



Capital Health

Primary Health Care

Primary Health Care Competency Framework

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Version 3.1

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Development of this framework was led by Primary Health Care, Capital Health. PHC respectfully acknowledges the contribution of Barefoot Facilitation & Development in supporting the development of this framework. The framework may be used and reprinted without special permission. We request that attribution be made to the Primary Health Care, Capital Health.

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Summary and Methodology

This *Primary Health Care Competency Framework* provides a comprehensive outline of the recommended competencies required for effective a) interprofessional and community collaboration and b) primary health care service provision.

Ten competency domains highlight the knowledge, skills, attitudes and values that shape the judgments of providers working in this area:

1. Communication
2. Person/Family/Community-Centered Care
3. Role Clarification
4. Team Functioning
5. Conflict Resolution
6. Best Possible Care and Service
7. Primary Health Care Principles
8. Partnerships
9. Cultural Competency
10. Self-Management Support

Each of the ten domain areas is described as follows:

Competency domain:

An interacting grouping of activities that comprise part of a whole. 3

Competency statement:

A strong overarching statement that guides behaviour and that lasts over long periods of time. 3

Competency descriptor:

Identifies skills, attitudes, and judgments which are dynamic, developmental and evolutionary. Provision of further understanding of the meaning of a competency can guide in implementation of the competency into learning and practice. 3

A review of the literature was conducted by Barefoot Facilitation and Development in February 2010. The purpose of this review was to identify existing competency frameworks/documents related to interprofessional collaboration specific to primary health care. Search terms included: *interprofessional collaboration competencies, primary health care competencies, primary health care principles, interprofessional teams, team effectiveness and interprofessional*

practice. Results of the literature review are outlined in an earlier report titled *Search Results: Interprofessional Team Competencies and Team Effectiveness Tools* (February 2010).

The search revealed that several competency frameworks/documents related to interprofessional collaboration and collaborative practice have been created in Canada over the past five years. The Canadian Interprofessional Health Collaborative (CIHC) published its most recent *National Interprofessional Competency Framework* during the same month that this project's literature review was completed.

A summary of key source documents with corresponding competency domains was created followed by a mapping process whereby domain areas were mapped across all documents. This provided opportunity for a more in depth review of each competency framework/document and allowed for a detailed comparing and contrasting. (See Appendix 1 for a summary of key documents with domains).

This *Primary Health Care Competency Framework* respectfully reflects the competency sets presented in the various key source documents summarized in the literature review. In an effort to maximize time efficiency and create synergy with these other competency sets, the domain statements and descriptors within this framework are written using similar and/or exact words and terminology. The definition of *competency* used within this framework is consistent with that outlined in the CIHC *National Interprofessional Competency Framework*:

Competency:

A complex 'know act' that encompasses the ongoing development of an integrated set of knowledge, skills, attitudes, and judgments enabling one to effectively perform the activities required in a given occupation or function to the standards expected in knowing how to be in various and complex environments and situations. 1,2,3

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1. McNair, R. P. (2005). The case for educating health care students in professionalism as the core content of interprofessional education. *Medical Education*, 39: 45 6-464.
 2. Roegiers, X. (2007). Curricular reforms guide schools: but, where to? Curriculum change and competency-based approaches: A worldwide perspective. *Prospects*, 37(2), 155 -186.
 3. Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Vancouver, BC.

Existing Frameworks/Documents Compared & Contrasted

Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Vancouver, BC.

Capital Health, Primary Health Care. (2010). *Guiding Principles for Community Health Teams in Primary Health Care*. Halifax, NS.

College of Health Disciplines, University of British Columbia & Interprofessional Network of BC. (2008). *The British Columbia Competency Framework for Interprofessional Collaboration*, Vancouver, BC.

Community Health Nurses Association of Canada. (2003). *Canadian Community Health Nursing Standards of Practice*. Toronto, ON.

Community Health Nurses of Canada. (2009). *Public Health Nursing Discipline Specific Competencies Version 1.0*.

