



Contents lists available at ScienceDirect

Journal of Interprofessional Education & Practice

journal homepage: <http://www.jieponline.com>

Teaching interprofessional collaborative care skills using a blended learning approach

Angel K. Chen ^{a,*}, Cathi Dennehy ^b, Amber Fitzsimmons ^c, Susan Hyde ^d, Kirby Lee ^b, Josette Rivera ^e, Rebecca Shunk ^e, Maria Wamsley ^e^a Department of Family Health Care Nursing, University of California San Francisco, School of Nursing, 2 Koret Way, N411Y, San Francisco, CA 94143, USA^b Department of Clinical Pharmacy, University of California, San Francisco, School of Pharmacy, 533 Parnassus Avenue, Suite U503, San Francisco, CA 94143, USA^c Department of Physical Therapy and Rehabilitation Science, University of California San Francisco, 1500 Owens St, Suite 400, San Francisco, CA 94143, USA^d Department of Preventive and Restorative Dental Sciences, University of California, San Francisco, School of Dentistry, 707 Parnassus Ave, San Francisco, CA 94143-0758, USA^e Department of Medicine, University of California San Francisco, School of Medicine, 3333 California St, Suite 380, San Francisco, CA 94143, USA

ARTICLE INFO

Article history:

Received 27 November 2016

Received in revised form

14 April 2017

Accepted 3 July 2017

ABSTRACT

A blended learning approach using both asynchronous and synchronous learning was designed to overcome common barriers to interprofessional education (IPE). Health care professional learners are expected to meet the Core Competencies for Interprofessional Collaborative Practice set forth by the Interprofessional Education Collaborative (IPEC), to better prepare them for team-based care with the goal of improving patient safety and population health outcomes. Our curricular resource describes a longitudinal curriculum designed to provide knowledge and skills application towards meeting IPEC competencies for early learners of five graduate-level health professional programs (dentistry, medicine, nursing, pharmacy, and physical therapy) at a large academic medical center. Many barriers to implementation of IPE curricula have been reported, including scheduling, space and time for training, matching levels of learners, faculty development, and institutional buy-in. The format of the curriculum consisted of five quarterly sessions comprised of a one-hour online module for content delivery, and a 2-hr facilitated face-to-face small group session for skills application. Each session addressed one of the IPEC competency domains, including: interprofessional collaborative practice, roles and responsibilities, interprofessional communication, conflict management, and leadership/membership. Teaching strategies included expert interviews, videos, reflections, pair-share, role play, and group debrief. Interprofessional facilitators were matched with a group of 10–12 interprofessional learners. Learners completed the online module and pre-session assignments prior to the face-to-face sessions, and an online evaluation following the face-to-face sessions. Over 500 learners participated in the curriculum. Overall learners rated the sessions highly in achieving session objectives, and in general rated the value of the face-to-face sessions higher than the online modules.

© 2017 The Authors. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Format

The curriculum was delivered using a blended format, with both online modules and facilitated face-to-face small group sessions in the classroom. The online modules utilized narrated PowerPoint

presentations, expert interviews, and videos of simulated scenarios for content delivery. The facilitated small group sessions included a combination of reflections, pair shares, role plays, and group discussions for skills application.

2. Target audience

All first and second year health professional program learners from dentistry, medicine, nursing (master's level), pharmacy, and physical therapy participated in this mandatory campus-wide curriculum. Over 500 learners were divided into 50 interprofessional

* Corresponding author.

E-mail addresses: Angel.Chen@ucsf.edu (A.K. Chen), Cathi.Dennehy@ucsf.edu (C. Dennehy), Amber.Fitzsimmons@ucsf.edu (A. Fitzsimmons), Susan.Hyde@ucsf.edu (S. Hyde), Kirby.Lee@ucsf.edu (K. Lee), Josette.Rivera@ucsf.edu (J. Rivera), Rebecca.Shunk@va.gov (R. Shunk), Maria.Wamsley@ucsf.edu (M. Wamsley).

small groups composed of 10–12 learners with representatives from each profession, and each group had a faculty facilitator for the quarterly face-to-face sessions over five quarters (15 months).

3. Goals

The educational goals of the Core Principles of Interprofessional Practice Curriculum are for the learners to:

1. Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served.
2. Communicate with other health professionals in a responsive and responsible manner that supports a collaborative approach to the maintenance of health and the treatment of disease in individual patients and populations.
3. Collaborate with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust.

