# Defining and Measuring Construct of Interprofessional Professionalism

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The Interprofessional Professionalism Collaborative (IPC), convened in 2006, currently consists of 11 national organizations representing health professions programs at the doctoral entry level, and is developing a framework of “interprofessional professionalism”(IPP) around observable behaviors that illustrate what professionalism looks like in the context of interprofessional collaborations focused on patient-, client-, and family-centered care. IPC’s goal is to create tools to foster and measure these behaviors in health professionals and students. This paper describes the work of IPC to date and its future plans. J Allied Health 2012; 41(2):e49–e53.

INTEREST IN INTERPROFESSIONAL teamwork in healthcare has paralleled an interest in how professionalism is defined, taught, measured, and evaluated in health professions’ education and practice.\(^1\) Standards for professionalism, however, have often been defined by individual professions rather than across professions\(^2\) and without much emphasis on how professionalism relates to interprofessional collaboration. Indeed, some authors contend that professionalism is actually a deterrent to collaboration, since each profession has its own set of norms, codes, and other “profession-centric” characteristics.\(^3\)

The Interprofessional Professionalism Collaborative (IPC), convened in 2006, was initially comprised of representatives from 8 US professional, educational, and assessment organizations from a variety of doctoral entry-level health professions. These professions were wrestling independently with the complexities of professionalism and interprofessional teamwork and convened to explore the interface between these concepts. IPC’s goal is to create tools to foster and measure these behaviors in health professionals and students. Currently, IPC consists of 11 national organizations (Table 1) and is developing a framework of “interprofessional professionalism” around observable behaviors that illustrate what professionalism looks like in the context of interprofessional collaborations while providing patient-, client- and family-centered care. The group defines interprofessional professionalism as the:

> Consistent demonstration of core values evidenced by professionals working together, aspiring to and wisely applying principles of, altruism, excellence, caring, ethics, respect, communication, accountability to achieve optimal health and wellness in individuals and communities.\(^4\)

The IPC views interprofessional professionalism as a component of the broader concept of interprofessionalism. Specifically, interprofessional professionalism aims to define the professionalism aspects of teamwork rather than just the concept of professionals working together as a team.

Why should interprofessional professionalism be an important concept to all healthcare professionals? One of the most compelling cases for the importance of this work is the potential connection between interprofessional professionalism and improved patient outcomes. Because a substantial gap exists between best practice and that which is routinely delivered, there is a growing interest in enabling payers and consumers to use performance meas-
Background

Literature review was conducted to determine the existence of tools to measure interprofessional professionalism in health professions. There are many tools that measure team performance, interprofessional training and communication, individual professionalism and other related behaviors. This section reviews published tools and their relationship to interprofessional professionalism.

The Canadian Interprofessional Healthcare Collaborative (CIHC) is a network of educators, policymakers, healthcare providers, and students working to improve health care across Canada. CIHC uses an interactive framework for evaluating interprofessional outcomes; one feature is a catalog of evaluation instruments used by 20 funded interprofessional education and practice-related projects across Canada. While the website states that all instruments used in the projects will be published once validated, only two were found that measured observed interprofessional teamwork. Both of these came from previously published work. There were other documented instruments on the CIHC website that measured attitudes towards teamwork and interprofessional care.

Some federal initiatives to promote interprofessional teamwork in healthcare have produced measurement instruments. The Agency for Healthcare Research and Quality (AHRQ) and the Department of Defense have joined efforts to create Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS). This project has resulted in several instruments measuring various aspects of interprofessional training. One of these instruments, the TeamSTEPPS Team Performance Evaluation contains 25 items in the categories of team structure, leadership, situation monitoring, mutual support, and communication.

Another national initiative, sponsored by the Josiah Macy Foundation, has awarded several grants to “Demonstrate or encourage interprofessional education and teamwork among health care professionals.” One of these projects, at the University of Washington Health Sciences Center, is in the process of designing rubrics to measure its outcomes.

Numerous individual programs have designed tools to measure aspects of interprofessionalism. The Clinical Teamwork Scale (CTS) was developed as a brief tool to “objectively measure teamwork in the field during short clinical team simulations and in everyday clinical care.” Fifteen items are categorized primarily under communication, situational awareness/resource management, decision-making, role responsibility, and patient friendliness. The tool is used by observers to evaluate the team as a unit. Two other scales, the Mayo High Performance Teamwork Scale (MHPTS) and the Communication and Teamwork Skills Assessment (CATS), also measure teams rather than individuals. The CATS includes 18 items in the categories of coordination, situational awareness, cooperation, and communication. The MHPTS contains 16 items measuring key resource management skills in training settings. Morey et al. used two measures of team behavior to help assess the impact of a training program on emergency room physicians and nurses. The first was the Team Dimensions Rating Form, which measures aspects of team structure and climate, problem solving strategies, team communication, executing plans and managing workload, and improving team skills. The second was the NASA Task Load Index, which measures “individual subjective workload experience.”

