

Measure #7b. Collaborative Practice Scale (CPS) – Physician Scale

CARE COORDINATION MEASURE MAPPING TABLE

	MEASUREMENT PERSPECTIVE		
	<i>Patient/Family</i>	<i>Health Care Professional(s)</i>	<i>System Representative(s)</i>
CARE COORDINATION ACTIVITIES			
Establish accountability or negotiate responsibility		■	
Communicate		□	
<i>Interpersonal communication</i>		■	
<i>Information transfer</i>			
Facilitate transitions			
<i>Across settings</i>			
<i>As coordination needs change</i>			
Assess needs and goals			
Create a proactive plan of care		□	
Monitor, follow up, and respond to change			
Support self-management goals			
Link to community resources			
Align resources with patient and population needs			
BROAD APPROACHES POTENTIALLY RELATED TO CARE COORDINATION			
Teamwork focused on coordination		■	
Health care home			
Care management			
Medication management			
Health IT-enabled coordination			

Legend:

- = ≥ 3 corresponding measure items
- = 1-2 corresponding measure items

Collaborative Practice Scale (CPS) – Physician Scale

Purpose: To assess the interactions between nurses and physicians during typical delivery of care processes.

Format/Data Source: 10-item, self-administered, written survey. Questions are answered on a 6-point Likert scale and totaled. Higher scores indicate greater collaboration. For the purposes of this instrument, collaboration is defined as “interactions between nurse and physician that enable the knowledge and skills of both professionals to synergistically influence the patient care provided.”¹ The instrument focuses on 2 factors: (1) communication and (2) clarification of responsibilities.

Date: Measure published in 1985.¹

Perspective: Health Care Professional(s)

Measure Item Mapping:

- **Establish accountability or negotiate responsibility:** 6, 8, 10
- **Communicate:**
 - *Between health care professional(s) and patient/family:* 1
 - Interpersonal communication:
 - *Within teams of health care professionals:* 2, 3, 5, 6, 8-10
- **Create a proactive plan of care:** 4
- **Teamwork focused on coordination:** 1-10

Development and Testing: The instrument was tested in a sample of 94 physicians. Significant test-retest reliability was established, as was construct validity. Factor analysis confirmed the presence of two distinct factors measuring unique components of collaboration. Concurrent validity was tested by comparison of the CPS to 2 other instruments: (1) Management of Differences Exercise (MODE) and (2) The Health Role Expectation Index (HREI). A correlation was found only between the CPS and the HREI. Predictive validity was assessed by comparing peer reviews of interprofessional practice by nurses for physicians and by physicians for nurses with the CPS scores. Adequate validity correlations were not found for the nurse scale. Authors suggest that further testing for predictive and concurrent validity is warranted.¹

Link to Outcomes or Health System Characteristics: Measure developers indicate that further testing of theory-linked factors related to the instruments is necessary.

Logic Model/Conceptual Framework: None described in the sources identified.

Country: United States

Past or Validated Applications*:

- **Patient Age:** Not Applicable
- **Patient Condition:** Not Applicable

- **Setting:** Not Setting Specific

*Based on the sources listed below.

Notes:

- All instrument items are located in Table 1 of the source article.¹
- This instrument contains 10 items; all 10 were mapped.

Sources:

1. Weiss SJ, Davis HP. Validity and reliability of the collaborative practice scales. *Nurs Res* 1985;34:299-305.
2. Dougherty MB, Larson E. A review of instruments measuring nurse-physician collaboration. *J Nurs Adm* 2005;35(5):244-53.