Evolution of a Faculty Development Program (FDP) for IPE Facilitation: A process view

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Objectives

- Summarize the program design and evaluation plan
- Illustrate continuous improvement process and changes to content and delivery methods
- Share evaluation data indicating positive changes in faculty behaviors
- Assess proposed changes based on the programmatic evaluations
Program Design

- Pre and Post Assignments
  - IPE Facilitation Competency Survey
  - IPE Knowledge Test
- Online Didactics and Collaboration
  - Discussion Board
  - Wiki
- Face to Face (f2f) Practice Facilitation/Debriefing Skills
  - Recorded/Peer and Self Assessment
- Team Client Assessment Visit in Community
- Life Long Learning Strategies
- Elsevier’s Clinical Practice Model (CPM) principles of partnership and dialogue (*introduced after pilot*)
# Example of Evaluation Planning

<table>
<thead>
<tr>
<th>Goal: The goal of this faculty development program is: To develop health professions faculty competencies in the facilitation of interprofessional health education during an interprofessional course, simulations or other IPE events.</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is the impact of the program on faculty’s knowledge, skills and attitudes?</td>
<td>1. Increase knowledge about basic concepts of IPE. (knowledge)</td>
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<tr>
<td>2. What was the impact of the program on changes to faculty’s IPE facilitation skills?</td>
<td>2. Increase competencies in needed skills to facilitate IPE effectively. (skill)</td>
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<td>3. What factors enabled or prevented change in IPE facilitation?</td>
<td>Possible Measures</td>
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<tr>
<td></td>
<td>1. Knowledge test</td>
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<td></td>
<td>2. 80% of faculty development graduates will commit to teaching 1st year of student course.</td>
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<td>2. In the 2nd academic year that the student course is offered, 80% of faculty course workloads will be filled spontaneously</td>
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<td></td>
<td>2. Provides formative feedback for ongoing development of the program.</td>
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<td></td>
<td>2. Use Sargeant et. al Facilitation Scale (2010)</td>
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<tr>
<td></td>
<td>Data Analysis</td>
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<td></td>
<td>Pre/Post Test</td>
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<td></td>
<td>Workload Planning Doc; conversation w/program chairs</td>
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<td>Workload Planning Doc; conversation w/program chairs</td>
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<td></td>
<td>Stakeholders</td>
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<td>1. GVSU/Strategic Plan</td>
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<td>2. CHS/KCON/SW Deans</td>
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<td></td>
<td>3. Faculty Champions*</td>
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<td></td>
<td>4. Other Faculty</td>
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<td></td>
<td>5. Community Partners</td>
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<td></td>
<td>6. Patients (outside of scope for this project)</td>
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<td></td>
<td>*all faculty champions are experienced in curricular process</td>
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</tbody>
</table>
Program Evaluations By Kirkpatrick’s Outcome Levels

<table>
<thead>
<tr>
<th>Kirkpatrick Outcome Level</th>
<th>Description</th>
<th>Assessment</th>
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</thead>
<tbody>
<tr>
<td>1. Reaction</td>
<td>Learners' views on the learning experience and its interprofessional nature</td>
<td>Session Evaluation Surveys</td>
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<tr>
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<td>One on One Faculty Meetings</td>
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<td></td>
<td></td>
<td>Weekly Faculty Team Meetings</td>
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<tr>
<td>2a. Modification of Attitudes/Perceptions</td>
<td>Changes in learners' reciprocal attitudes or perceptions between participant groups. Changes in perception or attitudes towards the value and/or use of team approaches</td>
<td>Pre/Post Facilitation PerceptionsSkills Survey</td>
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<td>Weekly Faculty Team Meetings</td>
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<tr>
<td>2b. Acquisition of Knowledge/Skills</td>
<td>Including learners' knowledge and skills linked to interprofessional collaboration</td>
<td>Pre/Post Knowledge Test</td>
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<td></td>
<td></td>
<td>Team assessment of community-based client</td>
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<td></td>
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<td>IPE student course facilitated debriefings</td>
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<td></td>
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<tr>
<td>3. Behaviorial Change</td>
<td>Identifies learners' transfer of interprofessional learning to their practice setting and changed professional practice</td>
<td>Self-reflection Assignments</td>
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<td>Program evaluations</td>
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<td></td>
<td></td>
<td>Continuous program evaluations by FD faculty team</td>
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<tr>
<td>4a. Change in Organizational Practice</td>
<td>Wider changes in the organization and delivery of care</td>
<td>IPE Faculty Scholarly Projects</td>
</tr>
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<td></td>
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<td>Program evaluations</td>
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<td></td>
<td>IPE Faculty Scholarly Projects</td>
</tr>
<tr>
<td>4b. Benefits to patients/clients</td>
<td>Improvements in health or well being of patients/clients</td>
<td>Team assessment of community-based client</td>
</tr>
</tbody>
</table>