Department of Health and Ageing, Australian Government. (2009). *Capabilities for Supporting Prevention and Chronic Self-Management: A Resource for Educators of Primary Health Care*. Adelaide, SA.

Enhancing Interdisciplinary Collaboration in Primary Health Care. (2005). *Principles & Framework for Interdisciplinary Collaboration in Primary Health Care*. Ottawa, ON.

Province of Nova Scotia. (2009). *Building a Better Tomorrow Together in Nova Scotia: Interprofessional Education for Primary Health Care Collaboration*. Halifax, NS.

Province of Nova Scotia. (2008). *Cultural Competence Guidelines for the Delivery of Primary Health Care in Nova Scotia*. Halifax, NS.

Public Health Agency of Canada. (2007). *Core Competencies for Public Health in Canada: Release 1.0*. Ottawa, ON.

Registered Nurses Professional Development Centre & Nova Scotia Department of Health. (2007). *Partners for Interprofessional Cancer Education: Interprofessional Facilitator Competencies*. Halifax, NS.

Domain: Communication

Competency Statement:

Primary health care providers consistently communicate in a responsive, responsible, and sensitive manner, demonstrating the interpersonal skills necessary for interprofessional and community collaboration, and the comprehensive provision of primary health care services.

Descriptors:

- understanding/respecting different communication styles (verbal and non-verbal)
- applying different communication techniques/skills
- applying active listening skills
- establishing, developing, and maintaining mutual understanding, trust, and respect with patients/clients/families/communities and other team members through effective, respectful, and authentic communication
- using information and communication technology to exchange relevant information among all providers and community partners to improve person/family/community centred care expressing one's own knowledge and opinions with clarity and confidence to ensure language is understood by others and to ensure a sound rationale for opinions is provided

Key Source Documents:

Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Vancouver, BC.

College of Health Disciplines, University of British Columbia & Interprofessional Network of BC. (2008). *The British Columbia Competency Framework for Interprofessional Collaboration*, Vancouver, BC.

Department of Health and Ageing, Australian Government. (2009). *Capabilities for Supporting Prevention and Chronic Self-Management: A Resource for Educators of Primary Health Care*. Adelaide, SA.

Province of Nova Scotia (2009). *Building a Better Tomorrow Together in Nova Scotia: Interprofessional Education for Primary Health Care Collaboration*. Halifax, NS.

Domain: Person/Family/Community-Centered Care

Competency Statement:

Primary health care providers seek out, integrate, and value, as a partner, the input and the engagement of the patient/citizen/family/community in planning, designing, implementing, and evaluating programs and services.

Descriptors:

- setting goals and action planning (with the patient/citizen/family/community)
- creating and maintaining caring relationships with patients/citizens/families /communities
- recognizing and valuing patient/citizens/families/communities as experts in their own lived experiences and integrating this expertise into care and/or service planning, implementation, and evaluation
- engaging and supporting the participation of patients/citizens/families/communities as integral partners with primary health care team members
- sharing information with patients/citizens/families/communities in a respectful manner and in such a way that it is understandable, encourages discussion, and enhances participation in decision-making
- ensuring that appropriate education and support is provided to patients/citizens/ families/communities and others involved with service delivery
- eliciting the participation of patients/citizens/families/communities
- listening respectfully and acting responsively to the expressed needs of patients/citizens/families/communities when shaping and delivering programs and services

Key Source Documents:

Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Vancouver, BC.

College of Health Disciplines, University of British Columbia & Interprofessional Network of BC. (2008). *The British Columbia Competency Framework for Interprofessional Collaboration*, Vancouver, BC.

Department of Health and Ageing, Australian Government. (2009). *Capabilities for Supporting Prevention and Chronic Self-Management: A Resource for Educators of Primary Health Care*. Adelaide, SA.

Domain: Role Clarification

Competency Statement:

Primary health care providers perform to full scope based on a clear understanding of their role and capabilities as well as the roles and capabilities of other team members, and use this knowledge appropriately to establish and achieve patient/citizen/family and community goals.

