Development, Implementation, and Assessment of an Interprofessional Education Program

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Abstract

In this session, we will explore unique challenges to developing an IPE program in a community-based osteopathic medical school. Data from a three-year curriculum will be presented to inform participants of potential barriers to implementation. By the end of the session, participants will be able to apply new strategies and novel practices to implement in their own IPE curricula.

Specific Aims

Specific Aim 1: To investigate the effectiveness of an Interprofessional Education curriculum (Figure 1) on student attitudes toward interprofessional collaboration.

Specific Aim 2: To evaluate the components of an Interprofessional Education Certificate Program curriculum as best practices in teaching, learning, and assessment of interprofessional competencies.

Specific Aim 3: To examine the effects of our Interprofessional Education Collaborative Practice Competencies during clinical experiences.

Challenges

There were three major challenges facing the development and implementation of this course. The geographical distances between the participating schools were greater than 50 miles. There were three different, individual, curricula to align to produce meaningful course content, and there were a large number of students enrolled at each institution.

Methods

Assessing changes in student attitude regarding roles and responsibilities of different health professions.

Method: Both first and second year medical students were given a modified validated survey adapted from Parsell & Bligh (Figure 2). This validated survey will assess the desirable knowledge and attitudes of interprofessional practice.

Measuring overall student satisfaction of the Interprofessional Education Course.

Method: First, second, and third year medical students completed course evaluations assessing the student’s perceived value of the course.

Evaluating student mastery of Interprofessional Collaborative Practice Competencies.

Method: Second year students completed a self-assessment of their early clinical experience (ECE) by answering one of five focus questions based on their experience.

Third year students were required to complete a reflection paper after completing the Underserved Care/Family Medicine Rotation. These activities measured the degree of change in students’ behavior due to their participation in the IPE course.

Results

Assessing changes in student attitude regarding roles and responsibilities of different health professions.

- First year medical students
  - There was a significant difference between start of program means and end of first year means for both survey factors
  - Factor one mean at start of program: 1.71
  - Factor one mean at end of year one: 4.88
  - Results: (t(167)) = 38.6, p < .000
  - Factor two mean at start of program: 3.55
  - Factor two mean at end of year one: 2.29
  - Results: (t(167)) = 10.46, p < .000

- Second year medical students
  - There was a significant difference between end of year one means and end of second year means for survey factor two
  - Factor two mean at end of year one: 2.60
  - Factor two mean at end of year two: 3.04
  - Results: (t(82)) = 5.46, p < .000

Measuring overall student satisfaction of the Interprofessional Education Course.

- Student responses measured on a 5-point Likert Scale (1= Strongly Disagree, 5= Strongly Agree) with regards to overall course satisfaction at the end of each academic year
  - First year students: Mean= 3.99, Median= 4, SD= 0.789
  - Second year students: Mean= 4.26, Median= 4, SD= 0.881
  - Third year students: Mean= 4.54, Median= 5, SD= 0.660

Evaluating student mastery of Interprofessional Collaborative Practice Competencies.

- Student responses measured on a 5-point Likert Scale (1= Strongly Disagree, 5= Strongly Agree) at the end of the three year program with regards to utilization of knowledge, skills and attitudes about interprofessional patient care learned in the course
  - Third year students: Mean= 4.69, Median= 5, SD= 0.480

Conclusion

These data illustrate that the program is effective during the first year to elicit a heightened awareness of both timeliness and quality of patient care in an interprofessional setting. At the end of the second year, the students’ perceptions towards quality of care in an interprofessional setting remained unchanged, however, the timeliness factors changed again. One possible reason for this is that the program provides consistent advocacy for the quality aspects of interprofessional care throughout, however, timeliness factors of interprofessional care need to be observed first-hand to alter student perceptions.

Overall, the program is well received by students and perceived self-mastery of terminal competency objectives are being met. Additionally survey data suggest that lessons learned in this course are being put into practice by students who have completed the program.

Solutions

Several instructional strategies were used to address the challenges faced in this program. Three ways that the obstacles of distance, differing curricula, and student interest were managed through the use of 1) a centralized learning management system, 2) use of asynchronous online platforms such as Google Hangouts, and 3) dividing students into small groups for the program’s duration.

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Reference

Parsell G, Bligh J. The development of a questionnaire to assess the readiness of health care students for interprofessional learning. Medical Education. 1999;33:56-106