Interprofessional Education Curricula Models for
Health Care Providers in Ontario

# CORE CURRICULUM GUIDE FOR TEACHING INTERPROFESSIONAL COMPETENCIES IN PRE-REGISTRATION EDUCATION SETTINGS

**2009**

**5 of 6**

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**Table of Contents**

## Executive Summary

This guide to developing core curriculum in interprofessional education was written for educators working in pre-registration learning settings. 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). The goal of IPE is to produce interprofessional collaboration, which 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" (CIHC, 2009).

Pre-registration IPE describes opportunities for students who are in the process of acquiring the education necessary to become registered health professionals. This document focused on the 23 health professions in Ontario who are regulated under the Regulated Health Professions Act of Ontario (RHPA, 1991). Social workers were also included, as they work extensively in the health care field, and are very often included in interprofessional education opportunities. IPE opportunities at the pre-registration level can take many forms, ranging from didactic teaching to group work to placement experiences. In this document, teaching methods will be listed.

This document utilizes a new model for pre-registration IPE, titled the "Ontario Pre-Registration Interprofessional Education Model," integrating knowledge from previous models with information gathered from the Scoping Review of Pre-Registration Literature on Curricula for Interprofessional Education (Health Force Ontario, 2009).

The National Interprofessional Competency Framework of the Canadian Interprofessional Health Collaborative (CIHC, 2009, Appendix A) is used in this document to guide the content that should be included in pre-registration IPE. In this framework, 6 main interprofessional collaboration competencies are described. Two of the competencies are seen as over-arching; these are interprofessional communication and patient/client/family/community centred. The 4 remaining competencies are role clarification, dealing with interprofessional conflict, team functioning and collaborative leadership. It should be noted that the CIHC Framework was in development at the same time this project was undertaken. Therefore, the model had a different appearance in previous documents, but the competencies have remained the same.

In the Scoping Review of Pre-Registration Literature on Curricula for Interprofessional Education (Health Force Ontario, 2009), some interprofessional competencies had more published literature describing their related curriculum than others. Two competencies, patient/client/family/community centred and dealing with interprofessional conflict, had limited published IPE curriculum. This document makes suggestions for the development of core curriculum targeted to these two competency areas.



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## Introduction

This document presents suggestions for core curriculum to teach interprofessional collaboration at the pre-registration level. These suggestions are directed at curriculum for students in process of becoming qualified to join one of the 23 regulated health professions of Ontario (RHPA, 1991), as well as the profession of Social Work.

The National Interprofessional Competency Framework of the Canadian Interprofessional Health Collaborative (CIHC, 2009, Appendix A) can be used to target certain IP competencies. As the CIHC Framework was in development at the same time this project was undertaken, the model had a different appearance in previous documents. However, the competencies have remained the same.

The definition of the word "competency" often requires clarification, especially in the area of health care practice where it is used in many different ways. The CIHC defines a competency as "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" (CIHC, 2009, p.22).

Competencies can be thought of as personal qualities, rather than actions. While competencies are frequently spoken of and operationalized as observable activities, the true meaning of the word is rooted in one's ability to do something successfully. The demonstration of one's ability may be broken down into observable actions, but the competency remains a broad, general description of a personal quality or ability (ten Cate & Scheele, 2007). An example is the competency of interprofessional communication. This competency could be assessed and observed in its action state, such as listening, giving feedback, using non-verbal actions appropriately, speaking or summarizing. Nonetheless, the competency itself, interprofessional communication, remains a broad and general personal quality that is desirable in an interprofessional collaborator.

The Ontario Pre-Registration Interprofessional Education Model (Health Force Ontario, 2009, Figure 1) is used to outline the stages in which IPE occurs. The development of interprofessional collaboration competencies occurs as an evolving process, and the model demonstrates the way in which knowledge is translated into action, and students move from exposure to immersion to mastery.

The guide is organized into the following sections:

- Introduction of the Ontario Pre-Registration Interprofessional Education Model
- An interprofessional education framework for teaching and assessment
- Overview of the Canadian Interprofessional Health Collaborative (CIHC) Interprofessional Collaboration Competencies
- Designing curriculum for the CIHC Intreprofessional Collaboration Competencies
- Examples of core curriculum for two specific CIHC Interprofessional Collaboration Competencies

