Development of an Interprofessional Competency Framework for Evidence Based Practice & Clinical Effectiveness Education

An Roinn Sláinte
Department of Health

National Patient Safety Office
Oifig Náisiúnta um Shábháilteacht Othar

NATIONAL CLINICAL EFFECTIVENESS COMMITTEE

A TRADITION OF INDEPENDENT THINKING

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Context & Aim

The directive for promoting clinical effectiveness stems from the need to achieve;

Improved patient experience

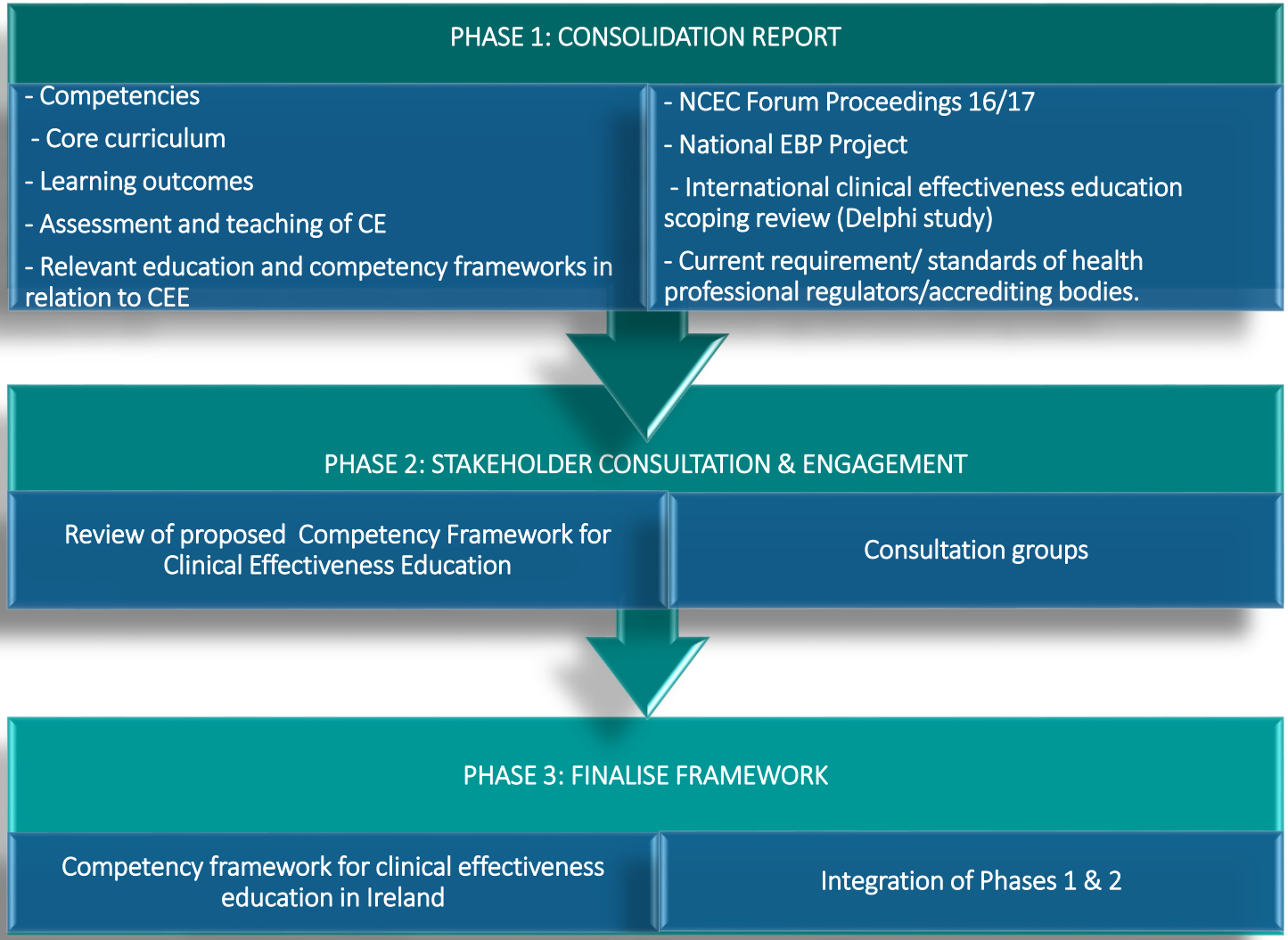
Improved health of populations

Reduced per capita cost of healthcare

(Gilliam & Siriwardena 2014)

Develop a competency framework for clinical effectiveness education across health & social care professions in Ireland

