Interprofessional
Learning Guide

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nosm.ca/hsipe

Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
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For more information, please email iplearning@nosm.ca.

"Never pass up a learning opportunity! From saying yes to an outreach experience, to an island only accessible by boat, to checking prejudices at the door - there is always something to learn about with every opportunity given! So say yes to opportunities and be ready to learn something new!" - Learner on placement, 2014

"Explore the area. There are so many activites to experience both outdoors (walking, hiking, skiing, snowshoeing, fishing, skating, etc.) and indoors (Science North, Dynamic Earth, porketta bingo, museums) to introduce you to the unique Northern culture." - Learner on placement, 2014

Contents

Defining Interprofessional Terminology

"Interprofessional Learning (IPL) arises from interaction between members (learners) of two or more professions either as a product of interprofessional education or happening spontaneously."

(Barr, H., Koppell, I., Reeves, S., Hammick, M., & Freeth, D. (2005). Effective interprofessional education: Argument, assumption and evidence. Oxford, UK: Blackwell.)

Interprofessional Education (IPE) "occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care."

(CAIPE (2002). http:www.caipe.org.uk/about-us/defining-ipe/)

Interprofessional Collaboration (IPC) "is 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."

(Canadian Interprofessional Health Collaborative (2009). National Interprofessional Competency Framework. CIHC:Vancouver, BC)

Collaborative Practice (CP) is "an interprofessional process for communication and decision-making that enables that knowledge and skills of care providers to synergistically influence the client/patient care provided."

(Way, D., Jones, L. & Busing, N. (2000). Implementation Strategies: Collaboration in Primary Care. Toronto, ON: Ontario College of Family Physicians)

Outcomes of Collaborative Practice

"After almost 50 years of inquiry, there is now sufficient evidence to indicate that interprofessional education enables effective collaborative practice which in turn optimizes health services, strengthens health systems and improves health outcomes…. This evidence clearly demonstrates the need for a collaborative practice-ready workforce which may include health workers from regulated and non-regulated professions…"[1]

Collaborative Practice can improve:

- Access to and coordination of health services

- Appropriate use of specialist resources

- Health outcomes for people with chronic diseases

- Patient care and safety

- Patient and carer satisfaction

- Greater acceptance of treatment

- Treatment for psychiatric disorders

- Overall health

- Implementation of primary health-care teams

Collaborative Practice can reduce:

- Hospital admissions

- Total patient complications

- Symptoms experienced by patients

- Length of hospital stay/treatment duration

- Number of outpatient visits

- Clinical error and redundant medical tests

- Mortality rates

- Incidence of suicide

- Tension and conflict among caregivers

- Staff turnover and cost of care

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1   World Health Organization (WHO) Study Group on Interprofessional Education and Collaborative Practice (2010). Framework for Action on Interprofessional Education & Collaborative Practice. Geneva, Switzerland.

National Interprofessional Competency Framework (CIHC, 2010)
Applying Framework to Clinical Placement

This framework describes six competency domains that highlight and build on knowledge, skills, attitudes, values and judgment which are essential for interprofessional collaborative practice. Three background considerations (i.e. quality improvement, complex/simple, contextual issues) demonstrate how the framework can be influenced when applied to different situations.
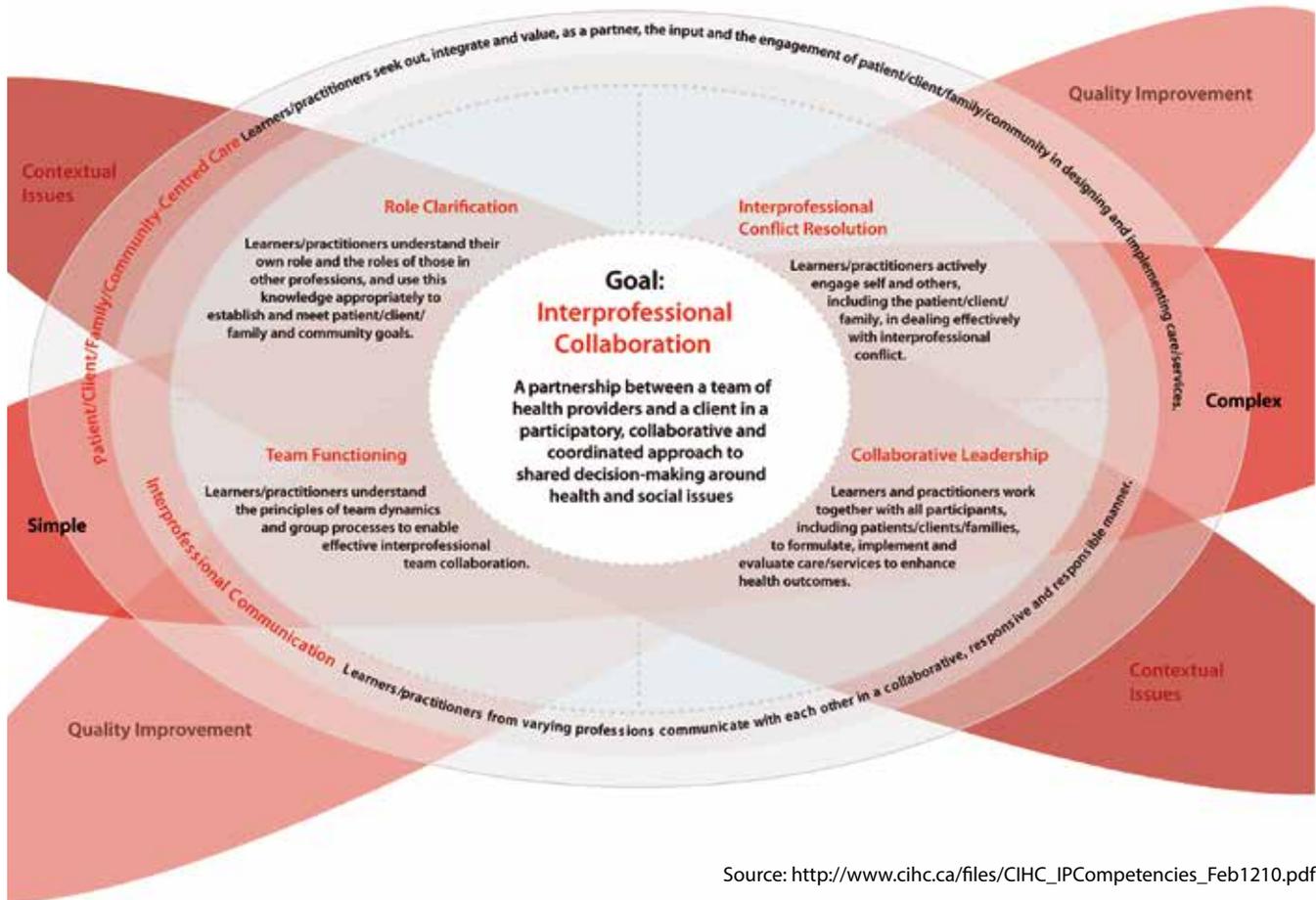
Source: http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

"My most memorable learning experience has been the IPE sessions held over the duration of placement and being able to learn from other professional learners about the scope of their practice and learning other skills outside of practical skills to be successful in the workforce." - Learner on placement, 2014

Reflective Learning

Becoming a reflective practitioner requires discipline, skill, commitment, time and patience.[2] Reflection is never an isolated event but a moment of paying attention within the endless flow of experiences you will have as a learner and as a professional practitioner. Learners can be invited to think about clinical experiences they have had in the context of the CIHC competencies. The questions under each of the competency headings can be used/modified to prompt more in-depth reflection.

