

PROFESSIONAL DEVELOPMENT FOR INTERPROFESSIONAL EDUCATION: PARTICIPATION AND PERCEPTIONS FROM A PILOT PROGRAM

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Background:

Interprofessional education (IPE) is a major priority for health professions education programs preparing learners for professional team-based practice.¹ Clinical settings have been recognized as the ideal context for learners' development of interprofessional attitudes and competencies.² A recent IPE practice guideline for interprofessional teaching concludes "faculty development to enhance existing skills is desirable and should combine a hands-on workshop with demonstration and feedback involving different professions".³ Interprofessional education and care is also a key part of Duke Health's strategic plan to "dramatically increase interprofessional education, research and practice".⁴ However, clinician-educators have limited professional development opportunities at Duke to effectively facilitate IPE.

Objectives:

The purpose of this pilot program was to equip clinician-educators with knowledge, skills, and attitudes to effectively facilitate IPE with their learners in clinical settings.

Program learning objectives included:

1. Develop values underpinning the principles of collaborative practice
2. Explain principles of IPE and interprofessional collaborative practice
3. Utilize effective collaborative practice skills based on the principles of team-based, patient-centered care
4. Facilitate interprofessional interactions among learners and health professionals to promote IPE

Methods:

Program activities consisted of four one-hour, in-person training sessions every two weeks. Participants were assigned readings prior to each session and incorporated deliberate application of instructional and facilitation skills with learners in clinical settings between sessions. Each session included brief content presentations by program instructors, time for individual reflection, and structured group discussion about application of the skills into practice.

Program evaluation used a mix-methods design with pre- and post-program surveys. Descriptive statistics were used to summarize survey responses and paired t-tests were used to analyze the retrospective pre/post-test items. Simple thematic analysis was used to analyze open-ended survey items. This educational research project was declared exempt by the Duke IRB: Pro00100630.

Results:

Twenty-one participants from a variety of health professions participated. A majority (71%) of participants attended 3 or 4 of the sessions. Quantitative analysis of survey responses (n: 11) revealed statistically significant changes in participants' perceptions of values and confidence in abilities to facilitate IPE. Thematic analysis also indicated changes in participants' knowledge and behaviors. A majority of survey respondents (91%) rated the program as quite effective or extremely effective. Thematic analysis of responses identified the most valuable program content (definitions, collaborative practice model, facilitation skills, others' perspectives, creating positive learning environment with emphasis on psychological safety), learning activities (literature, group discussion, networking), and the importance of the opportunity to engage in and encourage IPE.

Implications:

Clinician-educators from a variety of professions had interest and participated in an IPE professional development program. Participants perceived the program as effective in developing their knowledge, values, and confidence in abilities to facilitate IPE in clinical settings. Future programs could be improved by allowing more time for skills practice during sessions and more robust evaluation of short- and long-term learning outcomes. The program is a model for sustainable professional development that could be delivered in multiple educational formats to meet needs of clinician-educators advancing IPE at Duke Health and beyond.

References:

1. Stone, J. Moving interprofessional learning forward through formal assessment. *Medical Education*. 2010;44(4):396-403.
2. Thistlethwaite, J. (2012). Interprofessional education: a review of context, learning and the research agenda. *Medical Education*. 2012;46(1):58-70.
3. Lie, D. A., Forest, C. P., Kysh, L., & Sinclair, L. (2016). Interprofessional education and practice guide No. 5: interprofessional teaching for prequalification students in clinical settings. *Journal of Interprofessional Care*. 30(3):324-330.
4. Duke Health. Advancing Health Together: 2016-2020 Strategic planning framework. Duke health strategic planning website. https://www.dukehealthstrategy.duke.edu/sites/www.dukehealthstrategy.duke.edu/files/advancing_health_together.pdf. Published 2016. Accessed July 30, 2019.

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