THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

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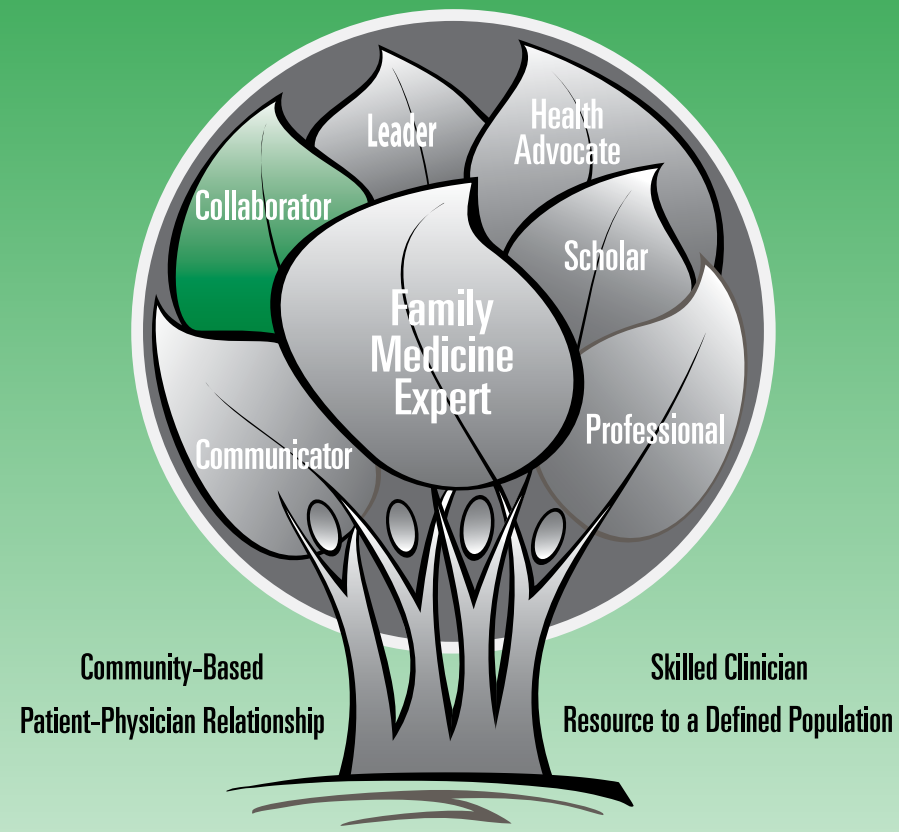
Collaborating to Improve Care: A Practical Guide for Family Medicine Teachers and Learners

The CanMEDS-FM Collaborator Role



CanMEDS-Family Medicine

Prepared by the Collaborator Role Working Group

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ABOUT THIS GUIDE

Who should use this guide

This guide was created for people who help train and develop family medicine learners, including:

- All teachers in family medicine
- Program directors at all levels (undergraduate and postgraduate education)
- Family physicians and other health care professionals in primary care
- All who consider themselves learners

The guide has been developed specifically for learners, and for the clinical preceptor who teaches within and outside of the clinical setting. It is meant to be used in conjunction with the **Fundamental Teaching Activities (FTA) Framework**, produced by the CFPC in 2015. We recognize there is yet a third domain described in the FTA Framework, that of Educational Leader. The Educational Leader role focuses on the teacher as an educational programmer and administrator. While much of this guide will be useful to the Educational Leader, the Working Group believes that the domain goes beyond the reach of this guide, and that there are other resources specifically dedicated to Educational Leaders. As such, we have provided links to those resources in **Appendix C**.

About the authors

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THE DRIVE TO BE COLLABORATIVE

Current health systems are reforming and certain factors within this reform are driving family physicians to be more collaborative. These include:

» Changing health care models to support integrated and people-centred care[1]
» Increasing emphasis on quality and patient safety
» Evolving expectations of team-based practice and coordinated care
» Viewing the CanMEDS-FM Collaborator Role as a lifelong competency

COLLABORATION MATTERS

There are many positive aspects of collaboration, including:

» Improving patient access to care
» Improving patient outcomes and the quality of care
» Improving patient satisfaction with their care
» Improving the quality of physicians' work-life (personal/professional satisfaction) balance
» Improving the efficiency of care delivery

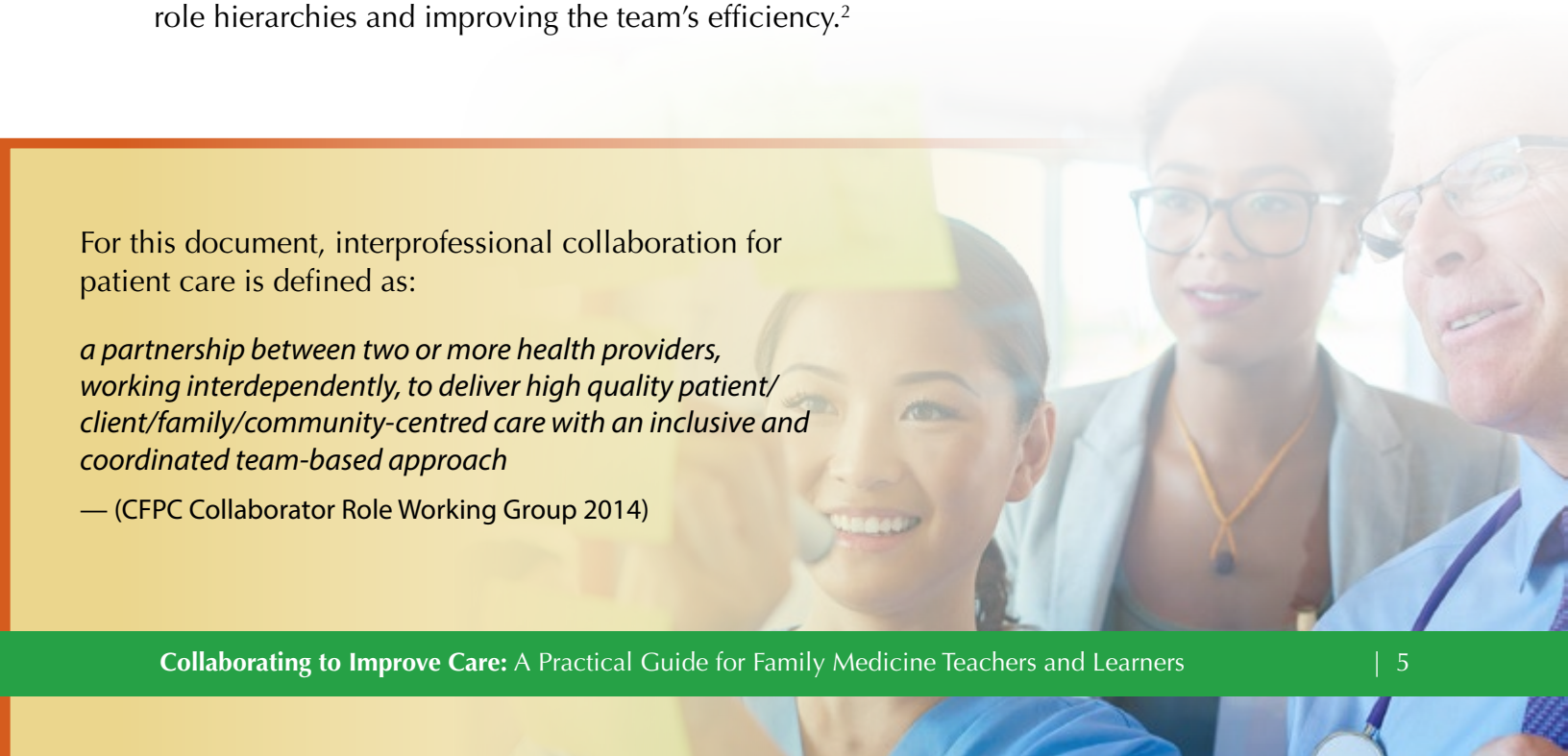
COLLABORATION FOR INTEGRATED PEOPLE-CENTRED CARE