1) Role Clarification:
* What are the unique knowledge/skills that the different providers bring to the table?
* Are providers culturally sensitive? Do they use discipline-specific jargon?
* What are the values and priorities that different providers bring to patient care?
* Within the Northern Ontario context, is there role blurring? What are the implications?

2) Interprofessional Communication:
* Is the language and communication medium used appropriate for information exchange?
* Do I listen to providers' feedback on my client? Do I listen to my client's feedback?
* What is one thing that you learned from another team member that modified how you approached the patient?
* Is communication effective and timely? What could improve efficiency?

3) Team Functioning:
* What individuals make up the team? Are their sub-groups within the team (e.g., outpatient)?
* What are the existing team processes? How does the team function?
* How do networks within the team impact patient care? How are patients included in their care?
* What is one thing you observed on this team that you would like to take with you to other teams you will work in the future?

4) Conflict Resolution:
* Am I familiar with different reasons for conflict? Styles of conflict resolution?
* Have I sought advice with how to resolve a particular conflict?
* Why is it important to acknowledge and address conflict situations?
* Are there circumstances where conflict can be foreseen? How might this affect my approach to providing patient-centred care?

5) Patient/Family/Client-centered Care (PFCC):
* Have I included the patient in care planning in every interaction or discussion when possible?
* Have I advocated for the needs of the patient when possible?
* How have the CIHC competencies contributed to my understanding of patient-care within the context of Northern Ontario? Does the CIHC Framework relate to patient outcomes?

6) Collaborative Leadership:
* Have I worked with others to enable effective patient/client outcomes?
* Have I built relationships among all participants of the health-care team?
* Do I engage in facilitation of effective team processes and decision-making?
* Have I contributed to the establishment of a climate for collaborative practice?

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2   Johns, C. (1996). Visualizing and realizing caring and practice through guided reflection. Journal of Advanced Nursing, 24, 1135-1143.

"…it is a safe rule to have no teaching without a patient for a text, and the best teaching is that taught by the patient himself." (William Osler, 1905)[3]

How Learners Contribute to the Health-Care Team

When learners graduate, they are expected to work as part of a health-care team. They need to be able to assess patient/client needs and maximize their skills to improve patient/client care. Learners are often asked to gather information from the client/patient; they may ask questions that have already been answered for the purpose of developing clinical skills. They will share client/patient information with their preceptors and/or clinical teachers and with the care team while maintaining confidentiality. Providing feedback to learners is an important part of their professional growth and development (e.g., "I liked it when you… because…", "Before you… it would help if…", "I thought you did….. very well").

"Communicate with clients on a more 'personal' level, in that ensure to use terminology and recommendations that they can more easily comprehend and that will encourage them to come back for future follow ups. Also, be prepared to potentially see some of your clients around the community outside of placement hours." - Learner on placement, 2014

3   Osler W. The hospital as a college. Chapter XVI, In: Aequanimatus, and Other Addresses. London: HK Lewis; 1905

Meet Some of the Learners on Your Care Team

There are over 20 regulated health professions in Ontario, many of whom may complete their training in Northern Ontario and supplement the learning of NOSM students.

Learners from a number of regulated health professions come through NOSM to train across Northern Ontario. Below is a list of learners you may come into contact with through NOSM.

All of the professions listed below share the mandate to:
- Provide person-centred care
- Collaborate with other health-care professionals to optimize health service delivery.

Audiologists (Aud)* are hearing health professionals who identify, diagnose and manage individuals with peripheral or central hearing loss, tinnitus and balance disorders. Audiologists may work alone or as part of an interprofessional team to help individuals of all ages to maximize their hearing health.

Chiropodists are primary care professionals specializing in assessment, management and prevention of diseases, disorders, and dysfunctions of the foot. Chiropodists are skilled in assessing the needs of their patients and of managing both chronic and acute conditions affecting foot and lower limb function through therapeutic, orthotic, or palliative means. These skills are often practiced independent of medical referral and medical supervision.

Chiropractors assess conditions related to the spine, nervous system and joints. They diagnose, prevent and treat, primarily by adjustment and manual therapies, dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and dysfunctions or disorders arising from the structures or functions of the joints. Chiropractors examine, diagnose, and provide care to patients with a variety of health concerns related to the spine and joints and the effect on the nervous system, such as low back, shoulder and knee pain, sports injuries, and overall wellness care.

Dental hygienists are regulated primary oral health care professionals who specialize in services related to clinical therapy, oral health education and health promotion. Dental hygiene is a health profession involving theory and evidence- based practice, drawing upon the biomedical, social, and behavioural sciences, and the body of dental hygiene knowledge. The practice of dental hygiene involves collaboration with clients, other health professionals, and society to achieve and maintain optimal oral health, an integral part of well-being.

Dental technologists are regulated health care professionals whose scope of practice includes the design, construction, repair or alteration of dental prosthetic, restorative and orthodontic devices. These devices include bridges, crowns, dentures, implants, orthodontic and other dental appliances, prescribed by dentists or other regulated health practitioners to replace or enhance their patients' teeth. Dental technologists also supervise the technical aspects of dental laboratory operation.

Dentists are doctors of oral health. A dentist is a medical professional who specializes in the care of teeth, gums, and mouths. The practice of dentistry is the assessment of the physical condition of the oral-facial complex and the diagnosis, treatment and prevention of any disease, disorder or dysfunction of the oral-facial complex.

Denturists are registered oral health care professionals who perform a variety of intra-oral procedures and related activities pertaining to the design, construction, repair or alteration of removable dentures for the fully or partially edentulous patient in a variety of practice environments. In all activities and all environments, the denturist works independently with the patient, and collaboratively with other health care providers where necessary or appropriate.

* Denotes NOSM learners you may encounter on clinical placements.

Homeopaths practice in a system of medicine which involves treating the individual with highly diluted substances, given mainly in tablet form, with the aim of triggering the body's natural system of healing. Based on their specific symptoms, a homeopath will match the most appropriate medicine to each patient.

Kinesiologists are registered health professionals who work with people of all ages to prevent and manage injury and chronic disease and help to reach peak physical performance. Kinesiologists assess human movement and performance/function, and focus on the rehabilitation, prevention and management of movement disorders to enhance performance in sport, recreation, work, exercise, and general activities of daily living. Kinesiologists graduate with a Bachelor's Degree.

Massage therapists provide assessment and hands-on manipulation of the soft tissues of the body, specifically, the muscles, connective tissue, tendons, ligaments and joints for the purpose of optimizing health. Massage therapists work with people of all ages to develop, maintain, rehabilitate or augment physical function, or relieve pain.

Medical Laboratory Technologists perform laboratory investigations on the human body or on specimens taken from the human body and evaluate the technical sufficiency of the investigations and their results. Medical laboratory technologists examine body fluids and tissues for abnormal chemical levels, cells or bacteria, prepare tissue for microscopic examination by pathologists, determine blood type for transfusions, conduct medical research and analyses, and participate in quality assurance and quality control activities.

Medical Radiation Technologists operate radiographic and radiation therapy equipment to administer radiation treatment and produce images of body structures for the diagnosis and treatment of injury and disease. MRTs assess patients and their clinical history to ensure that patients receive the most appropriate care. They provide information and answer patients' questions related to the examinations and treatments being undertaken. They ensure patients are optimally positioned, administer pharmaceuticals related to the procedures as required, monitor patient status and respond to any change in condition. MRTs graduate with an Advanced Diploma or Bachelor's degree in one of the following specialties: Radiation Therapy, Nuclear Medicine, Radiology, and Magnetic Resonance.

Denotes NOSM learners you may encounter on clinical placements.

Medical students* at NOSM have varying degrees of autonomy, responsibility, and learning needs in the practice setting.

