

Perceptions of Collaborative Relationships in Healthcare Teams

The Collaborative Practice Assessment Tool (CPAT)

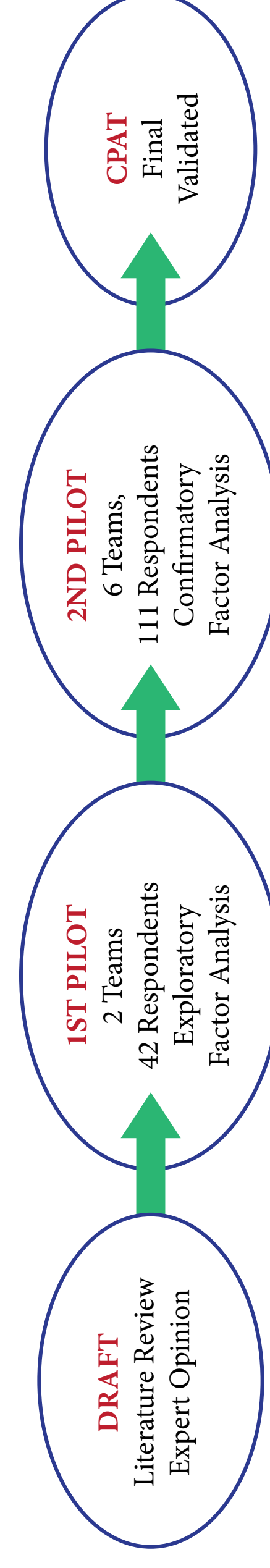
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INTRODUCTION

The Collaborative Practice Assessment Tool was developed by a team of educators and researchers at Queen's University to enable interprofessional teams to self-identify strengths and weaknesses in collaborative practice. The CPAT was developed following a systematic literature review, which identified constructs of collaboration as well as existing tools that assessed perceptions of teamwork.

The CPAT includes 56 items across eight domains as listed below.

Developed for diverse settings and professions, this tool helps teams identify professional development needs as a first step in implementing educational interventions. The published results of pilot tests demonstrate that the CPAT is valid and reliable in assessing levels of collaborative practice within teams'. To date, the CPAT has been requested by over 140 educators, clinicians and researchers in 16 countries and has been translated into French, Taiwanese and Japanese.



DEVELOPMENT, DOMAINS & PILOT TESTING

CPAT Pilot Testing and Validation 2008-09

Results of confirmatory factor analysis

| | α | χ^2 | NFI | CFI | TLI | RMSEA (90% CI) |
|---|----------|----------|-------|-------|-------|---------------------|
| Mission, meaningful purpose, goals | 0.88 | 0.101 | 0.941 | 0.980 | 0.961 | 0.063 (0.000-0.114) |
| General relationships | 0.89 | 0.009* | 0.941 | 0.968 | 0.928 | 0.096 (0.047-0.144) |
| Team leadership | 0.80 | 0.180 | 0.932 | 0.984 | 0.967 | 0.049 (0.000-0.099) |
| General role responsibilities, autonomy | 0.81 | 0.268 | 0.901 | 0.985 | 0.973 | 0.036 (0.000-0.083) |
| Communication and information exchange | 0.84 | 0.006* | 0.917 | 0.943 | 0.851 | 0.124 (0.062-0.188) |
| Community linkages and coordination of care | 0.76 | 0.145 | 0.970 | 0.986 | 0.952 | 0.085 (0.000-0.199) |
| Decision-making and conflict management | 0.67 | 0.053 | 0.934 | 0.962 | 0.866 | 0.099 (0.000-0.177) |
| Patient involvement | 0.87 | 0.027* | 0.962 | 0.975 | 0.905 | 0.126 (0.038-0.218) |

*Statistically significant at the $\alpha < .05$ level.

Sample Item

Our team mission embodies an interprofessional collaborative approach to patient/client care.

La mission de notre équipe représente une approche interprofessionnelle en collaboration dans les soins aux patients/clients.

我們團隊任務是對病人照護能以跨專業合作的方式展現

私たちのチームの任務は、患者／クライアントのケアに対する専門職種間の協働のアプローチを具現化するものだ。

Qualitative Results: The CPAT was seen as a beneficial tool overall.

