Measuring Collaborator Competencies: Using the Interprofessional Collaborator Assessment (ICAR) in the IPE Curriculum

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- University of Toronto requisite IPE curriculum
- 4 core learning activities
  - Teamwork: Your Future in Healthcare
  - Conflict in Interprofessional Life
  - Case-Based Discussion
  - IPE Component in Clinical Placement (Structured or Flexible)
- Selection of elective learning activities

## Core Competencies

Centre for INTERPROFESSIONAL EDUCATION

A Framework for the Development of Interprofessional Education Values and Core Competencies Health Professional Programs, University of Toronto

	EXPOSURE: Introduction	IMMERSION: Development	COMPETENCE: Entry-to-Practice
Collaboration Interpretessional (IP) theory -Context and culture of the health can system -Roles, reportabilities, accountabilities, accountabilities, accountabilities, accountabilities, accountabilities, accountabilities, accountabilities, - Declaine-maching critical thinking - Declaine-maching critical thinking - Declaine-maching critical thinking - Praching, - Composition - Changes - Prancitive	Exercise own note, responsibilities, values and scope of practice effectively to clienter         Section forming and other professional groups with respect to the science and theories         Because the transponsibilities, values of the interprefessional (P) environment that activates or inhibits caliblocation, and its constraints.         Benefity instances where P care will improve dient/patient/family outcomes	Stall / Behaviour         • Accurately describe the roles, responsibilities and scopes of practice of other professions.         • Contribute to:         • Involve other professions in cleant/patient/Tamily care appropriate to their roles.         • Contribute decision-makings in PL teamonik utilizing judgment and cutical thinking.         • Tam effectiveness through reflection on IP team function.         • Tam effectiveness through reflection on IP team function.         • The establishment and maintenance of effective IP working relationships/	<ul> <li>Shift / Behaviant</li> <li>Wink celliboratizely with others, as agroppings, it is assess, plan, provide care' intervention and make decisions to agritmate client/plantent/amily health outcomes and improve quality of care.</li> <li>ensenstate landershaft bit in advances affective UF team function through a variety of strategies including bits not limited to:</li> <li>ensenstate landershaft bit in advances affective UF team function through a variety of strategies including bits not limited to:</li> <li>ensenstate landershaft bits advances and bits not limited to an oblight bits not limited to a strategies and bits not limited to an oblight bits not limited to a strategies and bits not limited to a strategies and bits not limited to advance of sets in their II group and support others in the rith existing advance and bits not limited and bits not strategies existing and materials effective UP outsing advances and existing advances and advances advanc</li></ul>
Communication Litatering Ginng and receiving feedback Sharing information effectively Comman language Dealing with conflict	Encoded and extratant how one's own uniqueness, including power and a feedback of the team, may contribute to effective communication and/or P tension. Including power and hisrarchy within the P team, may contribute to effective communication and/or IP tension.	Skill/Behaviour - Contribute to effective IP communication, including: - Add sparse conflict or difference of opinions, - Add retirements - Stelf wellecting: - Awareness of and openness to utilize and develop effective IP communication skills.	Skill / Behaviour           • Communicate effectively, including giving and receiving feedback.           • Marca III group including giving and receiving feedback.           • Parform as an effective IP sam member by:           • Daming information,           • Liste intg attentively.           • Using understandback continue, intoins,           • Previding information,           • Previding feedback to others.           • Responding to breakanck on others.           • Develop avenues of and contribute to continual improvement of IP team dynamics and group processes through effective IP communication.
Values and Ethics Relational-cented Diversity sensitive -Interestigen dence -Greativity/innovation	Encode P transformations at they relate to individual team members' values and the impact on team functioning in ethical dilemmas.         - Describe the nature of P ethical reasoning and justification.         Bill / Behaviout         - Identify P ethical Socies within a team context.         - Identify C ethical Socies within a team context.         - Mitchele the basis skills of reasoning and justifications as it relates to identified ethical issues within an IP beam.         - Mitchele the basis skills of reasoning and justifications as it relates to other P team members/clients/families.         - Outry Wasis including accountibility, respect, confidentiality, trust, integrity, honesty and ethical behaviour, equity as it relates to IP team functioning to maming earlies, single printer trace.	Reservice         • Describe frameworks for exhical decision-making within an IP team.         • Build Dyna works for exhical decision-making within an IP team.         • Outling the team of team of the team of team o	<ul> <li>Skill / Behaviour</li> <li>- Perform effectively to develop shared team values.</li> <li>- Partice ethically in an IP environment.</li> <li>- Note to use a farmework for ethical decision-making to guide ethical reasoning within an P team.</li> <li>- Attitude</li> <li>- Accept, through respect and value, others and their controbutions in relational-centred care.</li> </ul>

