Canadian Interprofessional Health Collaborative
Consortium pancanadien pour l'interprofessionnalisme en santé

# A National Interprofessional Competency Framework

FEBRUARY 2010

The Canadian Interprofessional Health Collaborative (CIHC) is made up of health organizations, health educators, researchers, health professionals, and students from across Canada. We believe interprofessional education and collaborative patient-centred practice are key to building effective health care teams and improving the experience and outcomes of patients. The CIHC identifies and shares best practices and its extensive and growing knowledge in interprofessional education and collaborative practice.

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CIP data will be made available

ISBN 978-1-926819-07-5

# Preface

Over the past three years, the Curriculum Committee of the CIHC has addressed a number of pressing issues that confront the full realization of interprofessional education for collaborative patient centred practice (IECPCP). The definition and description of a set of competencies that underlie such practice has been one of the most difficult of those issues. All health and human service/social care professions now look to a set of competencies to underpin their curricula, and to inform their scopes of practice.

Well-researched, clearly defined and measurable competencies are now the norm across the professions, where *uni*-professional standards are relatively easily articulated. Describing and defining *inter*professional competencies has proven to be a much more difficult task because at the present time, the field of interprofessional education and care is still not well understood. The Canadian Interprofessional Health Collaborative recognizes this issue, but also understands the great need for a set of interprofessional competencies that can be tested and either verified, adjusted or discarded. This then is a living document which the CIHC offers to colleagues in the global interprofessional community to work with, and to work on. We invite colleagues to share their experience and learning, so that to goal of a sound set of IP competencies might be achieved through collaborative global endeavour which recognizes linguistic and cultural differences.

The members of the CIHC extend their sincere appreciation to the Curriculum Committee for their work, especially to Drs. Carole Orchard (University of Western Ontario) and Lesley Bainbridge (University of British Columbia) who were instrumental in bringing this work to fruition, and to four anonymous reviewers who provided rich insights into the process and product.

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# Acknowledgements

In preparation of this document, the CIHC acknowledges the following individuals for their contributions of time and expertise to the compilation and editing of this National Interprofessional Competency Framework:

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(to be completed)

CIHC would like to acknowledge Juanita Barrett, who coordinated the review of literature and existing competency frameworks, Alix Arndt of the Canadian Interprofessional Health Collaborative for her skills in managing the project through completion, Andrea Burton of the Canadian Interprofessional Health Collaborative for her role in editing the report, and Susanna Gilbert of Monkeytree Creative who formatted this document.

The CIHC Interprofessional Competency Working Group would like to express its sincere thanks to all the individuals and groups who willingly shared their project/site's work on interprofessional competencies. Their contributions significantly assisted the Working Group in developing the Framework.

The Canadian Interprofessional Health Collaborative would like to acknowledge funding support from Health Canada. The views expressed here do not necessarily represent the views of Health Canada.

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# Introduction

The overall goal of interprofessional education and collaborative practice is to provide health system users with improved health outcomes. Interprofessional collaboration (IPC) occurs when learners/practitioners, patients/clients/families and communities develop and maintain interprofessional working relationships that enable optimal health outcomes. Interprofessional education (IPE), which is the process of preparing people for collaborative practice, and IPC itself, are more and more frequently incorporated into health professional education and models of practice. For this reason, a clear understanding of the characteristics of the ideal collaborative practitioner is required to inform curriculum and professional development for interprofessional *education*, and enlighten professional practice for interprofessional *collaboration*.

In the fall of 2008, the Canadian Interprofessional Health Collaborative (CIHC), with funding from Health Canada, established a working group whose mandate was to:

- review the literature related to competencies,
- review existing competency frameworks for IPE and IPC and other competency frameworks for health providers (assuming that existing competency frameworks could provide a starting point for analysis and debate and encourage shared thinking around the key foundations for an interprofessional competency framework), and
- develop a Canada-wide competency framework for interprofessional collaboration.

## BACKGROUND

Over the past few decades, competencies have developed as a way of capturing the knowledge, the skills, and the attitudes and behaviours required to be a successful practitioner in any profession.

This approach to describing required professional skills and behaviors is used in examples such as the CanMeds Competency Framework for medicine, and its adaptation for other Canadian health professions such as pharmacy and occupational therapy[1,2,3]. Regulation of professional practice has been the driver for some of these frameworks, such as the Canadian harmonized entry-to-practice competency framework for nursing graduates[4]. Other frameworks have been developed for clinical psychology[5], and more recently for specific health-related organizations such as the Canadian Patient Safety Institute[6] and the Public Health Agency of Canada[7]. Many of these frameworks acknowledge the importance of interprofessional collaboration and teamwork but have not provided explicit direction for interprofessional practice. Although there has been a call for an interprofessional competency framework from Barr[8], McPherson, Headrick and Moss[9], and McNair[10], this is the first attempt to develop a Canadian model of interprofessional competencies that is applicable to all health professions.

The National Interprofessional Competency Framework is based on a review of the literature related to competencies and competency-based education as well as existing competency frameworks. In particular, Rogiers and Tardif are two major competency proponents whose ideas guided the interpretation of this framework. CIHC has adopted Rogiers overarching goal of a set of competencies that "enable the learner to master those situations he will have to deal with in his professional and/or private life"[11-181]

A competency framework needs to help learners or practitioners make sense of the learning process (process), differentiate matters by relevance (relevance), apply learning to practical situations (application), and associate learning elements (integration). In addition Tardif[12] described five characteristics key to the integration of competencies: **COMPLEXITY** (resulting from the dynamic organization of components); **ADDITIVE** (application of knowledge, skills, attitudes to formulate judgments); **INTEGRATED** (diversity of individual resources); **DEVELOPMENTAL** (capacity is developmental over the lifespan); and **EVOLUTIONARY** (applied within a given context; each actualization of competencies creates new understandings).

