COLLABORATIVE PRACTICE

December 7, 2015

Collaborative practice has been known by many names including interprofessional practice and interprofessional collaboration. For the purposes of this information we will use the term collaborative practice.

Collaborative practice is an approach that enables health care providers to deliver high quality, safe person-centred services to achieve the best possible individual health outcomes. In a health care system that uses collaborative practice; health care providers will develop competencies for collaborative practice and will demonstrate the principles of collaboration through their actions.

Benefits health care system that uses collaborative practice:

Patients
- improves care by increasing the coordination of services
- integrates health care for a wide range of health needs
- empowers consumers as active partners in care
- results in better patient outcomes

Providers
- increases professional satisfaction due to clearer, more consistent goals of care and improved communication with other providers
- enables the provider to learn new skills and approaches to care and work to full scope
- provides an environment for innovation
- allows providers to focus on individual areas of expertise

Students
- placements with interprofessional opportunities attract a higher number of students
- students tend to return to such placement sites after graduation

Health system
- increases the potential for a more efficient and cost-effective delivery of care
- maximizes resources and facilities
- decreases burden on acute care facilities
- Collaborating does not mean that the providers are always joined at the hip. It means that providers/leaders can make better referrals and start to think about the composition of their team, developing common goals (care plans), and/or negotiating task distribution.

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Collaborative practice occurs when healthcare providers work with people from within their own profession, with people outside of their profession and with patients/clients and their families.

Collaborative practice requires a climate of trust and value, where healthcare providers can comfortably turn to each other to ask questions without worrying that they will be seen as unknowledgeable.

When healthcare providers are working collaboratively, they seek common goals and can analyze and address any problems that arise.

What is…

Collaborative Practice

Benefits of **collaborative practice** include:

* Using appropriate language when speaking to other healthcare providers or patients/family

* Understanding that all healthcare providers contribute to the team or collaborative unit

* Showing respect and building trust among team members

* Introducing new members of the team in a way that is welcoming and gives them the information they need in order to be a contributing member

* Turning to colleagues for answers

* Supporting each other when mistakes are made, and celebrating together when success is achieved.

Collaborative practice can positively impact current health issues such as:

* Wait times

* Healthy workplaces

* Health human resources

* Patient safety

* Rural and remote

* Chronic disease management

* Population health and wellness.

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Collaborative practice is built on a set of competencies that create a standard of behaviour required by all health providers. The 6 competencies outlined in the Interprofessional Competency Framework released by the Canadian Interprofessional health Collaborative (CIHC) have been adopted by AHS and are described as follows:

1. **Role Clarification**- learners/providers understand their won role and the roles of those in other professions, and use this knowledge appropriately to establish and achieve patient/client/family and community goals.
2. **Individual/Client/Family and Community-Centred Care**- Learners/providers seek out, integrate and value, as a partner, the input and the engagement of the patient/client/family./community in designing and implementing care/services.
3. **Team Functioning**- Learners/providers understand the principles of team work dynamics and group/team processes to enable effective interprofessional collaboration.
4. **Collaborative Leadership**- learners/providers understand and can apply leadership principles that support a collaborative practice model
5. **Interprofessional Communication**- learners/providers from different professions communicate with each other in a collaborative, responsible and responsible manner.
6. **Interprofessional conflict resolution**- learners/providers actively engage self and others, including the individual/client/family, in positively and constructively addressing disagreements as they arise.

What is the relevance of collaborative practice in the preceptor experience?
Interprofessional education refers to the process by which we train or educate providers to work collaboratively and describes occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care. Providers should start learning the competencies leading to collaboration during their pre-licensure education (particularly in the clinical setting).

Students must be *taught* interprofessionally in order to *practice* collaboratively. Students who are taught to work collaboratively while they are students, will transition more easily to the workplace upon graduation.

By combining preceptorship with collaborative practice mentoring, students learn discipline-specific and collaborative knowledge and skills. Preceptors support their students in seeking out other staff or may even arrange these contacts. Learning outcomes include role clarity, understanding of guidelines and decision-making for other professions, and communication skills with professions.

Interprofessional Education (IPE)

Interprofessional education:

* Is the process by which we train or educate practitioners to work collaboratively

* Changes how healthcare providers view themselves

* Is a complex process that requires us to look at learning differently

* Requires healthcare providers to practice in a way that allows for and accepts shared skills and knowledge

* Requires interaction between and among learners.

Healthcare providers who are good interprofessional, collaborative practitioners understand the importance of working together with colleagues and the patient/family to achieve the best health outcomes.

Interprofessional education helps healthcare providers work together and pool information. No one healthcare provider has all the answers.

Benefits of **interprofessional education** include:

* Enhanced practice that improves the delivery of services and makes a positive impact on care

* Improved understanding of the knowledge and skills needed to work collaboratively

* A better and more enjoyable learning experience for participants
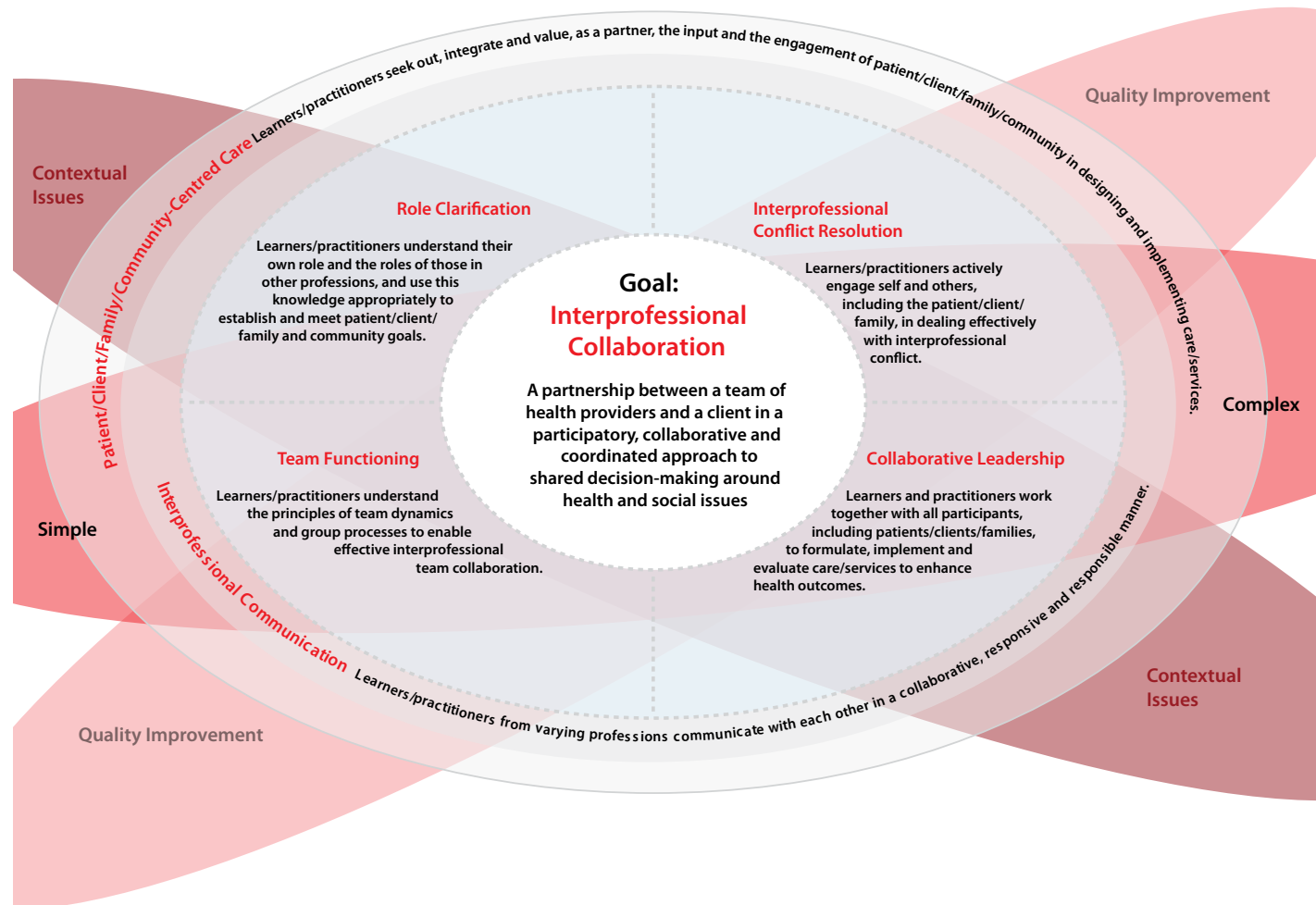
* Flexibility to implement in a variety of settings.

How can they work together if they don't learn together?

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NATIONAL INTERPROFESSIONAL COMPETENCY FRAMEWORK

The CIHC National Interprofessional Competency Framework describes the competencies required for effective interprofessional collaboration. Six competency domains highlight the knowledge, skills, attitudes and values that together shape the judgments that are essential for interprofessional collaborative practice. These domains are:

- ○ Role Clarification
- ○ Team Functioning
- ○ Patient/Client/Family/Community-Centred Care

- ○ Collaborative Leadership
- ○ Interprofessional Communication
- ○ Interprofessional Conflict Resolution

The following diagram represents the configuration of the six domains and highlights three background considerations that influence how the competency framework may be applied in different situations.

Patient/Client/Family/Community-Centred Care Learners/practitioners seek out, integrate and value, as a partner, the input and the engagement of patient/client/family/community in designing and implementing care/services.

Quality Improvement

Contextual Issues

Role Clarification
Learners/practitioners understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and meet patient/client/family and community goals.

Interprofessional Conflict Resolution
Learners/practitioners actively engage self and others, including the patient/client/family, in dealing effectively with interprofessional conflict.

Goal: Interprofessional Collaboration
A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues

Complex

Simple

Team Functioning
Learners/practitioners understand the principles of team dynamics and group processes to enable effective interprofessional team collaboration.

Collaborative Leadership
Learners and practitioners work together with all participants, including patients/clients/families, to formulate, implement and evaluate care/services to enhance health outcomes.

