



# Interprofessional Education & Collaboration: Concept and Competencies

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# Objectives

By the end of these 2 sessions, students should be able to:

Define interprofessional education and interprofessional collaborative practice

Describe the core competencies of interprofessional education

Appreciate the importance of interprofessional collaboration impact on quality and safety of patient care.

Understand the roles, responsibilities, and abilities of different professions

Understand the importance of communication for effective collaboration

Identify the opportunities for using IPE/C to improve interprofessional collaboration.

Reflect on an interprofessional exposure with students from another healthcare college

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# What do you think IPE is about?



# Definition of Interprofessional Education (IPE)



Learners from two or more professions learn **about**, **from**, and **with** each other to enable effective collaboration  
(WHO 2010)



# Definition of Interprofessional Collaboration (IPC)



- When **multiple** health workers
- from **different professional backgrounds**
- **work together with patients, families, [careers], and communities**
- to **deliver the highest quality of care.**



# What does this slide tell us? And who is missing?



We are the Doctors. We Lead!

Excuse me, but Nurses actually work directly with Patients...



Without me, you both wouldn't know a benzodiazapine from a barbiturate.

When you get to the mouth, call us.



“It is no longer enough for health workers to be **professional**. In the current global climate, health workers also need to be **interprofessional.**”

~ WHO, 2010



# IPE/IPC is NOT a new fashion



**1972**

Education  
for the  
health team  
(**IOM**)



**1987**

UK Centre for the  
Advancement of  
Interprofessional  
Education (**CAPIE**)



**2001**

Crossing the  
quality  
chasm: A  
new health  
system for  
the 21<sup>st</sup>  
century  
(**IOM**)



**2003**

Health  
professional  
s education:  
A bridge to  
quality  
(**IOM**)



**2005**

Canadian  
International  
Health  
Group



**2009**

Interprofessio  
nal education  
collaboration  
(**IPEC**)



**2010**

Framework  
for action  
on IPE/IPC  
(**WHO**)



# IPE/C competencies

- **Integrated enactment** of knowledge, skills, and values/attitudes
- that **define working together** across the professions, with other healthcare workers, patients, families, and communities as appropriate
- **to improve health outcomes** in specific care contexts.



# Interprofessional Education Competencies Domains

**Competency Domain 1: Values/Ethics for Interprofessional Practice**

**Competency Domain 2: Roles/Responsibilities**

**Competency Domain 3: Interprofessional Communication**

**Competency Domain 4: Teams and Teamwork**

The cover of the report features logos for the American Association of Colleges of Nursing, AACOM (American Association of Colleges of Osteopathic Medicine), ASPH (Association of Schools of Public Health), American Association of Colleges of Pharmacy (AACP), ADEA (American Dental Education Association), and AAMC (Association of American Medical Colleges). The title is "Core Competencies for Interprofessional Collaborative Practice", sponsored by the Interprofessional Education Collaborative. Below the title is a photograph of a diverse group of healthcare students in a classroom or lab setting, engaged in collaborative learning. At the bottom, it states "Report of an Expert Panel, May 2011" and lists the following sponsors: American Association of Colleges of Nursing, American Association of Colleges of Osteopathic Medicine, American Association of Colleges of Pharmacy, American Dental Education Association, Association of American Medical Colleges, and Association of Schools of Public Health.

# Competency Domain: **Values/Ethics for Interprofessional Practice**

- Work with individuals of other professions to maintain a climate of mutual respect and shared values



# Specific Values and Ethics Competencies



**Place** the interests of **patients and populations** at the center of interprofessional health care delivery.

**Respect** the **dignity** and **privacy** of patients while maintaining confidentiality in the delivery of team-based care.

**Embrace** the cultural **diversity** and individual differences that characterize patients, populations, and the health care team.

**Respect** the unique cultures, values, roles/responsibilities, and expertise of **other health professions**.

**Work in cooperation** with those who **receive** care, those who **provide** care, and others who **contribute to** or support the delivery of prevention and health services.

**Develop a trusting relationship** with **patients, families, and other team members**.

Demonstrate **high standards** of **ethical conduct** and quality of care in one's contributions to team-based care.

