Programmatic Assessment of Interprofessional Education: Moving Beyond Assessing Individual Activities and Satisfaction

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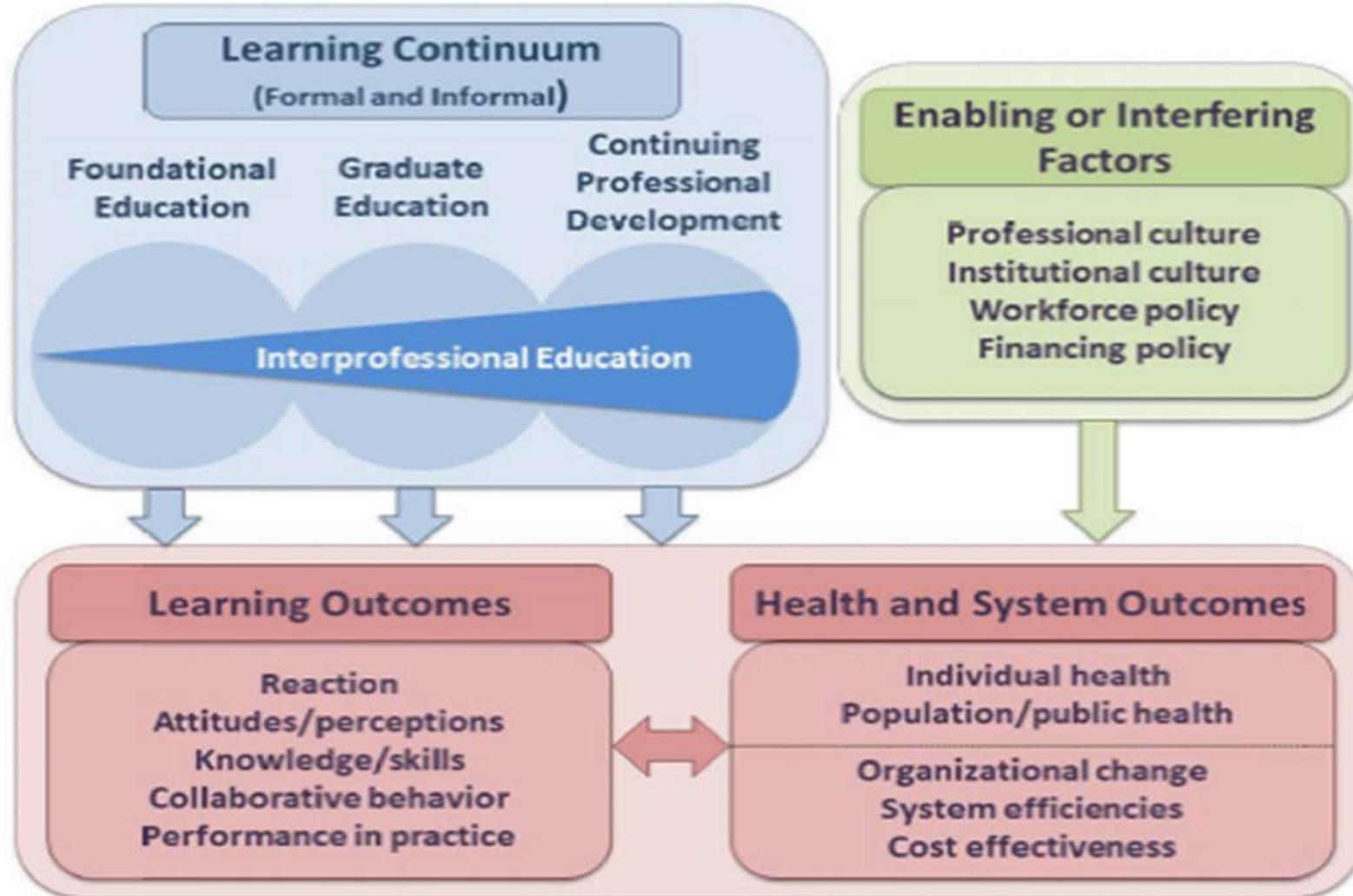Mayumi Willgerodt, PhD, MPH, RN University of Washington

Collaborating Across Borders VI Workshop

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Objectives

1. Describe programmatic assessment in IPE using higher level evaluation methods from the modified Kirkpatrick/IOM framework.

