Interprofessional Capability Framework 2010

Mini-Guide

Reviewed in 2010 by Sheffield Hallam University from work originally copyrighted to Sheffield Hallam University and University of Sheffield (CUILU, 2004)

Launched at a workshop funded by the Higher Education Academy

Acknowledgements: The Interprofessional Education Team would like to acknowledge the contribution of all those who participated locally, nationally and internationally in this review of the interprofessional capability framework

Authors: Interprofessional Education Team, Faculty of Health and Wellbeing, Sheffield Hallam University.
Contact f.gordon@shu.ac.uk

Resource design and production by Claire Hannah

Contents

Introduction 1

What is interprofessional capability? 2

What is meant by working collaboratively? 3

Why is it important to work collaboratively? 4

What is the Interprofessional Capability Framework? 5

Capability Framework Domains 6

What role does the Interprofessional Capability Framework play in your students' learning? 22

How does reflection link with the Interprofessional Capability Framework? 23

How can development of interprofessional capability be assessed? 24

How will students know what level of capability they are at? 25

What if self assessment shows that students are at different levels in different capabilities, or look very different to other students' results? 26

Examples from different student groups of how reflecting on practice links to the Interprofessional Capability Framework 27

Glossary

References

Self assessment document (See attached)

Introduction

This mini-guide is designed to help you to understand how development as a collaborative worker is guided and assessed through the use of the Interprofessional Capability Framework. This Framework was originally devised through one of the research projects conducted by health and social care practitioners and educators working in the Combined Universities Interprofessional Unit (CUILU) 2004. CUILU was a three year project funded by the Department of Health and was a collaborative unit between Sheffield Hallam University and the University of Sheffield.

The Interprofessional Capability Framework has been written about in a number of publications, has been referred to in published documents and interprofessional initiatives nationally and internationally and is used in other universities in various ways. We have recently revised and updated the Framework and the 2009 version is used in this mini guide.

What is interprofessional capability?

Interprofessional capability refers to the ability to work collaboratively with practitioners of other professions. A collaborative worker is a person who adopts the values of, and engages in, collaborative working (Whittington, 2003).

Working collaboratively is a key part of professional practice in health and social care and, it can be argued, all disciplines that provide a service to people.

What is meant by working collaboratively?

Collaborative working is about engaging in partnership with other professionals and those we care for (Whittington, 2003). No profession alone can meet all the needs of those who use our services. However, by using the skills and expertise of all members of the multidisciplinary team in an integrated way, we can ensure that all the needs of those people using our services are met.

Why is it important to be able to work collaboratively?

Health and social care organisations need to employ practitioners who can effectively interact with service users, their carers and all members of the multidisciplinary team. Being able to work collaboratively is an important attribute that employers seek in health, social work and social care professionals.

Universities are required by government policy to support students to be collaborative workers through interprofessional education. This is because public inquiries following tragic incidents such as the deaths of Victoria Climbie and Baby Peter consistently find that many agencies and individuals concerned in the care of such victims did not communicate or work well together.

These are high profile and extreme cases, but similar breakdowns in care and responsibility occur frequently causing needless distress and even harm to vulnerable people. Working collaboratively promotes care that meets all the needs of individuals and their carers and provides a more integrated and effective service.

What is the Interprofessional Capability Framework?

The Framework offers a way of understanding what needs to be learned through interprofessional education. It contains four domains or areas that relate to and support collaborative working. Each domain contains a number of capabilities. Capabilities are similar to 'competencies', and refer to the skills, attitudes and knowledge that we are expected to demonstrate following learning.

However, the concept of capability is preferred in interprofessional education because it suggests, rather than an end point of learning, that of becoming competent, that development is ongoing and there is a continuation of learning. The Framework offers a way of describing what practitioners need to learn to work collaboratively and the capabilities describe what should be demonstrated in qualified practice.

Each capability has three learning levels that lead incrementally to the capability. Level one is the most basic level, building in complexity through level two and level three up to the capability itself. The level of capability within the Framework relates to what could be expected in qualified practice.

Capability Framework Domains

Collaborative Working (CW) captures working in partnership with people using services and other members of the community of practice. It emphasises the importance of the collaborative worker utilising interpersonal skills to promote effective communication leading to shared decision making regarding the setting and achieving of mutually agreed goals.

The Reflection (R) domain highlights the importance of reflective capability in promoting critical self-awareness in members of the community of practice. It emphasises the process of reflection as a means to informing personal and continuing professional development in individuals, and how this contributes to the development of effective collaborative working between members of the community of practice.

