

Section 1: Shared Core Competencies



1.1 IPE Shared Core Competency Domains and Competency Statements

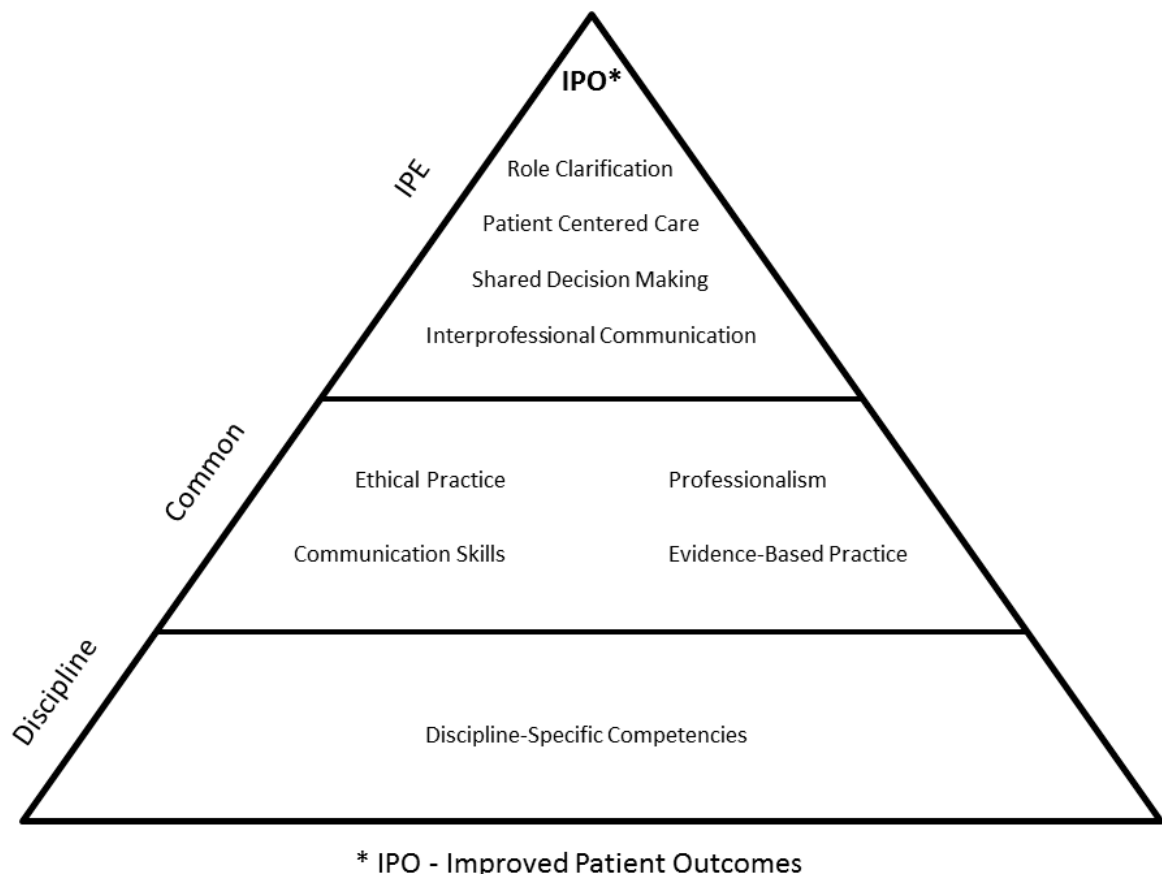
These IPE Shared Core Competency Domains and Competency Statements were developed by the IPE project team through a collaborative review involving partners from the healthcare professions practicing in Qatar.

IPE Shared Core Competency Domains Development:

At a first stage, a list of domains with their descriptions were developed using a card-sorting approach. A pyramid model with IPE at the top was developed to help separate out IPE domains from other domains subsumed with the first or second layer.

The agreed domains are:

1. Role clarification
2. Interprofessional Communication
3. Patient and family Centered- Care
4. Shared decision- making



Competency Statements:

Domain: Role Clarification

Definition:

Healthcare students/professionals understand and respect the role and responsibility of all stakeholders. [Adapted from CIHC]

We identified the relevant stakeholders as students, professionals, patient and family.

Competencies:

1. Demonstrates through application an understanding of their own role [2]
2. Understands scopes of professional practice and roles of each member of the healthcare team (HFO) [3]
3. Demonstrates respect for other healthcare professionals roles and responsibilities. [2]

Domain: Interprofessional Communication

Definition:

Healthcare students/professionals communicate in a collaborative, responsible and culturally sensitive manner. [Adapted from CIHC]

Competencies:

1. Utilizes effective communication skills with the patient and their family members [1, 3]
2. Discloses and effectively communicates ethical issues with the patient and their family members [3]
3. Demonstrates through application an understanding of respect, empathy and cultural sensitivity when communicating with the patient and their family members [4]
4. Demonstrates through application an understanding of the principles of team communication [2]
5. Communicates to ensure common understanding of healthcare decisions [2]
6. Ensures that accurate and timely information reaches those who need the information. (IOM) [3]
7. Understands and applies the organizations (health agencies) approved standards of communication, internally and externally (IOM) [3]