Descriptors:

- understanding and describing one's own role and that of others
- performing one's own role through the ability to recognize and respect the diversity of other team members roles, responsibilities, and capabilities.
- working to full scope of practice by frequently identifying who has the knowledge and skills to address the needs of the patients/citizen/families/communities
- negotiating actions with other team members based on understanding one's own role constraints, other team members roles constraints, overlap of roles, and discipline specific ethical and legal practices
- understanding of where unique knowledge and skills are held and where share knowledge and overlap of skills occur
- avoiding labeling and professional stereotyping
- communicating roles, knowledge, skills, and attitudes using appropriate language
- accessing others' skills and knowledge appropriately through consultation

Key Source Documents:

Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Vancouver, BC.

College of Health Disciplines, University of British Columbia & Interprofessional Network of BC. (2008). *The British Columbia Competency Framework for Interprofessional Collaboration*, Vancouver, BC.

Department of Health and Ageing, Australian Government. (2009). *Capabilities for Supporting Prevention and Chronic Self-Management: A Resource for Educators of Primary Health Care*. Adelaide, SA.

Province of Nova Scotia (2009). *Building a Better Tomorrow Together in Nova Scotia: Interprofessional Education for Primary Health Care Collaboration*. Halifax, NS.

Domain: Team Functioning

Competency Statement:

Primary health care providers understand the principles of team dynamics and group/team processes to build strong working relationships and enable effective interprofessional and community collaboration.

Descriptors:

- building an effective team: vision, mission, guiding principles, strong working relationships
- understanding of team structures, team development, and knowledge of group dynamics
- reflecting on a regular basis on team functioning and is aware of the impact of one's own feeling and behaviours and professional and cultural differences; diplomatically addressing inequality and disrespect within a team
- identifying and practicing team decision making strategies; respecting all team members' participation in decision-making
- facilitating interprofessional team meetings and assessing the effectiveness
- using problem solving methodology
- clarifying leadership roles within teams
- understanding the sources and challenges of power within teams
- establishing and maintaining strong working relationships whether or not a formalized team exists

Key Source Documents:

Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Vancouver, BC.

Capital Health, Primary Health Care. (2010). *Guiding Principles for Community Health Teams in Primary Health Care*. Halifax, NS.

College of Health Disciplines, University of British Columbia & Interprofessional Network of BC. (2008). *The British Columbia Competency Framework for Interprofessional Collaboration*, Vancouver, BC.

Province of Nova Scotia (2009). *Building a Better Tomorrow Together in Nova Scotia: Interprofessional Education for Primary Health Care Collaboration*. Halifax, NS.

Domain: Conflict Resolution

Competency Statement:

Primary health care providers actively engage self and others, including the patient/citizen/family/community, and positively and constructively address disagreements as they arise.

Descriptors:

- valuing the potential positive nature of conflict
- understanding/respecting different conflict resolution styles
- recognizing the potential for conflict to occur and taking constructive steps to address it
- understanding issues that may contribute to the development of conflict (e.g., role ambiguity, power gradients, differences in goals, varying perspectives, etc that can emerge from diversity in the workplace)
- effectively working to address and resolve disagreements, including analyzing the causes of conflict and working to reach an acceptable solution
- applying strategies to deal with conflict
- setting and adhering to guidelines for addressing disagreements
- establishing a safe environment in which to express diverse opinions
- developing a level of consensus among those with differing views; allowing all to feel their viewpoints have been heard no matter what the outcome

Key Source Documents:

Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Vancouver, BC.

College of Health Disciplines, University of British Columbia & Interprofessional Network of BC. (2008). *The British Columbia Competency Framework for Interprofessional Collaboration*, Vancouver, BC.

Province of Nova Scotia (2009). *Building a Better Tomorrow Together in Nova Scotia: Interprofessional Education for Primary Health Care Collaboration*. Halifax, NS.

Domain: Best Possible Care and Service

Competency Statement:

Primary health care providers work as an interprofessional team to contribute to continuous improvement of the health care system as they support patients/citizens/families and their communities to start well, live well, and finish well.