- **First- and second-year medical students** are studying medicine after completing education in another area of study. They focus on the basics of medicine and are beginning to gain skills in patient care. They gain a great deal from observing and interviewing patients.
- **Third-year medical student undertaking their Comprehensive Community Clerkship** are applying the skills that have been acquired during the first and second year within the hospital and other community locations.
- **Clinical Clerks are fourth-year medical students** in their final year focus on surgery and family medicine. This experience helps them to decide what area of medicine to practice.

Medical Residents* have finished their formal studies and have written a licensing exam. Medical residents are doctors and qualified to care for people, but they are also continuing to learn in a specific area of medicine. At this early stage of being a doctor, they still have two or more years of education to complete.

Midwives are registered health care professionals who are qualified to provide primary health care during pregnancy, labour, and birth, including all necessary tests, examinations, check-ups, support, and referrals that may be required. The practice of midwifery is the assessment and monitoring of women during pregnancy, labour and the post-partum period and of their newborn babies. Midwives provide care during normal pregnancy, labour and the post-partum period and conduct spontaneous normal vaginal deliveries.

Naturopathic Doctors provide primary and adjunctive health care to people of all ages, focusing on the use of natural therapies to support and stimulate healing processes. Naturopathic doctors promote health and prevent illness, and diagnose and treat disease in a manner consistent with the body of knowledge and standards of practice for the profession. The practice of naturopathy includes the assessment of diseases, disorders and dysfunctions and the naturopathic diagnosis and treatment of diseases, disorders and dysfunctions using naturopathic techniques to promote, maintain or restore health.

Nurses are self-regulated health-care professionals who work autonomously and in collaboration with others to enable individuals, families, groups, communities and populations to achieve their optimal levels of health. At all stages of life, in situations of health, illness, injury and disability, RNs deliver direct health-care services, coordinate care and support clients in managing their own health. In Canada, the nursing profession consists of four regulated nursing groups: Registered Nurses (RN), Nurse Practitioners (NP), Licensed/Registered Practical Nurses (LPN or RPN) and Registered Psychiatric nurses (RPN).

Occupational Therapists (OTs)* are autonomous primary health professionals who work in partnership with clients and relevant others in order to enable engagement in everyday living, through occupation. Occupation includes self-care, work, study, volunteerism and leisure. Occupational therapists apply a collaborative and reasoned approach to enable occupation with clients of all ages, focusing on the physical, cognitive, affective, and spiritual components of performance as well as the physical, institutional, social, and cultural aspects of the environment.

Opticians provide, fit and adjust subnormal vision devices, contact lenses or eye glasses. Opticians are health professionals trained to interpret prescriptions prepared by ophthalmologists and optometrists and also serve as public educators on eye care issues including disease prevention and detection. Opticianry involves the preparation, adaptation and delivery of ophthalmic eye wear and includes the selection, designing, measuring, manufacturing, verification and fitting of optical appliances.

Pharmacists are experts in medication management. They possess in-depth knowledge of medications, including prescription, non-prescription, supplements, and herbal remedies. Pharmacists manage drug therapy in collaboration with patients, caregivers, and other health care providers. They empower patients in decision-making about their health and play a prominent role in health promotion, disease prevention, and chronic disease management. Pharmacists graduate with a Bachelor's or Doctor of Pharmacy degree.

Pharmacy Technicians work closely with pharmacists and focus on the technical aspects of dispensing and compounding with particular expertise in drug distribution systems.

Physicians (MDs)* are medical experts who apply their knowledge, clinical skills, and professional values in the provision of high-quality and safe patient-centred care. They collect and interpret information, make clinical decisions, and carry out diagnostic and therapeutic interventions within their particular scope of practice. Physicians' clinical practice is conducted in collaboration with patients and their families, other health care professionals, and the community. Physicians complete a Doctor of Medicine degree, followed by two to seven years of residency depending on specialty of focus.

Physician Assistants (PAs)* are highly skilled healthcare professionals who work under the supervision of a licensed physician in a variety of clinical team structures and settings. PAs possess a defined body of knowledge, clinical and procedural skills and professional attitudes that are directed to effective patient-centered care within the physician-patient relationship. The specific scope of practice of the PA is directly related to the scope of practice of the supervising physician and the individual competencies of the PA. PAs graduate from accredited programs with either a Bachelor's or a Master's degree.

Physiotherapists (PTs)* are primary care, autonomous health professionals who diagnose and manage movement dysfunction in order to improve quality of life. PTs assess musculoskeletal, neurological and cardiopulmonary-vascular systems, and analyze the impact of injury, disease, disorders, or lifestyle on movement and function. They provide treatment and strategies to promote, restore and prolong physical independence by enhancing a client's functional capacity. PTs empower clients to assume responsibility for their health. Physiotherapy Programs in Canada are offered as a professional Master's Degree.

Psychologists and Psychological Associates are trained in the assessment, treatment and prevention of behavioural and mental conditions. They diagnose neuropsychological disorders and dysfunctions as well as psychotic, neurotic and personality disorders and dysfunctions. In addition, Psychologists and Psychological Associates use a variety of approaches directed toward the maintenance and enhancement of physical, intellectual, emotional, social and interpersonal functioning.

Psychotherapists provide assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication.

* *Denotes NOSM learners you may encounter on clinical placements.*

Registered Dietitians (RDs)* are uniquely trained members of the health team with expertise in food and nutrition. Dietitians assess nutrition and nutritional conditions and focus on treatment and prevention of nutrition related disorders by nutritional means. Dietitians work with people of all ages and specialize in many different areas of practice, including nutrition support, education, research, and population health in a variety of settings. RDs complete a Bachelor's degree in an accredited program as well as a dietetic internship.

Registered Social Workers help individuals, families, groups and communities to enhance their individual and collective wellbeing. Social work aims to help people develop their skills and ability to use their own resources and those of the community to resolve problems. The scope of practice of the profession of social work includes the assessment, diagnosis, treatment and evaluation of individual, interpersonal and societal problems through the use of social work knowledge, skills, interventions and strategies, and to assist individuals, dyads, families, groups, organizations and communities to achieve optimum psychosocial and social functioning. RSWs graduate with a Bachelor's or a Master's degree.

Respiratory Therapists are regulated health care professionals who help individuals who have difficulty breathing. They care for patients by evaluating, treating, and maintaining cardiopulmonary function. RT are highly trained in areas such as ventilation and airway management, cardiopulmonary resuscitation, and oxygen and aerosol therapy. They are educated to treat all age groups, from newborns to the elderly. Most RTs work in hospital settings, particularly high-risk areas. RTs also work in outpatient clinics, specialized medical centers, such as sleep labs, and patients' homes. RTs are graduates of three year diploma or four year joint diploma/degree programs.

Speech-Language Pathologists (S-LPs)* are autonomous professionals who have expertise in typical development and disorders of communication and swallowing, as well as assessment and intervention for these areas. Speech-language pathologists may work alone or as part of an interprofessional team to help individuals of all ages to communicate effectively and to swallow safely and efficiently. A Master's Degree is the minimum educational requirement to practice as a certified Speech-language pathologist.

There are a number of unregulated health professions that you may encounter in your learning or practice experience. It's important to understand each profession's role, scope of practice, and training when collaborating to provide optimal patient care. A sample includes but is not limited to: Therapeutic Recreationist, Paramedic, Rehabilitation Assistant, Personal Support Worker, and Pastoral Care Worker.

As learners engage in distributed learning while on placement, they will arrive with varying levels of knowledge, skills and experiences related to interprofessional collaborative practice. IPL in the clinical setting starts with exposure, progresses to immersion, and with practice in more complex situations, ideally results in competence for the new graduate. It is recognized that mastery in interprofessional collaborative practice requires ongoing experience and reflection. The following information has been compiled from literature-based resources, clinical experiences and current practice methods.

