

# Interprofessional Framework of Competences (IFC)

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Specialist in "Community-Based  
Interprofessional Teams (CBITs) for  
person centred-care."



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# Interprofessional Framework of Competences | (IFC)

The Interprofessional Framework of Competences (IFC) is one of the first results of the Erasmus+ TEAMCARE Project. It represents a fundamental step for the development of the EU Curriculum for **“Specialists in Community-Based Interprofessional Teams (CBITs) for person centred-care”**, one of the main expected outputs of the TEAMCARE project.

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# IFC Areas of Competences

The IFC final version was shaped on an accurate state-of-the-art and contextual analysis. A first set of competences was submitted to international experts working in a wide range of contexts, involved in an e-Delphi study.

This process led to the final version of the IFC structured into **5 competence areas**, each one split into **sub-areas**, grouping a total of 58 specific competences.

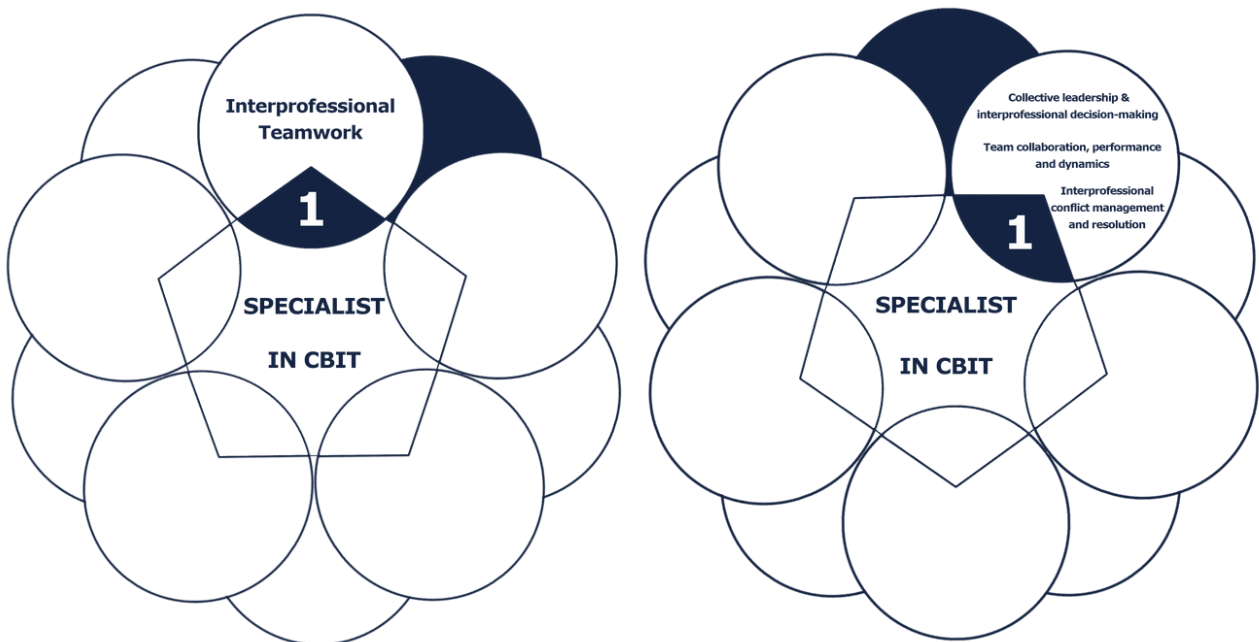
The IFC does not define a new professional profile, but identifies a set of core competencies for social and health care professionals to effectively be part of CBITs: this implies both actively participating in team processes and dynamics and being able to adopt a person-centered approach to practice, based on a holistic assessment of service users' needs, and profiting on the main ICT solutions available.



# Area 1

## Interprofessional Teamwork

This Area includes competences that are needed by social and health care professionals in order to fully participate in the processes and dynamics of Community-Based Interprofessional Teams (CBITs), including collaboration and decision-making.





