Interprofessional Global Health Competencies

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What is a Competency?

- Used in workplace and educational institutions to express standard level of performance that can be assessed to measure if the competency has been achieved.

- Often framed in terms of knowledge, skills, and attitudes or "KSAs."

- Competency statements are not "wish lists" or lists of content topics. They describe acceptable level of performance and the skills needed to perform at that level.

- A listing of competencies is not a curriculum, but can facilitate the process of developing curriculum.

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Competencies in Global Health Education

- Interest in global health among students in high-income countries ⬆

- Rapid growth and haphazard expansion led to lack of agreed-upon definitions and failure to standardize curricula and competencies.

- Hence push to develop competencies.

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Profession Specific Competencies

Many professions have developed global health competencies - nursing, medicine, and dentistry to develop global health competencies.

A competency matrix for global oral health.

Benzian H[1], Greenspan JS[2], Barrow J[2], Hutter JW[2], Loomer PM[2], Stauf N[2], Perry DA[2].

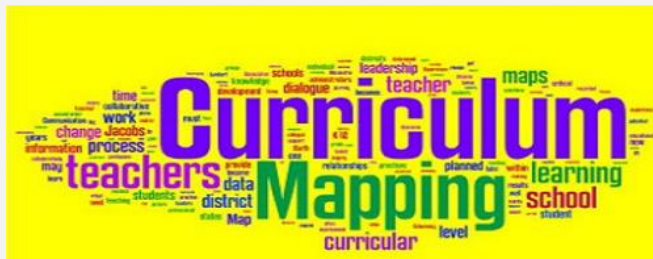## Global health competencies for nurses in the Americas.

Wilson L[1], Harper DC, Tami-Maury I, Zarate R, Salas S, Farley J, Warren N, Mendes I, Ventura C.

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Profession Specific Competencies

- Medical School Global Health Competency Efforts
  - "A National Consensus on the Essential International Health Curriculum for Medical Schools" (1993) Jeff Heck and Ron Pust
  - The Association of Faculties of Medicine of Canada Resource Group on Global Health/GHEC joint committee (2005)
  - The recommendations from Houpt et al (2007)
  - Domains of competency in GH by Eckert at al (2006)
  - GH learning outcomes for UK medical students, developed by the UK Global Health Learning Outcomes Working Group (2012)
- BUT no uniformity in US medical school curricula (Khan et al)
  - Recommended basic curriculum with progressively more advanced electives where applicable.

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Interprofessional GH Competencies

- Growing awareness that global health requires a **broad range of professionals from health and non-health disciplines.** INTERPROFESSIONAL APPROACH.

- This is reflected in the most commonly accepted definition of global health Koplan et al.

  - . . . Global health emphasizes transnational health issues, determinants, and solutions [and] *involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration . . ."*

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Interprofessional GH Competencies

- Universities have been slow to adopt interprofessional education and institutions remain highly siloed. There can be several schools on a single campus with their own global health programs.

ASPH ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH

Global Health COMPETENCY *Model*

These are the competencies recommended for graduates of master's level programs in global health. Please note that they build upon the MPH Core Competencies (www.asph.org/competency). They reflect the goal of global health—to promote population health, safety, and well-being at local and global levels, as well as eliminate health and social disparities worldwide.

DOMAIN 1: Capacity Strengthening
Capacity strengthening is the broad sharing of knowledge, skills, and resources for enhancement of global public health programs, infrastructure, and workforce to address current and future global public health needs.

| 1.1 | Design sustainable workforce development strategies for resource-limited settings. |
1.2	Identify methods for assuring health program sustainability.
1.3	Assist host entity in assessing existing capacity.
1.4	Develop strategies that strengthen community capabilities for overcoming barriers to health and well-being.

Use of the Model
It is anticipated that faculty and students in global health programs across a broad range of institutions beyond graduate schools of public health (schools of international relations/affairs, business schools, law schools and, of course, other health professions' schools, such as those in medicine and nursing, as well as programs in the biological and social sciences) will find value in this competency model.

