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Brief Description of Instrument – A measure of nurse-physician interaction. Two distinct self-report measures that assess degree to which interactions of nurses (Scale 1) and physicians (Scale 2) support collaborative practice.

Administration time – Approximately 5 minutes.

Scale Format – 6-point Likert scale ranging from never to always.

Administration Technique – Self-administered questionnaire.
Collaborative Practice Scales (CPS)

**Scoring and Interpretation** – Physician scale max possible score 60 with each of its two 5-item subscales having a max of 30. The nurse scale max score of 54 with 5-item and 4-item subscales having max of 30 and 24 respectively. Higher scores imply a greater use of collaborative practice.

**Factors and Norms** – Two scales each with two factors identified by factor analysis. The nurse scale: 1) nursing behaviours that directly assert the nurse’s professional expertise and opinions when interacting with physicians about patient care; 2) nurse’s clarification with the physician of mutual expectations regarding the nature of shared responsibilities in patient care. The physician scale: 1) physician behaviours that establish consensus with nurses regarding mutual responsibilities and patient care goals; 2) physician’s capacity to share responsibility.

**Test-retest Reliability** – Spearman coefficients for test-retest reliability of the nurse was r=0.79, physician scale r=0.60 after 6 week interval.

**Internal Consistency** – For two administrations (test and retest). Nurse scale alpha 0.80-0.83, physician 0.84-0.85.

**Construct Validity** – Examined factor loadings from principal axis analysis, confirmed original two factor solution.

**Criterion-Related Validity** – Concurrent validity, results compared to the Health Role Expectations Index (HREI). Nurse scale significantly correlated to the HREI scores (r=0.25, p <0.01), no significant correlation for physician scale. Also correlated results with Management of Differences Exercise (MODE). Nursing scale no significant correlation, physician scale r=0.22, p <0.05. Predictive validity testing, respondents sent the name of a colleague to evaluate them on their interprofessional practice. Spearman coefficients significant for physicians and their nurse peer evaluators r=0.42, p
<0.02. Nurses’ practice as viewed by physician colleague, no correlation noted.

**Strengths** – Highlights aspects of collaboration most need by either physicians and/or nurses to enhance collaboration.

**Limitations** – Weakness in measuring the cooperation dimension of collaboration, develop/test items pertaining to negotiated resolution/consensus development behaviour by nurses and assertive contributions by physicians.

**Notes for Consideration** – In further testing, may want to use peer evaluators from the same profession to control for different philosophical definitions of practice by members of different disciplines. Also reliability testing could be performed over longer time period.