



KEY INTERPROFESSIONAL COMPETENCIES + INDICATORS FOR COLLABORATIVE WORKING

version 19/5 : based on IP STRENCO SALFORD (15/5 + 17/5 + 19/5) + input COP VIVES + literature research VIVES

1. IDENTITY + ATTITUDE + MULTI PERSPECTIVE APPROACH	<p>As foundation & basis for CW → knowledge of one's own frame of reference, can come out of it & can be honestly and unconditionally touched by the other.</p>	<ul style="list-style-type: none"> • Development core understanding of what forms personal & professional attitude, identity & perspective • Know own background, values & stigma • Non judgemental, impartial unconditional positive regard • Open to self-learning & development • Open mind : approaching and understanding a situation or a problem from multiple perspectives
2. SERVICE USER (SU) CENTRED APPROACH	<p>REF 7 Means quality for SU and his environment! 'Providing SU centred care' (ref 5) 'patient-centred and family focused care' (ref 1, domein 2) / environmental approach - being responsive for the needs of SU & context / flexibility</p>	<ul style="list-style-type: none"> • SU centred interventions & services • Respect • Active listening → SU preferences and needs • Flexibility • Promoting & facilitating inclusiveness + responsiveness
3. EFFECTIVE COMMUNICATION ,	<p>(ref 4, ref 7, ref 3) 'Interpersonal and communication skills' (ref 1, domein 1) Also often used : 'interprofessional communication' / interprofessional conflict resolution (ref 7), → the ability to expres/formulate in the team 2</p>	<ul style="list-style-type: none"> • Holistic overview (mental, clinical, social, spiritual health + patients background + context) • Active listening • Body language and using simple language (no clinical terms) • Improving health literacy • Open and honest dialogue... Given and received • Interprofessional collaboration and collaboration between professionals and service users
4. HEALTH PROMOTION + PREVENTION	<p>Health in all policies WHO</p>	<ul style="list-style-type: none"> • systematic embedding prevention & health promotion toward individuals/group, context, environment, community & policymakers. • SU centred psycho-education • improving health literacy & facilitating self-management • tackling health & social inéqualities
5. EMPOWERMENT +	<p>'Identifying people's needs and strengths' (ref 5) + embedding them in HC</p>	<ul style="list-style-type: none"> • Positive attitude • Promoting independence and self-management



PROMOTING RECOVERY		<ul style="list-style-type: none"> • Understanding skills needed to generate hope (concentrate, focus on person & his context, multitasking, ..) • Focusing on strengths and self management • Encouraging client/context responsibility & seeking stability
6. COLLABORATIVE SHARED DECISION MAKING	<p>(ref 7) 'Teamwork' / 'Team-based care' (ref 7) / 'working in partnership' (ref 5) / 'collaborative practice' = to achieve common goals (ref 1, domein 3) / 'shared decision making' (ref 1, domein 3-A) ' Team functioning' = skills to negotiate, manage conflict (ref 1, domein3-C) ' Team-oriented work' = Being a team-player (short interactions with colleagues before or after pt intervention, discuss their own actions with the team and reach an agreement) (ref2) 'Build up supportive relationships' (ref 2, perspectief peer worker) 'Effective team working skills' (ref 4) = understanding group norms, conflict resolution, ability to tolerate differences 'Ability to contribute to shared plans and goals' (ref 4) ' Willingness to collaborate' (ref 4) ' Interprofessional working' = integrated assessment plan, collaboration and communication, sharing professional knowledge and mentoring (ref4)</p>	<ul style="list-style-type: none"> • Teamwork: togetherness, flexibility, adaptability, common goals, awareness • Respect: mutuality, openness, honesty, active listener • Awareness: motivation, team awareness, personal awareness, mentoring/coaching • Aim to impact: decision making, non confrontation, awareness, timing • Courage: stand up for yourself, warm/friendly, being professional
7. SAFETY + POSITIVE RISK TAKING + PRO ACTIVITY'	<p>(ref 5) 'To have the ability to ensure security and control' (ref 2)</p>	<ul style="list-style-type: none"> • Actuarial + clinical judgement + person • Assessment : including SU & his context in the positive risk plan • Creativity : generating together alternative solutions • Trust • Respecting and valuing the SU and his context
8. 'VALUES + ETHICS'	<p>'Ethical practice' = following good practice guidelines (ref 7) 'Practising ethically' = working within the law (ref 5) 'Making a difference' = delivering the best quality, evidence based health and social care interventions' (ref 5) 'To comply with relevant work instructions' = (care plans, medication records, crisis cards, prevention plans, suicide assessment checklist,...) (ref 2) 'Ethical practice' =respect for other cultures, values and beliefs/patient and user participation/ attention to legal and ethical boundaries (ref 4) 'Knowledge in practice' = knowledge of legal frameworks, team structures and processes (ref 4)</p>	<ul style="list-style-type: none"> • Professional: non judgemental, respect, no bad language, no jargon • Humanity: civilised, sensitivity, tolerance, diversity, humbleness, equality • Moral: giving your best, do no harm, conscious • Creative: insightful, progressive, forward thinking, cultural competencies, innovation • Legislation: knowledge of the law, cultural differences, knowledge of society
9. DIVERSITY + CULTURAL SENSITIVITY + ADVOCACY	<p>Diversity = age, race, culture, sexuality, gender, socio-economic... (ref 5) ' Mutual trust and respect' (ref 4) 'Challenging inequalities & equities' (ref 5)</p>	<ul style="list-style-type: none"> • self aware (of your own prejudices, beliefs, values, strengths, limitations and knowledge) how they effect the care you provide • accessible services for all (diversity: age, race, culture, sexuality, gender, socio-economic)Tackling equities and health-inequalities • inclusivity, culture, environmentally (noticing and accepting people's differences and not ignoring)altruistic approach (but important: being self aware of impacts on yourself and



