CHALLENGES, OPPORTUNITIES, AND BEST PRACTICES FOR INTERPROFESSIONAL PROFESSIONALISM

Interprofessional Professionalism Collaborative
Presentation Overview

- Development and members of the Interprofessional Professionalism Collaborative (IPC)
- Vision for and importance of interprofessional professionalism
- Definition of interprofessional professionalism
- Development process of interprofessional professionalism collaborative
- Draft observable interprofessional professionalism behaviors
- Development of “Tool Kit”
- Challenges and opportunities for interprofessional education and practice
- Examples of best practices in interprofessional education and practice
Establishment of an Interprofessional Professionalism Collaborative

Doctoral health professions were wrestling independently with professionalism:

- How does the profession define professionalism?
- How is professionalism taught?
- How is professionalism measured?
- Were any professions working collaboratively on professionalism?
- Are there similarities among professional behaviors within the various health care professions?
Establishment of an Interprofessional Professionalism Collaborative

- Discovered the topic was worthwhile, however, collaboration was not evident.
- Initiated working collaboratively on interprofessional professionalism.
Rationale

- Need to describe behaviors common to all professions and behaviors that reflect what professionals would demonstrate when interacting with one another and in relation to patient/family/caregiver-centered care.
- Need for professionalism tools (e.g., behavioral assessments, teaching tools) common to all health professions.
Rationale

- Safety and quality for optimal health care encouraged collaboration of the professions.
  - *Work in interdisciplinary teams* – cooperate, collaborate, communicate, and integrate in teams to ensure that care is continuous\(^1\)
  - *Improve the effectiveness of communication among caregivers*\(^2\)


Collaborators in the Clinical Doctoral Health Professions

- American Association of Colleges of Nursing
- American Association of Colleges of Osteopathic Medicine
- American Association of Colleges of Pharmacy
- American Dental Education Association
- American Physical Therapy Association
- American Psychological Association
- American Speech-Language-Hearing Association
- Association of American Veterinary Medical Colleges
- Association of American Medical Colleges
- Association of Schools and Colleges of Optometry
- National Board of Medical Examiners
Consultant Group Members

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VISION

Interprofessional professionalism, when practiced by all professions:

- enhances quality healthcare outcomes for patients/clients,
- promotes a culture that values and fosters individual competence, and
- improves practice and academic environments.
Interprofessional Professionalism
DEFINITION

“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.”

Process Overview - Timeline

- 2006: APTA contacts organizations
- 2007: Conference calls initiated
- 2008: Two face-to-face meetings
- 2008: National presentations to stakeholder professions
- 2008: Conduct Behaviors Survey
- 2008: Survey responses analyzed
- 2009: Revise observable behaviors
- 2009: Draft article for submission
- 2010: Develop 2nd Survey
Development Process

- General road map and conceptual framework identified; continues to evolve
- Scholarly approach used
  - Literature review
  - Interprofessional expert input
  - Presentations and feedback
- Identified terms associated with professionalism
  - Developed a WIKI Interprofessional Professionalism Collaborative page to manage work
Accountability (value - need to define further in order to be able to observe it...classify as value, behavior);

active acceptance for the responsibility for the diverse roles, obligations, actions including self-regulation and other behaviors that positively influence patient and client outcomes, the profession, and the health needs of society; the degree to which members of the profession are granted the freedom and ability to make professional judgments (in reference to professional autonomy) latter part sounds like autonomy – DH ; “. . . entails fulfilling the implied contract governing the patient-physician relationship as well as the profession’s relationship to society . . . includes self-regulation, standard setting, management of conflicts of interest, duty or the free acceptance of service, and responsibility.” (Arnold and Stern in Stern 2005); “procedures and processes by which one party justifies and takes responsibility for its activities” (Emmanuel and Emmanuel 1996 p 229)

Activism (behavior) — doctrine or practice of vigorous action or involvement of the health professional on behalf of the patient or client or profession to achieve societal or other goals — (Webster’s)

Advocacy (behavior, value) — defending or maintaining a cause or proposal on behalf of the patient, client, or profession to achieve societal or other goals; pleading in favor of a cause or proposal...other goals (see above). [Note: "pleading in favor of" implies a broader scope that could also include initiating in addition to defending or maintaining (Webster’s)]

