INTERPROFESSIONAL PROFESSIONALISM: FROM THEORY, TO RESEARCH, TO APPLICATION!

American Association of Colleges of Nursing January 19, 2017 San Diego, CA

Disclosures

Relevant financial or nonfinancial relationship(s) within the products or services described, reviewed, evaluated or compared in this presentation

Kathy McGuinn

- Has no relevant financial relationships
- Has a non-financial relationship with the Interprofessional Professionalism Collaborative (IPC)

John Nishimoto

- Has no relevant financial relationships
- Has a non-financial relationship with the Interprofessional Professionalism Collaborative (IPC)

Loretta Nunez

- Has no relevant financial relationships
- Has a non-financial relationship with the Interprofessional Professionalism Collaborative (IPC)

Interprofessional Professionalism Collaborative Team

Jennifer Adams, PharmD

Amer Assoc of Colleges of Pharmacy

John Bentley, PhD University of Mississippi

Jody Frost, PT, DPT, PhD, FNAP Education Consultant and Facilitator

Catherine Grus, PhD

American Psychological Association

Dana P Hammer, PharmD, PhD

Health Professions Education Consultant

Neil Harvison, PhD, OTR/L, FAOTA *Amer Occupational Therapy Assoc*

Kathy McGuinn, MSN, RN, CPHQ

Amer Assoc of Colleges of Nursing

John Tegzes BSN, MA, VMD, Diplomate ABVT Western University of Health Sciences

Luke Mortensen, PhD, FAHA, FNAOME

Amer Assoc of Colleges of Osteopathic Medicine

John H. Nishimoto, OD, MBA, FAAO Marshall B. Ketchum University

Loretta M Nunez, MA, AuD, CCC-A/SLP, FNAP American Speech-Language-Hearing Assoc

Elisabeth J "Libby" Ross, MA

American Physical Therapy Association

Colette L Scott, MEd

National Board of Medical Examiners

Jeffery Stewart, DDS

American Dental Education Association

Katherine McOwen, MS
Association of American Medical Colleges

ice breaker

I know *interprofessional* professionalism when I see it in pre-health students.

a. Absolutely, yes.

b. Kinda, sorta, maybe.

c. Not really.

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

- a. Behaviors that all health science program graduates demonstrate.
- Aspirational principles of interprofessional professionalism.
- c. Competency domains for interprofessional collaborative practice.
- d. The National Academies of Science, Engineering, and Medicine (IOM) core competencies for all health professionals.

INTERPROFESSIONAL PROFESSIONALISM AND THE INTERPROFESSIONAL ASSESSMENT (IPA) INSTRUMENT

INTERPROFESSIONAL PROFESSIONALISM (IPP) DEFINITION

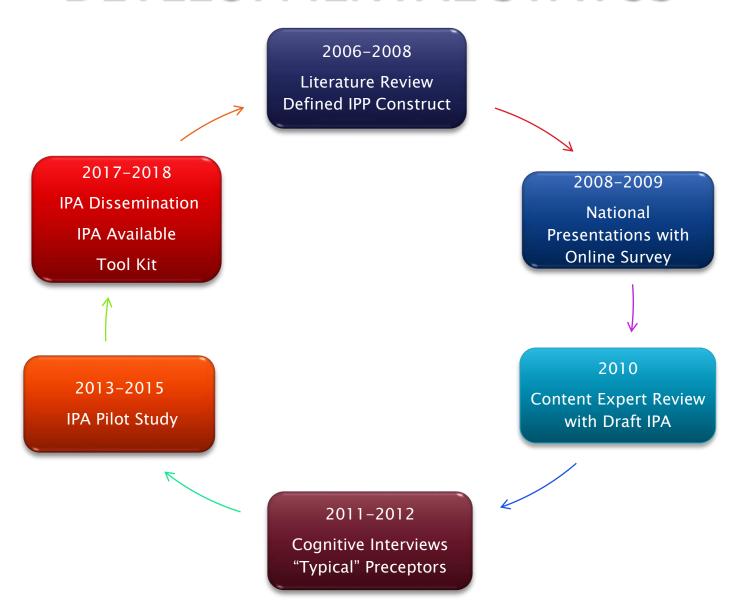
"Consistent demonstration of core values evidenced by professionals working together, aspiring to and wisely applying principles* of, altruism and caring, excellence, ethics, respect, communication, accountability to achieve optimal health and wellness in individuals and communities."

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

IPP AND QUALITY CARE FRAMEWORK



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.