Interprofessional GH Competencies

- Rowthorn and Olsen initiative created a team skills competency framework to help students successfully employ their substantive knowledge as part of an effective global health team. (*Journal of Law, Medicine, & Ethics* 2014)
- Borrows heavily from the field of interprofessional education (IPE), an approach to teaching clinical teamwork to improve patient outcomes
- IPE: *When students from two or more professions learn about, from and with each other. (WHO)*
- Ultimate goal of IPE is collaborative practice: *When multiple health workers from different professional backgrounds work together with patients, families, caregivers, and communities to deliver the highest quality of care.*

Core Competencies for Interprofessional Collaborative Practice (IPEC 2011)
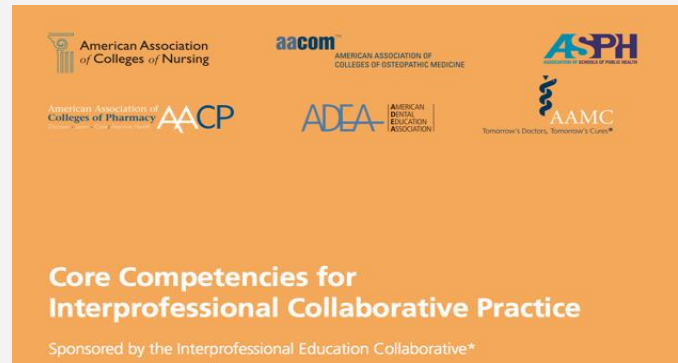
- The report identified the following four interprofessional competency domains as essential for health care practitioners:
  - Values/Ethics for Interprofessional Practice
  - Roles/Responsibilities
  - Interprofessional Communication
  - Teams and Teamwork
- Within each domain are listed between 10-12 specific competencies.

Core Competencies for Interprofessional Collaborative Practice
(IPEC 2011)

DOMAIN 1	Values & Ethics
DOMAIN 2	Roles & Responsibilities
DOMAIN 3	Interprofessional Communication
DOMAIN 4	Teams & Teamwork

VE1. Place the interests of patients and populations at the center of interprofessional health care delivery.

VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.

VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team.

VE4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions.

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Team Skills for Global Health

- IPEC competencies are not sufficiently adapted for global health education.
- Focused on health professional students and framed as a way to improve clinical care.

- Lori Diprete Brown, "Towards Defining Interprofessional Competences for Global Health Education: Drawing on Educational Frameworks and the Experience of the UW-Madison Global Health Institute," J Law Med Ethics 2014 Dec;42 Suppl 2:32-7

Table 1

Team Skills Competency Domain

General Competency Statement for Team Skills Competency Domain: Work with individuals of other professions and use the knowledge of one's own role and those of other professions to establish shared goals and perform effectively as a team. Communicate and apply team-building values and principles to plan and execute project goals in a responsive and responsible manner that supports a team approach to global health initiatives.

Team Skills Competency (TC)1: Identify which global health issues require or could benefit from an interprofessional approach.

TC2: Describe the process of team development and the roles and practices of effective teams.

TC3: Apply leadership practices that support collaborative practice and team effectiveness.

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Development of CUGH Competencies

2013-2015 CUGH supported a project led by Dr. Lynda Wilson to define the interdisciplinary core content expected of all global health programs.

(Open Access Article published in: *Annals of Global Health.* 2015)

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ORIGINAL RESEARCH

Identifying Interprofessional Global Health Competencies for 21st-Century Health Professionals

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Abstract

B A C K G R O U N D   At the 2008 inaugural meeting of the Consortium of Universities for Global Health (CUGH), participants discussed the rapid expansion of global health programs and the lack of standardized competencies and curricula to guide these programs. In 2013, CUGH appointed a Global Health Competency Subcommittee and charged this subcommittee with identifying broad global health core competencies applicable across disciplines.

Accreditation Council for Graduate Medical Education
American Academy of Family Physicians
American Academy of Pediatrics
American Association of Colleges of Nursing
American Congress of Obstetricians and Gynecologists
American Association of Oral-Maxillofacial Surgeons
American College of Physicians
American College of Surgeons
American Dental Association
American Medical Association
American Medical Student Association
American Psychology Association
Association of American Medical Colleges
Association of Schools of Public Health
Consortium of Universities for Global Health
International Academy of Physician Associate Educators
International Council of Nurses
International Federation of Gynecologists and Obstetricians
International Pharmaceutical Federation
International Union of Psychological Science
Liaison Committee on Medical Education
Movement for Global Mental Health
National League for Nursing
One Health Initiative
Sigma Theta Tau, International Nursing Honor Society
Society for Medical Anthropology
World Federation of Occupational Therapists
World Confederation for Physical Therapy
World Dental Federation
World Health Organization

Figure 1. List of Professional Society and Professional Organization Webpages Reviewed.