Altruism (value): concern for the welfare and well being of others; assuming the fiduciary responsibility of placing the needs of the patient or client ahead of the professionals interests (the latter sounds like deus I have seen for psm - DH); A commitment to advocate at all times the interests of one’s patient over one’s own interest; an understanding of the threats to health professionalism posed by the conflicts of interest inherent in various financial and organizational arrangements in the health care system; “it demands that patients’ best interests, rather than the physicians’ self-interest, guide behavior. . . advocate the interests of one’s patients over one’s own interest. . . actions aimed at increasing the welfare of others, particularly those in need. . . behavior designed to benefit another person. . . grounded in compassion with a deep sense of connection to others. . .” (Arnold and Stern in Stern 2005)
Development Process

- Defined and categorized terminology associated with professionalism
  - Identified areas of overlap, convergence, consensus, and appropriate focus
- Refined definitions in the context of interprofessional professionalism
  - Unique content area identified
  - Developed observable behaviors in small groups
- Springboard/model for developing other topic areas
  - Clinical education
  - Approaches to teaching
  - Conducting research
  - Topics that are not “turf-based on scope of practice”
Unique Aspects of Process

- Non-linear development
- Unconditional freedom to participate and explore topic with expectation of an eventual outcome
- Group cohesiveness
  - trust, effective dialogue, constructive conflict
- No history/politics among members
Product Outcomes for Interprofessional Professionalism

- Identify and describe observable behaviors.
- Develop a “toolkit”
- Disseminate work
Initial Categories of Observable Behaviors

- Advocacy
- Beneficence, Service, Volunteerism, Generosity, Sacrifice
- Communication (Verbal and Written)
- Compassion/Empathy
- Competence
- Confidence
- Covenant
- Dependability, Reliability, Trustworthiness, Work Ethic
- Emotional Intelligence
- Empowering patients
- Ethical Decision Making
- Excellence
- Honesty/Integrity
Initial Categories of Observable Behaviors (cont.)

- Humility/Cultural Humility
- Moral Community
- Moral Courage and Resisting Corporate Influence
- Morally Reflective Ethics
- Practitioner-Colleague Relationship
- Patient Outcomes, Quality of Care, Standards Including Safety
- Responsibility, Responsiveness
- Reflective and Mindful Practice
- Respect, Values
- Self and Organizational Regulation
- Systematic Interprofessional Systems Based Practice
- Well-Being and Health of Others
Example Interprofessional Professionalism Behaviors

1. Determines the best plan of care after discussion with other health professionals and with the patient/client, family, and caregivers.

14. Respects and honors patient input regarding health care decisions, including embracing alternative health care givers in the interprofessional team.

33. Weighs the tension between interprofessional ethics and business ethics and can justify a rationale for decisions.

41. Collaborates with higher education and practice settings to promote high quality interprofessional health care and safe patient/client care as a member of the interprofessional team.
Product Outcomes for Interprofessional Professionalism

- Identify and describe observable behaviors.
- Develop a “toolkit”
- Disseminate work
Product Outcomes for Interprofessional Professionalism

- Develop a “toolkit” with Assessment Tools may include:
  - Interprofessional professionalism assessment tool for new professionals
  - Admission tools to assess the potential for developing interprofessional professionalism behaviors
  - Professional practice tools
  - Assessment tools for team performance with action plans
Pharmacy Professionalism Toolkit for Students and Faculty
Provided by the APhA-ASP/AACCP Committee on Student Professionalism

The primary goal of the APhA-ASP/AACCP Committee on Student Professionalism is to promote the professionalization of student pharmacists and pharmacy faculty. To achieve this goal, the committee developed a resource of specific activities and strategies that students and administrators can utilize to effectively promote and assess professionalism on their own campuses.

