The British Columbia

COMPETENCY FRAMEWORK

for

Interprofessional Collaboration

LEADING Interprofessional
Education & Research

2008

GLOSSARY OF TERMS

Patient/Client Where this term is used, it should be taken to mean anyone receiving care.

Family This term not only refers to the patient/client's relatives but anyone within their social network that may be affected by their care.

Interprofessional A professional's skills, knowledge and roles are adapted to fit in with other professions.[1]

Team For the purposes of this framework, this term is used to denote either: (a) a group of health professionals who work together around the care of a patient/client in an "informal" way; or (b) a collection of individuals who are interdependent in their tasks, who share responsibility for outcomes, who see themselves and who are seen by others as an intact social entity embedded into one or more larger social systems and who manage their relationships across organizational borders i.e. a "formalized" team.[2]

Collaboration A process that requires relationships and interactions between health professionals regardless of whether they are members of a formalized team or a less formal or virtual group of health professionals working together to provide comprehensive and continuous care to a patient/client.[3]

SHARED LANGUAGE

1   Finch J. (2000) 'Interprofessional education and teamworking: a view from the education providers'. British Medical Journal, 321: 1138-1140.
2   Cohen, S.G. and D.R. Bailey (1997). What makes teams work: Group effectiveness research from the shop floor to the executive suite. *Journal of Management*, 23(4), 238-290.
3   Canadian Health Services Research Foundation. Teamwork in Healthcare: Promoting effective teamwork in healthcare in Canada. www.chsrf.ca.

THE BRITISH COLUMBIA COMPETENCY FRAMEWORK *for*
INTERPROFESSIONAL COLLABORATION

The British Columbia Competency Framework for Interprofessional Collaboration

The term competency is often used to describe the knowledge required to be able to perform a particular task. According to Norman[4], a competency is more than knowledge; it includes the understanding of knowledge, clinical, technical and communication skills, and the ability to problem-solve through the use of clinical judgment. According to the CanMEDS[5] competency framework, the development of a competency is the process of translating the core abilities involved in effective practice into educationally useful elements. However, despite recent attention to Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) there is no commonly agreed upon set of interprofessional competencies.

With the aim of developing a universally applicable interprofessional competency framework, the UBC College of Health Disciplines, using the Interprofessional Network of BC (In-BC) Guided Independent Fieldwork Study (GIFS) framework as a foundation, compared and contrasted 15 existing competency frameworks (see Appendix). By examining the consistencies, inconsistencies, overlap, discrepancies, and language among these frameworks, a 'Competency Framework for Interprofessional Collaboration' was developed.

The objective of this framework is to inform curriculum development for health and human service professionals throughout the continuum of learning. Many of the competencies in the framework build on generic competencies that are developed during discipline-specific learning. Ideally, practitioners who demonstrate both their own profession's specific and unique competencies and the interprofessional competencies will have the skills and knowledge necessary to provide patient/clients with optimal, integrated care. It is hoped that this framework will be used as an interprofessional competency framework by health and human service educators, practitioners and decision-makers throughout the province.

The *BC Competency Framework for Interprofessional Collaboration* is organized into three domains:
I. Interpersonal and Communication Skills
II. Patient-Centred and Family-Focused Care
III. Collaborative Practice
   A. Collaborative Decision-Making
   B. Roles and Responsibilities
   C. Team Functioning
   D. Continuous Quality Improvement

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4   Norman GR: Assessing Clinical Competence. New York: Springer; 1985: pp 330-341.
5   CanMEDS (2005). The CanMEDS 2005 Physician Competency Framework. The Royal College of Physicians and Surgeons of Canada. http://rcpsc.medical.org/canmeds/CanMEDS2005/CanMEDS2005_e.pdf.

I.   *Interpersonal & Communication Skills*

Consistently communicates sensitively in a responsive and responsible manner, demonstrating the interpersonal skills necessary for interprofessional collaboration.

Effectively expresses one's own knowledge and opinions to others involved in care:
  * Demonstrates confidence and assertiveness to express one's views respectfully and with clarity;
  * Employs language understood by all involved in care and explains discipline-specific terminology;
  * Explains rationale for opinions;
  * Evaluates effectiveness of communication and modifies accordingly.

Actively listens to the knowledge and opinions of other team members:
  * Listens to and shows genuine interest in the perspectives and contributions of others;
  * Is observant and respectful of non-verbal as well as verbal communication;
  * Confirms that one understands all ideas and opinions expressed.

Uses information systems and technology to exchange relevant information among all professionals to improve care:
  * Uses technology and other tools to keep others continuously updated;
  * Is aware of and uses information resources from other professions;
  * Plans and documents care on a shared health record.

II. *Patient-Centred & Family-Focused Care*

Through working with others, negotiates and provides optimal, integrated care by being respectful of and responsive to patient/ client and family perspectives, needs, and values.

Involves the patient/client and family as partners in group decision-making processes:

* Actively encourages patient/clients and families to express their feelings and needs as part of an interprofessional team;
* Interacts with other professionals to consistently promote and support patient/ client and family participation and autonomy;
* Promotes an environment of respect for the patient/client and family, fostering a feeling of comfort within the team;
* Ensures utilization of team communication strategies appropriate for the patient/ client and their family;
* Fosters non-judgemental and inclusive attitudes by the team towards patient/ clients and families;
* Shares options and healthcare information based upon team discussions with patient/clients and families to foster informed choice;
* Identifies patient/client's social determinants of health with the team and engages appropriate collaborators.