Descriptors:

- using evidence and best practice to plan quality programs/services/policies and set quality standards
- conducting practice based research/evaluation
- using information assessment and communication systems
- using the results of research as a basis for setting quality standards to make decisions about injury prevention, health promotion and disease prevention approaches, and treatment and management of risk factors and health problems
- evaluating to measure health outcomes, ensure accountability, track performance, and assure quality
- acting as mentors and creating supportive learning environments
- adapting behaviours to respond to change
- applying innovative ideas and creativity to the team/practice environment
- performing duties in a safe and cost effective manner

Key Source Documents:

Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Vancouver, BC.

College of Health Disciplines, University of British Columbia & Interprofessional Network of BC. (2008). *The British Columbia Competency Framework for Interprofessional Collaboration*, Vancouver, BC.

Department of Health and Ageing, Australian Government. (2009). *Capabilities for Supporting Prevention and Chronic Self-Management: A Resource for Educators of Primary Health Care*. Adelaide, SA.

Enhancing Interdisciplinary Collaboration in Primary Health Care. (2005). *Principles & Framework for Interdisciplinary Collaboration in Primary Health Care*. Ottawa, ON.

Domain: Primary Health Care Principles

Competency Statement:

Primary health care providers apply the principles that underpin a comprehensive, population-based approach to the delivery of primary health care policies, programs, and services.

Descriptors:

- applying approaches/principles of injury prevention, health promotion and community development
- understanding and acting on the determinants of health
- engaging patient/citizen/family/community in their own health issues and health-related decisions
- balancing the mandate to respond to the needs of individual patients who present for services alongside the needs of the broader population and community
- facilitating access by minimizing geographic barriers and providing services close to where people live, work and learn
- working within one's own department and/or organization but also working across different systems, sectors, and agencies
- ensuring equity of access to primary health care teams by respecting age, income, gender, culture, language, religion, sexual orientation, and/or lifestyle factors and differences
- enhancing individual and community capacity
- actively learning with and from the communities

Key Source Documents:

Enhancing Interdisciplinary Collaboration in Primary Health Care. (2005). *Principles & Framework for Interdisciplinary Collaboration in Primary Health Care*. Ottawa, ON.

Department of Health and Ageing, Australian Government. (2009). *Capabilities for Supporting Prevention and Chronic Self-Management: A Resource for Educators of Primary Health Care*. Adelaide, SA.

Province of Nova Scotia (2009). *Building a Better Tomorrow Together in Nova Scotia: Interprofessional Education for Primary Health Care Collaboration*. Halifax, NS.

Domain: Working with Others

Competency Statement:

Primary health care providers create and nurture opportunities to work with others to improve the health and wellbeing of patients, families, citizens, and communities.

Descriptors:

- developing a set of principles and intended outcomes for working with others that respects the ethical values of all groups
- assessing and identifying the type of working relationship that aligns with the intended outcomes
- understanding the continuum and key characteristics of working together
- developing priority areas and implementing a plan for how partners will work together
- exploring how one works with others based on the determinants of health
- understanding the availability of resources, supports, services, and activities within a patient's community

Key Source Documents:

Capital Health, Primary Health Care. (2012). *Working Together Framework*. Halifax, NS.

Capital Health, Primary Health Care. (2012). *Working Together – A Practical Tool*. Halifax, NS.

Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Vancouver, BC.

Department of Health and Ageing, Australian Government. (2009). *Capabilities for Supporting Prevention and Chronic Self-Management: A Resource for Educators of Primary Health Care*. Adelaide, SA.

Public Health Agency of Canada. (2007). *Core Competencies for Public Health in Canada: Release 1.0*. Ottawa, ON.

Province of Nova Scotia (2009). *Building a Better Tomorrow Together in Nova Scotia: Interprofessional Education for Primary Health Care Collaboration*. Halifax, NS.

Domain: Cultural Competence

Competency Statement:

Primary health care providers embrace diversity and work as a team to plan and deliver culturally competent primary health care services and programs.