This document provides professionalism activities in six broad areas as listed below. For each area, the committee has attempted to identify the “successful practices” used in the nation's colleges and schools of pharmacy. Each section reviews what has worked well in the past and provides insights into possible problems that may occur when trying to implement these activities. Examples of pharmacy institutions that have experience with the program or policy are provided as reference points. The committee recognizes that other AACCP member institutions may also implement similar tools, events, or programs, but committee members were not aware of these activities and apologize for any glaring omissions. The toolkit also references activities described in the abstracts submitted for the 2004 AACCP School Poster Session. Although an abstract may include information about numerous professionalism activities within the institution, the toolkit may only highlight one of these activities. The activities and references in each area are not listed in any particular order.

In developing this toolkit, the committee considered four key stages to addressing professionalism within colleges and schools of pharmacy:

1. Define attributes related to professionalism
2. Identify relevant behaviors that correspond to those attributes
3. Create a culture of professionalism in pharmacy schools and practice settings
4. Develop valid and reliable means of assessment and feedback.

APhA and APhA-ASP would like to see the Pharmacy Professionalism Toolkit serve as a living document and continue to evolve over time. Please see the information below if you would like to make a contribution to an existing activity in the list or suggest new ways to promote professionalism in pharmacy education.

- Submit Comments/Suggestions for Toolkit

Preamble
- Ten Traits that Distinguish a Professional

Student Recruitment
- Pre-Pharmacy Organizations
- Outreach Programs - Career Fairs
- Outreach Programs - Mentoring and Shadowing
- Educating the Public on the Pharmacist's Role in Health Care
- Professionalism Prerequisite

Admissions
- Application Process
- Interview Process
- Staff Participation in the Admissions Process

New Students
- Student Orientation
- Professionalism Orientation Booklet
- Peer Mentoring Programs
- Introduction to Student Pharmacy Organizations
Product Outcomes for Interprofessional Professionalism

- Identify and describe observable behaviors
- Develop a “toolkit”
- Disseminate work
Products/Information Dissemination on Interprofessional Professionalism

- **Interprofessional Professionalism Collaborative WIKI**
  [http://ippmg.pbwiki.com; “ippmg100”](http://ippmg.pbwiki.com; “ippmg100”)
  - Provides background information about the project
  - Provides a compilation of references and resources
  - Provides document on Interprofessional Professionalism Behaviors
  - Engage all relevant communities in conversation about interprofessional professionalism

- **Updates currently on Interprofessional Professionalism on profession specific websites**

- **Development of an Interprofessional Professionalism Collaborative Website (2009 – in progress to replace WIKI)**
Products/Information Dissemination on Interprofessional Professionalism

- Presentations on interprofessional professionalism at national professional association meetings in 2008-2009

- Development of a collaborative publications for anticipated submission to *Academic Medicine* in 2009
Welcome to the INTERPROFESSIONAL PROFESSIONALISM Wiki Site

Where Do I Find...
- Information about collaborative interprofessional professionalism - Go to Sidebar on right
- Original (unedited) resources - Go to the FILES button above

How to Use This Wiki Page
The Consulting Group on Interprofessional Professionalism welcomes and encourages you to offer comments on the interprofessional professionalism behaviors.

- Review the interprofessional professionalism behaviors
- Complete the IPPMG survey after you have reviewed the interprofessional professionalism behaviors
- Offer suggestions about the interprofessional professionalism behaviors on the Wiki page
- Add related references
- Respond to the discussion questions that have been raised during conference presentations

This phase of the project will be ongoing for the next year so that all will have ample opportunity to engage in the discussion and learn from one another. We hope that this is a wonderful start as we continue interprofessional dialogue about interprofessional professionalism!

This information was provided by the Consultant Group on Interprofessional Professionalism Measurement

Please do not edit the Wiki home page.
Survey

- Conducted a 2008-09 Survey on Interprofessional Professionalism Behaviors\(^4\)

- Survey responses/comments reviewed, analyzed, and to be considered in the refinement of the observable behaviors

- Development of 2\(^{nd}\) survey based on the refinement of Interprofessional Professionalism Behaviors (2010)

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Summary Survey Results

- 205 respondents (academic faculty, practitioners, researchers, and students) from 41 states/jurisdictions and Canada, UK, Israel, and the Philippines
  - Slightly more than 50% of respondents with > 20 years of experience
  - Majority of respondents in their current role from 1-10 years

