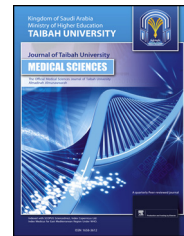




Taibah University  
Journal of Taibah University Medical Sciences

www.sciencedirect.com



Review Article

## Competent for collaborative practice: What does a collaborative practitioner look like and how does the practice context influence interprofessional education?

Carole Orchard, EdD<sup>a,\*</sup> and Lesley Bainbridge, PhD<sup>b</sup>

<sup>a</sup> *Interprofessional Health Education and Research, G22 Siebens Drake Research Institute, Western University, London, Canada*

<sup>b</sup> *University of British Columbia, 400 2194 Health Sciences Mall, Vancouver, BC, Canada*

Received 26 August 2016; revised 8 November 2016; accepted 9 November 2016; Available online ■ ■ ■

### المخلص

إن الهدف الأسمى للتعليم المتداخل بين التخصصات والممارسة التعاونية هو تحسين الرعاية الصحية من خلال التعاون بين المهنيين. ويتطلب الاستيعاب الأكبر للتعليم المتداخل بين التخصصات والممارسة التعاونية فهما واضحا لخصائص الممارس التعاوني المثالي. إن المعرفة بوجود الممارسة التعاونية عبر أنظمة الصحة والوكالات هي أمر بالغ الأهمية بالنسبة للحكومات عند النظر في التمويل المستمر لنماذج الرعاية التعاونية لتقديم الخدمات. ولتحقيق مثل هذه النماذج للرعاية يحتاج الممارسين إلى فهم وتفعيل الكفاءات اللازمة للممارسة التعاونية. ويمكن وصف الكفاءة على أنها: "قدرة ملحوظة للممارس الصحي، ودمج عناصر متعددة مثل المعرفة، والمهارات، والقيم والمواقف. ولأن الكفاءات يمكن ملاحظتها، فيمكن قياسها وتقييمها لضمان حصولها". إن الإطار المنسق للكفاءات يعتبر كأحد الطرق لتطوير هذه المعرفة والتوجيه لتطوير منح التعليم المتداخل بين التخصصات والأنشطة التعليمية وعمليات التقييم في كل البيئات التعليمية والتدريبية.

طُوّر أحد الأمثلة لإطار الكفاءات مركزا على الممارسة المتداخلة بين التخصصات وتوجيه التدريس التكاملي من قبل التعاون الصحي المتداخل بين التخصصات الكندي. حيث يوفر هذا الإطار هيكلًا لتقييم قدرة الفرد على التعاون على أساس تكامل المعرفة، والمهارات، والمواقف والقيم مما يؤدي إلى الأحكام في سياقات مختلفة. كان من المفترض أن الكفاءات المتداخلة بين التخصصات تتسجم وتصمد أمام "اختبار الزمن"، بينما الواصفات المرتبطة بها هي انعكاس للمتعلمين أو الممارسين القائمة على التجربة والسياق. ويتكون إطار الكفاءة من ستة مجالات كفاءة متكاملة تؤدي معا إلى التعاون بين المهنيين، ولكل منها مجموعة من المؤشرات المتمثلة.

**الكلمات المفتاحية:** التعليم المتداخل بين التخصصات؛ الممارسة المتداخلة بين التخصصات؛ التعاون؛ إطار الكفاءة؛ التعاون الصحي المتداخل بين التخصصات الكندي

### Abstract

Improved health care through interprofessional collaboration is the overarching goal of interprofessional education (IPE) and collaborative practice (IPC). Greater uptake of IPE and IPC requires us to have a clear understanding of the characteristics of an ideal collaborative practitioner. Knowing when IPC exists across health systems and agencies is critical for governments when considering ongoing funding for collaborative care models of service delivery. To achieve such models of care, practitioners need to understand and enact the competencies required for collaborative practice. A competency can be described as "an observable ability of a health professional, integrating multiple components, such as knowledge, skills, values and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition." A consistent framework for competencies is seen as one way of developing this knowledge and guiding IPE curriculum development, learning activities and assessment processes in both educational and practice settings.

One example of a competency framework focused on interprofessional practice and guided by an integrative pedagogy was developed by the Canadian Interprofessional Health Collaboration (CIHC). This framework provides a structure for assessing an individual's ability to collaborate based on the integration of knowledge, skills, attitudes and values leading to judgements in varying contexts. The framework posits that interprofessional competencies are consistent and stand the 'test of time', while associated descriptors are reflective of learners' or practitioners' experiential base and context. The competency framework is composed of six integrated

\* Corresponding address: Interprofessional Health Education and Research, G22 Siebens Drake Research Institute, Western University, London, ON N6A5C1, Canada.

