

**2015 Collaborating Across Borders V**

# Interprofessional Professionalism: From Theory, to Research, to Application!

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### 2015 Collaborating Across Borders V: IPC Team

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I know interprofessional  
professionalism when I see it.

1. Absolutely, yes.
2. Kinda, sorta, maybe.
3. Not really.

I know how to assess  
**interprofessional professionalism**  
in my learners.

1. Absolutely, yes.
2. Kinda, sorta, maybe.
3. Not really.
4. Are you kidding? I didn't know what it was in the first place.

Altruism, caring, excellence, ethics,  
respect, communication, and  
accountability are:

1. The behaviors that all health science program graduates demonstrate
2. The aspirational principals of interprofessional professionalism
3. The competency domains for interprofessional collaborative practice
4. The Institute of Medicine's core competencies for all health professionals

## 2015 Collaborating Across Borders V

### ► Phase I

- Interprofessional Professionalism and the Interprofessional Assessment (IPA) Instrument

## INTERPROFESSIONAL PROFESSIONALISM (IPP) DEFINITION

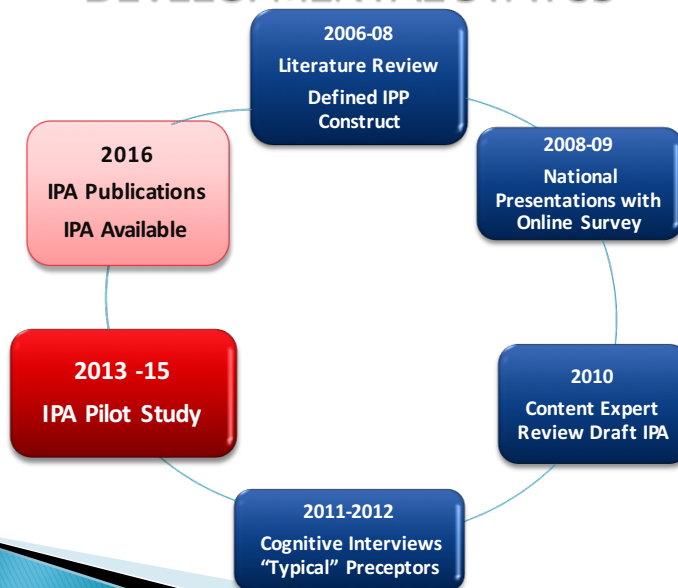
*“Consistent demonstration of core values evidenced by professionals working together, aspiring to and wisely applying principles\* of, **altruism and caring, excellence, ethics, respect, communication, accountability** to achieve optimal health and wellness in individuals and communities.”*

\*Stern DT. Measuring Medical Professionalism. Oxford University Press. New York, NY; 2006:19.

## WHY DEVELOP AN INTERPROFESSIONAL PROFESSIONALISM ASSESSMENT?



## INTERPROFESSIONAL ASSESSMENT DEVELOPMENTAL STATUS



## EXAMPLES OF IPA BEHAVIORS

### Altruism and Caring

- Places patient/client needs above own needs and those of other health professionals.

### Excellence

- Contributes to decisions about patient care regardless of hierarchy/profession-based boundaries.

### Ethics

- Reports or addresses unprofessional and unethical behaviors when working with members of other health professions.

## MORE EXAMPLES OF IPA BEHAVIORS

### Respect

- Demonstrates confidence, without arrogance, while working with members of other health professions.

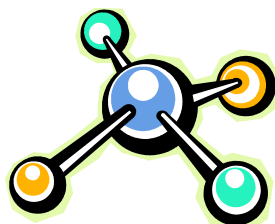
### Communication

- Communicates with members of other health professions in a way they can understand, without using profession-specific jargon.

### Accountability

- Accepts consequences for his or her actions without redirecting blame to members of other health professions.

## INTERPROFESSIONAL PROFESSIONALISM ASSESSMENT (IPA) PILOT STUDY: ONE MODEL!



### IPA PILOT INSTRUMENT

- ▶ Defines 6 categories consistent with the IPP construct (altruism and caring, excellence, ethics, respect, communication, accountability).
- ▶ 26-item instrument based on observable behaviors.
- ▶ 5-point Likert response format from SD to SA with N/O (No opportunity to observe in this environment).
- ▶ Comments available for each category.
- ▶ 2 global summary questions for IPP strengths and areas for improvement.

