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Interprofessional faculty development program: ESHPE model

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ABSTRACT

Interprofessional Education (IPE) refers to collaborative learning experience of staff belonging to diverse professions and academic backgrounds. To cope up with the challenging, innovative, rapidly growing and integrated health professions education, IPE appears to be a necessity rather than a luxury. IPE may also have a strategic advantage towards achieving the ultimate goal of collaborative patient care and community services. Keeping the amplified demand of IPE in consideration, a faculty development program, *Essential Skills in Health Professions Education* (ESHPE), was designed by Medical Education Department for the faculty of Health Sciences in Imam Abdulrahman Bin Faisal University, Saudi Arabia, and is still in continuation. The primary objective of the program was to break the shackles of interdisciplinary barriers and encourage rich interaction and exchange between different health professions to enhance mutual understanding and awareness. The ESHPE program aspired towards incorporating the indispensable skills that had to be demonstrated by all participating faculty members. In this reported experience, faculties from 13 health institutions of the University participated in the training program, belonging to a variety of backgrounds, cultures and expertise and who showed enhanced teaching competence after successful completion of the program.

1. Introduction

Interprofessional Education (IPE) involves staff from diverse professions and academic backgrounds learning and working together.[1] Interprofessional team achieves its purpose through collaborative learning and the collective knowledge and skills of all team members. Usually interprofessional education is investigated in the context of undergraduate or postgraduate education. This article discusses how a faculty development program was designed to the faculty of Health Sciences, Imam Abdulrahman Bin Faisal University, Saudi Arabia, to promote learning in interprofessional teams. This is consistent with the argument between McLean and her colleagues that faculty development should strive for collaboration across health disciplines, and where possible, across professions.[2]

1.1. The theoretical basis for ESHPE

Many theorists attempt to explore the theoretical background of learning in interprofessional teams. Hean with her colleagues discussed the application of theories that support the social dimensions of interprofessional learning and teaching, particularly with respect to the social capital theory.[3] Social capital is a heuristic concept used to describe the advantages gained by the members of a social network. Recently the social capital gained interest from scholars in medical education as a heuristic framework used to describe, understand and measure the advantages gained by individuals who are part of a social network in academic medicine. Interprofessional training and good teamwork can reduce burnout and enhance patient safety.[4]

Planning faculty development can be based on what they *like* or *feel the need* to learn, which is called *needs assessment*.[5] Other inputs such as what *should* also be learned is considered from an institutional or national perspective. For instance, the drives for accreditation as an institutional requirement instructs faculty developers to address quality standards in developing course specification and reports as demonstrated in Saudi Arabia by the Education Evaluation Commission or EEC (formerly National Commission for Academic Accreditation and Assessment, NCAAA). Also, with the emergence of latest innovations, such as e-learning resources, advanced simulation centers etcetera, motivate the inculcation of workshops and courses related to these domains.

1.2. History of ESHPE

Faculties of health profession at the Imam Abdulrahman Bin Faisal University consist of colleges of medicine, dentistry, nursing, allied health sciences (9 divisions) and clinical pharmacy. Imam Abdulrahman Bin Faisal University recruits teachers from medical, dental, nursing and a variety of other backgrounds, cultures and expertise to cater for diverse faculty needs. They receive variable training

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as faculty members that may or may not be consistent with the mission and vision of the University. The Medical Education Department is in charge of developing workshops for a wide-spectrum of topics in health professions education. Most faculty development programs in health professions are based on *buffet style* presentations, where participants end up opting for workshops which are of interest to them but possess questionable relevance to their job responsibilities and they usually attend a couple of events as per their availability with the purpose of meeting the minimum continuing medical education (CME) hours requirements (for keeping their license as health professionals). These standalone workshops may not be consistent with their roles as faculty members; that is why Berk[6] advocated that standalone workshops can be a waste of time for developers and participants. We, therefore, aspire towards developing a discrete post qualifying interprofessional course that incorporates the indispensable skills that have to be demonstrated by all faculty members in health professional Colleges at the Imam Abdulrahman Bin Faisal University. We called the course: **E**ssential **S**kills in **H**ealth **P**rofessions **E**ducation or ESHPE. It fulfills adult learning principles and employs' experiential, problem-based, collaborative inquiry learning and reflective practices. The primary goal was to break the shackles of interdisciplinary barriers and encourage rich interaction and exchange between the different health professions to enhance mutual understanding and awareness. It includes tools such as games, debates, I-PAD apps interactive sessions, and role plays. Lab-based inter-professional simulation training and virtual learning platform discussions and reflections are proposed to be inculcated in the future as the need is evident.