Collaborative practice happens when multiple health team members from different professional backgrounds work together with patients, families, carers, and communities to deliver the highest quality of care. It allows health teams to recognize when care goes beyond their own scope and expertise, and to engage others whose skills can help achieve local health goals. It promotes each member of the health care team working to their optimum skill sets, and often results in lessening role hierarchies and improving the team's efficiency.[2]

For this document, interprofessional collaboration for patient care is defined as:

a partnership between two or more health providers, working interdependently, to deliver high quality patient/client/family/community-centred care with an inclusive and coordinated team-based approach

— (CFPC Collaborator Role Working Group 2014)



COMPETENCIES FOR A GOOD COLLABORATOR

The College of Family Physicians of Canada (CFPC), as one of the consortium partners with the Royal College of Physicians and Surgeons of Canada (Royal College), has endorsed using the CanMEDS 2015 Framework[3] as one way of describing the overarching competencies of physicians in Canada. One of the seven CanMEDS 2015 roles is the Collaborator Role. The CFPC has adapted the CanMEDS 2015 wording of the Collaborator Role to highlight the specific description of this role for family medicine. **Table 1** describes the CanMEDS-FM 2017[4] Collaborator Role key and enabling competencies. We encourage using this information for teaching, learning, assessing, and practising.

Table 1: The Collaborator Role competencies

Key competencies	Enabling competencies
Works effectively with others in a collaborative team-based model	1.1 Establishes and maintains positive interdependent relationships with others 1.2 Describes one's own role and the roles of others (including clinical, research, education, or administrative roles) 1.3 Defines and negotiates overlapping and shared roles and responsibilities to meet patients' needs 1.4 Respects diversity of roles and perspectives while ensuring integrated patient-centred care 1.5 Demonstrates role flexibility; for example, changing from team member to team leader as necessary based on context, team composition, and patient needs
Cultivates and maintains positive working environments through promoting understanding, managing differences, minimizing misunderstandings, and mitigating conflicts	2.1 Demonstrates a respectful attitude toward others 2.2 Engages others in shared decision making and finding common ground with team members 2.3 Works with others to promote understanding, manage differences and negotiate conflict 2.4 Recognizes and reflects on one's own contributions and limitations, and their impact on team function
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	3.1 Determines when a transition in care is required and facilitates the process 3.2 Effectively negotiates and communicates (both verbally and in writing) individual and/or shared responsibilities, through care transition plans, to optimize patient safety

TEACHING AND ASSESSING THE COLLABORATOR ROLE

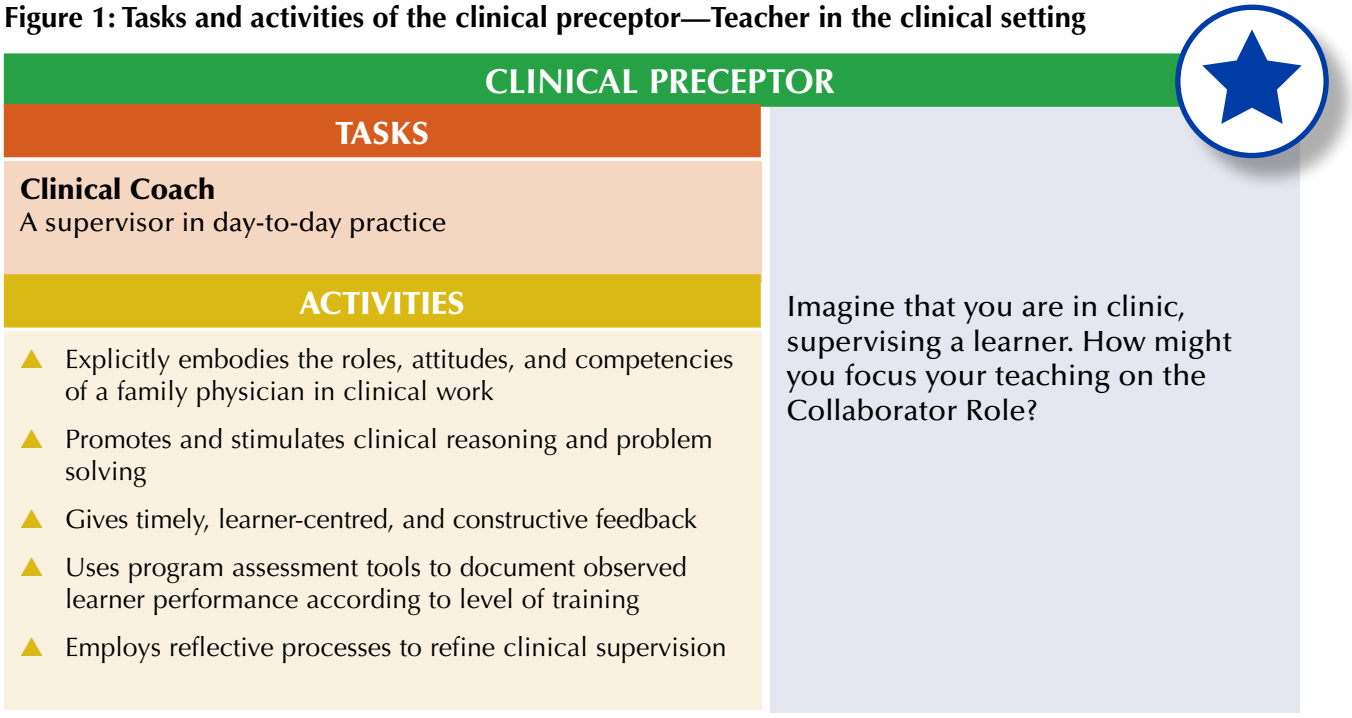
This guide is aimed at those working with family medicine learners, to support them in teaching and assessing the Collaborator Role. It has been designed to align with the CFPC's FTA Framework.[5] The FTA Framework was developed to support and enhance the teaching activities carried out by all teachers (family physicians and other health professional educators). This resource may help you, as a teacher working within or outside of the clinical setting, gain ideas about how to teach and assess learners' abilities to embody the CanMEDS-FM Collaborator Role, and to attain clinical competence in this domain.

THE CLINICAL PRECEPTOR

As a clinical preceptor you may undertake two different roles—clinical coach and competency coach. We will first focus on the clinical coach.

As a clinical coach, as outlined in the FTA Framework tasks, your role is described according to activities that a preceptor takes on while teaching learners in the clinic (see **Figure 1**).

Figure 1: Tasks and activities of the clinical preceptor—Teacher in the clinical setting



The clinical coach

We often forget that when we embody the roles, attitudes, and competencies of a family physician, we are a role model for learners—we implicitly provide a learning opportunity. As a clinical coach and teacher, we can be implicit or explicit role models for the Collaborator Role. An explicit dialog can be a valuable teaching moment. A learner's reflections, based on observations and considerations of future practice, can also have a great impact.

As a clinical coach we can promote ways to help learners reason and solve problems when sharing clinical presentations. We help them consider the role of the family physician as a collaborator with other health care providers, as well as the patient and family, when developing interprofessional patient-centred care plans. To do this we need to provide learners with opportunities to:

- Reflect on whether or not collaboration with others is necessary for optimal care
- Consider with whom to collaborate, enabling them to assess if they understand the roles of others
- Determine how best to promote collaboration fostering communication skills (both written and verbal)

Your role is to structure teaching and learning moments, providing timely and constructive feedback for learners based on the patient care situations encountered.

In family medicine training, other health care professionals are often involved in teaching in the clinical setting. They are excellent resources for teaching and assessing the Collaborator Role competencies. It is important for these health professional educators to identify and work with the clinical coach, and to enrich and reinforce Collaborator Role competencies whenever possible during interaction with learners. As a clinical coach, it is equally your responsibility to seek out these health professionals, thereby modelling collaborative teaching.