Child Family Health International

Domains of Global Health Competency

- Global Burden of Disease
- Globalization of health and health care
- Social and Environmental Determinants of Health
- Capacity Strengthening
- Collaboration, Partnering, and Communication
- Ethics
- Professional Practice
- Health Equity and Social Justice
- Program Management
- Sociocultural and Political Awareness
- Strategic Analysis

Child Family Health International

Level I: Global Citizen Level
Competency sets required of all post-secondary students pursuing any field with bearing on global health.

Level II: Exploratory Level
Competency sets required of students who are at an exploratory stage considering future professional pursuits in global health or preparing for a global health field experience working with individuals from diverse cultures and/or socioeconomic groups.

Level III: Basic Operational Level
Competency sets required of students aiming to spend a moderate amount of time, but not necessarily an entire career, working in the field of global health.

Two sub-categories exist in Level III:

> **Practitioner-Oriented Operational Level**: Competency sets required of students practicing discipline-specific skills associated with the direct application of clinical, public health skills acquired in professional training and direct application of non-health fields' (e.g., law, economics, environmental sciences, engineering, anthropology, and others) discipline-specific skills applied to relevant problems and tasks encountered in global health.

> **Program-Oriented Operational Level**: Competency sets required of students within the Basic Operational Level in the realm of global health program development, planning, coordination, implementation, training, evaluation, or policy.

Level IV: Advanced Level
Competency sets required of students whose engagement with global health will be significant and sustained. These competencies can be framed to be more discipline-specific or tailored to the job or capacity in which one is working. This level encompasses a range of study programs, from a masters level degree program, up to a doctoral degree with a global health-relevant concentration. Students enrolling in these programs are usually committed to a career in global health-related activities.

Jogerst, K, Callender, B, Adams V, Evert J, Fields, E, Hall, T, Olsen, J, Rowthorn, J, Rudy, S, Shen, J, Simon, L, Torres, H, Velji, A, Wilson, L. Interprofessional Global Health Competencies Working Group, CUGH Annual Meeting, 2014. Submitted for Publication.

Table 1. List of Competencies Categorized into 8 Domains for Global Citizen and 11 Domains Basic Operational Program-Oriented Levels

Domains and Competencies	Knowledge (K), Attitude (A), Skill (S)	Global Citizen Level	Basic Operational Program-Oriented Level
DOMAIN: 1. Global Burden of Disease. Encompasses basic understandings of major causes of morbidity and mortality and their variations between high-, middle- and low-income regions, and with major public health efforts to reduce health disparities globally.[16,20]			
1a. Describe the major causes of morbidity and mortality around the world, and how the risk for disease varies with regions.[16,20]	K	X	X
1b. Describe major public health efforts to reduce disparities in global health (such as Millennium Development Goals and Global Fund to Fight AIDS, TB, and Malaria).[16,20]	K	X	X
1c. Validate the health status of populations using available data (e.g., public health surveillance data, vital statistics, registries, surveys, electronic health records, and health plan claims data).[24]	K, S		X
DOMAIN: 2. Globalization of Health and Health Care. Focuses on understanding how globalization affects health, health systems, and the delivery of health care.[16,20]			
2a. Describe different national models or health systems for provision of health care and their respective effects on health and health care expenditure.[16,20]	K		X
2b. Describe how global trends in health care practice, commerce and culture, multi-national agreements, and multinational organizations contribute to the quality and availability of health and health care locally and internationally.[16,20]	K		X
2c. Describe how travel and trade contribute to the spread of communicable and chronic diseases.[16,20]	K	X	X

Research Study on Host Perspectives of Global Health Competencies

Do you interact with students from abroad in health-related settings?

THIS STUDY HAS CLOSED AS OF 12/31/15. PLEASE CHECK BACK FOR RESULTS AND FOLLOW UP.

The **Collaboration for Host Perspectives on Global Health Competencies** is a group of community and academically-based researchers from 9 countries collaborating to investigate the opinions of host faculty, staff, and community members in countries across the socioeconomic spectrum who host visiting students and trainees from other countries at their healthcare and public health facilities (including hospitals, NGOs, community development organizations, clinics, and mobile outreach). The goal is to understand host perspectives of competencies, learning objectives, and other aspects of what is important for students and trainees from other countries to learn.