Interprofessional Communication Learners/practitioners from varying professions communicate with each other in a collaborative, responsive and responsible manner.

Quality Improvement

Contextual Issues

Role Clarification

Learners/practitioners understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and achieve patient/client/family and community goals. To support interprofessional collaborative practice, learners/practitioners are able to:

❍ describe their own role and that of others

❍ recognize and respect the diversity of other health and social care roles, responsibilities, and competencies

❍ perform their own roles in a culturally respectful way

❍ communicate roles, knowledge, skills, and attitudes using appropriate language

❍ access others' skills and knowledge appropriately through consultation

❍ consider the roles of others in determining their own professional and interprofessional roles

❍ integrate competencies/roles seamlessly into models of service delivery

Patient/Client/Family/Community-Centred Care

Learners/practitioners seek out, integrate and value, as a partner, the input, and the engagement of the patient/client/family/community in designing and implementing care/services. To support inter-professional collaborative practice that is patient/client/family-centred, learners/practitioners need to:

❍ support the participation of patients/clients, their families, and/or community representatives as integral partners alongside with healthcare personnel

❍ share information with patients/clients (or family and community) in a respectful manner and in such a way that it is understandable, encourages discussion, and enhances participation in decision-making

❍ ensure that appropriate education and support is provided to patients/clients, family members and others involved with care or service

❍ listen respectfully to the expressed needs of all parties in shaping and delivering care or services

Team Functioning

Learners/practitioners understand the principles of team work dynamics and group/team processes to enable effective interprofessional collaboration. To support interprofessional collaboration, learners/practitioners are able to:

❍ understand the process of team development

❍ develop a set of principles for working together that respects the ethical values of members

❍ effectively facilitate discussions and interactions among team members

❍ participate, and be respectful of all members' participation, in collaborative decision-making

❍ regularly reflect on their functioning with team learners/practitioners and patients/clients/families

- establish and maintain effective and healthy working relationships with learners/practitioners, patients/clients, and families, whether or not a formalized team exists

- respect team ethics, including confidentiality, resource allocation, and professionalism

Collaborative Leadership

Learners/practitioners understand and can apply leadership principles that support a collaborative practice model. This domain supports shared decision-making as well as leadership but it also implies continued individual accountability for one's own actions, responsibilities and roles as explicitly defined within one's professional/disciplinary scope of practice. To support interprofessional collaborative practice, learners/practitioners collaboratively determine who will provide group leadership in any given situation by supporting:

- work with others to enable effective patient/client outcomes

- advancement of interdependent working relationships among all participants

- facilitation of effective team processes

- facilitation of effective decision making

- establishment of a climate for collaborative practice among all participants

- co-creation of a climate for shared leadership and collaborative practice

- application of collaborative decision-making principles

- integration of the principles of continuous quality improvement to work processes and outcomes

Interprofessional Communication

Learners/practitioners from different professions communicate with each other in a collaborative, responsive and responsible manner. To support interprofessional collaborative practice, learners/practitioners are able to:

- establish team work communication principles

- actively listen to other team members including patients/clients/families

- communicate to ensure common understanding of care decisions

- develop trusting relationships with patients/clients/families and other team members

- effectively use information and communication technology to improve interprofessional patient/client/community-centred care

Interprofessional Conflict Resolution

Learners/practitioners actively engage self and others, including the client/patient/family, in positively and constructively addressing disagreements as they arise. To support interprofessional collaborative practice, team members consistently address conflict in a constructive manner by:

- valuing the potential positive nature of conflict

- recognizing the potential for conflict to occur and taking constructive steps to address it

Quick Reference Guide

❍ identifying common situations that are likely to lead to disagreements or conflicts, including role ambiguity, power gradients, and differences in goals

❍ knowing and understanding strategies to deal with conflict

❍ setting guidelines for addressing disagreements

❍ effectively working to address and resolve disagreements, including analyzing the causes of conflict and working to reach an acceptable solution

❍ establishing a safe environment in which to express diverse opinions

❍ developing a level of consensus among those with differing views; allowing all members to feel their viewpoints have been heard no matter what the outcome

BACKGROUND CONSIDERATIONS

Underpinning the framework are three considerations that influence the way in which the framework is applied.

Complexity

Interprofessional collaboration approaches may differ along a continuum from simple to complex. For example, a recreational runner with a sprained ankle may only need to see one or two health care providers and the impact of the injury on the individual's life is minor. However, a sprained ankle for a key member of the national soccer team can have a significant impact on the person's life and will likely require a team of health care providers, including a sports psychologist before the player is 'game ready'. A sprained ankle for a single mother with an infant and a toddler, who also has multiple

health concerns and limited social support while living in a third floor apartment with no elevator, is considerably more complex. The team may need to become intersectoral in order to also address her transportation, income security and childcare concerns.

Contextual Issues

In specific areas of practice such as rehabilitation, residential care, and paediatric care, the competency framework is used in support of a comprehensive and consistent team. However, in an Emergency Unit or a high turnover acute medical unit, health care providers may work together only for a short period of time before shifts change and patients are discharged. In a community setting where a family has a disabled child there is a need to integrate beyond traditional providers to teachers in education settings and community health. In addition, the capacity of an individual to demonstrate the integration of these competencies in different contexts is a reflection of their comfort level and skill set within the practice setting

Quality Improvement

By working together across professions and across institutional roles, improvement activities carried out by interprofessional teams, rather than individuals or uniprofessional teams, more effectively address quality issues, especially in complex systems. By working together across professions and across institutional roles, improvement activities can effectively address issues in any context of practice at any point along the continuum of simple to complex.

Please visit http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf to view the full National Competency Framework document.

Interprofessional Mentoring Guide

for Supervisors, Staff and Students

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Services

Definitions

This guide refers to content from a number of publications which use different terms for some of the concepts. The concepts are defined as follows:

Collaborative Practice/ Interprofessional Collaboration: These terms are used interchangeably and refer to a process of communication and decision-making that enables the separate and shared knowledge and skills of healthcare providers to synergistically influence client/patient care (Way et al. 2000).

Interprofessional Competencies/ Collaborative Practice Competencies: These terms are used interchangeably and refer to the knowledge and skills healthcare providers require to effectively engage in collaborative practice (see CIHC National Interprofessional Competency Framework 2010).

Interprofessional Competency Framework: A national consensus document developed by the Canadian Interprofessional Health Collaborative outlining interprofessional competencies (2010).

Interprofessional Practice Education: Practice education is the umbrella term referring to all aspects of student clinical placements, within both the educational institution and practice setting. Interprofessional practice education refers to practice education where students can learn from other professions and develop collaborative practice skills during their clinical placements (adapted from Interprofessional Education for Collaborative Patient-Centred Practice 2006).

Interprofessional Mentor: A healthcare practitioner who facilitates, supervises and evaluates interprofessional learning for students from other disciplines during their clinical placement (Marshall and Gordon 2005).

Interprofessional Education: brings together healthcare providers from different professions to learn with, from and about each other to enhance collaborative practice and the quality of patient care (Centre for the Advancement of Interprofessional Education 2002). It refers to pre- and postlicensure learners. Interpofessional education is considered an effective strategy to teach students about collaborative practice.

Collaborative Practice-Ready Workforce: Comprises healthcare providers who have learned to work in an interprofessional team and are competent to do so (World Health Organization 2010).

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I

Section I

Interprofessional Practice Education

This guide was developed for healthcare practitioners and students to support interprofessional practice education for students at the workplace setting. In its framework for action, the World Health Organization (WHO 2010) has appealed to policy-makers, educators and healthcare providers to build a "collaborative practice-ready workforce" in education and practice. Working collaboratively implies a partnership between healthcare providers from across disciplines and the patients/families in a coordinated approach to shared decision-making about patients' care. Healthcare training must integrate intentional education strategies to promote collaborative practice between providers and students from different disciplines. These strategies are particularly effective when embedded in students' placements at practice settings during their training years.