Specific objectives for each module and session are listed in [Table 1](#).

4. Activity description

The Program for Interprofessional Education (IPE) Curriculum Development Working Group (CDWG), comprised of faculty and students from the five healthcare professional programs at the academic medical center campus was charged to design and implement an IPE curriculum at the campus level for early health care professional trainees. The committee selected five themes aligned with the IPEC competencies^{1,2} for this curriculum (see [Table 2](#)). Each of the themes was delivered in a blended fashion, through both a one-hour online module for content delivery and a two-hour facilitated face-to-face session for skills application. Online modules incorporated narrated PowerPoint presentation, patient cases, video simulation, and expert interviews and were comprised of 10-min segments. Each of the face-to-face facilitated small group sessions were attended by 10–12 learners from all five professional programs, and provided opportunities for interactive skills applications. Small group facilitators, comprised of interprofessional faculty and healthcare providers, received a one hour just-in-time faculty development session prior to each face-to-face session. All first and second year learners from dentistry, medicine, nursing (master's level), pharmacy, and physical therapy participated in this mandatory curriculum, which was offered once per quarter for five quarters. First year learners completed three sessions and second year learners completed two sessions each academic year. Learners completed the online module and pre-assignment prior to the face-to-face sessions, and completed post-session online evaluations. The CDWG reviewed results from the evaluations and made content revisions based on learner feedback prior to the next round of offering. This curriculum cycle has been repeated twice.

Session #1: What is it all about? Introducing core interprofessional concepts.

- Online module provided content related to a framework for interprofessional collaborative competencies, the Institute for Healthcare Improvement's triple aim, and patient safety in today's health care environment. Expert interviews and patient case studies were highlighted to demonstrate the importance of patient-centered interprofessional collaborative practice in the clinical environment adding authenticity.

- Learner pre-session assignment included reviewing the online module and reading a medication error case that occurred at an academic medical center.
- Face-to-face session was a joint Kick-Off Event with all learners gathered together utilizing video simulcast to 4 lecture halls, a keynote address delivered by the University's Chancellor, and attended by all the Deans from the Professional Schools. Learners participated in an ice breaker activity to get to know each other, followed by a facilitated presentation to perform a root cause analysis of the medical error case within our medical center, and identify strategies to prevent future occurrences through interprofessional collaborative practice.

Session #2: Who is on my team? Understanding roles, responsibilities, and abilities of different professions.

- Online module provided content related to training, scope of practice, and roles and responsibilities of the health care professionals, including the role of the patient and family. Expert and patient interviews demonstrated the importance of a team-based approach to delivering patient-centered care. Strategies for team formation, collaboration, and communication were also addressed.
- Learner pre-session assignment included reviewing the online module and interviewing a health care professional about their training, scope of practice, and roles and responsibilities.
- Face-to-face session was conducted in small interprofessional groups of 10–12 learners and one facilitator. Learners participated in pair-share of their interviews of a health care professional. A simulated pediatric encounter was conducted through role play of a parent and healthcare professional interview, with teams of learners contributing to a set of recommendations for the parent.

Session #3: How will our work get done? Understanding communication, accountability and task distribution.

- Online module provided content related to effective team-based skills, including communication, accountability, and task distribution. Simulated scenarios and real team videos were shown to illustrate key concepts. Common barriers to team communication and collaboration were addressed along with introduction of effective team communication tools and strategies.
- Learner pre-session assignment included reviewing the online module and writing about a recent communication challenge that occurred in a professional context with reflection on what communication tools/strategies presented in the module might have been useful to address this communication challenge.
- Face-to-face session provided opportunities for learners to demystify professional jargon commonly used in medical charting and communication using each other's expertise. Learners role-played a challenging communication case and applied effective team communication strategies such as team huddle, debrief, check back, and/or ISBAR (introduction, situation, background, assessment, and recommendation).

Session #4: How to tackle challenges: Conflict management and negotiation.

- Online module provided content related to conflicts that occur in healthcare settings and the five styles of conflict management (directing, cooperating, compromising, avoiding, or harmonizing) along with strategies to effectively respond to conflict in different situations. Simulated cases were used to highlight the conflict among healthcare professionals and specific tools and

Download English Version:

<https://daneshyari.com/en/article/5569413>

Download Persian Version:

<https://daneshyari.com/article/5569413>

[Daneshyari.com](https://daneshyari.com)