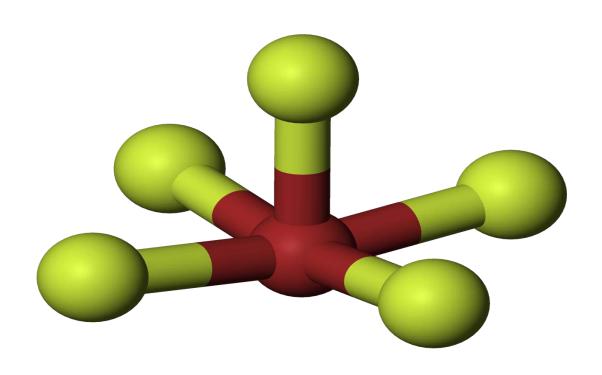
Communication

 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.

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 RESULTS

- ▶ Based on n = 233 preceptor respondents:
 - Preceptors frequently reported no opportunity to observe (N/O) for several of the ethics and accountability items.
 - Conducted an exploratory factor analysis of behaviors with high item response rates and obtained a predicted 4-factor solution:
 - altruism and caring; communication; respect; and excellence
 - these four subscales had high reliability coefficients, <a>0.9

FACTOR CORRELATIONS

	Communication	Respect	Excellence	Altruism & Caring
Communication	1.000			
Respect	.494*	1.000		
Excellence	.678*	.718*	1.000	
Altruism & Caring	.571*	.638*	.690*	1.000

*p<.05

Following oblique rotation (GEOMIN)

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, and
 - 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 2017-2018
 - Crosswalk with IPEC competencies
 - Psychometrics of the pilot study
 - Multi-professional and multi-site methodology
- Developing the tool kit to include:
 - IPA instrument
 - Case scenarios
 - Guidance for use of IPA in practice and education.
- Future studies
 - IPA instrument for use by patients/clients
 - Preceptor/student assessment comparisons
 - IPA 360 assessments by teams

WHERE CAN I LEARN MORE?

 To learn more about the IPA and pilot study 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.





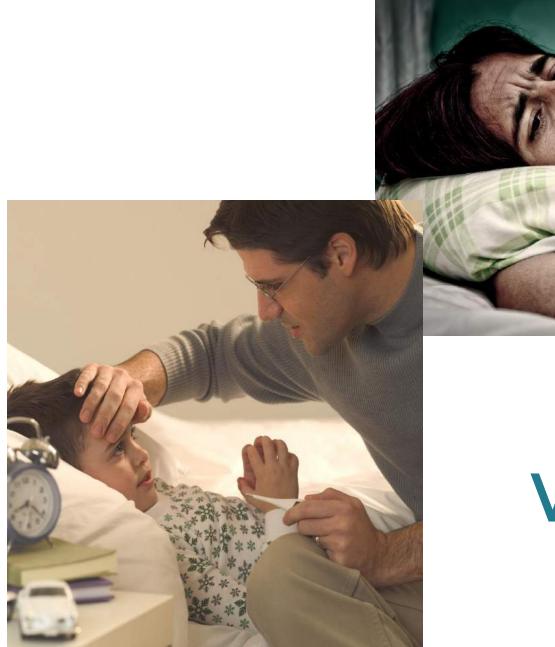
INTERACTIVE SESSION

- 1 case vignette
- Small group discussions
- Plenary session



INTERPROFESSIONAL PROFESSIONALISM DOMAIN DEFINITIONS (handout)

- **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)



CASE VIGNETTE



DISCUSSION SESSION I

Using the IPA interprofessional professionalism behaviors for the domains of <u>Communication, Respect,</u> <u>Altruism and Caring</u>, what did you note about the individuals' behaviors on the team?

- What are individuals on the team doing well related to communication, respect, and altruism and caring?
- What could individuals on the team improve with respect to the behaviors in these three domains?

DISCUSSION SESSION II

Using the IPA interprofessional professionalism behaviors for the domains of *Ethics, Excellence, and Accountability*, what did you note about the individuals' behaviors on the team?

- What are individuals on the team doing well related to ethics, excellence, and accountability?
- What could individuals on the team improve with respect to the behaviors in these three domains?

PLENARY SESSION

Evaluating the IPA for Education and Practice

- 1. Given all small group discussions about the IPA in three case vignettes, how might you use it in education and practice with learners?
- 2. What recommendations do you have for the development of additional training materials to be made available in a tool kit about the IPA?

Based on the knowledge gained from this session, how likely are you to use the IPA instrument in education or practice?

a. Definitely yes!



b. Unsure?



c. Definitely no!



FINAL THOUGHTS

Where to reach us?

<u>Web</u>

www.interprofessionalprofessionalismweebly.com

Email

- Inunez@asha.org
- jnishimoto@ketchum.edu
- kmcguinn@aacn.nche.edu

IN APPRECIATION TO ALL OF YOU...

