Appendix 1: The 19 Items and Three Factors on the Readiness for Interprofessional Learning Scale (RIPLS)1

**Domain 1: Teamwork and Collaboration**

Q1. Learning with other students/professionals will help me become a more effective member of a health and social care team.

Q2. Patients would ultimately benefit if health and social care students/professionals worked together.

Q3. Shared learning with other health and social care students will increase my ability to understand clinical problems.

Q4. Communication skills should be learned with other health and social care students/professionals.

Q5. Team-working skills are vital for all health and social care students/professionals to learn.

Q6. Shared learning will help me to understand my own professional limitations.

Q7. Learning between health and social care students before qualification and for professionals after qualification would improve working relationships after qualification/collaboration practice.

**Domain 2: Professional Identity**

Q8. Shared learning will help me think positively about other health and social care professionals.

Q9. For small-group learning to work, students/professionals need to respect and trust each other.

Q10. I don’t want to waste time learning with other health and social care students/professionals.

Q11. It is not necessary for undergraduate/postgraduate health and social care students/professionals to learn together.

Q12. Clinical problem solving can only be learnt effectively with students/professionals from y own school/organization.

Q13. Shared learning with other health and social care professionals will help me to communicate better with patients and other professionals.

Q14. I would welcome the opportunity to work on small group project with other health and social care students/professionals.

Q15. I would welcome the opportunity to share some generic lectures, tutorials, or workshops with other health and social care students/professionals.

Q16. Shared learning and practice will help me clarify the nature of patients’ or clients’ problems.

Q17. Shared learning before and after qualification will help me become a better team worker.

**Domain 3: Role and Responsibilities**

Q18. I am not sure what my professional role will be/is.

Q19. I have to acquire much ore knowledge and skill than other students/professionals in my own faculty/organization.

1The RIPLS version used in this study was adapted by Latrobe Health Service and the Health & Socialcare Interprofessional Network (HSIN),

