Interprofessional Collaborator Assessment Rubric

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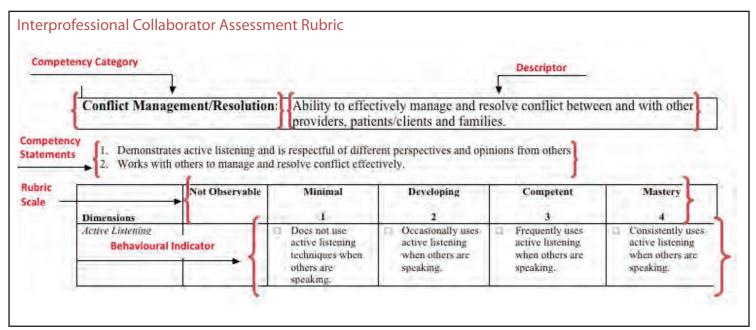
What is a Rubric?

A Rubric is an assessment tool that lists a set of performance criteria which define and describe the important competencies being assessed. Rubrics are useful to instructors because it can improve the planning of learning experiences and increase the quality of direct instruction by providing focus, emphasis, and attention to particular details as a model for learners.

For learners, a rubric provides clear targets of proficiency to aim for. Learners can use Rubrics for self-assessment as individuals, in groups, and for peer assessment. It is believed that Rubrics may improve learners' performance and therefore increase learning, particularly when learners receive Rubrics beforehand, understand how they will be evaluated and can prepare accordingly. Rubrics are becoming increasingly popular with educators moving toward more authentic, performance-based assessments.

Interprofessional Collaborator Assessment Rubric

Using the Collaborator Rubric

The Interprofessional Collaborator Assessment Rubric is intended for use in the assessment of interprofessional collaborator competencies. Collaborative practice in health care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings (WHO, 2010)[1]. Development of the Rubric tool was guided by an interprofessional advisory committee comprising educators from the fields of medicine, nursing and the rehabilitative sciences.

Key Principles

1) The Rubric has been developed for usage across different health professional education programs and in different learning contexts.

2) The Rubric dimensions are not intended to coincide with a specific year or level of a learner in his/her program of studies.

3) The Rubric may be used as a tool for formative and summative assessment of learners' competencies in interprofessional collaboration. As a formative assessment, the Rubric would allow learners to receive constructive feedback on competency areas for further development and improvement. As a summative assessment, the Rubric may be used to assess learners' achievement. The Rubric may also be introduced early in a program and used repeatedly to assess growth and development over time.

4) Usage of the Rubric in a reliable manner may require multiple interactions and repeated observation of a learner over a period of time.

5) Programs/disciplines should define remediation opportunities for learners not achieving an acceptable level of competency within their program area.

Rubric Validity

The Rubric dimensions are based on interprofessional collaborator competency statements that were developed and validated through a typological analysis of national and international competency frameworks, a Delphi survey of experts, and interprofessional focus groups with students and faculty.

[1] World Health Organization (WHO) Study Group on Interprofessional Education and Collaborative Practice. (2010). *Framework for Action on Interprofessional Education & Collaborative Practice.* Geneva, Switzerland: World Health Organization.

Interprofessional Collaborator Assessment Rubric

Instructions: For each of the dimensions below, check specific phrases which describe the performance of the learner.

Notes:
Assess by what is appropriate to the context/task.
- <u>Occasionally:</u> the learner demonstrates the desired behaviour once in a while.
- <u>Frequently:</u> the learner demonstrates the desired behaviour most of the time.
- <u>Consistently:</u> the learner always demonstrates the desired behaviour.

Communication: Ability to communicate effectively in a respectful and responsive manner with others ("others" includes team members, patient/client, and health providers outside the team).

1. Communicates and expresses ideas in an assertive and respectful manner.
2. Uses communication strategies (e.g. oral, written, information technology) in an effective manner with others.