# Area 1

## Interprofessional Teamwork

### Sub-area 1.1: Collective leadership & interprofessional decision-making

1. Applying collective leadership principles and styles to facilitate discussions, and integrate diverse perspectives, including those of service users.
2. Performing collaborative Clinical Decision-Making through team consensus within the CBITs and considering ethical, cultural and practical factors of the team.
3. Implementing interprofessional team reasoning to pursue patient cases.

### Sub-area 1.2: Team collaboration, performance and dynamics

1. Collaborating effectively and efficiently within the CBITs, facilitating a positive team climate (i.e. through regular interprofessional team meetings and rounds, building trust, fostering team cohesion, enhancing CBITs dynamics)
2. Critically reflect on and evaluate teamwork as part of ongoing personal and team development
3. Proactively planning, organising and coordinating individual and teamwork (i.e. establishing priorities and allocating resources and adjusting work to accomplish goals)

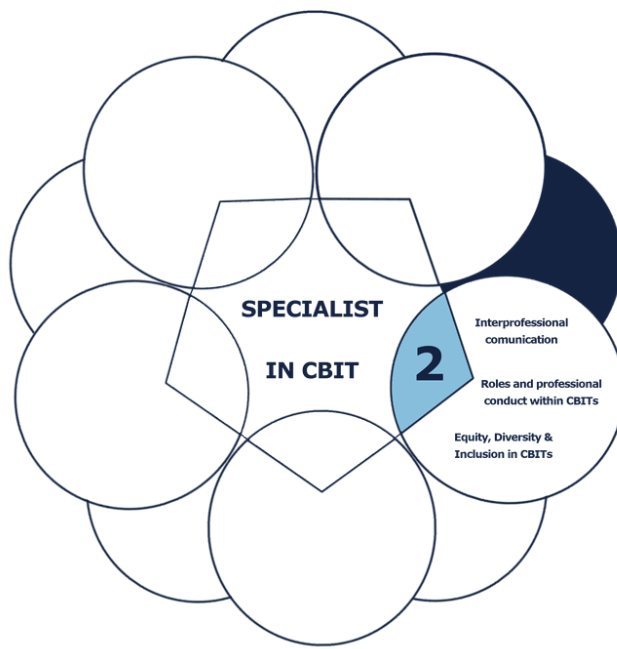
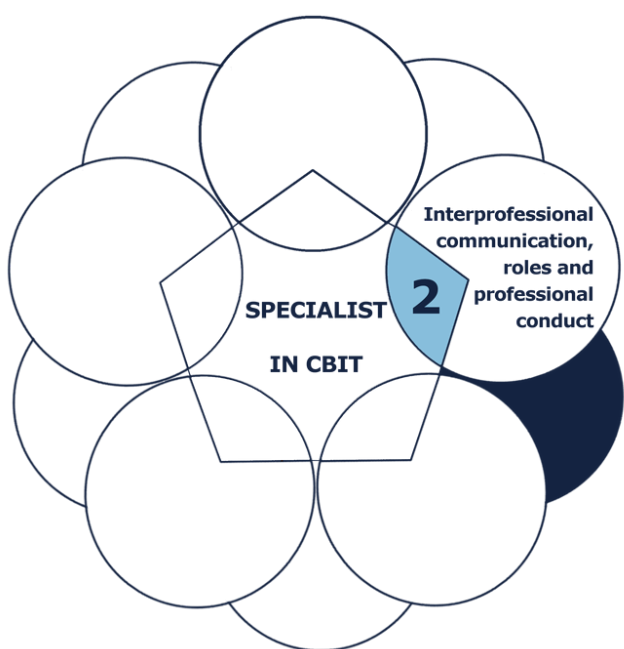
### Sub-area 1.3: Interprofessional conflict management and resolution

1. Managing conflicts constructively through the adoption of appropriate strategies for the context
2. Exploring the source of conflict, applying emotional intelligence to understand one's feelings and those of others, and managing escalating emotions that might negatively affect team harmony

# Area 2

## Interprofessional communication, roles and professional conduct

This Area includes competences that are fundamental to enable social and health care professionals to identify themselves as a functional part of an interprofessional team, with a specific role, responsibility and ethical conduct and in order to communicate effectively within the CBITs.