* As modified by Freeth et al. (2002)
The Journey

Phase I: 9/10 – 12/12
Phase II: 2/13 – 8/13
Phase III: 8/13 – 5/14
PHASE I 9/10 - 12/12
Phase I

Plan
- Evidence of need
- Stakeholders
- Program Design/tools
- Identify planning team
- Identify desired learning outcomes
- What/how to evaluate
- Data collection and analysis process
- Pilot Study – 12 hrs f2f/12 hrs online
- 1st session – 15 hrs f2f/9 hrs online (mandatory for faculty teaching IPE student course)

Do
- Pilot- Sp/Sum 2012
- 6 faculty/6 disciplines (ideal representation!)
- 1st Faculty Session – Late Fall 2012
- 11 faculty/3 disciplines
- > # disciplines = > learning outcomes
- CPM principles and tools highly embraced
- Self-awareness occurring
- Confidence increasing
- Learning together is insightful and fun!

Study
- Discussion on group safety, respect & trust important
- Too much homework to complete - too many readings – especially re: IPE theory
- Personal development plan too time intensive
- More time needed for f2f especially for IPE facilitation practice
- Too many faculty time constraints due to end of semester workloads
- Frustration with technology & online content

Act
- Reassess all content
- Omit CPM IP Care Plan
- Omit Life Long Learning strategies (personal development plan)
- Reduce # of readings (recommended vs. required)
- Reorganize content in all sessions
- Add a Blackboard overview during 1st f2f session
- Allow time to create shared meaning for team SOAP note
Phase II

**Plan**
- Hybrid Format
- 15 hrs online/3 hrs f2f
- Redesign based on feedback
- Added ICAR
- Modify case studies based on participating disciplines in student course

**Do**
- 6 faculty/2 disciplines
- FDP occurred simultaneously with teaching of IPE course
- Mutual frustrations/faculty expectations for IPE course orientation

**Study**
- Faculty request orientation to student course as part of faculty development program
- Too much reading
- Positive feedback of more online content and less f2f

**Act**
- Reduce program content due to copyright restrictions with Elsevier
- Move more readings to “recommended”
- Unable to expand faculty development program content to include student course orientation
PHASE III (8/13 - 5/14)
Phase III

Plan
- Required elimination of CPM Scope of Practice Presentation
- Started earlier in the semester
- Increased “space” between sessions
- Reduced required readings again
- Redesigned Blackboard content

Do
- 7 faculty/4 disciplines
- SPL faculty seeking development prior to accreditation requirements – all voluntary!
- Higher faculty absenteeism due to competing demands
- One facilitator role change – career move
- Differences in faculty disciplines effects group dynamics

Study
- Time commitment for all facilitators was very limited
- Program evaluations did not get sent out
- Student perceptions of faculty facilitation skills were lower when faculty facilitated 2 vs. 1 student team

Act
- No change deemed due to limited data collected
- Financial constraints will continue to limit co-facilitation by faculty to 2 vs. 3 during student course
Some Positive Changes Based on our Data

- Number Who Have Taught: 20 (out of 30)
- 82% taught in 1st IPE course; 88% taught in 2nd year
- 75% of students’ comments rated as “good” or “excellent” facilitator skills
- Faculty feedback
  - Appreciation for facilitation skills practice
  - CPM content is understandable, practical and realistic for application
  - Faculty realize need for behavior change
  - Greater awareness of other’s perspectives
- Post facilitation survey results: 16 (out of 20)
Change in Facilitation Perception by Question - Fall 2012 (7 of 9 participants modified perceptions)

- **Described why interprofessional education is important.**
  - P1, P3, P6, P8, P9: Increased perception.
  - P2, P4, P5, P7: No change in perception.