Domain: Patient and Family Centered Care

Definition:

Healthcare students/professionals seek out, integrate and value the input, and the engagement of the patient and family as part of the healthcare team [Adapted from CIHC]

Competencies:

1. Creates and sustains a therapeutically and ethically sound relationship with the patient and their family members [1]
2. Demonstrates caring and respectful behaviors when interacting with the patient and their family members [1]
3. Performs their professional roles and responsibilities in a culturally respectful way [2]

4. Advocates for quality patient care and assist patients in dealing with health care system complexities [1]
5. Provides education and support to the patient and their family members in a respectful and understandable manner [1; 2; 4]
6. Encourages discussion and enables the patient and their family members to make informed choices about their healthcare [1; 2; 4]
7. Includes the patient and their family members as part of the healthcare team.

Domain: Shared Decision-Making

Definition:

Healthcare students/professionals include all stakeholders in the decision-making process regarding patient healthcare outcomes.

Competencies:

1. Exchanges knowledge/skills with other members of healthcare teams at all times to promote collaborative practice when assessing, developing, and planning during the patient care process [2; 3; 5]
2. Acknowledges each discipline's perspective during team meetings and/or interprofessional exchanges during the patient care process [3]
3. Involves all members of the team as well as the patient and their family members in the decision-making process related to planning and implementing care [3]
4. Seeks to actively create and support a climate of shared decision-making and collaborative practice [2]
5. Facilitates the integration of evidence based practice into the shared decision-making process (IOM) [3]

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1.2 IPE Shared Core Competency Rubric for Scenario Assessment

Domain: Interprofessional Communication (IC)			
Definition:			
<ul style="list-style-type: none"> Healthcare students/professionals communicate in a collaborative, responsible and culturally sensitive manner. [Adapted from CIHC] 			
Competency	Observable Performance Indicators	Descriptions	Coding
Effective Communication Skills (EF) Utilizes effective communication skills with the patient and their family members ^{1,2,3}	Uses verbal communication strategies appropriately when communicating with patient and family members ⁷	Communication strategies: i.e. clarity of speech, language use, messages with useful information Appropriately means: let others speak; being polite, supportive and respectful; being calm and focused on the issue	IC-EF-1
	Uses constructive nonverbal communication strategies when communicating with patient and family members ^{8,9}	Nonverbal communication strategies: i.e. eye contact, tone of voice, facial expression, gesture, touch, posture, body language, and physical closeness between communicators to convey messages	IC-EF-2
	Uses questioning skills when speaking with patient and family members with the intent to collect more information regarding the health condition, in order to help making informed decisions	Questioning skills; i.e. to obtain more information, to help clarify points, to think deeper on a topic, etc. to advance the intervention	IC-EF-3
	Uses active listening techniques when speaking with patient and family members ¹⁰	Active listening techniques: i.e. focus on what is being said; giving the others time to explore and share their thoughts and feelings; reflecting and clarifying message to verify understanding of what others are concerned about; providing feedback; responding appropriately	IC-EF-4
	Uses simple language, straightforward grammatical and stylistic techniques when communicating (speaking and writing) with patient and family members	Uses simple language while using different channels of communication (verbal, written) so everybody can understand the message(s)	IC-EF-5
	When deem appropriate, uses communication technologies to communicate effectively and rapidly with patient and family members	Incomplete list of communication technologies: i.e. email, instant messaging, tweets, listservs, discussion groups/boards, file transfers, etc.	IC-EF-6
Accurate Information (AI) Ensures that accurate and timely information reaches those who need the information	Ensures that accurate information reaches those who need the information (team/patient/ family) so they are able to make informed decisions about the diagnosis, treatment plans, side effects if any, etc. but also, are able to share knowledge about the plan of work/ treatment plan with patient, family and team	Team/individual are sharing information from their own discipline to the team/patients/family in order to make informed decision and to share the plan of intervention	IC-AI-1
	Ensures that timely information reaches those who need the information (team/patient/ family) so they are able to make informed decisions about the diagnosis, treatment plans, side effects if any, etc. but also, are able to share knowledge about the plan of work/ treatment plan with patient,	Exchanging information (e.g. diagnosis and healthcare plan) on time (e.g. with no delay) to help the decision-making	IC-AI-2

