**BACKGROUND**

Physicians are often expected to participate with teams of health professionals; however, postgraduate training infrequently includes interprofessional (IP) or team training.

**OBJECTIVE**

This curriculum was developed to demonstrate the knowledge, skills and attitudes which lead to successful IP collaboration.

**METHODS**

During a four-week geriatrics rotation, medicine interns complete a **fifty-minute, in-person, multimedia lecture** to introduce the IP collaborator concept and the Canadian and American IP competency frameworks. The **IP pocket card** is demonstrated and interns complete a guided, team-meeting video observation exercise. Using a SurveyMonkey, narrative reporting tool, interns **analyze team competencies** that they observe or initiate during geriatrics team meetings during the rotation. They **report** on two interactions. They complete a closing SurveyMonkey questionnaire and have an in-person debriefing.

**RESULTS**

June to September 2014

18 responses, as follows:

1. Patient & Family Centered = 3
2. Role Clarification = 3
3. IP Communication = 4
4. Conflict Assessment = 2
5. Team Functioning = 5
6. Collaborative Leadership = 1

**Knowledge of IP Concepts:**

- “Geriatrics Attending deferred my co-intern’s question”
- “I asked for clarification”
- “Patient was asked about her treatment goals”
- “Her perspective was considered”
- “Names that would relate better to patients”

**Awareness of Team Activities**

- “I observed consultation”
- “Giving my input on other patients”
- “I also observed team development”
- “Taking a collective decision”
- “Abruptly interrupted the presenter”

**Attitudes About Other Health Professionals**

- “The pharmacist helped me”
- “Case manager pitched in”
- “Pharmacist was comfortable enough to question”
- “Social worker on the team noted”
- “Team members were introduced”

**DISCUSSION**

Recognition of IP collaborator competencies provides a framework for improving health professional effectiveness for team care and systems-based care.

**Interprofessional Collaborator Pocket Card**

**IU Geriatrics**

An Interprofessional Collaborator demonstrates the following behaviors:

1. Patient/Community-centered Care (IPEC #1)
   a) Patient perspective
   b) Support participation
   c) Share information
2. Role Clarification (IPEC #2)
   a) Describe one’s role and those of others
   b) Recognize and respect other health and social care roles, responsibilities, and interprofessional dependencies
   c) Use appropriate language for listener
3. Interprofessional Communication (IPEC #3)
   a) Actively listen, use tools of communication - these, paper, e-mail, etc.
   b) Segregate, convey, reflect, discuss, debate, dialogue, respect
4. Conflict Assessment (IPEC #4)
   a) Recognize potential for conflict and address - conflict may be a positive process
   b) Identify common sources of conflict - role, ambiguity, power gradients, goal differences
   c) Establish safe environment for disagreement
5. Team Functioning (IPEC #5)
   a) Foster team development - introductions, icebreaker activities
   b) Participate and respect members’ participation in collaborative decision making
   c) Reflect on team functioning
6. Collaborative Leadership (IPEC #6)
   a) Facilitate effective team processes - consensus flow, decision, planning, delegating
   b) Promote continuous quality improvement

**Follow-up Survey**

Participants were surveyed during their rotation to determine their knowledge, attitudes, and awareness of the IP collaborator concept.

**Note:**

- Canadian competencies (above 1 to 6) linked to USA - IPEC (Interprofessional Education Collaborative) competencies.
- IP pocket card distributed to interns and included in a daily geriatrics team meeting video observation.

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