



Interprofessional Learning Pathway Competency Framework

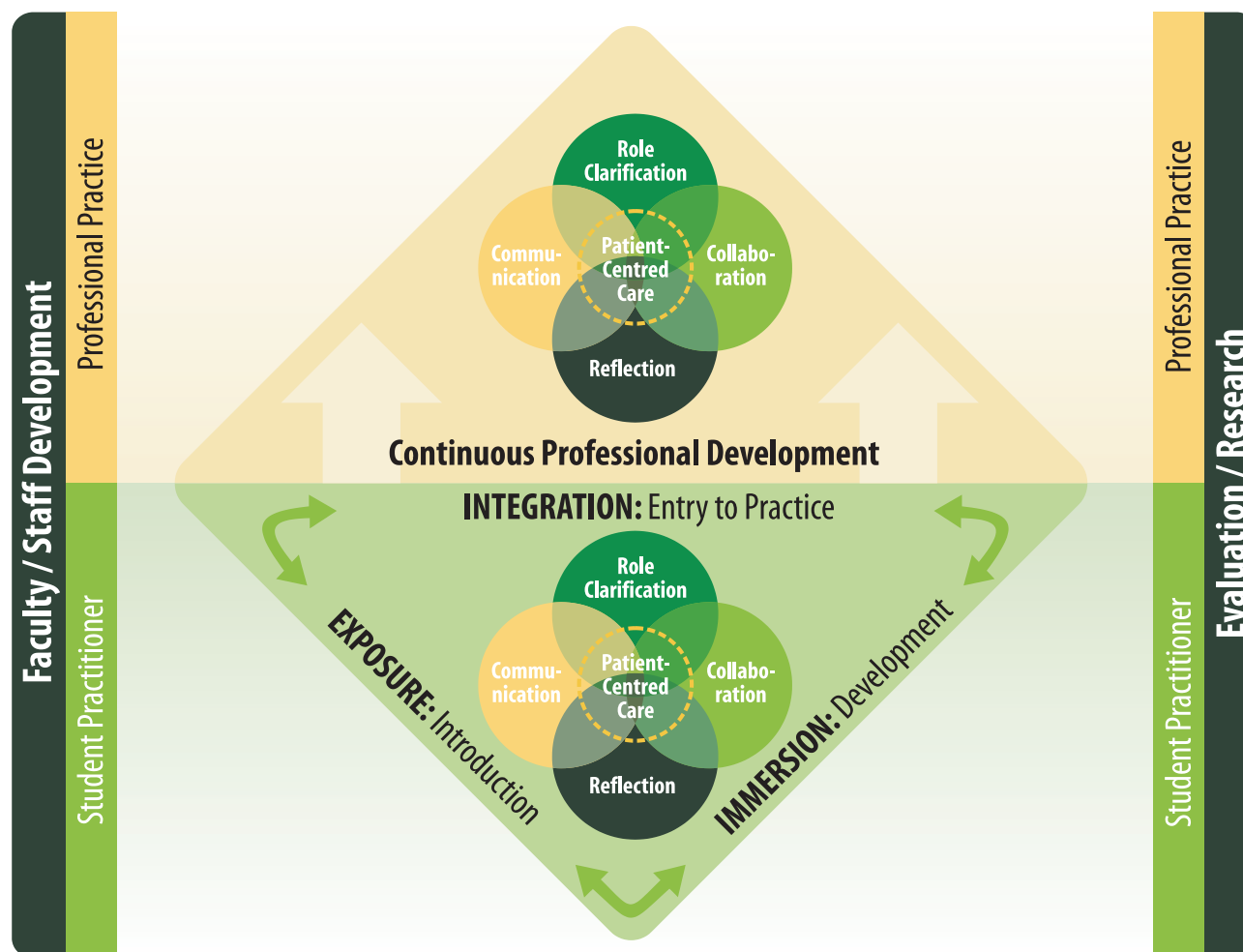
Interprofessional education or IPE is defined as an educational opportunity where “two or more professions learn with, from and about each other to improve collaboration and the quality of care” (Centre for Advancement of Interprofessional Education, 2002) . The University of Alberta health science faculties have developed the Interprofessional Learning Pathway framework, through which students are able to track their achievement of interprofessional competencies. The development of the IP Pathway has been shaped by accreditation requirements of health science programs and standards of practice for professional associations¹. Each student’s Pathway is comprised of a series of interprofessional learning experiences building toward integration of interprofessional team practice.

The goal of the IP Learning Pathway is to ensure that students achieve core IP competencies that will prepare them to work effectively on health teams. Long-term outcomes of successful collaboration include optimized patient care, enhanced health system efficiency, and workforce wellness.