## Ontario Pre-Registration Interprofessional Education Model

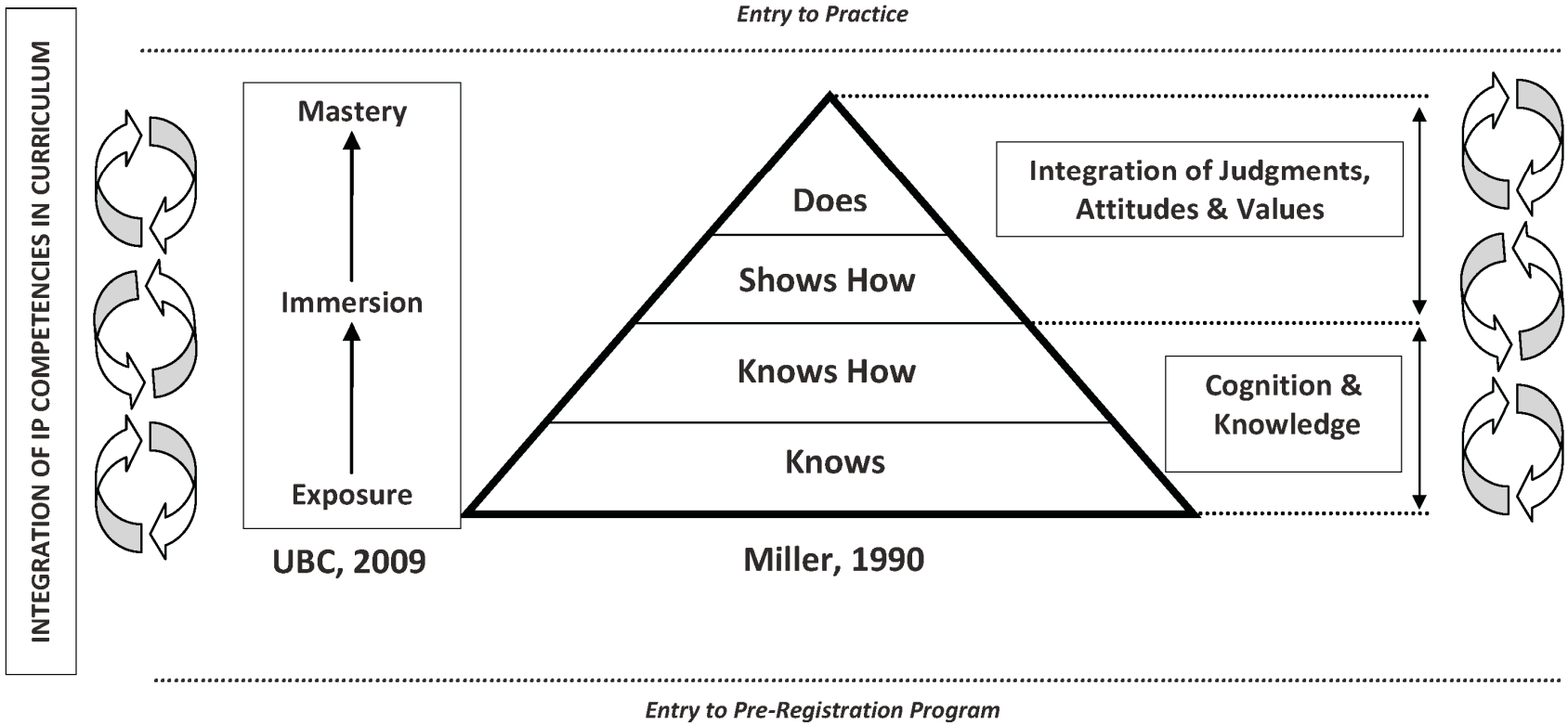
The Ontario Pre-Registration Interprofessional Education Model (Health Force Ontario, 2009, Figure 1) integrates information from both Miller (1990) and the University of British Columbia (UBC) Model of Interprofessional Education (Charles, Bainbridge & Gilbert, In press) with concepts gathered in the Scoping Review of Pre-Registration Literature on Curricula for Interprofessional Education (Health Force Ontario, 2009). For a more detailed description of the Ontario Pre-Registration Interprofessional Education Model, please refer to Pre-Registration Strategies to Guide the Teaching and Assessment of Interprofessional Competencies in Interprofessional Education Settings (Health Force Ontario, 2009).

In the Ontario model, Miller's (1990) framework for clinical assessment is used as a basic structure for the levels of activity and assessment that a student could expect to encounter as they move from initial learning to the demonstration of a skill. The student begins at the "know"-ing stage and progresses to the "do"-ing stage (Miller, 1990).

The UBC model conveys that the process of learning is not finite, and that it is an expanding and evolving process (Charles, Bainbridge & Gilbert, In press). The student moves from exposure to immersion, and then to mastery. Exposure is defined as the initial stage of IP learning, experienced by junior level students, with activities largely of a parallel nature, where students learn together, but with less interaction than future stages. Immersion describes activities geared toward senior level students that are collaborative. Students now have a strong understanding of their own professional role and can be more open to the roles and views of their peers. Mastery is the most complex and integrative level, and may involve graduate level work, where participants have previous clinical experience. Learning at the mastery level calls for a strong sense of professional identity. It is important to note that mastery is a concept that a health professional continually strives for, and represents the integration of judgments, attitudes, skills and values.

The evolutionary nature of interprofessional learning is illustrated in both developmental learning models (Miller, 1990; Charles, Bainbridge & Gilbert, In press), and this learning is shown as being integrated along with interprofessional competencies during the education of pre-registration students. Interprofessional learning is a reflective and non-linear journey, marked by the evolution of interprofessional collaboration competencies (CIHC, 2009), which will be further expanded later in this document.

**Figure 1: Ontario Pre-Registration Interprofessional Education Model**

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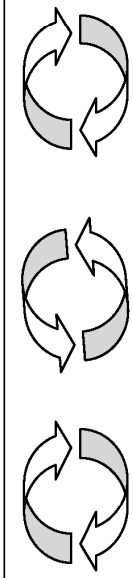
## Framework for Interprofessional Teaching and Assessment

It is recommended that interprofessional teaching and assessment activities include elements that give the opportunity for students to be exposed to and practice their interprofessional collaboration competencies (CIHC, 2009, Appendix A). Specific ways to assess these competencies may include peer feedback, reflective journals, behaviour checklists or rating scales, feedback from patients/clients/families and clinical placement evaluations (Table 1). This table details the hierarchical nature of IPE, using both the UBC IPE model and Miller's clinical education framework to show the movement of a student from the entrance to their pre-registration program through to their completion.

**Table 1: A Framework for Incorporating Interprofessional Education Competencies in Curriculum**

| Ontario Pre-Reg. IPE Model (2009) | Model of IPE (UBC, 2009) | Evidence/Behaviour (Miller, 1990) | Teaching Activities/Strategies | Assessment Activities |
|---|---|---|---|---|
| INTEGRATION OF IP COMPETENCIES IN CURRICULA  | MASTERY | DOES | Clinical placement, contact with real patients/clients, team case conference | Clinical placement evaluation, feedback from patients/clients/family, self-reflection, professional portfolios |
| | | SHOWS HOW | Standardized patients, role play, simulation lab, small group work | OSCE, behaviour checklists/rating scales, video audits, peer feedback |
| | IMMERSION | KNOWS HOW | Case study, enquiry based learning, small group work, on-line forum | *Clinical context based tests:* Exam, quiz, essay, oral *Other:* On-line discussion rating, peer feedback, group presentations |
| | EXPOSURE | KNOWS | Didactic teaching, discussion, journal club, shadowing experience, seminars | *Factual tests:* Exam, quiz, essay, oral *Other:* Reflective journaling |
| *Life Experiences: Previous education and experiences at entry to pre-registration program* | | | | |

This intent of this framework is to aid in developing curriculum for dealing with interprofessional conflict and patient/client/family/ community centred-ness.



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## Interprofessional Collaboration Competencies

The latest version of the National Interprofessional Competency Framework of the Canadian Interprofessional Health Collaborative (CIHC, 2009, Appendix A) is used in this document to guide the content suggested for inclusion in pre-registration IPE. In this framework, 6 main competencies are described. It should be noted that the CIHC is currently in the process of finalizing the collaboration competencies and resulting framework; all information presented here is in draft form.

The 2 over-arching competencies of interprofessional collaboration, interprofessional communication and patient/client/family/community centred, are embedded in the practice of interprofessional collaboration and guide teaching and assessment. The 4 remaining competencies, dealing with interprofessional conflict, team functioning, collaborative leadership and role clarification can be more specifically targeted in IPE curricula.