The Cultural Awareness and Ethical Practice (CAEP) domain relates to the promotion of cultural awareness in collaborative workers when engaging with people who use services. It reflects the need to take responsibility for personal and professional development of cultural sensitivity in working with people who use services to promote their informed participation in decision-making. It also underlines the importance of members of the community of practice being aware of the demands made in law of the other professions, with regard to their duty of care, and of being responsive to the underpinning ethos of the different professional groups.

The Organisational Competence (OC) domain recognises the importance of a critical understanding of the policy context for collaborative working across both professional and organisational boundaries. It focuses on the capabilities required of the collaborative worker to participate and take a lead in promoting effective partnerships: partnerships between people who use services and members of the community of practice, and wider collaborative partnerships across different organisations, to produce desired outcomes.

Collaborative Working (CW)

Capability: CW.1

The collaborative worker implements an integrated action plan in partnership with people who use services, remaining responsive to evolving service requirements.

Learning Achievement:

L1 Has an awareness of the need to have a person focussed, collaborative approach to planning services in order to meet the needs of people using services.

L2 In partnership with people who use services, participates in some aspects of the processes involved in implementing an integrated action plan.

L3 In partnership with people who use services, takes responsibility for implementing a person focussed, integrated action plan that takes account of evolving service requirements.

CW.1

Capability: CW.2

The collaborative worker consistently communicates sensitively in a responsive and responsible manner, demonstrating effective interpersonal skills in the context of providing a person focussed service.

Learning Achievement:

L1 Recognises the need for effective interpersonal skills to enhance person focussed service.

L2 Demonstrates developing skills of interpersonal communication with people who use services and their support networks where appropriate.

L3 Applies appropriate interpersonal skills that promote effective communication with the aim of enhancing person centred services.

Capability: CW.3

The collaborative worker shares profession-specific knowledge within and across communities of practice in ways that contribute to and enhance collaborative working processes.

Learning Achievement:

L1 Is aware of the benefits of sharing profession-specific knowledge and can give examples of constructive ways in which this knowledge can be shared.

L2 Takes opportunities to participate in exchanging knowledge within the community of practice to enhance service delivery.

L3 Initiates the sharing of knowledge within and across communities of practice to enhance effective collaborative working.

CW.3

Capability: CW.4

The collaborative worker engages in collective decision making between people who use services and members of the community of practice, to achieve commonly agreed goals that are in the best interests of the service user.

Learning Achievement:

L1 Is aware of examples of collective decision making involving people who use services and other members of the community of practice.

L2 Participates in collective decision making involving people who use services and other members of the community of practice.

L3 Is able to contribute to collective decision making processes involving people who use services and other members of the community of practice regarding planning actions to achieve commonly agreed goals.

Reflection (R)

Capability: R.1
The collaborative worker utilises reflective processes in order to work in partnership with people who use services and colleagues, ensuring person focussed, and integrated service provision.

Learning Achievement:

L1 Participates in the processes of reflection to determine own learning needs.

L2 Utilises reflection in relation to the development of own role within the team in promoting person focussed and integrated service provision.

L3 Demonstrates developed reflective processes in order to evaluate personal skill level and plan future development to ensure effective partnership working in meeting the goals of service provision.

R.1

Capability: R.2

The collaborative worker contributes to service development by critically reflecting on the evidence base to support changing roles and responsibilities within and across communities of practice.

Learning Achievement:

L1 Is aware of evidence-based practice in service delivery.

L2 Begins to reflect on the quality of evidence used to support practice and service development.

L3 Participates in critical reflection in the utilisation of the evidence base to support practice and service development.

R.2

Capability: R.3

The collaborative worker addresses personal, lifelong learning needs in the interests of continuing professional development and maintaining practice effectiveness.

Learning Achievement:

L1 Is aware of continuing professional development and lifelong learning, and relates this to own learning requirements for practice.

L2 Recognises how continuing professional development and lifelong learning can enhance development of self within the interprofessional team. Can select and discuss areas of learning to further understand aspects of collaborative working.

L3 Formulates a plan of activities and behaviours that will support continual professional development and indicate how this aids personal, professional and service development.

R.3

Cultural Awareness & Ethical Practice (CAEP)

Capability: CAEP.1
The collaborative worker continually develops, promotes and practises understanding and respect for others' cultures, values and belief systems.

Learning Achievement:

L1 Recognises the importance of respect and cultural awareness when providing any service and can relate this practice to considering own culture, value and belief systems.

L2 Can discuss differing cultural and value belief systems and begin to engage with these issues when working within communities of practice.