Methods



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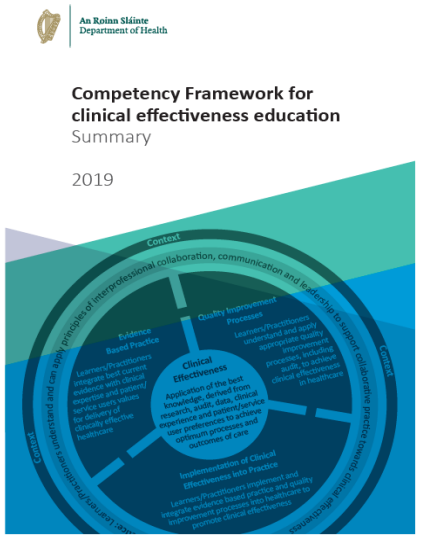
Competency Framework



Domain 1: Evidence-based practice

Domain 2: Quality improvement processes

Domain 3: Implementation strategies

Domain 4: Collaborative practice

Domain 1. Evidence-based Practice

Acknowledgement: Albarqouni L, Glasziou P, Hoffmann T, Rydland Olsen N, Young T, Ilic D, et al.
Core competencies in evidence-based practice for health professionals: consensus statement based on a systematic review and Delphi survey. JAMA Netw Open. 2018;1(2):e180281.

Competency Statement:

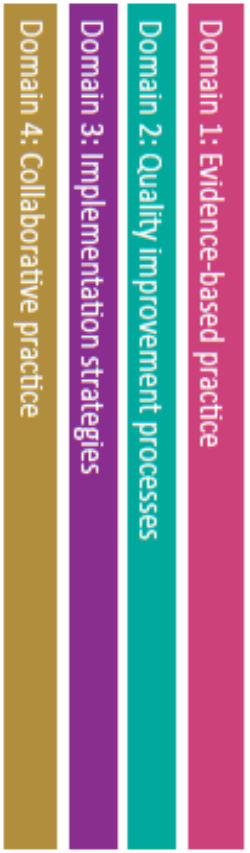
Learners/practitioners integrate best current evidence with clinical expertise and patient/service-user preferences and values, for delivery of clinically effective healthcare.

Indicators:

- To understand fundamental or core concepts associated with EBP.
- To structure clinical questions, learners/practitioners demonstrate “ask” competencies.
- To ‘identify’ and recognise relevant sources of research information and evidence.
- To critically evaluate the integrity, reliability and applicability of health research.
- To engage with evidence in daily practice.
- To reflect upon knowledge translation processes.

Rationale:

To improve clinical effectiveness it is essential for learners/practitioners to adopt an evidence-based approach to their practice.



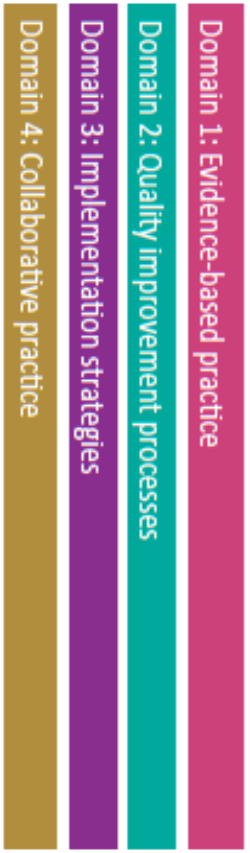
Domain 2. Quality Improvement Processes

Competency statement:
Learners/practitioners understand and apply quality improvement processes to achieve clinical effectiveness in the context of healthcare.

Indicators:

- To understand fundamental or core concepts associated with quality improvement processes.
- To identify areas for quality improvement, by analysing the care setting for gaps between local and best practice standards.
- To apply quality improvement processes into practice.
- In considering continuous quality improvement processes, demonstrate “reflect” competencies.

Rationale:
Quality improvement processes should be part of the efforts of learners/practitioners to make changes that lead to clinically effective practice, through better patient outcomes, better experience of care and continued development of staff.



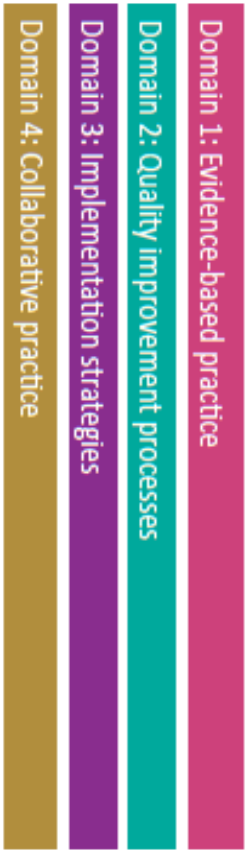
Domain 3. Implementation Strategies

Competency Statement:
Learners/practitioners implement and integrate evidence-based practice and quality improvement processes into healthcare to promote clinical effectiveness.

Indicators:

- To understand fundamental and core concepts associated with implementation science.
- To identify challenges and enablers for operationalising implementation of best evidence and quality improvement processes into clinical practice.
- In considering implementation processes, learners/practitioners demonstrate ”apply and reflect” competencies.

Rationale:
Dedicating time and resources to implementation plans and actions is crucial to integrating evidence-based guidelines and quality standard interventions into practice.