## IPA PILOT STUDY

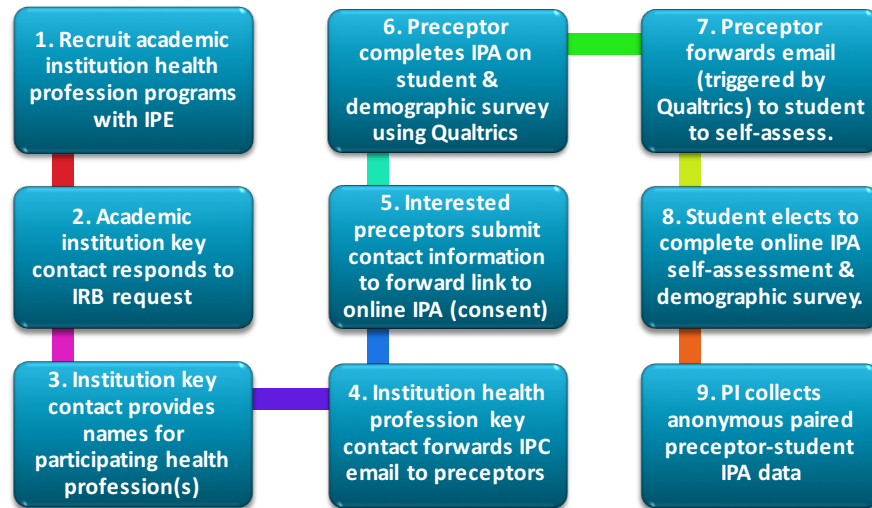
- ▶ Study period from September 2013 – December 2015 with staggered start times.
- ▶ Uses a cross-sectional design with online survey research methods.
- ▶ Study received exempt approval from the University of Mississippi Institutional Review Board.
- ▶ University of Mississippi IRB requires prior to collecting data at any institution, consent must be obtained from the local IRB and sent to University of Mississippi IRB.

## IPA PILOT STUDY (CONT'D)

- ▶ 70 US academic institutions with IPE contacted to participate; 30 are participating; 15 health professions potentially involved.
- ▶ Health professions students involved in IPE and preceptors involved in collaborative practice.
- ▶ Students completing final practice experiences prior to earning their professional degree.
- ▶ Preceptor/supervisor assessments completed at the end of a practice experience based on observations of the student's behavior throughout the experience.
- ▶ Student self-assessments completed at the end of a practice experience based on behaviors throughout the experience.



## IPA PILOT METHODOLOGY



## IPA PILOT STUDY PRELIMINARY RESULTS

- ▶ Based on a preliminary analysis of about 200 preceptor respondents:
  - Preceptors frequently reported no opportunity to observe (N/O) for several of the ethics and accountability items.
  - Conducted a factor analysis of behaviors with high item response rates and obtained a predicted 4-factor solution: altruism and caring, communication, respect and excellence.
  - Four subscales had high reliability coefficients ( $\geq 0.9$ ).
- ▶ Still to come: Comparison of preceptor and student ratings.

## BENEFITS OF IPA INSTRUMENT

- ▶ Measures IPP construct through observable behaviors in practice situations.
- ▶ Piloted with different health professions, students, and preceptors from across the US; involves academic institutions with IPE and practice settings engaged in collaborative practice.
- ▶ Can be used to connect higher education and health care environments.
- ▶ Can be used to connect IPP with quality care, patient safety, and patient/family-centered care.
- ▶ May impact how students and practitioners are educated and assessed with respect to IPP.

## WHAT DOES THE FUTURE HOLD?

- ▶ IPC to disseminate **pilot study** findings in 2016
  - Develop a paper describing the complexity and unique factors associated with implementing this study's methodology
- ▶ Developing the tool kit to include:
  - IPA instrument made available for use
  - Relevance of the IPA in practice and education
  - How to use the IPA in practice and education
- ▶ Future studies
  - Identify next steps for the IPA given pilot study outcomes.
  - Identify studies that can be conducted by others using the IPA.
  - Consider ways that the IPA could be completed by patients/clients to assess their interprofessional team.

## WHERE CAN I LEARN MORE?

- ▶ To learn more about the IPA and pilot study  
[www.interprofessionalprofessionalism.weebly.com](http://www.interprofessionalprofessionalism.weebly.com)



- ▶ Holtman M, Frost JS, Hammer DP, McGuinn K, Nunez LM. Interprofessional professionalism: Linking professionalism and interprofessional care. *Journal of Interprofessional Care*. 2011; 25:383-385.
- ▶ Hammer D, Anderson MB, Brunson WD, Grus C, et al. Defining and Measuring Construct of Interprofessional Professionalism. *Journal of Allied Health*. Summer 2012; 41(2):e49-e53.