L3 Shares knowledge of other cultures' beliefs and value systems to inform and promote good practice.

CAEP.1

Capability: CAEP.2

The collaborative worker interacts within communities of practice to consistently promote the participation and autonomy of people who use services to ensure informed decision-making and the exercise of choice.

Learning Achievement:

L1 Recognises examples where participation and informed decision are central to promoting the well being of people who use services.

L2 Engages in some strategies to empower people who use services through promoting their participation in the services they receive.

L3 Engages with other members of the interprofessional team to use strategies of involvement and empowerment to ensure informed decision-making by the people who use services.

CAEP.2

Capability: CAEP 3

The collaborative worker has an integrated understanding of the legal frameworks, statutory and regulatory requirements of the professions that make up the community of practice.

Learning Achievement:

L1 Is aware that professions within the community of practice may be subject to differing demands of law and regulation.

L2 Identifies the regulations that apply to different professions and can begin to engage with these issues within the community of practice.

L3 Co-operates with others to ensure legal requirements of differing professions, for example in the exercise of a duty of care, are met.

CAEP.3

Capability: CAEP 4

The collaborative worker maintains and develops a critical understanding of the requirements of non-judgemental and anti-discriminatory practice in order to contribute to the delivery of culturally appropriate and person centred services.

Learning Achievement:

L1 Is aware of the need to respect diversity in service provision and can recognise how this is informed by non-judgemental anti-discriminatory practice.

L2 Can identify and discuss how anti-discriminatory practice and non-judgemental behaviour informs delivery of culturally appropriate services.

L3 Applies knowledge of non-judgemental and anti-discriminatory practice when contributing to the development of culturally appropriate services.

CAEP.4

Organisational Competence (OC)

Capability: OC 1

The collaborative worker critically evaluates policy and practice in the context of:

- Person focussed services
- The changing role boundaries that inform the nature of communities of practice
- Making recommendations to influence developments to improve the quality of services in the context of partnership working

Learning Achievement:

L1 Is aware that person focussed services, changing role boundaries and future service provision is influenced by policy and practice.

L2 Recognises and discusses how policy and practice influence changing role boundaries within the community of practice and how the interprofessional team can inform the development of services.

L3 Applies knowledge of policy and practice to promote mutual understanding within the community of practice that will inform effective partnership working.

OC.1

Capability: OC 2

The collaborative worker exercises a critical understanding of team structures and effective team functioning through knowledge of group dynamics and professional roles across the community of practice.

Learning Achievement:

L1 Is aware of team structures within the community of practice.

L2 Identifies how team structures influence communication between members of the community of practice.

L3 Applies knowledge of team structures, dynamics and professional roles in making an effective contribution as a member of the community of practice.

OC.2

Capability: OC 3

The collaborative worker is able to lead or participate across teams and in wider inter-agency work, to ensure responsive and integrated, person focussed services.

Learning Achievement:

L1 Is aware of the services provided within and across organisations and can point to examples of how these are appropriately delivered.

L2 Can begin to interact and co-operate with others within and across organisations in providing person focussed services.

L3 Applies knowledge of the services provided within and across organisations to participate in the delivery of, and where appropriate to take a lead, in the services provided.

What role does the Interprofessional Capability Framework play in students' learning?

The Framework describes what students need to learn in order to become interprofessionally capable. It is therefore relevant to learning within interprofessional experience.

It is learning on campus and, importantly, in practice placements, that enables students to demonstrate that they are achieving the learning levels and eventually the capabilities.

How does reflection link with the Interprofessional Capability Framework?

This is an interesting question. Reflection is one of the domains of the Framework which indicates that being able to reflect and being able to help others reflect is an important part of becoming interprofessionally capable. At the same time, students being able to trace their development of becoming interprofessionally capable relies on reflective processes because they will need to reflect on experiences and make sense of them.

In the context of the Capability Framework, analysing experiences through reflective processes will help students think about what they have learned to do within the Framework. The Framework also points them to the next level of learning, and the act of reflecting helps them think about how they should plan to achieve that next step in learning.

How can development of Interprofessional Capability be assessed?

One way of assessing interprofessional capability is through students writing reflectively about their learning. This could be learning in the classroom, self study or learning during practice placements. These reflections will include thinking about activities they have been engaged in, and then considering which learning levels within the Framework they can claim to have demonstrated when undertaking this activity.

This process involves students making a self-assessment of progress through the learning levels related to each capability. In assessed work they could be asked to write reflectively about the progress they are making and to plan the further learning they need to undertake.

See self assessment attached to this booklet.