This document describes an approach to competencies that can guide interprofessional education and collaborative practice for all professions in a variety of contexts. Additional details about the findings in the literature and the background to the competency framework can be found in Appendix 1.

# OVERVIEW OF THE NATIONAL INTERPROFESSIONAL COMPETENCY FRAMEWORK

A working group of CIHC volunteers provided oversight and advice on the development of the Canadian Interprofessional Competency Framework. An external group was contracted to review and summarize the peer reviewed and grey literature as well as selected competency frameworks. The competencies described are practice-focused, requiring development and demonstration of the knowledge, skills, attitudes, values and judgments involved in practicing collaboratively.

## What is Interprofessional Collaboration?

Interprofessional collaboration is the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/clients/ families and communities to enable optimal health outcomes. Elements of collaboration include respect, trust, shared decision making, and partnerships.

For interprofessional teams of learners and practitioners to work collaboratively, the integration of role clarification, team functioning, collaborative leadership, and a patient/client/ family/community-centred focus to care/services is supported through interprofessional communication. Effective interprofessional communication is dependent on the ability of teams to deal with conflicting viewpoints and reach reasonable compromises.

## How is this Framework Unique?

The CIHC National Interprofessional Competency Framework uses competencies in a unique way. Rather than focusing on demonstrated behaviours to determine competence, the framework relies on the ability to integrate knowledge, skills, attitudes, and values in arriving at judgments[11,12]. Interprofessional competencies are developed to help achieve interprofessional collaboration. They are consistent and stand the test of time. The related descriptors or indicators, however, are individualized based on the level of experience of learners or practitioners, and reflect their learning or practice context. A competency framework is integrated into education and practice in a way that builds on existing knowledge, values, skills, attitudes, and judgments of learners and practitioners.

## What Assumptions Were Made?

Several assumptions underpin the CIHC National Interprofessional Competency Framework and these include:

- strong, overarching competency statements last over long periods of time

- competency descriptors identify knowledge, skills, attitudes, values, and judgments that are dynamic, developmental, and evolutionary
- interprofessional learning is additive and reflects a continuum of learning
- interprofessional collaborative practice is essential for improvement in patient/client/ family and community health outcomes
- the level of interprofessional competence demonstrated is dependent on the depth and breadth of opportunities for education and practice experience with, from, and about other health providers
- adoption of interprofessional competencies into health professional programs occurs at different rates depending upon the level of learner and the complexity of learning tasks
- adoption of interprofessional competencies may require a shift in how learners, practitioners, educators, and practice environments conceptualize collaboration
- interprofessional collaborative practice requires a consistent culture between learning and practice that supports interprofessional collaborative competencies

## THE COMPETENCY FRAMEWORK

This National Interprofessional Competency Framework provides an integrative approach to describing the competencies required for effective interprofessional collaboration. Six competency domains highlight the knowledge, skills, attitudes and values that shape the judgments essential for interprofessional collaborative practice.

The six competency domains are:

1) interprofessional communication
2) patient/client/family /community-centred care
3) role clarification
4) team functioning
5) collaborative leadership
6) interprofessional conflict resolution

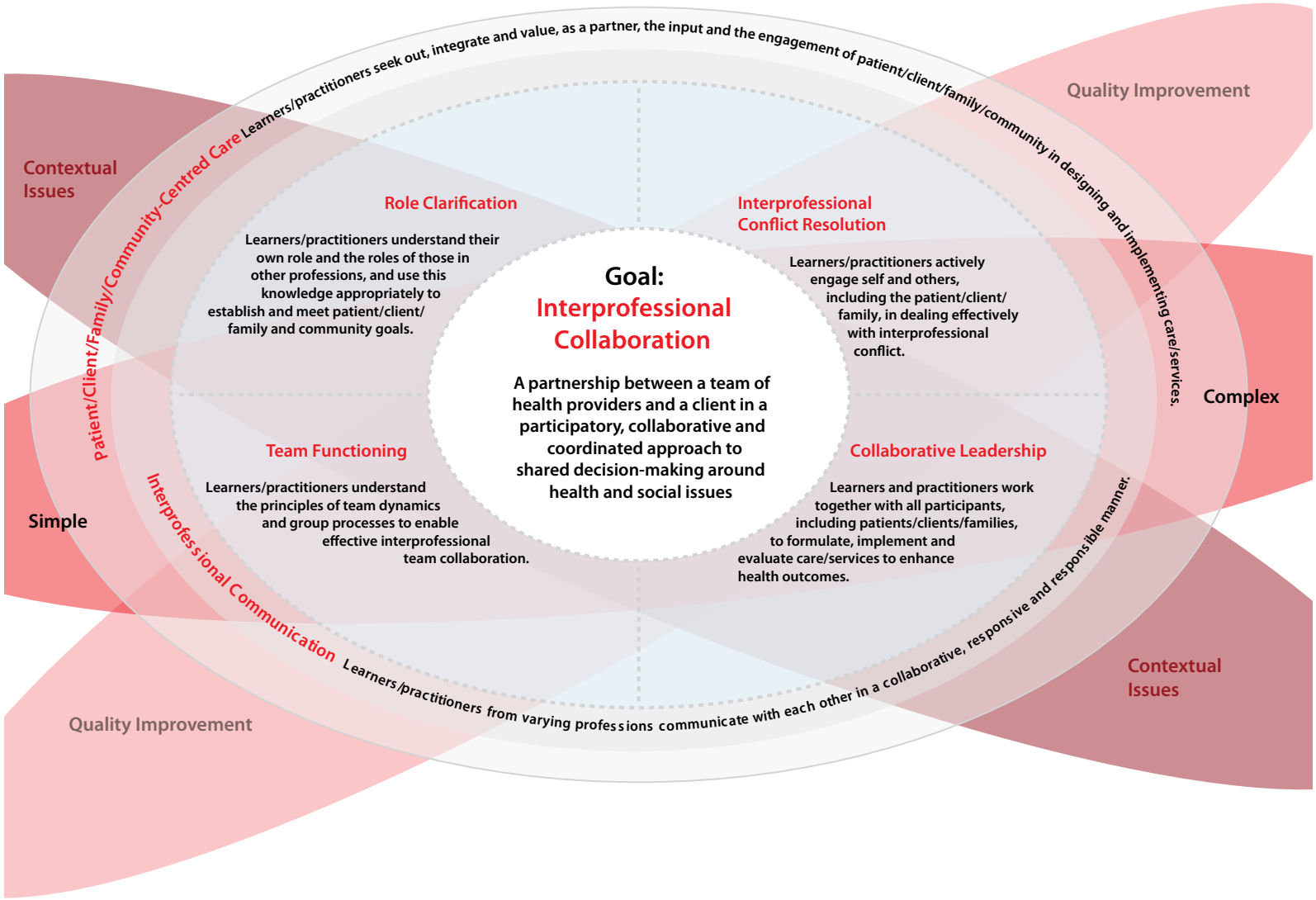
The set of competencies in this framework allows students and practitioners to learn and apply the competencies no matter their level of skill or the type of practice setting or context (see Figure 1). The ability of learners and practitioners to collaborate is developmental - each of the competencies develops over the individual's professional lifespan and is implemented within any relevant practice/ learningsituation. Overall, each competency can be integrated into every new experience without compromising any of the competencies.

