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IPC Competencies: Advancing Theory and Evaluation Approaches



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Objectives



1. Overview of key principles in IPE
2. Provide overview of IPC competency frameworks
 - Physician-specific
 - Interprofessional
3. Discuss the limitations of existing frameworks & orthodox evaluation tools



Definitions

- **Interprofessional Collaboration:** “Interprofessional work that involves different health and social care professions who regularly come together to solve problems or provide services.” (Reeves et al., 2008).
- **IP Competencies in health care:** Integration of knowledge, attitudes, behaviors, values and/or skills that enable effective inter-professional work (IPEC, 2011)



IPE Activities

- Classroom (case-based learning)
- Simulation (high/low fidelity)
- Practice (student placements, CQI, etc.)
- Online (synchronous/asynchronous)
- Blended (online + traditional)



IPE Principles



- Collaborative (students, teachers)
- Group/team-oriented (for IP interaction)
- Non-hierarchical (equality for learners)
- Addresses real-life problems (clinical error)



Need for IPE



- Focus on quality & safety (since IOM 2000)
- Emergence of patient-centredness
- Ageing populations
- Rise of chronic illness (complex needs)
- Rising health system costs (efficiencies)



IPE Evidence Base



MEDICAL TEACHER, 2016
<http://dx.doi.org/10.3109/0142159X.2016.1173663>

TEACHER



BEME GUIDE

A BEME systematic review of the effects of interprofessional education: BEME Guide No. 39

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The North American Context

How IP competencies have been conceptualized in Canada & the
United States





Collaborator Role

Physician –
Specific
Framework:
CanMEDS (2015)

Participate effectively and
appropriately in an IP team

Effectively work with other
providers to prevent,
negotiate and resolve IP
conflict



National
Interprofessional
Competency
Framework
(2010)

Interprofessional communication

Patient/client/family centered
care

Role clarification

Team functioning

Collaborative leadership

IP conflict resolution



Core Competencies in
Collaborative
Practice
(2011)

Values and ethics

Roles & responsibilities

Interprofessional
communication

Teamwork & team-based
care



Limitations of Competency Frameworks

- Focuses on individual level competencies
- No theory to explain how individual competencies will translate into effective IP collaboration in complex systems
- No attention to social factors that shape possibilities for IP:
 - Socialization and training
 - Medical dominance
 - Institutional & professional culture(s)



Limitations of Existing Evaluation Tools



How are IP Competencies Evaluated

- Dominant approach to measure competency through surveys using quantitative tools
- Most commonly used tools measure practitioners'
 1. **Attitude:** towards other disciplines and teamwork
 2. **Behavior:** application of IP learnings to practice
 3. **Knowledge/skills:** about IP and collaboration

(Oandasan & Reeves, 2005; CIHC, 2009; CIHC, 2012)



Limitations of Existing Evaluation Approaches



- Reduces complex social phenomenon to variables
- Assumption that individual IP competence = collective competence
- Behaviors, attitudes and values situated within local contexts that survey tools alone cannot capture
- Not enough to measure outcomes-we need to know the context and mechanisms behind what we observe



Need for Realist Approach and Mixed Methods



Need for a **realist approach** to evaluating IP collaboration that:

- Is theory-driven
- Unpacks Contexts, Mechanisms & Outcomes
- Asks “What works for whom, in what respects, and how?”
- Uses mixed methods



Challenges to Realist Approach and Mixed Methods



- Complex
- Logistically intensive
- May not be ideal for those countries in early IPC competency development
- Needs local skills and resources
- A goal for the future



Conclusion

2 Things to consider



1. Existing Competency Frameworks limited by:

- Individualist approach
- Lack of theoretical framework to capture complexity of IPC

2. Need for Evaluation Approaches Supported by:

- Theory
- Explore context-outcomes-mechanisms
- Asks: What works for whom, in what respects, and how?



References

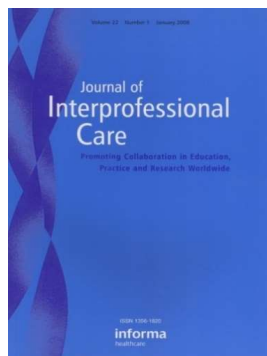
- Canadian Interprofessional Health Collaborative. (2009). Program Evaluation for Interprofessional Initiatives: Evaluation Instruments/Methods of the 20 IECPCP projects. Vancouver: UBC
- Canadian Interprofessional Health Collaborative. (2010) A National Interprofessional Competency Framework. Vancouver: UBC.
- Canadian Interprofessional Health Collaborative (2012). An Inventory of Quantitative Tools Measuring Interprofessional Education and Collaborative Practice Outcomes. Vancouver: UBC.
- Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative.
- Lyles, M.A & and Schwenck, C.R (1992) Top management, strategy and organizational knowledge structures. *Journal of Management Studies* 29: 155-74
- Oandasan, I. & Reeves, S. (2005) Key elements of interprofessional education. Part 2: factors, process and outcomes. *Journal of Interprofessional Care*. S1: 39-48
- Royal College of Physicians and Surgeons of Canada. (2005) CanMEDS 2005 framework. http://www.royalcollege.ca/portal/page/portal/rc/common/documents/canmeds/framework/the_7_canmeds_roles_e.pdf
- Reeves, S., Lewin, S., Espin, S. & Zwarenstein, M. (2010) Interprofessional Teamwork for Health and Social Care. Oxford: Wiley-Blackwell.
- Schien, E (1992) Organizational Culture and Leadership (2nd edition). San Francisco: Jossey Bass.
- Von Krogh, G., Roos, J. & Slocum, K. (1996) An essay on corporate epistemology. In G. VonKrogh and J Roos (Eds) *Managing Knowledge*. London: Sage.



Thank You!



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Key IPE Resource

Hard copy & online
6 issues per year
Impact factor: 1.645

Web:
<http://www.tandfonline.com/loi/ijic>

Twitter: @JICare