## Area 2

# Interprofessional communication, roles and professional conduct

### Sub-area 2.1: Interprofessional communication

1. Applying Closed-Loop Communication (CLC) for information transfer, effective team communication, and adopting a shared language.
2. Communicate efficiently with other CBITs members (e.g., active listening, empathy) expressing one's thoughts, feelings, and needs clearly, directly, and respectfully.

### Sub-area 2.2: Roles and professional conduct within CBITs

1. Applying collective values, shared purposes, and goals of CBITs, and putting them into clinical practice
2. Adopting a shared professional and ethical code within the CBITs.
3. Distinguishing the roles, responsibilities, and expertise of other CBITs members, to recognise which areas of practice could be completed by a range of team members to avoid overlap or confusion.
4. Adopting a self-improvement mindset based on a continuing professional development attitude, staying up to date with the latest scientific evidence and being open to learning in the interprofessional communities

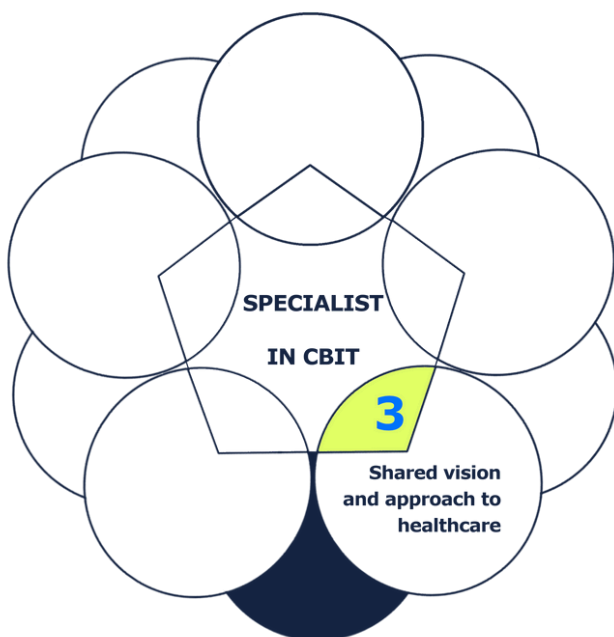
### Sub-area 2.3: Equity, Diversity & Inclusion in CBITs

1. Creating an inclusive climate within the CBITs that values diverse perspectives and personal experiences, facilitates collaboration and leverage differences.
2. Identifying how personal values, beliefs and professional goals play into team dynamics and being aware of one's values and mindsets.
3. Promoting equity, transparency, multiple perspectives and dignity within the CBITs.

# Area 3

## Shared vision and approach to healthcare

This Area includes competences that constitute a common baseline for professionals involved in CBITs to adopt a person-centred approach to practice, based on a holistic assessment of service users' needs, on patients' empowerment and engagement, and on tailored solutions, both culturally sensitive and free from stereotypes.





## Area 3

# Shared vision and approach to healthcare

### Sub-area 3.1: Person-centred approach to health

1. Applying the biopsychosocial model of health to conduct, in agreement with the CBITs, a comprehensive assessment including service users' needs, preferences and goals, considering service user's autonomy, independence, well-being and quality of life and referring to the International Classification of Functioning (ICF)
2. Co-creating therapeutic aims with the care recipient, considering the service user's values, feelings and cognitive processes as essential variables to achieve them
3. Developing, in agreement with the CBITs, an individualised care plan tailored to the service user's needs and values

### Sub-area 3.2: Communication with patients/families and patients' empowerment and engagement

1. Applying effective communication techniques (verbal and non-verbal), prioritising active listening and empathy, to facilitate service users' or caregivers' trust.
2. Providing clear and understandable information about diagnoses, treatment options, and care plans to service users and their caregivers, family or authorized significant others.
3. Supporting service users' empowerment, self-management of care and orientation and fostering the participation of service users and caregivers in the negotiation, definition and implementation of the personalised care plan.
4. Building and maintaining a supportive partnership and an enabling relationship with service users, caregivers, family or authorized significant others.