2. Apply higher level evaluation methods to develop programmatic IPE assessment strategies.

3. Create initial plans for implementing programmatic IPE assessment using higher level evaluation methods at your institution.

Background

IOM (Institute of Medicine). 2015. *Measuring the impact of interprofessional education on collaborative practice and patient outcomes.* Washington, DC: The National Academies Press.
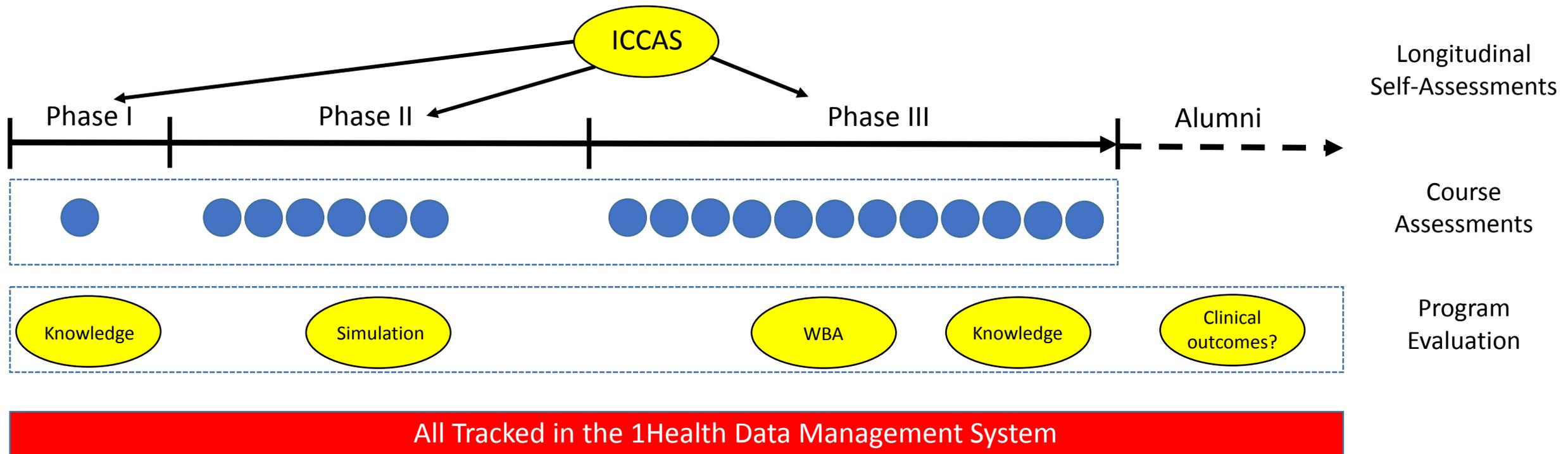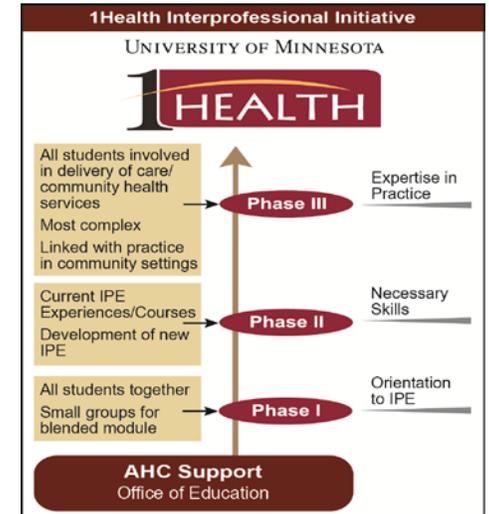
Background

- Gaps in current state of assessment for IPE
  - Lower level assessments
  - Focus only on one group in the learning continuum
  - Single activity assessments
  - Non-coordinated assessments leading to overassessment

- Suggestions for an approach to programmatic IPE assessment
  - The whole assessment plan is more than the sum of its parts
  - Longitudinal tracking and assessment
  - Knowledge acquisition
  - Collaborative behavior in practice settings
  - Impact downstream with alumni and employers
  - Impact on patients, organization, and community

UMN Longitudinal Tracking

ICCAS – multiple self-assessments of competency over time, intention match impact?
Course assessments – competency mapping, gaps?
Program evaluation – graduating collaboration-ready learners? Impact on practice?