### Over-Arching IPE Competencies

- **Interprofessional Communication:** *Learners/practitioners from varying professions communicate with each other in a collaborative, responsive and responsible manner.*
- **Patient/Client /Family/Community Centred:** *Learners/practitioners seek out, integrate and value, as a partner, the input, and the engagement of patient/client/family/community in designing and implementing care/services.*

### Targeted IPE Competencies

- **Dealing with Interprofessional Conflict:** *Learners/practitioners actively engage self and others, including the client/patient/family, in positively and constructively addressing interprofessional conflict as it arises.*
- **Team Functioning:** *Learners/practitioners understand the principles of team dynamics and group processes to enable effective interprofessional team collaboration.*
- **Collaborative Leadership:** *Learners/practitioners understand and can apply leadership principles that support a collaborative practice model.*
- **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.*



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## Core Curriculum Design Relating to the CIHC Interprofessional Collaboration Competencies

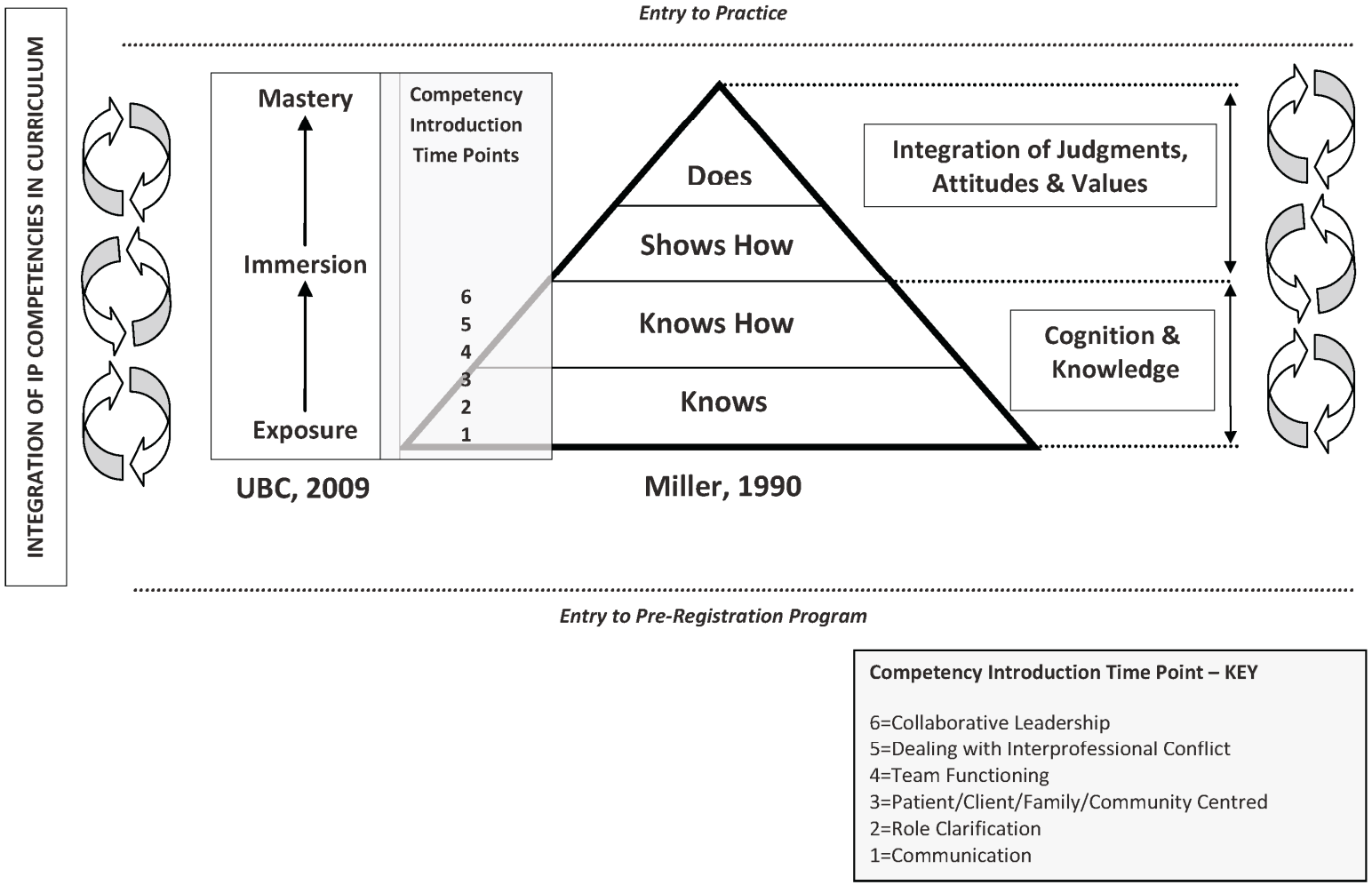
In the Scoping Review of Pre-Registration Literature on Curricula for Interprofessional Education (Health Force Ontario, 2009), some interprofessional competencies had more published literature describing their related curriculum than other competencies. Two competencies, dealing with interprofessional conflict and patient/client/family/community centred, had limited published IPE curriculum. This document makes suggestions for the development of core curriculum targeted to these areas.

Presented here are suggested teaching methods for the interprofessional competencies. It should be emphasized that the integration of IPE competencies into the pre-registration curriculum, from exposure to immersion to mastery, occurs first on an individual level followed by student intraprofessional and interprofessional levels.

When designing IPE, it is important to acknowledge the alignment and interconnectedness of concepts, knowledge, skills and attitudes. This document does not suggest that competencies be separated and taught in isolation. The Ontario Model with Competency Introduction Time Points (Figure 2) depicts the connections between IP competencies, and the need to teach many concepts simultaneously. While the relationship between the competencies is constantly evolving and expanding, some competencies may need to be addressed before others. Figure 2 shows the suggested times that topics can be introduced, beginning with communication, role clarification and patient/client/family community centred. After learners have been exposed to these competencies, they will be more prepared to learn about team functioning, dealing with interprofessional conflict and collaborative leadership. As knowledge, skills and attitudes build and evolve during the pre-registration period, the relationships between the competencies become solidified and interprofessional collaboration can be realized.