Methods

- June 2013 collaboration between Child Family Health International (CFHI) and Bridge to Health Medical and Dental

- Initial literature search conducted for inter-professional competencies

- Working group development

- Survey design and beta testing

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2b. Describe how global trends in health care practice, commerce and culture, multi-national agreements, and multinational organizations contribute to the quality and availability of health and health care locally and internationally.[16,20]	K		X
2c. Describe how travel and trade contribute to the spread of communicable and chronic diseases.[16,20]	K	X	X
2d. Describe general trends and influences in the global availability and movement of health care workers.[16,20]	K		X
DOMAIN: 3. Social and Environmental Determinants of Health. Focuses on an understanding that social, economic, and environmental factors are			

Countries of Respondents
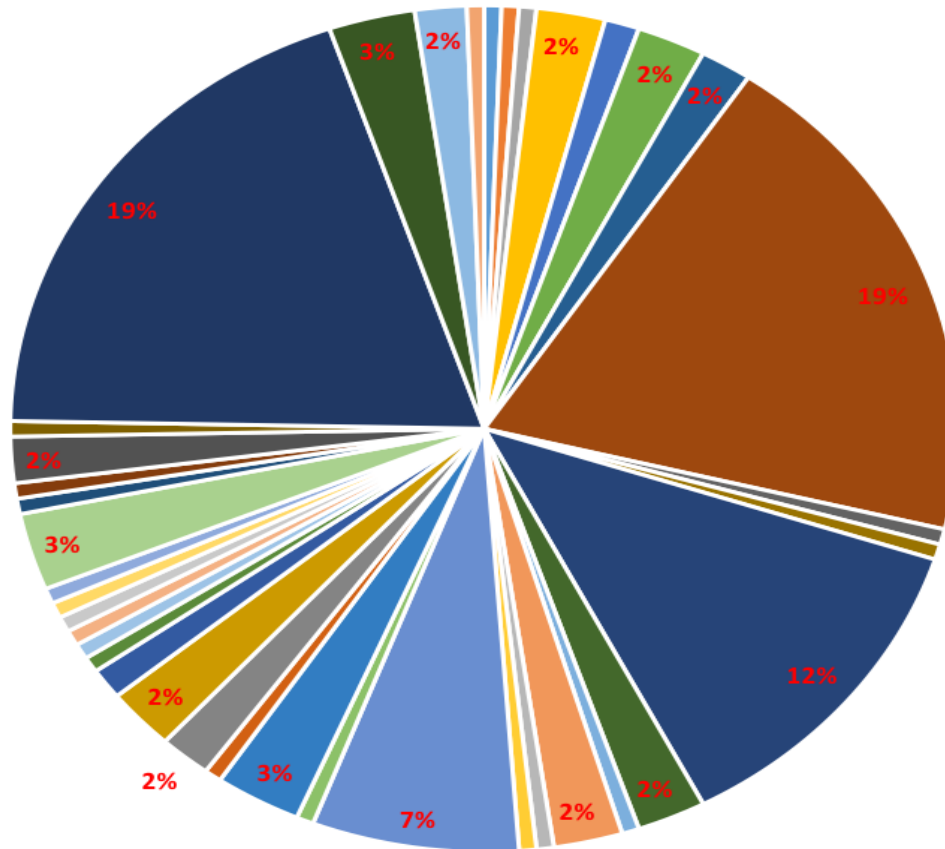
Bangladesh ■ Belieze ■ Bolivia ■ Brazil ■ Cambodia ■ Canada
Chile ■ **China** ■ Colombia ■ Dominican Republic ■ **Ecuador** ■ El Salvador
Germany ■ Ghana ■ Guatemala ■ Honduras ■ India ■ Italy
Kenya ■ Kosovo ■ Malawi ■ Mexico ■ Namibia ■ Nepal
Nicaragua ■ Nigeria ■ Peru ■ Philippines ■ Rwanda ■ South Africa
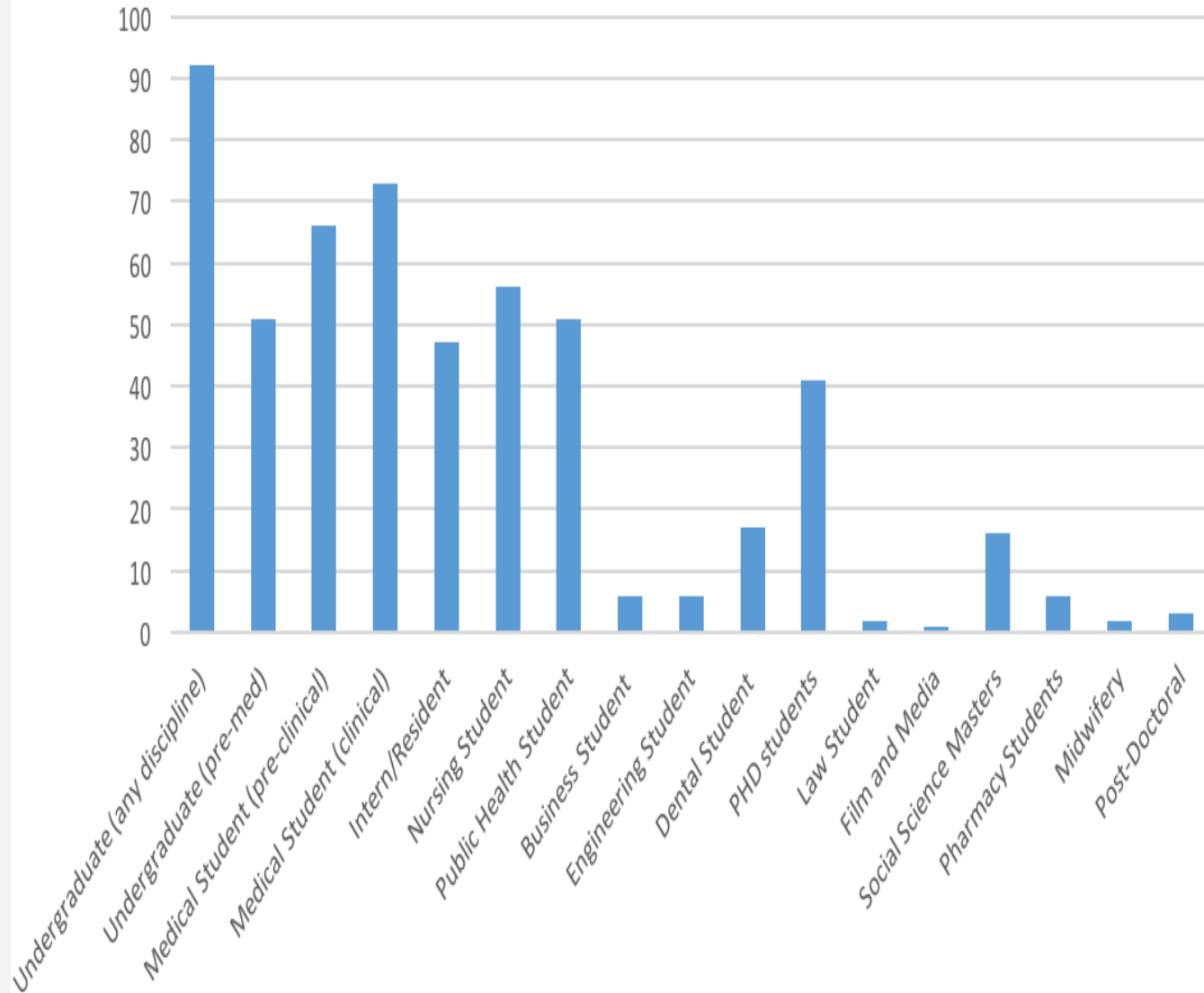Spain ■ Sri Lank ■ Tanzania ■ Trinidad ■ **USA** ■ Uganda
Vietnam ■ Zambia

