

## Session # H7

## Evaluation of Interprofessional Team-Based Care

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## Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.



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## Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at [https://www.cfha.net/page/Resources\\_2019](https://www.cfha.net/page/Resources_2019) and on the conference mobile app.



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## Learning Objectives

At the conclusion of this session, the participant will be able to:

- Identify core interprofessional education competencies
- Describe specific skills that support team-based care
- Identify at least one tool/instrument to help evaluate teams



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## About Us



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## Interprofessional Immersion Course, Las Cruces, NM

- 8 trainees from each discipline/group that make up each team:
  - Southern NM Family Medicine Residency Program
  - NMSU Doctoral Nursing Program
  - UNM College of Pharmacy Doctor of Pharmacy Program
  - NMSU Counseling Psychology Doctoral Program
- 7<sup>th</sup> iteration – lots of changes!
  - Length of course has varied from 1 week to 3 days
  - Lectures, games/ice breakers, role playing, simulated cases



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## Interprofessional Education Competencies

- Values and Ethics
  - Work with individuals of other professions to maintain a climate of mutual respect and shared values.
- Roles and Responsibilities
  - Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patient and populations served.
- Interprofessional Communication
  - Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.
- Teams and Teamwork
  - Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.

IPEC Competencies 2016



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## TEAMWORK

If you want take out the **team** in teamwork, it's just **work**.

Now who wants that?

- Matthew Wooding Stover

Teamwork – Team = Work



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## TEAMWORK

- What do we like and dislike about teamwork?
- What makes up a good team? A bad team?
- What we have learned from our team-based simulations?
- Next steps... How do you know if the training is working?



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## Purpose of Evaluating Team-Based Learning

- Provides a mechanism to guide learning
  - explicit, constructive feedback
    - detailing current performance levels
    - strategies for improvement
- Enables summative assessment
  - match current trainee skill mastery level to training objectives

Guraya, Barr (2018). The effectiveness of interprofessional education in healthcare: a systematic review and meta-analysis. *Kaohsiung Journal of Medical Services*, 34, 160-165.



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## Purpose of Evaluating Team-Based Learning

- Provides a mechanism for simulation based training curriculum validation
  - mechanism for determining the degree to which trainees
    - apply knowledge, skills, and attitudes learned in training
      - to similar situation (routine transfer)
      - to new/novel situations (adaptive transfer)
- Measurement and evaluation guide the selection and modification of team performance measurement tools for a given set of conditions



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## Types of Data Collection

- Qualitative
  - Journals
  - Focus groups
  - Observations – faculty and Anthropology students
- Quantitative
  - Rating forms such as TSS, ATHCTs, IPAS
  - Self-report Measures
  - Behavioral-based Assessment- McMaster Ottawa Scale: <https://lbs.mcmaster.ca/tosce/en/index.html>



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## Team-based Patient Simulations



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## Team Evaluations

- Teams completed 3 different patient simulations during the immersion
- Faculty observed:
  - Brief
  - Interaction with patient
  - Debrief
- Used McMaster Ottawa Rating Scale
  - Addresses 6 interprofessional competencies: communication, collaboration, roles and responsibilities, patient-centered approach, conflict management, and teamwork
  - Faculty reviewed and modified to a 4-point rating scale



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## LET'S PRACTICE

Briefs  
Team Simulation



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## Feedback from Students about Simulations

**Pharmacy student:** *The patient simulations differed greatly between the two days. My team believed our first simulation went quite well, however our feedback suggested that we were too siloed and that not all group members contributed enough. My team took that feedback, integrated it into our simulations today, and actually we felt we did worse, and were more awkward after actively attempting to integrate the feedback. For our final simulation, the team hit it out of the park! It was an excellent blend of our organic personalities as well as an awareness of our strengths and weaknesses.*

**Physician resident:** *Many of my team members have different styles from me and it was so INVALUABLE! Many times during the simulations I was helped out by my teammates. The challenges came from integrating myself in the team and finding the appropriate times to interject and then relinquish the lead after my job was done. Working with a team has challenged me to balance myself in the interactions with patients. It was a wonderful opportunity to work together and really tailor care to each individual patient.*



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## Learning Assessment

- Describe specific skills key to team-based patient care.
- Describe two ways to evaluate IPE training.
- What knowledge or tool from this presentation might you take back or apply at your institution?



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## Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.



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Join us next year in Philadelphia, Pennsylvania! Thank you!

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## Bibliography / Reference

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3. Boland, D., Scott, M.A., White, T., Kim, H., & Adams, E. M. (2016). Interprofessional immersion: Use of interprofessional education collaborative competencies in side-by-side training of family medicine, pharmacy, nursing, and counselling psychology trainees. *Journal of Interprofessional Care*, 30, 739-746. DOI:10.1080/13561820.2016.1227963
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