	family and team		
Common Understanding (CU) Communicates to ensure common understanding of healthcare decisions ⁵	Communicates (within the team) in a logical and structured manner to help making understanding of decisions extremely clear; when employs medical words, does it in a completely/totally understandable manner to avoid communication breakdown	Common understanding means that members have the same understanding of the meaning of words (jargon), of situations, of decisions, etc. if not, it should be explained Logical and structured manner communication: the communication should be clear and easy to follow by anybody	IC-CU-1
	Uses closed-loop communication technique to avoid misunderstandings ¹⁵	Closed-loop communication: sender sends a message– receiver repeats it back to show understanding– sender confirms the message by a yes/no confirmation	IC-CU-2
Team Work Communication (TW) Demonstrates through application an understanding of the principles of team communication ⁵	Has the ability to adapt and be able to exchange information and resources dynamically ¹⁵	Adaptability: the participant is able to exchange information whatever the situation or circumstances Dynamically: A process that is constantly changing and evolving	IC-TW-1
	Contributes positively to interprofessional team discussion regardless of gender, hierarchy, ¹³ culture & social class, or role, to reduce barriers to communication ^{11,12} (via ethical relationship) and ultimately improve patient safety	Positive contribution: Sharing of positive and useful ideas and thoughts to help reach an agreement on decisions The contribution to the discussion should be open, fair, just and honorable to all and not depend on ‘who’ you are	IC-TW-2
	Includes give-and-take discussions with all team members, when communicating with the intent of making a shared decision ¹⁴	Give-and-take discussions: all participants are exchanging views back & forth appropriately to express concerns or ideas and give feedback so they can reach an agreement on decisions	IC-TW-3
	Contributes to, and shares the interprofessional workload distribution ¹⁶ with the intent to help the team decision-making process	Workload distribution: tasks are shared and taken so members are not overloaded during an intervention	IC-TW-4
	Has the ability to co-ordinate and adjust own action effectively to meet demands of other members ¹⁵	Co-ordinate actions: having different actions performed by different members to help the group Being aware that you are working in a group, and do your part to help the group	IC-TW-5
Cultural Sensitivity (CS) Demonstrates through application an understanding of respect, empathy, and cultural sensitivity, when communicating with the patient and their family members ^{1,4}	Communicates with patient and their family members in a respectful manner	To communicate in a respectful manner means to be polite, show kindness, appreciate people differences, listen to what others have to say, etc.	IC-CS-1
	Uses empathy, via verbal and non-verbal demonstration while interacting with patient and their family members, to show that the health care provider has some sense of how they are feeling	To communicate with empathy means showing compassion & kindness while interacting with others; acknowledge their feelings; i.e. to <i>put yourself in somebody else's shoes</i> ; can be shown through caring words or caring gesture, i.e. calm down the patient; understand & show consideration for psychological impact of important illnesses or problems on the patient and family	IC-CS-2

	Takes into consideration social awareness and cultural sensitivity while performing his/her own role/function in a multicultural workspace by verifying that procedure or practice is aligned with patient and family beliefs	Social awareness is being aware of others' situation and needs and try to take this into account when doing an intervention Cultural sensitivity is being aware that there are differences between cultures This means the health care provider should be reading the patient to make sure the intervention performed does not or goes against personal beliefs	IC-CS-3
Communicates Ethical Issues (EI) Discloses and effectively communicates ethical issues with the patient and their family members	Communicates effectively ethical issues with the patient and their family members	Ethical issues are issues that have moral values attached to them; people have different personal opinions (right or wrong) on ethical issues (i.e. abortion, euthanasia)	IC-EI-1
Organizations Standards of Communication (OS) Understands and applies the organizations (health agencies) approved standards of communication, internally and externally.	Utilizes approved standards of written communication (such as reports) when working on the treatment plan for the patient	This means applying various ways to communicate the huge volume of data from hospitals, primary care surgeries, clinics, and laboratories and the use of IT to do this, taking in consideration such as the complexity of medical data, data entry problems, security and confidentiality concerns, the absence in many countries of a unique national patient identifier and a general lack of awareness of the benefits and risks of IT. ¹⁷	IC-OS-1
Domain: Role Clarification (RC)			
Definition:			
<ul style="list-style-type: none"> Healthcare students/professionals understand and respect the role and responsibilities of all stakeholders. [Adapted from CIHC] Relevant stakeholders have been identified as students, professionals, patient and family. 			
Competency	Observable Performance Indicators	Descriptions	Coding
Own Role (OR) Demonstrates through application an understanding of their own role ¹	Conveys/communicates explicitly one's own role and responsibilities to the team/patient/family	The health care provider states explicitly what his/her role is and what role he/she will perform during the intervention (i.e. I'm the nurse and I will be taking your vital signs, etc.)	RC-OR-1
	Demonstrates competency in the application of own role and tasks at hand at all time	Application of role: if I'm a nurse, I go and do my work of nurse. I don't wait for others to tell me what to do.	RC-OR-2
Scopes & Roles of Others (RO) Understands scopes of professional practice and roles of each member of the healthcare team ¹	Communicates explicitly the role of others and their responsibilities to the team/patient/family	The health care provider states explicitly what is the role and responsibilities each will perform during the intervention (i.e. to the patient - she is the pharmacist and she will be helping you; to a team member - you're the nurse, please take her pulse)	RC-RO-1
	Demonstrates professional judgment when assuming tasks or delegating tasks	The health care provider knows when the tasks is hers/his and jump right into it or knows when the tasks is more appropriate for someone else in the team (i.e. I'll take her pulse because it's my job, while you check her medication)	RC-RO-2

