

The Development of a Set of Shared Core IPE Competencies and Evaluation for Qatar: the process and the product

Brad Johnson¹, Myriam Abi Hayla², Carolyn Byrne³, Mohamed El Tawil⁴, Peter Jewesson⁵, Irene O'Brien⁶, Renee Pyburn⁷, Suzanne Robertson-Malt⁸, Mohamud Verjee⁹

^{1,2,3} University of Calgary - Qatar, ⁴ Hamad Medical Corporation, Qatar, ⁵ Qatar University, College of Pharmacy, ⁶ College of the North Atlantic-Qatar, School of Health Sciences, ^{7,8} Sidra Medical and Research Center, Qatar, ⁹ Weill Cornell Medical College, Qatar

1. INTRODUCTION

Interprofessional Education (IPE) is defined by the World Health Organization (WHO) as the process by which a group of practicing health-care professionals work together in order to provide promotive, preventive, curative, rehabilitative and other health-related services. WHO strongly encourages efforts to develop and integrate IPE into educational health-care programs for patients' benefits.

For this to occur, a set of shared core competencies must be developed and used as a base on which to build and strengthen interprofessional skills in health-care professionals. Little or no research has been made to develop a set of IPE shared core competencies in Qatar.

The first phase will involve the development of a detailed plan to implement inter-professional health care education at the participating health care education institutions. Phase 2 will involve the implementation of the plan and in phase 3 we will evaluate the outcomes using agreed upon measures of success.

A group of health professionals from health education programs in Qatar are working together to facilitate inter-professional education in Qatar. The participating institutions in this project include:

- College of the North Atlantic Qatar – School of Health Sciences
- Hamad Medical Corporation
- Qatar University– College of Pharmacy
- University of Calgary - Qatar
- Sidra Medical and Research Center
- Weill Cornell Medical College in Qatar

Developed a set of Shared Core Competencies for IPE related to each domain using the Delphi approach.

Developed a rubric that can be used to evaluate students on the dimensions outlined in the shared core competencies (Table 1).