How will students know what level of capability they are at?

Students can be asked to make judgements about their own level of performance. This means they will need to be self-critical in their reflections. By self-critical we mean that students will honestly acknowledge where they have weaknesses that they need to address through gaining more experience or undertaking some specific study tasks. Another equally important aspect of being self-critical is being able to recognise strengths, drawing on evidence to support achievements.

Students will need to reflect on an experience in their learning. This could be classroom activity, self study or in practice and carefully consider whether this experience can relate to a domain and learning level in the Framework. When they have identified a capability within the Framework that relates to that experience, they need to honestly judge which learning level best matches their performance in the experience being considered. It is possible that any one experience could relate to more than one capability which would mean the students have been involved in a rich learning opportunity.

What if self assessment shows that students are at different levels in different capabilities, or look very different to other students' results?

This is absolutely normal. Moving through the Framework depends on individual experience. We all have different experiences; even if we are taking the same course. Our research has shown that across professions students who have less practice experience in their course take longer to move through the Framework, but at the same time other students come to their courses with useful prior experience that gives them a head start.

It can be expected that students will move through the learning levels of the capabilities at different rates according to personal experiences. The aim for all students is that within a few months of qualified practice most will have met all the capabilities. Again this can vary, because a number of studies have also suggested that how services are organised or configured can affect levels of interprofessional capability across staff groups.

Examples from different student groups of how reflecting on practice links to the Interprofessional Capability Framework

Student	Capability
Sameena - Midwifery	
Sameena, a student midwife has recently been involved in caring for a woman who went into premature labour and was delivered of a very small baby requiring care in the neonatal intensive care unit. Unfortunately it was suspected that this woman had been the victim of domestic abuse. Sameena later participated in a group with discussion about safeguarding issues with students from other professions as part of class work. She was able to offer information about the evidence base of increased incidence of domestic violence towards women when they are pregnant, using her recent practice experience as an example. She shared her knowledge of signs that might suggest abuse that could benefit other practitioners to work collaboratively in recognising potential abuse. Sameena reflected on this session and assessed that she had achieved capability CW3 at level 3.	CW3 level 3: Initiates the sharing of knowledge within and across communities of practice to enhance effective collaborative working.

Jenny - Mental Health Nursing	
Jenny, a third year mental health nursing student has been preparing an essay about the professional opportunities and challenges facing nurses regarding the development of new roles associated with the Mental Health Act (2007). She has been examining the document entitled The Mental Health Act (2007) New Roles: guidance for approving authorities and employers on approved mental health professionals and approved clinicians (NIMHE 2008). The learning she has gained through this reading enables her to self-assess that she has met the Organisational Competence capability 1 at learning level 2.	OC1 level 2: Recognises and discusses how policy and practice influence changing role boundaries within the community of practice and how the interprofessional team can inform the development of services.
Victoria - Occupational Therapy	
Victoria is a second year occupational therapy student currently on placement in a stroke rehabilitation service within a District General Hospital. She was able to attend a team away day with her supervisor where the attendees were exploring their relationships and working practices across the rehabilitation service. Victoria's supervisor had asked her to contribute to this awayday with a brief presentation on what she had observed, as a student, about how the team was structured within the stroke unit. Victoria prepared for the presentation by doing some background reading into how teams are structured and discussed in her presentation how her placement team matched what she had read.	OC2 level 3: Applies knowledge of team structures, dynamics and professional roles in making an effective contribution as a member of the community of practice.

She has since prepared a reflective account about her experience of the awayday, noting what she had learned during the day and particularly with respect to her contribution and the positive feedback she received from the team members. Victoria felt after completing this reflective account that she has met the Organisational Competence capability 2 at learning level 3.	
Dave - Paramedic	
Dave a paramedic student is involved in a call to an emergency situation at a residential address. A young woman has had an accident in the home and needs to be taken to A&E for treatment. Police have also been called by passerby who saw children crying at the window and the police have forced entry. The woman is conscious but the paramedic team have assessed she has some level of hypovolaemic shock. She is expressing a lot of anxiety about how her small children can be cared for. Dave's supervisor needed to establish venous access and gave Dave the responsibility to formulate a plan, in consultation with the woman, the police offers and neighbours that would ensure the safety and wellbeing of the children whilst their mother was removed without delay. Reflecting back on this experience, Dave assessed that he had met the capability Collaborative Working 1 at learning level 3.	CW 1 level 3: In partnership with users of services, takes responsibility for implementing a person focussed, integrated assessment and action plan that takes account of evolving service requirements.