***** *Denotes NOSM learners you may encounter on clinical placements.*

Interprofessional Learning – Exposure Level

This level involves experiences that introduce the learner to the concept of interprofessional collaborative practice. Learning strategies target the development of knowledge focusing on areas of role clarification, interprofessional communication and patient/family/client-centred care. Specifically, learners come together to observe, reflect and discuss profession specific skills; inquire about other roles and scopes of practice; discover the contributions that other professions make to the health-care team.[4] Activities may include:

1) Reflection:

Reflective journaling or discussions can demonstrate understanding of personal and professional experiences as they relate to interprofessionalism. Reflection also assists with the development of personal and professional identity as one has the opportunity to explore his/her own strengths and weaknesses. At the exposure level, reflection may be demonstrated in: written assignments, one-to-one discussions, post clinical conferences, reviewing literature and engaging in discussions

2) Reviewing Case Studies:

This activity is typically done with professionals from the same discipline; the learners can begin to include other professions to take part in case reviews. By incorporating other professions, roles and communication strategies can be shared (e.g., disciplinary diversity/culture differences, and role perceptions). Specific methods that may allow for case study reviews include: tutorial or small group discussions, journal clubs, textbook or real life examples shared between learner(s) and preceptor.

3) Engagement in Interprofessional Rounds:

Engaging in clinical rounds allows the learner to exchange ideas, clinical reasoning and rationale regarding patient care with fellow team members. The learner can observe profession-specific language/jargon and key concepts that define each profession. Moreover, the learner can identify and demonstrate attitudes and behaviours of inclusivity, mutual respect and trust.

4) Participation in IPE Events:

Active participation in IP lunch n' learns, attending a workshop with an IP audience or presenting with other professionals at a workshop are some of many ways to be involved interprofessional knowledge translation.

5) Shadowing Experiences:

Shadowing allows for observation of assessment or intervention of other health and social care professionals. Through this experience, the learner can identify the differences between different roles and how they complement various teams. Shadowing allows learners to work on their social skill development with team members by communicating supportively, exploring the level and mode of communication preferred by team members; demonstrating verbal, non-verbal, and active listening skills.

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4   To develop IPE goals: 1) Identify Interprofessional Competency Objectives that match one's interprofessional learning level. 2) List key strategies, partners and clinical activities that support IP learning; 3) Fill out IP Worksheet on Page 13, including evidence and validation.

Interprofessional Learning – Immersion Level

This level requires greater intentionality for interprofessional learning and strategies target the continued development and application of knowledge, skills and attitude while addressing all six-competency domains in the CIHC Framework. Learners are introduced to three new competency domains: team functioning, dealing with IP conflict and collaborative leadership. Ultimately, learners are forming in their professional role and come together to provide collaborative care. They are encouraged to examine professional perspectives and examine health outcomes.[5] Activities may include:

1) Applying Communication and Collaboration Techniques:

The learner will have increased accountability for interprofessional communication and collaboration at the immersion level. They will begin to enhance effective communication by: addressing use of acronyms, matching level and mode of communication to team members, taking part regularly in team huddles and participating in discussion, accepting and providing effective feedback, building awareness of how technology enables and inhibits communication, taking part in the design and implementation of an interprofessional care team plan.

2) Reflection and Regulation:

Reflective journaling or discussions can demonstrate understanding of personal and professional experiences. At the immersion level, learner should take action, based on reflection to improve professional and team performance. Self-Regulation can be accomplished when the learner employs strategies for addressing personal biases, consults and seeks advice from other professionals, seeks new opportunities for collaboration and shares/evaluates own professional values and culture. Reflection should highlight all six CIHC competencies.

3) Identify Conflict Resolution Styles:

At the immersion level, the learner is able to identify their own conflict style, those of team members and appropriate conflict management models. Specific learning objectives may need to be established if the learner does not have a foundation in knowledge re: conflict resolution. The learner will ultimately need to be able to identify personal coping skills, perception of trust and role conflict. He/she will need to employ conflict resolution techniques and reflect on this experience.

4) Developing Leadership Skills:

Learners will begin to develop and understanding of leadership and what it means to engage in collaborative leadership. The learner will need to demonstrate their engagement in patient-centred practice as well as demonstrate appropriate team role behaviours to support team function. There are a variety of methods in which the learner can begin or continue to enhance their leadership qualities. Some learners organize and participate in integrated experiences with learners from different professional backgrounds (e.g., Health-Care Team Challenge).

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5   To develop IPE goals: 1) Identify Interprofessional Competency Objectives that match one's interprofessional learning level. 2) List key strategies, partners and clinical activities that support IP learning; 3) Fill out IP Worksheet on Page 13, including evidence and validation

Interprofessional Learning – Mastery Level

Mastery is an evolving concept, where one is always moving toward it, but may not have a finite destination of becoming a "master." Learning strategies provide opportunities for learners to move from novice to competent in each of the six IP competency domains. The learner integrates their knowledge and skills into an IP team environment and actively participates as a team member in collaborative care delivery and decision-making, with ongoing personal reflection and adaptation. This level can also involve senior learners as peer mentors within their care team.[6] Activities may include:

1) **Role Clarification/Communication/Team Functioning:**
   At the mastery level, the learner will integrate and apply the CIHC skills, attitudes, values and judgments in a team environment (e.g.,, submission of an interprofessional care plan in collaboration with learners from other disciplines OR learners partnering with other learners in the community to engage in shared learning at a clinic – Learner Run Clinic). The learner will be able to adapt their professional role in a given context as well as identify areas of role overlap to maximize efficiency of care. In the team environment, the learner will be able to engage communicatively in difficult or high-stakes situations as well as commit and contribute to changes necessary to improve team outcomes.

2) **Conflict Resolution/Patient-Centred Care/Collaborative Leadership:**
   The mastery level learner will effectively implement a variety of conflict resolution methods and appropriately match the strategy used to identify variables per situation (e.g., de-escalates or resolves conflict appropriately). The learner will ensure that knowledge translation occurs at the level of the patient by seeking and integrating feedback from a variety of sources, including patient/client, family and community. They will ensure that the patient is incorporated as a team member (advocates for involvement OR Patients as Teacher) and will be involved in discharge planning and family conferences.

   Collaborative Leadership skills will be demonstrated through modelling (e.g., self-regulatory practice, demonstrating openness to new ideas in discussion, and shared decision-making amongst the team). The learner may also be involved in interprofessional quality improvement initiatives or research activities.

3) **Reflection and Regulation:**
   As in the previous two levels, reflective journaling or discussions will demonstrate understanding of personal and professional experiences. The mastery level learner should take action, based on reflection to improve professional and team performance. Self-Regulation can be accomplished when the learner employs strategies for addressing personal biases, consults and seeks advice from other professionals, seeks new opportunities for collaboration and shares/evaluates own professional values and culture. Reflection should highlight all six CIHC competencies. The learner may also be involved in mentoring exposure and immersion level pre-licensure learners.

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6   To develop IPE goals: 1) Identify Interprofessional Competency Objectives that match one's interprofessional learning level. 2) List key strategies, partners and clinical activities that support IP learning; 3) Fill out IP Worksheet on Page 13, including evidence and validation.

Evaluating Interprofessional Experiences

Evaluation is an important element of a learning journey as it allows partners (i.e. preceptors, facilitators, peers, IPE Leads) to assess progress toward achievement of learning goals and readjust these goals according to learner and placement needs. Currently, there are numerous evaluations[7] that learners and preceptors complete prior to, during and following placement. Some of these evaluations may include: journal log entries, accommodation forms, competency attainment forms, learning objective evaluations/contracts, satisfaction questionnaires, clinical site forms, and general feedback.