One such strategy is interprofessional mentoring, which encourages students and staff from different disciplines to learn "with, from and about each other." This type of formal interprofessional education aims at promoting collaborative practice and enhancing the quality of care through the intentional development of interprofessional competencies. Within an interprofessional mentoring approach, each healthcare practitioner acts as an "interprofessional mentor" and creates interprofessional learning opportunities for students to interact and learn with, from and about other health disciplines. In this arrangement, students work with a range of different practitioners at their setting. The interprofessional mentoring experiences take place in addition to formal, discipline-specific preceptorship/clinical supervision. While discipline-specific skills development remains the focus of interprofessional practice education, the collaborative practice model of healthcare delivery highlights the need to formally recognise, include and address the need for an interprofessional component of practice education.
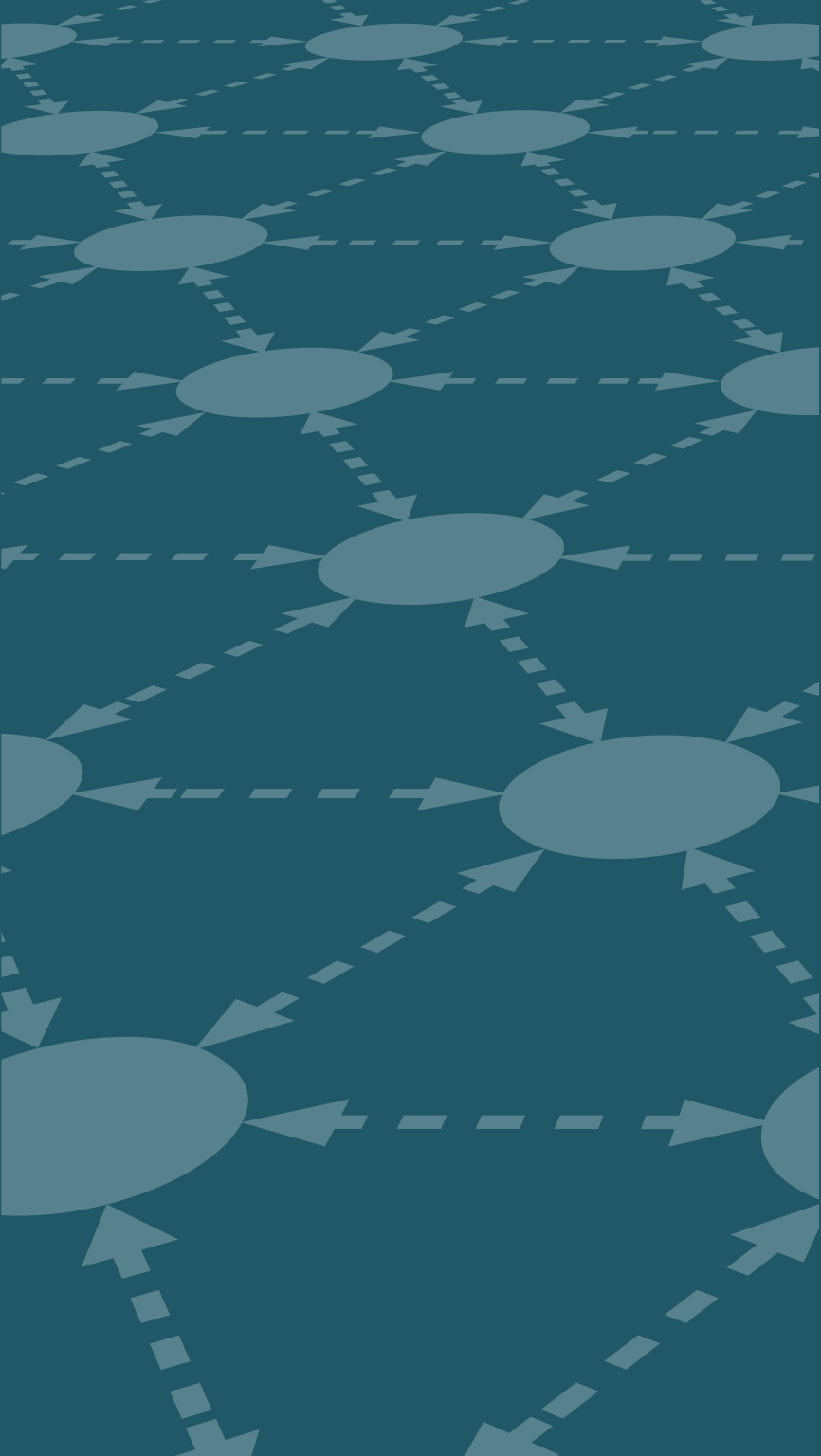
Through interprofessional mentoring, students are taught about interprofessional competencies and collaborative practice. Debriefings, reflections and evaluation of interprofessional competencies (such as roles, shared decision-making) are critical to the interprofessional mentoring process (adapted from Freeth et al. 2005). Immediate learning outcomes for students include role clarity, understanding of decision-making and guidelines for other professions and communication skills across professions. When implemented to its fullest, the interprofessional mentoring of students is shared among the members of a team rather than being the sole responsibility of the discipline-specific, primary supervisor.

Sharing the responsibility for students among all practitioners lessens the burden on the primary supervisor and fosters a collaborative mentorship culture (Callaghan et al. 2009). However, not all healthcare practitioners are trained in collaborative practice or are familiar with the competencies required to collaborate effectively and be comfortable in evaluating students' interprofessional competencies. The Interprofessional Practice Education Model was developed to help staff embed interprofessional mentoring into student clinical placements and to prepare students for collaborative practice.

Evidence from research and practice suggests that placements with interprofessional learning opportunities are attractive for students and that graduates who have been involved in an interprofessional practice education tend to return to these sites for employment. In that sense, we view interprofessional mentoring as a recruitment strategy. Placements that give students exposure to the work of team members other than their discipline-specific advisor help facilitate the integration of students into the practice site team, thereby easing the transition from student to practitioner.

Figure 1: The Interprofessional Practice Education Model

The IP Practice Education Model
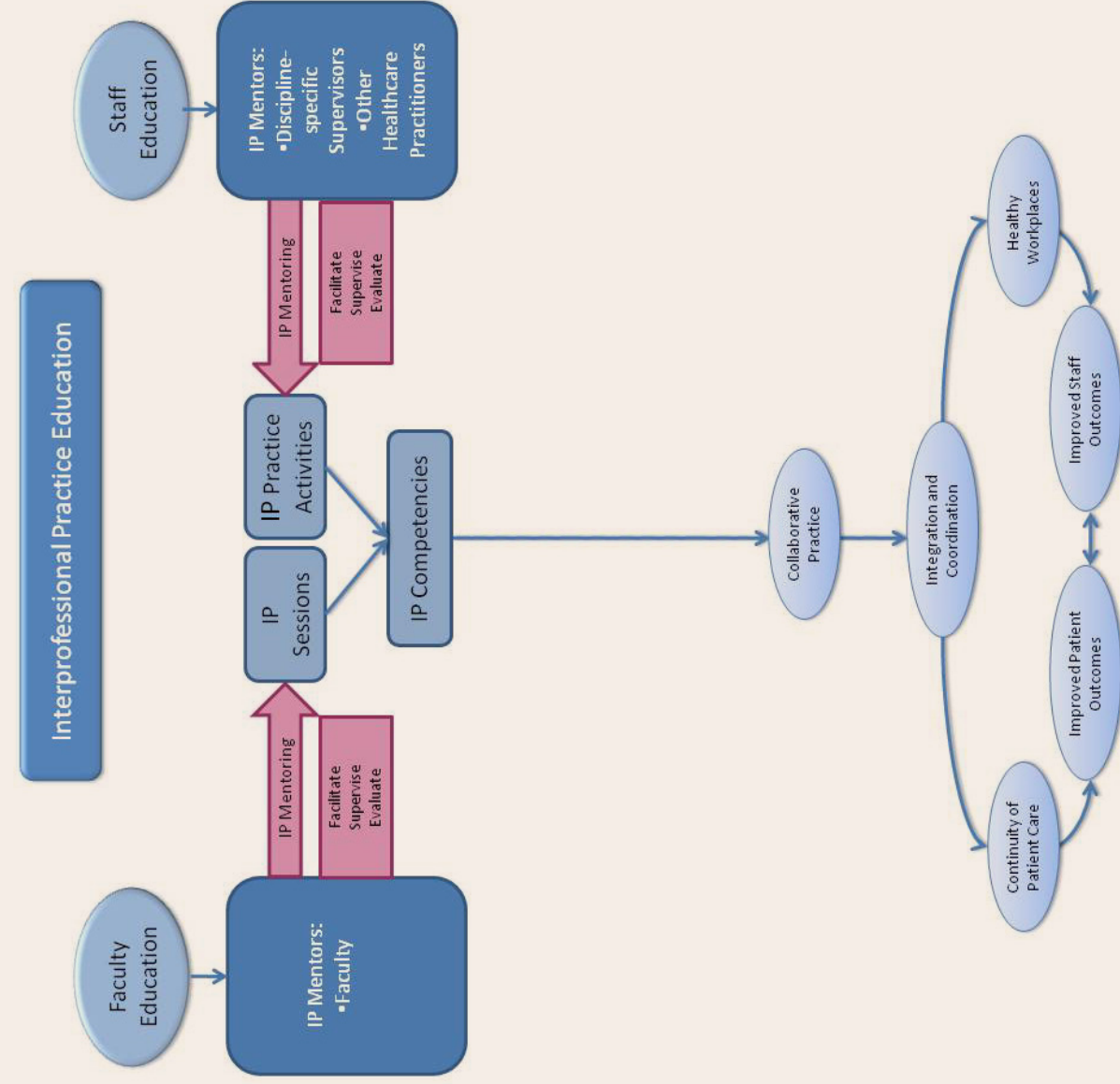
Section II
Interprofessional Mentoring

Interprofessional mentoring encourages professional exchanges between students and staff from different disciplines to enhance students' competencies for collaborative practice. Besides their discipline-specific supervisors, students at practice sites can rely on team members from other disciplines to act as interprofessional mentors. Together, the discipline-specific supervisors and interprofessional mentors share the responsibility for meeting students' interprofessional learning objectives. As a shared approach to student practice education, interprofessional mentoring lessens the burden on individual staff members and fosters a collaborative mentorship culture.

In interprofessional mentoring, the roles of supervisors and other healthcare practitioners are to:

> "**facilitate** interprofessional learning and **supervise** and **evaluate** students' interprofessional competencies within the practice setting."
>
> (Adapted from Marshall & Gordon 2005)

Expectations of Interprofessional Mentors

Each interprofessional mentor is responsible for facilitating, supervising, and evaluating students from different disciplines. The interprofessional mentor **facilitates** interprofessional learning opportunities by engaging students in activities that illustrate their professional roles and collaboration with others. The interprofessional mentor can assist a student to set learning goals and expectations for these interprofessional learning opportunities. The learning goals should link directly to the interprofessional competencies.

Interprofessional mentors supervise students during the interprofessional learning activities. Debriefings are a crucial part of **supervising** students by helping them examine collaborative practice: the role of various providers in delivering services, gaps in available services, the involvement of clients, the level of collaboration between providers, systems issues, etc. Asking thought-provoking and critical questions about client care and team functioning becomes integral to the students' learning.