	Supervises/monitors politely tasks performed by others to make sure there is no breakdown in the application of care to patients ¹⁵	Monitoring others in the team means that you are verifying if they have done their job—if not you ask them to do it politely—so the patient care is going smoothly (monitoring procedure) ¹⁴ Recapping summary procedure: explicit review of all tasks performed so far, as a mean to assess/monitor what has been done so nothing is missed	RC-RO-3
Respects Roles of Others (RR) Demonstrates respect for other healthcare professionals roles and responsibilities	Recognizes and respects ¹⁹ responsibilities and level of competencies of other roles in the delivery of patient care	Different roles have different responsibilities & skills: it is important to recognize and respect everybody's roles (i.e. the nurse's role is not to bring coffee to other members of the team; tone of voice, being nice, please can you tell me...) Different healthcare providers' may have different level of competencies: it is important to recognize that other healthcare professionals may not be all at the same level (i.e. not needing to be right all the time, but recognizing other's knowledge & skill levels; a junior nurse vs. a senior one)	RC-RR-1
	Considers and values ¹⁹ the perspectives and opinions of other health care providers	Considering and valuing other healthcare providers' perspectives and opinions means you are able to listen to others point of view, seeks and be willing to receive positively their feedback; and/or you are able to give task clarifying feedback to another healthcare provider (mutual performance procedure) ¹⁴	RC-RR-2
	Open to and seeks out the contributions of other team members ¹⁹	Different healthcare providers have different specialized skills and knowledge: it is important to be open to and seeks out (ask) other team member their contribution (i.e. to the pharmacist: what dosage of medication should we give?; from the pharmacist: have you thought about this medication?)	RC-RR-3
Domain: Patient and Family Centered Care (PF)			
Definition:			
<ul style="list-style-type: none"> Healthcare students/professionals seek out, integrate and value the input, and the engagement of the patient and family as part of the healthcare team [Adapted from CIHC] 			
Competency	Indicators	Descriptions	Coding
Provides Education (PE) Provides education and support to the patient and their family members in a respectful and understandable manner. ⁶	Shares information as a mean to provide education (options of treatment plans) with the patient and family including "sensitive items" that may be difficult to talk about	This means the team/individual is educating the patient/family regarding possible options of treatment. This also mean that sensitive/awkward topics are discussed in a respectful and tactful way	PF-PE-1
	Uses effective communication strategies to educate and support the patient and their family members in dealing with health care complexities	This means providing information, listening, questioning, giving feedback to make sure the patient and family have the required information and understand how to deal with health care complexities	PF-PE-2
Patient Assistance (PA) Advocates for quality patient care and assist patients in dealing with	Assists patients in dealing with healthcare system complexities ¹⁸	Assists patients throughout the complexity of the situational environment: work taking place at hospital -where work distributed between actors (physicians, nurses, residents, etc.) and artifacts (IT, machines, paper notes)	PF-PA-1

healthcare system complexities ⁶		and doing handoff activities	
	Advocates and encourages the team for quality patient care while dealing with healthcare system complexities	Patient assistance and advocacy has to do with any actions, to obtain needed care, that will help the patient in any given situation	PF-PA-2
	Assists patients by comforting them while they are dealing with their pain and situation	Members of the team focus on the well-being of the patient and family members such as making sure they are comfortable; verifying that the medication is working, that the patient /family is feeling better, etc.	PF-PA-3
Respectful Culturally (RC) Performs their professional roles and responsibilities in a culturally respectful way ⁶	Has the ability and willingness to recognize different cultural norms (religion, rules and laws) and to provide care that is aligned with patient and family beliefs	This means the health care provider should have the ability & willingness to assess the patient culture to adjust own behavior and care to suit the one of the patient	PF-RC-1
	Demonstrates social awareness (having no problem with race, gender, class, sexual orientation) while performing own role in a multicultural workspace	Demonstrates social awareness means that the team/individual does not behave in a bias way during the intervention due to possible social factors the patient/family may exhibit; they are interacting with each other in a positive and helpful way	PF-RC-2
Demonstrates Caring and Respect (CR) Demonstrates caring and respectful behaviors when interacting with the patient and their family members ⁶	Assesses, before and during the decision-making, the psychosocial context and cultural context of the patient to be better able to provide care that is aligned with patient and family beliefs and needs	Psychosocial context: interrelation of social factors and individual thought and behavior Cultural context: language, values, customs Team is being aware of the mental state & social factors that could affect the patient as well as cultural differences and is trying to accommodate the patient beliefs and needs	PF-CR-1
	Demonstrates respect for the wishes of patients; and attends to patient needs for comfort and privacy.	This means being able to read the patient of family's signs of discomfort and do something about it	PF-CR-2
A Sound Relationship (SR) Creates and sustains a therapeutically and ethically sound relationship with the patient and their family members ^{1,6}	Creates and sustains a therapeutic relationship with the patient and their family members	A therapeutic relationship is a relationship where the healthcare team is a supportive counsel during the whole intervention. They create a supportive and nurturing environment (for physical & emotional needs) where patient & family are comfortable to ask questions, complain, etc.	PF-SR-1
	Create and sustains ethical relationship with the patient and their family members	An ethical relationship is a relationship where the healthcare team treats the patient & family appropriately during the whole intervention, regardless of the patient/family background or situation. They are treated with dignity, without discrimination and with privacy and discretion (i.e. by following accepted rules of ethical behavior)	PF-SR-2
Informed Choices (IC) Encourages discussion and enables the patient and their family members to make	Enables and encourages the patient and their family members to discuss and make informed choices about their healthcare	This means providing information, encouraging patient and family to ask questions, etc. regarding their health and possible treatments (i.e. discuss possible treatments & potential risks, benefits for each treatment) and assist them to select the best option for them	PF-IC-1