The quantity of IPE experiences that are available to students will differ depending on the structure of the post-secondary institutions they attend, and the degree of collaboration between health professional programs. While this document does not aim to prescribe the length and level of activities that students have available to them, it has been suggested that students will benefit from at least one activity at the levels of exposure, immersion and mastery (McMaster, 2009). The length and level of activities necessary for the development of interprofessional collaboration competencies is noted as an area in need of further research.

**Figure 2: Ontario Model with Competency Introduction Time Points**

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# Curriculum Example: Dealing with Interprofessional Conflict

## Definitions

- Dealing with Interprofessional Conflict**:** learners/practitioners actively engage self and others, including the client/patient/family, in positively and constructively addressing interprofessional conflict as it arises (CIHC, 2009, Appendix A)

- Conflict: a condition in which a person experiences a clash of opposing wishes or needs (Oxford Pocket Dictionary, 2009)

- Conflict Management: the use of strategies and tactics to move all parties toward resolution, or at least containment of the dispute, in a manner that avoids escalation and the destruction of relationship (Aschenbrener & Siders, 2007)

## Search Strategy for Dealing with Interprofessional Conflict

The following search engines were used: Queen's University library general search, PubMed and Google Scholar. The largest number of articles retrieved was 124. Articles retrieved were reviewed for relevance, and articles that included curriculum for health professionals regarding conflict management were included as resources for curriculum development.

*The following words were used in the searches:*

Conflict management curricula for health professionals
Conflict management undergraduate health curriculum
Conflict management curriculum
Conflict and conflict management in health care
Conflict in health care
Conflict resolution and moral reasoning
Conflict resolution curriculum

## Curriculum Development Process

Information found during the literature search was integrated using the developmental teaching levels of the Ontario Pre-Registration Interprofessional Education Model (Figure 1). This model uses both Miller's (1990) and UBC's (Charles, Bainbridge & Gilbert , In press) levels to describe the educational journey. The following curriculum is presented using these levels.

## Miller/UBC Levels

### ○ Knows/Exposure

Interprofessional conflict management is a competency that requires other introductory competencies, such as communication and role clarification (Introduction Time Points 1, 2 & 3 from Figure 2), to be taught before it can be effectively addressed. These pre-requisite, introductory competencies will be detailed for this level of learning. Experiences may begin at the individual level of self-reflection, building to intraprofessional teaching of knowledge, skills and attitudes, with initial exposure to interprofessional learning activities.

**Introductory Competencies:**

*Interprofessional Communication*

- Individual & Intrapersonal communication skills - self-awareness, interpersonal sensitivity, willingness to be self-reflective & accommodating, creative, problem-solving & stress management in a one-on-one and in learning group work situation (Haq et al., 2004)
- Interpersonal skills or social skill development - communicating supportively, listening, knowing when to coach or counsel others (Clark et al., 2003; Seren & Ustun, 2008) in a one-on-one and in learning group work situation

*Role Clarification*

- Development of personal & professional identity (McCallin & McCallin, 2009)
- Disciplinary diversity/culture differences e.g., values , shared vision, goals (Stalmeijer et al., 2007)
- Role Perceptions/Expectations
- Role conflict – personal coping skills, perception of trust etc.

*Patient/Client/Family/Community Centred*

- Defining terms and key concepts (See the next section of this document)
- Understanding of own life experiences as a care recipient and care giver (self-reflection)
- Introducing viewpoints of others: other students from same professional program (intraprofessional), students from other programs (interprofessional), as well as views of patients/clients/families/communities

*Teaching Activities:*

- Didactic – overview of theories and definition of terms
- Class or seminar time spent discussing fictional & real life cases e.g., literature, media (TV) (Stevahn, 2004)
- Informal events where students socialize, learn/play/work together
- Reflective self-journaling of initial impression and experiences with interprofessional collaboration



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## ○ Knows How/ Exposure-Immersion

At this level of learning, students will have been exposed to knowledge, attitudes and skills of interprofessional communication, role clarification and patient/client/family centred concepts. While these concepts build in complexity, students will be ready for the introduction of 3 new competencies (Introduction Time Points 4, 5 & 6 from Figure 2). Experiences at this point will be mostly classroom based. The targeted concepts will begin to move beyond the individual and intraprofessional levels and focus more on the interprofessional level.

**Introduction of New Competencies:**

*Team Functioning*

- Effective teamwork
  - Characteristics e.g., collaborative teams rely on diversity to function effectively
- Team processes
  - Coordination, communication (interpersonal & interprofessional/intraprofessional in clinical setting), cohesion, decision making, conflict management, social relationships, performance feedback) (Mickan & Rodger, 2000)
- Team process model & the role of team diversity (Stalmeijer et al., 2007)
- Reciprocation Behaviour – role of mutual trust & cooperation (Ferrin et al., 2008)

*Dealing with Interprofessional Conflict*

- Definition of conflict
- Theories of conflict e.g., Attribution (perceived causes) theory (Curtis, 1994)
- Sources/Types of conflict (Correia, 2005)
  - Task – healthy or non-healthy
  - Relationship
- Role of Conflict
  - Myths
  - Destructive
  - Constructive/creative
- Conflict Styles
  - How to identify sources of conflict (Clark et al., 2003)
- Conflict Management
  - Styles of Conflict Management
    - Avoidance, forcing & negotiation (Skjørshammer, 2001), competing, collaborating, compromising (Sportsman & Hamilton, 2007)
  - Determinants of conflict management styles



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        - Interdependence & power; perceived urgency (Skjørshammer, 2001); gender, educational background, professional socialization (Sportsman & Hamilton, 2007)
- Conflict Resolution
    - Methods of conflict resolution
        - Communication skills e.g., empathy, listening skills, social adaptation and anger management (Heydenberk et al., 2003; Seren & Ustun, 2008)

*Collaborative Leadership*

- Understanding Leadership
    - Definition – making personal and organizational change
    - Myths, Theories, Elemental Processes
    - Components of leadership (Brungardt et al., 1997)
- Leadership Skills Development
    - Development of personal leadership skills e.g., ability to self-reflect, communicate, think critically, problem-solve, cooperate with others; development of collaborative leadership skills e.g., team building, resolution/negotiation, cooperation and consensus building
    - Theme of Collaboration – how we practice and participate in the leadership process
- Making a Commitment to Leadership
    - Contemporary Issues in Leadership Skills e.g., service, community, ethics, action

*Teaching Activities:*

- Didactic elaboration on concepts, theories and definition
- Team role playing and group discussion
- Social learning (cases, video, peer feedback e.g., cooperative pair interview) & cooperative mind mapping (Stevahn, 2004)
- Reflective journals to allow students to reflect on their initial attempts to operationalize interprofessional collaboration & leadership competencies

## ○ Shows How/Immersion

At this phase of learning, students have been introduced to all 6 interprofessional collaboration competencies. Competencies that are introduced earlier, such as communication and role clarification, will be well developed, allowing students to expand their understanding of later more complex concepts such as conflict management. In the previous level of "Knows How/ Exposure-Immersion", conflict management was investigated at the theoretical level, with some initial opportunities to explore its practice, possibly from a personal perspective. Now, students can begin to put learning into action, when conflict resolution reaches the experiential level. Learning activities will be exclusively interprofessional at this point in time, with a mix of structured class-based activities and experiences in clinical settings. Since this learning is an evolutionary process, it is expected that students will continue to develop their personal skills for conflict management and resolution.