To assist the reader, the six competency domains are explained below individually although their application is interdependent of each other. The result is a dynamic and flexible foundation for interprofessional learning and practice. The framework comprises:

- two domains that support the others: interprofessional communication and patient/client/family/community-centred care
- four domains within the integrated whole: role clarification, team functioning, interprofessional conflict resolution and collaborative leadership
- The two supporting domains always influence the other four. For example, team functioning is highly relevant to practitioners who work in a formalized team setting but for those who work in clinical areas in which interaction with other health care providers is episodic and characterized by short term encounters, formal team functioning may not be as relevant. However, collaborative patient-centred care and interprofessional communication with other health professionals will be relevant in ALL situations.

Figure 1 represents the configuration of the domains and highlights three background considerations that influence how the competency framework may be applied in different situations. The domains and the background considerations are described below in detail.

**Figure 1: The National Competency Framework**



## Domain: Role Clarification

**COMPETENCY STATEMENT:** 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.

### Descriptors

To support interprofessional collaborative practice learners/practitioners demonstrate role clarification, by:

- describing their own role and that of others
- recognizing and respecting the diversity of other health and social care roles, responsibilities, and competencies
- performing their own roles in a culturally respectful way
- communicating roles, knowledge, skills, and attitudes using appropriate language;
- accessing others' skills and knowledge appropriately through consultation
- considering the roles of others in determining their own professional and interprofessional roles
- integrating competencies/roles seamlessly into models of service delivery.

### Explanation/Rationale

Role clarification occurs when learners/practitioners understand their own role and the roles of others and use this knowledge appropriately to establish and achieve patient/client, family, and community goals. Students and practitioners need to clearly articulate their roles, knowledge, and skills within the context of their clinical work. Each must have the ability to listen to other professionals to identity where unique knowledge and skills are held, and where shared knowledge and skills occur. To be able to work to their full scope of practice, individuals must frequently determine who has the knowledge and skills needed to address the needs of patients/clients to allow for a more appropriate use of practitioners and a more equitable distribution of workload.

## Domain: Patient/Client/Family/ Community-Centred Care

**COMPETENCY STATEMENT:** 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.

### Descriptors

To support interprofessional collaborative practice that is patient/ client/ family-centred, learners/ practitioners need to:

- support participation of patients/clients and their families, or community representatives as integral partners with those health care personnel providing their care or service planning, implementation, and evaluation
- share information with patients/clients (or family and community) in a respectful manner and in such a way that is understandable, encourages discussion, and enhances participation in decision-making
- ensure that appropriate education and support is provided by learners/practitioners to patients/ clients, family members and others involved with their care or service; and
- listen respectfully to the expressed needs of all parties in shaping and delivering care or services.

### Explanation/Rationale

In patient/family/client/community-centred care/ services, the interprofessional team integrates and values, as a partner, the input of a patient/client/family or community in the design and implementation of care and/or services. Orchard defines patient/client/family-centred collaborative care as a "partnership between a team of health providers and a patient where the patient retains control over his/her care and is provided access to the knowledge and skills of team members to arrive at a realistic team-shared plan of care and access to the resources to achieve the plan"[14]. In patient/client-centred collaborative practice, patients/clients are seen as experts in their own lived experiences and are critical in shaping realistic plans of care.

## Domain: Team Functioning

**COMPETENCY STATEMENT:** Learners/ practitioners understand the principles of team work dynamics and group/team processes to enable effective interprofessional collaboration.

### Descriptors

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.

### Explanation/Rationale

Safe and effective working relationships and respectful inclusion of patients/clients/families are characteristic of interprofessional collaborative practice. Collaboration requires trust, mutual respect, availability, open communication and attentive listening – all characteristics of cooperative relationships. Learners/ practitioners must be able to share information needed to coordinate care with each other and patients/clients, families and communities to avoid gaps, redundancies, errors that impact both effectiveness and efficiency of care delivery. Complex situations may require shared care planning, problem-solving and decision making for the best outcomes possible.