Dimensions	Not Observable	Minimal 1	Developing 2	Competent 3	Mastery 4
Respectful Communication		☐ Communicates with others in a disrespectful manner.	☐ Occasionally communicates with others in a confident, assertive and respectful manner.	☐ Frequently communicates with others in a confident, assertive and respectful manner.	☐ Consistently communicates with others in a confident, assertive and respectful manner.
		☐ Does not communicate opinion or pertinent views on patient care with others.	☐ Occasionally communicates opinion or pertinent views on patient care with others.	☐ Frequently communicates opinion and pertinent views on patient care with others.	☐ Consistently communicates opinion and pertinent views on patient care with others.
		☐ Does not respond or reply to requests.	☐ Occasionally responds or replies to requests in a timely manner.	☐ Frequently responds or replies to requests in a timely manner.	☐ Consistently responds or replies to requests in a timely manner.
Communication Strategies		☐ Does not use communication strategies (verbal & non-verbal) appropriately with others.	☐ Occasionally uses communication strategies (verbal & non-verbal) appropriately.	☐ Frequently uses communication strategies (verbal & non-verbal) appropriately in a variety of situations.	☐ Consistently uses communication strategies (verbal & non-verbal) appropriately in a variety of situations.
		☐ Communication is illogical and unstructured.	☐ Occasionally communicates in a logical and structured manner.	☐ Frequently communicates in a logical and structured manner.	☐ Consistently communicates in a logical and structured manner.
		☐ Does not explain discipline-specific terminology/jargon.	☐ Occasionally explains discipline-specific terminology/jargon.	☐ Frequently explains discipline-specific terminology/jargon.	☐ Consistently explains discipline-specific terminology/jargon.
		☐ Does not use strategies that are appropriate for communicating with individuals with impairments (e.g., hearing, cognitive).	☐ Occasionally uses strategies that are appropriate for communicating with individuals with impairments (e.g., hearing, cognitive).	☐ Frequently uses strategies that are appropriate for communicating with individuals with impairments (e.g., hearing, cognitive).	☐ Consistently uses strategies that are appropriate for communicating with individuals with impairments (e.g., hearing, cognitive).

Comments:

Ability to establish/maintain collaborative working relationships with other providers, patients/clients and families.

1. Establishes collaborative relationships with others in planning and providing patient/client care.
2. Promotes the integration of information from others in planning and providing care for patients/clients.
3. Upon approval of the patient/client or designated decision-maker, ensures that appropriate information is shared with other providers.

Dimensions	Not Observable	Minimal 1	Developing 2	Competent 3	Mastery 4
Collaborative Relationship		☐ Does not establish collaborative relationships with others.	☐ Occasionally establishes collaborative relationships with others.	☐ Frequently establishes collaborative relationships with others.	☐ Consistently establishes collaborative relationships with others.
Integration of Information from others		☐ Does not integrate information from others in planning and providing patient/client care.	☐ Occasionally integrates information from others in planning and providing patient/client care.	☐ Frequently integrates information and perspectives from others in planning and providing patient/client care.	☐ Consistently integrates information and perspectives from others in planning and providing patient/client care.
Information Sharing		☐ Does not share information with other providers.	☐ Occasionally shares information with other providers that is useful for the delivery of patient/ client care.	☐ Frequently shares information with other providers that is useful for the delivery of patient/ client care.	☐ Consistently shares information with other providers that is useful for the delivery of patient/ client care.
		☐ Does not seek approval of patient/ client or designated decision-maker when information is shared.	☐ Occasionally seeks approval of the patient/client or designated decision-maker when information is shared.	☐ Frequently seeks approval of the patient/client or designated decision-maker when information is shared.	☐ Consistently seeks approval of the patient/client or designated decision-maker when information is shared.
Comments:					

Roles and Responsibility: Ability to explain one's own roles and responsibilities related to patient/client and family care (e.g. scope of practice, legal and ethical responsibilities); and to demonstrate an understanding of the roles, responsibilities and relationships of others within the team.