*Teaching Activities:*

- Standardized patients/clients/families with a team care approach
- Simulation lab team experiences
- Initial clinical placements or clinical observations/shadowing experiences where clinicians work in an interprofessional manner
- On-line discussion groups where students reflect on in-class and clinical experiences and discuss the realities of conflict management
- Reflective journals to allow students to reflect on their ongoing attempts to operationalize conflict management

## ○ Does/ Mastery

This final phase of learning will be focused on activities that allow the student to consolidate learning by practicing interprofessional conflict management in real world settings. Clinical practice experiences that involve interprofessional settings, including both other students and practicing health professionals will solidify their learning experiences. Mastery is an evolving concept, where one is always moving toward it, but may not have a finite destination of becoming a "master". This level of learning involves the continuing integration and application of skills, attitudes, values and judgments, with ongoing personal reflection and adaptation.

*Teaching Activities:*

- Clinical placement, interactions with patient/client/family/ community
- Team case conference where patient/client/family is present and involved in collaboration
- Feedback from peers, placement supervisors, clients and families, and other health professionals
- On-line discussion groups where students reflect on clinical experiences and discuss the realities of patient/client/family/ community centred care
- Reflective journals to allow students to reflect on their clinical experiences with patient/client/family/ community centred care

### Teaching Resources for Dealing with Interprofessional Conflict

Aschenbrener, C.A. & Siders, C.T. (1999). Managing low-to-mid intensity conflict in the health care setting. *The Physician Executive, September-October,* 44-50.

Brungardt, C.L., Gould, L.V., Moore, R. & Potts, J. (1997). The emergence of leadership studies: linking the traditional outcomes of liberal education with leadership development. *The Journal of Leadership Studies, 4*(3)*,* 53-67.

Clark, S.C., Callister, R. & Wallace, R. (2003). Undergraduate management skills courses and students' emotional intelligence. *Journal of Management Education, 27*(1)*, February,* 3-23.

Correia, A.P. (2005). Understanding conflict in teamwork: contributions of a technology-rich environment to conflict management (Doctoral Dissertation). Available from ProQuest Dissertations and Theses database (Publication No. AAT 3183915).

Curtis, K.A., (1994). Attributional analysis of interprofessional role conflict. *Soc Sci Med, 39*(2), 255-263.

Ferrin, D.L., Bligh, M.C. & Kohles, J.C. (2008). It takes two to tango: An interdependence analysis of the spiraling of perceived trustworthiness and cooperation in interpersonal and intergroup relationships. *Organizational Behavior and Human Decision Processes, 107,* 161-178.

Heydenberk, W.A., Heydenberk, R.A. & Bailey, S.P. (2003). Conflict resolution and moral reasoning. *Conflict Resolution Quarterly, 21*(1)*, Fall,* 27-45.

Haq, C, Steele, D.J., Marchand, L, Seibert, C. & Brody, D. (2004). Integrating the art and science of medical practice: innovations in teaching medical communication skills. *Fam Med, 36 (January suppl),* S43-S50.

McCallin, A. & McCallin, M. (2009). Factors influencing team working and strategies to facilitate successful collaborative teamwork. *NZ Journal of Physiotherapy, 37*(2)*, July,* 61-67.

Mickan, S. & Rodger, S., (2000). Characteristics of effective teams: a literature review. *Australian Health Review, 23*(3), 201-208.

Seren, S. & Ustun, B. (2008). Conflict resolution skills of nursing students in problem-based compared to conventional curricula. *Nurse Education Today, 28,* 393-400.

Skjørshammer, M. (2001). Co-operation and conflict in a hospital: interprofessional differences in perception and management of conflicts. *Journal of Interprofessional Care, 15*(1)*,* 7-18.

Sportsman, S., & Hamilton, P. (2007). Conflict management styles in the health professions. *Journal of Professional Nursing, 23*(3)*, May-June,* 157-166.

Stalmeijer, R.E., Gijselaers, W.H., Wolfhagen, I., Harendza, S. & Scherpbier, A. (2007). How interdisciplinary teams can create multi-disciplinary education: The interplay between team processes and educational quality. *Medical Education, 41,* 1059-1066.

Stevah, L. (2004). Integrating conflict resolution training into the curriculum. *Theory into Practice, 43*(1)*, Winter,* 50-58.



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## Curriculum Example: Patient/Client/Family/Community Centred

### Definitions

- Patient/ Client /Family/Community Centred: learners/practitioners seek out, integrate and value, as a partner, the input, and the engagement of patient/client/family/community in designing and implementing care/services. (CIHC, 2009, Appendix A)
- Patient centred care: sees the patient as a person with unique needs and experiences, and requires that both the patient and the care provider define their own views of illness and move toward a common therapeutic goal. (Haidet et al., 2005)
- Client centred care: is an approach in which clients are viewed as whole persons; it is not merely about delivering services where the client is located. Client centred care involves advocacy, empowerment, and respecting the client's autonomy, voice, self-determination, and participation in decision-making. (Registered Nurses Association of Ontario (RNAO), 2006)
- Family centred care: is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families... family-centered practitioners recognize the vital role that families play in ensuring the health and well-being of infants, children, adolescents, and family members of all ages. They acknowledge that emotional, social, and developmental supports are integral components of health care. They promote the health and well-being of individuals and families and restore dignity and control to them. (Institute for Family Centred Care, 2009)
- Community centred care: is care provided in a community setting. This may be at an individual level, but could also be provided at a higher level, to neighbourhoods and rural/urban areas. This care is focused on the needs of the people and community it serves, with collaboration between care providers and community stakeholders
- Relationship centred care: Care in which all participants appreciate the importance of their relationships with one another. Relationships between patients and clinicians remain central, although the relationships of clinicians with themselves, with each other and with community are also emphasized. (Beach & Inui, 2005)

### Search Strategy for Patient/Client/Family Centred

The following search engines were used: Queen's University library general search, Medline and Google Scholar. The largest number of articles retrieved was 178. Articles retrieved were reviewed for relevance, and articles that included curriculum for health professionals regarding patient/client/family centred care were included as resources for curriculum development.

