Core Competencies for Interprofessional Collaborative Practice: Reforming Health Care by Transforming Health Professionals’ Education

Madeline Schmitt, RN, PhD, Amy Blue, PhD, Carol A. Aschenbrener, MD, and Thomas R. Viggiano, MD, MEd

Concerns about the quality and safety of health care delivery continue to mount, and the deficiencies cannot be addressed by any health profession alone.1 Despite numerous reports citing the need for team-based education in health professions schools,2 meaningful preparation for collaborative practice has lagged behind changes in health care delivery. The gap between the training of health professionals and actual practice needs grows wider.

In 2009, six national associations of schools of the health professions, including the Association of American Medical Colleges, formed a collaborative to encourage and promote meaningful interprofessional education. In 2010, they jointly convened an expert panel of educators from medicine, dentistry, nursing, osteopathic medicine, pharmacy, and public health to develop core competencies for interprofessional collaborative practice. The panel’s recommendations were released May 10, 2011, and are available on the Web sites of the six associations. The goal of these competencies is to prepare all health professionals to intentionally and effectively work together to build a safer and better, person-centered and community/population-oriented health care system. The core competencies build on each profession’s discipline-specific competencies and can be used to guide training of both current students and experienced professionals. These “collaborative” competencies, which link to the five core competencies identified by the Institute of Medicine,3 are foundational for all health professions to work effectively within and between professions, with patients, families, and communities, and in the arena of public policy.

The panel identified four interprofessional competency domains, each with a general defining statement and a set of specific behavioral subcompetencies that each learner should demonstrate by the end of precensure or precertification education. These behavior-based objectives can be linked to learning activities and assessments of the extent to which these specific competencies have been achieved.

The four interprofessional core competencies and corresponding general competency statements are

1. Values/ethics for interprofessional practice: Work with individuals of other professions to maintain a climate of mutual respect and shared values.
2. Roles/responsibilities: Use the knowledge of one’s own role and of other professions to appropriately assess and address the health care needs of the patients and populations served.
3. Interprofessional communication: Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.
4. Teams and teamwork: Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable.

Though the panel’s work was initiated by the six sponsoring professions, the intention is that these competencies will serve as a platform to (1) create a coordinated effort to use the competencies as a framework for curricula in all the health professions, (2) guide professional and institutional curricular development of learning approaches and assessment strategies to achieve productive outcomes, (3) provide the foundation for a lifelong learning continuum in interprofessional competency development across the professions, (4) prompt dialogue to evaluate the “fit” between these core competencies for interprofessional collaborative practice and practice needs/demands, (5) identify opportunities to integrate essential interprofessional learning experiences consistent with current accreditation expectations for each health professions education program, (6) acknowledge that evaluation and research are needed to strengthen scholarship in interprofessional education, (7) offer information to accreditors of educational programs across the health professions that they can use to set common accreditation standards for interprofessional education, and to know where to look in institutional settings for examples of implementation of those standards, and (8) inform professional licensing and credentialing bodies in defining potential testing content for interprofessional collaborative practice.

Through purposeful learning guided by the interprofessional collaborative practice competencies, health professionals will acquire needed knowledge and skills to work together in environments built on mutual respect and shared values, knowledge of each other’s roles and responsibilities, and effective communication and teamwork processes. The establishment of these competencies for health professionals provides a transformative direction for improving the health care system.

References


Dr. Schmitt is professor emerita, University of Rochester School of Nursing, Rochester, New York.

Dr. Blue is assistant provost for education and professor of family medicine, Medical University of South Carolina, College of Medicine, Charleston, South Carolina.

Dr. Aschenbrener is executive vice president, Association of American Medical Colleges, Washington, DC.

Dr. Viggiano is associate dean for faculty affairs and Barbara Woodward Lips Professor of Medical Education and Medicine, Mayo Medical School, Rochester, Minnesota.

Correspondence should be addressed to Dr. Viggiano, Mitchell 1-28, Mayo Medical School, Rochester, MN 55905; e-mail: viggiano.thomas@mayo.edu.