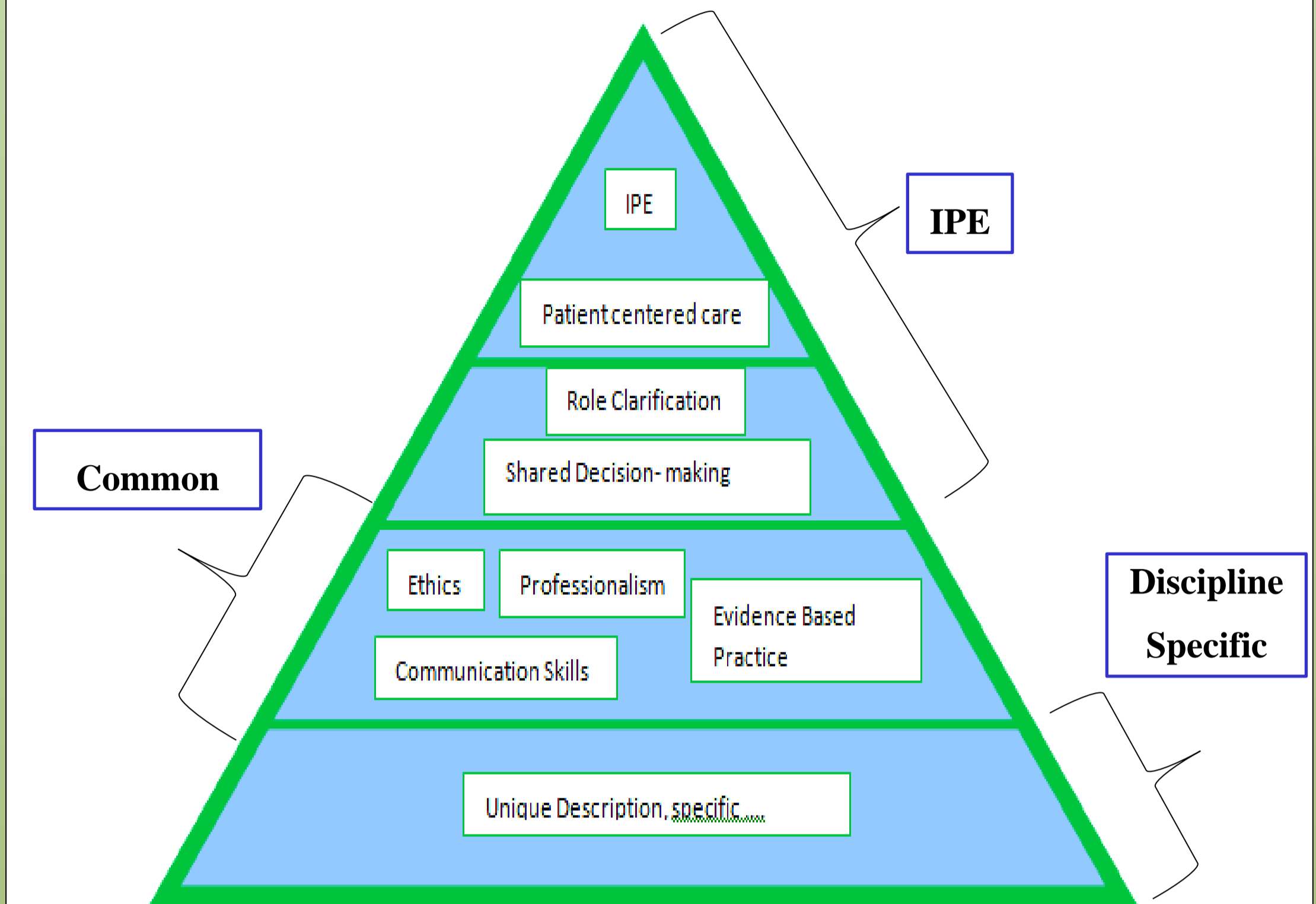


Figure 2: The Final IPE model developed by our team: December 9th 2011

Competency	Not Observable (0)	Minimal (1)	Developing (2)	Competent (3)	Mastery (4)	Score	Group Score
Utilizes effective communication skills with the patient and their family members		Does not use communication strategies (verbal&body language) appropriately with others	Occasionally uses strategies (verbal&body language) appropriately with others	Frequently uses strategies (verbal&body language) appropriately with others	Consistently uses strategies (verbal&body language) appropriately with others		

Table 1: A part of the rubric developed to measure the IPE competencies.

2. OBJECTIVES

The World Health Organization (WHO) in its 2010 report, "Framework for Action on Inter-professional Education (IPE) and Collaborative Practice", strongly encourages efforts to develop and integrate IPE into providers' healthcare programs. Measures of success included changes in perceptions and attitudes, knowledge and skills; behavior; organizational changes; and patient benefit (Figure 1).