*The following words were used in the searches:*

Patient* centred care for health professionals
Patient centred care curriculum/teaching
Patient centred care undergraduate
Patient centred practice curriculum/teaching
Interprofessional patient centred care/practice

*the terms patient, client, family and community were used in combination with each search term

While many articles were found during the searches, few actually presented patient*centred principles in conjunction with curriculum. Even fewer combined the concepts of patient centred care with interprofessional education. As well, many papers were opinion or definition based, while others mentioned patient-centred care in regard to curriculum but failed to operationalize the concept. Professions that have published articles regarding patient/ client/family/ community centred curriculum include physicians and surgeons, nurses, dentists and occupational therapists. It should be noted that the use of term "patient centred care" is more prevalent in medical education, while nursing and occupational therapy tend to use the term "client centred care/practice."

## Curriculum Development Process

Information found during the literature search was integrated into the developmental teaching levels of the Ontario Pre-Registration Interprofessional Education Model (Figure 1). This model uses both Miller's (1990) and UBC's (Charles et al., In press) levels to describe the educational journey. The following curriculum is presented using these levels.

## Miller/UBC Levels

### ○ Knows/Exposure

At this introductory phase the student understands the definitions of patient/client /family/community centred, examines attitudes toward the concepts, their own life experiences as a care provider and care recipient, and also learns about the experiences of others (Introduction Time Point 3 in Figure 2). Learning settings may initially be intraprofessional, however, interprofessional groups can be introduced as well, perhaps with several professions coming together to discuss their initial understanding of the topic. In this way, learning at the individual and intraprofessional level can be well explored, with exposure to interprofessional learning.

During this phase, the competencies of interprofessional communication and role clarification (Introduction Time Points 1 & 2 in Figure 2) will also be explored, in order to prepare the students for the team-oriented competencies introduced at the "Knows How/ Exposure-Immersion" phase.

*Teaching Activities:*

- Class time spent discussing and debating various definitions and student's own life experiences as a recipients of care and givers of care (RNAO, 2006; Sumsion & Law, 2006)
- Guest lectures by key stakeholders, such as patient/client volunteers, community members, health care practitioners and others can introduce multiple viewpoints of recipients of care and care givers (Beach & Inui, 2006; Corless et al., 2009; Jamieson, Krupa, O'Riordan & O'Connor, 2006)
- Case studies involving patient/client/family community centred care discussed in intra- & interprofessional teams (Christiansen, McBride, Vari, Olson & Wilson, 2007; RNAO, 2006)
- Reflective journals to aid students in processing their initial exposure to the competency of patient/client/family/ community centred care and also interprofessional collaboration (Jamieson et al., 2006)

## ○ Knows How/Exposure-Immersion

At this phase of education, students will need to have had exposure to all other competencies, which are communication, conflict resolution, role clarification, leadership and team functioning, in order to truly begin to explore patient/client/family/community centred care at an interprofessional level. Educational activities that involve students coming together to problem solve will require skills in team functioning and communication, as well as an understanding of their roles and the roles of other professionals. A wealth of literature regarding the teaching of these competencies can be found in the document "Pre-Registration Strategies to Guide the Teaching and Assessment of Interprofessional Competencies in Interprofessional Education Settings" (Health Force Ontario, 2009). In regard to the specific competency of patient/client/family/community centred, students ideally are learning in interprofessional settings.

*Teaching Activities:*

- Interprofessional team role playing of cases regarding dilemmas in patient/client/family/ community centred care, with group discussion and feedback (RNAO, 2006)
- Video cases with group discussion; problem-based learning or case studies (RNAO, 2006; South Eastern Interprofessional Clinical Learning Environment (SEIPCLE), 2009)
- On-line discussion groups where students reflect on in-class experiences and discuss the realities of patient/client/family/ community centred care (Corless et al., 2009)
- Reflective journals to allow students to reflect on their initial attempts to operationalize patient/client/family/ community centred care (Jamieson et al., 2006)
- Shadowing health professionals and patients/clients/families (Jamieson et al., 2006; Muir, 2007)
- First person resources to increase understanding of the patient/client/family experience (Jamieson et al., 2006; RNAO, 2006)

## ○ Shows How/ Immersion

At this point, students will have a working understanding of patient/client/family/ community centred care. They will also be expanding their knowledge and skills in regard to the other 5 interprofessional collaboration competencies (Introduction Time Points 1 to 6 in Figure 2). At this point, it is important for students to be able to effectively communicate and function as a team in order to successfully learn about and provide patient/client/family/community centred care. Experiences at this level can include both classroom and clinical settings, and are solely interprofessional in nature.

*Teaching Activities:*

- Standardized patients/clients/families with a team care approach
- Initial clinical placements or clinical observations/shadowing experiences where clinicians work in an interprofessional manner
- On-line discussion groups where students reflect on in-class and clinical experiences and discuss the realities of patient/client/family/ community centred care (Corless et al., 2009)
- Reflective journals to allow students to reflect on their ongoing attempts to operationalize patient/client/family/ community centred care (Jamieson et al., 2006)

## ○ Does/ Mastery

This phase of learning will focus on activities that allow the student to consolidate learning by practicing interprofessional patient/client/family/community centred care in real world settings. Clinical experiences involve interprofessional settings, including both other students and health professionals. Mastery is an evolving concept, where one is always moving toward it, but may not have a finite destination of becoming a "master". This level of learning involves the continuing integration and application of skills, attitudes, values and judgments, with ongoing personal reflection and adaptation.