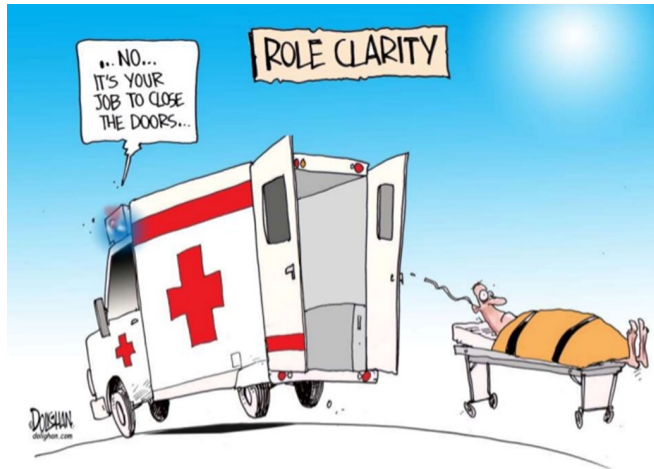
**Manage ethical dilemmas** specific to interprofessional patient/ population centered care situations.

**Act with honesty** and integrity in relationships with patients, families, and other team members.

**Maintain competence** in one's own profession appropriate to scope of practice.

# Competency Domain: **Roles/Responsibilities**

- Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of the patients and populations served



IPEC. Core Competencies for Interprofessional Collaborative Practice. May 2011

# Specific Roles and Responsibilities Competencies



**Communicate one's roles and responsibilities clearly** to patients, families, and other professionals.

**Recognize one's limitations** in skills, knowledge, and abilities.

**Engage diverse healthcare professionals** who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs.

**Explain the roles and responsibilities of other** care providers and how the team works together to provide care.

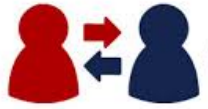
Use the **full scope of knowledge, skills, and abilities** of available health professionals and healthcare workers **to provide** care that is **safe, timely, efficient, effective, and equitable**.

Communicate with team members **to clarify each member's responsibility** in executing components of a treatment plan or public health intervention.

**Forge interdependent relationships** with other professions to improve care and advance learning.

Engage in continuous **professional and interprofessional development** to enhance team performance.

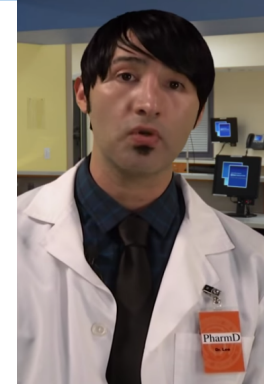
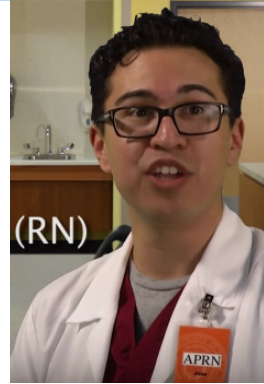
Use unique and **complementary abilities** of all members of the team to optimize patient care.



- **What do you know about the scope of practice of your own profession and other health profession?**
- **From the video assignment what do you think about the roles/responsibilities of each member?**



# What was the **Roles & Responsibilities** of the professionals in the assigned video?



| Physician  | Registered Nurse                            | Clinical pharmacist  |
|--|---|--|
| Perform history & physical to determine differential Dx      | Ongoing assessment of patient health status | Medication expert to assure Safe and effective use of medication |
| Make diagnosis >>> Treats and manage a variety of conditions | Manage care to meet patients needs          | Assess patient for medication related issues                     |
| Collaborative with health care team (e.g. referral)          | Collaborate with healthcare team            | Collaborate with healthcare team                                 |
| Provide education  | Provide education                           | Provide education  |
| Advocate for patient and family                              | Advocate for patients and families          | Advocate for patient and families                                |



# Competency Domain: **Interprofessional Communication**

- Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner



IPEC. Core Competencies for Interprofessional Collaborative Practice. May 2011

# Specific Interprofessional Communication Competer



Choose **effective communication tools and techniques**, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.

Organize and **communicate information** with patients, families, and healthcare team members in a form that is **understandable**, avoiding discipline-specific terminology when possible.

Express one's **knowledge and opinions** to team members involved in patient care with **confidence, clarity, and respect**, working to ensure common understanding of information and treatment and care decisions.

**Listen actively**, and encourage ideas and opinions of other team members.

Give **timely, sensitive, instructive feedback** to others about their performance on the team, **responding respectfully** as a team member to feedback from others.

