situation? Can you provide an example?*

*What has been done in the past to help achieve your goal?*

*What has worked or not worked to help achieve your goal?*

*What does the endpoint or achieving this goal look like for you? [student, care home resident and staff].*

*What do you think of [specified MDT member’s] idea?*

* Reviewing

The steps put in place may need reviewing because a previous goal set has been achieved. If the resident feels their goal has been addressed or resolved before the end of the MDT meeting cycle, the process can be repeated for the team to set a new goal for the resident.

*Final week*

* Student feedback

At the final meeting, it is useful for each student to give some feedback about how they have found the process and their perceptions of working on the residents’ goals as an interprofessional team.

* Resident feedback

It is also valuable for residents to offer their thoughts on the process, how they feel about the progress of their goal and what they would like to see moving forward.

* Care plan

To ensure the continuity of care, a care plan can be created for the care home staff to take forward. It should be easily understood so that it can be replicated in the absence of the students.

* Emotions

When the student’s placement at the care home is coming to an end it can be a difficult time for all involved. There may be a fear that the care and support created through the MDT meetings will not continue. It is important for the resident to have set care plan for how they can continue to achieve their goal without the support of the student. Students might find the emotional labour of working on goals difficult at times – links to useful resources are at the back of this guide.

# SOME FURTHER READING ABOUT HOW TO FACILITATE EFFECTIVELY:

Form, Storm, Norm, Perform and Adjourn is useful framework of group development that can assist in facilitating shared decision-making in an MDT meeting.

*What is Form?*

Forming is when the care home resident works together with the students and care home staff to identify a SMART goal the resident wants to achieve within a specific timeframe. As facilitator, it is best to introduce students, care home staff and residents to each other in the Multidisciplinary Team (MDT) meeting and ensure everyone is evenly contributing to the decision making on identifying a SMART goal for the resident to achieve. Communication and negotiation are key skills that are needed at this stage as the goal must be SMART and achievable within the care home environment. Try to encourage all members of the MDT to use these skills when identifying a set goal for the resident.

*What is storm?*

You may find after the initial introduction stages of an MDT meeting, politeness in communication and negotiation may fade and members of the meeting may start to argue about things previously unsaid or unresolved. Storming may develop if:

*There is more than one dominant member of the MDT meeting who wants to be the leader.*

*Members are unclear of their role within the MDT meeting.*

*The MDT meeting lacks focus or direction.*

*Members feel there is a hidden agenda within the MDT meeting, for example ticking a box for placement criteria.*

When a storming event does occur, it is important for the facilitator to encourage the members of the MDT meeting to work together and negotiation an outcome. It is important for the storm to be addressed in the moment and to prevent it from building up further and become a storming event. Storming can be prevented by ensuring everyone understands their roles within the MDT meeting and for the meeting to have a clear aim and outcome. Working through a storm is beneficial for the personal development and aids collaboration skills.

*What is norm?*

Norm is the stage after a storm has occurred and the members of the MDT meeting have returned their focus on the purpose of the meeting. As a storm has been resolved, the norm stage can provide the opportunity for group rules to be developed and defined. The norm stage is the process when members of the MDT meeting return to working as a team.

As a facilitator, it is important for you to ensure balance is returned in the teamwork dynamic and workload. To help with this, a clear structure on how each MDT member is going to contribute to helping the resident achieve their goal, their role within that, and if they think it is achievable within the timeframe given. The use of inclusive terminology, such as *we* and *us*, is a useful technique to help bring teamwork and collaboration for helping the resident achieve their goal.

*What is perform?*

Perform is the stage where all members of the MDT meeting working efficiently together to help the resident achieve their goal. It is a sign of good teamwork if all members are happy to contribute their ideas and reach agreements together, respecting personal differences and finding a common ground within decision-making.

The facilitator still plays an important part in the perform stage. The facilitator focuses more on the managing the delivery of the task, as opposed to managing the teamwork dynamic. This means the facilitator is encouraged to access the progress of the resident achieving their set goal and probe what steps need to be put in place to the services and facilities available within the care home environment. It is important for the students and care home staff to think about how they can utilise their combined knowledge and skills to create a care plan on how the resident can achieve their set goal.

The steps put in place may need reassessing because the goal has been achieved earlier than expected or it is too ambitious for the resident to achieve. It is important that the facilitator ensures SMART decisions are made at each stage of the MDT meeting for the health and wellbeing for all members of the MDT meeting. Key information for the delivery of this are:

*The care home resident’s health journey to the care home.*

*The care home’s core values and person-centred care approach.*

*Distress and safe-guarding policies and emotional labour guidance.*

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*What is adjourn?*

Adjourn is the when the student’s placement at the care home is coming to an end. Adjourn can be a distressing time as the collaborative teamwork is coming to an end and there may be a fear that the care and support created from the MDT meetings will not continue. It is important for the resident to have set care plan for how they can continue to achieve their goal without the support of the student.

It is important for the facilitator to ensure the care plan created is easily understood and can be replicated in the absence of the student. The facilitator also needs to consider how the next cycle of placement students can continue to help the resident achieve their goal.

*Where can I find more information about probing questions to aid facilitation?*

This is a useful resource:

Carlson, C. (2022). Facilitation Skill #3: Asking Probing Questions. Retrieved on May, 10, 2022 from: <https://accendoreliability.com/facilitation-skill-3-asking-probing-questions/#:~:text=Asking%20probing%20questions%20is%20a,the%20group%20to%20stimulate%20thinking>.

MULTIDISCIPLINARY MEETING TABLE TEMPLATE

The table below can help the Multidisciplinary Team members visualise how the knowledge from students and care home staff can help the resident achieve their goal within the context of the care home.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Care Home Resident’s Name* | *Care Home Resident’s Goal* | *Student professions* | *Care Home staff knowledge* | *Care Home resources* |
|  |  |  |  |  |
|  |  |  |  |  |