



Teaching the teachers: Faculty development in inter-professional education



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ABSTRACT

Aims: The purpose of this study is to evaluate changes in self-concept for the knowledge, skills and attitudes toward inter-professional teamwork of facilitators who participated in training and an inter-professional team training event.

Background: Inter-professional education requires dedicated and educated faculty.

Methods: A pretest posttest quasi-experimental design was used for the evaluation. Fifty-three facilitators were asked to complete pre-post questionnaires to measure inter-professional team self-concept (IPTSC), assessing self-concept for the knowledge, skills, and attitudes required for performing in an inter-professional team.

Results: Post-session scores on inter-professional team knowledge, skills and attitudes were significantly higher ($F(1, 31) = 5.59, p = .02$).

Conclusion: A facilitator development course and participation in the teaching event had a positive impact on perceived knowledge, skills and attitudes toward inter-professional teamwork.

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1. Introduction

Patient safety concerns and potential solutions have been highlighted in several reports from the Institute of Medicine (Institute of Medicine, 1999, 2001). Subsequent IOM reports include recommendations for intervention in undergraduate health professions education (Institute of Medicine, 2003). Emerging from this focus on patient safety is the importance of inter-professional teamwork within health professions education (Accreditation Council for Graduate Medical Education, 2011; Cronenwett et al., 2007). In 2011, the Interprofessional Education Collaborative (IPEC) published core competencies for inter-professional education (IPE) in the health professions along with strategies for implementation (Interprofessional Education Collaborative Expert Panel, 2011a).

A number of IPE models exist, dating back to the 1940s (Baldwin, 2007), and the use of faculty as facilitators to teach IPE is increasingly common (Bridges, Davidson, Odegard, Maki, & Tomkowiak, 2011). However, until the most recent IPEC reports (Interprofessional

Education Collaborative Expert Panel, 2011b), the need for faculty development as a key component of successful IPE (Buring et al., 2009) was not widely appreciated. The IPEC report emphasized that a core strategy for incorporating IPE education into health professions education involves the improved preparation of faculty to teach students to work as part of the team (Interprofessional Education Collaborative Expert Panel, 2011b). Thus, faculty IPE training has been identified as a key challenge to the implementation of the IPE core competencies.

Inter-professional education training builds faculty members' capacity to effectively teach, precept and role model behaviors to inter-professional students (Egan-Lee et al., 2011). As a result of effective IPE training, faculty should emerge with a positive attitude toward IPE, competence in the skills necessary to create and deliver curricula to inter-professional students (Begley, 2009), and a strong understanding of the theoretical content for safety and team science in order to educate students. Faculty development in IPE is critical for effective clinician modeling and has the potential to improve patient care (Anderson & Thorpe, 2010).

Studies of IPE faculty development programs typically employ qualitative approaches such as semi-structured interviews and focus groups (Anderson & Thorpe, 2010; Egan-Lee et al., 2011). We found no quantitative evaluations of such programs. This paper reports on a quantitative examination of the impact of IPE training and participation as a facilitator of a large, 1-day interdisciplinary team training day exercise on volunteer faculty facilitators' knowledge, skills, and attitudes toward IPE.

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2. Background

Following the trend toward integrating IPE training efforts into general health education, faculty members from the Schools of Nursing (SON) and Medicine (SOM) at Emory University developed an IPE curriculum that was implemented in 2008. The training day now includes students from medicine, nursing, physician assistant, physical therapy, medical imaging and anesthesia assistant programs. The local program was developed using a modified Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) model and curriculum. TeamSTEPPS is a program developed jointly by the Department of Defense and the Agency for Healthcare Research and Quality to improve patient safety, communication and teamwork skills for health care professionals (Department of Defense, 2006).

Key to implementing our IPE curriculum was faculty participation as facilitators during the program's small group sessions. To this end, we created a faculty training program to educate and prepare faculty for their facilitator role. Although the primary purpose of facilitator training was to improve students' educational experience, we speculated that facilitator training and facilitation may have benefited faculty participants. Being trained in IPE practices and then gaining additional experience in IPE education constituted a powerful continuing-education experience for the facilitators themselves. Hypothesizing that the training session and student facilitation would improve our faculty's knowledge, skills and attitudes toward inter-professional teamwork, we conducted an evaluation of the experience.