Domain 4. Collaborative Practice

Competency Statement:
Learners/practitioners understand and can apply principles of inter-professional collaboration, communication and leadership to support collaborative practice towards clinical effectiveness processes, which promote healthcare that is evidence-based, effective and consistent.

Indicators:

- To support inter-professional “collaboration”.
- To “communicate” appropriately in professional practice.
- To determine best “leadership” approaches to achieve clinically effective processes.

Rationale:
Effective professional relationships and patient/service-user involvement are key characteristics of collaborative practice towards clinical effectiveness.

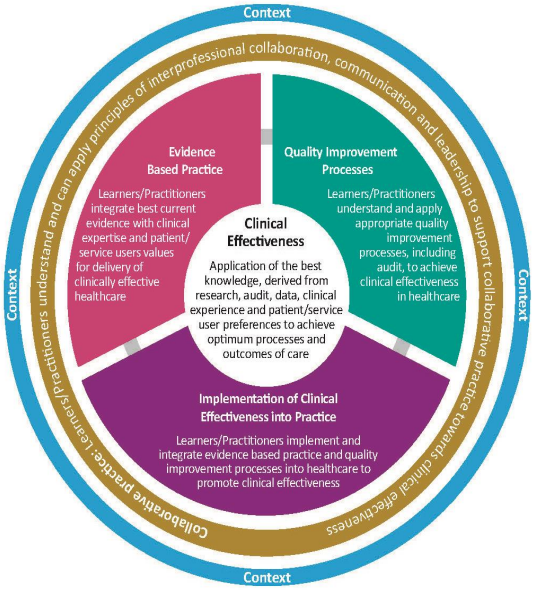
Principles & Application

Principles underpinning framework:

- Designed for all health and social care professionals, with competency domains generic and universal in nature.
- Assumes evidence-based practice is an inter-professional collaborative effort.
- Places the service user/patient at the center of professional learning.

Framework application:

- Curriculum considerations.
- Teaching and learning strategies.
- Assessment methods.



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Strengths & Limitations

Strengths

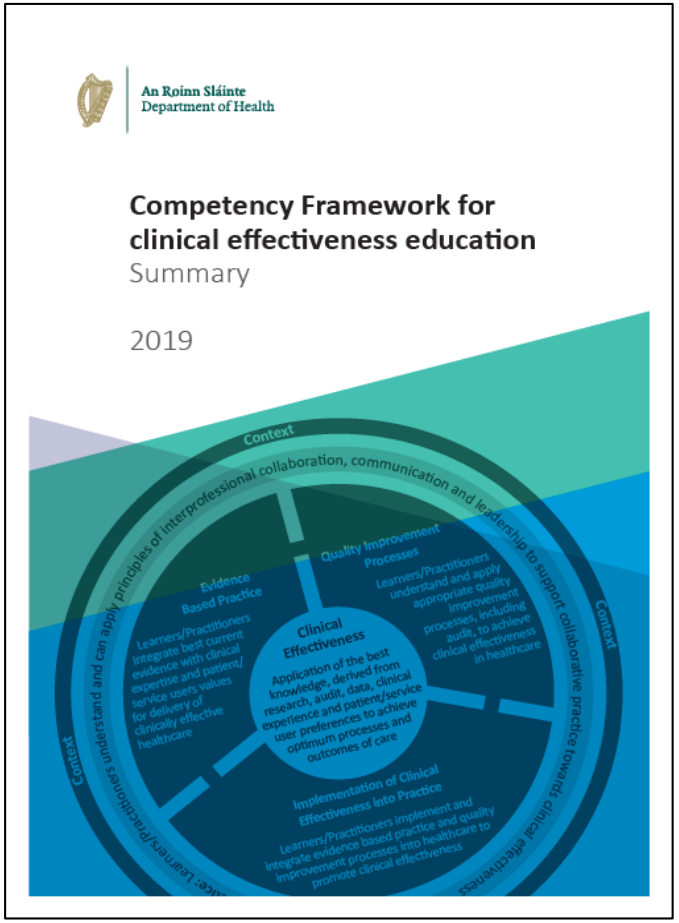
- A multi-stage approach that combined various research methods and data sources.
- The framework was informed by a rigorous scoping review that complied with standards for conducting and reporting of scoping reviews.
- All competencies were reviewed and refined by experts from different health care professions and settings.

Limitations

- Empirical and grey literature Search limited from 2008 onwards.
- Patient/service user representation was absent despite invitations issued.
- Validation of the framework from the patient/service user perspective

End Outputs….

- The competency framework for clinical effectiveness education for health and social care professionals was published by the Department of Health in Ireland in 2018.
- A dissemination strategy to raise awareness is underway
- Curriculum mapping project(s)



Project Team & Acknowledgments

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Full & Summary Reports available at:
https://www.gov.ie/pdf/?file=https://assets.gov.ie/11519abd0ea0e4d434ac9b7ffd29d0d05ab9f.pdf#page=1

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