



GLOSSARY OF IPEP TERMS

Developed by the Coalition for Health Initiatives at DePaul University

For the William E. Bennett

Forum on Innovation in Interprofessional Education and Practice:

Pathways to Partnerships

Sponsored by Otho S. A. Sprague Memorial Institute

CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE¹

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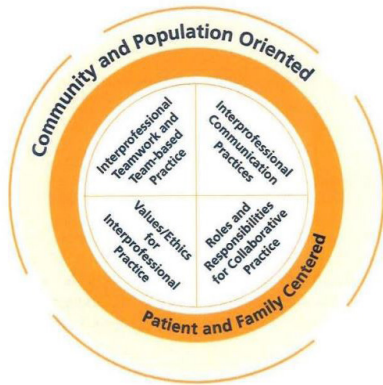


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Values/Ethics for Interprofessional Practice

- Act with honesty and integrity in relationships with patients, families and other team members.
- Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.

Roles/Responsibilities for Collaborative Practice

- Communicate one's role and responsibilities clearly to patients, families and other professionals.
- Explain the roles and responsibilities of other care providers and how the team works together to provide care.

Interprofessional Communication

- Choose effective communication tools and techniques, including information systems and communication technologies, for facilitating discussions and interactions that enhance team function.
- Give timely, sensitive, instructive feedback to others about their performance on the team, and respond respectfully as a team member to feedback from others.

Interprofessional Teamwork and Team-Based Care

- Engage other health professionals—appropriate to the specific care situation—in shared patient-centered problem solving.
- Reflect on both individual and team performance improvement.
- Work together as a unit to provide the best possible solution to the challenge before you.²
- Choose as team leader the person with the best skills for the challenge at hand.²

Action Strategies to Advance Interprofessional Collaboration in Education and Practice

- Communicate and disseminate.
- Develop interprofessional faculty, [preceptors]² and resources.
- Strengthen metrics and research.
- Develop new collaborative academic practices and new collaborations with community learning sites.
- Advance policy changes.¹(slide 11)

GLOSSARY OF IPEP TERMS

Adaptability

Ability to adjust strategies based on information gathered from the environment through the use of compensatory behavior and reallocation of intrateam resources. Altering a course of action or team repertoire in response to changing conditions (internal or external).³

Assessment

Understanding the learning that occurs by individuals or groups—for example examining how learners' knowledge and collaboration skills have improved.⁴

Backup behavior

Ability to anticipate other team members' needs through accurate knowledge about their responsibilities. The ability to shift workload among members to achieve balance during periods of high workload or pressure.⁵

Benchmark

A standard of achievement used as a point of reference for evaluating performance.⁶

Closed-loop communication

The exchange of information between a sender and a receiver, regardless of the medium^{3(p.2)} [with assurance that the messages were both sent and received].²

Collaborative practice

An interprofessional process for communication and decision making that enables the knowledge and skills of care providers to synergistically influence the client/patient care provided.⁷ Collaborative practice is interlinked to the concept of **teamwork**.⁹

Communication

Interprofessional competency focused on communication skills that enhance interprofessional team function.¹⁰

Debriefing

An event that takes place following a simulation session (or an actual team intervention) in which the events of the session are formally discussed and reflected upon. The debriefing may occur in the room that the session took place or another location, such as a classroom or conference room. The debriefing consists of an open discussion of the events possibly supported by a video review.^{9(p.1)}

Dynamic patient simulation

A simulation in which there are any number of physiologic outcomes based on the participants' assessments, clinical decisions and actions. The objectives are focused around the generic behaviors versus the specific clinical management.^{9(p.1)}

Simulation may also be used for the environment that the patient/client event is occurring in, for the effects of the social determinants of health on actually achieving a care intervention or improving health, and for the mental health of the patient/client.²

Evaluation

Understanding the effects of a program—for example, studying the impact of an IPE course on diabetes care and delivery of services to patients.⁴

Exposure to IPE

Early stage in building interprofessional competencies. Students explore concepts, values and contexts; practice skills. ^{9(p.1)}

Fiction contract

The agreement between simulation staff and participants which recognizes that imperfections will be present in all simulations. Both groups will make a sincere effort to overcome the limitations of technique and technology before, during and after simulation sessions.^{9(p.1)}

Immersion

Application of IP competencies. Students apply knowledge and skills; analyze concepts, values and contexts. ^{9(p.1)}

In-situ simulation

Any simulated event that takes place in the patient care area. The distinction of in-situ assumes that “all supplies”, processes, and procedures are drawn from the resources of the particular patient care area in which the simulation is being conducted. As well, the participant would be working in their own unit. ^{9(p.1)}