Types of Students by Discipline and Training Level

Pre departure

- Zero respondents stated that students were "completely unprepared" for their rotations
  - Only 22% stated "well prepared"

- Most important competency (at 87% in agreement) was for students to be aware of the influence of culture

- Next most important (74%) was having humility

During Electives/ Field Experiences

- Importance of recognizing limitations

- Need to work well within a team setting and maintain respect

- Huge role for culture in all aspects of learning

		Number	Percent	Totals
Recognize personal limitations	**Important**	89	**90%**	
	Somewhat Important	10	10%	
	Not Important	0	0%	
				99
Demonstrate inter-professional values being respectful of all staff	**Important**	85	**88%**	
	Somewhat Important	12	12%	
	Not Important	0	0%	
				97
Demonstrate professionalism and respect of the entire team including culture and practices	**Important**	81	**82%**	
	Somewhat Important	18	18%	
	Not Important	0	0%	
				99
Culture vs medical conditions	Medical more important	10	9%	
	Culture more important	12	11%	
	Equally important	88	**78%**	
	Do not agree with either	2	2%	
				112
Culture on perception of disease	**Important**	94	**86%**	
	Somewhat Important	13	12%	
	Not Important	2	2%	
Cultural impacts on patient behaviour	**Important**	87	**81%**	
	Somewhat Important	20	19%	
	Not Important	1	1%	
				108
Cultural awareness/sensitivity	**Important**	83	**76%**	
	Somewhat Important	24	22%	
	Not Important	2	2%	
				109