Mazeka - Joint Nursing / Social Work Learning Difficulties	
Mazeka, a student taking a joint nursing and social worker degree is attending a meeting between Brendan, a man with learning disabilities, Brendan's elderly parents and the manager of a housing organisation. Brendan's parents were not looking forward to this meeting. Although they recognise that they are losing the ability to care for Brendan adequately themselves, they are very concerned that his future is secured in a way that reassures them and is acceptable to Brendan. The meeting is to start the process of assessing Brendan for an independent living tenancy. Brendan is keen that the housing association staff understand all the things he is able to do independently whilst his parents are worried that his vulnerabilities, as they see them, are overlooked. All three feel anxious and a little intimidated by the thought of the meeting and have revealed this to Mazeka who has been working with them. During the meeting Mazeka ensures that Brendan's and his parents' inputs are supplemented by information she has gained through working with the family. Feedback at the end of the meeting indicated that Mazeka's contributions had been useful. Reflecting on this experience enabled Mazeka to assess that she had met Capability CW2 at learning level 1.	CW2 level 1: Takes opportunities to participate in exchanging knowledge within the community of practice to enhance service delivery.

Chloe - Working with children, young people and their families	
Chloe is a second year foundation student on the 'Working with children, young people and their families' course on placement at a Sure Start Children's Centre. She is working on a behaviour improvement programme with a four-year-old boy named Ben in preparation for his starting school in two months. Chloe works closely with Ben's mother on this, keeping notes of progress made and feeding back information to other professional colleagues, both inside and outside the Children's Centre. Ben is nearing the end of his programme with Chloe, and the time for him to start school approaches. Chloe contributes to the weekly 'Team around the Child' (TAC) meeting with colleagues from the Sure Start team to plan how best to support Ben as he moves into the Reception class at school. Ben's Reception teacher attends the meeting, as does Ben's mother, and the Social Worker. Chloe participates in the discussion, sharing her experience of partnership working with Ben and his mother, and what support would be most helpful to both of them in maintaining Ben's steady progress. At the end of the meeting Ben's mother thanks Chloe for her contribution, and says her support has really made a difference to Ben and to her. The Reception teacher is also very appreciative of Chloe's insights into what would most benefit Ben in coping with the stress of transition to his new school.	CW4 level 2: Participates in collective decision making involving people who use services and other members of the community of practice.

In her supervision session later that day, Chloe reflects this experience shows she is able to meet Capability CW4 at learning level 2.	
Selina - Adult Nursing	
Selina a second year student of Adult Nursing, when making an entry into her personal professional development portfolio, is writing about caring for a patient who had suffered a stroke and was having difficulty eating. Selena's assessment of her patient also revealed that she was emaciated on admission putting her at further risk of complications. Selina's mentor had suggested that this problem required an integrated approach across professions in order to fully meet the patient's nutritional needs. Selena decided that in order to develop her role in co-ordinating an integrated approach for the benefit of the patient she needed to make herself familiar with what the other professions could contribute to the patients care and formulated this as a personal learning goal. Selena assessed that completing this reflective exercise enabled her to meet Capability R1 at learning level 2.	R1 level 2: Uses reflection in relation to the development of own role within the team in promoting person focussed and integrated service provision.
Andrew - Physiotherapy	
Andrew is a physiotherapy student. Whilst on placement he has been treating a stroke patient with increased tone in her upper limb. He was trying to reduce the tone but after a few weeks the patient had made little progress.	R2 level 3: Participates in problem solving approaches and utilisation of evidence based practice in response to the needs of service.

He decides to look for evidence related to the condition and rehabilitation and then to review his practice with his supervisor. He also decides to discuss the possibility of this as a research question for his dissertation as a way of improving practice. On reflection he assesses that this activity allows him to claim he has met Capability R2 at learning level 3.	
Peter - Child Nursing	
Peter is a student nurse on the Child Branch nearing the end of his course. He has been discussing a critical incident with fellow students from social work, nursing and midwifery in a classroom activity about communication skills. He is describing an incident when on placement in a children's hospital, he was aware of a situation where qualified staff had to break bad news to a family who were expecting to take their baby home the next day. Unfortunately the baby had developed a serious complication overnight and the situation had changed dramatically in a very short time period. Peter was aware that he felt unprepared himself to deal with his own emotions about this incident and felt he lacked confidence to support this family himself. Peter found discussing his feelings, and so identifying how to address his learning needs, with his fellow students and session tutor helpful, particularly having the opportunity to exchange the different perspectives of the professional backgrounds of his fellow students.	R3 level 2: Begins to explore formal and informal processes of reflection and supervision across disciplines in order to further professional development across the community of practice.