*Teaching Activities:*

- Clinical placement, interactions with patient/client/family/community (Eriksen, Bergdahl & Bergdahl, 2008; Jamieson et al., 2006; Muir, 2007; RNAO, 2006)
- Team case conference where patient/client/family is present and involved in collaboration (Berger, 2006; Gage, 1994)
- Feedback from peers, placement supervisors, clients and families, and other health professionals (Jamieson et al., 2006)
- Community development placement, student(s) are involved in service-learning at the community level (Seifer, 1998)
- On-line discussion groups where students reflect on clinical experiences and discuss the realities of patient/client/family/community centred care (Corless et al., 2009)
- Reflective journals to allow students to reflect on their clinical experiences with patient/client/family/community centred care (Jamieson et al., 2006)



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**Teaching Resources for Patient/Client/Family/Community Centred**

Beach, M. & Inui, T. (2006). Relationship-centred care: A constructive reframing. *Journal of General Internal Medicine*, *21,* S3-S8.

Berger, J. (2006). Incorporation of the tidal model into the interdisciplinary plan of care-a program quality improvement project. *Journal of Psychiatric and Mental Health Nursing, 13,* 464-467.

Boudreau, J., Jagosh, J., Slee, R., Macdonald, M. & Steinert, Y. (2008). Patients' perspectives on physicians' roles: implications for curricular reform. *Academic Medicine, 83*(8), 744-753.

Christianson, C., McBride, R., Vari, R., Olson, L., & Wilson, H. (2007). From traditional to patient-centered learning: curriculum change as an intervention for changing institutional culture and promoting professionalism in undergraduate medical education. *Academic Medicine, 82*(11), 1079-1088.

Corless, I., Michel, T., Nicholas, M., Jameson, D., Purtilo, R. & Dirkes, A. (2009). Educating health professions students about the issues involved in communicating effectively: a novel approach. *Journal of Nursing Education, 48*(7), 367-373.

Eriksen, H., Bergdahl, J. & Bergdahl, M. (2008). A patient-centred approach to teaching and learning in dental student clinical practice. *European Journal of Dental Education, 12*(3), 170-175.

Gage, M. (1994). The patient-driven interdisciplinary care plan. *Journal of Nursing Administration, 24*(4), 26-35.

Institute for Family Centre Care. (2009). *Core concepts*. Accessed September 22, 2009 at http://www.familycenteredcare.org/pdf/CoreConcepts.pdf

Jamieson, M., Krupa, T., O'Riordan, A., & O'Connor, D. (2006). Developing empathy as a foundation of client-centred practice: Evaluation of a university curriculum initiative. *Canadian Journal of Occupational Therapy, 73*(2), 76-85.

Lewin, S., Skea, Z., Entwistle, V., Zwarenstein, M. & Dick, J. (2001). *Interventions for providers to promote a patient-centred approach in clinical consultations* (Cochrane Review). In: The Cochrane Library, 4.

Muir, F. (2007). Placing the patient at the core of teaching. *Medical Teacher, 29*(2-3), 258-260.

Planetree. (2009*). Patient centred care resources.* Accessed October 28, 2009 at http://www.planetree.org/about.html

Registered Nurses Association of Ontario (RNAO). (2006). *Nursing best practice guideline: Client centred care.* Accessed September 22, 2009 at http://www.rnao.org/Page.asp?PageID=924&ContentID=798

Seifer, S. (1998). Service learning: Community-campus partnerships for health professions education. *Academic Medicine, 73*(3), 273-277.

South Eastern Interprofessional Clinical Learning Environment (SEIPCLE). (2009). *Patient perspective module.* Accessed September 22, 2009 at http://meds.queensu.ca/oipep/seipcle/patient_perspective_module

Sumsion, T. & Law, M. (2006). A review of evidence on the conceptual elements informing client-centred practice. *Canadian Journal of Occupational Therapy, 73*(3), 153-162.



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## Conclusion

This guide to the development of core curriculum for use in pre-registration IPE settings has presented an overview of the key competencies for interprofessional collaboration. These competencies are based on the current version of the National Interprofessional Competency Framework of the Canadian Interprofessional Health Collaborative (CIHC, 2009, Appendix A).

As the Scoping Review of Pre-Registration Literature on Curricula for Interprofessional Education (Health Force Ontario, 2009) found gaps in the literature regarding curriculum to teach all competencies, two in particular were targeted. Dealing with interprofessional conflict and patient/client/family/ community centred had limited published IPE curriculum and this document detailed suggestions for the development of core curriculum in these areas.

This document utilized a new model for pre-registration IPE, titled the "Ontario Pre-Registration Interprofessional Education Model," which integrates knowledge from previous models with information gathered from the Scoping Review of Pre-Registration Literature on Curricula for Interprofessional Education (Health Force Ontario, 2009).

As with all documents authored by the Interprofessional Education Curricula Models for Health Care Providers in Ontario Working Group, all curriculum suggestions are encouraged to be reviewed by educators to determine the effectiveness and suitability for their own particular use. This document provides a menu of possibilities for the creation of IP curriculum, with the hope of inspiring educators to begin to include, or increase the inclusion of, interprofessional elements in the education of future health professionals.



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## Glossary

***Collaborative Leadership:*** "Learners/practitioners understand and can apply leadership principles that support a collaborative practice model " (CIHC, 2009).

***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" (CIHC, 2009).

***Dealing with Interprofessional Conflict:*** "Learners/practitioners actively engage self and others, including the client/patient/family, in positively and constructively addressing interprofessional conflict as it arises" (CIHC, 2009).

***Exposure:*** See UBC Model.

***Immersion:*** See UBC Model.

***Interprofessional Collaboration (IPC)***: "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" (CIHC, 2009).

***Interprofessional Communication:*** "Learners/practitioners from varying professions communicate with each other in a collaborative, responsive and responsible manner" (CIHC, 2009).

***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).

***Intraprofessional:*** Educational experiences that are uni-professional, and thus only involve students studying in the same profession.

***Mastery:*** See UBC Model.

***Miller's Framework for Clinical Assessment:*** This framework for clinical assessment is used as a basic structure for the levels of activity and assessment that a student could expect to encounter as they move from initial exposure to concepts to the mastery of a skill. The student progresses from **knows**, to **knows how**, then **shows how**, and finally **does** (Miller, 1990). See Table 1 for examples of activities at each level.

***Patient/Client /Family/Community Centred:*** "Learners/practitioners seek out**,** integrate and value, as a partner, the input, and the engagement of patient/client/family/community in designing and implementing care/services"(CIHC, 2009).

***Pre-Registration Interprofessional Education:*** Learning opportunities for students who are in the process of acquiring the education necessary to become registered health professionals. This document



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focused on the 23 health professions in Ontario who are regulated under the Regulated Health Professions Act of Ontario (RHPA, 1991). Social workers were also included, as they work extensively in the health care field, and are very often included in interprofessional education opportunities.