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# QUESTIONS??

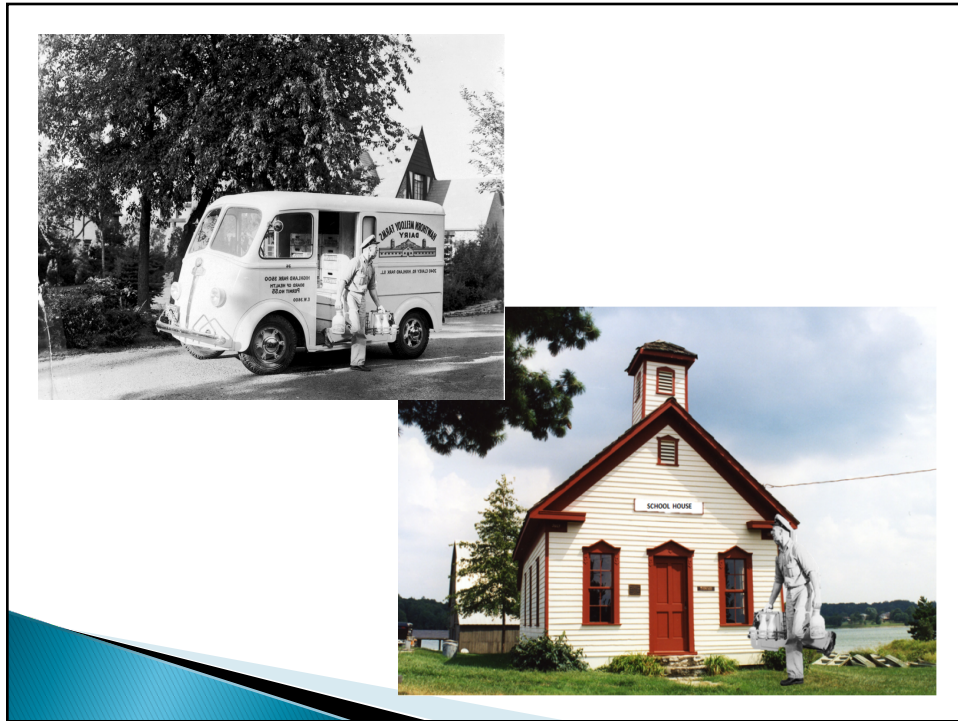
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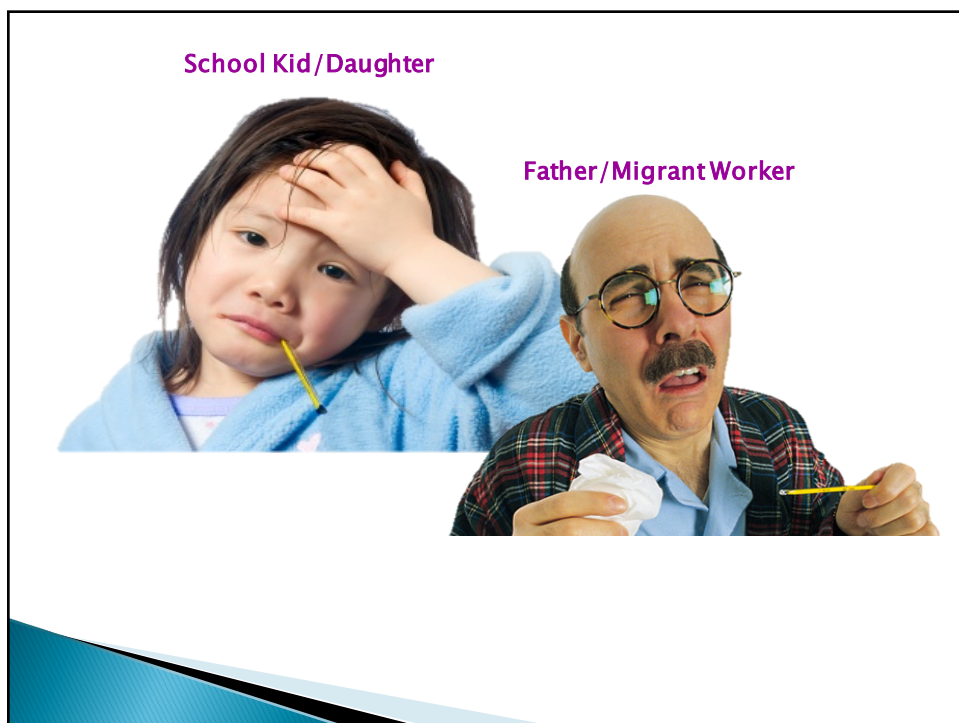
- ▶ Phase II
  - Interactive Session
  - Case Vignette