Reflecting back on this learning, Peter assessed himself as able to claim to have met Capability R3 at learning level 2 on the Capability Framework.	
Amena - Social Work	
Amena is a second year social work student about to start her first placement. At the Preparation for Practice Learning workshop at the university, students complete an Action Plan to identify what their learning needs will be on placement, and how they can develop in these areas. Amena found it hard working in small groups with other students in her first year on the social work course. She recalls feedback from a recent assignment about developing her skills of critical reflection, and she knows the placement will require her to do more of this. She has difficulty finding time to study and look after her children some days, and she thinks about asking her Mum to help out with the kids so she can spend more time in the library on her study days. Amena knows she has got more confident speaking out in lectures at University, and she hopes this will help when she meets new colleagues and service users on placement. She wants to make improvements in all these areas to be sure to get the most out of her first social work placement, and she writes her Action Plan. In her first supervision session with her Practice Teacher she shares her Action Plan, and they talk about ways for her to develop skills in all these areas whilst on placement. Amena realises this exercise allows her to self-assess she has reached R3 at learning level 1.	R3 level 1: Is aware of continuous professional development and lifelong learning and relates this to own learning requirements for practice.

David - Diagnostic Radiography	
David is a second year diagnostic radiography student doing a special placement in CT. A patient arrives for an abdominal scan which was booked by the ward staff. The patient is morbidly obese so will not fit into the scanner and is too heavy for transfer to a table, which might enable an alternative examination to be undertaken. The patient has to be returned to the ward without examination. The patient is very upset and embarrassed. David looks to see if details of the patient's obesity were indicated on the clinical request card or disclosed at the time of booking the examination. He discovers that there was no indication. David asks the supervising radiographer about communication with the ward staff and is told that they do not understand the difficulties in examining patients with manual handling challenges or the problems involved with obese patients in obtaining good quality images. David decides to write some simple explanations about each examination and the information the radiographer might need to know in order to make decisions about the choice of examination and also indicates current policies around manual handling. The supervising radiographer agrees to raise this at the next MDT meeting as the leaflet should improve communication between the department and the wards.	OC 1 level 3: Applies knowledge of policy and practice to promote mutual understanding within the community of practice that will inform effective partnership working.

She also decides to ask the manual handling specialist to investigate the equipment needed to assist in transferring obese patients safely. Feedback from the supervisor to David indicates he has attained Capability OC1 at learning level 3.	
Sarah - Radiotherapy and Oncology	
Sarah is a therapeutic radiotherapy student on placement in the radiotherapy department of a Regional General Hospital. She is working with her mentor and they are about to commence out-patient treatment with an older woman with a diagnosis of breast cancer. The patient is accompanied by her daughter. Neither woman has English as her first language, the patient has no English and her daughter has only limited ability. Both women are distressed on arrival at the department and neither Sarah or her supervisor are confident that they will be able to understand explanations of what the procedures will entail and the skincare required during the course of treatment, or the purpose and predicted outcomes of the therapy. Sarah mentions to her mentor that she has had contact with translation services during an earlier placement and suggests she could contact them as she understands the nature of that service. Sarah's mentor agrees and Sarah is able to organise an emergency input from the service that enables an assessment to take place, Reflecting on this experience Sarah feel she can claim that she has met capability CCEP 2 at learning level 3.	CAEP 2 level 3: Engages with other members of the interprofessional team to use strategies of involvement and empowerment to ensure informed decision making by the users of our services.

Bernice - Youth Work	
Bernice is a third year Youth Work student on final placement, working on a Community project jointly funded by the local authority and a charitable organisation. The project workers include community police officers, youth workers and a local theatre group. The project is focussed on the needs of British Afro-Caribbean young people who have experienced exclusion from school due to behavioural and discipline issues. Bernice has been able to contribute to the planning of the activities within the project by suggesting that the project's aim of re-stimulating the children's interest in learning could be achieved by focusing on how the cultural heritage of their parents could be built upon and celebrated through interaction with creative media such as films and television. The stakeholders of the project were very positive about the suggestion, particularly the young people who were enthusiastic about the chance to make films. On reflecting on the feedback she had received, and her subsequent work with the young people, Bernice considered she could claim to have achieved Capability CCEP 4 at level 3.	CAEP 4 level 3: Uses knowledge of non-judgmental and anti-discriminatory practice when contributing to the development of culturally appropriate services.

