

Innovative Assessment of Interprofessional Student Team Competency: The Development of the Creighton Interprofessional Collaboration Instrument (C-ICE) KIM HAWKINS, PHD, APRN, FNP-C, BELLARMINE UNIVERSITY

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Learning Objective

Describe a method to quantitatively evaluate student **team** behaviors, skills, and performance using a valid and reliable instrument.

Interprofessional Education

When "students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes" (WHO, 2010, p. 7).

Have you taught in an interprofessional activity?

Have you been able to evaluate that interaction?

Background



Challenge: Prepare students for safe practice in a complex health care environment



Resource: Core Competencies for Interprofessional Collaborative Practice (CCICP)



Accreditation agencies: Incorporate IPE into existing curricula

Great! But Does it Work?

Academic institutions must focus on IPE learning outcomes through assessment (IOM, 2015).

Currently, assessment for IPE remains at a low level (attitudes and perceptions) rather than attributes or outcomes (Brandt & Schmitz, 2017).

GAP

Evaluation of IPE Benefits

Best Practice for IPCP

| Level | Learner Outcome | Description |
|-------|-------------------------|---|
| 1 | Reaction | Explores how the learner felt about the IPE experience |
| 2 | Attitudes/perceptions | Explores attitudes and/or perceptions of IPE experiences |
| 3 | Knowledge/skills | Identifies knowledge and/or skills acquired from IPE |
| 4 | Collaborative behavior | Assesses one's ability to engage in effective interprofessional team-based collaboration |
| 5 | Performance in practice | Assesses the ability of an individual and/or team to perform with or as an effective interprofessional team |

Modified Kirkpatrick Evaluation Framework

Purpose

To describe the process of developing an instrument focused on the objective assessment of student team performance within the context of interprofessional collaboration.

Methods

Instrument Development Modeled after the Creighton Competency Evaluation Instrument (C-CEI)

Valid and reliable instrument linking core competencies to student performance in the clinical and simulation environment

Modeling an instrument around the core competencies of IPE was logical next step



CCICP – 4 Core Competencies

- 1. Values/ethics for interprofessional practice
- 2. Roles/responsibilities
- 3. Interprofessional communication
- 4. Teams and teamwork

Instrument Description

26 items identified as essential to include

Each item assigned to 1 of 4 core competencies

Dichotomous scale

- 1 = demonstrates competency
- 0 = does not demonstrate competency
- $\circ~$ Option for N/A

Final score calculated by adding the items that were scored as competent and dividing that number by the total items applicable to the scenario

| Values/Ethics for Interprofessional Practice | 0=Does not demonstrate competency 1=Demonstrates competency NA=Not applicable | | |
|---|---|--|--|
| Exemplifies patient-centered care (i.e., patient dignity, confidentiality, diversity, etc.) | | | |
| Involves patient as a member of health care team (acknowledges, solicits information and listens to patient, NA if patient not present) | 0 1 N/A | | |
| Values patients' right to make their own health care decisions (references patient's perspective) | 0 1 N/A | | |
| Identifies factors influencing health status of the patient (verbalizes factors) | 0 1 N/A | | |
| Integrates patient-specific circumstances into care planning (considers factors in plan) | 0 1 N/A | | |

Validity Testing

Internal group of IPE experts and experts from 14 universities nationally Reviewed for content validity rating items using Likert scale from 1 (strongly disagree) to 4 (strongly agree). A space for comments was available.

3 basic statements:

- The item is essential to be included in the instrument
- The item is reflective of the section under which it is included
- The item is easy to understand

Instrument was also rated as a whole, including usefulness, understandability, and effectiveness in evaluating student team performance, effectiveness in measuring the IPEC core competencies, and overall comprehensiveness of the instrument.

Validity Testing

Rate the appropriateness in a variety of scenarios 28 surveys sent out, 9 completed (32% response rate)

Item-Content Validity Index (ICVI)

Scale Content Validity Index (SCVI) Gwet's agreement coefficient (gAC), ordinal absolute agreement, and consistency

Inter-rater Reliability

Faculty from 5 professions selected based on expertise in IPE teaching and scholarship.