1. Describes one's own roles and responsibilities in a clear manner.
2. Integrates the roles and responsibilities of others with one's own to optimize patient/client care.
3. Accepts accountability for one's contributions.
4. Shares evidence-based and/or best practice discipline-specific knowledge with others.

Dimensions	Not Observable	Minimal 1	Developing 2	Competent 3	Mastery 4
Roles and Responsibilities		☐ Does not describe one's own role and responsibilities with the team/patient/family.	☐ Occasionally describes one's own role and responsibilities with the team/patient/family.	☐ Frequently describes one's own roles and responsibilities with the team/patient/family.	☐ Consistently describes one's own roles and responsibilities in a clear manner with the team/patient/family.
Role/Responsibility Integration		☐ Does not include the roles and responsibilities of other providers in the delivery of patient care.	☐ Occasionally includes the roles and responsibilities of other providers in the delivery of patient care.	☐ Frequently includes the roles and responsibilities of all necessary health providers to optimize collaborative patient/client care.	☐ Consistently promotes and includes the roles and responsibilities of all necessary health providers to optimize collaborative patient/client care.
Accountability		☐ Does not demonstrate professional judgment when assuming tasks or delegating tasks.	☐ Occasionally demonstrates professional judgment when assuming tasks or delegating tasks.	☐ Frequently demonstrates professional judgment when assuming tasks or delegating tasks.	☐ Consistently demonstrates professional judgment when assuming tasks or delegating tasks.
		☐ Does not accept responsibility for the failure of collaborative goals.	☐ Occasionally accepts responsibility for the failure of collaborative goals.	☐ Frequently accepts responsibility for the failure of collaborative goals.	☐ Consistently accepts responsibility for the failure of collaborative goals.
		☐ Does not accept responsibility for individual actions that impact the team.	☐ Occasionally accepts responsibility for individual actions that impact the team.	☐ Frequently accepts responsibility for individual actions that impact the team.	☐ Consistently accepts responsibility for individual actions that impact the team.
		☐ Does not explain own scope of practice, code of ethics, standards and/or clinical guidelines in relation to collaborative patient-centred relationship.	☐ Occasionally explains own scope of practice, code of ethics, standards and/or clinical guidelines in relation to collaborative patient-centred relationship.	☐ Frequently explains own scope of practice, code of ethics, standards and/or clinical guidelines in relation to collaborative patient-centred relationship.	☐ Consistently explains own scope of practice, code of ethics, standards and/or clinical guidelines in relation to collaborative patient-centred relationship.
Sharing Evidence-Based/ Best Practice Knowledge		☐ Does not share evidence-based or best practice discipline-specific knowledge with others.	☐ Occasionally shares evidence-based or best practice discipline-specific knowledge with others.	☐ Frequently shares evidence-based or best practice discipline-specific knowledge with others.	☐ Consistently shares evidence-based or best practice discipline-specific knowledge with others.

Comments:

Collaborative Patient/Client-Family Centred Approach: Ability to apply patient/client-centred principles through interprofessional collaboration.

1. Seeks input from patient/client and family in a respectful manner regarding feelings, beliefs, needs and care goals.
2. Integrates patient's/client's and family's life circumstances, cultural preferences, values, expressed needs, and health beliefs/behaviours into care plans.
3. Shares options and health care information with patients/clients and families.
4. Advocates for patient/client and family as partners in decision-making processes.