informed choices about their healthcare ¹			
Includes Patient and Family (IP) Includes the patient and their family members as part of the healthcare team ^{1,6}	Advocates, to the team, for patient and family as partners in decision-making processes	This means the team needs to make sure patient & family members are included in the decision making process related to their health care.	PF-IP-1
	Seeks approval of patient and family members about the different options of treatment plans, for the purpose to agree on a treatment plan decided by the healthcare team	After being provided information about their choices, patient & family members need to be included in the decision making process and agree of the best treatment plan for them (patient)	PF-IP-2
Domain: Shared Decision-Making (DM)			
Definition:			
<ul style="list-style-type: none"> Healthcare students/professionals include all stakeholders in the decision-making process regarding patient healthcare outcomes. 			
Competency	Indicators	Descriptions	Coding
Shared Decision Climate (SD) Seeks to actively create and support a climate of shared decision-making and collaborative practice. ^{1,5,6}	Shares and alternates intentionally, or takes leadership, in a professional manner with other team members when deem appropriate in order to support shared decision-making	Gives everybody the chance to lead (intentional sharing of leadership between the team) and/or takes leadership (do your share) in order to support the shared decision-making process	DM-SD-1
	Shares responsibility for decision making; and shares resources and ideas so there is no breakdown in interaction ¹⁵	This means you do not let the others do all the work; you do your part by collaborating and sharing information from your own discipline to help the shared-decisions making process	DM-SD-2
	Intentionally supports the creation of a climate that encourages collaborative practice (task interdependency)	Tasks interdependency require a collaborative practice climate between team members (sharing ideas, respecting other ideas) to facilitate the reliance upon one another Collaborative practice climate: by supporting and having respect toward other people's ideas; while being assertive to express their own and this, as they work collaboratively toward the same goal, outcome or engagement	DM-SD-3
Involves All Members (AM) Involves all members of the team as well as the patient and their family members in the decision-making process related to planning and implementing care ^{1,5,6}	Gets involved and ensures all members of the team participate in the discussions related to the decision-making process during planning and implementing care.	This means involving all members of the team, by making sure everyone participate in the decision-making process during the planning and implementation of care	DM-AM-1
	Integrates patient and family in the decision-making process during planning and implementing care.	This means the team member is required to involve the patient and family when planning or implementing care; i.e. asking questions, getting their feedback	DM-AM-2
Interprofessional Exchanges (IE) Acknowledges each discipline's perspective during team	Acknowledges/considers each discipline's perspectives and opinions during team meetings	Different disciplines may have different perspectives and opinions; it is important to recognize each discipline perspectives and opinions as being valid during team meetings	DM-IE-1

meetings and/or interprofessional exchanges during the patient care process ^{1,6}	Acknowledges/considers interprofessional exchanges; shares information about own discipline during the patient care process, and respond appropriately	Acknowledgment can be – but not restricted to being – explicit. Different disciplines have different roles and responsibilities: it is important to recognize and validate other discipline’s efforts and work done during the patient care process (i.e. can you take the vital signs?/ Thanks for taking the vital signs) as well as share information from own discipline	DM-IE-2
	Optimizes the quality of team members’ interaction	this means that the team/individual is purposely using various methods (resolution of disagreement, utilization of co-operative behaviors, or use of motivational reinforcing statements) ¹⁵ to improve the quality of the team interaction for a better end result/outcome and this, for the benefit of all	DM-IE-3
Promote Collaborative Practice (CP) Exchanges knowledge/skills with other members of healthcare teams at all times to promote collaborative practice when assessing, planning, and developing during the patient care process. ^{1,6}	Establishes collaborative decision-making by interacting adaptively, interdependently and dynamically ¹⁵ when assessing (collecting data) during the decision-making process	Assessing: the process of collecting data (checking patient history, vital signs, asking the family member about the situation of the patient before coming to the hospital, asking questions to the patient to understand more what he is feeling and suffering from). Includes information exchange, organization and identification of information gap and deliberation and negotiation of the data collected. Interacting adaptively, interdependently and dynamically: This means being able to change your interaction depending on the requirements of the situation; being able to share with other team member information you have collected so a collaborative decision can be made	DM-CP-1
	Establishes collaborative decision-making by interacting adaptively, interdependently and dynamically ¹⁵ when planning solutions and decisions	Planning solutions and decisions: Includes synthesis of information, statement of the need(s), and formulation of possible plans of action, revision and agreement of a final plan. I.e. checking with the team about the possible causes for the illness of the patient, discussing what best to solve the problem, what good dosage of medicines should be used	DM-CP-2
	Establishes collaborative decision-making by interacting adaptively, interdependently and dynamically ¹⁵ when developing solutions and decisions	Developing solutions and decisions: Includes putting a plan into action while continuing to re-assess and re-adjust the plan as new data surfaces or become available. I.e. putting a treatment plan into action and modifying the plan if needed or if patient is not getting better	DM-CP-3
Evidence-Based Practice (EB) Facilitates the integration of evidence-based practice ²⁰ into the shared decision-making process ⁶	Shares evidence-based or best practice discipline-specific knowledge with others during team discussions	This means that each discipline should bring to the discussion/decision-making process 1) best available research evidence they are aware of from their discipline 2) their own individual clinical expertise and 3) combined with the patient preference.	DM-EB-1
	Determines how to ^{21,22} integrate evidence-based practice into	The process on how to integrate EBP into interprofessional team care is a	DM-EB-2