Defining the framework

In dialogue with the professional associations, other universities in Canada and the Canadian Interprofessional Health Collaborative, four core interprofessional competencies have been identified as critical to interprofessional practice: **communication, collaboration, role clarification** and **reflection**. The theme of **patient-centred care** is woven throughout the four competencies. Elements of these competencies are taught in a single-discipline context and can be applied to an interprofessional setting. The IP Learning Pathway is designed to track these competencies as they are achieved by each student. Each interprofessional competency is performed at three levels along a continuum of experience: *exposure, immersion and integration*.

¹ Accreditation Council of Canadian Physiotherapy Programs (2009); Alberta College of Medical Laboratory Technologists (2005); Alberta College of Occupational Therapists (2003); Alberta College of Pharmacy (2007); Canadian Association of Speech-Language Pathologists and Audiologists (2004); Canadian Council for Accreditation of Pharmacy Programs (2006); Canadian Medical Association (2008); Canadian Society for Medical Laboratory Science (2005); College and Association of Registered Nurses of Alberta (2005); College of Dietitians of Alberta (2008); College of Registered Dental Hygienists of Alberta (2007); College of Physical Therapists of Alberta (2005); College of Physicians & Surgeons of Alberta (2010); and Commission on Dental Accreditation of Canada (2008).



Guidelines for using this framework:

The following descriptions of the core competencies and competency levels are offered to guide instructors in identifying the level and area of core interprofessional competency that are taught within the curriculum. The descriptions can be used to identify and define existing IP learning experiences. Sample performance indicators have been provided for each core interprofessional competency (see appendix A); they can be used to develop IP learning outcomes or objectives.

Competencies Defined

Communication: Communication skills that enhance interprofessional team function

Collaboration: Interprofessional team process skills that achieve common goals

Role Clarification: Understanding of own role and the roles of others in an interprofessional context

Reflection: Critical evaluation of professional and team practice in an interprofessional context

Continuum of Experience

Exposure: Explore concepts, values and contexts; practice skills

Immersion: Apply knowledge and skills; analyze concepts, values, and contexts

Integration: Use and adapt knowledge and skills in practice; translate knowledge; seek new knowledge; act for change

For further information and examples, please see the competency indicators provided in Appendix A.

Appendix A: Interprofessional Competency Indicators

Communication: communication skills which enhance interprofessional team function		Collaboration: interprofessional team process skills which achieve common goals	
Exposure: Explore concepts, values and contexts; practice skills	<ul style="list-style-type: none"> Identifies the impact of communication skills in interprofessional care Explores the level and mode of communication preferred by team members (patient, family, community, health professionals) Identifies and demonstrates skills for effective verbal communication Identifies and demonstrates skills for effective non-verbal communication Identifies and demonstrates skills / behaviours for active listening Understands and constructs Clear, Owned, Regular, Balanced, Specific (CORBS) feedback (Hawkins & Shohet, 2000) Identifies own conflict style and conflict styles of team members Identifies appropriate conflict management models Identifies legislation, policies and procedures related to confidentiality in context of team 	Exposure: Explore concepts, values and contexts; practice skills	<ul style="list-style-type: none"> Identifies essential team roles for effective collaboration Explores expectations of patients as members of the care team Explores team practice models, and their relevance in different contexts Identifies and demonstrates attitudes and behaviours that build a culture of inclusivity, mutual respect and trust Identifies and explores social / professional / organizational opportunities and barriers to collaboration Identifies and employs appropriate technologies to facilitate collaboration Identifies the stages of team development: reflects and responds appropriately for that stage Identifies and employs effective shared decision- making skills Contributes to team outcomes
Immersion: Apply knowledge and skills; analyze concepts, values, and contexts	<ul style="list-style-type: none"> Addresses barriers to effective communication (acronyms, discipline-specific-language) Matches level and mode of communication to the needs of team members (patient, family, health professionals) (Interprofessional Network of BC, 2007) Actively listens and is receptive to the knowledge and opinions of others Accepts / provides effective feedback in context Analyzes conflict effectively and employs appropriate conflict resolution techniques / models Builds awareness of limits and benefits of use of technology in communication Acts to preserve patient / client confidentiality in context of team 	Immersion: Apply knowledge and skills; analyze concepts, values, and contexts	<ul style="list-style-type: none"> Employs appropriate team role behaviors to support team function Matches patient's expected level of participation to engagement with team Identifies and employs appropriate team practice models in context Adapts team behaviours to address issues related to the team's stage of development Identifies opportunities to improve team outcomes Negotiates action with team members to plan and execute team tasks Seeks new opportunity for collaboration Explores the concept of leadership in a healthcare setting historically and contextually
Integration: Use and adapt knowledge and skills in practice; translate knowledge; seek new knowledge; act for change	<ul style="list-style-type: none"> Ensures that knowledge translation occurs at the level of the patient Integrates appropriate verbal and nonverbal communication skills when engaging with others in difficult or high-stakes situations Seeks feedback from a variety of sources, including patient and family Integrates feedback into professional and team practice Delivers effective feedback under difficult circumstances or with high stakes Analyzes, de-escalates and resolves conflict appropriately in high-stakes situations Analyzes and employs appropriate use of technology (I.T. – Virtual communication) in information sharing Researches and acts on potential / actual breaches in confidentiality to ensure that practice is congruent with policy and legislation Advocates for patient / community where institutional factors are barriers to accessing or using health information 	Integration: Use and adapt knowledge and skills in practice; translate knowledge; seek new knowledge; act for change	<ul style="list-style-type: none"> Integrates team role behaviours dynamically to mutually support team function Takes action in instances where there is a lack of inclusivity, respect, or trust on the team Prepares patient as team member – supports and advocates for patient engagement Advocates for change in patient care delivery models within the organization where needed Advocates for organizational change to reduce barriers to collaboration Demonstrates openness to new ideas in discussion and decision-making Takes action where decision making is not shared Commits and contributes to changes necessary to improve team outcomes Advocates for new technologies and strategies to overcome barriers to collaboration

