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Innovation in Education

Poster Title

Lessons Learned in the Process of Developing & Implementing an Interprofessional Clinical Pilot Program

Authors

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Abstract

OBJECTIVES: Evaluate feasibility of interprofessional (IP) training for 1st year students; Determine most effective training processes to be used to design a larger pilot.

ASSUMPTION/THEORY: IP education improves communication and collaboration needed in healthcare teams, which in turn improves patient outcomes (Curry et al., 2011; Brock et al., 2013).

METHODS: 6 IP faculty recruited 9 students from nursing, medicine, & PA training programs.

-Qualitative: Student/faculty written narratives; Observations of preceptor-student teams and patients over 5 sessions; Faculty, student, patient feedback; Narrative data analyzed via iterative process to establish key themes.

-Quantitative: Pre-post-intervention surveys of students & faculty to learn changes in readiness for IP education; attitudes & perceptions regarding IP teamwork; Differences in means between pre- and post-tests compared using t-tests.

RESULTS: Students/faculty increased positive attitudes toward IP teamwork and self-perceptions of team skills; mixed results in readiness to participate in IP learning. (Supported by statistical results in tables.)

-Commonalities in training approaches by the 3 programs became platform for IP training. Differences gradually introduced & received by students as an opportunity to learn about others' roles/expectations.

-Details of the pilot worked out by having faculty first perform clinical team procedures before having students perform them.

-Students preferred to decide amongst themselves what each team member's role would be vis-à-vis each patient, with some flexibility in sharing roles as needed.

-Students preferred faculty to be "facilitative" but not "directive."

-Patients accepted IP students, did not make distinctions between professions, & often performed the role of "teacher" of students regarding illness experience.

REFLECTION: A small, brief "proof of concept" pilot that focused on processes was necessary before undertaking a larger pilot.

References

Curry LA, Spatz E, Cherlin E, Thompson JW, Berg D, Ting HH, et al. What distinguishes top-performing hospitals in acute

myocardial infarction mortality rates? A qualitative study. *Ann Intern Med.* 2011;154:384-90.

Brock D, Abu-Rish E, Chiu C-R, et al. Interprofessional education in team communication: working together to improve patient

safety. *BMJ Qual Saf.* 2013; 22: 414-433.