***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" (CIHC, 2009).

***Team Functioning:*** "Learners/practitioners understand the principles of team dynamics and group processes to enable effective interprofessional team collaboration" (CIHC, 2009).

***UBC Model:*** The UBC Model is an interprofessional learning model. It conveys that the process of learning is not finite, and that it is an expanding and evolving process (Charles et al., In press). The student moves from exposure to immersion, and then to mastery. **Exposure** is defined as the initial stage of IP learning, experienced by junior level students, with activities largely of a parallel nature, where students learn together, but with less interaction than future stages. **Immersion** describes activities geared toward senior level students that are collaborative. Students now have a strong understanding of their own professional role and can be more open to the roles and views of their peers. **Mastery** is the most complex and integrative level, and may involve graduate level work, where participants have previous clinical experience. Learning at the mastery level calls for a strong sense of professional identity. It is important to note that mastery is a concept that a health professional continually strives for, and represents the integration of judgments, attitudes, skills and values.

## References

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

CIHC. (2009). *National interprofessional competency framework.* Canadian Interprofessional Health Collaborative: Vancouver, BC. (Draft for Discussion, October).

Charles, G., Bainbridge, L. & Gilbert, J. (In press). The University of British Columbia (UBC) Model of Interprofessional Education. *Journal of Interprofessional Care.*

Haidet, P., Kelly, A., Chou, C., The Communication, Curriculum and Culture Study Group. (2005). Characterizing the patient-centeredness of hidden curricula in medical schools: Development and validation of a new measure. *Academic Medicine, 80*(1), 44-50.

Health Force Ontario. (2009). *Pre-registration strategies to guide the teaching and assessment of interprofessional competencies in interprofessional education settings.* Health Force Ontario: Toronto, ON.

Health Force Ontario. (2009). *Scoping review of pre-registration literature on curricula for interprofessional education.* Health Force Ontario: Toronto, ON.

Miller, G. (1990). The assessment of clinical skills/competence/performance. *Academic Medicine, 65*(9), 563-567.

McMaster University. (2009). *Description of IPE activities and competencies.* Accessed July 2, 2009 at http://fhs.mcmaster.ca/ipe/competency_intro.htm

ten Cate, O. & Scheele, F. (2007). Competence-based postgraduate training: Can we bridge the gap between theory and clinical practice? *Academic Medicine, 82*(6), 542-547.



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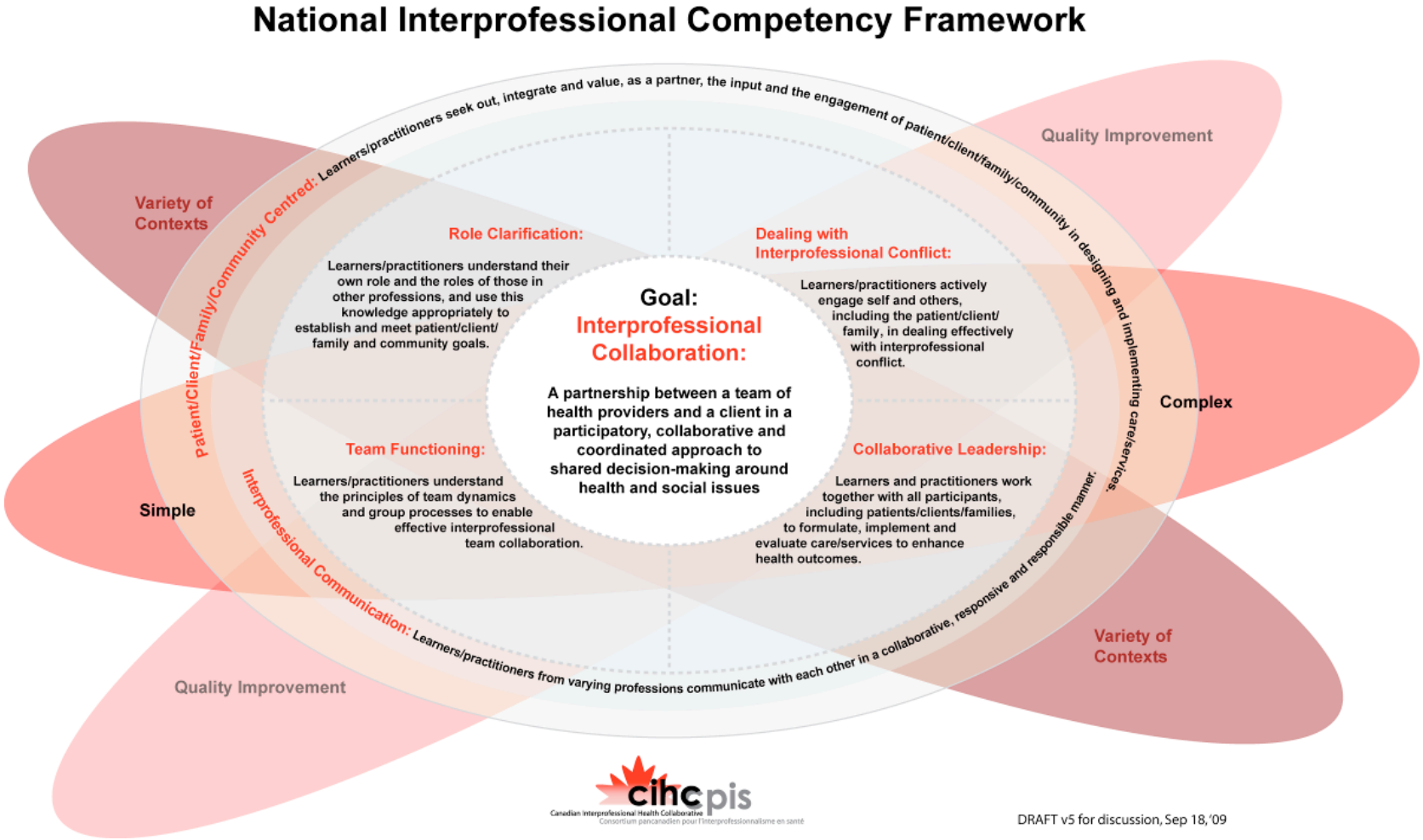
**Appendix A: National Interprofessional Competency Framework of the Canadian Interprofessional Health Collaborative (CIHC, 2009)**

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