



Original article

Case-Based Teaching for Interprofessional Postgraduate Trainees in Adolescent Health



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ABSTRACT

Purpose: Adolescent health providers increasingly work in interprofessional environments. There is a lack of evidence regarding best educational practices for preparing the adolescent health care workforce of the future. We developed, implemented, and evaluated an interprofessional longitudinal case-based curriculum for postgraduate trainees in adolescent health.

Methods: Faculty in an academic adolescent medicine division worked collaboratively with recent trainees to develop six teaching cases illustrative of interprofessional care of adolescents. During the 2013–2014 academic year, seven trainees (two social workers, two physicians, one nurse practitioner, one psychologist, and one dietician) completed the six month-long case modules while simultaneously working together in an interprofessional clinic. Trainees completed four-item pre- and post-case questionnaires that assessed confidence with assessment and diagnosis, comfort with counseling skills, ability to devise a treatment plan, and understanding of their colleagues' role for each of the six cases. Participants completed the 19-item Readiness for Interprofessional Learning Scale and the 12-item Interdisciplinary Education Perception Scale at three time points during the academic year and a 15-minute interview after their final session.

Results: Confidence with assessment/diagnosis, comfort counseling adolescents, and the ability to devise treatment plans increased for most case topics, as did understanding of the role of others on the interprofessional team. Mean Readiness for Interprofessional Learning Scale and Interdisciplinary Education Perception Scale scores were high at baseline and similar at all three time points. Interviews highlighted the value of role clarity, communication, and learning within interprofessional teams along with modeling from interprofessional faculty.

Conclusions: Case-based learning in conjunction with collaborative practice provided a successful teaching strategy for interprofessionals in adolescent health.

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IMPLICATIONS AND CONTRIBUTION

Case-based learning is a successful strategy for teaching adolescent health in an interprofessional environment. The case-based approach allows learners from different disciplines and career stages to contribute by drawing on their own unique prior experiences. Connecting case-based learning to clinical work gives learners further practice in applying new knowledge to the care of adolescents.

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The health care of adolescents necessitates an interdisciplinary approach, involving the expertise of professionals from a variety of backgrounds working together with patients and their families [1]. In recognition of this need, the Maternal and Child Health Bureau has funded interdisciplinary training grants since 1977, most recently the Leadership Education in Adolescent

Health (LEAH) programs. This type of interprofessional education (IPE), defined by Reeves et al. [2] as occurring “when two or more professions learn interactively to improve collaboration and the quality of care”, has increasingly been the focus of health educators worldwide [3]. However, optimal teaching strategies in the fields of both adolescent health and IPE are not well established.

In 2011, the Interprofessional Education Collaborative defined four core competencies for interprofessional collaborative practice to guide the development of IPE curricula, teaching strategies, and assessment [4]. The collaborative recognized that these core competencies—maintaining mutual respect and shared values, working effectively as an interprofessional team, understanding the roles and responsibilities of team members, and communicating in a manner that supports the team approach—were best taught through a variety of interactive approaches that included collaborative care of patients. Validated tools such as the Readiness for Interprofessional Learning Scale [5] (RIPLS) and the Interdisciplinary Education Perception Scale [6] (IEPS) have been used to show how IPE programs improve attitudes toward interprofessionalism at the undergraduate level [7]. However, graduates of these programs often report a lack of structured, meaningful interprofessional learning experiences during their clinical placements [8]. A national study by Greer et al. [9] found that opportunities for IPE experiences are primarily available in health profession courses and clinical rotations/internships for undergraduate trainees. Another study found only 16% of reported interprofessional curricula worldwide occur in the post-qualification years [10]. Several authors have called for increasing attention to IPE during postgraduate training [11], including a focus on how practicing professionals from different disciplines best learn together [12].

Despite the highly interprofessional nature of adolescent health care, there is a paucity of published studies investigating interprofessional curricula in adolescent health, especially at the postgraduate level. To improve the educational experience of postgraduate trainees in adolescent health in our institution and beyond, we aimed to develop and evaluate a longitudinal case-based interprofessional curriculum delivered within the context of collaborative clinical practice. We designed simulation cases in which trainees could apply discipline-specific knowledge while assimilating the perspectives of other disciplines. We specifically sought to evaluate the effectiveness of our curriculum in terms of trainee comfort and confidence with key adolescent health skills and attitudes toward teamwork and interprofessional care.

Methods

Curriculum development

The LEAH program at Boston Children’s Hospital trains postgraduate fellows in medicine, nursing, social work, psychology, and nutrition to address the health needs of adolescents and young adults. Since 1992, the year-long Boston LEAH fellowship has included weekly seminars on core topics related to adolescent health in addition to supervised clinical practice in an interprofessional ambulatory clinic. In 2012, recognizing the need to better integrate collaborative learning into our fellowship, we transformed a collection of five didactic seminars led by unprofessional faculty into a case-based curriculum facilitated

by interprofessional faculty teams. We chose a case-based method because it is consistent with constructivist theories of adult learning [13,14] and has been shown to be effective in increasing interprofessional learning in other clinical environments [15,16].

We formed a curriculum committee consisting of two physicians (H.G., S.P.), one doctoral nurse practitioner/nurse educator (P.B.), and one educational specialist (A.G.) to oversee the writing and revision of cases as well as the training of faculty in case-based teaching and interprofessional group facilitation. Case topics were chosen by faculty and former fellows during a curriculum development workshop in June 2012 and included eating disorders [17], teen pregnancy, care of the gay, lesbian, bisexual, transgender, or gender-queer patient, human immunodeficiency virus and acquired immunodeficiency syndrome, substance abuse [18], and transition to adult-centered care for youth with special health care needs [19]. In addition to adolescent health-specific learning objectives, learning objectives regarding the four core competencies in interprofessional collaborative practice [4], as well as objectives regarding leadership, program development/evaluation, and advocacy, were distributed throughout the six cases. Each case comprised 1–2 fictional adolescents engaged in the health care system and evolved over the course of the month using a sequential-reveal structure common in problem-based learning. Cases were written and taught by interprofessional teams of 3–4 faculty, including 2–3 clinicians and one public health research faculty. An example case by Sonnevile et al. [17] can be found at <https://www.mededportal.org/publication/9938>.

Curriculum implementation

The core interprofessional LEAH curriculum occurs greater than 4 hours each Tuesday morning. After an initial orientation in September, the six cases were each taught more than a four-week period, from October through May (Figure 1). Additional longitudinal courses in biostatistics, epidemiology, writing for scholarship, teaching, and psychopharmacology, complement the case-based curriculum and also occurred on Tuesday mornings, 1–2 times per month. Trainees also worked collaboratively with each other and faculty in a busy urban ambulatory practice providing both primary and specialty referral care for adolescents and young adults. After an initial pilot year (2012–2013), we undertook a formal evaluation of the curriculum to assess learners’ comfort and confidence with adolescent health skills, their understanding of interprofessional colleagues’ roles in the care of adolescents, and their attitudes toward interprofessional learning and practice.

Curriculum evaluation

The Boston Children’s Hospital Office of Clinical Investigation confirmed that the study was exempt from formal review. All seven Boston Children’s Hospital LEAH fellows for the 2013–2014 academic year, each of whom was selected for the training program through a competitive application process, were invited to participate in the formal curriculum evaluation. All fellows provided consent to participate in the evaluation. Participants included two pediatric physicians in their first year of adolescent medicine fellowship, one doctoral pediatric nurse practitioner, one social work intern in her final year of her degree

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