In some situations, collaborative practice is undertaken via a formal interprofessional team, requiring an understanding of team developmental dynamics, or practice in a micro-system, requiring awareness of how organizational complexity influences collaborative practice. Learners/practitioners need to regularly reflect on their effectiveness in working together and also in achieving the needs of patients/clients/families. Awareness of and commitment to interprofessional ethics unites all learners/practitioners in the common goal of delivering the best care possible to patients/ clients, families, and communities and is fundamental to the ability to work together collaboratively.

## Domain: Collaborative Leadership

**COMPETENCY STATEMENT:** Learners/ practitioners understand and can apply leadership principles that support a collaborative practice model.

### Descriptors

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.

### Explanation/Rationale

Within collaborative or shared leadership, learners/ practitioners support the choice of leader depending on the context of the situation. Learners/practitioners assume shared accountability for the processes chosen to achieve outcomes. Heinneman and Zeiss suggest "leadership among members is based upon the need for specific kinds of expertise needed at a given point in time" [15-10] There are two components to the leadership role: task-orientation and relationship-orientation. In the former, the leader helps other members keep on task in achieving a commonly agreed upon goal, while in the latter, the leader assists members to work more effectively together[15]. In a shared leadership model, patients/clients may choose to serve as the leader or leadership may move among learners/practitioners to provide opportunities to be mentored in the leadership role. In some cases, there may be two leaders-one for learners/practitioners to keep the work flowing and the other who connects with patients/clients/families in a helping relationship, serving as the link between the team and the patient/family.

## Domain: Interprofessional Communication

**COMPETENCY STATEMENT:** Learners/ practitioners from different professions communicate with each other in a collaborative, responsive and responsible manner.

### Descriptors

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, assisting team members in:
  - setting shared goals
  - collaboratively setting shared plans of care;
  - supporting shared decision-making;
  - sharing responsibilities for care across team members; and
  - demonstrating respect for all team members including patients/clients/ families.

### Explanation/Rationale

Communication skills are essential for all learners/ practitioners and involve the ability to communicate effectively with others, especially those from other professions, as well as patients/clients/ families, in a collaborative, responsive and responsible manner. Communications in an interprofessional environment is demonstrated through listening and other non-verbal means, and verbally through negotiating, consulting, interacting, discussing or debating. Respectful interprofessional communication incorporates full disclosure and transparency in all interactions with others including patients/clients/families. All team members enact interprofessional communication that is consistently authentic and demonstrates trust with learners/practitioners, patients/clients and their families.