COACHING MOMENT

Let's return to the scene in the clinic. When listening to the learner's patient presentation, you recall that you decided to find an opportunity to highlight competencies related to the Collaborator Role. While listening to the presentation, consider asking yourself the following questions: What information are you looking for? How might you help the learner become more aware of the family physician's role as a Collaborator? What questions can you ask to deepen reflection? What responses are you expecting at this learner's level? What behaviours might a resident demonstrate to indicate they are progressively achieving competence as a Collaborator? What red flags might you look for to uncover either a lack of knowledge about interprofessional collaboration or a lack of professionalism with other colleagues? How can you provide feedback that is both specific and constructive?

Providing constructive feedback

As teachers, we are asked to provide feedback to learners. Knowing what to say and ensuring that it is constructive can often be difficult. We know that learners want constructive feedback; because of this, the CFPC Section of Residents created a **Guide to Effective Feedback in Family Medicine Residency.**[6] Although we intuitively know what collaboration looks like when it is at its best and know when it can be improved, we recognize that putting collaboration into words and actions can be challenging.

With feedback from teachers and learners, the CFPC Collaborator Role Working Group developed the TEAMS acronym and teaching reflection tool[7] (**Figure 2**; available in French and English) as a handy reference for learners and teachers to support thinking collaboratively in family medicine. It provides language to help describe what it means to be a CanMEDS-FM Collaborator.

Figure 2: The Collaborator Role reflection tool

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 actions listed with each letter correlate with the enabling competencies of the CanMEDS-FM Collaborator Role. A preceptor can use them as a prompt 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

As previously noted, much of our teaching is implicit through role modelling. The **TEAMS** tool can also be used as a self-reflection guide for family physicians and health care providers to enhance their own abilities in embodying the Collaborator Role.

Documenting observed learner performance

Teachers are encouraged to document observations of a learner and provide specific feedback 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 progress in achieving competence and to identify areas needing improvement. The most common method is the field note.[8] The TEAMS tool can help prompt what to write in a field note (see **Figure 3** for an example).

Figure 3: Collaborator Role field note: Chart review or after a patient encounter

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.

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

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 that 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

In the field note example (**Figure 3**) the clinical coach provides feedback on the learner's knowledge about other health care providers and offers a concrete suggestion for how the learner can enhance their knowledge about the roles of other health professions for an elderly woman with a fall.

Observable behaviours associated with the Collaborator Role

As a teacher, one of your key roles is helping to determine if what is being taught in family medicine is being applied and ultimately incorporated into behaviours that reflect competencies expected of a learner at their stage of development/training. With the adoption of the Triple C Competency-based Curriculum,[9] residency programs began designing their curriculum with outcomes in mind (competencies), providing learning experiences that enable competency achievement, and assessing learners for competence.

As a clinical coach, you use patient encounters as teaching and assessment opportunities. When a learner is providing a patient's history, sharing findings from the physical exam, offering a differential diagnosis, and creating a management plan, you have a chance to highlight a particular area to focus on to optimize a learning moment. Each phase of the clinical encounter (from taking the history to developing a management plan) is an opportunity to use the TEAMS tool.

If teachers must enable competency attainment whereby learners can work effectively with physicians and other colleagues (a key CanMEDS-FM competency), teachers must observe behaviours that reflect this competency. These behaviours (or enabling competencies), when discussed and documented, can be used as a form of assessment and an opportunity to provide constructive feedback. The dialog with the learner, with written documentation in the form of a field note, is an example of such a formative assessment opportunity.

With the implementation of competency-based education, Canada's family medicine residency programs began designing their Triple C Curriculum applying the CanMEDS-FM Competency Framework and the CFPC's **Evaluation Objectives** for the purposes of certification in family medicine. These frameworks were designed in parallel to support curriculum development and learner assessment. The frameworks are complementary and each key and enabling competency has been mapped to an observable behaviour described within one of the six skill dimensions. To see the relationship between the competency wording in CanMEDS-FM and in the Evaluation Objectives, refer to **Appendix A**. As a clinical coach, you must be able to document observed behaviours and share constructive feedback, both verbally and in writing. Knowing what to look for can help shape your feedback and ultimately the type of constructive feedback you offer. **Table 2** provides examples of observable behaviours related to the Collaborator Role enabling competencies. Appendix A also includes a list of observable behaviours that relate to either the enabling competencies of CanMEDS-FM or the skill dimensions of the Evaluation Objectives.

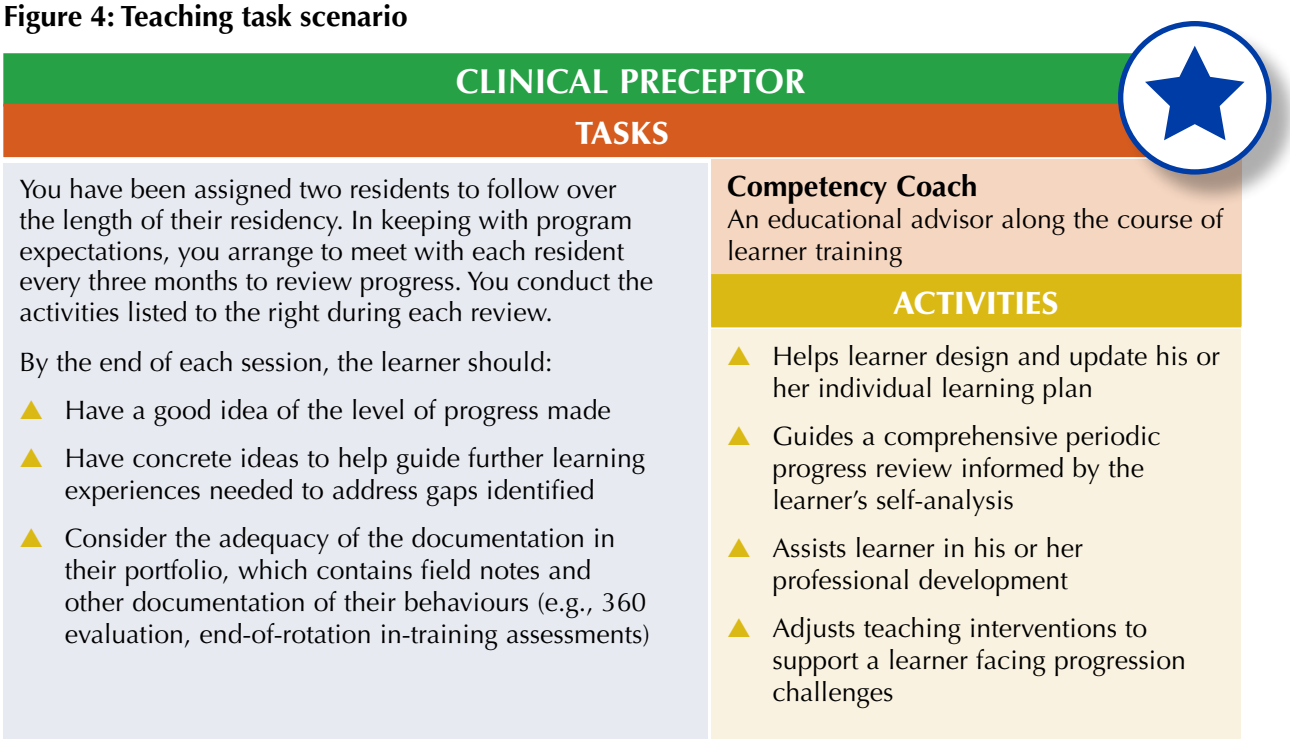
Table 2: Example of observable behaviours most associated with the Collaborator Role			
Collaborator Role enabling competency	**Examples of observable behaviours by learners**	**Evaluation Objectives Skill dimensions**	**Phase of the clinical encounter**
E1.1 Establishes and maintains positive interdependent relationships with others	» Engages other physicians and other health care providers in developing a patient-centred approach to care » Works to establish common ground for care plans » Uses respectful verbal and non-verbal communication that is non-judgmental and avoids using acronyms and medical jargon » Open and responsive to feedback	» Communication skills » Clinical reasoning » Selectivity » Professionalism	» Diagnosis » Treatment » Follow-up » Referral

The competency coach

As previously mentioned, one role a clinical preceptor fills is the clinical coach. The second role is that of a competency coach. The competency coach acts as an adviser for the long term, reviewing progress and offering suggestions to improve performance or find additional learning opportunities.

