



Guiding Questions for Reflection on IP Competencies

The following questions are designed to highlight and clarify the IP competencies for providers and students. It is recommended that you use these questions to assist you in writing your reflection about the IP competency that you have chosen to highlight for your placement.

Reminder that reflections should be composed of three elements: the descriptive (**what** ... took place?... was your role?... was the role of others) the analysis and interpretation (**so what**... does this teach me?... other knowledge do I have about this?...was the implication of this?... was the impact on patient care?) and the action oriented, decision (**now what** ...broader issues need to be considered?... might I do in the future to facilitate this?...did I learn that has shaped my practice?).

1) Role Clarification refers to the knowledge that engages the “right provider in the right place at the right time” in healthcare service delivery. Role clarification leads to issues related to staff mix, role enactment, and appropriately engaging other providers in shared decision-making.

- What is the current staff mix at this clinic?
- What are the unique knowledge/skills that the different providers bring to the table?
- Are providers culturally sensitive toward each other?
- Do providers use discipline-specific jargon?
- What are intra-disciplinary differences/similarities between providers?
- What are the provider functions in MH service delivery? Differences/similarities?
- What therapeutic approaches are being used?
- Which providers engage in case management?
- What are the treatment values and priorities that different providers bring to patient care?
- Is there role blurring and/or role ambiguity between the providers based on these functions?
- What are the implications of the staff mix and the role distribution for the clients?
- Are there gaps in the service delivery for the client populations with a range of mental health issues and other health concerns?

2) Conflict Resolution centers on the assumption that disagreements can be constructively addressed (“conflict positive” solutions) when providers have the skills in solving conflict together. While disagreement/conflict is inevitable in healthcare due to the complex needs of clients and professional diversity of providers, individuals must consider appropriate responses to address and resolve it.

- What are the circumstances in the team in which conflict is more likely to arise?
- Have I tried to analyze why and how a disagreement has developed?
- How can an issue be resolved given that different philosophies/goals may exist between providers?
- What is my personal conflict resolution style? How does it compare to that of others?
- Have I considered the right time and place to address the issues?
- Am I trying to solve issues using a mutually agreeable approach?

3) Collaborative leadership involves sharing accountability for team process and improved outcomes among all team members including the client. Collaborative leaders must balance taking control with encouraging leadership roles to emerge. They apply the principles of emotional intelligence to motivate and engage their team members and clientele.

- Am I aware of my own and other’s emotions in my interactions with others?

- Do we encourage emerging leadership roles for different team members?
- Are all members of the team equally engaged in team performance?
- Do I purposefully engage others in decision-making?
- Do I set positive examples for leadership within our team?
- Do we have a group leader or leaders?

4) **Client-centered care** promotes the participation of clients as equal members of the team. Each provider plays a key role in empowering clients to fully participate in their care. Specific client populations must have access to the part of the healthcare system that meets their needs. Client-centered care also ensures that clients are served along the continuum of care.

- Is client information shared across the continuum of care among relevant providers?
- Does the team provide equitable access for clients in need of its services?

The following questions are from Queen's University Office of IP Education and Practice (OIPEP):

Power

- Do I use language that is easy for clients to understand?
- Do I use language that conveys my goal to work in partnership with the client?
- Do I advocate for systems & policies to be changed so clients can assume power for their program?

Listening & Communicating

- Do I provide quality information at a level my clients can truly understand?
- What are the most important pieces of information my clients need?
- What is the best format in which to provide this information?
- Do I check that they have understood the information I provided?
- Do I tailor information to the specific needs of the clients & their family?
- Are my clients able to apply the information I have provided?
- Do I truly listen to what my clients are saying and not just to their words?
- Do I leave enough time so that clients are able to tell me about their [concerns]?
- Am I able to develop an understanding of a person's values after talking to them?
- Do I let an interview unfold naturally, rather than structuring each question that I ask?
- Do I share my perceptions of what the client said with them to confirm if I am interpreting information correctly?
- Do I take the time to listen and truly hear their stories?

Partnership

- Do I facilitate a process of ensuring my client's voice is heard?
- Do I work in partnership with my clients to obtain the required information?
- What does the concept of partnership mean to me?
- Do I truly work in partnership with my clients?
- What contribution do we both bring to this partnership?
- What is the connection between a partnership and power?

Choice

- Do I enable choice in my practice process?
- Am I able to facilitate small choices if larger ones are not possible for the client to make?
- Do I apply my professional analysis skills to create opportunities for choice?

Hope

- Am I prepared to facilitate the process by empowering the client?
- Do I understand and accept the importance of hope for my clients?
- Do I provide opportunities for clients to express their hope to me?
- Do differences in opinion between me and the client represent different values?

5) **Interprofessional Communication** relates to any information sharing between providers and their clients.

- How effective and timely is communication between different providers?
- Is the language and communication medium used appropriate for the information to be exchanged?
- Do I listen to providers' feedback on my client?
- Do the medical records system used within the facility / team facilitate or act as a barrier to team information sharing?

6) **Team functioning** refers to the degree to which the team has become a cohesive unit with mutually supportive working relationships involving all team members.

- What are the interprofessional dynamics of the group?
- Are there open discussions on the effectiveness of the team?
- Do team members show strong commitment to the team?
- Is there a need for team building activities?
- Can the team meet and survive challenges?
- Are team members willing to work toward improved team dynamics?
- Does the team have a strong vision/mission?
- Are student placements supported by all team members?
- To what extent does our group make shared decisions?
- What types of decisions are they typically?
- What is our process for decision-making?
- What individual/group actions are taken?
- Is there follow-up on group/individual actions?