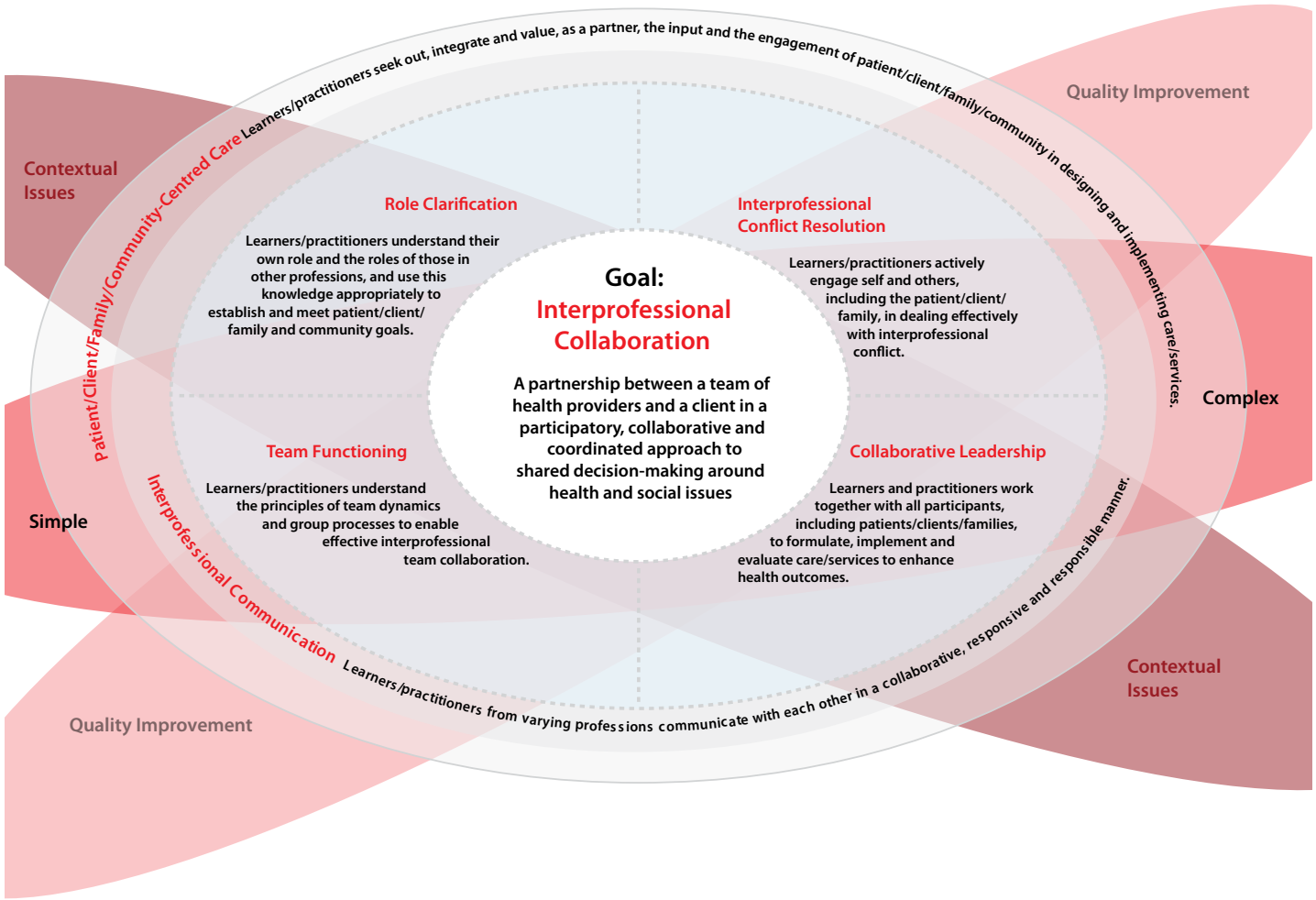
# Quick Reference Guide

## 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.



## 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

- 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.

## Domain: Interprofessional Conflict Resolution

**COMPETENCY STATEMENT:** Learners/practitioners actively engage self and others, including the client/patient/family, in positively and constructively addressing disagreements as they arise.

### Descriptors

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
- 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.

### Explanation/Rationale

To enable interprofessional collaboration it is essential for learners/practitioners, patients/clients/families and communities to know how to deal with disagreements amongst themselves. "Conflict positive" is a term that may be used to interpret differences of opinion as healthy and to be encouraged as constructive interactions. The events that lead to differences of opinion can come from positive and negative sources. Conflicts can arise from a number of sources:

- **ROLES**: these arise over differing accountability issues, perceptions of role overloads or role ambiguity among learners/practitioners.
- **GOALS**: differences related to goals can arise because of dissimilar philosophies towards care, personal religious/spiritual beliefs, and professional socialization that includes differing approaches to care.

Between health professionals and others (e.g., patients, family members, managers, etc): these arise because of differing values and styles as well as personality traits among health care providers.

Such disagreements generally relate to real and perceived power and hierarchy in interprofessional relationships. All students/practitioners are charged with identifying those issues that are likely to lead to disagreements, termed 'triggers to conflicts'. Areas that have been cited include disagreements around: treatment approaches; who can provide informed consent, what is the diagnosis, the amount of patient/client/family/community input regarding goal setting, and discharge planning. Practitioners then need to develop a set of agreements to enable effective management of such situations. Agreements need to incorporate a commitment to constructive dissent, willingness to address and resolve conflicts, and a commitment to evaluate and manage one's own behaviours. Furthermore, agreements need to ensure that the voice of patients/clients/families/communities is also considered, specifically: recognition of their expertise (i.e. their lived experiences), respect for their values, preferences and expressed needs; and consideration of their context (family, home, and work environments). Health care providers need to accept responsibility for recognizing when disagreements occur (or have the potential to occur) and apply the principles for addressing such disagreements to achieve an acceptable outcome.

## BACKGROUND CONSIDERATIONS

Underpinning the framework are three considerations that influence the way in which the framework is applied. These are the complexity of the situation or encounter, the context of practice, and quality improvement.

**COMPLEXITY**: Interprofessional collaboration approaches may be anywhere from simple to complex. Glouberman and Zimmerman suggest that there are three types of systems that correspond with three types of problems [16].

- Simple systems are those similar to following a recipe. A recipe requires some basic understanding of technique and terminology, but once these are mastered, the recipe can be followed with a very high assurance of success. The outcomes can be predicted and procedures for intervention can be quantified, measured and replicated[34].
- Complicated systems typically involve a subset of simple systems, but cannot be reduced down to solely a simple system. Complicated systems are similar to that of sending a rocket to the moon. These systems require an understanding of techniques and terminologies, like a recipe, but also require coordination and specialized expertise.

- Complex systems can involve both complicated and simple systems, but cannot be reduced to either type. Complex systems have special requirements, like understanding unique local conditions, interdependency and non-linearity, and the capacity to adapt as conditions change. Complex systems also carry with them a large degree of ambiguity and uncertainty, similar to the challenges we face when raising a child[17].

To illustrate how this concept might be applied to interprofessional collaboration, consider the problem of a sprained ankle. A simple sprained ankle to a recreational runner may require only one or two health care providers, the impact of the injury on the person's life is minor, and a comprehensive team approach is not required. Constructive collaboration between the health care providers is still necessary and the role of the patient is still important. However, a sprained ankle for a key member of the national soccer team which is about to compete in the World Cup is a major issue. A team of health care providers, including a sports psychologist will be necessary to prepare the player for competition. The impact on this person's life is major and therefore the competency framework is applied in a complicated situation. Further, a sprained ankle for a single mother of an infant and a toddler, with multiple health concerns and limited social support who works in a job that requires her to stand and who lives in a 3rd floor apartment with no elevator, is considerably more complex. The team may need to become intersectoral in order to address the transportation, income security, and childcare concerns that compound the physical challenge of a simple sprained ankle.

**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. The team has time to consolidate and learn how to constructively work together. In an Emergency Unit or a high turnover acute medical unit, health care providers will apply the framework differently. Short term encounters will still require collaboration but those involved 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 for example.

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 (context). When new to a setting the individual will return to their basic understanding of collaboration until they learn how the competencies apply in the new context. With practice interprofessional collaboration becomes a common feature of the individual's performance in this new setting.

**QUALITY IMPROVEMENT**: There is an important relationship between interprofessional collaboration and quality improvement in that they both need and influence each other. Quality improvement, with its emphasis on working in systems, is inherently a "team sport". 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. Team members may be engaged in quality improvement as a natural outcome of a patient safety issue that, when addressed collaboratively, improves health outcomes in a population, or improves the experience for people discharged from institutional care.