E-mail: [corchard@uwo.ca](mailto:corchard@uwo.ca) (C. Orchard)

Peer review under responsibility of Taibah University.



Production and hosting by Elsevier

competency domains that together result in interprofessional collaboration, with each possessing a set of corresponding indicators.

**Keywords:** Canadian interprofessional health collaborative; Collaboration; Competency framework; Interprofessional education; Interprofessional practice

© 2016 The Authors.

Production and hosting by Elsevier Ltd on behalf of Taibah University. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## Introduction

The concept of a competency framework and definitions of competencies are well-represented in the literature. A competency is not the same as competence – a competency can be described as “an observable ability of a health professional, integrating multiple components such as knowledge, skills, values and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition.”<sup>1</sup> Competence refers to how well an individual or group can perform the actions described by the competency. In the world of interprofessional education (IPE) and collaboration (IPC) it is important to understand first what a collaborative practitioner, no matter their profession, looks like in order to be able to teach collaborative practice. For this reason, a competency framework can help to describe what a health care professional needs to be able to do, say and think in order to be considered a competent collaborator.

In 2010, a competency framework focused on interprofessional practice and guided by an integrative pedagogy was developed by the Canadian Interprofessional Health Collaborative (CIHC).<sup>2</sup> This framework provides a structure for assessing an individual’s level of ability to collaborate. It is composed of six integrated competency domains that together result in interprofessional collaboration. Each competency statement is supported by corresponding descriptors that reflect the current understanding of the elements needed for demonstration of collaboration. This example of a competency framework constitutes the basis of this paper.

## Materials and Methods

In the interprofessional literature, there has been a recurring focus in the past decade on what competencies are associated with interprofessional education and collaborative practice. Several authors have also identified the need for frameworks addressing competent practice. One of these frameworks often cited is Kirkpatrick-Barr’s assessment of learning.<sup>3</sup> While helpful in considering what level of learning is to be assessed, it does not focus exclusively on collaborative practice, with only its level 4a addressing changes in organizational practice. The specifics of what competencies are required to determine these changes are not identified. Freeth and Reeve’s presage, process

and product framework<sup>4</sup> focuses on how to structure programmes to prepare interprofessional practitioners, but again does not provide specific competencies required for such practice. A principle for practice framework was proposed by Armitage, Connolly and Pitt.<sup>5</sup> However, these principles again did not provide the competency specificity needed to enact their principles. Other approaches, such as in Core Competencies for Interprofessional Collaborative Practice, focus on competencies but are related to how to prepare practitioners with skills for practice.<sup>6</sup> The most recently identified approach in the literature is Greenfield, Nugus, Travaglia, and Braithwaite’s interprofessional praxis framework.<sup>7</sup> The above approaches, while valuable to educators preparing students for collaborative practice, all focus on adoption of a competency-based educational outcomes approach, an approach associated with individual learners and either education or practice perspectives.

In Canada, between 2005 and 2008, several jurisdictional interprofessional competency documents emerged to help educators and policymakers build successful interprofessional educational strategies. These competency developments were due to local pressure to describe interprofessional education and collaborative practice tasks and behaviours. Although each set was shaped by different foundational perspectives and approaches to competence, commonalities across the specific competencies were found, including patient-centred approaches, collaborative working relationships (incorporating respect, roles and responsibilities, cooperation, coordination, trust, shared decision making and partnership); teamwork (incorporating team function and conflict management); interprofessional communication (incorporating listening, negotiating, consulting, interaction, discussion/debate and attending to non-verbal parameters); shared leadership; self-awareness (incorporating reflection); and evaluation. The need to formulate a common approach to competencies for collaborative practice as a means to convince health system funders of the benefits for patients (clients) and retention of health professionals in practice drove the work for such a framework.

Collaborative practice can be viewed as either an outcome or a process. As a process, it is important to elucidate what knowledge, skills, and attitudes are occurring within not only individuals but the team as a group to effect collaborative practice. Thus, using a competency-based approach could not achieve the above need for insight into team processes as team members enacted this newer form of practice. The challenge of finding an alternative method of addressing competence for interprofessional collaborative practice was taken on by the CIHC IP Competency Working Group in 2009, which led to an in-depth exploration of the literature.

### *Approaches to competency frameworks*

Barr<sup>8</sup> suggested that a framework needs to consider three levels of competency: common (shared between all or several professions); complementary (where uniqueness that distinguishes one profession from another can be assessed); and collaborative (where sharing occurs across professionals and others).<sup>8</sup> Still others have attempted to analyse professional core competencies in order to develop a single set of common competencies.

Download English Version:

<https://daneshyari.com/en/article/5680195>

Download Persian Version:

<https://daneshyari.com/article/5680195>

[Daneshyari.com](https://daneshyari.com)