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<p>*EBP is the process of making clinical decision based on 1) best available research evidence, 2) individual clinical expertise & 3) patient values or preferences</p>	<p>interprofessional team care</p>	<p>step-by step process involving multiple actions and may look like this: 1- the need for information is transferred into an answerable question, 2- search to answer the question 3- appraisal for validity, relevance, and applicability, 4- implementation of #1 & #2 above with patient preference, and finally 5- Evaluation of the outcome</p>	
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1.3 IPE Shared Core Competency Rubric for Game Assessment

Domain: Interprofessional Communication (IC)			
Definition:			
<ul style="list-style-type: none"> Healthcare students/professionals communicate in a collaborative, responsible and culturally sensitive manner. [Adapted from CIHC] 			
Competency	Observable Performance Indicators	Descriptions	Coding
Effective Communication Skills (EF) Utilizes effective communication skills with the patient and their team members ^{1,2,3}	Uses verbal communication strategies appropriately when communicating with others ⁶	Communication strategies: i.e. clarity of speech, language use, message with useful information Appropriately means: let others speak; being polite, supportive and respectful; being calm and focused on the issue	IC-EF-1
	Uses constructive nonverbal communication strategies when communicating with others ^{7,8}	Nonverbal communication strategies: i.e. eye contact, tone of voice, facial expression, gesture, touch, posture, body language, and distance between communicators to convey messages	IC-EF-2
	Uses questioning skills when speaking with others with the intent to collect more information to make informed decisions	Questioning skills; i.e. to obtain more information, to help clarify points, to think deeper on a topic, etc. to advance the intervention	IC-EF-3
	Uses active listening techniques when speaking with others ⁹	Active listening techniques: i.e. focus on what is being said; giving the others time to explore and share their thoughts and feelings; reflecting and clarifying message to verify understanding of what others are concerned about; providing feedback; responding appropriately	IC-EF-4
Accurate Information (AI) Ensures that accurate and timely information reaches those who need the information	Ensures that accurate information reaches those (team members) who need the information so they are able to make an informed decision but also, are able to share knowledge about the plan of work	Accurate information: information exchange - you are able to support the reason (validity and usefulness) of your choice	IC-AI-1
	Ensures that timely information reaches those who need the information so they are able to make an informed decision but also, are able to share knowledge about the plan of work	Timely information: the information exchange needs to happen during the time limit provided (time management) and a decision needs to have been reached	IC-AI-2
Common Understanding (CU) Communicates to ensure common understanding of healthcare decisions ⁴	Communicates within the team in a logical and structured manner, to make the understanding of decisions extremely clear and, to avoid communication breakdown	Common understanding means that members have the same understanding of the meaning of words (jargon), of situations, of decisions, etc. Logical and structured manner communication: the communication should be clear and easy to follow by anybody	IC-CU-1
	Uses closed-loop communication technique to avoid misunderstandings ¹⁴	Closed-loop communication: sender sends a message– receiver repeats it back to show understanding– sender confirms the message by a yes/no confirmation	IC-CU-2
Team Work Communication (TW) Understands and applies the principles of team work communication ⁴	Has the ability to adapt and be able to exchange information and resources dynamically ¹⁴	Adaptability: the participant is able to exchange useful information whatever the situation or circumstances Dynamically: A process that is constantly changing and evolving	IC-TW-1

	Contributes positively to professional team discussion regardless of gender, hierarchy, ¹² culture & social class, or roles – to reduce barriers to communication ^{10,11} .	Positive contribution: Sharing of positive and useful ideas and thoughts to help reach an agreement on decisions The contribution to the discussion should be open, fair, just and honorable to all and not depend on 'who' you are	IC-TW-2
	Includes give-and-take discussions with all team members, when communicating with the intent of making a shared decision ¹³	Give-and-take discussions: all participants are exchanging views back & forth to express concerns or ideas and give feedback so they can reach an agreement on decisions	IC-TW-3
	Contributes positively to workload distribution ¹⁵ with the intent to help the decision-making process	Workload distribution: tasks are shared so members are not overloaded during an intervention	IC-TW-4
	Has the ability to co-ordinate and adjust own action effectively to meet demands of other members ¹⁴	Co-ordinate actions: having different actions performed by different members to help the group	IC-TW-5

Domain: Shared Decision-Making (DM)

Definition:

- Healthcare students/professionals include all stakeholders in the decision-making process regarding patient healthcare outcomes.