Whether stated explicitly or not, evaluation can cover both clinical learning and interprofessional learning goals (e.g., Addressing a communication goal to improve patient-centred care may be a broad clinical learning outcome; this same goal, complements the interprofessional competencies of communication and teamwork). As seen in the previous example, the CIHC Competency Framework (2010) can be used as a guide to identify and evaluate specific interprofessional goals within existing clinical goals.

NOTE: As evaluation documentation tools are provided by each academic school/program, interprofessional goals can be highlighted in existing discipline/program-specific evaluations.

Examples of Evaluative/Reflective Opportunities:

• Learner reflections and self-assessment (e.g., Clinical Experience Log Book, journals)
• Learning contracts, placement evaluations, filling out a defined matrix/chart
• Required completion of interprofessional activities as stated by host university
• Critical questioning (verbal or written) and documentation review
• Written assignments or placement projects
• Observation of practice, Talk Aloud Practice

Steps for Capturing Interprofessional Learning on Placement:

1. Highlight interprofessional/collaborative practice language as identified on current evaluation forms (e.g., references to communication, collaboration, teamwork or functioning, other disciplines, conflict, patient-centre care, leadership)

2. Identify where interprofessional learning is or could be taking place while on placement.

3. From Steps 1 and 2, use the Interprofessional Objective Worksheet to identify which CIHC competency domains are being addressed (as a suggestion, identify two goals for each competency in conjunction with strategies and projected outcomes that could be achieved). These goals can be directly added to your program/university learning objectives evaluation form.

4. During scheduled evaluation or re-evaluation time frames (i.e. mid-term, final), reflect on identified goals and their outcomes.

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7   For a formative and summative assessment rubric on the IP Competency Domains:
     http://www.med.mun.ca/getdoc/b78eb859-6c13-4f2f-9712-f50f1c67c863/ICAR.aspx

Interprofessional Learning Objectives Sample Worksheet

Competency: Role Clarification

Learner Level: Exposure Level

Objective	Resources/Strategies	Evidence/Reflection	Validation
Example: I will clarify my role as an occupational therapist with professionals from three different health disciplines and with each patient/family I work with while on a 6 week placement on the Acute Care unit for the purpose increasing awareness of the daily tasks of an occupational therapist and also to increase my confidence in describing my role and the services I can offer.	*Example:* 1. Consult College website/ RHPA for information on describing one's role. 2. Discuss the scope of practice with my preceptor in the Acute Care setting. 3. Role play scenarios with other learners to practice defining the OT role. 4. Read relevant material on interprofessionalism and professional roles. 5. Seek out available IPE opportunities while on clinical placement.	*Example:* I successfully described my role and scope of practice to five health professionals and each patient/family in which I was involved. After explaining my role and scope of practice to many professionals, I began to feel more confident in defining and describing my skill set. Moreover, in describing my own role I learned about other professional roles on the team. I documented these experiences in my daily/weekly reflective journal as a point of reference.	*Example:* 1. I achieved a Level 3 – Competent, on the Interprofessional Assessment Collaborator Rubric (ICAR) under roles and responsibilities. 2. I completed an exposure level interprofessional activity and secured written documentation in my professional profile as required by the university/OT program.

"Be prepared to learn MUCH more than you anticipated, because the scope of practice is large to accommodate for the lack of resources in the communities and to meet the needs of patients." - Learner on placement, 2014
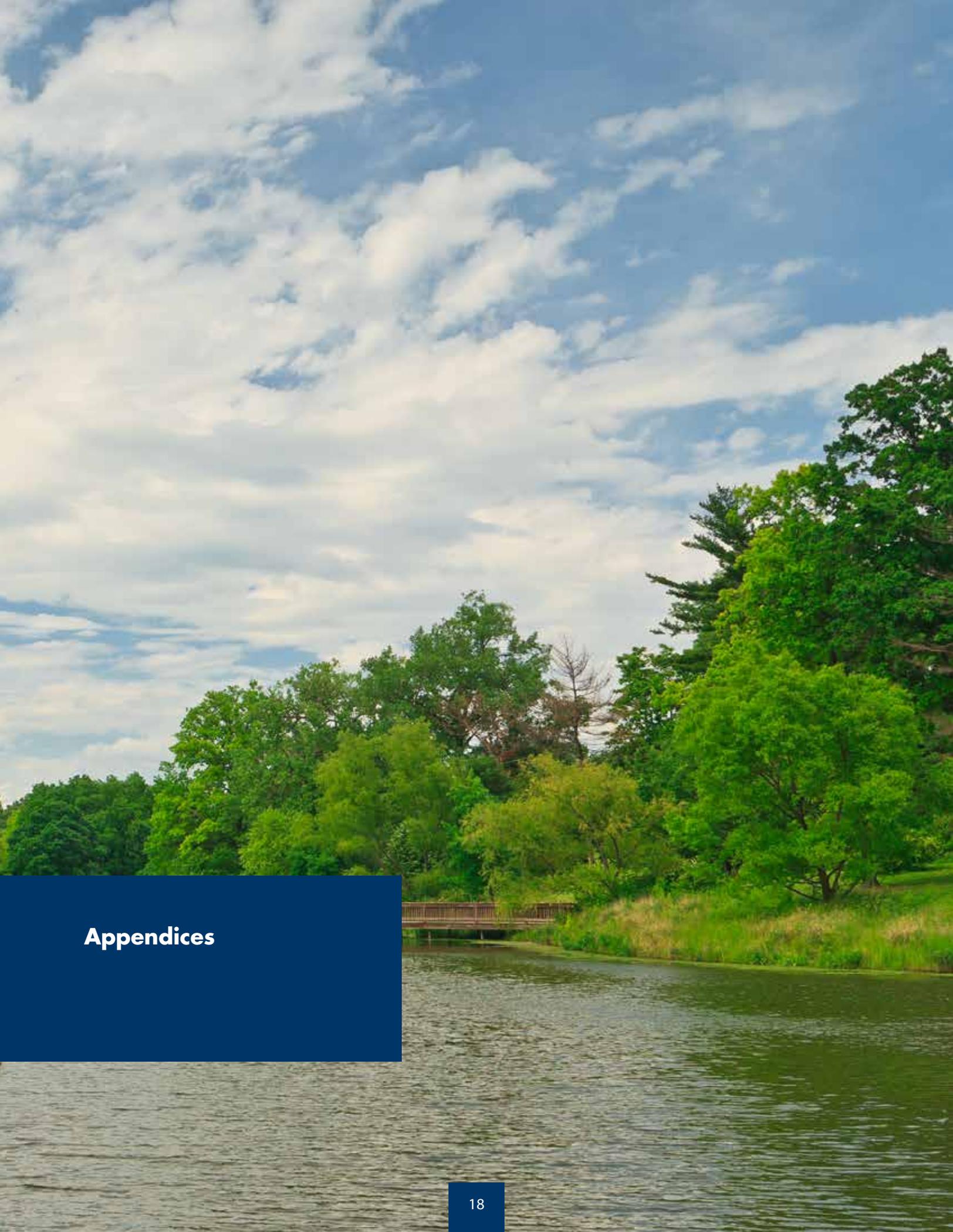
Appendices