REFLECTION, LEARNING AND FORMATIVE ASSESSMENT

Centre for Interprofessional Education, University of Toronto, 20

### Challenge

Assessment of Student Competency Development

> Develop Competencies: Communication, Collaboration, Foundational Team Values

Meaningful Feedback

## Context: Pain Curriculum

- 950 senior students from seven professions (Medicine, Nursing, Occupational Therapy, Pharmacy, Physical Therapy, Physician Assistant) attend the Pain Curriculum
- 3.5 day curriculum with two three-hour sessions in facilitated interprofessional groups
- Additional 2 hour un-facilitated group assignment





- Assess individual performance in the context of the team?
- Assess performance of the team?



## Interprofessional Collaborator Assessment Rubric (Curran et al, 2011)

- ♦ Full version (assessment of 6 dimensions 31 items)
  - Communication
  - Collaboration
  - Roles and Responsibilities
  - Collaborative Patient/Client-Family-Centred Approach
  - Team Functioning
  - Conflict Management/Resolution

### Modified ICAR (Curran et al, 2013)

- Same domains (excluding Collaborative Patient/Client/Family-Centred Approach)
- 17 items
- Global rating of overall Collaboration Ability
- Reliability and validity with medical residents

### Dimensions

- Five dimensions:
  - Communication
  - Collaboration
  - Roles and Responsibilities
  - Team Functioning
  - Conflict Management/Resolution

### Methods

•Two pilot groups (six teams of ten students per group with all disciplines represented)



### •Facilitated debrief of process



- Facilitators:
  - watched a video presentation to familiarize them with the ICAR and help them to consider scoring students
  - Attended a face-to-face session to address questions and review process for completion (as part of a full orientation for the curriculum)
- Students:
  - No specific orientation to the ICAR
  - Told they would be assessing themselves, their peers and would receive feedback from facilitators



- Comparison of overall collaboration assessments between self-, peer, and facilitator in aggregate
- Review of qualitative comments

Comparison of Overall Collaboration Ability between Self-, Peer, and Facilitator in Aggregate (Groups 5 and 6)

#### Self Assessment

	N	м	SD	% Well below average 1	% Well below average 2	% Below average 3	% Below average 4	% average 5	% Above average 6	% Above average 7	% Well above
											average 8
Overall collaboration	22.00	6.18	1.14	0.00	0.00	0.00	4.55	27.27	27.27	27.27	13.64

#### Peer Assessment

				Ove	erall Collabo	ration Abi	lity				
Assessment Type	N	м	SD	% Well below average 1	% Well below average 2	% Below average 3	% Below average 4	% average 5	% Above average 6	% Above average 7	% Well above
											average 8
Peer Assessment	51.00	6.86	1.28	0.00	0.00	0.00	1.96	17.65	13.73	35.29	21.57

#### Facilitator Assessment

				Overa	II Collabo	ration Abil	ity				
Assessment Type	N	м	SD	% Well below % average 1	Well below average 2	% Below average 3	% Below average 4	% average 5	% Above average 6	% Above average 7	% Well above average 8
Facilitator Assessment	28.00	5.57	0.74	0.00	0.00	0.00	3.57	46.43	39.29	10.71	0.00

Comparison of Overall Collaboration Ability between Self-, Peer, and Facilitator between groups (Groups 5 and 6)