Longitudinal Self-Assessments

Phase I	Phase II	Phase III	Alumni

Course Assessments

Program Evaluation

Knowledge   Simulation   WBA   Knowledge   Clinical outcomes?

All Tracked in the 1Health Data Management System

Archibald D, Trumpower D, MacDonald C. Validation of the interprofessional collaborative competency attainment survey (ICCAS). J Interprof Care 28(6): 553-558. 2014.

Kansas Longitudinal Assessment

All Professional Learners

Demographic Information (email address, age, profession/program)

1) **Entrance Survey** (upon starting program)
   - Previous IP education and practice exposure
   - Value of IP education and practice (Likert)
   - Perspective on IP collaboration (open-ended)

2) **Exit Survey** (just before graduation)
   - Value of IP education and practice (Likert)*
   - Perspective on IP collaboration (open-ended)*
   - Preparedness for IP collaboration*
   - Future employment related questions (expectations, support for IP collaboration, setting)
   - Quality Improvement*

3) **Alumni Survey** (6 months after graduation)
   - Similar questions to above*
   - Current work culture and their perceived influence from an IP collaboration perspective

4) **Alumni Employer/Residency Program Survey**
   - Perspective on IP collaboration, our KU graduates, influence on recruitment, and quality improvement
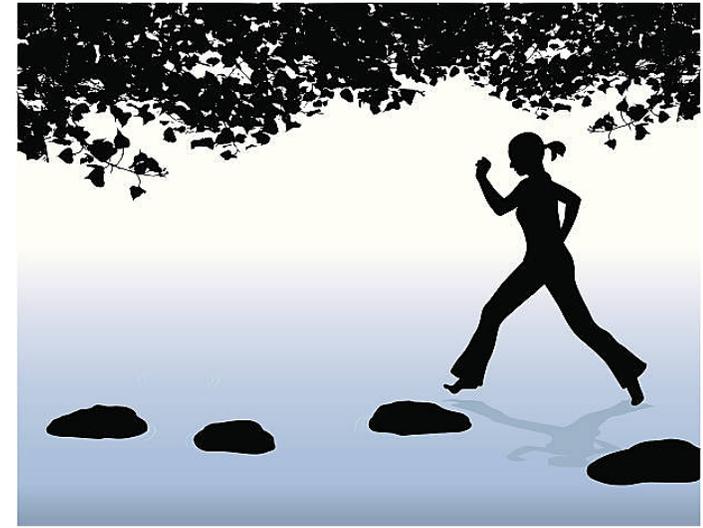
Indiana University Knowledge Acquisition

- Started with UCLA Knowledge Assessment Question Bank (Jenna van Draanen, MPH)
- Added items assessing knowledge about professions across IU not represented in original survey person-centered care and team practice
- 3 domains
  - Person-centered care
  - Teams and teamwork
  - Roles and responsibilities of team members
- Six questions completed by all respondents
- 15 additional questions randomly selected from a bank
- Administered
  - Pre-Anchor 1: Exposure – Introduction to Interprofessional Teamwork
  - Pre-Anchor 4: Immersion – Integration of Interprofessional Teamwork Skills

University of Washington: Clinical Descriptors

Interprofessional Collaborative Practice Item #4: John Doe applies principles of teams and teamwork to perform effectively as a fully accountable team member in shared decision making to plan for and deliver patient-centered and population-based care (teams/teamwork).

Where does John Doe fit on the continuum below?