Exposure Level[8]: Interprofessional Competency Indicators

Adapted from University of Alberta: Interprofessional Learning Pathway Framework

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 client/family and community goals.	• Explores own professional ethical considerations, role and scope of practice • Explores team members roles and scopes of practice • Identifies relevant professional roles in a given context, and identifies potential gaps in team membership • Explores professional role overlap; how are we all related/unique • Explores patient's role as an IP team member • Seeks information on personal skill sets of all team members • Identifies professional requirements for self-reflection
Communication: Learners/practitioners from varying professions communicate with each other in a collaborative, responsive and responsible manner.	• Identifies the impact of communication on interprofessional care • Explores the level and mode of communication preferred by team members (i.e. patient, family, community, health professionals) • Identifies and demonstrates skills for effective verbal and non-verbal communication • Identifies and demonstrates skills/behaviours for active listening • Understands and constructs feedback for those on the IP team • Identifies legislation, policies and procedures related to confidentiality
Conflict Resolution: Learners/practitioners actively engage self and others, including the patient/client/family, in dealing effectively with IP conflict.	• Acknowledges perceived power imbalances, and the stereotypes/historical hierarchies on which they rest • Identifies own conflict styles and those of team members • Identifies appropriate conflict management models • Identifies and explores social/professional/organizational opportunities and barriers to collaboration
Patient/Family-Centred Care: Learners/practitioners seek out, integrate and value, as a partner, the input and engagement of the client in designing and implementing care/services.	• Explores patient's role as an IP team member • Explores own view of patient centeredness within context related to current literature • Explores expectations of patients as members of the care team (PATs); prepares patient as a team member • Explores the level and mode of communication preferred by patient/family • Identifies legislation, policies and procedures related to confidentiality
Collaborative Leadership: Learners/practitioners work together with all participants to formulate, implement and evaluate care/services to enhance health outcomes.	• Identifies and employs appropriate technologies to facilitate collaboration • Identifies strategies and seeks guidance to address weaknesses and capitalize on strengths

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8   Exposure Level explores concepts, values, contexts and practice skills

Immersion Level[9]: Interprofessional Competency Indicators
Adapted from University of Alberta: Interprofessional Learning Pathway Framework

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.	• Shares and evaluates own professional values and culture • Articulates and shares knowledge of other professional roles • Seeks and integrates ideas from others' professional values and culture • Engages patient in understanding own and others' professional roles • Explores and analyzes perceived power imbalances between and within professions • Builds awareness of the personal skills contributed by members of the team • Identifies appropriate referrals based on patient needs • Consults, seeks advice and confers with other professionals • Employs strategies for addressing personal biases
Communication: Learners/practitioners from varying professions communicate with each other in a collaborative, responsive and responsible manner.	• Addresses barriers to effective communication (acronyms, discipline-specific language) • Matches mode of communication with team members (i.e. patient, family, health professionals) • Actively listens and is receptive to the knowledge and opinions of others • Accepts/provides effective feedback in context • Builds awareness of limits and benefits of technology in communication • Acts to preserve patient/client confidentiality in context of team • Invites and uses feedback to inform reflection
Conflict Resolution: Learners/practitioners actively engage self and others, including the patient/client/family, in dealing effectively with IP conflict.	• Analyzes conflict effectively and employs appropriate conflict resolution techniques/models • Employs reflective tools in professional practice intentionally and regularly
Team Functioning: Learners/practitioners understand the principles of team dynamics and group processes to enable effective IP team collaboration.	• Employs appropriate team role behaviours to support team function • Adapts behaviours to fit with team's stage of development • Identifies and employs appropriate team practice models in context • Identifies opportunities to improve team outcomes • Negotiates action with team members to plan and execute team tasks • Employs reflective tools in team practice intentionally and regularly; there is a focus to capitalize on strengths • Integrates evidence and reflection to inform professional and team practice • Takes action based on reflection to improve professional and team performance
Patient/Family-Centred Care: Learners/practitioners seek out, integrate and value, as a partner, the input and engagement of the client in designing and implementing care/services.	• Analyzes patient centeredness in terms of professional and team practice • Matches patient's expected level of participation to team engagement (e.g., being sensitive to patient's willingness and ability to engage in care plans) • Engages patient in understanding own and others' professional roles • Identifies patient's background and desired role on a team
Collaborative Leadership: Learners/practitioners work together with all participants to formulate, implement and evaluate care/services to enhance health outcomes.	• Seeks new opportunity for collaboration • Explores the concept of leadership in a health-care setting historically and contextually • Expands focus of reflection beyond self and team to include systemic analysis

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9   Immersion Level applies knowledge and skills, analyzes concepts, values and contexts

Mastery Level[10]: Interprofessional Competency Indicators
Adapted from University of Alberta: Interprofessional Learning Pathway Framework

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.	• Builds confidence in and maintains scope of practice in IP context • Adapts professional role within a given context/environment • Capitalizes on others' professional roles to increase efficiency and improve patient care • Embraces professional role overlap; addresses how the team will deal with overlap and absence of relevant health professions on the care team • Advocates for representation from professional roles missing on the team • Capitalizes on the personal skills contributed by other team members • Advocates for other professions and engages in discussion with respect to professional stereotypes and hierarchies
Communication: Learners/practitioners from varying professions communicate with each other in a collaborative, responsive and responsible manner.	• Ensures that knowledge translation occurs at the level of the patient • Seeks feedback from a variety of sources, including patient and family • Delivers effective feedback under difficult circumstances or high stakes • Analyzes and employs appropriate use of technology in information sharing (i.e. V/C, T/C, Simulation, etc.) • Researches and acts on potential/actual breaches in confidentiality to ensure that practice is congruent with policy and legislation
Conflict Resolution: Learners/practitioners actively engage self and others, including the patient/client/family, in dealing effectively with IP conflict.	• Integrates appropriate verbal and nonverbal communication skills when engaging with others in difficult or high-stakes situations • Analyzes, de-escalates and resolves conflict appropriately in high stakes situations • Utilizes reflective tools to demonstrate self-awareness and self-regulatory practice
Team Functioning: Learners/practitioners understand the principles of team dynamics and group processes to enable effective IP team collaboration.	• Integrates team role behaviours dynamically to mutually support team function • Takes action in instances, where there is a lack of inclusivity, respect, or trust on the team • Demonstrates an openness to new ideas in discussion and decision-making • Commits and contributes to changes necessary to improve team outcomes • Utilizes reflective tools to demonstrate team processes
Patient/Family-Centred Care: Learners/practitioners seek out, integrate and value, as a partner, the input and engagement of the client in designing and implementing care/services.	• Supports and advocates for patient engagement as a member of the IP team • Advocates for change in patient care delivery models within the organization where needed • Ensures patient centeredness in team and systemic practices
Collaborative Leadership: Learners/practitioners work together with all participants to formulate, implement and evaluate care/services to enhance health outcomes.	• Integrates feedback into professional and team practice • Advocates for patient/community where institutional factors are barriers to accessing or using health information • Advocates for organizational change to reduce barriers to collaboration • Advocates for new technologies and strategies to overcome barriers to collaboration • Takes action based on reflection for process improvement and systemic change

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10   Mastery Level uses and adapts knowledge and skills in practice, translate knowledge, seeks new knowledge, acts for change.

Interprofessional Collaborator Assessment Rubric

Vernon Curran, MEd, PhD, Memorial University
Lynn Casimiro, PhD, PT, Montfort Hospital
Valerie Banfield, RN, MN, Registered Nurses Professional Development Centre
Pippa Hall, MD, CCFP, MEd, FCFP, University of Ottawa
Tracy Gierman, MA, Academic Health Council-Champlain Region
Kelly Lackie, RN, MN, CNCC(C), Registered Nurses Professional Development Centre
Ivy Oandasan, MD, MHSc, CCFP, FCFP, University of Toronto
Brian Simmons, BM, FRCPC, University of Toronto
Susan Wagner, MSc(CD), Reg. SLP(C), University of Toronto

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INSTITUT DE RECHERCHE
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RESEARCH INSTITUTE

uOttawa
L'Université canadienne
Canada's university

Registered Nurses
Professional Development Centre

UNIVERSITY OF
TORONTO

MEMORIAL
UNIVERSITY
Faculty of Medicine

What is a Rubric?

