Building Shared Competencies in Physiotherapy – a regulator’s perspective

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Overview – building the foundation

Interprofessional Competencies

- Accreditation
- Essential Competencies
- Curriculum Guidelines
- Core PT Standards
- Patient Engagement

Canadian Alliance of Physiotherapy Regulators
Alliance canadienne des organismes de réglementation de la physiothérapie
First – some context
Here’s Canada...
Canadian Alliance of Physiotherapy Regulators

Registrars’ Committee: policy mandate

- includes collaboration to promote consistency in regulatory policy across all jurisdictions
- leverage other work in Canada to support this mandate
NATIONAL INTER-PROFESSIONAL COMPETENCIES FRAMEWORK

Goal: Interprofessional Collaboration

A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues.

Role Clarification
Learners/practitioners understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and meet patient/client/family and community goals.

Interprofessional Conflict Resolution
Learners/practitioners actively engage self and others, including the patient/client/family, in dealing effectively with interprofessional conflict.

Team Functioning
Learners/practitioners understand the principles of team dynamics and group processes to enable effective interprofessional team collaboration.

Collaborative Leadership
Learners and practitioners work together with all participants, including patients/clients/families, to formulate, implement and evaluate care/services to enhance health outcomes.
Building the foundation

Inter-professional Competencies

Accreditation

Patient Engagement

Core PT Standards

Essential Competencies

Curriculum Guidelines
Accreditation standards

1) **Collaboration:**
The program prepares students for collaborative practice to support quality client centered care. Establish and maintain inter-professional relationships, which foster effective collaborative practice.

2) **Advocacy:**
The program prepares students to responsibly use their knowledge and expertise to promote the health and well-being of clients. Work collaboratively to identify, respond to, and promote the health needs and concerns of clients.
Building the foundation

Interprofessional Competencies

Accreditation
Patient Engagement
Essential Competencies
Core PT Standards
Curriculum Guidelines
Essential Competency Profile

Physiotherapist Roles (2009)
1. Expert
2. Communicator
3. Collaborator
4. Manager
5. Advocate
6. Scholarly Practitioner
7. Professional

Competency Domains (2016+):
1. PT Expertise
2. Communication
3. Collaboration
4. Management
5. Leadership
6. Scholarship
7. Professionalism (draft)
Essential Competencies

Communicator: Physiotherapists use effective communication to develop professional relationships with clients, families, care providers, and other stakeholders.

Collaborator: Physiotherapists work collaboratively and effectively to promote inter-professional practice and achieve optimal client care.

Advocate: Physiotherapists responsibly use their knowledge and expertise to promote the health and well-being of individual clients, communities, populations and the profession.
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Curriculum Guidelines

Core PT Standards
Regulation: Standards of Practice

- Set out minimum performance expectations of registered physiotherapists
- 20 standards
  - Client-centred care
  - Collaborative practice
  - Communication
  - Competence
Standard: Client-Centred Care

- The physiotherapist integrates a client-centred approach in all aspects of physiotherapy service delivery.

- Expected Outcome: Clients can expect that they will be treated respectfully and their input will be valued, acknowledged, and integrated into all aspects of physiotherapy service delivery.
Performance Expectations

The physiotherapist:

- Treats clients in a manner that recognizes and appreciates their autonomy, uniqueness, goals, and self-worth at all times.
- **Involves clients in decision-making regarding their care, respecting their independence and right to refuse or withdraw from treatment at any time.**
- Communicates with clients to: facilitate their understanding of the care plan and how it addresses their goals; outline the risks and benefits of services; and obtain consent.
- Monitors clients’ responses throughout service delivery, adjusting and modifying interventions/approaches as required, and continues to obtain ongoing consent.
- Treats all clients with compassion, respect, and dignity throughout the course of their care.
Standard : Collaborative Practice

- The physiotherapist promotes collaborative practice with clients, health care team members, and other stakeholders to support the delivery of integrated, quality, client-centred care.

- Expected Outcome: Clients can expect that the physiotherapist collaborates effectively with others to promote integrated client-centred care.
Performance Expectations

The physiotherapist:

- Works collaboratively with clients, health care team members, and other stakeholders to promote shared decision-making and integrated client-centred care.
- Uses shared leadership and conflict resolution strategies to resolve/accept differences and optimize effective team collaboration.
- Communicates effectively, obtaining consent and maintaining confidentiality with clients, team members, and other stakeholders at all times.
- Shares information with clients, team members, and other stakeholders about the roles and responsibilities of physiotherapists in client-centred care.
- Consults with/references to the appropriate team member when aspects of clients’ goals are best addressed by another provider.
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Building the foundation

Patient Engagement

Inter-professional Competencies

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Core PT Standards

Curriculum Guidelines
Patient Engagement

● how do we engage patients in shared decision making that supports quality of care?
● How do we know if we’re making a difference?
Focus On Therapeutic Outcomes
• Initial Functional Status
• Predicted Goal Status
• Discharge Functional Status
• Risk adjusted for specific clinical area of practice – e.g., muskulo-skeletal, general medical, pelvic floor
So in the end...

'Alone we can do so little; together we can do so much'

Helen Keller

www.alliancept.org