Graham - Operating Department Practitioner	
Graham is an Operating Department Practitioner student on placement in a District General Hospital. He has been asked to collect a female patient at the theatre suite reception and escort her to the theatre where he is working with his practice supervisor on the morning list. On arrival at reception a nurse has escorted the woman and is accompanied by the patient's sister. The nurse takes Graham aside and explains that the patient is distressed at the thought that her modesty will not be respected during the operation. Graham agrees with the nurse that he will explain to the patient and her sister that he understood that this was a concern, and that many patients naturally worried about this aspect of their treatment. He decided to explain in detail about how the theatre procedures aim to minimise exposure of the patient and allowed the patient and her sister a short time to discuss what he had said to them. The patient said she was reassured and allowed Graham to take over and take her into the anaesthetic area. Reflecting back on this experience, Graham considered that he had met Capability CCEP 4 level 1.	CAEP 4 level 1: Is aware of the need to respect diversity in service provision and can recognise how this is informed by non-judgemental anti-discriminatory practice.

Oumaru - Medicine	
Oumaru is a medical student who has participated in a simulation exercise around critical care. The exercise involved medical and nursing students responding to an emergency situation and working together to treat and resuscitate a computerised patient. Prior to this learning event Oumaru felt he had a good knowledge of how teams were structured and functioned but when he evaluated the session with his tutors he recognised that he had not previously realised quite what role the nurses could take in an emergency situation or how working together using different roles were pivotal to ensuring the safety of patients. He assessed that he had now met capability OC2 at learning level 3.	OC2 at level 3: Applies knowledge of team structures, dynamics and professional roles in making an effective contribution as a member of the community of practice.
Derrick - Social Work	
Derrick is a first year social work student. He spends the day with the locality Children and Families team shadowing Sandy, an experienced social worker, as part of his Safety to Practice assessment. Derrick and the social worker visit a single parent mother Mrs B who has recently moved into the area, with three children under five years, and a new baby who 'won't stop crying'. The mother is very stressed, saying it is difficult looking after her new baby and coping with her other children without any sleep. The social worker suggests referring the children to the local Sure Start family centre.	OC 3 level 1: Is aware of the services provided within and across organisations and can point to examples of how these are appropriately delivered.

She asks if the Health Visitor has given any advice about the new baby, and Derrick listens. Back at the office Sandy makes the referral to Sure Start, and telephones the local health visitor to ask her to visit the family. Over a coffee Sandy and Derrick talk about the home visit, and the different organisations that can provide support to young single mothers and families. Sandy describes the resources she and her team colleagues try to access on behalf of service users like Mrs B. Derrick writes about the shadowing experience as part of his assessment when he gets back to the university; when he reads his account he decides he is now at level 1 of the capability OC 3.	

Glossary

Definitions within this glossary are drawn from various sources, including the IPE team's interpretations from a number of documents and our own experience. A main source we have used is the SCIE website.

Agency	Agency is another word for organisation but is often used when referring to organisations that serve the public. (http://www.scie.org.uk)
Anti-discriminatory practice	A way of working that adheres to politically informed beliefs that oppression based on age, race, gender, sexual orientation, health status, disability and social class must be recognised and challenged. (http://www.scie.org.uk)
Autonomy	Autonomy refers to the fundamental right to self-governance and self-determination – our right to make our own decisions about matters that concern us. (See 'empowerment' below)
Communities of practice	Communities of practice are formed by people who engage in a process of collective learning (and working) where they face similar problems or challenges and are developing new practices. (http://www.scie.org.uk)
Collaborative working	A way of working that applies knowledge, skills, values and motives to translate the goals of partnership into effective practice. It is the active form of working together; "collaboration is partnership in action". (Whittington, 2003: 15-16)
Collaborative worker	A person who adopts the values of, and engages in, collaborative working. (See 'collaborative working' above)

Cultural awareness	A culture refers to a defined group of individuals who share beliefs, values and norms. We may simultaneously belong to several cultures: those of our personal background (ethnicity, nationality and family); our profession; specific groups we belong to. The definition of cultural awareness begins with the ability to look objectively at ourselves and become aware of our own cultural values and viewpoints. Having this awareness is important when we interact with others to avoid unhelpful misunderstandings. We need to recognise that people across cultures interpret things in different ways and be able to consider this in the light of the interpretations we make arising from our own culture. Cultural competence is a related concept in which a culturally competent person is aware of his or her own cultural beliefs and norms and is able to effectively interact with people from other cultures, to become aware of differences and similarities and to interpret and respect their values so developing shared meanings.
Domain	A domain is a sphere or field of activity, concern or function. In the Interprofessional Capability Framework we mean that the four domains represent discrete categories of interprofessional capability contained within the framework. It is important to recognise, however, that these categories or domains can overlap.