Dimensions	Not Observable	Minimal 1	Developing 2	Competent 3	Mastery 4
Patient/Client Input		☐ Does not seek input from patient/client and family.	☐ Occasionally seeks input from patient/client and family.	☐ Frequently seeks input from patient/client and family.	☐ Consistently seeks input from patient/client and family.
Integration of Patient/Client Beliefs and Values		☐ Does not integrate patient's/client's and family's circumstances, beliefs and values into care plans.	☐ Occasionally integrates the patient's/client's and family's circumstances, beliefs and values into care plans.	☐ Frequently integrates patient's/client's and family's circumstances, beliefs and values into care plans.	☐ Consistently promotes and integrates patient's/client's and family's circumstances, beliefs and values into care plans.
Information Sharing with Patient/Client		☐ Does not share options and health care information with patients/clients and families.	☐ Occasionally shares options and health care information with patients/clients and families.	☐ Frequently shares options and health care information with patients/clients and families.	☐ Consistently shares options and health care information with patients/clients and families.
Patient Advocacy in Decision-Making		☐ Does not advocate for patient/client and family as partners in decision-making processes.	☐ Occasionally advocates for patient/client and family as partners in decision-making processes.	☐ Frequently advocates for patient/client and family as partners in decision-making processes.	☐ Consistently advocates for patient/client and family as partners in decision-making processes.
Comments:					

Team Functioning: Ability to contribute to effective team functioning to improve collaboration and quality of care.

1. Recognizes and contributes to effective team functioning and dynamics.
2. Recognizes that leadership within the healthcare team may alternate or be shared depending on the situation.
3. Contributes in interprofessional team discussions.

Dimensions	Not Observable	Minimal 1	Developing 2	Competent 3	Mastery 4
Team Functioning and Dynamics		☐ Does not recognize the relationship between team functioning and quality of care.	☐ Occasionally demonstrates recognition of the relationship between team functioning and quality of care.	☐ Frequently demonstrates recognition of the relationship between team functioning and quality of care.	☐ Consistently demonstrates recognition of the relationship between team functioning and quality of care.
		☐ Does not recognize strategies that will improve team functioning.	☐ Occasionally demonstrates recognition of strategies that will improve team functioning.	☐ Frequently demonstrates recognition of strategies that will improve team functioning.	☐ Consistently demonstrates recognition of strategies that will improve team functioning.
Shared Leadership		☐ Does not recognize the importance of alternating or sharing leadership with others.	☐ Occasionally shares leadership and alternates leadership with others when appropriate for the discipline involved.	☐ Frequently shares leadership and alternates leadership with others when appropriate for the discipline involved.	☐ Consistently shares leadership and alternates leadership with others when appropriate for the discipline involved.
Team Discussion		☐ Does not view themselves as part of the team.	☐ Occasionally demonstrates recognition of themselves as part of a team.	☐ Frequently demonstrates recognition of themselves as part of a team.	☐ Consistently demonstrates recognition of themselves as part of a team.
		☐ Does not contribute to interprofessional team discussions.	☐ Occasionally contributes to interprofessional team discussions.	☐ Frequently contributes to interprofessional team discussions.	☐ Consistently contributes to interprofessional team discussions.

Comments:

1. Demonstrates active listening and is respectful of different perspectives and opinions from others.
2. Works with others to manage and resolve conflict effectively.

Dimensions	Not Observable	Minimal 1	Developing 2	Competent 3	Mastery 4
Respect for different perspectives		☐ Does not consider the perspectives and opinions of others.	☐ Occasionally seeks the perspectives and opinions of others.	☐ Frequently seeks the perspectives and opinions of others.	☐ Consistently seeks the perspectives and opinions of others.
		☐ Does not seek clarification in a respectful manner when misunderstandings arise.	☐ Occasionally seeks clarification when misunderstandings arise, but it is not necessarily done in a respectful manner.	☐ Frequently seeks clarification in a respectful manner when misunderstandings arise.	☐ Consistently seeks clarification in a respectful manner when misunderstandings arise.
Active Listening		☐ Does not use active listening techniques when others are speaking.	☐ Occasionally uses active listening when others are speaking.	☐ Frequently uses active listening when others are speaking.	☐ Consistently uses active listening when others are speaking.
Conflict Management		☐ Does not manage or resolve conflict with others.	☐ Occasionally uses appropriate conflict resolution strategies to manage and/or resolve conflict.	☐ Frequently uses appropriate conflict resolution strategies to manage and/or resolve conflict.	☐ Consistently uses appropriate conflict resolution strategies to manage and/or resolve conflict.
Comments:					

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