- More than 55% attended a national professional presentation because of curiosity; 40.5% attended because of current involvement or interest in contributing to this topic
Summary Survey Results

- Majority of respondents indicated the list of 43 observable behaviors were sufficiently comprehensive and distinct from one another.
- 83% responded that collectively the 43 behaviors assessed interprofessional professionalism.
- More than 73% reported they could measure these observable interprofessional professionalism behaviors in their professional students, professional students from other health professions, and other practicing professionals.
Future Research Questions

- Are the interprofessional professionalism behaviors…
  - Variable/progressive along the continuum of professional doctoral education (eg, introductory to entry-level to post-graduate)?
  - Predictive of student performance during assessment of clinical education?
  - Predictive of inappropriate or lack of behaviors that result in disciplinary intervention during a clinical education internship
  - Observable in our practitioners?
  - Observable and measurable in teams?
Summary of Progress

- Vision for and importance of interprofessional professionalism
- Definition of interprofessional professionalism
- Draft observable interprofessional professionalism behaviors with ongoing refinement through involvement of more health professions
- Survey about observable interprofessional professionalism behaviors
- Draft first publications on IPC work completed to date
- Development of IPC Website
Challenges to Interprofessional Education

- Garnering administrative support in higher education to implement interprofessional education in classroom and clinical education.
  - Scheduling and logistic issues with varied academic calendars and faculty schedules in health professions programs/schools.
  - Funding differences in how course credits are assigned with faculty teams in providing interprofessional education.
  - Ability to think interprofessionally rather than discipline-specific when teaching content.
Challenges to Interprofessional Education

- Hierarchical medical models and culture of medicine versus other health professions (language pervades higher education, practice, government, research, etc).
- Higher education may provide interprofessional education, however learners exposed to limited models in practice to reinforce academic preparation.
- Faculty’s experience with interprofessional education and care; requires valuing the importance of teamwork and faculty may have limited exposure with limited health professions in their clinical practice or inherent biases about different professions.
Challenges to Interprofessional Education

- Health professions’ curriculum are already “obese.” How do we add more content and experience about interprofessional professionalism and teams?
- Faculty assessed as individuals rather than team members (ie, promotion and tenure). Do we assess faculty as to how well they function as a team?
- Health professions programs/schools accreditation standards are nonspecific about what constitutes acceptable interprofessional care.
- Accreditation standards related to knowledge, skills, and standards are associated with licensure/certification to practice. Should interprofessional professionalism be a part of licensure?
Challenges to Interprofessional Practice

- Critical timing in learners’ development of professional identity versus role of a member of a health care team.
  - How much time is required for professional socialization?
  - When is the learner ready to be an effective member of the health care team?

- Ability to manage tension between professional identity and team identity.
Challenges to Interprofessional Practice

- Where is responsibility and liability vested in the care team?
  - Clinical practice teamwork is equally shared among practitioners and current models are not oriented in this manner.
  - Lack of clear policies from the professional associations and licensing bodies on boundaries of professional jurisdiction is another structural barrier.

- Cultural differences around leadership expectations between professions and what is considered appropriate interactions.

- Different computer documentation systems to manage patients within and between health care facilities creates artificial barriers to interprofessional care.
Challenges to Interprofessional Practice

- Difficulties in structuring learning opportunities, interaction, and training in clinical practice with multiple professions with profession specific performance expectations.

- Reimbursement structures perpetuate “silos” in health care rather than interprofessional team approach to care.
  - Time allotted to the team is uncompensated.
  - Fee for service systems create competition between health professionals that might otherwise collaborate.
  - Provider-centered versus payer-centered versus patient/family/caregiver-centered care.
Opportunities in Interprofessional Education

- Collaborative learning in the classroom fosters interprofessional professionalism and enhanced understanding of the role and expertise of multiple health professions.

- Fostering team learning in the classroom/lab may facilitate the transfer of team learning into clinical practice for the next generation of practitioners.

- Modeling interprofessional education provides a strong message to learners about the importance of interprofessional professionalism.
Opportunities in Interprofessional Education

- Interprofessional professionalism is a content area that does not challenge profession specific scope of practice.