Use **respectful language** appropriate for a given difficult situation, crucial conversation, or interprofessional **conflict**.

**Recognize how one's own uniqueness**, including experience level, expertise, culture, power, and hierarchy within the healthcare team, contributes to **effective communication, conflict resolution, and positive interprofessional** working relationships.

Communicate consistently the **importance of teamwork** in patient-centered and community focused care.

- In **2006**, the Joint Commission on Accreditation of Health Care Organization reported that: **70% of medical errors** were caused by **lack of communication between team members.**



# Best Practices in Interprofessional Communication



- The lifeline of care team
- Process by which information is exchanged between individuals, departments, or organizations
- Should be:
  - Complete
  - Clear
  - Brief
  - Timely



# Interprofessional Communication

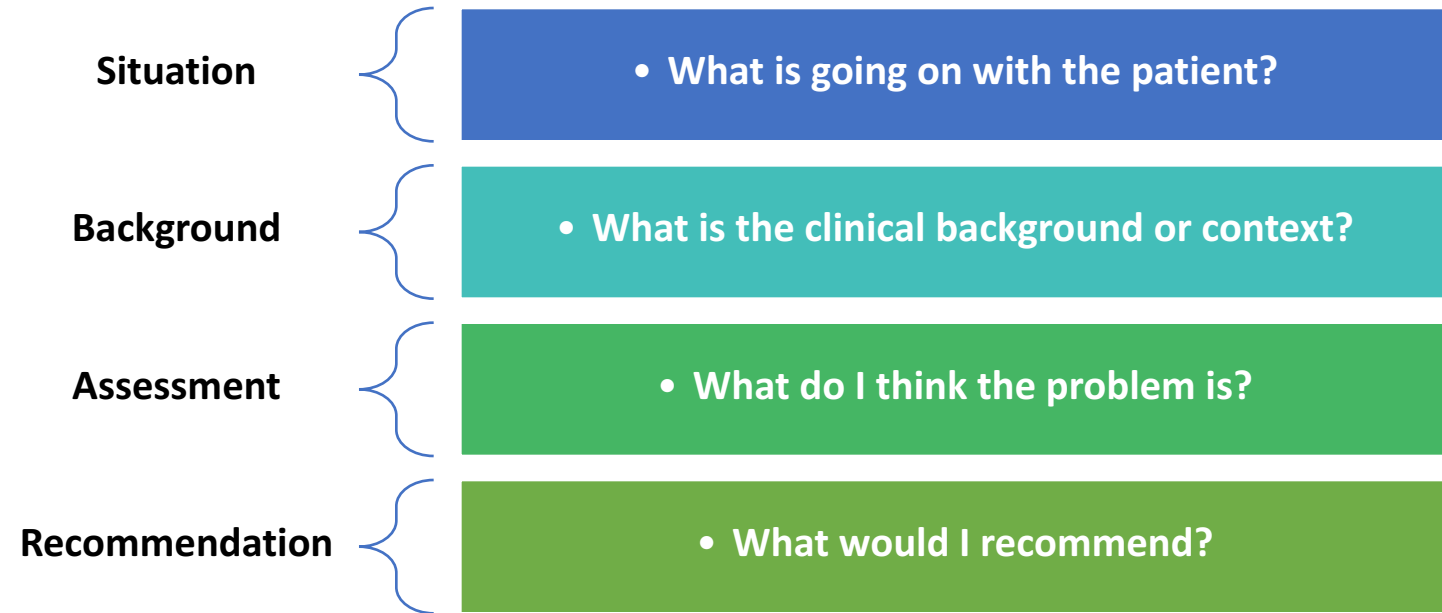
## • Information Exchange Strategies

### • Situation – Background – Assessment – Recommendation (SBAR)

- to effectively communicate information to one another

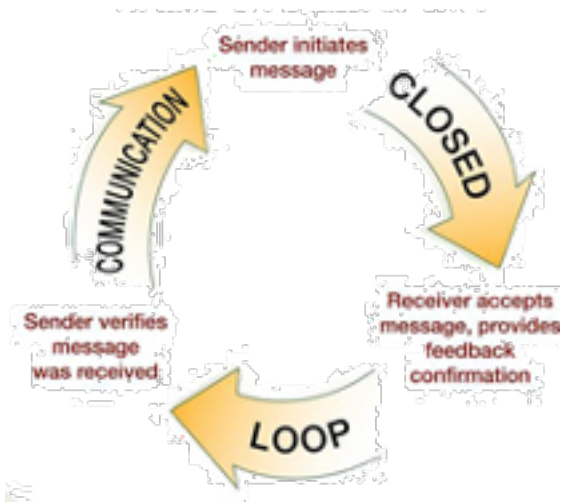
### • Call-Out:

- to communicate important or critical information. Ex. During emergency, codes, etc



# Interprofessional Communication

- Information Exchange Strategies



- **Check-Back**

- to ensure that message is received

- **Handoffs**

- to transfer information during transitions in care across the continuum
    - Includes an opportunity to ask questions, clarify, and confirm

# Interprofessional Communication: Examples

**Situation** – What is going on with the patient?

*“I am calling about Mrs. Joseph in room 251. Chief complaint is shortness of breath of new onset.”*

**Background** – What is the clinical background or context?

*“Patient is a 62-year-old female post-op day one from abdominal surgery. No prior history of cardiac or lung disease.”*

**Assessment** – What do I think the problem is?

*“Breath sounds are decreased on the right side with acknowledgment of pain. Would like to rule out pneumothorax.”*

**Recommendation and Request** – What would I do to correct it?

*“I feel strongly the patient should be assessed now. Can you come to room 251 now?”*

- Informs all team members simultaneously during emergent situations
- Helps team members anticipate next steps
- Important to direct responsibility to a specific individual responsible for carrying out the task

Example during an incoming trauma:

**Leader:** “Airway status?”

**Resident:** “Airway clear”

**Leader:** “Breath sounds?”

**Resident:** “Breath sounds decreased on right”

**Leader:** “Blood pressure?”

**Nurse:** “BP is 96/62”

The steps include the following:

1. Sender initiates the message
2. Receiver accepts the message and provides feedback
3. Sender double-checks to ensure that the message was received

Example:

**Doctor:** “Give 25 mg Benadryl IV push”

**Nurse:** “25 mg Benadryl IV push”

**Doctor:** “That’s correct”

**“I PASS THE BATON”**

|            |                        |  |
|------------|------------------------|--|
| <b>I</b>   | <b>Introduction</b>    | Introduce yourself and your role/job (include patient)   |
| <b>P</b>   | <b>Patient</b>         | Name, identifiers, age, sex, location  |
| <b>A</b>   | <b>Assessment</b>      | Present chief complaint, vital signs, symptoms, and diagnoses  |
| <b>S</b>   | <b>Situation</b>       | Current status/circumstances, including code status, level of (un)certainly, recent changes, and response to treatment |
| <b>S</b>   | <b>Safety Concerns</b> | Critical lab values/reports, socioeconomic factors, allergies, and alerts (falls, isolation, etc.)                     |
| <b>THE</b> |                        |  |
| <b>B</b>   | <b>Background</b>      | Comorbidities, previous episodes, current medications, and family history  |
| <b>A</b>   | <b>Actions</b>         | Explain what actions were taken or are required. Provide rationale.  |
| <b>T</b>   | <b>Timing</b>          | Level of urgency and explicit timing and prioritization of actions   |
| <b>O</b>   | <b>Ownership</b>       | Identify who is responsible (person/team), including patient/family members  |
| <b>N</b>   | <b>Next</b>            | What will happen next? Anticipated changes? What is the plan? Are there contingency plans?                             |

# Interprofessional Communication

- **Challenges/Barriers**

- Language barrier
- Distractions
- Physical proximity
- Personalities
- Workload
- Varying communication styles
- Conflict
- Lack of information verification
- Shift change



# Specific Teams and Teamwork Competencies



Describe the process of **team development** and the **roles** and **practices** of effective teams.

Develop **consensus on the ethical principles** to guide all aspects of patient care and team work.

Engage other health professionals in **shared patient-centered problem-solving**.

Integrate the **knowledge and experience** of other professions, appropriate to the specific care situation to inform care decisions, while respecting patient and community values and priorities/ preferences for care.

Apply **leadership** practices that **support collaborative** practice and team effectiveness.

Engage self and others to constructively **manage disagreements** about **values, roles, goals, and actions** that arise among healthcare professionals and with patients and families.

**Share accountability** with other **professions, patients, and communities** for outcomes relevant to prevention and health care.