Appendix A: Interprofessional Competency Indicators continued

Role Clarification: understanding of own role and the roles of others in an interprofessional context	
Exposure: Explore concepts, values and contexts; practice skills	<ul style="list-style-type: none"> Explores own professional ethical considerations, role and scope of practice in IP contexts Explores the professional ethical considerations, roles and scopes of practice of other IP team members Identifies relevant professional roles in a given context, and identify potential gaps in team membership Explores professional role overlap: how are we all related? Unique? Explores patient's role as an IP team member Seeks information on personal skill sets of all team members Acknowledges perceived power imbalances, and the stereotypes and historical hierarchies on which they rest
Immersion: Apply knowledge and skills; analyze concepts, values, and contexts	<ul style="list-style-type: none"> Shares and evaluates own professional values and culture (translates knowledge to team members) Articulates and shares knowledge of other professional roles Seeks and integrates ideas from others' professional values and culture Engages patient in understanding own and others' professional roles Identifies patient's background and desired role on team Explores and analyzes perceived power imbalances between and within professions Builds awareness of the personal skills contributed by other members of the team Identifies appropriate referrals based on patient needs Consults, seeks advice and confers with other professionals
Integration: Use and adapt knowledge and skills in practice; translate knowledge; seek new knowledge; act for change	<ul style="list-style-type: none"> Builds confidence in and maintains scope of practice in IP context Adapts professional role within a given context / environment Capitalizes on others' professional roles to increase efficiency and improve patient care Embraces professional role overlap Addresses how the team will deal with overlap and absence of a relevant health profession on the care team Advocates for representation from professional roles missing on the team Capitalizes on the personal skills contributed by other members of the team Advocates for the patient in their desired role as a member of the IP team Advocates for other professions and engages in discussion with respect to professional stereotypes and hierarchies
Reflection: critical evaluation of professional and team practice in an interprofessional context	
Exposure: Explore concepts, values and contexts; practice skills	<ul style="list-style-type: none"> Identifies professional requirements for self-reflection Identifies and utilizes appropriate methods / frameworks for effective self / team-reflection. The framework should include reflection on event, associated affect, and analysis of context Explores own strengths and weaknesses as a team member Explores strengths and weaknesses in team composition and process Explores how one's feelings and behaviours affect other members of the team Recognizes impact of personal biases on team function and patient care in context Identifies strategies and seeks guidance to address weaknesses and capitalize on strengths Consults literature to inform reflection Explores own view of patient centeredness within context to current literature
Immersion: Apply knowledge and skills; analyze concepts, values, and contexts	<ul style="list-style-type: none"> Employs reflective tools in professional practice intentionally and regularly Employs reflective tools in team practice intentionally and regularly Analyzes patient centeredness in terms of professional and team practice Employs strategies for addressing personal biases Employs strategies to ameliorate weaknesses as a team member and to capitalize on strengths Invites and uses feedback to inform reflection Integrates evidence and reflection to inform professional and team practice Expands focus of reflection beyond self and team to include systemic analysis Takes action based on reflection to improve professional and team performance
Integration: Use and adapt knowledge and skills in practice; translate knowledge; seek new knowledge; act for change	<ul style="list-style-type: none"> Utilizes reflective tools to demonstrate a reflective habit of mind resulting in self-aware and self-regulatory practice Utilizes reflective tools to demonstrate reflective team processes Evaluates and adapts reflective processes in professional practice Evaluates and adapts reflective processes in team practice Ensures and advocates for patient centeredness in team and systemic practices Takes action based on reflection for process improvement and systemic change