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<tr>
<th>Profession</th>
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<tr>
<td>Allopathic Medicine</td>
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<td>Audiology</td>
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<td>Dentistry</td>
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<td>Optometry</td>
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<td>Osteopathic Medicine</td>
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<td>Veterinary Medicine</td>
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Several self-report scales have been validated to measure attitudes toward interprofessional education and care: the Readiness of Health Care Students for Interprofessional Learning (RIPLS),\textsuperscript{17} Interdisciplinary Education Perception Scale (IEPS),\textsuperscript{18} the Attitudes Toward Health Care Teams scale,\textsuperscript{19} and the University of West England Interprofessional Questionnaire.\textsuperscript{20} Many of the projects that used the team behavior scales described previously also included self-report type instruments to measure attitudinal outcomes. Lastly, Heinemann and Zeiss published a comprehensive text that reviewed instruments to assess health care team performance, which notes several of the instruments described here and more.\textsuperscript{21}

Like the concept of interprofessional teamwork, professionalism is also difficult to define and measure. While there seems to be a variety of tools to measure various aspects of professionalism via self-report and observation, there were no instruments that focused specifically on the professionalism of individuals in the context of teamwork. Some individual health professions have focused on interprofessional professionalism from the perspective of that profession. Nursing, for example, has studied how nurses communicate professionalism while working in health care teams.\textsuperscript{22} A similar study in medicine included nine of 24 items measured on a professionalism “exam” that were related to interprofessional skills.\textsuperscript{23} Other authors describe aspects of professionalism related to interprofessional education, but are not comprehensive with their description of professionalism.\textsuperscript{24}

While there seem to be multiple instruments to evaluate teamwork or professionalism, none of those reviewed comprehensively captured the concept of interprofessional professionalism as defined by IPC. With this in mind, IPC set to work to create assessments that could measure behaviors that describe the concept.

IPC’S WORK TO DATE

After the initial literature review, IPC outlined a process to define unique behaviors, values, and attitudes that in the aggregate would describe the interprofessional professionalism of an individual in the context of the healthcare team (Fig. 1). This process included three initiatives: (1) development of an essential list of observable interprofessional professionalism behaviors, (2) presentations describing the group’s work at national meetings of the participating professions, and (3) administration of a survey to elicit stakeholder feedback. Additionally, a public website was launched in July 2010 to promote the work of and gather further input for the IPC.\textsuperscript{25} These steps have been undertaken in a scholarly and thorough approach toward the initial development of a tool to measure interprofessional professionalism. The IPC is currently moving forward with piloting the draft instrument in early 2012.

IPC’S FUTURE

The IPC intends to serve as a national resource center for curriculum development and evaluation for the area of interprofessional professionalism. As such, it has identified 3 future initiatives: further refinement of the behaviors described on the interprofessional professionalism measure, development of a toolkit of resources related to interprofessional professionalism, and evaluating empirical support for interprofessional professionalism and its measure(s).

After an initial pilot study with the draft instrument, data will be analyzed and used to further the refine the instrument for large-scale data collection. This process should help to determine initial reliability, validity and practicality of such an instrument.

A second project is the development of a toolkit of resources on interprofessional professionalism. The toolkit is envisioned to be an easily accessible resource available via the IPC website. Existing resources such as the Pharmacy Professionalism Toolkit for Students and Faculty\textsuperscript{26} and the ACGME Toolbox\textsuperscript{27} will help guide the identification of components to be included in the toolkit. A key component of the toolkit will be the interprofessional professionalism assessment measure described above. Other components may include education and training modules designed to infuse the culture of interprofessional professionalism in education and practice settings for students, professionals, and those who would be conducting assessments. The toolkit could also include best practice examples of interprofessional professionalism in assessment and practice, and links to other helpful resources.

As would be expected, a number of issues have emerged that will require further investigation beyond the scope of this initiative. The opportunities for future research activity are numerous, and several questions have already been identified by the IPC and interested parties:

- Are mechanisms for assessing IPP suitable for inclusion in a profession’s student admission process?
- Do IPP assessments have a high positive predictive value of student performance during the experiential components of their educational experience?
- Are there tools that will allow employers to identify suitable candidates for high performance teams?
- Is the measurement model associated with IPP invariant across professions?
- Can the measurement tool be used reliably across a continuum of professional development?
- What other measures will correlate with IPP?

Ultimately, for the tools in the toolkit to be useful, evidence of their reliability, validity, and efficacy must be collected. The IPC would like to work with other groups and institutions to conduct these types of studies.

Conclusion

Interprofessional professionalism (IPP) is a concept related to teamwork and professionalism that specifically focuses on an individual healthcare professional’s ability to practice collaboratively with other healthcare professionals. Articulation, development and measurement of this concept

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In the context of promoting health and providing care as part of an interprofessional healthcare team, the professional...