By working together and creating judgments reflective of the IP competencies interprofessional teams can influence changes in practices that reduce safety risks through the process of examining issues from several disciplinary perspectives. Thus demonstrating IP competence can effectively address issues in any context of practice at any point along the continuum of simple to complex.

**EXAMPLE:**
When examining ways of embedding IPE into curricula, the competency framework can be used to identify relevant learning experiences along a continuum from simple to complex and to situate learning within clinically important delivery circumstances across a variety of health care contexts and settings.

## APPLYING THE FRAMEWORK

The CIHC National Interprofessional Competency Framework has been designed for easy application in several contexts. The following section describes how a variety of stakeholder groups may be able to use this Framework to support their work.

- **EDUCATORS**: In an educational context the CIHC National Interprofessional Competency Framework provides a starting point for describing curriculum content, learning strategies, learning outcomes and methods to determine if collaborative practice competencies are an outcome. If the end-point of learning is a collaborative health provider, then knowing how a curriculum can be developed that socializes future practitioners to be interprofessional collaborators is essential. A collaborative practitioner recognizes the knowledge, skills, attitudes, and values that come together to influence judgments that are all part of the complex interactions involved in collaborative practice. In addition, the framework may be used to provide structure for continuing faculty development so that

learning facilitators are aware of the different processes they need to acquire in order to teach interprofessionally.

**EXAMPLE:** In education programs where learners are tracking their learning in any of several domains, the competency framework may be used as the basis for developing an interprofessional checklist.

- **LEARNERS**: The framework can help learners to locate educational activities that meet their collaborative learning goals. Faculty in both academic and clinical settings can then verify the ability of learners to meet learning outcomes that are, in turn, based upon the competency framework.

- **REGULATORS**: In many provincial health professions' regulatory frameworks, interprofessional collaboration or practice is now explicitly articulated. For regulators such as registrars, college boards, and regulatory staff, there will be an increasing requirement to focus on the elements that need to be demonstrated for interprofessional collaboration with other health providers as part of licensing or continuing to license health professionals. Whether this activity becomes part of quality assurance, continuing competence, continuing professional development or professional disciplinary reviews, the regulators will find the competency framework useful in determining (a) how to guide members to integrate interprofessional collaboration into their education/practice and (b) how to work together as a group of regulatory bodies in addressing scope of practice issues.

- **PRACTITIONERS/EMPLOYERS**: To enable new and collaborative practice patterns, continuing professional development may be framed around clinical or quality improvement issues using an interprofessional instructional design. Collaborative leadership and management of interprofessional conflict training can be based upon the framework and embedded at the level of decision-makers and policy.

**EXAMPLE:** On April 10, 2008, the British Columbia Minister of Health introduced the Health Professions Regulatory Reform Act. Section 10 (f) introduces a change to the bylaws of all Regulatory Colleges in B.C. that will require each College "to promote and enhance the interprofessional collaborative practice between its registrants and persons practicing another health profession"(Health Professions Act [RSBC 1996] Chapter 183, Part 2, section (k) (i) & n(ii)). The competency framework will help to determine how interprofessional is described and implemented in a regulatory framework.

**EXAMPLE:**
In the practice context, both practitioners and employers may wish to use the framework as a guide for continuing professional development, team integration into the workplace, work redesign, organizational structural changes, or collaborative leadership development. As a base for performance criteria, the framework can guide specific areas for feedback.

Organizations may use the framework as a starting point for integrating interprofessional education and collaboration into strategic plans as well as organizational objectives and guiding orientation of existing and new staff.

- **ACCREDITORS:** Over time, interprofessional education will need to be strengthened in health professional education accreditation programs. Accreditors will need to be able to find evidence of interprofessional education in education programs and in learners practice. Accreditation Canada is addressing interprofessional collaboration in the accreditation of health service delivery in Canada. The competency framework will assist in ensuring that organizational issues that relate to interprofessional collaboration and its impact on service delivery, quality of care and patient safety are assessed within organizational accreditation standards and processes.

**EXAMPLE:**
The competency framework will assist accrediting agencies to embed interprofessional education standards into all elements of the accreditation process and to articulate clearly, to educational institutions, the types and levels of evidence required to meet IPE standards.

## SUMMARY

This National Interprofessional Competency Framework provides an integrative approach to describing the competencies required for effective interprofessional collaboration. The framework comprises four central domains including: role clarification, team functioning, addressing interprofessional conflict and collaborative leadership; and two domains that support the others related to: interprofessional communication and patient/client/family/community-centred care. The complexity of the situation or encounter, the context of practice and the need for quality improvement influence the way in which the framework is applied. 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. The ability of learners and practitioners to collaborate has a developmental nature - each of the competencies develops over an individual's professional lifespan and all are exercised within changing practice/learning contexts. Overall, each competency can be integrated into each new experience without compromising any of the other competencies. That is, the competencies remain key integrated foundational elements of interprofessional collaboration.

Assessing for interprofessional collaboration is then based on the evaluation of the judgments made by practitioners both individually and within collaborative teams using this integrated set of competencies. Thus, the competency framework can be used by individuals or organizations.

## FURTHER RESOURCES

There are many resources supporting interprofessional collaboration to assist with the application of the National Interprofessional Competency Framework. These include the following:

- Canadian Interprofessional Health Collaborative (CIHC) www.cihc.ca
- Canadian Interprofessional Health Collaborative, (2008). *Knowledge Transfer & Exchange in Interprofessional Education: Synthesizing the Evidence to Foster Evidence-based Decision-making*. Vancouver, BC. http://www.cihc.ca/resources-files/CIHC_EvidenceForIPE_revMay2009.pdf
- Centre for Advancement of Interprofessional Education (CAIPE) www.caipe.uk.org

# Glossary of Terms

**Interprofessional education**: "Occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care"[18]. Explanatory note: includes all such learning in health, social, academic, work and community based settings adopting an inclusive view of "professional" to include all those who provide, care/ service as well as patients/ clients, families and communities who are integral components of the education continuum.