Having team members from different disciplines act as interprofessional mentors supports discipline-specific supervisors in their final task of **evaluating** students' collaborative accomplishments. While interprofessional mentors are not expected to evaluate students' discipline-specific competencies, they should be able to assess any progress students have made in the interprofessional competencies as outlined in the CIHC Competency Framework. Therefore, debriefing with students and evaluating their performance on interprofessional

competencies are crucial pieces in the learning potential that interprofessional mentoring offers. These activities differentiate interprofessional mentoring from informal or incidental interprofessional opportunities (such as occasional shadowing) which have limited interprofessional learning potential (for example, the development of interprofessional knowledge and skills).
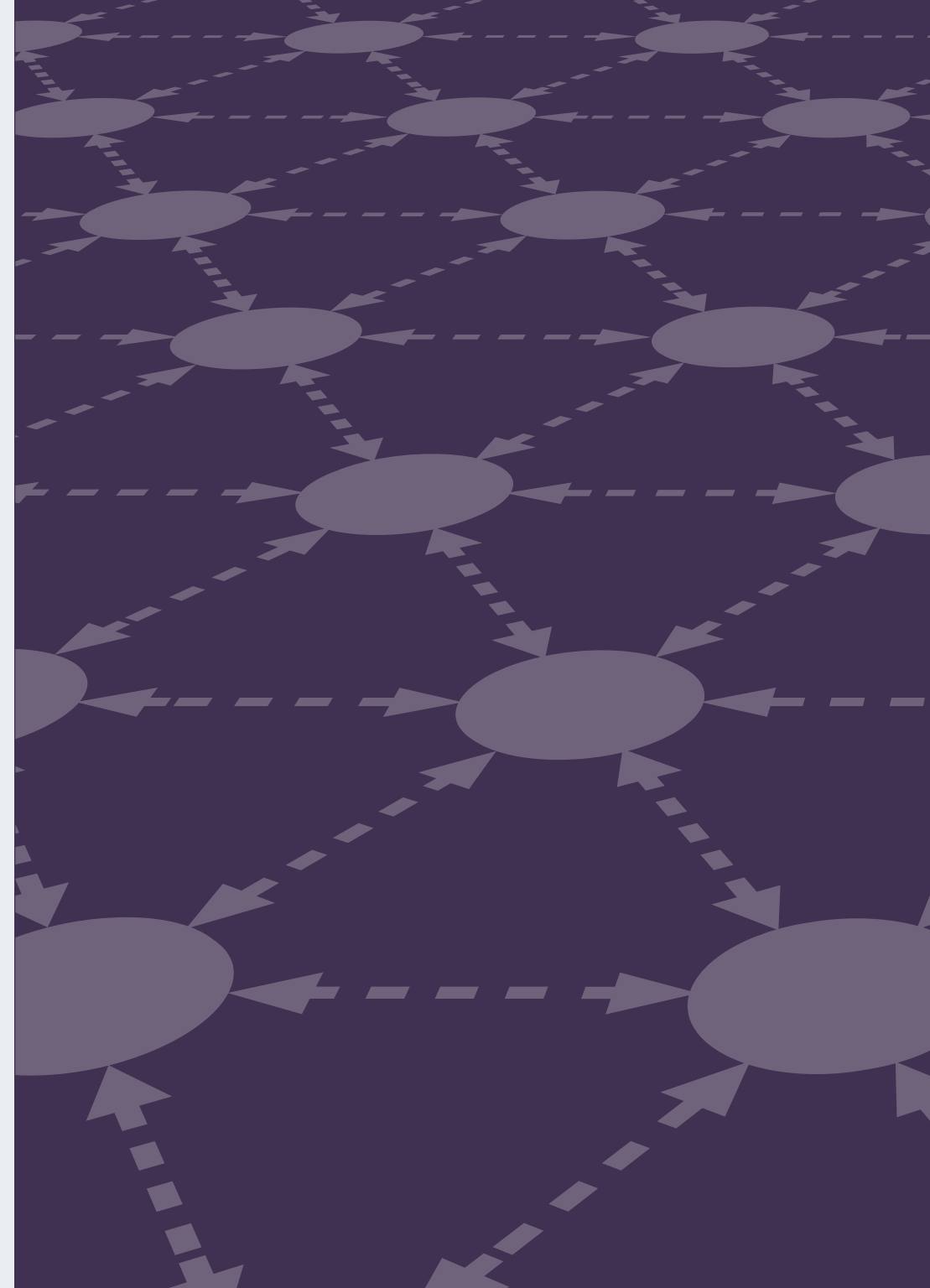
Expectations of Students

The acquisition of interprofessional competencies should be integral to every student's learning objectives. Students are thus expected to set clear learning objectives for interprofessional competencies and fully participate in debriefings with interprofessional mentors around these competencies. Since some of the interprofessional competencies are part of every discipline's professional practice (patient-centred care, role clarification, communication), they should be addressed in depth. The students play a crucial role in their own learning and are responsible for contributing to their evaluations in the following ways:

- Integrate the interprofessional competencies into learning plans: choose one/several competencies as your learning objective(s) and state at the beginning of your placement.
- Carry out interprofessional mentoring activities (at minimum, attend team meetings): your placement setting offers numerous opportunities for engaging with other practitioners (even if you are just observing).
- Track the debriefings on interprofessional competencies: capture important aspects of the interprofessional competencies under discussion; add more information on a competency as you move forward.
- Complete reflections on interprofessional mentoring activities: write a 3-page reflection on an interprofessional practice opportunity and competenc(ies) arising from it (briefly describe the situation and then focus on discussing the competenc(ies)).
- Provide feedback to the staff at the end of your placement: prepare a short, 15-minute presentation for the team about the highlights of the placement and a collaborative aspect of the practice setting.

Most important:

Take the initiative for engaging in interprofessional mentoring
- **Approach other practitioners to show your interest**
- **Think about collaborative practice in your daily activities**
- **Familiarize yourself with the Interprofessional Competency Framework (www.CIHC.ca)**

Section III
National Interprofesional Competency Framework

Through a national consensus process, the Canadian Interprofessional Health Collaborative has developed the National Interprofessional Competency Framework (www.cihc.ca) outlining the competencies that are key to collaborative practice. They comprise skills and knowledge that are important in daily interactions between healthcare practitioners, their patients and students. Students should learn about these competencies during their health profession education. There are six competency domains:

- Role Clarification
- Team Functioning
- Interprofessional Conflict Resolution
- Collaborative Leadership
- Patient/Client/Family/Community-Centred Care
- Interprofessional Communication

The CIHC document outlines the six competency domains as explained below individually although their application is interdependent of each other. Each competency shows various behaviours that, together, enact the competency to its fullest extent. The result is a dynamic and flexible foundation for collaborative learning and practice (CIHC 2010).

Interprofessional Competencies

Role Clarification
Students/practitioners understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and achieve patient/client/family and community goals. To support interprofessional collaboration, students/practitioners are able to:

- describe their own role and that of others
- recognize and respect the diversity of other health and social care roles, responsibilities, and competencies
- perform their own roles in a culturally respectful way
- communicate roles, knowledge, skills, and attitudes using appropriate language
- access others' skills and knowledge appropriately through consultation
- consider the roles of others in determining their own professional and collaborative roles
- integrate competencies/roles seamlessly into models of service delivery

Team Functioning
Students/practitioners understand the principles of team work dynamics and group/team processes to enable effective interprofessional collaboration. To support interprofessional collaboration, students/practitioners are able to:

- understand the process of team development
- develop a set of principles for working together that respects the ethical values of members
- effectively facilitate discussions and interactions among team members
- participate, and be respectful of, all members' participation in collaborative decision-making
- regularly reflect on their functioning with team students/practitioners and patients/clients/families
- establish and maintain effective and healthy working relationships with students/practitioners, patients/clients, and families, whether or not a formalized team exists
- respect team ethics, including confidentiality, resource allocation, and professionalism

Interprofessional Conflict Resolution

Students/practitioners actively engage self and others, including the client/patient/family, in positively and constructively addressing disagreements as they arise. To support interprofessional collaboration, team members consistently address conflict in a constructive manner by:

- valuing the potential positive nature of conflict recognizing the potential for conflict to occur and taking constructive steps to address it
- identifying common situations that are likely to lead to disagreements or conflicts, including role ambiguity, power gradients, and differences in goals
- knowing and understanding strategies to deal with conflict
- setting guidelines for addressing disagreements
- effectively working to address and resolve disagreements, including analyzing the causes of conflict and working to reach an acceptable solution
- establishing a safe environment in which to express diverse opinions
- developing a level of consensus among those with differing views
- allowing all members to feel their viewpoints have been heard no matter what the outcome

Collaborative Leadership

Students/practitioners understand and can apply leadership principles that support a collaborative practice model. This domain supports shared decision-making as well as leadership but it also implies continued individual accountability for one's own actions, responsibilities and roles as explicitly defined within one's professional/disciplinary scope of practice. To support interprofessional collaboration, students/practitioners collaboratively determine who will provide group leadership in any given situation by supporting:

- work with others to enable effective patient/client outcomes
- advance interdependent working relationships among all participants
- facilitate effective team processes
- facilitate effective decision-making
- establish a climate for collaborative practice among all participants

- co-create a climate for shared leadership and collaborative practice
- apply collaborative decision-making principles
- integrate the principles of continuous quality improvement to work processes and outcomes