Descriptors:

- recognizing and respecting the diverse personal and cultural values of patients/citizens/ family/staff/community
- valuing and respecting a person's own definition of family
- providing primary health care that is respectfully delivered and responsive to cultural health beliefs, practices, lived experiences, and linguistic differences
- involving and working collaboratively with culturally diverse citizens and communities to design, implement, and evaluate targeted, accessible, relevant, and effective health initiatives in all aspects of primary health care
- using cultural health interpretation services to accurately relay and receive what is communicated between the primary health care provider and the patient/citizen/ family/community
- reflecting diverse populations in communication materials
- maintaining up-to-date demographic, cultural, and epidemiological profiles of service communities in order to effectively plan and provide services that respond to the populations being served by considering the abilities, culture, ethnicity, age, gender, geographical location, language, physical characteristics, race, religion, sexual orientation, socio-economic status, spirituality, values, etc
- informing, increasing, and facilitating culturally appropriate screening among culturally diverse populations for chronic diseases including but not limited to; diabetes, cancers, cardiovascular disease, hypertension, sickle cell anemia, etc

Definition of Diversity:

Diversity is the differences among people, as individuals or groups. Diversity includes (but is not limited to) difference in age, abilities, culture, ethnicity, gender, geographical location, language, physical characteristics, race, religion, sexual orientation, socio-economic status, spirituality, values, etc.

Key Source Document:

Capital Health (2011). *Capital Health Diversity Position Statement*. Halifax, NS.

IWK Health Centre (2009). *IWK Position Statement on Diversity, Inclusion and Culturally Competence Care*. Halifax, NS.

Province of Nova Scotia (2008). *Cultural Competence Guidelines for the Delivery of Primary Health Care in Nova Scotia*. Halifax, NS.

Department of Health and Ageing, Australian Government. (2009). *Capabilities for Supporting Prevention and Chronic Self-Management: A Resource for Educators of Primary Health Care*. Adelaide, SA

Domain: Self-Management Support

Competency Statement:

Primary health care providers support patients to self-manage their health through the lifespan from maintenance of wellness and prevention of illness and injury, early detection and risk factor modification, and self-management of chronic conditions.

Descriptors:

- assessing health risk factors that may lead to future health problems for the patient/citizen/family/community
- assessing patient/citizen/family self-management capacity
- using peer support (within a chronic disease self-management context)
- applying psychosocial assessment and support skills
- working with patients/citizens/families to understand and apply models of health behavior change
- practicing motivational interviewing
- supporting patients/citizens/families to set goals and action plans
- educating to build skills and knowledge
- assessing one's own self management capacity and setting goals and action plans

Key Source Document:

Department of Health and Ageing, Australian Government. (2009). *Capabilities for Supporting Prevention and Chronic Self-Management: A Resource for Educators of Primary Health Care*. Adelaide, SA.

Appendix 1: Interprofessional Team Competencies – Document Summary

Document	Notes	Date of Creation
<p>Capabilities for Supporting Prevention and Chronic Self-Management: A Resource for Educators of Primary Health Care</p>	<p>19 Core Skills for the PHC Workforce:</p> <p>General Patient-Centred Capabilities:</p> <ol style="list-style-type: none"> 1. Health promotion approaches 2. Assessment of health risk factors 3. Communication skills 4. Assessment of self-management capacity (understanding strengths and barriers) 5. Collaborative care planning 6. Use of peer support 7. Cultural awareness 8. Psychosocial assessment and support skills <p>Behaviour Change Capabilities:</p> <ol style="list-style-type: none"> 9. Models of health behaviour change 10. Motivational interviewing 11. Collaborative problem definition 12. Goal setting and goal achievement 13. Structured problem solving and action planning <p>Organizational/Systems capabilities:</p> <ol style="list-style-type: none"> 14. Working in multidisciplinary teams/interprofessional learning and practice 15. Information, assessment and communication management systems 16. Organisational change techniques 17. Evidence-based knowledge 18. Conducting practice based research/quality improvement framework 19. Awareness of community 	<p>2009 (Australia)</p>
<p>*The British Columbia Competency Framework for Interprofessional Collaboration</p>	<p>Three domains:</p> <ol style="list-style-type: none"> 1. Interpersonal and Communication Skills 2. Patient-Centred and Family-Focused Care 3. Collaborative Practice <ul style="list-style-type: none"> • Collaborative Decision-Making • Roles and Responsibilities • Team Functioning 	<p>2008 (Canada)</p>