Competency	Indicators	Descriptions	Coding
Shared Decision Climate (SD) Seeks to actively create and support a climate of shared decision-making and collaborative practice. ^{1,4,5}	Shares and alternates intentionally, in a professional manner, leadership with other team members when deem appropriate in order to support shared decision-making	Gives everybody the chance to lead to help the shared decision making process	DM-SD-1
	Shares responsibility for decision making; and shares resources and ideas so there is no breakdown in interaction ¹⁴	Shares the duty of sharing ideas, answers, explanations to help the shared decision making process	DM-SD-2
	Intentionally supports the creation of a climate that encourages collaborative practice (task interdependency)	Tasks interdependency require a collaborative practice climate between team members to facilitate the reliance upon one another Collaborative practice climate: by supporting and having respect toward other people's ideas; while being assertive to express their own and this, as they work collaboratively toward the same goal, outcome or engagement	DM-SD-3
Involves All Members (AM) Involves all members of the team (as well as the patient and their family members) in the decision-making process (related to planning and implementing care) ^{1,4,5}	Involves and ensures all members of the team participate in the discussions related to the decision-making process.	This means involving all members while exploring the situation, providing input, and making a final decision.	DM-AM-1
Promote Collaborative Practice (CP) Exchanges knowledge/skills with other members (of healthcare teams) at all times to promote collaborative practice when assessing, planning, and	Establishes collaborative decision-making by interacting adaptively, interdependently and dynamically ¹⁴ when assessing (collecting data) during the decision-making process	Interacting adaptively, interdependently and dynamically: This means being able to change your interaction depending on the requirements of the situation Assessing: the process of collecting the data. Includes information exchange, organization and identification of information gap, deliberation and	DM-CP-1



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developing during the decision-making process. ^{1,5}		negotiation of data	
	Establishes collaborative decision-making by interacting adaptively, interdependently and dynamically ¹⁴ when planning solutions and decisions	Planning solutions and decisions: Includes synthesis of information, statement of the need(s), formulation of possible plans of action, revision and agreement of a final plan	DM-CP-2
	Establishes collaborative decision-making by interacting adaptively, interdependently and dynamically when developing solutions and decisions	Developing solutions and decisions: Includes putting a plan into action while continuing to re-assess and re-adjust the plan as new data surfaces or become available	DM-CP-3

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1.4 Proficiency Levels Descriptors for Assessment

To be used with the IPE Shared Competency Rubric

Mastery Level	Type of Performance
<p>Note: knowledge and skill that allow you to do, use, or understand something very well; complete control of something.</p> <p>Level 0: None—this level demonstrates no mastery of the indicator Level 1: Beginner—this level demonstrates emergent mastery of the indicator Level 2: Basic—this level demonstrates partial mastery of the indicator Level 3: Intermediate—this level demonstrates satisfactory mastery of the indicator Level 4: Advanced—this level demonstrates competent mastery of the indicator Level 5: Expert— this level demonstrates higher level mastery of the indicator</p>	<ul style="list-style-type: none"> • Knowledge (knows the stuff and can apply it) • Standard of work (quality in the practice/how you do the job) • Autonomy (being independent in working and making decisions) • Coping with complexity (can manage difficult situations) • Perception of context (aware of situation they are in)

Proficiency Levels	Description of the Proficiency Levels
N/A Non Applicable	<ul style="list-style-type: none"> • the individual is not required to demonstrate any performance on the indicator • the individual has limited opportunity to apply the competency or demonstrate uses of the indicator
Level 0 None (no mastery)	<ul style="list-style-type: none"> • the individual does not appear to have any knowledge of the indicator (knowledge) • the individual is not showing any quality of practice of the indicator (standard of work) • the individual is not able to work independently or make decisions towards the application of the indicator (autonomy) • the individual appears not to know what is going on and does not know how to find solutions in relation to the indicator (coping with complexity) • the individual is completely unaware of the context in relation to the application of the indicator (perception of context)
Level 1 Beginner (emergent mastery)	<ul style="list-style-type: none"> • the individual appears to have book knowledge of the indicator without connecting it to practice (knowledge) • the individual is demonstrating limited experiential background in the quality of the application of the indicator (standard of work) • the individual relies most of the time on others and therefore is not able to make own decisions toward the application of the indicator (autonomy) • the individual has limited understanding of the complexity and is unable to deal with it towards the application of the indicator (coping with complexity) • the individual is demonstrating limited awareness to link how other actions or events may affect the application of the indicator (perception of context)
Level 2 Basic (partial mastery)	<ul style="list-style-type: none"> • the individual appears to know the fundamentals and has a basic understanding/appreciation of techniques and concepts toward the application of the indicator (knowledge) • the individual is demonstrating a basic performance and basic quality in the application of the indicator (standard of work) • the individual is trying to make decision but still relies partially on others for confirmation of correctness in the application of the indicator (autonomy)