- **Explained how interprofessional collaboration can enhance patient-centered practice.**
  - P1, P2, P3: Increased perception.
  - P4, P5, P6, P7, P8, P9: No change in perception.

- **Asked participants to share their professional opinions, perspectives, and values relative to.**
  - P1, P2, P3, P4, P5, P6, P7, P8, P9: No change in perception.

- **Identified professional differences in a positive manner as participants offered their professional experiences and perceptions.**
  - P1, P2, P3, P4, P5, P6, P7, P8, P9: No change in perception.

- **Asked health professionals to indicate their profession and discuss each other's roles and responsibilities in the delivery of patient care.**
  - P1, P2, P3, P4, P5, P6, P7, P8, P9: No change in perception.

0 = No Change in perception
1 = Increased perception of their behavioral effectiveness
-1 = Decreased perception of their behavioral effectiveness
Pre/Post Facilitation Results by Question – Sp/Summer 2013
(3 of 3 participants modified perceptions)

- Described why interprofessional education is important.
  - P10: 0, P11: 1, P12: 1

- Asked participants to share their professional opinions, perspectives, and values relative to...
  - P10: 1, P11: -1, P12: 1

- Explained how interprofessional collaboration can enhance patient-centered practice.
  - P10: 0, P11: -1, P12: 0

- Identified professional differences in a positive manner as participants offered their professional experiences and perceptions.
  - P10: 1, P11: -1, P12: 0

- Asked health professionals to indicate their profession and discuss each other’s roles and responsibilities in the delivery of patient care.
  - P10: 1, P11: 0, P12: 1

0 = No Change in perception
1 = Increased perception of their behavioral effectiveness
-1 = Decreased perception of their behavioral effectiveness
Pre/Post Facilitation Results by Question - Fall 2013
(3 of 4 participants modified perceptions)

- **Described why interprofessional education is important.**
  - P13: 0
  - P14: 1
  - P15: 0
  - P16: 0

- **Explained how interprofessional collaboration can enhance patient-centered practice.**
  - P13: 0
  - P14: 1
  - P15: -1
  - P16: 0

- ** Asked participants to share their professional opinions, perspectives, and values relative to...**
  - P13: 0
  - P14: 1
  - P15: 1
  - P16: 0

- **Identified professional differences in a positive manner as participants offered their professional experiences and perceptions.**
  - P13: 0
  - P14: 1
  - P15: 0
  - P16: 0

- **Asked health professionals to indicate their profession and discuss each other’s roles and responsibilities in the delivery of patient care.**
  - P13: 0
  - P14: 1
  - P15: 1
  - P16: 0

**Legend:**
- 0 = No Change in perception
- 1 = Increased perception of their behavioral effectiveness
- -1 = Decreased perception of their behavioral effectiveness
Key Lessons Learned

- Faculty really “don’t know what they don’t know” and recognize the complexity of being an IPE facilitator
- Content has more meaning after faculty “live it”
- Faculty do not feel as connected with the students when they facilitate 2 teams during the class session
- Continued support for faculty is important but time/money resources are very limited
- Ongoing development of program difficult because of time/money resources very limited
- Culture change difficult to sustain when so many financial constraints for higher education
- Changes in course decisions create chaos in planning process
- Policies meant to support culture change and buy-in can backfire
Journey Ahead – Future Considerations

• IP practice integration/embedded faculty (in progress)
• Inclusion of Grand Rapids Medical Education Partners (GRMEP) residents
• Integrate team effectiveness tool
• Faculty qualitative evaluation after teaching student course
• Strategies to connect faculty if they do not go through the FDP together
• Formal organizational support for the IPE facilitator role
• Sustainability strategies for continued momentum and future development
Final Take-Aways

• The journey is too hard alone – there is strength in team!
• Administrative support is critical to success
• The FDP provides a mechanism for culture change for IPE through trust and relationships
• Invest in continuous quality improvement

THANK YOU! QUESTIONS?