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Developing and Measuring Interprofessional Teamwork Competencies in Health Professions Students [1]

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Background

The Institute of Medicine estimates that between 44,000 and 98,000 Americans die each year of preventable errors in US hospitals. Those deaths represent a tiny fraction of the total denominator of preventable injury and disability that occur during inpatient and outpatient medical care. A large portion of these undesirable outcomes are the result of system failures rather than incompetence. The most common source of system failure is inadequate communication between the multiple providers involved in the care of any one patient. Despite this reality and the growing interdependence of health professionals, traditional health professions education occurs within disciplinary silos. To address this challenge, I sought funding and was awarded a $1.8 million, three year grant to develop competencies in teamwork and collaborative practice across all 650 health professions students in the 6 degree programs on the Anschutz Medical Campus (nursing, medicine, pharmacy, dentistry, physician's assistant, and physical therapy) through a longitudinal interprofessional curriculum. Leading the development, implementation and evaluation of this program is the project on which I propose to focus as a member of the President's Teaching Scholars Program.

Methodology

The team that I direct consists of an interprofessional education steering committee, three faculty members devoted part-time to the project, a PhD educational evaluator, and a project manager. We have laid out a map for a highly innovative curriculum that will involve all students on campus in a longitudinal curriculum that will begin when they arrive on campus and end during the final year of their studies and will serve as a national model for health professions training.

I will focus my Scholar's project on the first curricular component: the Health Mentors Program. In this program, all students will be grouped into interprofessional teams of 5-6 students (disciplines will include medicine, nursing, pharmacy, physical therapy, dentistry and physician assistants). Each team will be assigned a community member with a chronic illness who will serve as their "health mentor." The team will work longitudinally with their health mentor to complete a series of modules that are focused on their mentor's life context, health, and health care. The health mentor's role is to provide a patient-centered perspective on illness and access to care. In the context of each module, the teams will also focus on their internal processes.

Success in each module will require successful collaboration and the disciplinary contributions of each team member. We will employ a team-based learning model to debrief each module. In this model, a single faculty facilitator will lead 6-7 teams simultaneously in a parallel process where they will explore and evaluate what they have learned from their mentor and how they have performed as a team. The facilitator will guide each team's internal process and the process through which each team will contribute to the learning of the larger group.

The Health Mentors program is innovative on several fronts, most critically it is patient and community- centered and novel in its focus on team process. Because each facilitator will oversee 50-60 students, they will have little ability to evaluate any individual student. Additionally, effective professional collaborative practice requires skills in reflection and self and peer evaluation. I propose to develop a formal mechanism for self, peer, and team evaluation in the context of this program such that the principle evaluation each student receives in this course will be their own and that of their peers.

I plan to develop a data management system that will facilitate the process of evaluation as well as analyze the concordance of responses between self, peer and collective team evaluations. I will further test the validity of our evaluation methods, by comparing the evaluations in our course with those of other supervisors as they progress through their training in the years that follow.

Nothing like this currently exists in health professions education although it is greatly needed and has been called for by multiple stakeholders. Disciplines that have focused on team process from an academic perspective include schools of business, process engineering, and organizational psychology.

The ability to develop this program in the context of a multidisciplinary community like the PTSP is very attractive for this reason. In the two-year time horizon of this project, I plan to complete the development of the self and peer evaluation model and to validate it to the degree we can in that time frame. I will also have in place at the end of that time, the model for integrating this evaluation with those that will occur through the rest of the interprofessional education curriculum and those that occur within their own discipline.

Groups audience:
President's Teaching Scholars Program

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