The competency coach should have a good grasp of the relationship between CanMEDS-FM and the CFPC's Evaluation Objectives and the domains of clinical care in family medicine[10] to help fulfill their role. It is the competency coach's role to explore whether a learner has had enough exposure to learn what it means for a family physician to be a good collaborator. It is also the competency coach's role to be able to have enough of a picture of the learner to discern their acquisition of competence in collaboration over the duration of their residency program. The competency coach holds both a teaching and assessment function. **Figure 4** provides an example of a teaching task scenario for a competency coach.

Figure 4: Teaching task scenario



Using periodic reviews, the competency coach can help the learner reflect on their competency achievement using field notes from clinical coaches and other assessment documents in the learner's portfolio and to help interpret progress made. The competency coach is responsible for providing suggestions about how learners can attain competency in the CanMEDS-FM Collaborator Role and/or the Evaluation Objectives related to that role. **Figure 5** provides an example of how a competency coach may undertake a periodic review meeting with the learner. The Section of Resident's guide to periodic reviews[11] is another valuable resource.

Figure 5: Periodic review meeting with a learner

Example: Toward end of the first year of family medicine residency training **Scenario:** A family medicine resident is meeting with her competency coach for the fourth time since the start of her residency training. She and the competency coach review the learning gained to date:	
Field notes from clinical coaches	» Lacking any reference to collaboration skills » Lack of documentation of observable behaviours related to the Evaluation Objectives
Exposure to family medicine clinical domains of care	» Lacking exposure to child health care
Exposure to CanMEDS-FM roles	» Minimal exposure to Collaborator Role
Skill dimensions demonstrated	» Lacking engagement of others in identifying and addressing patient needs (patient-centred approach) » Lacking evidence of verbal and non-verbal communications through care transitions
Competency coach advice: • During the next few months in the family medicine clinic, ask for increased clinic visits for children under the age of 10 • Consider an elective experience in community ambulatory pediatric care • Ask other clinic team members or patient/parents for field notes feedback on the areas lacking: Collaborator Role competencies/skill dimensions • Consider reviewing the CanMEDS-FM Collaborator Role e-cards to identify opportunities for exposure to and assessment of the Collaborator Role competencies • Consider requesting direct observation of clinical encounters to capture interactions with patients and families to strengthen skills in patient-centredness • Review the communication skill dimension with respect to interacting and communicating with health professional colleagues, and identify opportunities for demonstrating clear verbal and non-verbal skills in patient care transitions	

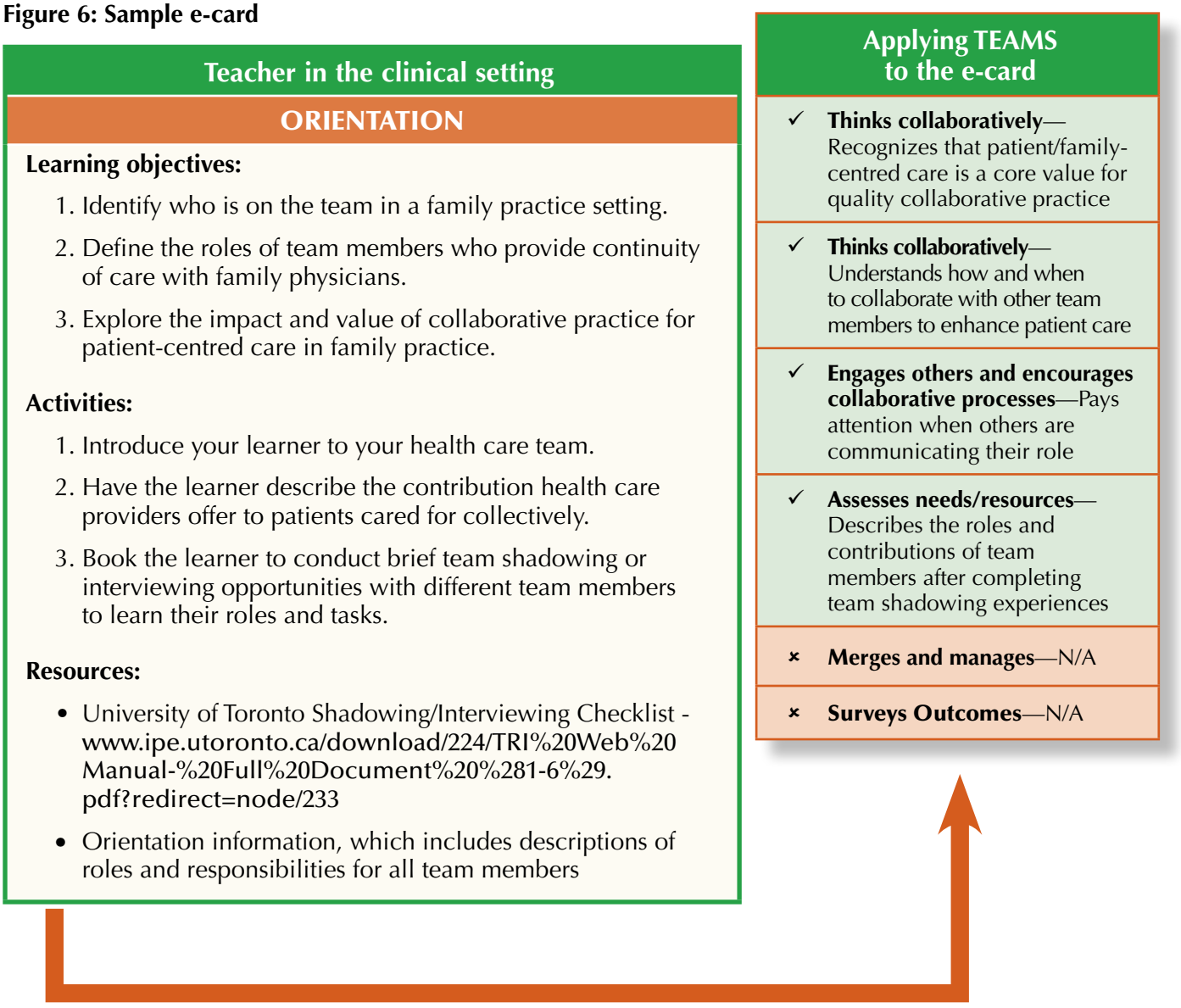
Supplemental teaching of the Collaborator Role in the clinical setting

Teachers in the clinical setting (clinical or competency coach) can suggest additional, structured learning opportunities, beyond clinic patient encounters, to help learners better understand the Collaborator Role. Offer opportunities to work directly with other health care providers or attend team meetings. Also observe their communication (written and verbal) with other health care providers to find teaching and assessing opportunities.

Collaborator Role e-cards

E-cards are another option for teaching the Collaborator Role. The e-cards in this guide are grouped by setting (inside and outside of clinical settings), some are more structured than others. The ideas described in these e-cards have been used by other teachers. **Figure 6** is an example of an e-card, and you can find a full bank of these in **Appendix B** for your convenience. The e-cards contain objectives and resources you can use to implement teaching and learning opportunities. As a teacher, program director, or learner, the e-cards aim to help deepen awareness of how to think and act collaboratively to enhance patient care.

