INTERPROFESSIONAL PROFESSIONALISM: LINKING PROFESSIONALISM AND INTERPROFESSIONAL CARE

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Interprofessional Professionalism Collaborative
AN IDEA WITH POSSIBILITIES
IN THE BEGINNING...

- Investigated professionalism in other health professions.
  - Code of ethics, core values, professionalism literature, profession specific professionalism assessments, etc.
  - Discovered many parallel, overlapping efforts to support professionalism existed within professions.
  - Paucity of literature in developing a shared professionalism framework across health professions.

- Would a shared discussion about professionalism and core values be worthwhile?
2006

- 7 national health profession organization representatives and an assessment organization explored the concept of professionalism that could transcend health care professions.

2009

- Renamed Interprofessional Professionalism Collaborative (IPC)
- 11 organizations representing 10 health professions and 1 assessment organization

2013

- 13 organizations representing 13 health professions and 1 assessment organization
MEMBERS OF THE INTERPROFESSIONAL PROFESSIONALISM COLLABORATIVE (IPC)

Allopathic Medicine (AAMC)
Audiology (ASHA)
Dentistry (ADEA)
Internal Medicine (ABIM)
Nursing (AACN)
Occupational Therapy (AOTA)
Optometry (ASCO)
Osteopathic Medicine (AACOM)

Pharmacy (AACP)
Physical Therapy (APTA)
Psychology (APA)
Speech-Language Pathology (ASHA)
Veterinary Medicine (AAVMC)
National Board of Medical Examiners (NBME)
Professionalism often defined within disciplinary “silos”; can be misused to justify unchallenged autonomy or inhibit collaboration across professional boundaries.

Interprofessionalism and interprofessional health care describe the delivery of health care by members of different health professions.*

DEFINITION OF INTERPROFESSIONAL PROFESSIONALISM (IPP)

“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.”

Transcendent phenomenon applies across professions to support coordination in communication and care for the benefit of patients, clients, families/caregivers, and communities.

Overlaps conceptually with broad definitions of professionalism; builds upon research on team functioning, interprofessional education, interprofessional care, and relational coordination.

IPC PURPOSE

- The IPC’s goal is to develop a toolkit to include:
  - a definition of interprofessional professionalism,
  - an interprofessional professionalism assessment (IPA) focused on health professions’ entry into practice, and
  - education resources for use in teaching to further interprofessional professionalism (IPP).
“Interprofessional professionalism when practiced by all professions will...

- improve healthcare quality and outcomes for patients/clients,
- promote a culture that values and fosters individual competence, and
- enhance both education and practice environments.”
IPP AND QUALITY CARE

- Professionalism
- Interprofessional Professionalism
- Effective communication
  - Committed collaborative teams
  - Quality Care
  - Patient Safety
  - Patient/Client/Family-Centered Care
WHAT ARE EXAMPLES OF IPP BEHAVIORS?

Communication

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

Respect

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

Altruism and Caring

- Places patient/client needs above own needs and those of other health professionals.
MORE EXAMPLES OF IPP BEHAVIORS

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.

Accountability

- Accepts consequences for his or her actions without redirecting blame to members of other health professions.
EARLY STEPS: DEFINING IPP BEHAVIORS

- 2006–07
  - Conducted initial comprehensive literature review.

- 2007–08
  - Identified and described observable IPP behaviors through several iterative processes.

- 2008–09
  - Provided presentations at representative health professions’ national and international conferences with participant feedback on observable behaviors.
FURTHER DEFINING IPP BEHAVIORS

- 2009: Conducted an online survey*
  - 83% responded that collectively the 43 behaviors were sufficiently comprehensive and distinct from one another.
  - >73% responded they could measure these observable behaviors in their professional students, professional students from other health professions, and other practicing professionals.

AND STILL MORE REFINEMENT

2010
- Conducted expert review of a draft version of the Interprofessional Professionalism Assessment (IPA) with subsequent revisions.

2011
- Completed cognitive interviews with preceptors from 11 health professions to assess IPA behaviors for item clarity and understanding.
- Revised IPA tool in preparation for pilot testing.
2013: IRB Approval from the University of Mississippi
- Dr John Bentley is leading the IPA pilot study across multiple health professions, academic institutions, and clinical settings.

2013–2014: Launch the Interprofessional Professionalism Assessment Pilot
- Learners in their final year prior to graduation from multiple health professions from >50 academic institutions will pilot the IPA.
- Assessing instrument integrity and psychometric properties.
DISSEMINATION OF WORK


- IPC Website: [www.interprofessionalprofessionalism.weebly.com](http://www.interprofessionalprofessionalism.weebly.com)
CONCLUSIONS

Three future key initiatives:

1. Evaluating empirical support for interprofessional professionalism and its measure(s).
2. Disseminating findings from the study of the IPA.
3. Developing a resource toolkit related to interprofessional professionalism.