A Rubric is an assessment tool that lists a set of performance criteria which define and describe the important competencies being assessed. Rubrics are useful to instructors because it can improve the planning of learning experiences and increase the quality of direct instruction by providing focus, emphasis, and attention to particular details as a model for learners.

For learners, a rubric provides clear targets of proficiency to aim for. Learners can use Rubrics for self-assessment as individuals, in groups, and for peer assessment. It is believed that Rubrics may improve learners' performance and therefore increase learning, particularly when learners receive Rubrics beforehand, understand how they will be evaluated and can prepare accordingly. Rubrics are becoming increasingly popular with educators moving toward more authentic, performance-based assessments.

Interprofessional Collaborator Assessment Rubric

Using the Collaborator Rubric

The Interprofessional Collaborator Assessment Rubric is intended for use in the assessment of interprofessional collaborator competencies. Collaborative practice in health care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings (WHO, 2010)[1]. Development of the Rubric tool was guided by an interprofessional advisory committee comprising educators from the fields of medicine, nursing and the rehabilitative sciences.

Key Principles

1) The Rubric has been developed for usage across different health professional education programs and in different learning contexts.

2) The Rubric dimensions are not intended to coincide with a specific year or level of a learner in his/her program of studies.

3) The Rubric may be used as a tool for formative and summative assessment of learners' competencies in interprofessional collaboration. As a formative assessment, the Rubric would allow learners to receive constructive feedback on competency areas for further development and improvement. As a summative assessment, the Rubric may be used to assess learners' achievement. The Rubric may also be introduced early in a program and used repeatedly to assess growth and development over time.

4) Usage of the Rubric in a reliable manner may require multiple interactions and repeated observation of a learner over a period of time.

5) Programs/disciplines should define remediation opportunities for learners not achieving an acceptable level of competency within their program area.

Rubric Validity

The Rubric dimensions are based on interprofessional collaborator competency statements that were developed and validated through a typological analysis of national and international competency frameworks, a Delphi survey of experts, and interprofessional focus groups with students and faculty.

[1]. World Health Organization (WHO) Study Group on Interprofessional Education and Collaborative Practice. (2010). *Framework for Action on Interprofessional Education & Collaborative Practice.* Geneva, Switzerland: World Health Organization.

Interprofessional Collaborator Assessment Rubric

Instructions: For each of the dimensions below, check specific phrases which describe the performance of the learner.

Notes:
Assess by what is appropriate to the context/task.
- <u>Occasionally:</u> the learner demonstrates the desired behaviour once in a while.
- <u>Frequently:</u> the learner demonstrates the desired behaviour most of the time.
- <u>Consistently:</u> the learner always demonstrates the desired behaviour.

Communication:	Ability to communicate effectively in a respectful and responsive manner with others ("others" includes team members, patient/client, and health providers outside the team).

1. Communicates and expresses ideas in an assertive and respectful manner.
2. Uses communication strategies (e.g. oral, written, information technology) in an effective manner with others.

Dimensions	Not Observable	Minimal 1	Developing 2	Competent 3	Mastery 4
Respectful Communication		☐ Communicates with others in a disrespectful manner.	☐ Occasionally communicates with others in a confident, assertive and respectful manner.	☐ Frequently communicates with others in a confident, assertive and respectful manner.	☐ Consistently communicates with others in a confident, assertive and respectful manner.
		☐ Does not communicate opinion or pertinent views on patient care with others.	☐ Occasionally communicates opinion or pertinent views on patient care with others.	☐ Frequently communicates opinion and pertinent views on patient care with others.	☐ Consistently communicates opinion and pertinent views on patient care with others.
		☐ Does not respond or reply to requests.	☐ Occasionally responds or replies to requests in a timely manner.	☐ Frequently responds or replies to requests in a timely manner.	☐ Consistently responds or replies to requests in a timely manner.
Communication Strategies		☐ Does not use communication strategies (verbal & non-verbal) appropriately with others.	☐ Occasionally uses communication strategies (verbal & non-verbal) appropriately.	☐ Frequently uses communication strategies (verbal & non-verbal) appropriately in a variety of situations.	☐ Consistently uses communication strategies (verbal & non-verbal) appropriately in a variety of situations.
		☐ Communication is illogical and unstructured.	☐ Occasionally communicates in a logical and structured manner.	☐ Frequently communicates in a logical and structured manner.	☐ Consistently communicates in a logical and structured manner.
		☐ Does not explain discipline-specific terminology/jargon.	☐ Occasionally explains discipline-specific terminology/jargon.	☐ Frequently explains discipline-specific terminology/jargon.	☐ Consistently explains discipline-specific terminology/jargon.
		☐ Does not use strategies that are appropriate for communicating with individuals with impairments (e.g., hearing, cognitive).	☐ Occasionally uses strategies that are appropriate for communicating with individuals with impairments (e.g., hearing, cognitive).	☐ Frequently uses strategies that are appropriate for communicating with individuals with impairments (e.g., hearing, cognitive).	☐ Consistently uses strategies that are appropriate for communicating with individuals with impairments (e.g., hearing, cognitive).
Comments:					

Collaboration: Ability to establish/maintain collaborative working relationships with other providers, patients/clients and families.

1. Establishes collaborative relationships with others in planning and providing patient/client care.
2. Promotes the integration of information from others in planning and providing care for patients/clients.
3. Upon approval of the patient/client or designated decision-maker, ensures that appropriate information is shared with other providers.

Dimensions	Not Observable	Minimal 1	Developing 2	Competent 3	Mastery 4
Collaborative Relationship		☐ Does not establish collaborative relationships with others.	☐ Occasionally establishes collaborative relationships with others.	☐ Frequently establishes collaborative relationships with others.	☐ Consistently establishes collaborative relationships with others.
Integration of Information from others		☐ Does not integrate information from others in planning and providing patient/client care.	☐ Occasionally integrates information from others in planning and providing patient/client care.	☐ Frequently integrates information and perspectives from others in planning and providing patient/client care.	☐ Consistently integrates information and perspectives from others in planning and providing patient/client care.
Information Sharing		☐ Does not share information with other providers.	☐ Occasionally shares information with other providers that is useful for the delivery of patient/client care.	☐ Frequently shares information with other providers that is useful for the delivery of patient/client care.	☐ Consistently shares information with other providers that is useful for the delivery of patient/client care.
		☐ Does not seek approval of patient/client or designated decision-maker when information is shared.	☐ Occasionally seeks approval of the patient/client or designated decision-maker when information is shared.	☐ Frequently seeks approval of the patient/client or designated decision-maker when information is shared.	☐ Consistently seeks approval of the patient/client or designated decision-maker when information is shared.
Comments:					

Roles and Responsibility: Ability to explain one's own roles and responsibilities related to patient/ client and family care (e.g. scope of practice, legal and ethical responsibilities); and to demonstrate an understanding of the roles, responsibilities and relationships of others within the team.

1. Describes one's own roles and responsibilities in a clear manner.
2. Integrates the roles and responsibilities of others with one's own to optimize patient/client care.
3. Accepts accountability for one's contributions.
4. Shares evidence-based and/or best practice discipline-specific knowledge with others.