Figure 6: Sample e-card



TEACHER OUTSIDE THE CLINICAL SETTING

Beyond the teaching and learning that occurs with patient encounters in the clinical setting, teachers are often asked to provide lectures, workshops, seminars, and supervise projects (e.g., research, continuous quality improvement) outside of the clinical setting. These activities also provide excellent opportunities for learners to gain Collaborator Role competencies. These types of experiences are often developed as part of the learner's academic program (series of core seminars, etc.). The learning opportunities, structured around specific family medicine competencies, should be documented by the resident and shared with their competency coach during their periodic reviews. If a competency coach recognizes a lack of exposure to Collaborator Role learning opportunities, they can suggest including an interprofessional workshop, lecture, or project for residents to supplement learning, and therefore competency attainment. The task of offering learning outside the clinical setting is described in the FTA Framework (see **figures 7** and **8**).

Figure 7: Teaching task scenario

TEACHER OUTSIDE THE CLINICAL SETTING	
TASKS	
Teacher – Design and delivery of teaching sessions outside the clinical setting	
ACTIVITIES	
▲ Prepares teaching session (before) ▲ Facilitates teaching session (during) ▲ Reflects on teaching session (after)	Your site director indicates that residents and nurses are having trouble articulating who should be bringing patients into examining rooms. She asks you to conduct a conflict resolution and collegial conversations seminar with the residents that can help support a solution with the nurses while addressing one of the Collaborator Role enabling competencies. What do you do?

Teaching sessions

If you are asked to teach a session about the Collaborator Role outside of the clinical setting, knowing the expected competencies to be achieved can help guide your learning objectives for the session. Find out what learners have been exposed to and where the gaps of learning related to these competencies are. This can also help you decide what competencies to focus on and draft learning objectives to achieve these competencies.

Many teaching tools developed over recent years are available for you to leverage—from case-based scenarios, to simulations, to guides for developing interprofessional continuous quality improvement projects. Examples of many of these tools and websites are listed in **Appendix C**. You can use the online resources to help you prepare a specific teaching opportunity based on specific Collaborator Role competencies you want your learners to attain. Be explicit with your learning objectives as this helps to define what you want to assess on completion of the learning activity. Many of the resources will need to be tailored to family medicine.

Figure 8: Sample e-card—Outside the clinical setting

Teacher outside of the clinical setting

FACILITATING A TEACHING SESSION (ROUNDS, LUNCH AND LEARNS)

It is important to understand good principles for providing an interprofessional session when thinking about how to facilitate a session.

Learning objectives:

1. Integrate the concepts of interprofessional collaboration in all education sessions
2. Encourage and facilitate interprofessional design and delivery of the education session
3. Prioritize inclusiveness in the session audience
4. Consider articles from other professions to discuss

Activities:

1. Integrate Collaborator Role competencies in education session curriculum
2. Invite interprofessional teachers to collaborate in developing and delivering rounds, lunch and learns
3. Approach other team members to identify and recruit audience participants
4. Conduct a broad literature review, including articles from other professional fields

Resources:

- University of Toronto, Centre for Interprofessional Education – DVD Series (English and French) - www.ipe.utoronto.ca/resources/dvd-tools
- IPC on the Run modules from University of British Columbia – www.ipcontherun.ca
- Primary Care Interprofessional Team Toolkit (University of Manitoba) - www.ipe.utoronto.ca/download/284/Manitoba%20Primary%20Care%20IP%20Toolkit.pdf?redirect=node/233

Many assessment tools have been developed that you can use after a specific teaching session or series of teaching opportunities. As educators, we know that there is often an artificial separation between teaching and assessment. As these can be interchangeable at times, we have provided a combined table of teaching and assessment tools (see **Appendix C**).

You can use these tools in various ways, including:

» As a teacher outside the clinical session to evaluate impact of the session, determining if learners felt they were able to acquire knowledge, skills, attitudes, or behaviours; use their responses to reflect on what you can do differently to improve future teaching sessions

» For the learner to reflect on what they learned from the session and about competencies acquired; share the assessment tools as part of the learner's portfolio, providing evidence of learning exposure to the Collaborator Role

» As a competency coach to help guide discussions with learners to determine what they do and do not know about the Collaborator Role, and acquire specific Collaborator Role competencies

CONCLUSION

This guide has been developed by an interprofessional working group to support teachers, coaches, learners, and planners in teaching and attaining collaborative practice/Collaborator Role competencies in family medicine. The guide helps translate key and enabling competencies within the Collaborator Role into practical application within and outside of the clinical setting, encompassing both teaching and assessment strategies.

Regardless of your role in family medicine education, it is important to model collaborative behaviour at all levels of teaching from the clinic to the classroom, curriculum development to delivery and evaluation. It is also important to intermittently reflect on your own collaborative competencies and seek out peer mentorship opportunities to further support development for yourself and others.

APPENDIX A: CANMEDS-FM COMPETENCY FRAMEWORK AND CFPC EVALUATION OBJECTIVES

The following chart outlines the relationship between the CanMEDS-FM 2017 competency framework and CFPC's Evaluation Objectives, for the purposes of certification.

Collaborator Role enabling competency	Examples of observable behaviours by learners	Evaluation Objectives skill dimensions	Phase of the clinical encounter
E1.1 Establishes and maintains positive interdependent relationships with others	» Engages other physicians and other health care providers in developing a patient-centred approach to care[12] » Works to establish common ground for care plans[13] » Uses respectful verbal and non-verbal communication that is non-judgmental and avoids using acronyms and medical jargon » Open and responsive to feedback	» Communication skills » Clinical reasoning » Selectivity » Professionalism	» Diagnosis » Treatment » Follow-up » Referral
E1.2 Describes one's own role and the roles of others (including clinical, research, education, or administrative roles)	» Encourages and facilitates contributions from all team members in the development of patient-centred care » Listens without interrupting, demonstrating attentiveness and respect for other health care providers in the delivery of patient care » Incorporates the perspectives and contributions of other health care providers in the diagnosis, treatment, and follow-up of care for patients	» Communication skills » Professionalism » Clinical reasoning » Selectivity	» Hypothesis generation » Diagnosis » Treatment » Follow-Up » Referral
E1.3 Engages in respectful shared decision-making with physicians and other colleagues in the health care professions E1.4 Respects diversity of roles and perspectives while ensuring integrated patient-centred care	» Interested in the opinion of other health care providers and provides opportunities for the other health care providers to contribute to the care plan and/or provide feedback » Respects all health care providers without using a hierarchical approach that prevents their contributions	» Professionalism » Clinical reasoning » Selectivity » Communication skills	» Treatment » Follow-up » Referral

E1.5 Demonstrates role flexibility; for example, changing from team member to team leader as necessary based on context, team composition, and patient needs	» Waits for other members of the team to provide perspectives before offering an opinion » Takes direction from other team members in situations in which the physician is not the leader	» Communication skills » Professionalism » Clinical reasoning » Selectivity	» Hypothesis generation » Diagnosis » Treatment » Follow-Up » Referral
Collaborator Role enabling competency	**Examples of observable behaviours by learners**	**Evaluation Objectives skill dimensions**	**Phase of the clinical encounter**
E2.1 Demonstrates a respectful attitude toward others	» Demonstrates trust in the contributions of other health care providers in delivery of patient care » Uses respectful verbal and non-verbal communication, demonstrating a willingness to incorporate the opinions and suggestions from other health care providers	» Professionalism » Clinical reasoning » Communication skills	» Hypothesis generation » Diagnosis » Treatment » Follow-up » Referral
E2.2 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture E2.3 Works with others to promote understanding, manage differences and negotiate conflict E2.4 Recognizes and reflects on one's own contributions and limitations, and their impact on team function	» Explains own perspectives with interest of other perspectives » Uses non-threatening verbal and non-verbal communication » Expresses interest in and values different perspectives » Checks understanding with other members of team to ensure a common vision is shared » Acknowledges limits to own knowledge verbally and demonstrates a willingness to learn from others on the team	» Communication skills » Professionalism » Selectivity » Clinical reasoning	» Hypothesis generation » Treatment » Follow-up

Collaborator Role enabling competency	Examples of observable behaviours by learners	Evaluation Objectives skill dimensions	Phase of the clinical encounter
E3.1 Determines when a transition in care is required and facilitates the process	» Recognizes own strengths of what can be offered as a family physician for a patient's care, and acknowledges when care could be complemented or better overseen through a transfer to other health care providers	» Clinical reasoning » Selectivity » Professionalism	» Treatment » Follow-up » Referral
E3.2 Effectively negotiates and communicates (both verbally and in writing) individual and/or shared responsibilities, through care transition plans, to optimize patient safety	» Provides clear verbal and written communication when making referrals, highlighting the reason for referral and pertinent information that is useful for the receiving health care provider	» Communication skills » Professionalism	» Treatment » Follow-up » Referral

APPENDIX B: E-CARD RESOURCES

Teacher in the clinical setting

CHART REVIEW

Teach and assess documentation skills, clinical reasoning, and decision-making processes. May be general or specific for certain criteria (Criterion Chart Review).