Appendix B: Glossary of Terms in Interprofessional Practice

Collaboration	Interprofessional competency focussed on interprofessional team process skills that achieve common goals.
Collaborative Patient-centered Practice	“Promotes the active participation of each health care discipline in patient care. It enhances patient and family-centred goals and values, provides mechanisms for continuous communication among caregivers, optimizes staff participation in clinical decision-making within and across disciplines and fosters respect for disciplinary contributions made by all professionals” (Canadian Interprofessional Health Collaborative, n.d).
Collaborative Practice	“An inter-professional process of communication and decision making that enables the separate and shared knowledge and skills of health care providers to synergistically influence the client / patient care provided” (Way, 2000, p. 3).
Communication	Interprofessional competency focussed on communication skills that enhance interprofessional team function.
Discipline	“An academic branch of knowledge such as medicine, nursing, respiratory therapy, air traffic control, law, accounting” (Canadian Interprofessional Health Collaborative, n.d).
Exposure	Early stage in building interprofessional competencies. Students explore concepts, values and contexts; practice skills.
Immersion	Application of IP competencies. Students apply knowledge and skills; analyze concepts, values, and contexts.
Interdisciplinary (INTD)	“Of or pertaining to two or more disciplines or branches of learning; contributing to or benefiting from two or more disciplines” (Oxford English Dictionary Online, 2009.). Also, health professional practice with “an integrated approach in which members of a clinical team actively coordinate care and services across disciplines” (Ray, 1998, p. 1370).
Integration	Integration of IP competencies. Integrate and adapt knowledge and skills in practice; translate knowledge; seek new knowledge; act for change.
Interprofessional (IP)	“Collaboration between two or more health professionals to enhance patient care” (Centre for Advancement of Interprofessional Education, 2002).
Interprofessional Education (IPE)	“Occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care” (Centre for Advancement of Interprofessional Education, 2002).
Intradisciplinary	Health professional practice that “involves the contributions of different specialists within one discipline (such as physician consultations)” (Ray, 1998, p. 1370).
Multidisciplinary	Health professional practice with “a clinical group whose members each practice with an awareness of and toleration of other disciplines . . . the various professions operate in their individual silos, but there is some communication between them. Either the silos are noncontiguous or, if they touch each other, they do so at only one point” (Ray, 1998, pp. 1370-1371).

Patient-centred Care	Patient / Client Centred Care is defined in opposition to the notion of care that focuses on the illness or disease. Patient or client-centred contains 6 main components: 1. exploring both the disease and the illness experience; 2. understanding the whole person (life and context); 3. finding common ground regarding management; 4. incorporating prevention and health promotion; 5. enhancing the patient-professional relationship; 6. being realistic (Brown, Stewart, Weston, & Freeman, 2003. pp. 3-6).
Profession	An occupation, vocation or career requiring special training (ex. Physician, Licensed Practical Nurse, Air Traffic Controller, Lawyer, Accountant) (Canadian Interprofessional Health Collaborative, n.d).
Reflection	Interprofessional competency focussed on critical evaluation of professional and team practice in an interprofessional context.
Role Clarification	Interprofessional competency focussed on understanding of own role and the roles of others in an interprofessional context.
Simulation	“Simulation” is a set of techniques – not a technology per se – to replace or amplify real experiences with planned experiences, often immersive in nature, that evoke or replicate substantial aspects of the real world in a fully interactive fashion” (Gaba, 2009).
Standardized Patient (SP)	A Standardized Patient (SP) is a person who has been coached to accurately and consistently recreate the history, personality, physical finding, emotional structure and response pattern of an actual patient [or family member] at a particular point in time (Health Sciences Education and Research Commons).
Team	A collection of individuals who work interdependently, “share responsibility for outcomes, and see themselves and are seen by others as an intact social entity embedded in one or more larger social systems (for example, business unit or corporation) and who manage their relationship across organizational boundaries” (Cohen & Bailey 1997, p. 241).
Team Roles	Used to sustain processes that support the team’s task. Common team roles are initiator, recorder, energizer / encourager, advocate and participant.
Teamwork	Describes an interdependent relationship that exists between members of a team. It is an application of collaboration. “Collaboration” deals with the type of relationships and interactions that take place between coworkers. Effective health care teamwork applies to caregivers who practice collaboration within their work settings (D’Amour, Ferrada-Videla, Rodriguez, & Beaulieu, 2005).
Transdisciplinary	Health professional practice that “involves team members from different disciplines who share knowledge and skills; as a result, traditional boundaries between professions become less rigid, allowing members of the team to work on problems not typically encountered by or seen as the responsibility of their discipline” (Ray, 1998, pp. 1370-1371).
Unidisciplinary	Health professional practice that “involves functioning in isolation from other disciplines . . . there is no coordination or communication among those professions; they operate strictly in silos” (Ray, 1998, pp. 1370-1371).

Appendix C: References

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