The idea for ESHPE started in 2003 when a new problem-based curriculum was launched in the medical school. The establishment of the National Commission of Academic Accreditation and Assessment in 2004 emphasized on this need further. The course has been materialized in its final shape, almost seven years later, in three modules, which are: Course Design, Teaching/Learning and Assessment. Each module consisted of three days with a total of approximately 54 h (accredited by Saudi Commission for Health Specialties) spread over nine days (3*3 design). Modules were separated by 4–8 weeks of relief time that was intended to allow participants to apply what they have learnt and reflect upon their experience in the subsequent module. To utilize this inter-modular break properly, the program developers wish to inculcate assignments related to the covered module in future which is currently deferred due to the lack of technical support and shortage of staff.

With respect to the schedule, we had a consensus to plan assessment as the third module, but we used to have a debate in the Medical Education Department, whether to start with course design module or with teaching/learning module. We studied the scope of services of teachers in health profession colleges. It was evident that almost *all* teachers are engaged in teaching and learning, while only those, who were assigned as course coordinators, had to write course specifications and report. Moreover, almost all of the faculty is involved in playing multiple roles in the academia which are beyond a mere lecturer or an information provider.[7] We believed that the faculty should primarily be trained for these academic roles along with the sensitization of innovative teaching modalities and evidence-based learning advancements. Thus, we decided to start with the most demanding, teaching and learning module which was obviously relevant to all participants and in their job descriptions.

2. Methods

This utilized the descriptive epistemological approach which describes the challenges, views, scope of knowledge, and the limitations in the study. This was made possible through the identification of a core set of competencies to be achieved through the ESHPE course. Following that, cross-cutting competencies were intended to be achieved through the introduction of the course by participants from all disciplines, as listed in Table 1. The key principles of adult learning were considered when designing our ESHPE course. We intended to dedicate most of the time for activities and hands-on training to capitalize on the experience of faculty members in different disciplines. Efficient utilization of time was a great challenge; to address the key elements of course designs, teaching/learning and assessment in only nine days (54 h). Adding to that we had to provide enough time for hands-on during the sessions to validate learning and provide feedback on the performance of participants. We had two main strategies to compensate for the very limited duration of the modules. First, we supplied participants with key reading materials that included latest literature, guides and handouts on basic principles of each domain well before the starting date. Early involvement of the participants helped them prepare for the workshops. We revisited some of these materials in the sessions in the form of short reading activities, with more emphasis on the key figures and tables in selected articles, such as: Fig. 1 that encompasses the twelve roles of the teacher, as in the classical AMEE Guide 20.[8] Our second strategy was not to go beyond the basic knowledge that addressed the core principles for each domain. We tried our best to resist the *temptation to cover* everything in few days, but rather address one skill per day, either in course design, teaching or assessment with relevant cognitive basis required to performing it. We walked the talk, because we used to tell participants that novice teachers provide overview of the topic in their sessions, but only expert teachers know exactly what not to tell. We adopted two strategies to improve attendance. First, we had to sell our event in advance by seeking accreditation by the Saudi Commission for Health Specialties. We managed to get a total of 54–57 CME hours for all modules with an average of 18 CME hours per module. Also, we opened the invitation to individual faculty members to register and those who were interested, can seek approval from their respective administrative authorities. In 2016, we celebrated the seventh batch of ESHPE. A total of 169 educators from 13 health professions at variable seniority levels ranging from lecturers to fulltime professor, department heads and even deans had participated successfully in the course.

Table 1
The list of key competencies addressed for each module of ESHPE course.

Module	Competencies
Teaching/Learning	Lesson planning Giving feedback Interactive lecturing for higher cognitive learning
Course Design	Writing learning outcomes Educational alignment Developing course specifications/reports
Assessment	Developing MCQ items Blueprinting of exams Item analysis

ESHPE-essential skills in health professions education, MCQ-multiple choice question.

3. Discussion

3.1. From multiprofessional education to interprofessional education

In the integration ladder, Harden[8] has described multiprofessional education (MPE) along a continuum of eleven stages from isolation, where healthcare professionals are taught separately from one another to transprofessional where learning is based in practice. Although, multiprofessional (MPE) and interprofessional education (IPE) are sometimes used interchangeably, however, there is a clear distinction between the two strategies. Multiprofessional education (MPE) is when participants from two or more professions learn alongside one another in a parallel rather than interactive mode, but IPE only occurs when two or more professions learn *with*, *from* and *about* each other to improve