Dimensions	Not Observable	Minimal 1	Developing 2	Competent 3	Mastery 4
Roles and Responsibilities		☐ Does not describe one's own role and responsibilities with the team/patient/ family.	☐ Occasionally describes one's own role and responsibilities with the team/patient/ family.	☐ Frequently describes one's own roles and responsibilities with the team/patient/ family.	☐ Consistently describes one's own roles and responsibilities in a clear manner with the team/patient/ family.
Role/Responsibility Integration		☐ Does not include the roles and responsibilities of other providers in the delivery of patient care.	☐ Occasionally includes the roles and responsibilities of other providers in the delivery of patient care.	☐ Frequently includes the roles and responsibilities of all necessary health providers to optimize collaborative patient/ client care.	☐ Consistently promotes and includes the roles and responsibilities of all necessary health providers to optimize collaborative patient/client care.
Accountability		☐ Does not demonstrate professional judgment when assuming tasks or delegating tasks.	☐ Occasionally demonstrates professional judgment when assuming tasks or delegating tasks.	☐ Frequently demonstrates professional judgment when assuming tasks or delegating tasks.	☐ Consistently demonstrates professional judgment when assuming tasks or delegating tasks.
		☐ Does not accept responsibility for the failure of collaborative goals.	☐ Occasionally accepts responsibility for the failure of collaborative goals.	☐ Frequently accepts responsibility for the failure of collaborative goals.	☐ Consistently accepts responsibility for the failure of collaborative goals.
		☐ Does not accept responsibility for individual actions that impact the team.	☐ Occasionally accepts responsibility for individual actions that impact the team.	☐ Frequently accepts responsibility for individual actions that impact the team.	☐ Consistently accepts responsibility for individual actions that impact the team.
		☐ Does not explain own scope of practice, code of ethics, standards and/or clinical guidelines in relation to collaborative patient-centred relationship.	☐ Occasionally explains own scope of practice, code of ethics, standards and/ or clinical guidelines in relation to collaborative patient-centred relationship.	☐ Frequently explains own scope of practice, code of ethics, standards and/or clinical guidelines in relation to collaborative patient-centred relationship.	☐ Consistently explains own scope of practice, code of ethics, standards and/or clinical guidelines in relation to collaborative patient-centred relationship.
Sharing Evidence-Based/ Best Practice Knowledge		☐ Does not share evidence-based or best practice discipline-specific knowledge with others.	☐ Occasionally shares evidence-based or best practice discipline-specific knowledge with others.	☐ Frequently shares evidence-based or best practice discipline-specific knowledge with others.	☐ Consistently shares evidence-based or best practice discipline-specific knowledge with others.

Comments:

Collaborative Patient/Client-Family Centred Approach: Ability to apply patient/client-centred principles through interprofessional collaboration.

1. Seeks input from patient/client and family in a respectful manner regarding feelings, beliefs, needs and care goals.
2. Integrates patient's/client's and family's life circumstances, cultural preferences, values, expressed needs, and health beliefs/behaviours into care plans.
3. Shares options and health care information with patients/clients and families.
4. Advocates for patient/client and family as partners in decision-making processes.

Dimensions	Not Observable	Minimal 1	Developing 2	Competent 3	Mastery 4
Patient/Client Input		☐ Does not seek input from patient/client and family.	☐ Occasionally seeks input from patient/client and family.	☐ Frequently seeks input from patient/client and family.	☐ Consistently seeks input from patient/client and family.
Integration of Patient/Client Beliefs and Values		☐ Does not integrate patient's/client's and family's circumstances, beliefs and values into care plans.	☐ Occasionally integrates the patient's/client's and family's circumstances, beliefs and values into care plans.	☐ Frequently integrates patient's/client's and family's circumstances, beliefs and values into care plans.	☐ Consistently promotes and integrates patient's/client's and family's circumstances, beliefs and values into care plans.
Information Sharing with Patient/Client		☐ Does not share options and health care information with patients/clients and families.	☐ Occasionally shares options and health care information with patients/clients and families.	☐ Frequently shares options and health care information with patients/clients and families.	☐ Consistently shares options and health care information with patients/clients and families.
Patient Advocacy in Decision-Making		☐ Does not advocate for patient/client and family as partners in decision-making processes.	☐ Occasionally advocates for patient/client and family as partners in decision-making processes.	☐ Frequently advocates for patient/client and family as partners in decision-making processes.	☐ Consistently advocates for patient/client and family as partners in decision-making processes.
Comments:					

Team Functioning: Ability to contribute to effective team functioning to improve collaboration and quality of care.

1. Recognizes and contributes to effective team functioning and dynamics.
2. Recognizes that leadership within the healthcare team may alternate or be shared depending on the situation.
3. Contributes in interprofessional team discussions.

Dimensions	Not Observable	Minimal 1	Developing 2	Competent 3	Mastery 4
Team Functioning and Dynamics		☐ Does not recognize the relationship between team functioning and quality of care.	☐ Occasionally demonstrates recognition of the relationship between team functioning and quality of care.	☐ Frequently demonstrates recognition of the relationship between team functioning and quality of care.	☐ Consistently demonstrates recognition of the relationship between team functioning and quality of care.
		☐ Does not recognize strategies that will improve team functioning.	☐ Occasionally demonstrates recognition of strategies that will improve team functioning.	☐ Frequently demonstrates recognition of strategies that will improve team functioning.	☐ Consistently demonstrates recognition of strategies that will improve team functioning.
Shared Leadership		☐ Does not recognize the importance of alternating or sharing leadership with others.	☐ Occasionally shares leadership and alternates leadership with others when appropriate for the discipline involved.	☐ Frequently shares leadership and alternates leadership with others when appropriate for the discipline involved.	☐ Consistently shares leadership and alternates leadership with others when appropriate for the discipline involved.
Team Discussion		☐ Does not view themselves as part of the team.	☐ Occasionally demonstrates recognition of themselves as part of a team.	☐ Frequently demonstrates recognition of themselves as part of a team.	☐ Consistently demonstrates recognition of themselves as part of a team.
		☐ Does not contribute to interprofessional team discussions.	☐ Occasionally contributes to interprofessional team discussions.	☐ Frequently contributes to interprofessional team discussions.	☐ Consistently contributes to interprofessional team discussions.
Comments:					

Conflict Management/Resolution: Ability to effectively manage and resolve conflict between and with other providers, patients/clients and families.

1. Demonstrates active listening and is respectful of different perspectives and opinions from others.
2. Works with others to manage and resolve conflict effectively.

Dimensions	Not Observable	Minimal 1	Developing 2	Competent 3	Mastery 4
Respect for different perspectives		☐ Does not consider the perspectives and opinions of others.	☐ Occasionally seeks the perspectives and opinions of others.	☐ Frequently seeks the perspectives and opinions of others.	☐ Consistently seeks the perspectives and opinions of others.
		☐ Does not seek clarification in a respectful manner when misunderstandings arise.	☐ Occasionally seeks clarification when misunderstandings arise, but it is not necessarily done in a respectful manner.	☐ Frequently seeks clarification in a respectful manner when misunderstandings arise.	☐ Consistently seeks clarification in a respectful manner when misunderstandings arise.
Active Listening		☐ Does not use active listening techniques when others are speaking.	☐ Occasionally uses active listening when others are speaking.	☐ Frequently uses active listening when others are speaking.	☐ Consistently uses active listening when others are speaking.
Conflict Management		☐ Does not manage or resolve conflict with others.	☐ Occasionally uses appropriate conflict resolution strategies to manage and/or resolve conflict.	☐ Frequently uses appropriate conflict resolution strategies to manage and/or resolve conflict.	☐ Consistently uses appropriate conflict resolution strategies to manage and/or resolve conflict.
Comments:					

For more information, please email iplearning@nosm.ca.

"Always ask questions to gain insight to learning about culture, issues, and the history that makes up a population, region, and culture. To see from another's perspective not only improves your practice, but makes any intraction with people a mutual learning experience." - Learner on placement, 2014

Notes

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nosm.ca/hsipe | iplearning@nosm.ca