Clinical

- Clinical learning much less important than culture and professionalism

- Not important for students to be working independently

		Number	Percent	Totals
Perform surgical procedures	Important	26	28%	
	Somewhat Important	30	33%	
	Not Important	36	39%	
				92
Manage rare diseases seen at home	Important	25	27%	
	Somewhat Important	34	37%	
	Not Important	32	35%	
				91
Care for patients without supervision	**Important**	13	**14%**	
	Somewhat Important	22	24%	
	Not Important	55	**61%**	
				90

Post elective

- 72% of preceptors received feedback from students

- 71% engaged in debriefing with students after rotation

- 48% wanted more students, 52% said it was fine, 0% wanted less

- 0% said students come as practitioners ready to work

- 90% said they wished students would stay more in touch after their rotation

Qualitative Data: Biggest Mistakes

"They must abstain from over expectation and over criticism; must have a compassionate approach as the host and the team puts lots of effort in establishing the program"

"Not respect the environment and culture. Do not want to come out of their comfort zone. Do not follow the discipline and dress code etc. (however, this is not common to all)"

"They tend to over expect from the program sometimes, as they want hands on experience which cannot be provided very extensively keeping local government, administrative protocol in place."

"attempting to do too much and not able to achieve goals"

Qualitative data: What should students remember when they go home

"our culture and our dedication to make their time memorable"

"the knowledge they gained here and the Indian hospitality. During the program, some of them discover their potential, they should always believe in that potential"

"to be good doctor, you need to be good listener. Must listen to your patient very well"

"That they can change a life of a person who is different if they are aware and respectful of that difference "

University of Wisconsin-Madison Global Health Institute

- Engaged in graduate programs for inter-professional and interdisciplinary global public health education since 2005.

- Approximately 1500 students have participated in Certificates (minors), internships, field courses, clerkships and rotations.

- The vast majority of students, over 80% feel that these experiences are "important" or "very important" in shaping their view of health and well being in the world.

- Programs include place-based study, public health perspectives and reflection to foster connections between health, behavior, and environment at the personal, local, and global level.

- Competency framework developed in 2005 by interdisciplinary team with experience in global health. Included medicine, nursing, pharmacy, public health, and veterinary medicine.

- Over time instructors saw a need for more focus on inter-professional teams, and topics such as justice, equity, ethics, and socio-political awareness.

- UW-Madison shared experiences in conferences at Maryland and CUGH pre-conferences, which supported our internal process of revision and improvement.

Process for Developing Competencies

- UW-GHI implements education programs with the counsel of a Global Health Inter-professional Education Committee (GHIEC).

- Meets 4 times a year to coordinate efforts, share curricula, conduct joint programs, and attend to policy and program improvement.

- Health professions represented include medicine, nursing, pharmacy, pharmacy, physician assistant, veterinary medicine and public health. Liaison to Graduate Medical Education programs across a range of specialties through the medicine representative.

- This group was asked to review and revise the 2005 competencies. They also consulted global health competencies from their own fields, a range of articles on the subject, as well as the CUGH resources available at the time. They also drew on course evaluations, their own experiences working in the field with students.

- A small group synthesized the group input into a working draft of competencies. These are intended to be used campus-wide to complement program specific learning goals.

- Working draft was recently brought back to larger group who provided feedback. This is now under revision, with a plan of submitting to curriculum committee for approval by December 2016.

10 Global Health Competencies

- To demonstrate self-guided learning habits, recognizing that experiential learning opportunities exist in many forms and that learning is a life-long endeavor.

- To interpret quantitative and qualitative information from the sciences, social sciences, and the humanities to inform global health work.

- To integrate contextually-grounded information about a location's health, history, politics, culture, and environment into one's learning experiences.

- To practice directed self-assessment and reflection about one's experiences and chosen profession, including consideration of one's role as a member of an interdisciplinary team.

- To compare and contrast the practice of health-related activities in different settings, including the social production of health and well-being.

- To draw connections between global experiences and local needs.

- To work effectively as a member of a diverse team to achieve shared goals.

- To effectively communicate ideas about health and one's own role to other professions as well as to community leaders and members of the general public.

- To recognize valuable opportunities for high and low-middle income partners to learn from one another, and creatively evaluate assets in addressing problems.