## Area 3

# Shared vision and approach to healthcare

### Sub-area 3.3: Culture of safety and trust

1. Promoting safety and preventing harm in homecare settings by recognising and minimalizing risks to service users, carers, families and the team.
2. Adhering to ethical standards and professional regulation within the CBITs.
3. Using tools to identify and report errors, risks, or near misses.
4. Reflecting on errors and hazards and performing critical incidents analysis at the CBITs level.

### Sub-area 3.4: Cultural sensitivity

1. Providing culturally sensitive person-centred care, developing strategies for effective cross-cultural communication, and fostering an inclusive environment that values diverse perspectives.
2. Identifying and assessing service users' needs linked to different values and cultures and providing respectful services and responses.
3. Utilising appropriate resources and/or strategies for overcoming cultural barriers to healthcare access, including language interpretation services, culturally tailored health education materials, and community outreach programs

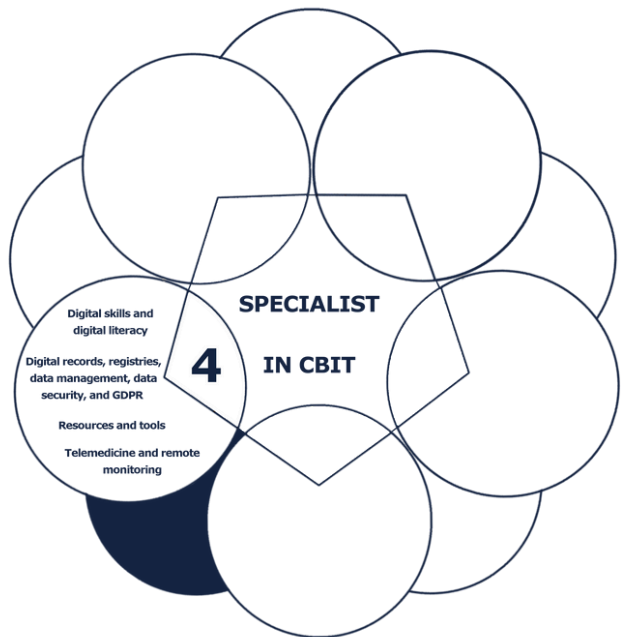
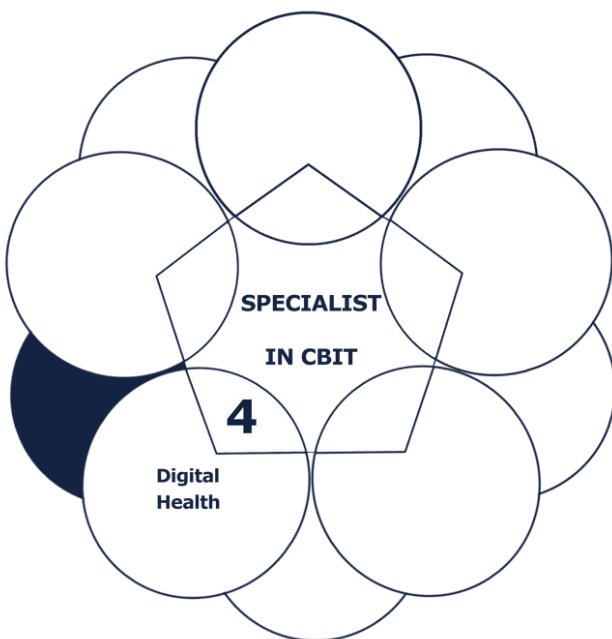
### Sub-area 3.5: Equity, Diversity & Inclusion

1. Recognising one's own biases, assumptions, and stereotypes, and their potential impact on interactions with individuals from different cultural backgrounds.
2. Identifying the causes and consequences of health disparities among diverse population groups, including racial, religious, and ethnic minorities, LGBTQ+ individuals, socioeconomically disadvantaged populations, and persons with disabilities.
3. Applying the ethical considerations and legal frameworks related to equity, diversity, and inclusion principles within CBITs, ensuring access to high-quality healthcare regardless of social status, culture, religion, disability and gender.

