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Practical tips and/or guidelines Open Access

Developing the competency of 'collaborative clinical practice'

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Abstract

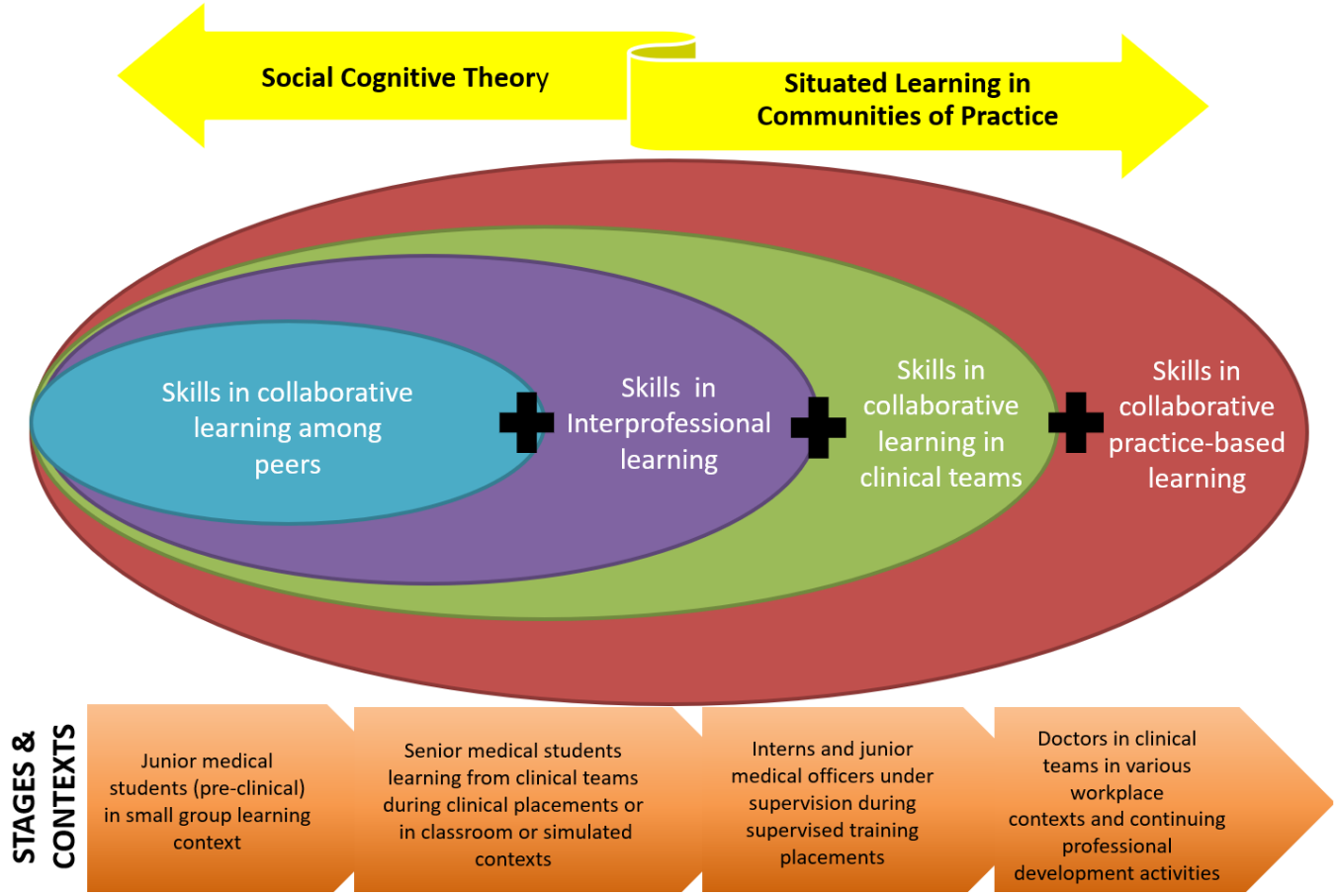
With the increasing complexity of healthcare delivery and patient case mix, and the aging population, health professionals are expected to function more often and more effectively as members of multidisciplinary teams. Competency based medical education (CBME) advocates that the professional development of doctors should be fostered from the start of medical school through to medical practice and with continuing professional development. Strategies for developing teamwork among health professionals and students range from minimal, implicit to explicit (Earnest et al., 2017). Considering this continuum of medical education and the spectrum of educational strategies, we propose a framework for the programmatic approach which can be used in developing competence in 'collaborative clinical practice'.