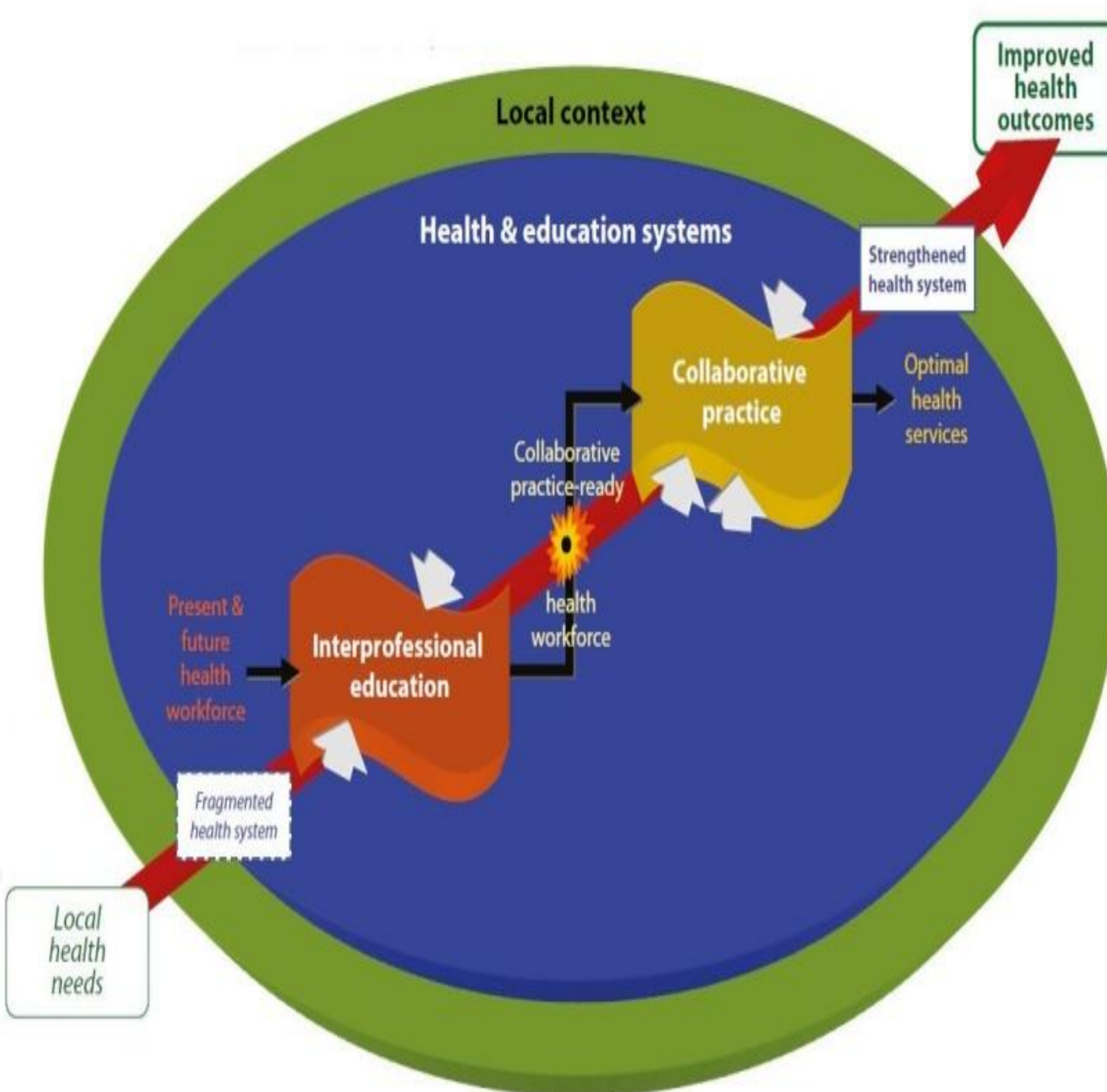


Figure 1: Health and Education Systems (WHO, 2010)

Inter-Professional Health Education provides an integrated approach to education in health-related disciplines with a primary goal of ensuring a set of shared competencies across disciplines. While the competencies do exist in each discipline it is important to note that there is often no systematic integration between disciplines that promotes shared inter-professional competencies. A secondary goal is a shared understanding and respect for the role each plays in the delivery of healthcare. This project will be implemented in three phases.

3. METHODS

The process used to develop the set of shared core competencies is split in two phases:

Phase I :

- Development of a pyramid IPE model
- Development of a list of IPE domains

Phase II:

The method used for the identification of competencies is the Delphi-based approach. The steps for the initial Delphi approach are as follows:

1. Drafting competencies based on team members opinion and review of relevant literature.
2. Establishing a first round of an external expert review panel, seeking a mix of disciplines and experience.
3. Obtaining feedback from the panel and incorporating feedback from the first round into another subsequent round.
4. Drafting the final set of shared competencies.

4. RESULTS

Developed IPE domains using a card-sorting approach.

Descriptions/definitions were given to each domain as well.

These domains are:

1. inter-professional Communication
2. Role Clarification
3. Patient Centered-Care
4. Shared Decision-Making

Developed an IPE model. This model helped separating out IPE domains from other domains (Figure 2).

5. Discussion

The set of shared core IPE competencies was successfully developed. It gained a high level of agreement among team members and the external panel. The application of these competencies results in a shared language, shared understanding and shared goals which will allow pre-licensure students to be better prepared as they go into practice.

The rubric helps measure the gained competency. It provides a common and shared mechanism for evaluating proficiency with the set of shared core competencies.

6. CONCLUSIONS

The set of Shared Core Competencies was successfully developed along with the Rubric. Our future work will focus on developing faculty and student training modules.

Implementing Inter-professional Education in Qatar will help improve healthcare delivery in the state. The materials that are developed will bring an understanding of the benefits of IPE and engender knowledge, skill sets and attitudes that support collaboration and teamwork along with a common and shared language across health disciplines. Pre-licensure students from different medical backgrounds (e.g. Nursing, Medicine, Pharmacy, etc.) will leave universities better prepared for practice.

Acknowledgements

This project was motivated by the work of the Qatar inter-professional Health Council (QIHC) and was actively supported by the council. This research is made possible by a grant from the Qatar National Research Fund under its National Priorities Research Project (NPRP), award number NPRP 4-693-3-197