#### • Group 5 Self-Assessment

	N	М	SD	% Well below average 1	% Well below average 2	% Below average 3	% Below average 4	% average 5	% Above average 6	% Above average 7	% Well above average 8
Overall collaboration	16.00	5.88	0.96	0.00	0.00	0.00	6.25	31.25	31.25	31.25	0.00

#### Group 6 Self-Assessment

		N	М	SD	% Well below average 1	% Well below average 2	% Below average 3	% Below average 4	% average 5	% Above average 6	% Above average 7	% Well above average 8	% Well above average 9
Overall collab	oration	6.00	7.00	1.26	0.00	0.00	0.00	0.00	16.67	16.67	16.67	50.00	0.00

Comparison of Overall Collaboration Ability between Self-, Peer, and Facilitator between groups (Groups 5 and 6)

#### Group 5 Peer Assessment

					Overall Collabo	ration Ability					
Assessment Type	N	м	SD	% Well below average 1	% Well below average 2	% Below average 3	% Below average 4	% average 5	% Above average 6	% Above average 7	% Well above average 8
Peer Assessment	39.00	6.74	1.23	0.00	0.00	0.00	0.00	23.08	12.82	38.46	17.95

#### • Group 6 Peer Assessment

					Overall Collabo	oration Ability						
Assessment Type	N	М	SD	% Well below average 1	% Well below average 2	% Below average 3	% Below average 4	% average 5	% Above average 6	% Above average 7	% Well above average 8	% Well above average 9
Peer Assessment	12.00	7.25	1.42	0.00	0.00	0.00	8.33	0.00	16.67	25.00	33.33	16.67

Comparison of Overall Collaboration Ability between Self-, Peer, and Facilitator between groups (Groups 5 and 6)

#### • Group 5 Facilitator Assessment

	Overall Collaboration Ability												
Assessment Type	N	М	SD	% Well below average 1	% Well below average 2	% Below average 3	% Below average 4	% average 5	% Above average 6	% Above average 7	% Well above average 8		
Facilitator Assessment	22.00	5.59	0.80	0.00	0.00	0.00	4.55	45.45	36.36	13.64	0.00		

#### • Group 6 Facilitator Assessment

Assessment Type N M SD S S S S S S S S S S S S S S S S S	Overall Collaboration Ability												
	Assessment Type	N	м	SD					% average 5				% Well above average 9
Facilitator Assessment 6,00 5,50 0,55 0,00 0,00 0,00 0,00 50,00 50,00 0,00 0,00													
	Facilitator Assessment	6.00	5.50	0.55	0.00	0.00	0.00	0.00	50.00	50.00	0.00	0.00	0.00

Qualitative Comments N=36 (Peers) N=27 (Facilitators)

- Generally fairly superficial
  - *Great job highlighting nursing and showing respect for other team members*
  - *Good* contributions. *Would be good to hear more*
- Some offered more constructive feedback
  - *Had lots to offer, but did not hear from you as much*
  - Seek more input for balanced construction
  - Work on actively seeking out input from other professionals..

# Qualitative Comments Frequency

- Individual Strengths
  - Teamwork/cooperation skills (n=11)
- Team Functioning
  - Contributions (n=13)
- Communication
  - Respectful (n=11)
- Roles and Responsibilities
  - Knowledgeable (about own profession n=13)
  - Sought input (n=2)

### Observations

- Students over assess themselves
- Peer assessment can be generous
- Facilitator assessment across groups showed strong agreement
- Facilitator assessment, in this context, seems to be rather superficial



- Provision of feedback to students on development of collaborator competencies is important
- ICAR is one tool that may provide the needed structure to facilitate feedback, but there were challenges



Greatest value:

- Opportunity for discussion and feedback with colleagues
- Prompting of self-reflection, reflection and comparison with others for self-regulation
- Sensitization to multiple dimensions of collaboration
- Formative feedback is important!

## Lessons Learned for Next Iteration

- Greater refinement of process
- Preparation for feedback: Some students/professions find the process of giving and receiving feedback more challenging
- Time allotted for this process needs to be reconsidered
- Learn more about student responses to the feedback process
- Focus on dimensions and consider use of global rating scales

## Questions