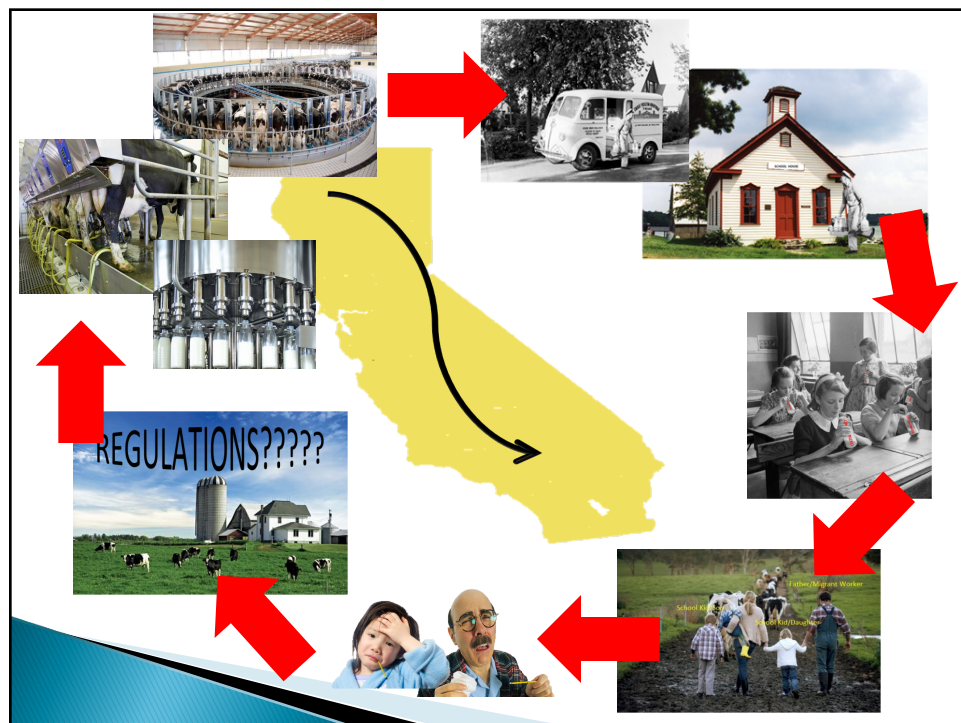














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**Ethics:** Consideration of a social, religious, or civil code of behavior in the moral fitness of a decision of course of action, especially those of a particular group, profession, or individual, as these apply to every day delivery of care.

**Respect:** "Demonstrate regard for another person with esteem, deference and dignity . . . personal commitment to honor other peoples' choices and rights regarding themselves . . . includes a sensitivity and responsiveness to a person's culture, gender, age and disabilities . . . the essence of humanism . . . signals the recognition of the worth of the individual human being and his or her belief and value system." (Arnold and Stern in Stern, 2006)

**Excellence:** Adherence to, exceeds, or adapts best practices to provide the highest quality care.

**Accountability:** Accept the responsibility for the diverse roles, obligations, and actions, including self-regulations and other behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.

**Altruism and Caring:** Overt behavior that reflects concern, empathy, and consideration for the needs, values, welfare, and well-being of others and assumes the responsibility of placing the needs of the patients or client ahead of the professional interest.

**Communication:** Impart or interchange of thoughts, opinions or information by speech, writing, or signs; "the means through which professional behavior is enacted." (Arnold and Stern in Stern 2006)

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## Table Discussion I

1. What are the issues you considered around your assigned domains using the brief definitions for those domains and why?
2. Does each professional perspective from your "group members/your IPE team" add or change your perspective?

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## Table Discussion II

1. Looking at the IPA instrument, how does it impact your assessment of the scenario?
2. What was different from your initial notes compared to when you consider the IPA instrument?

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### ► Phase III

- Evaluating the IPA for Education and Practice

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- ▶ Assessment of the efficacy of the IPA's use in education and practice.
- ▶ Barriers and opportunities to implement the IPA in education and practice environments.
- ▶ Development of future training materials to be made available on the IPA.

Based on the knowledge gained from this session, how likely are you to use the IPA instrument in your program?

1. Definitely yes
2. Not sure
3. Definitely no

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### ► Phase IV

- Final Thoughts

- Where to Reach Us:

<http://www.interprofessionalprofessionalism.org>

- Return your clickers please ☺

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### A Special Thanks to Our Leader!



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