- To employ ethical models of community-based engagement recognizing the mutual benefit to learners and to the host community.

Selected References

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Controversies with Competencies in Global health

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The Problem With Competencies in Global Health Education

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Acquired and Participatory Competencies in Health Professions Education: Definition and Assessment in Global Health

Quentin Eichbaum, MD, PhD, MPH, MFA, MMHC

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The problems….

1. Insufficiently **inclusive** of input from LMICs/global south
   - Often developed by committee in HIC programs
   - Often serves primarily HIC program interests

2. Insufficiently **context** specific
   - Generic - to be transferable across contexts (convenient!)

3. Unresolved **"individualist/collectivist disjunction"**
   - HICs vs LMIC cultural/learning differences

4. Inadequate **assessment** methods

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Global Health Education – setting the stage...

- **Predominant current model of global health education**
  - Trainees from HICs perform elective work of month(s) in LMICs
  - Learning dissonances?

- Yes, other models/components -'glocal,' long term , bidirectional..

- The arguments & suggestions may extend beyond global health and apply more generally into health care education in HICs

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The Centrality of Context

"All aspects of the educational system are deeply affected by the local and global contexts. Although many commonalities might be shared globally, there is local distinctiveness and richness."

Frenk et al. Lancet 2010

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Contexts – free or linked?

- **If context-free**
  - Competent practitioner is "generally competent"
  - Competencies can be taught and practiced independent of the particularities of the context
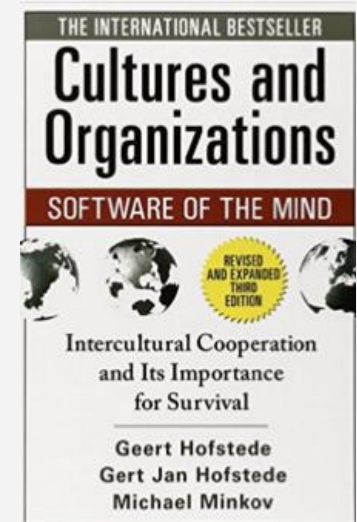 - Competency in one context predicts competence in others

- **If context-linked**
  - Practitioner is competent with respect to specific contexts
  - Competency MUST be linked & taught with respect to context
  - Competence in one context does NOT predict competence in others

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Individualist-Collectivist Disjunction

- **INDIVIDUALIST - high income countries (HIC)**
  - USA, European, Australia, NZ…(Global North)
  - Understand themselves through individual achievement
  - Intrinsically competitive
  - Learning is acquired and possessed by the individual
  - Learning is transferable across contexts

- **COLLECTIVIST - low-and middle income countries (LMICs)**
  - Developing countries (Global South)
  - Understand themselves in terms of group they below to
  - Intrinsically participatory, collaborative, place group's wishes over own
  - Learning is "situated/distributed" within and arises through participation and from dynamic social interaction
  - Learning is context-dependent and not fully transferable across contexts

THE INTERNATIONAL BESTSELLER

Cultures and Organizations

SOFTWARE OF THE MIND

REVISED AND EXPANDED THIRD EDITION

Intercultural Cooperation and Its Importance for Survival

Geert Hofstede
Gert Jan Hofstede
Michael Minkov

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Assessment – shortcomings in LMICs

Low resource settings….

1. **Inadequate direct observation**
   – Lack of faculty, over-crowded hospitals, clinics

2. **Lack a frame or reference to assess HIC trainees**
   – What are they expected to know?
   – How should they compare alongside local trainees?
   – How to assess visiting HIC trainees alongside local trainees'?

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3. **Inadequacy of "checkbox" format**
   – Convenient but mechanistic
   – Recognition bias (*"seen that, done that"*) > hazard of overconfidence!

4. **Inadequate intrinsic "competence" of LMICs settings**
   – Coraccio and Englander (2013)- importance of clinical microsystems in which one trains
   – Asch (2009) study – competence of specific training environment affected trainee's subsequent competence

5. **Lack of continuing education (CME) to maintain competency**
   – Competency wanes over time
   – Settings in LMIC can change quickly – epidemiology, sociopolitical
   – Overconfidence?