Patient/Client/Family/Community-Centred Care

Students/practitioners seek out, integrate and value, as a partner, the input and the engagement of the patient/client/family/community in designing and implementing care/services. To support interprofessional collaboration that is patient/client/family-centred, learners/practitioners need to:
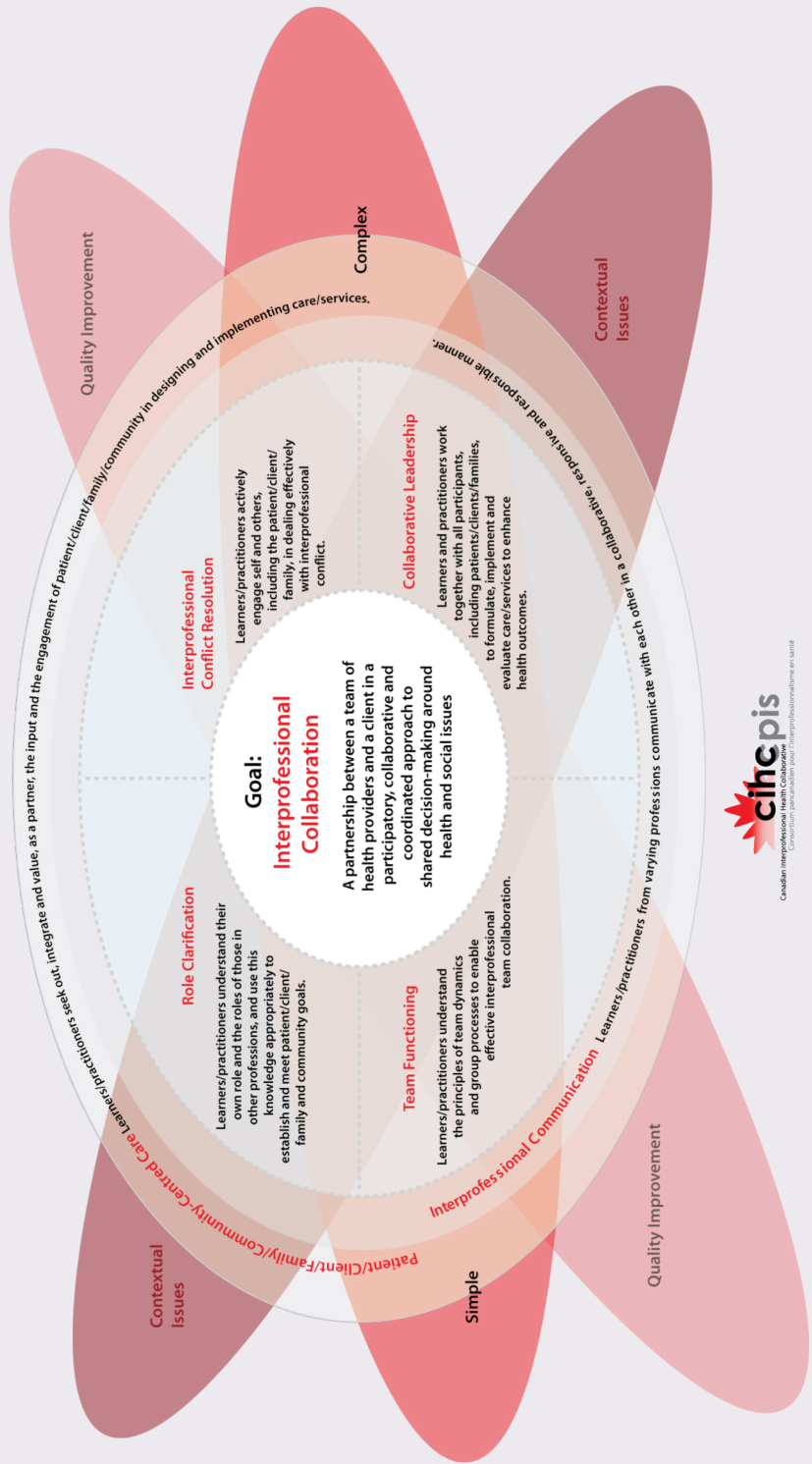
- support the participation of patients/clients, their families and/or community representatives as integral partners alongside with healthcare personnel
- share information with patients/clients/or family in a respectful manner and in such a way that it is understandable, encourages discussion, and enhances participation in decision-making
- ensure that appropriate education and support is provided to patients/clients/family and others involved with care or service
- listen respectfully to the expressed needs of all parties in shaping and delivering care or services
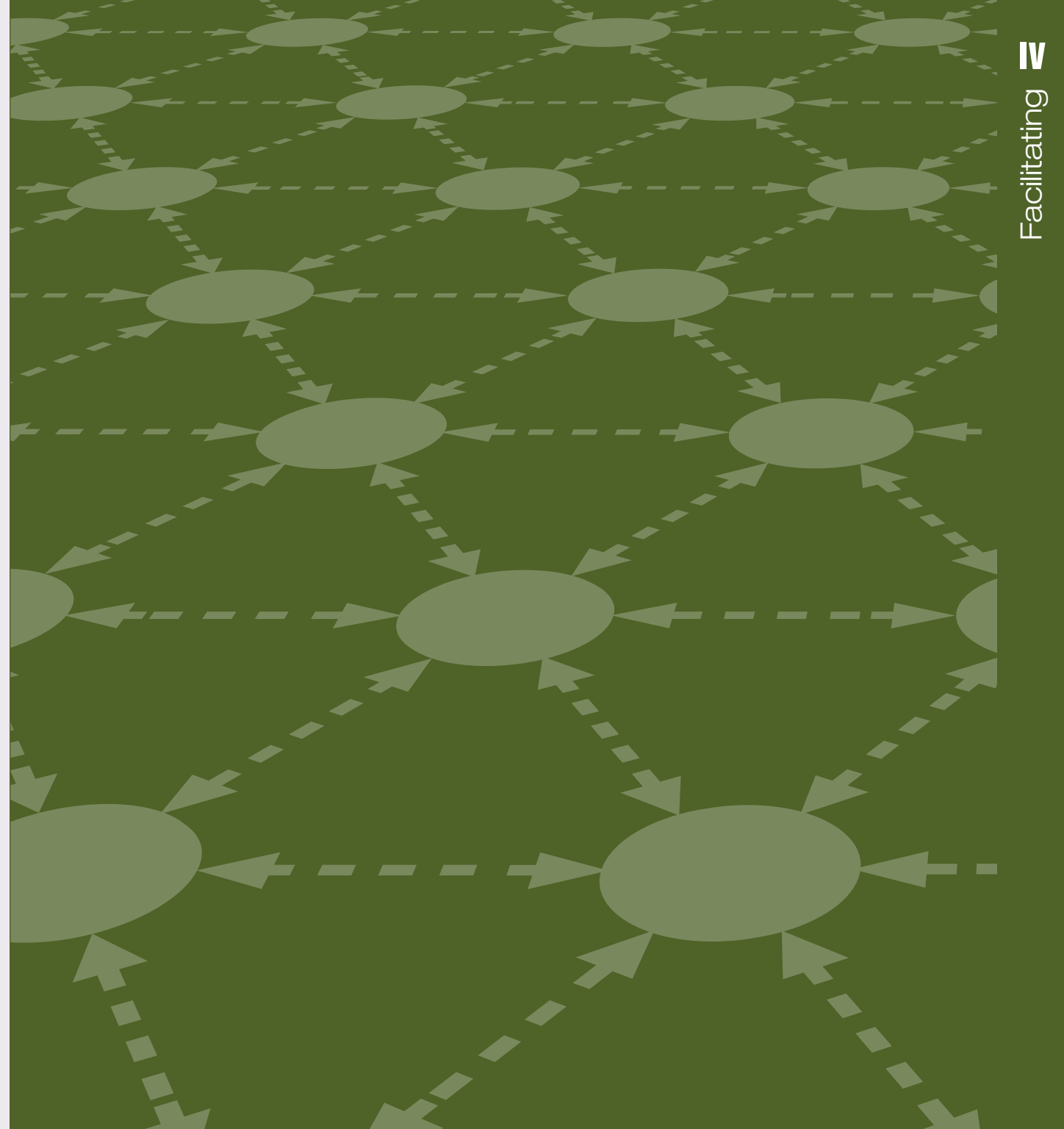
Interprofessional Communication

Students/practitioners from different professions communicate with each other in a collaborative, responsive and responsible manner. To support interprofessional collaboration, students/practitioners are able to:

- establish team work communication principles
- actively listen to other team members including patients/clients/families
- communicate to ensure common understanding of care decisions
- develop trusting relationships with patients/clients/families and other team members
- effectively use information and communication technology to improve interprofessional patient/client/community-centred care

Figure 2: The National Interprofessional Competency Framework

Goal:
Interprofessional Collaboration

A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues.

Interprofessional Conflict Resolution

Learners/practitioners actively engage self and others, including the patient/client/family, in dealing effectively with interprofessional conflict.

Collaborative Leadership

Learners and practitioners work together with all participants, including patients/clients/families, to formulate, implement and evaluate care/services to enhance health outcomes.

Role Clarification

Learners/practitioners understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and meet patient/client/family and community goals.

Team Functioning

Learners/practitioners understand the principles of team dynamics and group processes to enable effective interprofessional team collaboration.

Interprofessional Communication Learners/practitioners from varying professions communicate with each other in a collaborative, responsive and responsible manner.

Patient/Client/Family/Community-Centred Care Learners/practitioners seek out, integrate and value, as a partner, the input and the engagement of patient/client/family/community in designing and implementing care/services.

Quality Improvement

Quality Improvement

Complex

Simple

Contextual Issues

Contextual Issues

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For viewing the complete document: http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210

Section IV   Facilitating

The first step in interprofessional mentoring is to facilitate interprofessional learning opportunities for students. Below is a summary table of activities that offer rich interprofessional experiences showing the complexity of the activity, its time requirement and suitability for different education levels. For example, shadowing a provider is an easy activity for a novice student, while discussing the needs of complex patients requires more advanced knowledge and more time. If there are several students at a site, they can discuss and carry out some of the mentoring activities together to develop their peer-mentoring skills. The type of activity a student chooses will depend on the length of his/her placement and level of training.

Table 1. Collaborative Practice Activities

Activity	Complexity of activity	Time requirement	Suitability for student/ placement
Shadowing a provider with a different function/professional background	low	low	any
Researching complex patients	medium	medium	any
Collaborative care planning with other students or staff	medium-high	medium	advanced
Acting as practice consultant	medium	medium-high	advanced/ longer term
Joining shared staff activities (discharge rounds, case conferences)	low-medium	low-medium	any
Discussing case studies	low-high	low-high	any
Conducting collaborative projects	Low-high	medium-high	any/ longer term
Connecting with community partners	medium	low-medium	any
Discussing collaborative practice at the site	medium-high	low-high	advanced

Interprofessional Mentoring Activities

In the following is a more detailed description of each interprofessional mentoring activity with the role for students and supervisors outlined as well as which interprofessional competency each activity supports.

1 **Shadowing a provider with a different function/different professional background**

For students, it is useful to have first-hand observations of team members from other professions or with other functions to understand their roles. Inviting a student to a session with a patients offer great opportunities for the student to observe and discuss different role and enhance his/her role understanding. At other times, urgent decision-making involving role negotiation may be required during crisis situations with patients that cannot wait for a formal team conference. Inviting the student to observe these interactions is important to their development.

Supervisor/interprofessional mentor role: arrange a time when the student can shadow another team member; take the time to discuss with student your treatment approaches, how you make decisions, and what key skills you bring to this patient; encourage the student to ask questions and seek clarification.