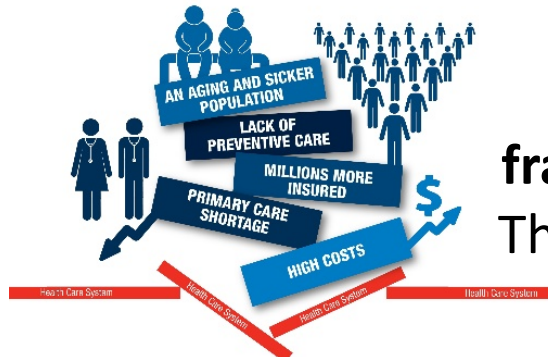
**Reflect on individual and team** performance for individual, as well as team, performance improvement.

Use **process improvement strategies** to increase the effectiveness of interprofessional teamwork and team-based care.

**Use available evidence** to inform effective teamwork & team-based practices.

**Perform effectively on teams** and in different team roles in various settings

# Do you think IPE/IPC is needed or important?



Overcome **fragmentation** and **cost**. The **burden** exceeds the capacity of any one profession.

Increase **access to care**. Improves **quality and safety** of care



Enhance **job satisfaction** and **ease stress** and create a more **flexible workforce**



Remedy failures in **trust, respect and communication** between professions

# Benefits of IPE/IPC: Patients, HC providers, Health care organizations



## Health care organizations

- Greater efficiency and capacity — ability to provide care for more people, enhancing patient satisfaction.
- Decreased staff turnover with enhanced staff morale.
- Improved recruitment and retention.
- Increased patient safety and fewer treatment errors.
- Enhanced opportunities to develop ongoing quality improvement and accountability measures in health care delivery.

## Patients

- Shorter wait times for care.
- Improved patient care and safety.
- Greater access to a broad range of comprehensive health care services for care.
- Increased satisfaction with care provided.
- Better health outcomes.
- A more active role in health care.

## Health care providers

- Greater job satisfaction.
- Less stress and burnout.
- The opportunity to work within the full scope of practice and contribute to enhanced patient outcomes.
- An improved professional environment that supports clinical practice, provides access to peers for support and advice, and ensures greater predictability within the interprofessional workplace environment.

