

Reflection Tool for Teaching and Assessing the Collaborator Role

TEAMS

- T** **Thinks collaboratively:** considers the roles of the patient and other health care providers in all aspects of care and demonstrates patient-centred approach
- E** **Engages others and encourages collaborative processes:** seeks and invites patient and other health care providers to participate in care, values the different perspectives and expertise they provide, actively contributes own knowledge and skills
- A** **Assesses needs/resources:** recognizes and reflects on personal strengths and needs in context, recognizes and reflects on patient care needs and strengths
- M** **Manages and merges:** integrates patient/family needs and wants, health care team expertise, and best evidence to manage patient care
- S** **Surveys outcomes:** reviews and reflects on patient outcomes and collaborative process to continuously improve

The College of Family Physicians of Canada (CFPC) Collaborator Role Working Group developed the TEAMS acronym as a reflection tool to be used by learners and teachers to catalyze ways of thinking collaboratively in family medicine. It provides language to help describe what it means to be a CanMEDS-FM Collaborator.

CanMEDs-FM Collaborator Role Definition: As Collaborators, family physicians work with patients, families, communities and other health care providers to provide safe, high quality patient-centred care.

Key Competencies:

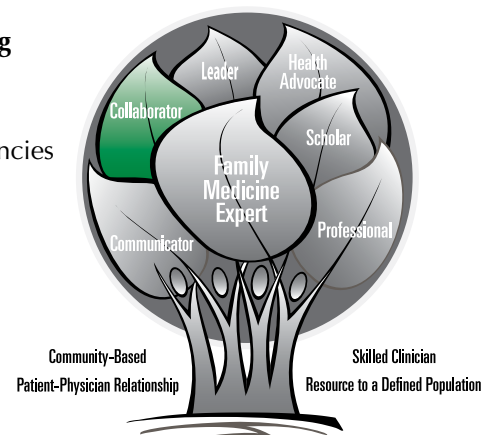
- Works effectively with others in a collaborative team-based model
- Cultivates and maintains positive working environments through promoting understanding, managing differences, minimizing misunderstandings, and mitigating conflicts
- Recognizes and facilitates necessary transitions in care with other colleagues in the health professions, including but not limited to shared care, transfer of care, and/or handover of care to enable continuity and safety

The actions listed with each letter of TEAMS correlate with CanMEDS-FM enabling competencies and can be used to:

- Ask questions about collaboration opportunities that enhance patient care
- Offer specific and constructive feedback across all collaborator role competencies
- Document feedback shared and observations about the learner's abilities related to collaboration

Developed by the Collaborator Role Working Group:

Christie Newton, Family Physician, Co-Chair
Deborah Kopansky-Giles, Chiropractor, Co-Chair
Alison Eyre, Family Physician, Program Director
Steve Balkou, Psychologist, Health Professional Educator
Jose Silveira, Psychiatrist, Royal College
Tanya Magee, Registered Nurse, Health Professional Educator
Ivy Oandasan, Director of Education, CFPC
Aleksandra Walczak, Manager, CFPC



CanMEDS-Family Medicine

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In family medicine, teachers are encouraged to provide specific feedback and document observations about the learner's performance on a daily basis. This documentation is useful for both the learner and the program to gauge the learner's progressive achievement of competence and identify areas for improvement. The documentation most used in family medicine is the field note. Following is an example of how the TEAMS Reflection Tool can be helpful for prompting content. As a clinical preceptor, you may undertake two different tasks, as outlined in the **CFPC's Fundamental Teaching Activities (FTA) Framework**: that of a clinical coach and of a competency coach. This example focuses on the clinical coach teaching learners in the clinical setting.

Patient: Mrs. G, a 72-year-old widow, lives alone and had a recent fall in the bathroom, with minor bruises

Resident: A.C., first year

Learning context: Case/chart review

During the review, A.C. demonstrated good knowledge about the causes of falls in the elderly. He recognized Mrs. G's desire to remain independent at home and initiated a referral for a falls assessment with the home care team. When asked about other health care providers involved in home care that could be helpful, he did not know about the roles of physiotherapy and occupational therapy nor what differentiates the two professions.

The TEAMS Reflection Tool can be used with learners and as a self-reflection guide for preceptors to enhance their own abilities in modelling the Collaborator Role.

What CanMEDS-FM roles can be highlighted in this patient encounter?

- ✓ Communicator—Established a positive therapeutic relationship with the patient
- ✓ Collaborator—Recognizes and facilitates necessary transitions in care leveraging the expertise of other colleagues in the health professions
- ✓ Medical Expert—Manages falls in the elderly
- ✗ Leader—N/A
- ✗ Health Advocate—N/A
- ✗ Scholar—N/A
- ✗ Professional—N/A

This patient encounter can be used as a learning and formative assessment opportunity. Within the Triple C Competency-based Curriculum, both CanMEDS-FM and the **CFPC's evaluation objectives** help guide what should be learned and assessed for competence. The frameworks complement each other—each competency has been mapped to an observable behaviour in one of the six skill dimensions; further details are available in the **Collaborator Role Guide**. As a preceptor, it is important to document observed behaviours and share constructive feedback; you can find more information in the **Resident Feedback Guide**.

What CFPC skill dimensions (SD) can be highlighted?

- ✓ SD1 Patient-centred approach—engages patient in identifying care goals
- ✓ SD2 Communication skills—written language skills: home care referral
- ✓ SD3 Clinical reasoning skills—falls in the elderly
- ✓ SD4 Selectivity—appreciating roles of team members to enable appropriate referrals
- ✓ SD5 Professionalism—shows respect and responsibility to patients and colleagues
- ✗ SD6 Procedure skills—N/A

What TEAMS actions can be highlighted?

- ✓ T Thinks collaboratively—Considers the roles of the patient and other health care providers and demonstrates a patient-centred approach (SD1)
- ✓ E Engages others and encourages collaborative process—Seeks the assistance of other health care providers through home care referral (SD2, SD3)
- ✓ A Assesses needs/resources—Recognizes the limits of the MD role and engages the home care team; however, limited home care team knowledge (SD3, SD5)
- ✗ M Manages and merges—N/A
- ✗ S Surveys outcomes—N/A

Feedback for resident to enhance learning:

- Familiarize yourself with the difference between physiotherapy and occupational therapy for seniors with falls in order to better recognize when to refer and what each can do for patient care; this will enhance your ability to create care plans involving others
- Consider shadowing or interviewing a physiotherapist or occupational therapist who works with seniors to gain a sense of what they do and when best to selectively refer patients to them
- Contact the hospital's falls clinic to arrange a half-day observation if possible in the following month

Plan for follow-up:

- Block 10 minutes in one week to present the roles and responsibilities of occupational therapists and physiotherapists in the management of falls in the elderly
- Book Mrs. G to return to the clinic in one month to review home care assessment recommendations and progress

The TEAMS reflection tool can be used with the field note in various ways, such as:

- **Self-assessment opportunity:** Ask the learner to provide examples of what they did to demonstrate collaboration
- **Formative assessment opportunity:** Based on your discussion, provide examples of what you observed the learner do to demonstrate interprofessional collaboration
- **Learning plan development opportunity:** Based on the learner's self-reflection and your feedback, guide the development of a learning plan.