Student role: approach your observations with an open mind, reflect on potential differences between your skills/practice and the ones observed in your Interprofessional mentor; take the time with your interprofessional mentor and ask questions/seek clarifications.

Competencies highlighted: patient/client/family/community-centred care, interprofessional communication, role clarification

2 Researching the needs of complex patients

Interprofessional mentors may assign students to patients for comprehensive assessments including researching conditions and diagnoses. This should include thinking about appropriate services from other healthcare providers. Students should be encouraged to find out what the roles of other professionals are in caring for a particular patient. The complexity of the patient should be commensurate with students' level of knowledge and skill.

Supervisor/interprofessional mentor role: select an appropriate client for the student to work with. Seek permission from the client and/or his/her family (if required) for the student to do a comprehensive assessment. Be available for student questions and prompt the student to take a comprehensive interprofessional approach to the assessment. Coach the student around client/family-centred communication if needed. Debrief with student once the assessment is completed or have the student present the assessment in a team meeting for group feedback and discussion.

Student role: be sure to take a client/family-centred approach to your assessment (be respectful of client/family needs, pay attention to language level, share decisions with client/family). Based on your initial assessment, consider if other professionals need to be consulted. Document your assessment and discuss with your preceptor/IP mentor or team.

Competencies highlighted: patient/client/family/community-centred care, interprofessional communication, collaborative leadership

3 Creating collaborative care plans with other staff or students

Interprofessional mentors may ask students to develop an interprofessional care plan for a new patient. This means that shared decision-making takes place with other providers to determine what and when their contributions would be needed. If there is another student in the program at the same time, students could work on developing the care plan together.

Supervisor/interprofessional mentor role: select an appropriate client for the students to work on. Discuss the care plan with them.

Student role: when developing the care plan (either alone or with another student), also consider the client's comprehensive psycho-social needs and try to approach the care plan from a collaborative perspective (what type of providers does the client need within your program as well as in the community?) Use this as an opportunity to seek advice from team members. Be prepared to discuss the care plan with your supervisor or interprofessional mentor and explain your rationale behind different aspects of the care plan.

Competencies highlighted: patient/client/family/community-centred care, interprofessional communication, role clarification**,** collaborative leadership

4 Acting as 'practice consultant'

If students are more advanced in their training, they may act as 'practice consultants' by doing research on topics relevant to the team. This might include researching collaborative practice in your particular setting, questions on best practice, procedures or other areas relevant to caring for patients in a particular setting.

Supervisor/interprofessional mentor role: consult with your team about an appropriate practice question and discuss the questions with the student. Give the student an opportunity to present the findings in a team round.

Student role: discuss with your preceptor or interprofessional mentor the scope of the questions and what the expectations are. Ensure that you consider opinions and best practices from different professions when compiling your best practice summary. Be prepared to present and discuss your findings with the team.

Competencies highlighted: interprofessional communication, role clarification

5 Joining discharge rounds, case conferences, and other shared staff activities

IP mentors may encourage students to join staff activities (for example, team meetings, discharge rounds, case conferences, triage meetings). These occasions are excellent opportunities to observe team dynamics. A helpful tool for observing interprofessional team behaviours in meetings is the Team Observation Tool (www.gittprogram.org/files/ teamObservation Tool.doc). This checklist focuses on interprofessional competencies among the team members and can be completed during the meeting.

Supervisor/interprofessional mentor role: Arrange a team conference for the student to attend. If active participation of the student in the team conference is appropriate, ensure that the student has opportunities to contribute to the discussion. Debrief with student after the team conference or meeting.

Student role: come prepared to the team conference (for example, review the case before hand, identify questions you might ask, prepare the case for presentation to your team); if you are observing, reflect on your observations; take the time to debrief with your supervisor/ interprofessional mentor and ask questions/seek clarifications.

Competencies highlighted: interprofessional communication, team functioning, collaborative leadership, interprofessional conflict resolution

6 Discussing case studies

Depending on the length of their practice education experience and level of training, interprofessional mentors could encourage students to present cases and actively participate in team conferences. Reviewing special cases with the students can give them insight into the complexity of clients and how teams resolve certain care issues. The complexity of the case should be appropriate to the students' knowledge and skills.

Supervisor/interprofessional mentor role: select appropriate cases for student; have the student review the case and debrief.

Student role: review the case, be prepared to ask questions. Discuss the case with your preceptor/ interprofessional mentor.

Competencies highlighted: patient/client/family/community-centred care, interprofessional communication, role clarification

7 Conducting a collaborative project

The interprofessional mentor may ask one or more students to conduct a small project. This might involve newly developing or updating some program information or education materials for patients or researching some treatment aspects. If more than one student is on site, they could collaborate on this project.

Supervisor/interprofessional mentor role: in conjunction with the team, help the student(s) to identify an appropriate project. Ensure that the project has an interprofessional focus (for example, provides opportunities to address different professional perspectives or incorporate interprofessional competencies).

Student role: In collaboration with your preceptor/interprofessional mentor and the team, identify a project of interest with an interprofessional focus. Work with another student (if available) on the project and be prepared to present the project to the team.

Competencies highlighted: interprofessional communication, team functioning

8 Connecting with community partners

A number of partners may play a role in a patient's care. It will be valuable for students to meet with these community partners to better understand the concept of continuity of care.

Supervisor/interprofessional mentor role: Help your student to connect with one of the agencies/ partners in the community you frequently collaborate and arrange for the student to spend some time with the partner. Discuss with the student what the goal for the meeting should be and how to prepare for it. Debrief with the student about the experience.

Student role: Discuss with your supervisor/interprofessional mentor what agency or partner you would like to connect. Think about what kind of questions you have for the partner. You may consider conducting a brief interview with the partner. Plan the questions carefully and ensure that you take an interprofessional focus. Discuss your learnings or emerging questions with your supervisor or interprofessional mentor.

Competencies highlighted: interprofessional communication, role clarification, team functioning

## 9 Discussing collaborative practice at the site

Staff discussions about collaborative practice at the site are important for students. These discussions will expose students to ideas about how care is currently being delivered and the reasons for having certain processes in place. This raises questions about what works well, where the gaps are and how collaborative practice could be improved.

Supervisor/interprofessional mentor role: support students to attend these meetings. If students cannot attend these, share these discussions with your students in the debriefing sessions.

Student role: ask your supervisors and mentors how collaboration around specific activities is carried out at the settings using the interprofessional competencies as guidelines. Research some of the practices in the literature on interprofessionality.

Competencies highlighted: interprofessional communication, role clarification, team functioning

Last but not least, there are different ways that teams connect socially. For example, they may have common lunches, share morning coffee breaks, or gather in certain areas in the cafeteria. If there are any social occasions for your team, try to involve the students. It will help them to increase their own comfort level by seeing how experienced clinicians interact in informal settings.
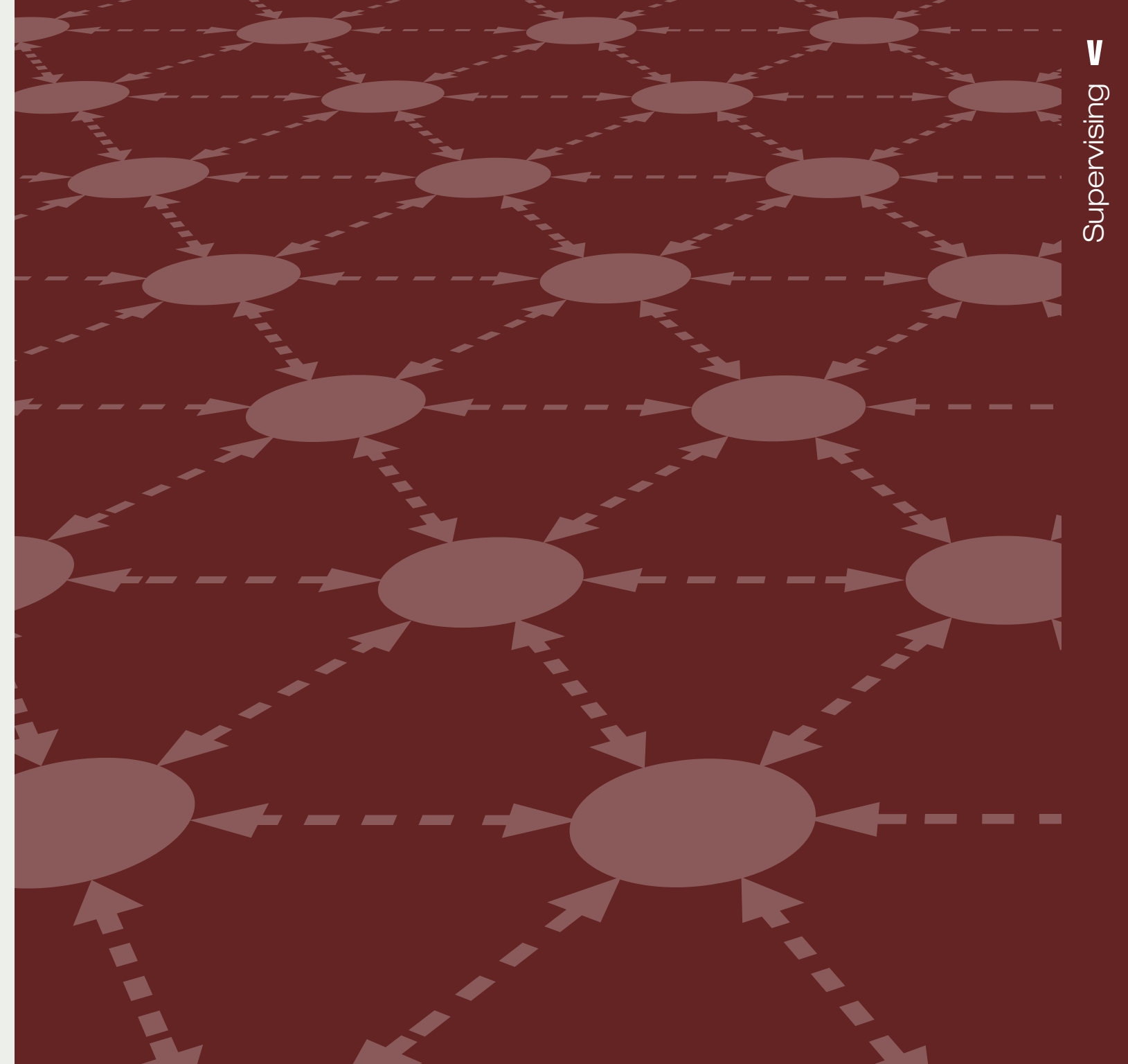
Section V   Supervising

A key role for interprofessional mentors is to supervise students during their interprofessional learning experiences. Previous work with students and staff has shown that unless staff engage students in reflecting about their interprofessional experiences (as is currently done with clinical skills), students will not develop the different competencies needed to work collaboratively with other healthcare professionals.