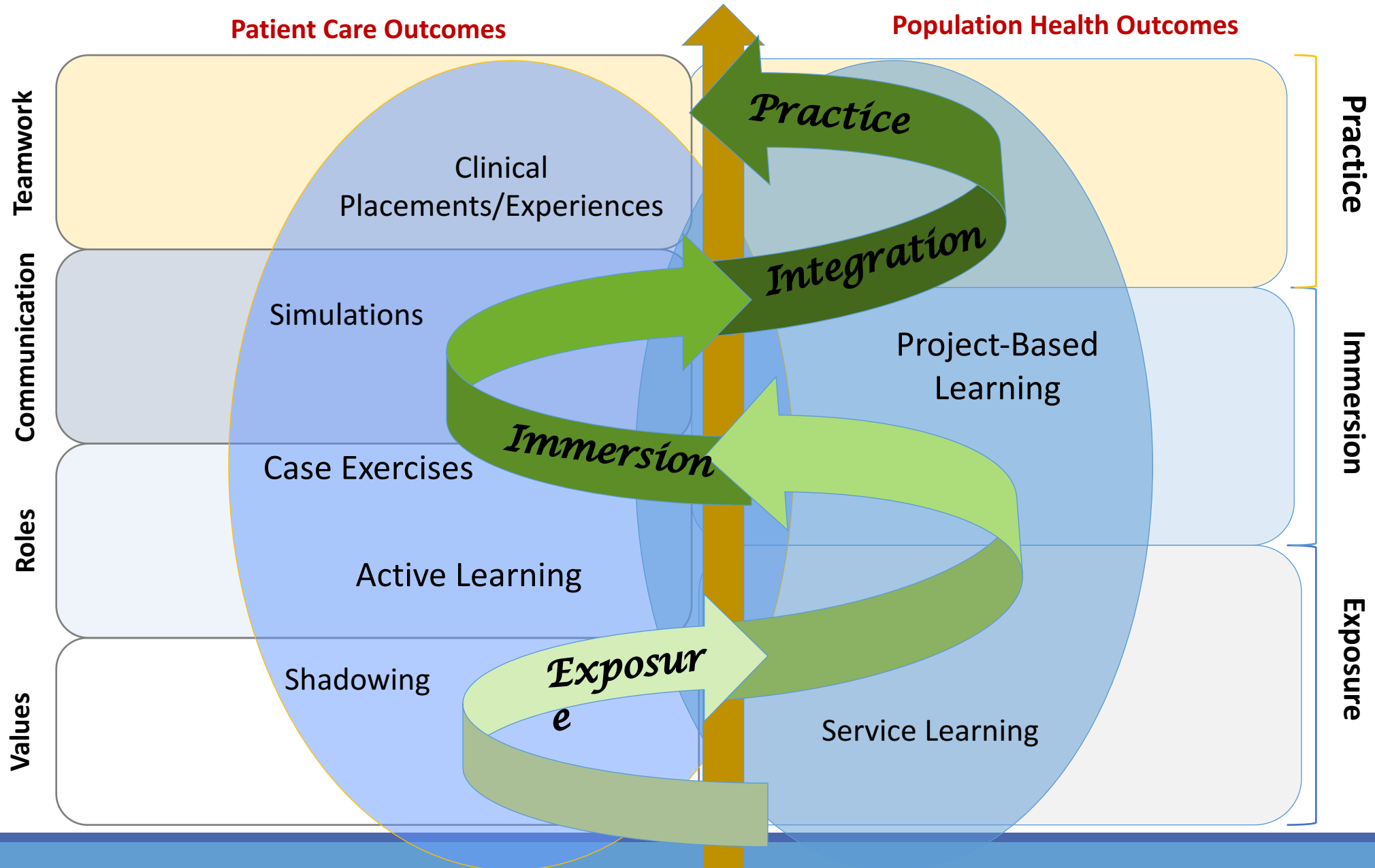


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**“Collaboration and teamwork can BEST be achieved if it starts early.”**

**Robert Wood Johnson Foundation, 2011**

# Opportunities for incorporating IPE/C



# Example of IPE Activities

## • **Experiential training programs**

- **Clinical Sessions during internship**
- **Interprofessional clinical rounds**
- **Interprofessional ambulatory clinics:**
  - Students team up and assigned a real patient from outpatient clinic
- **Case presentations**
- **Case studies**
- **Journal clubs**
- **Ethic cases**

## • **Community-based related activities**

- **Service learning:**
  - Students teams up and identify a community partner (**nursing home, Rehab center, etc**) and conduct a community project
- **Health campaigns**
- **Screening programs**
- **Free- or Mobile clinic (e.g. in Hajj)**
- **Extracurricular activities**

# Where to go from here?

- Students assigned to IPE activity should form groups of 5-10 students and pair up with students from pharmacy college (already arranged with the course instructor)
- You may include students from other colleges as well.
- Select one of the activities listed in document sent to you earlier. You can suggest other activity as soon as you included students from other colleges, target one of the core competencies, and inform course instructor, submit your submission afterward
- During session 2 (Oct 15<sup>th</sup>) each team will present (5-7 min) about their experience in front of the whole class.