Integration

Interprofessional competency focused on integrating and adapting knowledge and skills in practice, translating knowledge, seeking new knowledge and acting for change.^{9(p.1)}

Interdisciplinary education

Occurs when learners from different disciplines engage in collaborative interactive learning for a range of purposes (e.g., to understand different disciplinary roles and contributions).^{9(p.1)}

Interprofessional care

Occurs when multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, caregivers and communities to deliver the highest quality of care across settings⁴ [in an interprofessional model].²

Intradisciplinary

Health professional practice that “involves the contributions of different specialists within one discipline (such as physician consultations).”^{9(p.2)}

Includes multiple disciplines providing professional practice but not working together in an interprofessional team model.²

Learners

Any participant in an interprofessional team and/or experience irrespective of education, training and stature.²

Mobile simulation

Any simulated event that takes place outside of the Sim Centre convenient to the host. Resources may be supplied by the host or the sim program, but the simulation does not necessarily take place within a patient care area (i.e., a boardroom or different patient care area than the participants' normal area). ^{9(p.2)}

Multidisciplinary

Health professional practice with “a clinical group whose members each practice with an awareness of and toleration of other disciplines ... the various professions operate in their individual silos, but there is some communication between them. Either the silos are noncontiguous or, if they touch each other, they do so at only one point.”^{9(p.2)}

Multiprofessional education

When members (or students) of two or more professions learn alongside one another. In other words, parallel rather than interactive learning.⁴

Mutual performance monitoring

The ability to develop common understandings of the team environment and apply appropriate task strategies in order to accurately monitor teammate performance.^{5(p.3)}

Nexus

A nexus is a living, learning, interactive team comprised of educators and practitioners who are working in an interprofessional education and collaborative practice model to improve an educational and/or clinical outcome.²

Patient-centered care

Patient/client centered care is defined in opposition to the notion of care that focuses on the illness or disease. Patient or client-centered care contains six main components: 1. exploring both the disease and the illness experience; 2. understanding the whole person (life and context); 3. finding common ground regarding management; 4. incorporating prevention and health promotion; 5. enhancing the patient-professional relationship; 6. being realistic.^{9(p.2)}

Reflection

Interprofessional competency focused on critical evaluation of professional and team practice in an interprofessional context to enhance patient care.^{9(p.2)}

Role clarification

Interprofessional competency focused on understanding of own role and the roles of others in an interprofessional context.^{9(p.2)}

Shared mental models

An organizing knowledge structure of the relationships between the task the team is engaged in and how the team members will interact.^{3(p.2)}

Simulation

Simulation is a technique, not a technology, to replace or amplify real experience with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner (Gaba, 2007). It is used in the IntD 410 context to allow health science students to prepare and practice for situations that they will encounter in a workforce setting. A simulation is said to occur any time that students are asked to explore a realistic patient or workforce issue, but can also incorporate simulation tools such as role-play scenarios, standardized patients, mannequin simulators or computer-based simulations.^{9(p.2)}

Standardized patient (SP)

A Standardized patient (SP) is a person who has been coached to accurately and consistently recreate the history, personality, physical finding, emotional structure and response pattern of an actual patient or family member at a particular point in time.^{9(p.2)}

Team

A collection of individuals who work interdependently, share responsibility for outcomes, and see themselves and are seen by others as an intact social entity embedded in one or more larger social systems (for example, business unit or corporation) and who manage their relationship across organizational boundaries.¹⁰

Team leadership

Ability to direct and coordinate the activities of other team members; assess team performance; assign tasks; develop team knowledge, skills and attitudes; motivate team members; plan and organize; and establish a positive atmosphere. [The goal of the team leader is not to improve his/her stature but to help the team function as a team and achieve its goal(s).]²

Team/collective orientation

Propensity to take others' behavior into account during group interaction and belief in the importance of the team's goals over individual member's goals.^{5(p.3-4)}

Teamwork

Describes an interdependent relationship that exists between members of a team. It is an application of collaboration. Collaboration deals with the types of relationships and interactions that take place between coworkers. Effective health care teamwork applies to caregivers who practice collaboration within their work settings.¹¹

Transdisciplinary

Health professional practice that “involves team members from different disciplines who share knowledge and skills; as a result, traditional boundaries between professions become less rigid, allowing members of the team to work on problems not typically encountered by or seen as the responsibility of their discipline.” [The National Center does not make any distinction between inter- and transdisciplinary in the context of the nexus. A truly interdisciplinary team should be transdisciplinary. There is a hierarchy of teams from parallel play in the sandbox to being engaged in achieving an outcome as a true high performance team.]²

Unidisciplinary

Health professional practice that involves “functioning in isolation from other disciplines ... there is no coordination or communication among those professions; they operate strictly in silos.”^{9(p.3)}

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