Empowerment	Empowerment refers to allowing, giving or delegating power or authority to others. In the Interprofessional Capability Framework we are referring to promoting autonomy (see 'autonomy' above) of users of services and supporting the rights of the individual to make his / her own decisions. On the context of providing a service, this is often through ensuring people have the necessary information to make their decision - an 'informed decsion'.
Evidence based practice	In some versions, this is practice that is based on evaluations of 'what works' especially through systematic review and randomised controlled trials. Broader versions, know variously as 'knowledge based', 'knowledge-informed' and 'research minded practice' seek to inform practice from a wider range of knowledge sources and research methods (http://www.scie.org.uk).
Integrated action plan	Integrated action planning relates to situations where an interprofessional approach is required to deliver an effective, person focussed service. It refers to the development of a plan that includes input from all aspects that make up the service for the user of that service. It implies that a plan is devised through collaboration between more than one profession and includes the user of the service, and his or her carers where appropriate.
Inter-agency working	Inter-agency working refers to two or more agencies (see 'agency' above) working together in a planned and formal way. This can be at different levels either strategic or operational (Lloyd et al, 2001).

Interprofessional collaboration	The activity of working together co-operatively by different professions to improve both people's experience of the services they use and outcomes achieved. We argue that interprofessional collaboration is integral to collaborative practice along with inter-agency collaboration. (http://www.scie.org.uk)
Interprofessional team	A team made of two or more professions and characterised by the activity of working together co-operatively to improve both people's experience of the services they use and outcomes achieved.
Organisational competence	It is difficult to find an accepted definition of organisational competence. For the purposes of the Interprofessional Capability Framework, we have examined the work of the Organisational Competencies Review Committee at the University of Michigan (2007). Our intended meaning of organisational competence is operating effectively within the organisation by: being open to learning, encouraging and promoting this in others; to lead others in partnership working in ways consistent with the values of the organisation.
Partnership	Partnership tends to be used particularly when formal, co-operative arrangements are being described. Whether formal or not, partnership may be thought of as a relationship, at agency / organisation, group, professional or inter-personal level (Whittington, 2003: 15-16)

Person focussed	Person focussed is similar to the concept of person centred which was originally used in the context of disability services. The term person-centred challenged the way, it was perceived, that organisations tended to operate in a 'service-centred' way that was convenient to running the service. This approach was felt to increase the difficulties of people presenting with multiple problems, as it was the various 'labels' they carried that were attended to, rather than their needs as an individual. The importance of interprofessional capability, if moving away from service-centredness seems obvious, and the concept of person-centredness has been recognised as useful in a wider context of service delivery. In the interprofessional capability framework we mean person focussed services to refer to the promotion of autonomy and more personalised services for individuals.
Profession	A socially contested term, which we use to refer to occupations that apply specialised skill or knowledge to provide particular services. (http://www.scie.org.uk)
Reflection	Reflection is a process of making sense of an experience and through this sense making identify what to do in other situations in the future. Reflection helps us gain understanding of our experiences and repeat what was effective and learn from both positive and negative experiences.
Reciprocal processes of reflection	A co-operative process (see 'Reflection' above) between two or more persons. It is a way of helping each other to reflect on and make sense of experiences in ways that lead to new understandings.

References

CUILU (2004) Interprofessional Capability Framework: a framework containing capabilities and learning levels learning to interprofessional capability. The Combined Universities Interprofessional Unit. Sheffield Hallam University and The University of Sheffield.

Lloyd, G., Kendrick, A. & Stead, J. (2001). Some woman came round: Inter-agency work in preventing school exclusion. In S. Riddell & L. Tett (Eds.), Education, social justice and inter-agency working: Joined up or fractured policy? London: Routledge.

NIMHE (2008) Mental Health Act (2007) New Roles: guidance for approving authorities and employers on approved mental health professionals and approved clinicians. London. National Institute for Mental Health in England.

Social Care Institute for Excellence (SCIE) http://www.scie.org.uk

University of Michigan (2007) Draft Paper on Organizational Competencies: Review Committee of University of Michigan. http://www.bf.umich.edu/docs/CompetencyDefintions03-07.pdf accessed August 2009.

Whittington, C. (2003) Collaboration and Partnership in Context in J Weinstein, C Whittington and T Leiber (eds) Collaboration in Social Work Practice. London. Jessica Kingsley

ISBN 978-1-84387-316-7