Formal training in the use of the C-ICE prior to IRR testing

To establish IRR, the C-ICE was piloted with video recorded student team interactions

- 5 videos ranging from 20 38 minutes
- Faculty randomly assigned to view and evaluate 2 of the 5 videos
- After viewing, percent of agreement between faculty were calculated for each item
- Krippendorff's nominal alpha (nKALPHA) was used to assess the reliability of the instrument among the raters.

Results



Validity



Evaluated at the item, domain, scale, and aggregate scales

25 of 26 items on the C-ICE had I-CVI scores of ≥0.78

The S-CVI for the C-ICE is 0.93

| ltem | Expert 1 | Expert 2 | Expert 3 | Expert 4 | Expert 5 | Expert 6 | Expert 7 | Expert 8 | Expert 9 | # in Agreement | I-CVI |
|------|----------|----------|----------|----------|--------------|----------------|----------|----------|----------|----------------|-------|
| 1 | 4 | 4 | 4 | 3 | 4 | 3 | 4 | 4 | 4 | 9 | 1 |
| 2 | 4 | 4 | 4 | 3 | 4 | 3 | 4 | 4 | 4 | 9 | 1 |
| 3 | 4 | 4 | 4 | 4 | 3 | 2 | 3 | 4 | 4 | 8 | .89 |
| 4 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 9 | 1 |
| 5 | 4 | 4 | 4 | 3 | 4 | 2 | 4 | 4 | 4 | 8 | .89 |
| 6 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 3 | 4 | 9 | 1 |
| 7 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 9 | 1 |
| 8 | 2 | 4 | 4 | 3 | 3 | 2 | 4 | 4 | 4 | 7 | .78 |
| 9 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 9 | 1 |
| 10 | 1 | 4 | 4 | 4 | 2 | 2 | 4 | 4 | 4 | 6 | .67 |
| 11 | 3 | 3 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 9 | 1 |
| 12 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 9 | 1 |
| 13 | 4 | 4 | 4 | 4 | 4 | 2 | 4 | 4 | 4 | 8 | .89 |
| 14 | 4 | 4 | 4 | 4 | 4 | 2 | 4 | 4 | 4 | 8 | .89 |
| 15 | 4 | 4 | 4 | 3 | 4 | 2 | 3 | 4 | 4 | 8 | .89 |
| 16 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 9 | 1 |
| 17 | 4 | 4 | 4 | 3 | 4 | 3 | 3 | 4 | 4 | 9 | 1 |
| 18 | 4 | 4 | 4 | 3 | 4 | 2 | 4 | 4 | 4 | 8 | .89 |
| 19 | 4 | 4 | 4 | 3 | 4 | 2 | 4 | 4 | 4 | 8 | .89 |
| 20 | 2 | 4 | 4 | 3 | 4 | 3 | 4 | 4 | 4 | 8 | .89 |
| 21 | 4 | 4 | 4 | 4 | 4 | 2 | 4 | 4 | 4 | 8 | .89 |
| 22 | 4 | 4 | 4 | 4 | 4 | 2 | 3 | 4 | 4 | 8 | .89 |
| 23 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 9 | 1 |
| 24 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 9 | 1 |
| 25 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 9 | 1 |
| 26 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 9 | 1 |
| | | | | | N | lean I-CVI | | | | | .93 |
| | | | | | S-CVI by mea | an expert prop | oortion | | | | .93 |

Item-content validity index.