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Acquired & Participatory Competencies
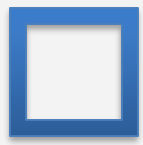
- **Acquired Competency**
  - Knowledge & skills
  - Ophthalmology – Medical Knowledge
    - *"Must demonstrate competencies in their knowledge of cataract surgery, contact lenses, corneal and external disease, eye abnormalities, glaucoma…"* (ACGME -IV.A.5.b)

- **Participatory Competency**
  - Communication, collaboration etc
  - Ophthalmology – Interpersonal and Communications Skills
    - *"…communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds."* (ACGME – IV.A.5.d)

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☐ Can interpret viral loads and CD4 counts in patients with HIV/AIDS.

☐ Counsel a dying patient.

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Competency Domains of four major global/public health organizations
- acquired vs participatory competencies?

Association of Schools of Public Health (ASPH) – Global Health Competency Model (Final Version 1.1) (2011) [19]	World health Organization (WHO) Global Competency Model [20]	Consortium of Universities for Global Health (CUGH) – competency domains for initial Competency Ranking [21]	Joint US/Canadian Committee on Global Health Core Competencies 2008-2009 [22]
1. Capacity Strengthening	1. Communicating in a credible and effective way	1. Global burden of disease	1. Global burden of disease
2. Collaborating and Partnering	2. Knowing and managing yourself	2. Globalization of health and healthcare	2. Health implications of travel, migration and displacement
3. Ethical and Professional Practice	3. Producing results	3. Social and Environmental Determinants of Health	3. Social and economic determinants of health
4. Health Equity and Social Justice	4. Moving forward in a changing environment	4. Capacity strengthening	4. Population, resources and environment
5. Program Management	5. Fostering integration and teamwork	5. Teamwork/collaboration and communication	5. Globalization of health and healthcare
6. Socio-cultural and Political Awareness	6. Respecting and promoting individual and cultural differences	6. Ethical reasoning	6. Healthcare in low-resource settings
7. Strategic Analysis	7. Setting examples	7. Professional practice	7. Human rights and global health
		8. Health equity and social justice	
		9. Program management	
		10. Social, cultural and political awareness	
		11. Strategic analysis	
		12. Communication	

Participatory Competencies - assessment

- Not amenable to standard observational/psychometric methods

- Require multidimensional approach involving input from other co-assessing healthcare teams/individuals including trainee – not just single preceptor!

- Qualitative and mixed methods from social sciences
  - Self-directed
  - Narrative
  - Ethnographic
  - Realist enquiry
  - other

Self-Directed Assessment Seeking

Eva and Regehr (2008)

- Trainee proactively seeks feedback and assessment from a range of relevant sources (being empowered by faculty, system) and translates this feedback into improving performance.

- Not individualistic – involve peers, teachers, other sources of info
  - More reliable than single assessor (Moonen van Loon et al, 2015)

- Low resource/collectivist settings > "Transprofessionalism" (Lancet 2010) include ancillary health workers in low resource settings

Self-Directed Assessment Seeking

- Aligns with these global health

- Transprofessionalism & transformative learning (Frenk, 2010)
  – Interprofessional collaboration (Corracio & Englander 2013)

- *Resourceful learning* (Eichbaum, 2015, 2016)

- *Desirable difficulties* (Koriat, 2004)

- Metaphors/models of sharing (Eichbaum, 2015, 2016; Holmboe, 2015)

Insufficiency of 'Cultural Competence'

- Loaded with assumptions and perceptions
  - Complex intersections with individual identity, life experience etc
  - Boundaries blurring with global movements > stereotyping

- Often taught as individually **acquired/possessed** knowledge rather than **participatory/situated**
  - *"Culture is not an abdominal exam."* Kumagai & Lypson -2009

- Cultural humility or awareness– better, still problematic…

Conclusions

1. Competencies may be **context-free or context-linked**

2. Some competencies may be individually "acquired" as knowledge/skills and transferred across contexts, but others (most?) are situated in dynamic social settings, linked to contexts, and are learned through "participation."

3. *Acquired* and *participatory* competencies require different methods of assessment – more work on assessing participatory competencies

4. More inclusive process (global south); more nuanced classification

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Discussion
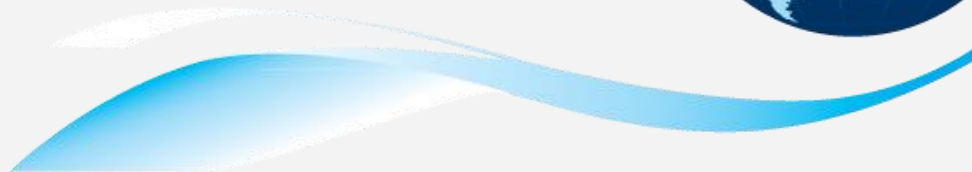
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