Learning objectives:

1. Demonstrate collaborative communication in documentation: timely, clear, using only accepted abbreviations, relevant, and include reasoning.
2. Include reference to roles of other health professionals in assessment and/or plan.
3. Include patient preferences.

Activities:

1. Conduct with the learner, or independently and then discuss with the learner at a different time.
2. Inform the learner of review criteria, prior to the review.
3. Create a checklist or take one from a published work.

Resources:

- Example of a chart review form: www.aafp.org/fpm/2000/0400/p28.html
- Chart review checklist for the Collaborator Role in Wiesenfeld L. Developing the CanMEDS Collaborator (eBook). Med.uottawa.ca Available at: www.med.uottawa.ca/Postgraduate/assets/documents/Collaborator.pdf

Teacher in the clinical setting

ORIENTATION

Learning objectives:

1. Identify who is on the team in a family practice setting.
2. Define the roles of team members who provide continuity of care with family physicians.
3. Explore the impact and value of collaborative practice for patient-centred care in family practice.

Activities:

1. Introduce your learner to your health care team.
2. Have the learner describe the contribution health care providers offer to patients cared for collectively.
3. Book the learner to conduct brief team shadowing/interviewing opportunities with different team members to learn their roles and tasks.

Resources:

- University of Toronto shadowing/interviewing checklist: http://www.ipe.utoronto.ca/download/224/TRI%20Web%20Manual-%20Full%20Document%20%281-6%29.pdf?redirect=node/233
- Orientation information, which includes descriptions of roles and responsibilities of all team members (health professionals, staff)

Teacher in the clinical setting

PREPARING AND REVIEWING REFERRAL/CONSULTANT LETTERS

Learning objectives:

1. Communicate effectively in writing with other health care providers.
2. Demonstrate knowledge of the roles of other health care providers/consultants in patient care.

Activities:

1. Review a referral letter written by a learner and provide written/oral feedback.
2. Review a letter from a consultant or other health care provider with a learner and critique it for improvements.

Resources:

- Guide to Enhancing Referrals and Consultations Between Physicians, Royal College/CFPC 2009: www.cfpc.ca/uploadedFiles/Resources/Resource_Items/Health_Professionals/Guide%20to%20enhancing%20referrals%20and%20consultations%20between%20physicians.pdf

Teacher in the clinical setting

CONTINUOUS QUALITY IMPROVEMENT PROJECTS

Consider team-based continuous quality improvement (CQI) if in an IP clinical context.

Learning objectives:

1. Critically review practice and team processes.

Activities:

Guide learners to consider CQI related to team-based care:

1. Implement team communication tools.
2. Review team processes.
3. Introduce team-based interventions for specific conditions.
4. Review charts to assess for IP opportunities optimized or missed.
5. Guide learner, if in team-based care environment where CQI is ongoing, to join that process. Promote developing collaborator competencies.

Resources:

- Getting started with quality improvement: www.dfcm.utoronto.ca/landing-page/quality-improvement

Teacher in the clinical setting

TEAM MEETING/HUDDLE

Learning objectives:

1. Communicate effectively with other health care providers.
2. Engage in collaborative decision making for patient care with other health care providers in a non-hierarchical manner.
3. Manage differences in opinions that may arise when working with health care providers to negotiate patient care plans.

Activities:

1. Invite learners to participate in a team meeting involving a case of a patient that they have seen.
2. Consider videotaping the meeting to use later as a reflective tool for learning.
3. Encourage the learner to present their case and ask them to actively engage other health care professionals to help develop the care plan.

Resources:

- IPE Component in a Clinical Placement—Flexible Activity 3: Participation in Team Meetings: http://socialwork.utoronto.ca/wp-content/uploads/2014/06/IPE-Tip-Sheet-for-Field-Instructors.pdf (University of Toronto)

Teacher in the clinical setting

PATIENT OUTCOME DEBRIEFING

Learning objectives:

1. Develop individual reflection on care.
2. Promote team processes, minimize misunderstandings, and support shared responsibilities and accountability.

Activities:

1. Mortality and morbidity rounds.
2. Clinical case review.

Resources:

- Agency for Healthcare Research and Quality—Team strategies and tools to enhance performance and patient safety: https://www.ahrq.gov/teamstepps/instructor/essentials/pocketguide.html#sbar

Teacher in the clinical setting

DIRECT OBSERVATION/VIDEO

Direct observation occurs when the preceptor can monitor the learner directly with a patient or with other health care professionals (audiovisual(AV)/two-way mirrors/direct presence).

Learning objectives:

1. Observe and reflect on their own strategies for patient-centred communication.
2. Review shared decision-making processes.

Activities:

1. Advise learner that you will be sitting in on a portion of their patient interview.
2. Have learner set up video recording device, advise and get consent from the patient to record interview for teaching purposes (e.g., iPad).
3. Have learner interview patient in observation room, if room is available (AV in place, two-way mirror, etc.)

Resources:

- Field notes—completing the field note with the resident reviews competencies: www.cfpc.ca/KeyFeatures/
- Interprofessional Collaborator Assessment Rubric—may be conducted individually or with educator: www.med.mun.ca/getdoc/b78eb859-6c13-4f2f-9712-f50f1c67c863/ICAR.aspx
- Student Papers & Academic Research Kit (SPARK)—A tool for peer feedback of collaborator role competencies. Direct observation by another health professional student or preceptor can support collaborator competencies: www.library.yorku.ca/spark/Peer%20Feedback%20Guide%20IG.pdf

Teacher in the clinical setting

MEDICATION RECONCILIATION/REVIEW

Learning objectives:

1. Develop strategies of collaborative communication to minimize medication errors.
2. Negotiate differences and/or misunderstandings.

Activities:

1. Review prescription writing.
2. Encourage learner to consult with community pharmacist for medication reviews.
3. Have learner review and present on approaches to polypharmacy.

Resources:

- Ontario Primary Care Medical Reconciliation Guide: www.ismp-canada.org/download/PrimaryCareMedRecGuide_EN.pdf (pages 23, 24, 26, 30–32)

Teacher in the clinical setting

SHARED CARE

Learning objectives:

1. Negotiate roles and responsibilities.
2. Determine when care must shift from one provider to another based on patient needs.
3. Demonstrate shared accountability.

Activities:

1. Assign a patient to a learner and have the learner follow that patient longitudinally.
2. Have learner participate in ongoing, timely communication with other health care provider (between visits), including referrals, consultations, labs, etc.

Resources:

- Examples of shared care resources for the management of child and youth mental health issues: www.shared-care.ca/toolkits

Teacher in the clinical setting

HANDOVERS, TRANSFERS, OR TRANSITIONS IN CARE

Patients undergo transitions in care on a regular basis: from family physician to on-call physician; clinic or home to emergency; from emergency to in-patient care; from in-patient care to rehabilitation centres, long-term care, or back home. Transitions in care have been identified as the riskiest times for patient safety.

Learning objectives:

1. Develop clear, concise, collaborative communication strategies.
2. Determine when care must be transferred.
3. Negotiate responsibilities and accountability of care through handover, transfers, and transitions in care.