**Competency**: A complex 'know act' that encompasses the ongoing development of an integrated set of knowledge, skills, attitudes, and judgments enabling one to effectively perform the activities required in a given occupation or function to the standards expected in knowing how to be in various and complex environments and situations [10,11].

**Competency domain:** An interacting grouping of activities that comprise part of a whole.

**Competency statement:** A strong overarching statement that guides behaviour and that lasts over long periods of time.

**Competency descriptor:** Identifies skills, attitudes, and judgments which are dynamic, developmental and evolutionary. Provision of further understanding of the meaning of a competency can guide in implementation of the competency into learning and practice.

**Interprofessional competencies:** Describe the complex integration of knowledge, skills, attitudes, values, and judgments that allow a health provider to apply these components into all collaborative situations. Competencies should guide growth and development throughout one's life and enable one to effectively perform the activities required in a given occupation or function and in various contexts.

**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[13]

**Patient/family-centred care**: A partnership between a team of health providers and a patient where the patient retains control over his/her care and is provided access to the knowledge and skills of team members to arrive at a realistic team shared plan of care and access to the resources to achieve the plan[14]

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# APPENDIX 1 BACKGROUND AND METHODOLOGY

## Existing Interprofessional Frameworks

In Canada, between 2005 and 2008, several jurisdictional interprofessional competency documents emerged due to local pressure to describe interprofessional education and collaborative practice tasks and behaviours in ways that could help educators and policymakers build successful interprofessional educational approaches. These documents were shaped by different foundational perspectives and approaches to competence but commonalities across the specific competencies were found. These commonalities include: 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.

This previous work provided a starting point for the CIHC Interprofessional Competency Working Group to analyze, debate, and challenge individual and shared thinking around the key foundations for an interprofessional competency framework..

## Literature Review

A review of the literature regarding interprofessional education competencies was carried out by CIHC in 2007[7]. Seven core competencies were identified from various papers: problem-solving, decision-making, respect, communication, shared knowledge and skills, patient-centred practice, and working collaboratively as a team. The review also identified a lack of clarity in defining what constitutes competencies. Roegiers[11] (2007) suggests that there are four different approaches to competencies: (a) skills approach – focus is on setting objectives, identifying skills to meet objectives and subsequently, evaluating how the set objectives are met; (b) life-skills approach – focus is on life-skills that people need to adapt as citizens in a society; (c) competency-based approach – focus is on learning outcomes and not the process of getting there; and (d) integrative approach –incorporates (a), (b), and (c) by integrating the knowledge, skills, attitudes, values and judgments within learning or practice contexts and applying these to each situation (Appendix 2).

A further literature search for articles related to *competencies* and *competence* within the general and interprofessional fields was conducted as part of the development of this national interprofessional

competency framework using search terms such as *post-secondary*, *higher education*, *competence theory*, *competency-based education* and *collaborative learning*.

The search revealed that significant work has been done in the psychology of education field through two major proponents, Roegiers [11] (2007) and Tardif [12](2006). Peyser, Gerard and Roegiers (2006) discuss the value of an integrative approach to competency-based education citing the importance of focusing teaching and learning on what they term the 'resources' needed by the learner to guide integration of knowledge, skills, and attitudes, all supported by individual values, to interact within a learning context and to apply these integrative components in given situations[19]. Tardif (2006) described characteristics key to the integration component of competencies: *complexity* (resulting from the dynamic organization of components); *additive* (application of knowledge, skills, attitudes, and values to formulate judgments); *integrated* (diversity of individual resources); *developmental* (capacity develops over the lifespan); and *evolutionary* (applied within a given context; each application of competencies creates new understandings)[12]. These authors help to identify the complexity of interprofessional education and practice by focusing on integration as a key feature and by describing elements of competencies that can be applied to the interprofessional context.

Several authors are strong advocates for a competency-based approach to education (CBE) valuing the application of learning to the workplace[20,21]. Some, however, describe limitations to competency-based education and its potentially negative effect on the broader perspectives of curriculum development and the process of learning[122,23,24]. Proponents of CBE argue that students in programs using this approach exhibit better reasoning and communication skills[25] while others such as Hyland[26] (1993) suggest that using CBE limits assessment to only the outcomes without addressing any learning processes. Efforts were made in the United Kingdom to develop a common set of competencies allowing for trans-occupational assessment of professional training. This approach however, failed to achieve the intended outcome because of a lack of attention to the process of knowledge development associated with the measurable outcomes[27.] In contrast, Roegiers describes an understanding of the importance of observing competencies through the integration of learners/practitioner's knowledge, skills, attitudes and judgments all influenced by values, which he terms *resources,* and which are then applied within differing *contexts* and individualized to each learning or practice *situation*[11].

The interprofessional education literature has noted the absence of interprofessional competency frameworks[8,10,228] . Barr suggested that a framework needs to consider three levels of competency: that which is *common* (shared between all or several professions); that which is *complementary* (where

uniqueness that distinguishes one profession from another can be assessed); and that which is *collaborative* (where sharing occurs across professionals and others)[8]. Still others have attempted to analyze professional core competencies in order to develop a single set of common competencies. This has proven to be unsuccessful due to alack of understanding about the shared competencies and the common language within health team member. Suter et al., and McNair suggested moving away from the use of competencies toward the use of *capabilities* [28,10]. McNair defines capabilities as "the ability to adapt to change, generate knowledge and continuously improve performance" [10-459] and further suggests that this approach includes the principles of reflectiveness, lifelong learning, and timely performance feedback to enhance demonstration of capabilities. Suter et al. proposed a capability framework that included: ethical practice, knowledge in practice, interprofessional working, and reflection28. McNair incorporated several of the above areas under 'areas of capability': values, ethics, knowledge, skills for the process of care, and application, which is adapted from the Stainsbury Centre for Mental Health initial work[10]. Given the varying approaches to developing IP competencies it is a challenge to ascertain what constitutes the 'best' framework.