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Proficiency Levels	Description of the Proficiency Levels
	<ul style="list-style-type: none"> the individual appreciates complexity; however achieve only partial resolution in the application of the indicator (coping with complexity) the individual appears to see, in some measure, actions or events as a series of steps that could possibly be affecting the application of the indicator (perception of context)
<p>Level 3 Intermediate (satisfactory mastery)</p>	<ul style="list-style-type: none"> the individual has background knowledge and is able to apply the indicator with moderate/fair success (knowledge) the individual is demonstrating a certain degree of experience toward the quality of the application of the indicator (standard of work) the individual is demonstrating a certain degree of autonomy in its ability to use own judgment to make decision toward the application of the indicator (autonomy) the individual is able to deal with complexity through deliberate analysis and planning toward the application of the indicator (coping with complexity) the individual can see actions or events having of longer-term effects in the application of the indicator (perception of context)
<p>Level 4 Advanced (competent mastery)</p>	<ul style="list-style-type: none"> the individual appears to have a solid understanding and application of the indicator (knowledge) the individual is demonstrating high degree of experience toward the quality of the application of the indicator by using all what has been learned (standard of work) the individual is able to take full responsibility for using own judgment to make own decision (autonomy) the individual is dealing with complexity holistically and demonstrate confidence with his decision-making towards the application of the indicator (coping with complexity) the individual is well aware of the circumstances and sees clearly how individual actions or events can affect the application of the indicator (perception of context)
<p>Level 5 Expert (higher level mastery)</p>	<ul style="list-style-type: none"> the individual appears to have a wide and depth understanding and application of the indicator. (Research is thorough and goes beyond what was presented in class or in the assigned texts) (knowledge) the individual is demonstrating consistent high quality by going beyond the application of what has been taught (standard of work) the individual is self-directed, knows intuitively what needs to be done (and does it) and is able to make intuitive decisions towards the application of the indicator (autonomy) the individual comes to term efficiently with complex situation and is able to move with ease between analytical and intuitive approaches (coping with complexity) the individual sees the bigger picture and alternative approaches; and has vision of what is possible and how it can affect the application of the indicator (perception of context)



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1.5 Simplified Shared Core Competency Rubric

Mastery Legend

Level 0: None— this level demonstrates **no** mastery of the indicator
Level 1: Beginner — this level demonstrates **emergent** mastery of the indicator
Level 2: Basic — this level demonstrates **partial** mastery of the indicator
Level 3: Intermediate—this level demonstrates **satisfactory** mastery of the indicator
Level 4: Advanced— this level demonstrates **competent** mastery of the indicator
Level 5: Expert— this level demonstrates **higher level** mastery of the indicator

Participant Number: _____

Date: _____

Group Number: _____

Activity Name: _____

Competency	Not applicable	No Mastery (0)	Emergent Mastery (1)	Partial Mastery (2)	Satisfactory Mastery (3)	Competent Mastery (4)	Higher Level Mastery (5)	Row Score	Competency Score
Interprofessional communication									
Utilizes effective communication skills with the patient and their family members ^{1,2,3}									
Ensures that accurate and timely information reaches those who need the information									
Communicates to ensure common understanding of healthcare decisions ⁵									
Demonstrates through application an understanding of the principles of team communication ⁵									
Demonstrates through application an understanding of respect, empathy, and cultural sensitivity, when communicating with the patient and their family members ^{1,4}									
Discloses and effectively communicates ethical issues with the									

Competency	Not applicable	No Mastery (0)	Emergent Mastery (1)	Partial Mastery (2)	Satisfactory Mastery (3)	Competent Mastery (4)	Higher Level Mastery (5)	Row Score	Competency Score
Interprofessional communication									
patient and their family members									
Understands and applies the organizations (health agencies) approved standards of communication, internally and externally.									
								Total score	

Competency	Not applicable	No Mastery (0)	Emergent Mastery (1)	Partial Mastery (2)	Satisfactory Mastery (3)	Competent Mastery (4)	Higher Level Mastery (5)	Row Score	Competency Score
Role clarification									
Understands their own role ¹									
Understands scopes of professional practice and understands roles of each member of the healthcare team ¹									
Respects other healthcare roles and responsibilities									
								Total score	

Competency	Not applicable	No Mastery (0)	Emergent Mastery (1)	Partial Mastery (2)	Satisfactory Mastery (3)	Competent Mastery (4)	Higher Level Mastery (5)	Row Score	Competency Score
Patient centered care									
Creates and sustains a therapeutic and ethically sound relationship with the patient and their family members ^{1,6}									
Demonstrates caring and respectful behaviors when interacting with the patient and their family members ⁶									
Performs their professional roles and responsibilities in a culturally respectful way ⁶									
Advocates for quality patient care and assist patients in dealing with healthcare system complexities ⁶									
Provides education and support to the patient and their family members in a respectful and understandable manner. ⁶									
Encourages discussion and enables the patient and their family members to make informed choices about their healthcare ¹									
Includes the patient and their family members as part of the healthcare team ^{1,6}									
								Total score	

Competency	Not applicable	No Mastery (0)	Emergent Mastery (1)	Partial Mastery (2)	Satisfactory Mastery (3)	Competent Mastery (4)	Higher Level Mastery (5)	Row Score	Competency Score
Shared decision-making									
Exchanges knowledge/skills with other members of healthcare teams at all times to promote collaborative practice when assessing, developing, and planning during the patient care process. ^{1,6}									
Acknowledges each discipline's perspective during team meetings and/or interprofessional exchanges during the patient care process ^{1,6}									
Involves all members of the team as well as the patient and their family members in the decision-making process related to planning and implementing care ^{1,5,6}									
Seeks to actively create and support a climate of shared decision-making and collaborative practice. ^{1,5,6}									
Facilitates the integration of evidence-based practice into the shared decision-making ⁶									
								Total score	

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