Ensures continuous integration of patient/clients and families into the team in order to maintain optimal, evolving care:

* Remains responsive to the changing needs of the patient/client and family as a member of the team;
* Strives to strengthen and build the relationship between the patient/client, family and all relevant care providers;
* Ensures that appropriate education and support is provided by the team for family members and others involved with the patient/client's care;
* Advocates self-care, disease prevention, and wellness as part of the team's mandate to promote a healthy lifestyle.

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III. *Collaborative Practice*

Establishes and maintains effective working partnerships with other professionals, patient/clients, families, other teams, organizations, and individuals to achieve common goals.

The collaborative practice domain comprises four sub sections:

A. Collaborative Decision-Making

Establishes and maintains effective and healthy working partnerships with other professionals, whether or not a formalized team exists.

Establishes interdependent relationships with other health care providers:
*   Negotiates ground rules to create a safe environment for collaboration;
*   Respects others' contributions and work ethic;
*   Is able to determine whom to involve depending on the needs of the patient/client

Shares decision-making with others:
*   Establishes and focuses on common goals;
*   Identifies patient/client-centred goals;
*   Implements joint decisions once all options and evidence are provided and discussed.

Maintains professional conduct during interprofessional encounters:
*   Develops, promotes and exercises non-judgemental and inclusive practice respecting other cultures, values and belief systems;
*   Practices ethical behaviour in all professional activities;
*   Displays integrity, honesty and social responsibility;
*   Adheres to standards of practice (e.g. avoids conflicts of interest).

Resolves conflicts with others when disagreements arise related to opposing opinions, decisions or viewpoints:
*   Understands issues that may contribute to the development of conflict;
*   Acknowledges that conflict can be productive;
*   Ensures conflicts are addressed before they become counterproductive;
*   Uses mechanisms for conflict resolution if conflict escalates.

Maintains flexibility and adaptability when working with others:
*   Re-evaluates one's own position in light of new information from others;
*   Cooperates with others involved in care;
*   Ensures that complexity, uncertainty and other stressful situations do not negatively affect relationships;
*   Ensures that conflict does not affect the care of the patient/client and that the patient/client remains the central focus of the team.

B. Roles and Responsibilities

> Consults, seeks advice and confers with other team members based on a clear understanding of everyone's capabilities, expertise and culture.

Has sufficient confidence in and knowledge of one's own discipline to work effectively with others in order to optimize patient/client care:

* Demonstrates ability to share discipline specific knowledge with other health care professionals;
* Negotiates actions with other health care professionals based on one's own role constraints and discipline specific ethical and legal practices;
* Shares one's professional culture and values to help others understand one's own point of view.

Has sufficient confidence in and knowledge of others' professions to work effectively with others in order to optimize patient/client care:

* Actively seeks out knowledge regarding others' scopes of practice;
* Understands how others' skills and knowledge compliment and may overlap with one's own;
* Negotiates actions with other health care professionals based on an understanding of other disciplinary role constraints, overlap of roles, and discipline specific ethical and legal practices;
* Respects others' professional culture and values in order to understand their frame of reference.

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C. *Team Functioning*

Uses team building skills to negotiate, manage conflict, mediate between different interests and facilitate building of partnerships within a formalized team setting.

Maintains interdependent relationships with interprofessional team members:
* Fosters mutual trust and respect within the established interprofessional team;
* Shares responsibility for team actions;
* Ensures that good communication is maintained across settings and over time;
* Contributes to team cohesion by celebrating successes, acknowledging contributions, and supporting others during times of difficulty and crisis.

Has a critical understanding of interprofessional team structures, effective team functioning and knowledge of group dynamics:
* Is aware of the dynamic nature of teams and operates with flexibility;
* Identifies which team member will take the appropriate facilitator role in specific contexts;
* Understands that compromise may be necessary to reach consensus.

Reflects on team functioning in order to identify dysfunctional processes:
* Is aware of how one's feelings and behaviours affect other members of the team;
* Is aware that professional and cultural differences may produce misunderstanding;
* Is observant of inequalities and disrespect within the team and is able to diplomatically address these issues.

Facilitates interprofessional team meetings:
* Monitors and controls the team's balance between process and task;
* Keeps group focused on agreed upon goals;
* Mediates in conflict situations;
* Synthesizes and summarizes team interactions and decisions.

Can act as a representative linking the interprofessional team and outsiders:
* Conveys decisions made by the team to others;
* Relays outside information to the team;
* Knows what information is relevant to whom.

D. Continuous Quality Improvement (CQI)

Works with an interprofessional team to contribute to continuous improvement of the health care system, particularly in the area of patient/client safety by mitigating errors, increasing efficiency, and minimizing delays.

Critically evaluates policy and practice in the context of patient/client safety and shares one's own perspective with the interprofessional CQI team:
* Shows awareness of health care error and patient/client safety concepts;
* Objectively observes and criticizes one's own professional policies and practice;
* Applies experience of IP working to discussions regarding improvements to policy and practice.

Commitment to a just, non-blaming, non-punitive interprofessional CQI team culture:
* Acts on the assumption that errors are a result of system failure not individual fault;
* Objectively discusses and analyzes problems being addressed by the CQI team;
* Questions other professionals using non-blaming approaches that are conducive to learning when deviations from recommended or best practice occur.

Negotiates and tests interventions within the team to foster process and systems change:
* Demonstrates the ability to advocate for change;
* Brings innovation and creativity to the team;
* Advocates for policy change to ensure that recommended interventions are implemented and sustained.

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APPENDIX

Existing Frameworks Compared & Contrasted

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