		<p>others)</p> <ul style="list-style-type: none"> • being a champion, implementing current knowledge) (being supportive, listening, understanding and enable service users and get their view point across
10. REFLECTION + DEVELOPMENT	'Personal development and learning' (ref 5) 'Continuous quality improvement' (ref 1, domein 3-D) ' Reflection' = feedback, problem solving, lifelong learning, reciprocal supervision (ref 4)	<ul style="list-style-type: none"> • Continuous professional development (education, training) + self-awareness(knowing yourself, knowing that you need extra training) • Collaborative evaluation of: patients welfare, entire treatment • Trying to improve yourself as a professional=> better outcomes, better understanding • Closed-loop feedback=> action • Benchmarking against best practise (external/internal)=> changing behaviour
11. ROLE UNDERSTANDING + RESPONSIBILITIES'	(ref 4, ref 7) 'Understanding roles and responsibilities of othter professions (ref 1, domein 3-B) 'Being able to maintain themselves as peer worker' (ref 2...!! avoid roleconfusion !!	<ul style="list-style-type: none"> • Self awareness • Teamwork, respect & validate team members expertise • Use SU strengths + understand SU needs should be the focus • Embracing carers as part of the equation • Role in health promotion & psycho- education with SU & context
12. BEING ABLE TO UTILIZE THEIR (PEER WORKERS) LIVED EXPERIENCE	(ref 2) How is care/support perceived or experienced?	<ul style="list-style-type: none"> • Allowing the SU – carer – context as well as the practioner to express their experiences which gives a better understanding for both parties- reduces tokenism • Guidance on clinical outcome measures by peer leader • Systematic use of the peer worker – expert by experience • Flexibility in the healthcare system- adjusting the healthcare system to meet the needs of the peer workers & carers • Creating opportunities for SU – experts by experience – carers to move into peer leader roles.



Bibliography

- Chamber, M. (2016). Implementation of the Therapeutic Engagement Questionnaire: preliminary findings from intitial pilot.
- College of Health Disciplines. (2008). *The British Columbia Competency Frame for Interprofessional Collaboration*.
- Debyser , B., Duprez, V., Beeckman, D., Vandewalle, J., Van Hecke, A., Deproost, E., & Verhaeghe, S. (2017). Mental health nurses and mental health peerworkers: Self-perceptions of role-related clinical competences. *Mental Health Nursing*.
- Grim, K., Rosenberg, D., Svedberg, P., & Schön, U.-K. (2016). Shared decision-making in mental health care-- A user perspective on decisional needs in community-based services. *International Journal of Qualitative Studies on Health and Well-being*.
- NHS education for Scotland. (2011). The 10 Essential Shared Capabilities for mental Health Practice: Learning Materials (Scotland).
- Suter, E., Arndt, J., Arthur, N., Parboosingh, J., Taylor, E., & Deuthschlander, S. (2009). Role understanding and effective communication as core competencies for collaborative practice. *Journal of Interprofessional Care*, 41-51.
- Thistlewaite, J. E., Forman, D., Matthews, L. R., Rogers, G. D., Steketee, C., & Yassine, T. (2014, june). Competencies and Frameworks in Interprofessional Education: A comparative Analysis. *Academic Medicine*, 869-875.