I-CVI – item-level content validity index

Validity

9 raters' measures of validity

| Condition | gAC | Ordinal Absolute Agreement | Consistency |
|-----------------------|------|----------------------------------|-------------|
| Essential | 0.54 | 28% | 92% |
| Reflective | 0.62 | 44% | 88% |
| Easy to Understand | 0.63 | 44% | 92% |

Validity

Gwet's Agreement Coefficients for each combination of raters

| PaireConditionRater ARater BEssentialRelevanceU | nderstanding 0.91 |
|---|----------------------|
| Rater A Rater B Essential Relevance U | nderstanding 0.91 |
| | 0.91 |
| 1 2 0.67 0.87 | |
| 1 3 0.63 0.83 | 0.91 |
| 1 4 0.52 0.49 | 0.91 |
| 1 5 0.65 0.78 | 0.87 |
| 1 6 0.04 -0.02 | -0.41 |
| 1 7 0.65 0.65 | 0.77 |
| 1 8 0.62 0.79 | 0.52 |
| 1 9 0.50 0.83 | 0.91 |
| 2 3 0.96 0.96 | 0.96 |
| 2 4 0.10 0.41 | 0.96 |
| 2 5 0.77 0.83 | 0.96 |
| 2 6 0.18 -0.20 | -0.38 |
| 2 7 0.70 0.76 | 0.76 |
| 2 8 0.95 0.91 | 0.56 |
| 2 9 0.63 0.96 | 0.96 |
| 3 4 0.06 0.49 | 0.96 |
| 3 5 0.73 0.87 | 0.96 |
| 3 6 0.24 -0.25 | -0.38 |
| 3 7 0.76 0.81 | 0.76 |
| 3 8 0.91 0.96 | 0.56 |
| 3 9 0.70 0.96 | 0.96 |
| 4 5 0.47 0.51 | 0.96 |
| 4 6 -0.18 -0.06 | -0.38 |
| 4 7 0.17 0.41 | 0.76 |
| 4 8 0.01 0.41 | 0.56 |
| 4 9 0.23 0.49 | 0.96 |
| 5 6 0.15 -0.22 | -0.33 |
| 5 7 0.66 0.77 | 0.70 |
| 5 8 0.72 0.83 | 0.49 |
| 5 9 0.56 0.87 | 0.96 |
| 6 7 0.21 -0.22 | -0.10 |
| 6 8 0.18 -0.20 | 0.03 |
| 6 9 0.05 -0.25 | -0.38 |
| 7 8 0.63 0.76 | 0.15 |
| 7 9 0.45 0.81 | 0.76 |
| 8 9 0.56 0.96 | 0.56 |

| Video | Number of Raters | nKALPHA |
|-------|---------------------|---------|
| 1 | 5 | 0.833 |
| 2 | 5 | 0.887 |
| 3 | 5 | 0.558 |
| 4 | 5 | 0.796 |
| 5 | 5 | 0.827 |

Inter-rater Reliability

National Academy of Medicine Framework for Measuring IPE Impact(IOM, 2015)

- Student reaction
- Attitudes/perceptions
- Knowledge/skills
- Collaborative behavior
- Performance in practice



Filling the Gap

The C-ICE instrument provides educators a comprehensive, valid and reliable evaluation tool for assessing student team behaviors, skills, and performance.

Ability to now measure IPE educational outcomes at a higher level than previously available.





Training

https://healthsciences.creighton.edu/interprofessional-education/centerinterprofessional-practice-education-research-ciper/ipe-tools/c

Expert Panel

| Item | Mean | SD |
|---|------|------|
| Useful | 3.4 | 0.52 |
| Comprehensive | 3.4 | 0.52 |
| Easy to Understand | 3.6 | 0.5 |
| Effectively evaluated team performance | 3.4 | 0.72 |
| Effectively measures IPEC Core competencies | 3.5 | 0.52 |
| Appropriate for assessment of the following interprofessional skills: | | |
| Case study analysis | 3.2 | 0.83 |
| Clinical simulation | 3.6 | 0.5 |
| TOSCE | 3.6 | 0.5 |
| Practicum | 3.4 | 0.52 |
| Clinical Practice | 3.4 | 0.72 |
| Community Engagement (Service Learning) | 3.1 | 0.78 |

Future Recommendations







Further testing of validity and reliability with students engaged in various teaching-learning strategies Further testing in light of 2016 IPEC Core Competencies

Further testing at a variety of institutions and with a variety of students

CICE has been downloaded 148 times by 36 institutions in 9 different countries

The instrument provides a pivotal avenue for continued interprofessional education and research and aligns with the Kirkpatrick model, filling the gap of high-level assessment for collaborative behavior.