In their learning plans, students should clearly outline their learning objectives around the interprofessional competencies when starting their placements. For example, some students may want to understand the roles of three other professions (role clarification), practice patient-centred care and interprofessional communication. They may choose a number of activities to achieve these including shadowing other providers, researching complex patients, or developing care plans with team members/ other students. After each learning activity, interprofessional mentors should follow-up with a debriefing on the competencies for which the activity was intended. In these conversations, the students talk about their observations or what they did (if applicable). All interprofessional mentors should focus their debriefings on relevant questions around the interprofessional competencies for consistent and detailed debriefings. The questions address the multiple aspects of one competency and should start with a basic understanding of these. For example, discussing role clarification begins with describing one's role and that of others. It then proceeds to discussing how role clarity can be used to access the skills and knowledge of other providers through consultation. A further step in the understanding may then focus on the needs of the patients and the most appropriate engagement of practitioners, even staffing models and models of service delivery.

In the case of patient-centred care, the objective is to develop a partnership with the client in which the client is an equal member of the team. A few of the questions are specifically directed at the immediate interactions between care provider and client (use of language, clients understanding explanations, etc.). The guiding questions help to think about whether a practitioner sets the right tone with the client and "how" this has been accomplished. Others are directed at discussing the client services in a particular area of healthcare and the implications for clients. The students may also contribute new knowledge to the conversations based on their current learning about patient-centred care.

The debriefings are an important foundation for evaluating the interprofessional competencies and should be tracked. It is important to build on previous conversations to develop in-depth thinking about one competency. The more competencies students can acquire, the greater their learnings and the more clarity about their interrelatedness is gained. Describing how practitioners and students carry out these competencies opens the door to examining one's own practice and the larger system. Ultimately, key questions are being asked: Am I/the system providing the best possible care or are there other ways of doing that? In other words, practitioners and students become reflective and critical about their own practice for the purpose of improving current services and patient outcomes.

Guiding Questions on Interprofessional Competencies

A crucial part of any learning is critical reflection. The following questions are designed to help interprofessional mentors debrief with students and to highlight and clarify the interprofessional competencies. They are adaptable to any type of healthcare settings.

General questions for students and practitioners:

- How are the interprofessional competencies expressed in this setting?
- What are the opportunities for collaboration and how do they happen? Reflect on the effectiveness of these interactions.
- What skills/competencies do you need to learn to meet the health needs of patients and their families and participate in collaborative practice?
- How were your assumptions and expectations about service delivery in [setting] challenged? Did you change any of them?
- What are the interprofessional competencies that you have gained?

1) Role Clarification refers to the knowledge that engages the "right people, right place, right role, right time" in healthcare service delivery. Role clarification leads to addressing issues related to staff mix, role enactment, and appropriately engaging other providers in shared decision-making.

- What is the current staff mix at [setting]?
- What are the unique knowledge/skills that the different providers bring to the table?
- Are providers culturally sensitive toward each other?
- Do providers use discipline-specific jargon?
- What are disciplinary differences/similarities between providers?
- What are the provider functions in service delivery? Differences/similarities?
- What therapeutic approaches are being used?
- Which providers engage in case management?
- What are the treatment values and priorities that different providers bring to patient care?
- Is there role blurring and/or role ambiguity between the providers?
- What are the implications of the staff mix and the role distribution for the clients?
- Are there gaps in the service delivery for the client populations with a range of mental health issues and other health concerns?

2) Conflict Resolution centers on the assumption that disagreements can be constructively addressed ("conflict positive" solutions) when providers have the skills in solving conflict together. While disagreement/conflict is inevitable in healthcare due to the complex needs of clients and professional diversity of providers, individuals must consider appropriate responses to address and resolve it.

- What are the circumstances in the team in which conflict is more likely to arise?
- Have I tried to analyze why and how a disagreement has developed?
- How can an issue be resolved given that different philosophies/goals may exist between providers?
- What is my personal conflict resolution style? How does it compare to that of others?
- Have I considered the right time and place to address the issues?
- Am I trying to solve issues using a mutually agreeable approach?
- How does conflict among providers affect client care?

3) Collaborative leadership involves sharing accountability for team process and improved outcomes among all team members including the client. Collaborative leaders must balance taking control with encouraging leadership roles to emerge. They apply the principles of emotional intelligence to motivate and engage their team members and clientele. They also create an open culture for knowledge sharing and mutual learning.

- Am I aware of my own and other's emotions in my interactions with others?
- How do we encourage emerging leadership roles for different team members?
- Are all members of the team equally engaged in team performance?
- How do I purposefully engage others in decision-making?
- Do I set positive examples for leadership within our team?
- Do we have a group leader or leaders?
- How does the culture at [setting] encourage collective learning and information sharing?
- Which leadership roles rotate among the team members?

4) Patient/client/family/community-centred care promotes the participation of patients/clients, their families and communities as equal partners in providing care. Each provider plays a key role in empowering clients to fully participate in their care. Specific client populations must have access to the part of the healthcare system that meets their needs. This competency ensures that clients are served along the continuum of care.

- How is client information shared across the continuum of care among relevant providers?
- How does the team provide equitable access for clients in need of its services?

The following questions are from: Queen's University Office of Interprofessional Education and Practice (OIPEP)

Power
- Do I use language that is easy for clients to understand?
- Do I use language that conveys my goal to work in partnership with the client?
- Do I advocate for systems & policies to be changed so clients can assume power for their program?

Listening & Communicating
- Do I provide quality information at a level my clients can truly understand?
- What are the most important pieces of information my clients need?
- What is the best format in which to provide this information?
- Do I check that they have understood the information I provided?
- Do I tailor information to the specific needs of the clients & their family?
- Are my clients able to apply the information I have provided?
- Do I truly listen to what my clients are saying and not just to their words?
- Do I leave enough time so that clients are able to tell me about their [concerns]?
- Am I able to develop an understanding of a person's values after talking to them?
- Do I let an interview unfold naturally, rather than structuring each question that I ask?

- Do I share my perceptions of what the client said with them to confirm if I am interpreting information correctly?
- Do I take the time to listen and truly hear their stories?

Partnership
- Do I facilitate a process of ensuring my client's voice is heard?
- Do I work in partnership with my clients to obtain the required information?
- What does the concept of partnership mean to me?
- Do I truly work in partnership with my clients?
- What contribution do we both bring to this partnership?
- What is the connection between a partnership and power?

Choice
- Do I enable choice in my practice process?
- Am I able to facilitate small choices if larger ones are not possible for the client to make?
- Do I apply my professional analysis skills to create opportunities for choice?

Hope
- Am I prepared to facilitate the process by empowering the client?
- Do I understand and accept the importance of hope for my clients?
- Do I provide opportunities for clients to express their hope to me?
- Do differences in opinion between myself and the client represent different values?

5) Interprofessional Communication relates to any information sharing between providers and their clients.

- How effective and timely is communication between different providers?
- Is the language used and communication medium used appropriate for the information to be exchanged?
- How well do I listen to providers' feedback on my client?
- What is our process around client feedback for our program?

6) Team functioning refers to the degree to which the team has become a cohesive unit with mutually supportive working relationships involving all team members.