Keywords: Collaborative learning; Competency based medical education; Teamwork

Framework for the development of competence in collaborative clinical practice

The framework (see Figure 1) illustrates a staged approach to developing competence in collaborative clinical practice. In every stage of medical education, the collaborative skills that students develop contribute and cumulate towards developing and maintaining the overall collaborative and teamwork competency.

Figure 1: Framework to guide the staged approach to developing the competency of 'collaborative clinical practice'



Novice and junior medical students may begin to learn in formal (e.g. Problem based learning, Task based learning, and Case based learning) and/or informal small group activities (e.g. study groups) and thus develop skills in collaborative learning among peers. At this stage, there may be minimal focus on healthcare teamwork, with a stronger emphasis on aspects such as the five elements of cooperative learning (which include positive interdependence, individual accountability, face to face promotive interaction, social skills and group processing) (Johnson and Johnson, 1999). The development of these skills support the subsequent development of skills needed for collaborative clinical practice. As students' progress, interprofessional learning may occur ad hoc when students participate in clinical workplace learning activities or this may be offered within the formal curriculum (e.g. classrooms or simulated learning contexts). Such opportunities may aid in developing students' skills in collaborative learning within interprofessional groups in a more explicit manner (1), focusing on attributes such as mutual respect and shared decision making. Medical students in their clinical placements have the opportunity to develop collaborative learning skills in clinical workplace contexts. They gradually integrate both horizontally and vertically as team members within the clinical practice teams and start to develop skills in collaborative practice for patient care. It would be important to pay attention to the hidden curriculum to ensure that strategies such as role modelling focus on promoting attributes that lead to effective teamwork. The next important point is the transition to junior doctor, where educational instruments such as the T-MEX (Olupeliyawa et al., 2014), based on situated learning (see related theories in Table 1 below), have been found to facilitate the learning of teamwork behaviours such as recognising one's limitations and communicating concerns effectively. Finally, trainees' learning in the workplace or continuing medical education activities of practicing physicians can be supplemented by simulation-based training(Salas et al., 2005). In conclusion, a repertoire of activities may be designed and offered across the various stages of medical education to progressively develop students' skills in collaborative learning and collaborative practice.

Table 1: Stage of Collaborative learning and the appropriate educational theories

Collaborative learning in interprofessional groups in classroom or simulated context	in a small group learning context	environment and the learner's behaviour. It is important to consider that the relative influence of each factor varies for different activities, individuals and circumstances. The individual learner brings his or her personal knowledge, skills, attributes and previous experience, and learns and interacts dynamically with all others in the setting, including teachers and peers (for example in collaborative learning groups) and with other contextual influences. For detailed theory see: Bandura A. Social foundations of thought and action: A social cognitive theory: Prentice-Hall, Inc; 1986
Collaborative learning in teams during student clinical placements or junior doctor supervised training placements		**Situated learning in communities of practice (COP)** is about learning and development through active participation in various activities e.g. interprofessional groups and clinical teams. The members of COP would benefit by acquiring skills in collaboratively working together and learning at the same time. Every individual learner within the community needs to understand which skills, behaviours and competencies, are essential for effective participation. Students start by observing the community of practice and gradually begin to integrate in the group/team functioning, starting with legitimate peripheral participation. For detailed theory see: Lave J, Wenger E. Situated Learning: Legitimate Peripheral Participation: Cambridge University Press; 1991.
Collaborative practice in clinical teams in workplace context		

Take Home Messages

1. Health professionals are expected to function effectively as members of multidisciplinary teams.
2. Competency based medical education (CBME) advocates that the professional development of doctors should be fostered from the start of medical school through to medical practice and with continuing professional development.
3. The framework for the programmatic approach which can be used in developing competence in 'collaborative clinical practice' outlines a spectrum of educational startegies for developing students' skills in collaborative learning.

Notes On Contributors

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Appendices

None.

Declarations

The author has declared that there are no conflicts of interest.

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Ethics Statement

This paper illustrates a framework for developing the collaborative competency in medical education and therefore no data was collected. All the relevant literature has been cited.

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