Teamwork

Novice	Advanced Beginner	Competent
Needs support to articulate roles and unique contributions of other professionals to the team.	Is usually able to articulate roles and unique contributions of other professionals to the team.	Is consistently able to articulate roles and unique contributions of other professionals to the team.
Needs support to make care decisions in partnership with other team members, patients or family members.	Usually consults other team members, patients and family members in care decisions.	Consistently involves patients and families and team members in care decisions.
Often needs coaching to incorporate team goals into one's own profession's goals.	Usually incorporates team goals into one's own profession goals.	Consistently works toward achieving team goals in conjunction with one's own profession's goals.
Passively participates (listens to) shared decision-making in teams. May or may not be perceived as a team member.	Demonstrates beginning ability to contribute to shared decision-making in teams and be led as a team member by others when appropriate.	Demonstrates ability to lead shared decision-making in teams and be led as a team member by others when appropriate.
Often needs assistance in assessing team effectiveness.	Usually able to assess team effectiveness.	Able to assess team effectiveness and takes action to improve quality of team functioning.

Florida Impact on Community

- "Putting Families First" Interprofessional service learning program with families in local area
- Assessment of impact on community health:
  - Health Related Quality of Life Measure (SF 12)
  - Locally developed survey
  - Interviews with long-term program participants
  - Analysis of student projects
- Remember program purpose – education, research, service?
  - Need for retention of educational partners in community
- Share information with local health care partners

Table Discussion Using 1-2-4-All

- How Do We Assess the Impact of an IPE Program On….

- Collaborative Behavior (e.g., teamwork and communication)
- Organizational Practice (e.g., care delivery, community, culture)
- Patients (e.g., Triple Aim Outcomes)

Please see the next few slides for a summary of ideas generated during this session for each of the above categories.

Collaborative Behavior Ideas (session notes)

- There are a lot of people new to this who want to kickstart program level evaluation.
- Collaborative behaviors can improve for some but can decline for others – use an evaluation approach that allows us to uncover what is actually happening, rather than trying to fit what is happening into an evaluation tool, etc.
- In the context of simulation with early learners – use a "team observer checklist" (or rubric). This could be administered by a learner from the group who is assigned as the "observer", or a faculty member. This rubric or checklist should be competency-based. You could also videotape the activity and "measure" behavior after the fact by the faculty, group or other learners even.
- Could assess through observation or by using an OSCE or something similar.
- Qualitative observations of behavior.
- JTOG (Jefferson Teamwork Observation Guide) – Patients and caregivers can evaluate team behavior in real time.
- Think outside the box, consider social interactive approaches to assessment as opposed to the individual collaborative behavior, especially in the practice setting.
- Consider having students assess team behavior on units; consider having students interview patients and a care team on units and then give feedback to the units.

Organizational Practice (session notes)

- Survey employees and students in terms of experience (need more qualitative information).
- Social Network Analysis – Using 'Skype for Business' (VA internal messaging system); Heirarchical → "small worlds", short path, clustering, etc.
- Using the personal statements of residents from the residency application (any voluntary anonymous submission) to understand how they present themselves (identity) and whether that personal statement changes from a more "self" focus to a "self-in-team" focus. A rhetoritician could be helpful for this.
- Research initiated by interprofessional teams (# reports/recognitions by the IP team).
- Patient/Employee/Student satisfaction survey (both quantitative and qualitative approaches).
- Change in patient outcome measures (e.g. A1C with team care).
- Would need to have large numbers of participants and would also need comparison groups.

Patient Outcomes (session notes)

- Called the "holy grail" of IPE assessment, is multifactorial and hard to do, but essential for funding. Hard to show the translation from education to practice. Suggest starting with one focus area (one patient outcome) and then build on that focus. Perhaps consider quality of life, A1C, etc.

- Patient mentor program – small IP teams of students meet with patient mentor (usually has chronic condition and/or many interactions with the health system/practitioners over time). Need a longer-term evaluation of the impact of student teams meeting with patient mentors: on the patient, on the students, and observations from faculty facilitators. Consider follow-up assessments.

- Assess patient satisfaction.

- Need to consider a comparative or control group for the outcomes assessed.

- Use hot-spotting sites and measure the care transition, readmission rates, general healthcare utilization, etc.

- Important to assess using both quantitative and qualitative methods but sample sizes are low, so consider assessing across sites or institutions.

- Does the patient and/or family have a voice? Consider measuring quality of life and/or the patient experience of care.

15% Solution

- What is one thing that you have the power to act on now that will be an intermediate (15%) to the overall goal (100% solution) to developing a Programmatic IPE Assessment Plan for your organization?