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Agency for Healthcare Research and Quality (AHRQ). (2015). TeamSTEPPS[®] 2.0 video training tools. Retrieved September 29, 2016, from http://www.ahrq.gov/teamstepps/instructor/videos/index.html

Barr, H., Freeth, D., Hammick, M., Koppel, I., & Reeves, S. (2000). Evaluations of interprofessional education – A United Kingdom review for health and social care. Fareham, UK: Center for the Advancement of Interprofessional Education.

Blood, E., & Spratt, K. F. (2007). Disagreement on agreement: Two alternative agreement coefficients. SAS Global Forum, 186. Retrieved from http://www2.sas.com/proceedings/forum2007/186-2007.pdf.

Blue, A. V., Chesluk, B. J., Conforti, L. N., & Holmboe, E. S. (2015). Assessment and evaluation in interprofessional education: Exploring the field. Journal of Allied Health, 44(2), 73–82.

Brandt, B. F., & Schmitz, C. C. (2017). The US national center for interprofessional practice and education measurement and assessmentcollection. Journal of Interprofessional Care, 31(3), 277–281. doi:10.1080/13561820.2017.1286884

Canadian Interprofessional Health Collaborative. (2012). An inventory of quantitative tools measuring interprofessional education and collaborative practice outcomes. Retrieved from https://rcrc.brandeis.edu/pdfs/ Canadian%20Interprofessional%20Health%20Collaborative%20report.pdf

Chiu, C. J. (2014). Development and validation of performance assessment tools for interprofessional communication and teamwo rk (PACT) (unpublished Doctoral dissertation, University of Washington).

Curran, V., Hollett, A., Casimiro, L. M., Oandasan, I., Simmons, B., & Wagner, S. (2011). Development and validation of the interprofessional collaborator assessment rubric (ICAR). Journal of Interprofessional Care, 25, 339–344. doi:10.3109/13561820.2011.589542

Evans, J. A., Mazmanian, P. E., Dow, A. W., Lockeman, K. S., & Yanchick, V. A. (2014). Commitment to change and assessment of confidence: Tools to inform the design and evaluation of interprofessional education. Journal of Continuing Education in the Health Professions, 34(3), 155–163. doi:10.1002/chp.21246

Gwet, K. L. (2008). Computing inter-rater reliability and its variance in the presence of high agreement. British Journal of Mathematical and Statistical Psychology, 61, 29–48. doi:10.1348/000711006X126600

Hughes, A. M., Gregory, M. E., Joseph, D. L., Sonesh, S. C., Marlow, S. L., Lacerenza, C. N., . . . Salas, E. (2016). Saving lives: A meta-analysis of team training in healthcare. Journal of Applied Psychology. Advance online publication. doi:10.1037/apl0000120

Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice: 2016 updat e. Washington, DC: Author.

Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practic e: Report of an expert panel.

Washington, DC: Interprofessional Education Collaborative. IOM (Institute of Medicine). (2015). Measuring the impact of inter professional education on collaborative practice and patient outcomes. Washington, DC: The National Academies Press.

King, G., Shaw, L., Orchard, C. A., & Miller, S. (2010). The interprofessional socialization and valuing scale: A tool for evaluating the shift toward collaborative care approaches in health care settings. Work, 35 (1), 77–85.

Kirkpatrick, D. L. (1996). Great ideas revisited: Revisiting Kirkpatrick's four-level model. Training & Development, 50, 54–59.