3. Methods

We used a pretest posttest quasi-experimental design for the evaluation. Faculty members were asked to volunteer as facilitators in an inter-professional team training day (ITTD), a portion of our longitudinal IPE student curriculum. Facilitators were recruited through direct emails sent to faculty within the SOM, SON and employees of the academic medical center. No member of the university community with a general background in healthcare was excluded from volunteering.

3.1. Intervention

All volunteer facilitators attended a 2-hour training session designed to resemble the actual ITTD event. In this session, the volunteers simulated co-facilitating (with another health professional) a small group of inter-professional students. The training sessions were offered at various dates and times, and were led by individuals who were experts in the science of teamwork and TeamSTEPPS Master Trainers. There were two knowledge components in the facilitator training. A lecture portion reviewed the quality and patient safety literature. A second, more interactive, portion focused on key TeamSTEPPS communication tools to be used in the ITTD: Situation-Background-Assessment-Recommendation (SBAR) and Check-Back. The communication tools were reviewed in the lecture and were practiced in small group role playing. Led by the course organizers, volunteers in small groups were led through the role plays and debriefed in the same format that would be used with the students.

Each volunteer received a facilitator handbook that included the key educational material for review.

The ITTD event was structured as follows: a brief overview lecture on teamwork skills emphasizing standard communication tools was followed by a panel in which health professionals discussed members' roles and responsibilities (Table 1). Following the large group session, inter-professional pairs of facilitators—one with ITTD experience and one first-time facilitator – led small groups of 10–12 students through the process of role modeling a small inter-professional team. Each small group participated in a short icebreaker exercise and then engaged in two role play exercises that allowed them to practice using the standardized SBAR and check back communication tools.

3.2. Method of evaluation and analysis

Faculty participants completed two Web-based surveys, one prior to training and another 8 weeks following the ITTD event; the surveys were designed to assess their knowledge, skills and attitudes. Anonymity was maintained by asking individual facilitators to create a "unique identifier" enabling researchers to link pre and post data survey results. The first survey collected basic demographic information including health profession, years of experience, and previous team experience. The survey also assessed inter-professional knowledge, skills, and attitudes, including participants' self-concept. The post-event survey assessed participants' inter-professional knowledge, skills, and attitudes, including participants' self-concept, their ratings of the importance of inter-professional team training goals, and their assessment of course impact. Additionally, facilitators were asked to report any other teamwork activities in which they had engaged in the 8 weeks since the ITTD event. Only the results of inter-professional team self-concept (IPTSC) and course impact are reported. This evaluation of a training program was granted "exempt status" by the university institutional review board.

3.3. Measures

3.3.1. Inter-professional training self-concept

The core variable of interest in the study was inter-professional team self-concept (IPTSC), a team member's self-assessment of the degree to which she or he possessed the knowledge, skills, and attitudes required for performing effectively in an inter-professional team. Self-concept thus refers to a core self-evaluation of one's abilities to be successful in a single, specific, but relatively broad area of competencies. We used a 23-item IPTSC measure adapted from existing scales to assess inter-professional team self-concept on a broad range of behaviors critical to successful inter-professional patient care. The IPTSC measure used in this study was a composite of several validated tools including 16 items from King, Shaw, Orchard, and Miller (2010) Inter-professional Socialization and Valuing Scale (ISVS) and 7 items from Earley and Ang's (2003) Cultural Intelligence Scale. Items were selected for content relevance to the team training format, reflecting the core knowledge, skills and attitudes (KSAs) required for successful inter-professional collaboration. The scale comprised 11 items related to knowledge (e.g., "I know the norms for communicating information in other healthcare professions"), 6

Table 1
Structure of ITTD event.

Topic	Time allotted	Teaching strategy	Presenter
High-functioning teams	15 min	Lecture	TeamSTEPPS trainer
Team member roles	20 min	Panel discussion	Healthcare professionals
SBAR and Check Back	90 min	Small group role plays	Inter-professional facilitator pairs

ITTD: Inter-Professional Team Training Day.

SBAR: Situation-Background-Assessment-Recommendation.

TeamSTEPPS: Team Strategies to Enhance Performance and Patient Safety.

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