# Area 4

## Digital Health

This Area includes those digital competences that are fundamental to play a role in Community-Based Interprofessional Teams (CBITs), because they support key activities performed by professionals in CBITs, both individually and as a team, such as patients' needs assessment, optimise data sharing, engagement, care, monitoring and follow-up. Competences included in this area comply with DigComp 2.2.





## Area 4 Digital Health

### Sub-area 4.1: Digital skills and digital literacy

1. Evaluating benefits and limitations and weighing up the impact of digital technologies in integrated and person-centred care
2. Critically analysing, interpreting, and evaluating the reliability of data sources, information and digital content.
3. Using word processing software, spreadsheets, relational databases, and presentation programs, as well as computers, smartphones, tablets, internet in professional contexts.

### Sub-area 4.2: Digital records, registries, data management, data security, and GDPR

1. Applying laws, rules and best practices for maintaining patient privacy, confidentiality, and data security when communicating and sharing health information electronically.
2. Applying the ethical and legal considerations related to access to electronic health information, including consent, privacy rights, and data ownership issues.
3. Applying the main principles of data quality in using health data and data flow (clinical databases, pathology online registries, etc.).

### Sub-area 4.3: Resources and tools

1. Selecting the proper digital tools supporting the care process among the ones available in the team's health/social care system according to the identified users' needs and the contextual constraints.
2. Applying digital tools and resources used in healthcare settings, including electronic health records (EHRs), telemedicine platforms, health information systems, and mobile applications.
3. Critically engage with the evolving opportunities for artificial intelligence (AI) in integrated care (machine learning, chatbots, deep learning, generative AI, cognitive computing) to enhance healthcare



## Area 4 Digital Health

### Sub-area 4.4: Telemedicine and remote monitoring

1. Weighing up the use of telemedicine appropriately according to best practice guidelines governing remote healthcare delivery and teleconsultations.
2. Determining the best telemedicine services and service users' eligibility ensuring a person-centred approach.
3. Applying best practices for conducting virtual service user assessments, examinations, and consultations using telemedicine within CBITs.
4. Empowering service users to actively participate in their healthcare decision-making process by including (where available) digital tools and resources for health education, self-management, and monitoring of health metrics in their personalised care plan.

# Area 5

## Planning and Coordination of Integrated Care Services

This Area includes competences that represent a common baseline for professionals involved in CBITs in order to contribute, both as individuals and as a team, to the planning and coordination person-centred integrated care services; these competences are based on the knowledge of the services actually implemented at local level and allow to select these services according to patients' needs, in order to tailor a personalized care plan.







# Area 5

## Planning and Coordination of Integrated Care Services

### Sub-area 5.1: Care management across levels of care

1. Recognising the principles and challenges of integrated social and health care, implementing strategies for effective care transitions and continuity of care between different healthcare providers and settings, such as hospitals, clinics, and community-based services.
2. Making referrals within the CBITs as well as from the team to external services/professionals.
3. Implementing organisational and operational tools for chronic care management (care pathways, integrated management of the person with chronic illness).

### Sub-area 5.2: Regional, local, health and social care services network and service orientation

1. Designing and delivering integrated care services that meet different users' and communities' needs
2. Orienting service users to the most suitable regional/local social, social-health and health services, programmes and networks, including voluntary, community groups and other agencies.

### Sub-area 5.3: Evaluation, assessment, and patients' feedback

1. Applying methods and tools (such as Health Technology Assessment) for evaluating the effectiveness, efficiency, and quality of integrated care services, including outcome measures and key performance indicators.
2. Applying methods and tools for evaluating patient satisfaction and outcomes
3. Actively collecting and incorporating users' feedback and experiences into the planning, delivery, and improvement of integrated care services to enhance quality of care.



# Area 5

## Planning and Coordination of Integrated Care Services

### Sub-area 5.4: New mindsets and perspectives within the CBIT

1. Developing critical thinking in daily practice
2. Embracing a culture of innovation to enhance healthcare practices, adopting an open-minded attitude
3. Implementing basic green skills for health and care in everyday practice

## Project Team:



## Associated Partners:



**INTERPROFESSIONAL FRAMEWORK OF  
COMPETENCES (IFC)**  
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