Krippendorff, K. (2011). Computing Krippendorff's alpha-reliability. Retrieved from http://repository.upenn.edu/asc_papers/43

Landis, J. R., & Koch, G. G. (1977). The measurement of observer agreement for categorical data. Biometrics, 33, 159–174. doi:10.2307/2529310

Lo Martire, R. (2016). rel: Reliability coefficients. R package version 1.2.0. Retrieved from https://CRAN.R-project.org/package=rel

Lynn, M. R. (1986). Determination and quantification of content validity. Nursing Research, 35, 382–385. doi:10.1097/00006199-198611000-00017

Manz, J. A., Hercinger, M., Todd, M., Hawkins, K., & Parsons, M. (2013). Improving consistency of assessment of student performance during simulated experiences. Clinical Simulation in Nursing, 9, e229–e233. doi:10.1016/j.ecns.2012.02.007

McMaster University. (2010). McMaster/Ottawa TOSCE (Team Observed Structured Clinical Encounter) toolkit. Retrieved from http://fhs.mcmaster.ca/tosce/en/

National Center for Interprofessional Practice and Education. (2017). Assessment and evaluation. Retrieved from https://nexus ipe.org/advan cing/assessment-evaluation-start

Oates, M., & Davidson, M. (2015). A critical appraisal of instruments to measure outcomes of interprofessional education. Med ical Education, 49, 386–398. doi:10.1111/medu.12681

Packard, K. A., Chelal, H., Maio, A., Doll, J., Furze, J., Huggett, K., ... Qi, Y. (2012). Interprofessional team reasoning framework: A tool for case study analysis with health professions students. Journal of Research in Interprofessional Practice and Education, 2(3), 1–13. doi:10.22230/jripe.2012v2n3a96

Polit, D. F., & Beck, C. T. (2006). The content validity index: Are you sure you know what's being reported? Critique and recommendations. Research in Nursing & Health, 29, 489–497. doi:10.1002/nur.20147

R Core Team. (2016). R: A language and environment for statistical computing. Vienna, Austria: R Foundation for Statistical Computing. Retrieved from https://www.R-project.org/

Reeves, S., Fletcher, S., Barr, H., Birch, I., Boet, S., Davies, N., . . . Kitto, S. (2016). A BEME systematic review of the effects of interprofessional education: BEME Guide No. 39. Medical Teacher, 38(7), 656–668. doi:10.3109/0142159X.2016.1173663

Reeves, S., Pelone, F., Harrison, R., Goldman, J., & Zwarenstein, M. (2017). Interprofessional collaboration to improve professional practice and healthcare outcomes. The Cochrane Library. doi:10.1002/14651858.CD000072.pub3

Salas, E., & Rosen, M. A. (2013). Building high reliability teams: Progress and some reflections on teamwork training. BMJ Quality & Safety, 22 (5), 369–373. doi:10.1136/bmjqs-2013-002015

Schmitz, C., & Brandt, B. F. (2015). The readiness for interprofessional learning scale: To RIPLS or not to RIPLS? That is only part of the question. Journal of Interprofessional Care, 29(6), 525–526. doi:10.3109/13561820.2015.1108719

Todd, M., Manz, J. A., Hawkins, K. S., Parsons, M. E., & Hercinger, M. (2008). The development of a quantitative evaluation tool for simulations in nursing education. International Journal of Nursing Education Scholarship, 41(5), 1–17. doi:10.2202/1548-923X.1705

University of Washington. (2016). Performance Assessment of Communication and Teamwork (PACT) tool set. Retrieved from http://collaborate.uw.edu/tools-and-curricula/tools-for-evaluation/per formance-assessment-of-communication-and-teamwork-pact-t

Viera, A. J., & Garrett, J. M. (2005). Understanding interobserver agreement: The Kappa statistic. Family Medicine, 37(5), 360–363.

WHO (World Health Organization). (2010). Framework for action on interprofessional education & collaborative practice. Geneva : World Health Organization. Retrieved from http://apps.who.int/iris/bit stream/10665/70185/1/WHO_HRH_HPN_10.3_eng.pdf?ua=1

Zorek, J., & Raehl, C. (2013). Interprofessional education accreditation standards in the USA: A comparative analysis. Journal of Interprofessional Care, 27(2), 123–130. doi:10.3109/13561820.2012.718295