Activities:

1. Draw attention to points of transition.
2. Highlight key communication points for safe transfers.

Resources:

- Identify, Situation, Background, Assessment and Recommendation (ISBAR): www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+topics/clinical+handover/isbar+-+identify+situation+background+assessment+and+recommendation
- I-PASS Handoff Curriculum: www.mededportal.org/publication/9397
- Canadian Medical Protective Association Key Concepts and Good Practices: www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/key_concepts/pdf/key_concepts_and_good_practices-e.pdf

Teacher in the clinical setting

SHADOWING/ROLE MODELLING

The preceptor sets an example for the learner and demonstrates qualities they wish to impress upon the learner, instead of teaching knowledge or concepts. Modelling is a powerful approach for teaching the Collaborator Role.

Learning objectives:

1. Identify and describe different roles of team members.

Activities:

1. Have learner shadow another team member. If not within an interprofessional clinic, consider other team members (e.g., medical office assistant).
2. Provide guiding questions to support reflection on behaviours during or after shadowing.

Resources:

- IPE Component in a Clinical Placement—Flexible Activity 2: Interviewing/Shadowing a Team Member: www.ipe.utoronto.ca/download/224/TRI%20Web%20Manual-%20Full%20Document%20%281-6%29.pdf?redirect=node/233

Teacher in the clinical setting

RESIDENT AS TEACHER

Learning objectives:

1. Residents must be effective teachers in order to be competent physicians. The capacity to teach is integral in the ability to communicate within teams, to the public, and to patients and families. Collaboration skills are essential in teaching.

Activities:

1. Embed the Collaborator Role in the Residents as Teachers curriculum.
2. Incorporate the Collaborator Role into the assessment of the resident in their teaching role.

Resources:

- Jarvis-Selinger S, Halwani Y, Joughin K, Pratt D, Scott T, Snell L. Supporting the Development of Residents as Teachers: Current Practices and Emerging Trends. Members of the FMEC PG consortium; 2011: https://afmc.ca/pdf/fmec/24_Jarvis-Selinger_Residents%20as%20Teachers.pdf

Teacher in the clinical setting

ASSESSMENT OPPORTUNITIES

Field notes: Regular recordings of observed performance to confirm what the resident does well, and identify areas requiring improvement. All team members should be included in generating field notes (staff, faculty, other health professional staff, and educators, etc.; see **Figure 3** for a field note example).

Portfolios: A collection of learner's various documents and assessments throughout residency that reflect their professional development over time. Can be used as both a formative learning tool and summative assessment.

IPE Component in a Clinical Placement—Flexible Activity 1: Participation in Interprofessional team Education: www.ipe.utoronto.ca/download/224/TRI%20Web%20Manual-%20Full%20Document%20%281-6%29.pdf?redirect=node/233

Objective Structured Clinical Exam (OSCE): An assessment method based on direct observation of learner performance during planned/standardized clinical encounters or test stations. The preceptor's assessment can be facilitated by checklists of observable behaviours.

Example of OSCE for the Collaborator Role—Royal College CanMEDs Teaching and Assessment Tools Guide: http://canmeds.royalcollege.ca/uploads/en/collaborator/Collaborator_A5%20Objective%20Structured%20Clinical%20Exam%20for%20the%20Collaborator%20Role.pdf

Simulation: Refers to a variety of different learning and evaluation tools that attempt to imitate real clinical scenarios. Many different formats exist: paper-based patient care problems, anatomical models, virtual reality environments, standardized patients, and combinations.

Examples of simulation assessment for the Collaborator Role include the Interprofessional Collaboration Scale: https://nexusipe.org/advancing/assessment-evaluation/interprofessional-collaboration-scale-ics

Validated team assessment tool: Useful for interprofessional clinical placements.

- IpAC Program Assessment Tool: www.ecu.edu.au/__data/assets/pdf_file/0010/297415/IPL-assessment-tool-for-4-Days-or-less-v4.pdf
- iTOFT (individual Teamwork Observation and Feedback Tool) Basic and advanced versions—designed in Australia and intended to facilitate observation and engagement of learners in feedback and review during and following teamwork and team-based activities. Download from: www.olt.gov.au/project-work-based-assessment-teamwork-interprofessional-approach-2012
- iCAR (Interprofessional Collaborator Assessment Rubric)—intended for use in assessing interprofessional collaborator competencies as defined by the Canadian National Interprofessional Education Competency Framework (not restricted to medicine). Dimensions are not intended to coincide with a specific year or level of learner: www.med.mun.ca/getdoc/b78eb859-6c13-4f2f-9712-f50f1c67c863/ICAR.aspx

Teacher outside of the clinical setting

FACILITATING A TEACHING SESSION

It is important to understand good principles for providing an interprofessional session, when thinking about how to facilitate a session.

Learning objectives:

1. Integrate the concepts of interprofessional collaboration in all education sessions.
2. Encourage and facilitate interprofessional design and delivery of the education session.
3. Prioritize inclusiveness in the session audience.
4. Consider articles from other professions to discuss.

Activities:

1. Integrate Collaborator Role competencies in education session curriculum.
2. Invite interprofessional teachers to collaborate in developing and delivering rounds, lunch and learns.
3. Approach other team members to identify and recruit audience participants.
4. Conduct a broad literature review, including articles from other professional fields.

Resources:

- University of Toronto, Centre for Interprofessional Education—Interprofessional Education DVD and Online Streaming: www.ipe.utoronto.ca/resources/dvd-tools
- IPC on the Run modules (University of British Columbia): www.ipcontherun.ca
- Primary Care Interprofessional Team Toolkit (University of Manitoba): www.ipe.utoronto.ca/download/284/Manitoba%20Primary%20Care%20IP%20Toolkit.pdf?redirect=node/233

Teacher outside of the clinical setting

ACADEMIC PROGRAM

Examples include workshops, didactic sessions, quality improvement, scholarly projects.

Learning objectives:

1. Ensure that residents can gain the competency of collaboration through the academic program.

Activities:

1. Integrate the IP Collaborator competencies into academic activities and curricular content.
2. Use interprofessional teams for teaching these concepts.
3. Invite interprofessional learners to participate in these learning modules.
4. Use established resources in teaching activities.
5. Embed an evaluation mechanism.

Resources:

- University of Toronto, Centre for Interprofessional Education—Interprofessional Education DVD and Online Streaming: www.ipe.utoronto.ca/resources/dvd-tools

Teacher outside of the clinical setting

REFLECTING ON A TEACHING SESSION (PORTFOLIOS)

Reflecting on the teaching session can be elevated if a tool, such as a portfolio, is used to help you understand how effective the teaching session was for your learner.

Learning objectives:

1. Document, in a comprehensive fashion, resident activities that specifically relate to the integration of the Collaborator Role within their educational activities.
2. Create portfolios that reflect competencies development; include summative and formative assessments, reflective exercises, presentations, research, and quality improvement projects, as well as feedback from patients or team members.
3. Include reflections on interprofessional learning experiences in portfolios.

Activities:

1. Devote a specific portfolio, or sections of a more general portfolio, to the Collaborator competencies.
2. Encourage self-assessment and reflection to allow the learner to develop skills for ongoing learning and maintenance of competency.
3. Use as a summative tool to determine if a learner has attained competency.

Resources:

- Toolbox of Assessment Methods—Accreditation Council for Graduate Medical Education and American Board of Medical Specialties: http://chd2.sites.olt.ubc.ca/files/2013/05/Evaluationtoolbox.pdf
- Learner journals based on critical incidents, structured, eight open-ended questions; University of Sherbrooke, contact Steve.Balkou@usherbrooke.ca for access

Teacher outside of the clinical setting

INTERPROFESSIONAL EDUCATION (IPE) SESSIONS

Learning objectives:

1. Residents will learn with, from, and about other health professional students in IPE sessions. This has been shown to improve understanding about each other's roles and responsibilities, as well as reduce negative perceptions and promote collaboration in practice.

Activities:

1. Develop IPE learning modules in collaboration with other health professionals in the local clinical setting, such as in resident academic sessions (e.g., academic half-day).
2. Deliver interdepartmental IPE sessions in collaboration with other health professional faculties within the university or with collaborating academic programs.
3. Integrate collaborator competencies within standardized patient/simulation training approaches.