Appendix 2: Interprofessional Education Survey Competency Map

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| --- | --- | --- | --- | --- |
| AFPC | RIPL Survey  | CIHC(AIHPE) | CCAP | NAPRA |
| CommunicatorAs Communicators pharmacy graduates communicate with diverse audiences, using a variety of strategies that take into account the situation, intended outcomes of the communication and the target audience. |  |  |  |  |
| *2.1. Communicate non-verbally and verbally with others.* *2.1.1. use active listening skills and respond appropriately;* *2.1.2. exhibit empathy, tact and respect in their dealings with others;* *2.1.3. demonstrate sensitivity, respect and empathy in intercultural and inter-professional situations;* *2.1.4. when speaking, use organized processes and appropriate, precise expressions and vocabulary;* *2.1.5. tailor the content of their communication to specific contexts and audiences, and:* *2.1.6 adapt their communication techniques to facilitate efficient and effective clinical encounters.* | 4 | Interprofessional Communication |  | 2.18, 2.19, 2.20, 4.1, 4.5 |
| Collaborator As Collaborators pharmacy graduates work collaboratively with teams to provide effective, quality health care and to fulfill their professional obligations to the community and society at large. |  |  |  |  |
| *3.1. Function as members of teams.* *3.1.1 accept leadership roles where appropriate;* *3.1.2 actively make their expertise available to others and willingly agree to share relevant information, using language that can be understood by all;* *3.1.3 clarify roles, responsibilities and expertise of team members, identifying overlaps and gaps;* *3.1.4 recognize and respect the roles, responsibilities and competence of other professionals;* *3.1.5 make their points of view known, listen to and respect the opinions of others, defend points of view if necessary;* *3.1.6 contribute to planning, organizing and performing of work to be done, and integrating evidence while evaluating the results;**3.1.7 respect the rules established by the group;* *3.1.8 help maintain a healthy work environment and assist with conflict management, and:* *3.1.9 support continued efforts of the group by providing positive feedback, including evidence of progress and impact.* | *1, 5, 17, 18* | Team FunctioningInterprofessional Conflict Resolution | E.32:1-3 | 2.1, 2.3, 2.5, 2.8, 2.9, 2.18, 2.19, 4.1,  |
| *3.2 Support team-based care in a community setting with geographically distinct centres of care.* *3.2.1 develop and maintain collaborative relationships with a network of local health care professionals and care providers;* *3.2.2 clarify pharmacist’s roles and responsibilities that are acceptable / appropriate;* *3.2.3 fulfill commitments for provision and follow-up of care;* *3.2.4 adapt their roles in teams and networks of care to the circumstances and requirements, and;* *3.2.5 participate in local health initiatives as requested and appropriate.* | *13, 14, 15, 17, 18* | Role clarification | E.32:1-3 |  |
| *3.3 Work collaboratively with the patient and his/her health care professionals to provide care and services that facilitate management of the patient’s health needs.* *3.3.1 negotiate the care and services that the pharmacist and other members of the health care team will provide as consistent with laws / regulations relevant to collaborative care;* *3.3.2 ensure attainment and maintenance of training / certification / credentials required to provide collaborative care or to fulfill medical directives / delegation;* *3.3.3 ensure legality of collaborative practice agreements / medical directives / delegation agreements;* *3.3.4 plan the provision of care in a coordinated fashion;* *3.3.5 provide agreed upon care and services;* *3.3.6 document the provision of care and services, and:* *3.3.7 communicate and review the care / services provided and patient status / outcome.* | *3, 4, 7, 13, 16* | Interprofessional Communciation | E.32:1-3 | 2.18, 2.19, 2.20, 2.21, 4.4, 4.11 |
| AdvocateAs Advocates pharmacy graduates use their expertise and influence to advance the health and wellbeing of individual patients, communities, and populations, and to support pharmacist’s professional roles. |  |  |  |  |
| *5.2 Promote the health of individual patients, communities, and populations* *5.2.1 facilitate patient’s interaction with the health care system through advice, education and/or guidance;* *5.2.2 support patient’s access to required health services by representing or speaking on behalf of patients ;* *5.2.3 represent patient’s interests through participation in policy and procedure development within health systems;* *5.2.4 participate in health promotion activities, public health campaigns and patient safety initiatives that are directed at disease prevention, risk factor reduction and/or harm minimization;* *5.2.5 undertake relevant public health screening processes for early disease detection, and; 5.2.6 plan and implement public health promotion education and awareness raising campaigns with other health professionals.* | *2, 18, 19* | Patient Centred Care |  | 2.6, 4.7, 4.8, 4.9, 4.10 |
| ProfessionalsAs Professionals pharmacy graduates honour their roles as self-regulated professionals through both individual patient care and fulfillment of their professional obligations to the profession, the community and society at large. |  |  |  |  |
| *7.3 Maintain their competence to practice through life-long learning.* *7.3.1 adhere to regulatory requirements for maintenance of competence as consistent with the self-regulating status of a health professional;* *7.3.2 evaluate their practice to identify areas for continuing professional development;* *7.3.3 acknowledge and reflect on errors, omissions and close calls to identify limitations in competence / performance;* *7.3.4 seek and accept feedback to identify limitations or strengths in competence / performance;* *7.3.5 recognize their limits of competence and seek assistance;* *7.3.6 plan and undertake learning activities to support maintenance of competence and professional development;* *7.3.7 incorporate learning into their practice;* *7.3.8 assess the impact of learning on competence and practice performance, and:* *7.3.9 document their maintenance of competence.* | *1, 7, 9, 13, 14, 15,*  |  |  | 2.1, 2.7, 2.8,  |
| *7.4 Practice in manner demonstrating professional accountability.* *7.4.1 comply with the legal and regulatory requirements of practice;* *7.4.2 respect and fulfill professional standards of practice;* *7.4.3 be accessible to patients and other health care professionals;* *7.4.4 fulfill their professional tasks and commitments to patients in a diligent, timely, reliable, respectful manner;* *7.4.5 accept responsibility for their decisions and recommendations with patients and colleagues;* *7.4.6 use health care resources appropriately, including human and financial resources;* *7.4.7 maintain a professional image, using appropriate language and demeanour;* *7.4.8 maintain their professional composure even in difficult situations, and:* *7.4.9 maintain appropriate professional boundaries.* *7.5 Display a sense of pride in and commitment to the profession and its evolving role in the health care system.* *7.5.1 participate in peer review and quality assurance processes;* *7.5.2 participate in education of future pharmacists by making practice-based learning opportunities available as a mentor / preceptor;* *7.5.3 adapt their practice to provide all professional services required according to pharmacist’s scope of practice;* *7.5.4 support the professional organizations in their efforts to advance the professional role of pharmacists, and:* *7.5.5 contribute to the planning for implementation of change including strategies to identify and overcome barriers, and to capitalize on facilitators.* | *2, 6, 18,*  | *Interprofessional Communication* |  | 2.4, 4.2, 4.3, 4.6,  |