McPherson, Headrick and Moss suggested three criteria for assessing the "best" approach to interprofessional competencies. The framework needs to: (a) provide identification of clear aims leading to shared understanding of goals; (b) have clear processes that allow integration of the knowledge of others' contributions, effective communication, conflict management, and matching roles and training to the task; and (c) offer flexible structures supporting the processes including skills, staff, and appropriate staffing mix, responsible and proactive leaderships, effective team meetings, and documentation that facilitates sharing of knowledge, access to required resources and rewards [9-iii46]. Peyser et al., provide still other criteria for a meaningful framework: (a) making sense of the learning process; (b) differentiating matters by relevance; (c) applying learning to practical situations; and (d) associating learned elements [19-2]. McPherson et al., suggest that 'the impact of IPE appears to be related to its duration' – the longer the exposure the better; when work-based locations are used, experiences provide improved behavioural or organizational/patient based outcomes but likely influenced by the learners stage of development [89ii48].

While using capabilities is an interesting approach, when assessing the meaning of capability, it may limit assessment to outcomes only and not the *resources*, knowledge, skills, and attitudes needed to arrive at the capability. The Roegiers and Tardif approach provides a framework in which learners are able to develop competence in interprofessional collaboration through the integration of their own knowledge, skills, and experiential learning which have developed over time. Hence, the integrative approach to competencies has

been chosen to direct development of the National Interprofessional Competency Framework.

## More Than One Way

While different philosophical approaches to articulate competencies have created debate among interprofessional education scholars, this framework is based on a common approach to competencies that has the potential to inform education and practice across professions. Specifically this framework reflects Peyser, Gerard and Roegier's integrated approach to competencies (Appendix 2).

A competency framework describes the desired point on a continuum of learning. In order to describe the educational steps needed, the end point must be clear. A set of competency statements and descriptors that clearly describes what is expected of a collaborative practitioner (professional) provides direction on the continuum towards positive demonstration of collaborative practice. Learners' and practitioners' demonstration of competence is provided through placement of their interprofessional collaboration as points on the continuum.

The understanding of what shapes practice allows curricula developers to build learning frameworks that support the competencies and guides learners/practitioners with clarity in goals. The learning framework also integrates different levels of learning as learners/practitioners move from concrete to abstract activities and from one practice context to another. Peyser, Gerard and Roegiers suggest that "….a competenc[y] can only exist in the presence of a specific situation, through the integration of different skills, themselves made up of knowledge and know-how"[12-1,2]. The integration of skills and knowledge using specific, and increasingly complex, situations as the anchors for application therefore leads to the competency statements described in the competency framework[12].

Competencies do not measure the level of competence. They provide the foundation upon which assessment of ability can be built, but they do not describe the levels at which individuals are expected to perform. The differentiation between *competence* and *competency* is critical to a full understanding of the role of the competency framework and its application in the context of interprofessional education. The competency framework represents an integrated whole that relies on the interaction of each competency to achieve interprofessional collaboration. The capacity of learners or practitioners to demonstrate the integrated set of competencies and transfer their application into different contexts and into each situation is the measure of their ability to practice collaboratively. Hence, it is the outcome of the judgments made in each situation based on the ability to integrate knowledge, skills, attitudes, and values shaping judgments, that is the measure of competence.

# APPENDIX 2:
# SUMMARY OF DIFFERENT APPROACHES TO THE DEVELOPMENT OF COMPETENCIES

Much has been written about competencies and competency-based education but four specific approaches to the development of competencies, as interpreted by Roegiers (2007) provide a useful means of guiding choices for the identification of interprofessional competencies.

| Competency Approach | Features | Understanding |
|---|---|---|
| Skills Approach | Grouping several specific objectives for practice<br>Determining the skills required to meet objectives<br>Evaluation focuses on meeting of objectives | "Common core competencies provide a shared understanding of scope and requirements of a specific role and mutual organization-wide standards of performance" |
| Life-skills Approach | Development of people's capacity to actively exercise their role as citizens to: protect the environment<br>safeguard their own health and that of others | Experiential learning is brought into professional education by the learner who further shapes skills in new situations based on previously developed skills |
| Competency-based Approach | Learning focuses on outcomes and not process<br>'Knowledge to act'<br>Action becomes the main driving force of any educational intervention<br>Actions are a succession of individual learning elements<br>Each learning element can be measured | "assessment of competence is independent of any learning process"<br>"… provides the knowledge to act" |
| Integrative Approach | Incorporates skills, life-skills and competency-based approaches through integrating knowledge, skills, attitudes, and values in making judgments in what to do based on differing context and complex situation-specific encounters<br>Leading to integration of previous and new learning of knowledge, and skills and shaped by ethical values | Focus is on situations that learners encounter in which they are "invited to use the knowledge, knowledge-how and life-skills already acquired, not as ends in themselves, but as resources… to confront the complexity of …" the situation |

**Figure 2**: Adapted from Roegiers. (2007). Curricular reforms guide schools: but, where to? Curriculum change and competency-based approaches: A worldwide perspective. *Prospects*, 37(2), 155-186.).