



Outcomes of an immersive pilot faculty development program for interprofessional facilitation: A mixed methods study



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ABSTRACT

Objectives: To describe the impact of a faculty development program on faculty's confidence and ability to facilitate interprofessional learning.

Methods: Faculty members from the Colleges of Pharmacy and Health Sciences (n = 12) participated in a training program for interprofessional education (IPE). Students evaluated faculty learners using the interprofessional facilitation skills (IPFS) survey by Sargeant, Hill, and Breau (2010). Faculty completed the IPFS survey pre and post intervention for self-assessment of interprofessional facilitation efficacy.

Results: Most faculty (78%) had limited prior IPE experience; 55% went on to facilitate the University's year-long interprofessional core curriculum. Faculty IPFS self-assessment scores improved following program completion ($p < 0.05$). Student IPFS scores (n = 174) were higher than their paired faculty post-assessment scores ($p < 0.05$).

Conclusions: This program effectively prepared faculty to facilitate IPE and positively impacted their desire to participate in future activities.

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Introduction

Healthcare provided by an interprofessional (IP) team is associated with an improvement in patient outcomes and is an expectation in current healthcare delivery models.^{1–6} To provide a work-force prepared to practice within an interprofessional team, curricular standards for most health professions education programs now include interprofessional education (IPE) as a required curricular element for accreditation.⁷ Faculty preparation is crucial for IPE success.⁸ The Interprofessional Education Collaborative (IPEC) Expert Panel Report on the core interprofessional competency domains emphasizes the need for faculty development in order to prepare educators for IPE delivery.⁹ Research in faculty

development for IPE suggests that adult learning theory should form the basis of pedagogical approaches; educational methods should be diverse and include experiential and peer learning, reflection, and feedback.^{10–17}

At the time of this study the University of Kentucky, an academic medical campus, was in the process of piloting the first year of a required longitudinal interprofessional core curriculum across the health science colleges of Dentistry, Medicine, Nursing, and Health Sciences (Physical Therapy and Communication Sciences and Disorders program). Training that faculty received during this pilot phase primarily consisted of “just-in-time” training prior to each interprofessional activity, which served to provide information necessary to facilitate the activity, such as information about logistics of the activity, facilitator roles, and contextual background information regarding the content of the learning activity. Faculty were not receiving formal development in terms of continuous improvement as a skilled IPE educator, how to facilitate a group of interprofessional learners, etc. Preliminary faculty feedback following each IPE activity suggested that faculty may benefit from

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introductory foundational training in IPE as well as how to facilitate groups of interprofessional learners.

The College of Pharmacy and the Physician Assistant (PA) Program chose to delay participation in the pilot interprofessional curriculum in order to focus their efforts on faculty recruitment and development in preparation for participation the following year. An informal needs assessment with key administrative units within the Colleges of Pharmacy and Health Sciences PA Program revealed that although faculty were receptive to facilitating interprofessional learning, most had little to no experience in IPE and did not feel confident or prepared to facilitate IPE activities. It is critical that educators in IPE feel confident in their knowledge base and in their ability to facilitate interprofessional learners¹⁸; thus, there was an immediate need to prepare faculty for their role as IPE facilitators prior to having them facilitate students participating in IPE activities.

Research indicates that experiential immersive learning methodologies are key elements that should be included in faculty development programs so that faculty learners are given the opportunity to actively apply learned skills in a real-time IPE activity.^{16,17} Pharmacy and PA researchers adapted and piloted an immersive faculty development (FD) program in IPE modeled after pedagogical approaches from the Interprofessional Faculty Development in Team-Based Care program developed by University of Washington (UW) and University of Missouri (MU)¹⁶ to begin the process of building faculty capacity in leading and facilitating IPE and to inform ongoing FD initiatives within the University. Details regarding that program and lessons learned are published elsewhere, but briefly it was a longitudinal FD program based upon principles of adult learning theories which included experiential and peer learning, project-based learning, reflection, feedback, and just-in-time training.^{16,19} Its purpose was to develop faculty knowledge and skills in IPE so that faculty learners could return to their respective institutions and utilize lessons learned from the program to further expand their IPE initiatives and faculty development in IPE. Six additional universities participated in the program; our University's participation enabled us to have access and permission to utilize educational content developed by UW and MU by which to develop faculty at our respective institutions.

