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Research Note

The IPE performance report: A tool for preceptor development

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ABSTRACT

Introduction: In order to promote interprofessional education (IPE) within the advanced experiential curriculum, the Office of Experiential Affairs (OEA) at Western New England University (WNE) created a process by which information regarding IPE at the practice sites is collected, verified, quantified, and used for preceptor development.

Methods: An interprofessional education preceptor survey (IPEPS), consisting of 43 standardized questions designed to assess IPE opportunities available at practice sites, was administered to 55 preceptors in spring 2016 using *Qualtrics*TM. Throughout the 2016–2017 academic year, students were required to document two interprofessional interactions that occurred during each of their four required APPE rotations. Results from the IPEPS were used to determine a perceived level of IPE occurring at each site and compared to student field encounter logs, then used to inform preceptor development through a customized IPE Performance Report.

Results and Discussion: Response rates for both the IPEPS and student field encounter logs were 100%. Data relating to preceptors' perception of IPE opportunities afforded by their sites were collected and compared to data logged by students regarding IPE encounters at the sites. The data were compiled through a customized IPE Performance Report and communicated to preceptors as a form of professional development around IPE.

Introduction

In a 2001 publication entitled *Crossing the Quality Chasm*, the Institute of Medicine's Committee on Quality of Health Care in America asserted that it was time for major changes in the delivery of healthcare.¹ Rationale for the proposed changes included the following: the “growing complexity of science and technology” and the inability of any one clinician to retain all of the essential information necessary for appropriate, evidence-based practice; an increase in chronic conditions due to the fact that people are living longer, and the idea that quality care for these patients is a collaborative process; a poorly organized healthcare delivery system lacking continuity, comprised of layers of care and frequent handoffs to multiple healthcare providers, creating potential issues with quality and patient safety.¹ In order to address these concerns, the committee recommended that an interdisciplinary meeting be held to discuss transforming health professions education, and in 2002, 150 professionals from across several disciplines participated in the Health Professions Education: A Bridge to Quality summit, with the goal of creating core competencies to be integrated into health professions educational programs.² Since then, the support for a heightened focus on interprofessional care in the education of healthcare professionals has continued to grow, with endorsements from the American Association of Colleges of Pharmacy (AACP), the Association of American Medical Colleges (AAMC), and the Interprofessional Education Collaborative (IPEC).^{3–5} IPEC has grown since its inception from six founding members to twenty institutional members in 2017, bringing most of the health professions into the fold.

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For pharmacy educators, the emphasis on interprofessional education (IPE) was formalized with the update to the Accreditation Council for Pharmacy Education (ACPE) Standards in 2016, which included a dedicated standard for interprofessional education, Standard 11.⁶ Standard 11 states, “the curriculum prepares all students to provide entry-level, patient-centered care in a variety of practice settings as a contributing member of an interprofessional team.”⁶ It further specifies that the skills required to be an effective member of the team are to be “introduced, reinforced, and practiced in the didactic and Introductory Pharmacy Practice Experience components of the curriculum, with competency demonstrated in the Advanced Pharmacy Practice Experience (APPE) practice settings.”⁶

This new accreditation standard presents numerous challenges for programs as they strive to achieve compliance within their didactic curriculum including: the need to provide faculty development on the topic of IPE; the requirement to integrate IPE coursework into an already saturated didactic schedule; and the necessity to join forces with other health professions to create a collaborative learning environment. These challenges also hold true for the experiential curriculum, with the added caveats that the faculty being developed are preceptors, IPE activities must be integrated into the daily work at practice sites, and collaboration must occur between students and non-pharmacy practitioners within the working environment.

While faculty within the academy have been well aware of the IPE standard for some time now, for most practitioners it is a new requirement. For this reason, educating preceptors about the definition of IPE and how it might be implemented within their unique practice settings presents an additional set of challenges for the experiential curriculum. In response to these challenges, the Office of Experiential Affairs (OEA) at Western New England University (WNE) created a process by which information regarding IPE at the practice sites is collected, verified, quantified, and used for preceptor development.

Methods

IPE Preceptor Survey (IPEPS)

In order to raise preceptors' awareness of IPE expectations and gather information from them regarding IPE opportunities currently available to students within their practice settings, WNE developed the Interprofessional Education Preceptor Survey (IPEPS, [Appendix 1](#)). IPEPS was adapted from components of the Interprofessional Collaborative Competency Attainment Survey (ICCAS) and the Practice Site Readiness for Interprofessional Education (PRIPE) survey.^{7,8} The 20 competencies described in the ICCAS survey were selected based on their simplicity and comprehensiveness as perceived by the authors and based on a search of the literature.⁷ Similarly, the components of the PRIPE survey were selected due to their value to our data collection.⁸ The resulting instrument consisted of 43 standardized questions regarding demographic information, rotation type, presence of other healthcare professional students at the site, site activities performed and the level of participation of pharmacy students in these activities, and frequency of exposure to the 20 interprofessional competency outcomes as described in the ICCAS.⁷ The survey was built using *Qualtrics*TM and distributed electronically to 55 preceptors of record at 52 sites who were active in Ambulatory Care, Acute Care, and Institutional rotations during the 2016–17 APPE year. In some cases, preceptors of different rotation types may have been at the same facility, but in different practice settings. Community rotations were not included in this initial study in an effort to initiate our preceptor development efforts within a smaller subset of our preceptor base. The survey was sent out during block 4 of the 2016–17 academic year, with the purpose of identifying the IPE culture at the site. The release of the survey was not designed to coordinate with any specific APPE block. The survey was closed after two months and response data were downloaded to and processed in Microsoft[®] Excel (Version 15.13.3). Response rate for the IPEPS was 100% after several reminders.

Student Field Encounters

There are eight six-week blocks APPE rotations during the PY-4 year at WNE, and all students must complete six of them (four required, two elective). In an effort to document interprofessional interactions occurring during the APPEs, WNE supplemented the four required APPE rotations with an additional assignment called *Field Encounters: Interprofessional Healthcare Team Interactions*. Students (n = 68) were oriented to the assignment during the APPE orientation. For this assignment, all students were required to document two examples of interactions with other healthcare professionals per each required rotation using the experiential software system (CORE ELMS). Documentation consisted of choosing the discipline of the practitioner from a dropdown menu, selecting from a list of the 20 IPE outcomes to which the interaction aligned, and entering a description of the interaction. The assignments were reviewed by the Operations Manager for Experiential Affairs for completion. The Assistant Dean for Experiential Affairs then assessed the assignments for the appropriateness of the competencies selected as compared to the descriptive narrative. This conclusion was reached based on the Assistant Dean's experience with use of the IPE outcomes as well as her expertise in the experiential settings. As these assignments were a requirement to pass the rotation, response rate for the Field Encounters was 100%.

Preceptor Development Tool

Collecting data from both preceptors and students afforded us the opportunity to assess the alignment between the IPE outcomes that preceptors identified as being available at their sites and the IPE experiences in which students reported to be engaged. In order to disseminate this information and promote preceptor development in the area of IPE, we developed the IPE Performance Report, a sample of which is presented in [Appendix 2](#). This concise report, which compiles data from the IPEPS with student field encounter logs within a Microsoft[®] Word (Version 15.27) template, communicates the following information to preceptors in an easy-to-read

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