- Opportunity to change the culture of clinical practice through interprofessional professionalism and the development of new behaviors in how health professionals provide patient/family/caregiver care in teams.
Opportunities in Interprofessional Practice

- Change the culture of practice from hierarchical to team oriented with shared leadership responsibility.
- Value interprofessional professionalism and the shared expertise and wisdom of the team in providing best practice.
- Model care team and best practice for future health professionals during their clinical education.
Best Practices in Interprofessional Education

- Success of interprofessional education results from:
  - Support, direction, and “mandate” from higher education administration.
  - Logistics are managed by higher administration for faculty course credit, workload, scheduling, etc.
  - Faculty committed to interprofessional education and believe that the outcomes for learners are worthwhile.
  - Content that is not based on scope of practice (professionalism, ethics, evidence-based practice, documentation systems, research).
Examples of Best Practices in Interprofessional Education

- **Western University, CA**

- **Saint Louis University, MO**
  - [http://www.slu.edu/centers/interpro/research.html](http://www.slu.edu/centers/interpro/research.html)

- **University of Washington, WA**
  - [http://interprofessional.washington.edu/](http://interprofessional.washington.edu/)

- **University of Minnesota, MN**
  - [http://www.chip.umn.edu/](http://www.chip.umn.edu/)

- **University of Texas Medical Branch at Galveston, TX**

- **East Carolina University, NC**
Examples of Best Practices in Interprofessional Education

- University of Kentucky, KY
  - http://pharmacy.mc.uky.edu/display.php?id=548

- University of Toronto, Ontario
  - http://ipe.utoronto.ca/

- Rosalind Franklin University, IL

- National Register of Health Service Providers in Psychology
  - Interprofessional Education & Practice in Newfoundland/Labrador: The Vision and the Challenges http://www.e-psychologist.org/index.iml?mdl=exam/show_article.mdl&M aterial_ID=91

- Mayo Clinic (Anatomy), MN

- University of Colorado (Ethics), CO
Success of interprofessional practice results from:

- Clinical practices where effective interprofessional team care occurs on a daily basis.
- Attracting best practitioners to the clinical practice with a focus on patient/family/caregiver-centered care.
- Hierarchical health care culture is not pervasive.
- Reimbursement for care in a facility where all of funding is returned to the facility and not a specific health profession.
- Reimbursement structures that do not perpetuate silos but rather value team approaches to care.
Examples of Best Practices in Interprofessional Practice

- **Interprofessional clinical education**
  - Western University (case-based interprofessional education approach)
    [http://www.westernu.edu/what-is-interprofessional/interprofessional-about.xml](http://www.westernu.edu/what-is-interprofessional/interprofessional-about.xml)

- **Interprofessional practice models**
  - **Mayo Clinic**
  - **New York University – College of Dentistry and College of Nursing interprofessional faculty practice**
  - **Veterans Administration**
    - Geriatrics, Palliative Care, and Interprofessional Teamwork Curriculum
      [http://www1.va.gov/visns/visn03/grecccurriculum.asp](http://www1.va.gov/visns/visn03/grecccurriculum.asp)
References on Best Practices in Interprofessional Education and Care

- Journal of Interprofessional Care
- Church E, Robinson L, Goodwin J. Students’ Perspectives on Interprofessional Education in Canadian Graduate Psychology Programs.
- Robinson L. The Role of Psychology in Interprofessional Education and Practice.
Any Questions?
Best Practice/Teaching/Research Models

1. Are there interprofessional education, practice, or research models that you are currently using or your institution is promoting to address professionalism or other areas?

2. What has made these models successful?

3. What are the major challenges that would need to be resolved to advance interprofessional education, practice, and research at your program or practice?
Psychology “Fit”

1. What do you believe are other professions' perceptions about the interprofessional role of Psychology in healthcare, education, and research?
2. Where do you see the best "fit" for psychology in interprofessional education, practice, and research?
3. What would be required to create an environment where interprofessional education, practice, and research would be valued by and fostered within psychology?
1. What steps could you, your program, or your practice take to initiate change around interprofessional education, practice, and research?

2. What are strategies that APA could do to facilitate interprofessional education, practice, and research in Psychology?

3. What are the 2 or 3 most important strategies for APA to consider in its future work?
Summary