- What are the interprofessional dynamics of the group?
- Are there open discussions on the effectiveness of the team?
- Do team members show strong commitment to the team?
- Is there a need for team building activities?
- Can the team meet and survive challenges?
- Are team members willing to work toward improved team dynamics?
- Does the team have a strong vision/mission?
- Are student placements supported by all team members?
- To what extent does our group make shared decisions?
- What types of decisions are they typically?
- What is our process for decision-making?
- What individual/group actions are taken?
- Is there follow-up on group/individual actions?
- What are the benefits of collaboration on our team/individual members?
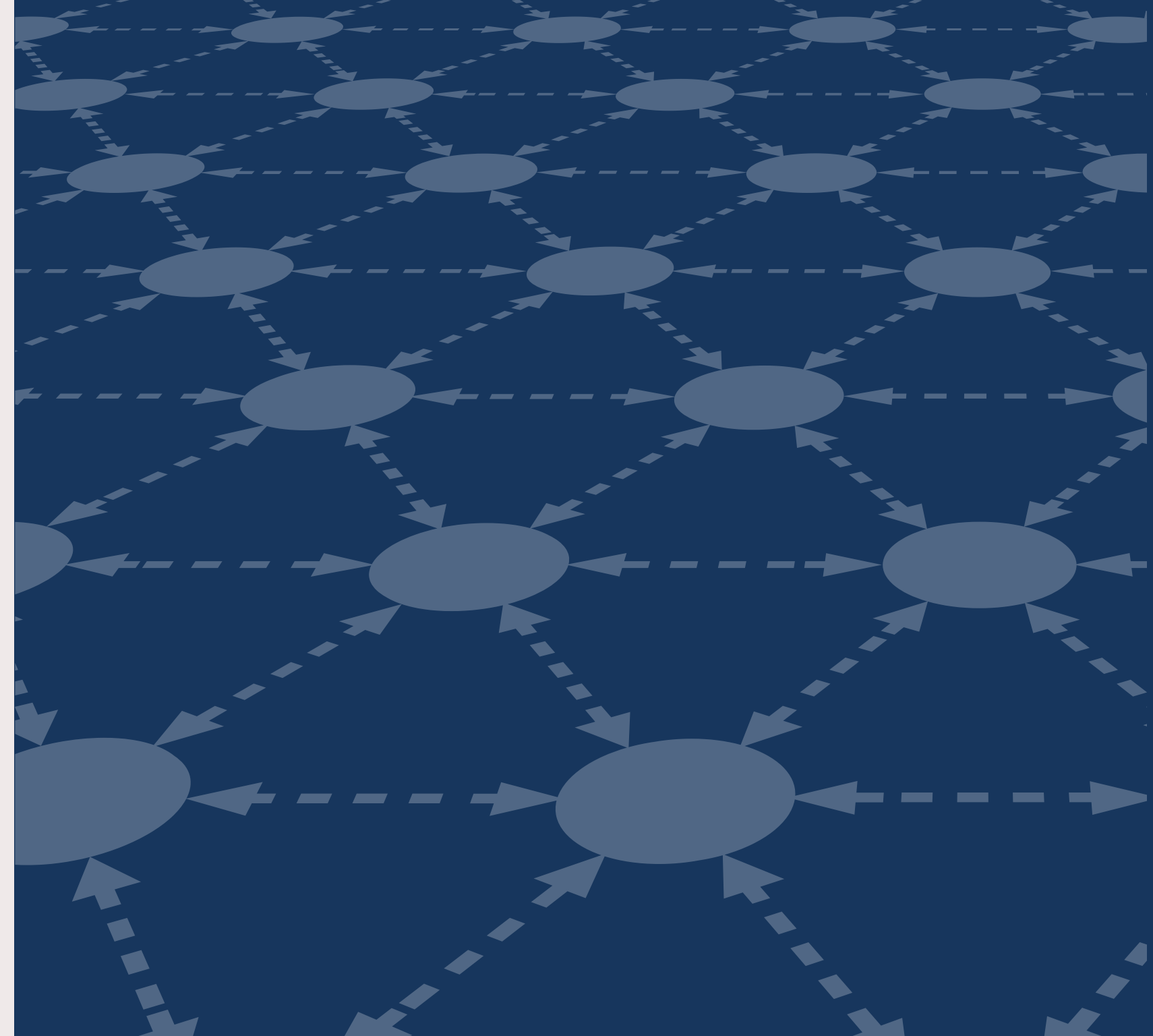
Section VI   Evaluating

Similar to the discipline-specific competencies, the interprofessional competencies students have gained from the collaborative practice activities will also be evaluated. While the evaluation of the clinical competencies is left to the discipline-specific supervisor, each interprofessional mentor contributes to the evaluation of a student's interprofessional competencies. Therefore, instead of being the sole responsibility of the discipline-specific supervisor, some aspects of student evaluation are shared among all healthcare professionals in interprofessional mentoring. To facilitate the evaluation process, the interprofessional competencies should be explicitly integrated into the overall student evaluation forms.

The evaluations of students on interprofessional competencies are strongly informed by the quality of the debriefings interprofessional mentors conduct. The more detailed the debriefings, the more can be said about the level of competency of the student. Interprofessional mentors are encouraged to communicate their individual evaluations of student interprofessional learning to the discipline-specific supervisor who will include the comments in the appropriate evaluation template for the discipline.

It can be challenging to integrate evaluation of students' interprofessional competencies into a discipline-specific evaluation, and often, these competencies are perceived as being an add-on. Many of the competencies outlined in the CIHC framework are not new but are embedded in the practice expectations of many health professions. For example, in social work, Practice Objective 3 refers to "collaborative practice" and lists various broadly defined collaborative competencies (for example, SOWK 696, University of Calgary). In nursing, interprofessional competencies can fit into a number of benchmark objectives (for example, Clinical Evaluation Tool in N5114, Mount Royal University). Typically, the competencies required for collaborative practice are not specifically highlighted and get less attention than clinical competencies. Adding explicit learning goals around interprofessional competencies into students' learning plans and evaluating students on these interprofessional learning goals will ensure that increased attention is paid to developing and achieving interprofessional competencies.

Feedback Form for Interprofessional Mentors on Student's Interprofessional Mentoring Activities

As a member of the interprofessional mentoring team, your role in supporting the student placements is crucial. Your feedback on the interprofessional competencies that the students demonstrate while being with you will help the discipline-specific mentor to write a more informed and well-rounded student evaluation. Please base your comments on the reflective questions from your debriefings with the student to provide a brief assessment how the student has developed interprofessional competencies during the practice education.
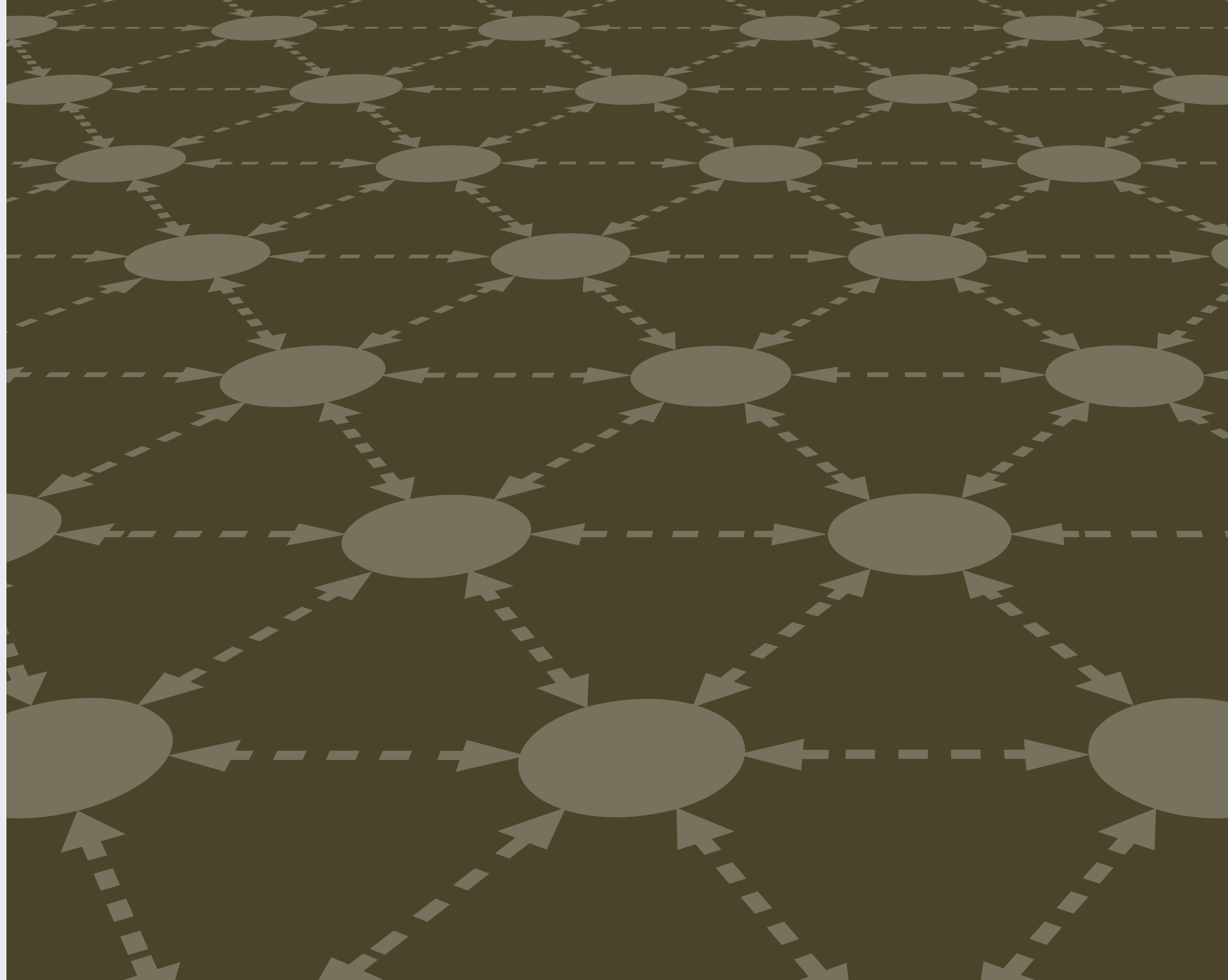
Interprofessional Mentor: _____   Student:_____

1. What interprofessional student mentoring activity was completed? (describe briefly)

2. Student's understanding/demonstration of interprofessional competencies: (please describe briefly how the student understands or has demonstrated the competencies)

   a. Role Clarification (the student can describe their own and other roles; discuss implications for role distinction/blurring and staff mix):

   b. Conflict Resolution (the student engaged in/observed conflict and skills to manage it):

   c. Collaborative Leadership (the student took on small initiatives and leadership roles):

   d. Client-centred care (the student can discuss/demonstrate how clients are treated as equal members of the team):

   e. Interprofessional Communication (students engage in appropriate information sharing with other providers):

   f. Team functioning (students engage in critical observations about team dynamics):

Feedback Form for Students on Interprofessional Mentoring Activities

As a member of the interprofessional mentoring team, your role in supporting your own placement is crucial. Your feedback on the interprofessional competencies that you have demonstrated with an interprofessional mentor will help your discipline-specific mentor to write a more informed and well-rounded evaluation about you. Base your comments on the reflective questions from your debriefings to gain a better sense of how you have learned and applied these competencies. Over the duration of the placement, you should begin to think more critically about your own practice and the interprofessional practices at the setting.

Interprofessional Mentor: _____ Student:_____

1. Interprofessional student mentoring activity: (describe briefly)

2. Understanding/demonstration of interprofessional competencies by the students: (please describe briefly how you understand or have applied the competencies)

   a. Role Clarification (describe your own and other roles; discuss implications for role distinction/blurring and staff mix):

   b. Conflict Resolution (engagement in/observations of conflict and skills to manage it):

   c. Collaborative Leadership (taking on small initiatives and leadership roles):

   d. Client-centred care (discuss whether and how clients are treated as equal members of the team):

   e. IP Communication (engage in appropriate information sharing with other providers):

   f. Team functioning (engage in critical observations about team dynamics):

Section VII   Further Readings

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