Resources:

- Palaganas JC, Epps C, Raemer DB. A history of simulation-enhanced interprofessional education. *J Interprof Care* 2014;28(2):110-5. PMID: 24372044
- Queen's University—Preparing for an IP Placement: https://meds.queensu.ca/central/assets/modules/iea/1.3.html

Teacher outside of the clinical setting

CONFERENCES

Learning objectives:

1. Attend interprofessional health conferences where residents have an opportunity to learn from other physicians and health care professionals.
2. Present at conferences in collaboration with others to model intraprofessional or interprofessional collaboration with others.

Activities:

1. Encourage residents to consider attending conferences that include other types of health care professionals.
2. Encourage residents to submit abstracts of work they are doing in quality improvement programs to facilitate knowledge transfer with other health professionals.
3. Remind residents to identify the work of interprofessional teams when they present at conferences or write articles.

Resources (examples of IPC focused conferences):

- All Together Better Health: www.atbh.org
- Collaborating Across Borders: www.cabvibanff.org
- International Congress on Integrative Medicine and Health: www.icimh.org/
- International Foundation for Integrated Care—Conferences: https://integratedcarefoundation.org/conferences-events
- Australian & New Zealand Association for Health Professional Educators (ANZAHPE): www.anzahpe.org/

Further opportunities for learning and assessment

TEAM CHART AUDIT

Learning objectives:

1. Review written chart entries to identify the collaboration documented in patient care.
2. Identify areas where collaboration was successful and where further collaboration would have added to patient care.

Activities:

1. Build the activity into the clinical flow of the team.
2. Use team chart audits as part of assessing the learner.

Resources:

- Bradshaw RW. Using peer review for self-audits of medical record documentation. *Fam Pract Manag* 2000;7(4):28-32: www.aafp.org/fpm/2000/0400/p28.html

TEAM CASE DISCUSSION

Learning objectives:

1. Observe learners in team-based discussions with other health team members to assess their collaboration skills.

Activities:

1. Invite learners to patient case team meetings and encourage active engagement in patient care planning with other team health professionals.
2. Encourage learners to present cases at team meetings to gather input from other health professionals' expertise and to gain knowledge about the roles and scopes of other team members.

DIRECT OBSERVATION

Learning objectives:

1. Observe learners in practice with patients and teams to develop and assess their clinical and collaborative skills.

Activities:

1. Include allied health professionals' assessment of the learner as part of the summative assessment.
2. Include allied health in multi-source assessments, such as 360s.
3. Imbed collaboration into the assessment tools.

Resources:

- Morris C. Teaching and learning though active observation: www.faculty.londondeanery.ac.uk/e-learning/feedback/files/T-L_through_active_observation.pdf

PEER FEEDBACK

Learning objectives:

1. Facilitate a learner's ability to effectively give and receive formative feedback with their peers.

Activities:

1. Enable an opportunity for learners to provide oral or written peer feedback with each other.
2. Consider using peer feedback tools to support this activity (such as SPARK).
3. Have the learner reflect on this experience and debrief with clinical or competency coach.

Resources:

- Freeman M, McKenzie J. SPARK, a confidential web-based template for self and peer assessment of student teamwork: benefits of evaluating across different subjects. *Br J Educ Technol* 2002;33(5):551-569.
- Sargeant J, Armson H, Driessen E, Holmboe E, Könings K, Lockyer J, et al. Evidence-informed facilitated feedback: The R2C2 feedback model. *MedEdPORTAL Publications* 2016;12:10387. Available from: https://www.mededportal.org/publication/10387/ Accessed: 2017 July.

APPENDIX C: RESOURCES

Educational leader resources

Program Director: Ensures that the Collaborator Role is taught and assessed

TO ENSURE PROGRAMS MEET ACCREDITATION REQUIREMENTS FOR INTERPROFESSIONAL EDUCATION

- Integrate the concepts of the Collaborator Role into curriculum, reflective exercises, portfolios, and assessment tools
- Ensure that learners work in interprofessional teams
- Evaluate teaching sites for learning opportunities that support the Collaborator Role
- Enable opportunities to evaluate the impact of collaboration on patient care (e.g., quality improvement exercises, scholarly activities)
- Provide opportunities for learners to achieve the Collaborator Role competencies

TO ENSURE FACULTY ARE PREPARED TO TEACH AND ASSESS THE COLLABORATOR ROLE ACROSS ALL EDUCATIONAL CONTEXTS

- Ensure faculty are familiar with and can teach the concepts of collaborative practice and patient-centred integrated health care
- Integrate concepts of the Collaborator Role into teaching practices (e.g., modelling best practices)
- Ensure that faculty apply teaching strategies that support students in achieving the Collaborator Role competencies
- Ensure that faculty assess Collaborator Role competencies
- Provide opportunities for faculty to maintain currency with respect to teaching and assessing the Collaborator Role

Collaborating for Education and Practice: An interprofessional Education Strategy for Newfoundland and Labrador: www.med.mun.ca/getdoc/5e45a5b4-a824-43d6-ba38-aa6edc83150e/HC-Final-Report-June-2008.aspx

McMaster Faculty Development Academic Pathways

- Website: http://fhs.mcmaster.ca/facdev/academic_pathways.html

University of British Columbia

- IPE Portal: http://practiceedportal.health.ubc.ca/

Auditing learner assessment data for evidence of faculty knowledge and application of the collaborator role (field notes, ITARs)

Auditing faculty assessment data by including questions related to collaborator role on faculty evaluations (other examples: student evaluations, 360s, patient surveys etc.)

IPE Centres & Networks: www.ipe.utoronto.ca/community-engagement/ipe-centres-networks

International IPE resources:

- National Center for Interprofessional Practice and Education: https://nexusipe.org/

Canadian Interprofessional Health Collaborative: www.cihc.ca/

Online Collaborator Role teaching and assessment resources

- CanMEDS Teaching and Assessment Tools; Royal College of Physicians and Surgeons of Canada; scroll down for the Collaborator Role: http://canmeds.royalcollege.ca/en/tools
- Interprofessional Collaborator Assessment Rubric (ICAR); Academic Health Council, Memorial University Faculty of Medicine, et al. This rubric is intended for use in the assessment of interprofessional collaborator competencies: www.med.mun.ca/getdoc/b78eb859-6c13-4f2f-9712-f50f1c67c863/ICAR.aspx
- Individual Teamwork Observation and Feedback Tool (iTOFT) 2016. Basic and Advanced versions. This tool lists 11 observable behaviours under two headings: shared decision making, and working in a team: https://nexusipe.org/informing/resource-center/introducing-individual-teamwork-observation-and-feedback-tool-itoft
- Lie D, May W, Richter-Lagha R, Forest C, Banzali Y, Lohenry K. Adapting the McMaster-Ottawa scale and developing behavioral anchors for assessing performance in an interprofessional Team Observed Structured Clinical Encounter. *Med Educ Online* 2015;20:26691: www.tandfonline.com/doi/full/10.3402/meo.v20.26691
- Interprofessional education resources, University of British Columbia, UBC Health; includes teaching and assessment tools: https://health.ubc.ca/education/resources/interprofessional-education-collaborative-practice-frameworks

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[11] Section of Residents. *Guide to Periodic Reviews in Family Medicine Residency*. Mississauga, ON: The College of Family Physicians of Canada; 2016. Available from: www.cfpc.ca/uploadedFiles/Directories/Sections/Section_of_Residents/GIFT%202016_One%20pager_Final_ENG.pdf. Accessed 2017 July.

[12] Both CanMEDS 2015 and CanMEDS-FM have moved the patient centred approach observable behaviours to the Communicator role. However, it is important that, in the Collaborator Role, it is a key principle to collaborative practice to focus the team on the patient's goals of care.

[13] Finding common ground with the patient must also be applied to finding common ground with the team.