Health professions training programs commonly utilize both basic science and clinician educators to provide students with knowledge, skills, and abilities in the basic foundational and clinical sciences that are required for practice in their respective fields. Course goals and objectives and the level of expertise required to teach a given subject generally determine whether a clinician or basic science educator is most appropriate. Within the context of interprofessional education, the roles of clinician and non-clinician (e.g. basic science) educators are not as clear. Hall and Zierler note that including faculty members who are linked to the practice community may help translate interprofessional collaboration into practice, yet there is no evidence that indicates whether a given type of educator is more adept at teaching team skills to students.¹⁶ For example, just as clinicians engage in interprofessional collaborative practice when providing patient care, non-clinicians often engage in interprofessional relationships and teams when working on collaborative or translational research endeavors. Effective team skills are required in both cases.

The objectives of the present study were to describe the impact of the adapted FD program on faculty's perceived interprofessional facilitation skills and to determine if the adapted program adequately prepared faculty to lead and facilitate IPE activities. To evaluate these outcomes, faculty and student surveys, assessments, and program evaluations were utilized. Given the lack of research evaluating clinician and non-clinician interprofessional facilitation efficacy, survey and assessment scores were compared between

clinician and non-clinician faculty to determine differences in overall perceived confidence and efficacy in facilitating IPE.

Methods

Study design

Consistent with current Institute of Medicine recommendations regarding IPE research, a mixed methods study design was utilized.²⁰ Specifically, a concurrent triangulation mixed methods study was conducted utilizing the validating quantitative data model²¹ to determine the impact of the FD program on faculty members' confidence and ability to facilitate IPE activities. The study utilized data collected from student assessments of faculty, faculty pre and post self-assessments, and program evaluations. Based upon this type of study design, qualitative data was gathered as part of the surveys and assessments in order to validate and expand upon quantitative findings; in this design qualitative items generally do not result in a rigorous qualitative data-set, but they provide quotes that can be used to validate quantitative findings.²¹

Study population

Pharmacy and Physician Assistant (PA) faculty were identified by the researchers in collaboration with their respective Program Directors and/or Department Chairs based upon the following factors: (1) faculty's previously expressed interest in becoming involved in IPE opportunities, (2) availability in terms of time/distribution of effort and teaching load, and (3) current involvement in interprofessional collaborations in practice, teaching, and/or research. Program Directors and Chairs requested faculty to participate and formally acknowledged their time for participation. Faculty who elected to participate in the program were recruited to enroll in the research study. The study received University Institutional Review Board approval.

Program description

Applying pedagogical approaches modeled from the national FD program described previously^{16,19} our program was a 7 h course which utilized experiential learning, reflection, feedback, and just-in-time training as primary teaching methodologies. After providing informed consent, faculty completed online didactic work related to IPE, which included required reading assignments, viewing digitally-recorded presentations, and reflective writing assignments based on the material covered. Didactic content was provided in an on-line Learning Management System (Blackboard), and included topics such as IPE definition, rationale, purpose, pedagogical philosophy, and facilitation of interprofessional groups (Table 1). Materials and digital presentations related to IPE pedagogical philosophy and interprofessional facilitation were original content from the Interprofessional Faculty Development in Team-Based Care program developed by faculty at the University of Washington.

Depending on when consent was obtained, faculty had 4–6 weeks to complete the didactic portion of training. Following completion of didactic work, faculty attended a live 1-h just-in-time training session led by the researchers on interprofessional facilitation. During this session, faculty watched example videos of team-based medical error disclosures in order to practice using assessment tools to evaluate interprofessional teamwork and disclosure transparency. Allowing faculty time to practice using assessment tools enabled them to discuss their assessment strategies and reach consensus in how to evaluate interprofessionalism and disclosure transparency. The videos also provided faculty with expectations regarding effective versus ineffective team disclosure

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