

INTERPROFESSIONAL PROFESSIONALISM COLLABORATIVE

**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 Medical Colleges
Association of American Veterinary Medical Colleges
Association of Schools and Colleges of Optometry
National Board of Medical Examiners**

INTERPROFESSIONAL PROFESSIONALISM BEHAVIORS

Interprofessional Professionalism Collaborative Scope of Work

The Interprofessional Professionalism Collaborative consists of 10 doctoral health professions and an assessment organization that has been collaborating since 2006 to develop and make available resources for the health professions associated with interprofessional professionalism. These varied resources will be offered within a "Tool Kit" to facilitate the integration of Interprofessional Professionalism within the realms of health professions education, practice, and research and include:

- Working definition of Interprofessional Professionalism
- Comprehensive list of references and resources related to Interprofessional Professionalism
- Available publications based on the ongoing work of the IPC
- Interprofessional Professionalism Assessment Tools developed through scholarly investigative processes
- Strategies and training for how to use the Assessment Tools in different environments
- Examples of how the Assessment Tools are being used by different health professions
- Summary of the status of the group's work and how to communicate with the IPC
- Mechanism to network and communicate with others that are using the Assessment Tools

Development of Interprofessional Professionalism Behaviors

It is important to understand the context in which this draft of observable behaviors was developed by the Interprofessional Professionalism Collaborative and how they have been refined to express behaviors that are unique to interprofessional professionalism. Behaviors were developed within the broad context of professionalism and in association with a variety of health professions at the doctoral professional level. An iterative process used to develop the list of 43 behaviors began with a review of the literature, identification of terminology associated with professionalism, and development of a glossary. The glossary of terms were clustered into 8 broad core categories that included altruism, accountability, caring, ethics, excellence, care delivery, communication, and respect and expanded into 25 subcategories. Within each subcategory, observable behaviors were expressed in relation to four realms: the individual, the patient, the profession, and society. Initially, identified behaviors well exceeded over 250 behaviors, however not all behaviors were found to be observable and many behaviors could be exhibited by an individual professional rather than being uniquely reflective of interprofessional behavior as a part of a health care team. This process reduced the list of over 250 behaviors to 65 behaviors. A final iterative process was used to winnow the list of 65 to 43 observable behaviors by eliminating redundancies and behaviors believed not to be reflective of interprofessional health care.

Definition of Interprofessional

Practitioners from various professions learn from and about each other to improve collaboration and the quality of care. Their interactions are characterized by integration and modification reflecting participants understanding of the core principles and concepts of each contributing discipline and familiarity with the basic language and mindsets of the various disciplines.¹

Definition of Interprofessional Professionalism

"Consistent demonstration of core values evidenced by professionals working together, aspiring to and wisely applying principles² of, altruism, excellence, caring, ethics, respect, communication, accountability to achieve optimal health and wellness in individuals and communities."

¹Clark PG. *Journal of Interprofessional Care*. 1993;7(3):219-220.

²Stern DT. *Measuring Medical Professionalism*. Oxford University Press. New York, NY;2006:19.

COMPILATION OF OBSERVABLE INTERPROFESSIONAL PROFESSIONALISM BEHAVIORS

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 (the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate decisions) of the patient/client, family, and caregivers.³
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 (eg, preventive care, community wellness screening, and public health initiatives).
7. Collaborates with other health professions to assess and conduct health promotion activities.
8. Enlist 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.
11. Documents and reflects on patient/client care and interprofessional activities for the purpose of improving quality of care.
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 (eg, physical barriers, pediatrics, cultural issues, etc).
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 (DRGs) or reimbursement.

³U.S. Department of Health and Human Services. Healthy People 2010: Understanding and Improving Health. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000. <http://www.healthypeople.gov/Document/pdf/uih/2010uih.pdf>. Accessed March 17, 2010.

COMPILATION OF OBSERVABLE INTERPROFESSIONAL PROFESSIONALISM BEHAVIORS

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

22. Models empathic behaviors (eg, “walk in the patient’s shoes”, active and reflective listening skills) 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 (eg, pharmaceutical industry, equipment and supplies), 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, etc.
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.

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