Primary strengths: relevance; layout of questions; ability to use it within a team setting. *“The overall design of the CPAT helped to facilitate team discussion around the different domains of Interprofessional collaboration.”* Project authors

Key drawbacks: length; leadership section (difficult to understand)

| Overall Area of Inquiry | Key Responses and Quotes |
|--------------------------------|--|
| Reasons for choosing CPAT | Well researched (n=3) “Well designed and researched tool.” “The CPAT validation process helped influence my decision to use this tool.” Relevant (n=6) “...the CPAT was the most appropriate tool for the purpose.” “The CPAT was the only tool that we could identify to assess team functioning within a healthcare setting.” |
| Reasons for not using the tool | Alternate tool used (n=3) “I found a different measurement tool to use.” “I like the instrument, but ultimately decided to use a different survey. One that we've used in the past.” Funding (n=1) “I was not successful in obtaining grant funding for the study in which I was going to use the CPAT.” |
| Strengths | Layout of the questions (n=2) “Clear breakdown of areas; layout looks professional” “Having the questions split up into the different domains of collaborative practice allowed us to review the themes. We gained much valuable information from the open-ended questions.” Relevance (n=4) “It is measuring collaboration in practice – a number of other tools are measuring interprofessional education perceptions this is more relevant.” “Well laid out tool that most members of the team were able to relate to their areas of practice.” Opportunity to use as a team (n=1) “Using the finding to discuss as a team. This was a great opportunity to build understanding and perspectives.” |
| Areas for Improvement | Lengthy (n=2) “Length of the tool is problematic when trying to get a number of staff to complete.” Leadership section (n=2) “Modify the section on leadership” “...those completing the survey were unsure how to complete the leadership question even though this was explained in the instructions.” Used as pre-post assessment (n=4) “To assess the level of IPC culture pre- and post- recommended IPC – based interventions that were put into place” “We are using it as a pre- and post- survey for collaboration.” Validity of another tool (n=1) “We pilot tested the IP-COMPASS in four clinical settings. We used the CPAT to validate the IPC component of this tool.” |

Requests for CPAT 2010-2015



Countries where CPAT has been requested: Australia, Bangladesh, Canada, Japan, Malaysia, The Netherlands, New Zealand, Saudi Arabia, Singapore, Spain, South Africa, US, Wales, West Indies, Taiwan and Norway.

CONCLUSION

The CPAT is a valid, reliable tool for assessing self-perceptions of collaboration within IP teams. Understanding user satisfaction is limited by small sample size to date. Ongoing study would be beneficial.

NEXT STEPS

- Continue to maintain database of users
- Re-evaluate user satisfaction recommendations
- Explore funding opportunities
- Develop an abbreviated CPAT
- Consider ways to align with National IP Competency Framework (CIHC, 2010)

Update

The CPAT is now listed in the report *An Inventory of Quantitative Tools Measuring Interprofessional Education and Collaborative Practice Outcomes* published by the Canadian Interprofessional Health Collaborative

The CPAT is also listed in the *Measurement Instruments* database of the National Center for Interprofessional Practice and Education based at the University of Minnesota.

CPAT is available upon request to the Office of Interprofessional Education and Practice at Queen's University: <http://healthsci.queensu.ca/education/oipep/>

USER Feedback

OT Student Critical Enquiry Project: The Impact of Interprofessional Education Activities at Queen's University (Bhattacharyya & Yang, 2012)

Objective: To gather user feedback regarding the perceived effectiveness and satisfaction with the CPAT.

Participants: After research ethics was obtained from the Queen's Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (# 6006287), 43 people who had contacted the OIPEP office to request the CPAT were contacted via email and invited to participate in the critical enquiry project. A survey of 15 open-ended and Likert-type questions was administered to the 15 individuals who responded affirmatively and provided written consent (34.9% response rate). Participants were from a variety of settings including clinical, research and education.

DISCUSSION

Conclusions: The CPAT pilot and validation process was completed in 2009 and published in 2010. It has been requested by over 140 people from 16 countries. Only a small sample of users has provided feedback about their experience and satisfaction with using the CPAT. Those who responded to a student initiated/faculty supervised ethics approved study were generally favourable about its use and usefulness. Feedback comments suggest that it was a useful team exercise.

Suggestions for change include:

- a revised CPAT could be more explicit about team leadership and
- a shortened version of the tool would be useful

Limitations of this Project: Small participant number; low response rate

Quantitative Results: 9 of the 15 respondents had used the CPAT.

| Area of inquiry Areas CPAT was used | Responses | | |
|-------------------------------------|-------------------------|----------------------|--------------------|
| | Clinical Practice (n=3) | Research (n=4) | Education (n=2) |
| The CPAT was easy to use | Easy (n=4) | Very Easy (n=2) | Not answered (n=3) |
| The CPAT was useful | Useful (n=1) | Very Useful (n=2) | Not answered (n=3) |
| Overall satisfaction with the CPAT | Satisfied (n=3) | Very Satisfied (n=2) | Not answered (n=4) |

REFERENCES

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