1. Determines the best plan of care after discussion with other health care professionals and with the patient/client, family, and caregivers.
2. Demonstrates cultural competence in how patients/clients, family, and caregivers are approached, treated, and provided care.
3. Interacts with other health professionals to challenge the status quo about health care system-related issues perceived to be ineffective or that jeopardize achieving optimal patient/client outcomes.
4. Engages in team coordinated patient/client, family, and caregiver education with consideration for the health literacy status of the patient/client, family, and caregivers.
5. Implements interprofessional teaching and healthcare around chronic illness and wellness scenarios such as diabetes, vestibular conditions, and geriatric care.
6. Recruits health care professionals from other professions to be involved in volunteer/service activities.
7. Collaborates with other health professions to assess and conduct health promotion activities.
8. Enlists contributions from a variety of health professionals to enhance services or products greater than the sum of its parts.
9. Recognizes and communicates the limits of one's personal and professional practice capabilities.
10. Refers the patient/client to other health care professionals who have the appropriate expertise or competence.
12. Demonstrates active listening by a reflective response and body language that is congruent with that response with patients/clients, families, and caregivers, and other health professionals.
13. Uses tactful language when interacting with patients/clients, families, and caregivers, and other health professionals.
14. Respects and honors patient input regarding health care decisions, including embracing alternative health care givers in the interprofessional team.
15. Gathers information about the patient's/client's history in conjunction with other health care professionals.
16. Communicates accurate information using terminology that the patient/client, family and caregivers and other health care professionals can understand and checks to determine if the patient/client, family, and caregivers understand the communication.
17. Identifies and responds to cues to adapt and make adjustments to enhance communication.
18. Provides written communication that is accurate, succinct, respectful, complete, legible, and readable by others using commonly understood vocabulary without jargon.
19. Provides written communication in a timely manner for access by other health professionals and within federal, state, jurisdiction, and facility requirements.
20. Reviews patient-related documentation from all health professionals in an electronic or other medical record.
21. Incorporates the best evidence from all health care professions that may or may not be supported by Diagnostic Related Groups or reimbursement.
22. Models empathic behaviors in interactions with patients/clients, families, caregivers, and other health professionals.
23. Demonstrates confidence with humility about his or her professional role and identity while engaging with other healthcare professionals.
24. Keeps promises to the patient/client, family, caregivers, and other healthcare professionals related to provider caregiver activities.
25. Assesses patients' readiness to learn, motivation to change and provide self-care, and matches education and plan of care to their level of readiness.
26. Develops interprofessional resources for educating and empowering patients/clients and their families and caregivers for their health care.
27. Provides accurate information to enable the patient/client to make an educated decision with respect to the process of informed consent.
28. Engages in evidence-based practice by consistently using the interprofessional and professional literature, experience, patient/client input, and context when providing best care to patients.
29. Contributes to the development of new knowledge through interprofessional scholarship.
30. Engages in a regular process of self-assessment and identification of areas to address through professional development opportunities, solicitation of feedback from others outside of the profession, and lifelong learning.
31. Recognizes one's professional culture and biases and demonstrates respect for other professions' cultures.
32. Uses resources on interprofessional ethics and is competent in applying recommendations when dealing with ethical dilemmas regarding a choice between two right answers.
33. Weighs the tension between interprofessional ethics and business ethics and can justify a rationale for decisions.
34. Accurately communicates near misses or errors in the care of patients/clients by self or any health professional to promote a culture of safety.
35. Engages in quality improvement activities and incorporates changes to enhance quality care.
36. Reports or addresses unprofessional and unethical behaviors when working with other professionals.
37. Engages in improving conditions relating to safety, health, and wellness.
38. Contributes to patient/client decision-making process, regardless of hierarchy/profession-based boundaries.
39. Resists external influences that leverage change in health care, where that influence can negatively affect best practice and the patient's/client's interest in the delivery of care.
40. Proactively reflects on the affect of one's ethical decisions on health professionals, the community, and system in which he or she practices using journals, portfolios, and interprofessional discussions about ethical decisions such as end-of-life.
41. Collaborates with higher education and practice settings to promote high quality interprofessional healthcare education and safe patient/client care as a member of the interprofessional team.
42. Works with other health care professionals to provide care that is continuous in nature by incorporating measures, such as appropriate sharing of information, to minimize the impact of service delivery disruptions.
43. Acknowledges the contributions and expertise of others and actively solicits others' feedback and expertise.
should add to current knowledge of high-performing teams and individual professionalism. The IPC hypothesizes that higher levels of IPP would lead to positive patient outcomes and greater patient satisfaction, fewer adverse events, and decreased financial costs. A mechanism for direct measurement of observable behaviors of IPP is the current priority for the IPC.

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