	<ul style="list-style-type: none"> • Continuous Quality 	
*Canadian Community Health Nursing Standards of Practice	<p>The five interrelated standards for community health nursing are</p> <ol style="list-style-type: none"> 1. Promoting health 2. Building individual and community capacity 3. Building relationships 4. Facilitating access and equity 5. Demonstrating professional responsibility and accountability 	03/00/2008
CIHC Interprofessional Education & Core Competencies – Literature Review	Served as a building block/reference for COHC National Competency Framework (Feb 2010)	06/06/2007
*Competencies for Public Health Workers: A collection of Competency Sets of Public Health-Related Occupations and Professions	<p>The competency sets are differentiated into the following categories:</p> <ul style="list-style-type: none"> • Core - Basic Public Health (addresses the essential services of public health) • New Topical Areas (emergency response, genomics, law) • Functional Areas (leadership, management, supervisory, secretarial) • Discipline Specific (professional, technical, entry-level, student) • Other Topical Areas (MCH, STD, etc.). 	09/12/2001
*Core Competencies for Public Health in Canada 1.0	The 36 core competencies are organized under seven categories: public health sciences; assessment and analysis; policy and program planning; implementation and evaluation; partnerships, collaboration and advocacy; diversity and	09/00/2007
*Principles & Framework for Interdisciplinary Collaboration in Primary Health Care	<p>The Principles that underpin interdisciplinary collaboration in primary health care in Canada reflect shared values and create a foundation for professional and system-wide approaches to primary health care policies, programs, and services.</p> <p>The six Principles are as follows:</p> <ul style="list-style-type: none"> • Patient/client engagement; • Population health approach; • Best possible care and services; • Access; 	03/10/2006 (Canada)

	<ul style="list-style-type: none"> • Trust and respect; and • Effective communication. 	
*Public Health Nursing Discipline Specific Competencies Version 1.0	<ol style="list-style-type: none"> 1. Public Health and Nursing Sciences 2. Assessment and Analysis 3. Policy and Program Planning, Implementation and Evaluation 4. Partnerships, Collaboration and Advocacy 5. Diversity and Inclusiveness 6. Communication 7. Leadership 8. Professional Responsibility and Accountability <p>** Note: are mapped to Community Health Nursing Standards</p>	05/00/2009
*RNPDC Interprofessional Competencies	<p>Three competency areas include Interprofessional Facilitation, Collaborative Patient-Centred Practice, and Cultural Inclusiveness & Responsiveness.</p> <p>**Note: includes competency, performance criteria and behavioral indicators.</p>	05/02/2009
Development of an Interprofessional Competency Model for Healthcare Leadership	<p>Details specific competencies for outstanding health care leadership – some similarities in terms of the three domains:</p> <ol style="list-style-type: none"> 1. Transformation 2. People 3. Execution <p>**Note: limited descriptors</p>	11/00/2008
*CIHC National Interprofessional Competency Framework	<p>Provides an integrative approach to describing the competencies required for effective interprofessional collaboration. Six competency domains highlight the knowledge, skills, attitudes, and values that shape the judgments essential for interprofessional collaborative practice.</p> <p>The six competency domains are:</p> <ol style="list-style-type: none"> 1) interprofessional communication 2) patient/client/family /community-centred care 3) role clarification 4) team functioning 5) collaborative leadership 6) interprofessional conflict resolution <p>**Note: CIHC completed an extensive literature search</p>	02/2010 (Canada)

	<p>of existing competency frameworks and synthesized to create the 2010 Framework. Many, if not all, of the above documents were included and are referenced in the CICH Framework.</p>	
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