# Activities listed

|    | Suggested activity  | Max No. of groups*        | Person to contact for arrangement ** |
|----|---|---------------------------|--------------------------------------|
| 1  | Conduct a medication reconciliation in ER   | 3                         | Dr. Ghada & Dr. Nora                 |
| 2  | Conduct a medication reconciliation upon discharge  | 3                         | Dr. Ghada & Dr. Nora                 |
| 3  | Conduct a patient interview – hospitalized patient  | 3                         | Dr. Ghada & Dr. Nora                 |
| 4  | Conduct a patient interview – ambulatory patient  | 3                         | Dr. Ghada & Dr. Nora                 |
| 5  | Discuss a patient case  | 3                         | All instructors                      |
| 6  | Discuss a recent article. Example: Aspirin for primary prevention   | 3                         | All instructors                      |
| 7  | Discuss a medication error case   | 1                         | Dr. Ghada & Dr. Alnaami              |
| 8  | Use the material from TeamSTEPPS 2.0 curriculum. Access through: <a href="https://www.ahrq.gov/teamsteps/instructor/index.html">https://www.ahrq.gov/teamsteps/instructor/index.html</a> to discuss health professional teams structures to understand roles and responsibilities | 2                         | Dr. Ghada                            |
| 9  | Conduct a medication counseling session on a simulated patient (arrange through course instructor)  | 3                         | All instructors                      |
| 10 | Observe a medication counseling session on an actual patient  | 1                         | Dr. Ghada & Dr. Nora                 |
| 11 | Attend a diabetes educator session  | 1                         | Dr. Ghada                            |
| 12 | Shadow a healthcare professional for 2 hours and reflect on their roles and responsibilities  | 3                         | All instructors                      |
| 13 | Discuss a scenario about professional conflict and come up with conflict resolution strategies  | 2                         | All instructors                      |
| 14 | Develop an education brochure for a target population about a specific health issue   | 2                         | All instructors                      |
| 15 | Complete a self-learning module. Example Polypharmacy and deprescribing: <a href="https://www.bruyere.org/patientsafetymodules/Deprescribing/story.html">https://www.bruyere.org/patientsafetymodules/Deprescribing/story.html</a>  | 2                         | Dr. Ghada                            |
| 16 | Reflect on the act of interprofessional collaborative practice at the tumor board every Thursday morning at 11-12 am (please contact our fellow Dr. Husam0541229996 for guiding them to the meeting room)   | Max 1 group               | Dr. Alnaami                          |
| 17 | Attend obesity clinic at Prince Sultan Humanitarian City (Binban-Qasim Road) on Monday and Tuesday 9-12 am (arrange through instructors)  | 1 (Monday)<br>1 (Tuesday) | Dr. Alnaami                          |
| 18 | Dr. Alnaami General Surgery and Obesity clinic at KKHU every Monday 2-4 pm (outpatient clinics building, first floor, surgery clinic)   | 1                         | Dr. Alnaami                          |
| 19 | Dr. Ghada Bawazeer diabetes clinic (outpatient clinics building, ground floor, primary care clinics-females) every Tuesday 8-12   | 1                         | Dr. Ghada                            |
| 20 | Attend Heme-Onco grand round on Monday 12:30 (onco) the heme (1:30)   | 2                         | Dr. Nora                             |
| 21 | Attend a healthcare team round on Thursday at 9 a.m.: East building, floor 4 Ward 41 (onco building). Need to arrange through   | 1                         | Dr. Nora                             |
| 22 | Any other activities suggested by groups can be accommodated  |                           |                                      |



# Additional Activities can arranged

- Pair with pharmacy students, each profession reads up on their own Code of Ethics. Assess their ethical code in regards to its “interprofessional readiness.”
- Pair with pharmacy students, have each profession discuss their scope of practice
  - Both activities need arrangement with practitioners from each profession to facilitate the session

# Lecture Resources & Readings

- **Required Reading:**

- **Competencies for interprofessional collaborative practice: 2016 update**

- <https://nebula.wsimg.com/2f68a39520b03336b41038c370497473?AccessKeyId=DC06780E69ED19E2B3A5&disposition=0&alloworigin=1>

- **Required Videos:**

- interprofessional core competencies: <https://www.youtube.com/watch?v=0LRZEp-ECVQ>

- **Optional Videos (HIGHLY RECOMMENDED)**

- Competency 1: Value and ethics (Scenario)

- <https://www.youtube.com/watch?v=L7--0lgd0bQ>

- Competency 2: roles and responsibilities (Scenario)

- [https://www.youtube.com/watch?v=G3add\\_DXZIA](https://www.youtube.com/watch?v=G3add_DXZIA)

- Competency 3: communication (Scenario)

- <https://www.youtube.com/watch?v=p75Qkn-953A>

- Competency 4: Teams and teamwork (Scenario)

- [https://www.youtube.com/watch?v=IRIkJKppR\\_8](https://www.youtube.com/watch?v=IRIkJKppR_8)

# Local context for IPE/IPC

## Education System Mechanisms

- **Educator mechanisms** (i.e. academic staff training, champions, Institutional support, managerial commitment, learning outcomes)
- **curricular mechanisms** (i.e. logistics and scheduling, program content, compulsory attendance, shared objectives, adult learning principles, contextual learning, assessment)

## Health System mechanisms

- **institutional support mechanisms** (i.e. governance models, structured protocols, shared operating resources, personnel policies, supportive management practices)
- **working culture mechanisms** (i.e. communications strategies, conflict resolution policies, shared decision-making processes);
- **environmental mechanisms** (i.e. built environment, facilities, space design).