

Called2Collaborate: An Interprofessional Education Faculty Development Program

Dayna Herrera DNP,RN
California Baptist University



Background

Within the interprofessional education (IPE)-related literature there is general recognition that skilled and knowledgeable faculty are required for successful implementation of IPE. These faculty members promote collaborative practice and foster graduates who are better prepared to work in health care teams. Most of the literature reviewed supported the argument that faculty development is a key element in the successful development of IPE.

Problem

An informal survey conducted at California Baptist University (CBU) (2013) indicated a lack of interprofessional education in spite of a plethora of evidence that health care delivered in teams is more efficient and more effective (n=52) 94% return rate) validated the lack of IPE in current curricula with no known interprofessional education activities related to IPEC competencies within the curriculum in the undergraduate health profession programs.

Objective

The objective of this project was to implement an interprofessional education faculty development program that connects disciplines, promotes teamwork, and creates faculty champions who can build interprofessional curricula and advocate for collaboration across the health related professions at CBU. Called2Collaborate (C2C) IPE faculty development program will develop interdisciplinary faculty skilled in the knowledge, skills and attitudes related to IPE.

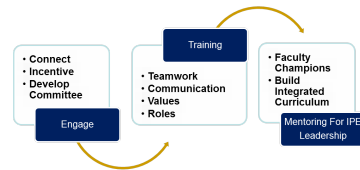
Purpose

The overall mission is to create interprofessional health education at California Baptist University that comply with the recommendations of the World Health Organization, aligned with the university's mission statement and integrated the Interprofessional Education Collaborative Core Competencies as demonstrated in theoretical content and clinically simulated environments across health related disciplines.

Procedure

An interprofessional faculty development program, was planned as the educational intervention. The 3-part faculty development program consisted of: A) an online training module, B) group collaborative learning, C) a simulation experience designed to expose faculty to the knowledge, skills and attitudes required to foster IPE competencies.

Implementation Process Model



The overall program goal was to promote system-wide change, while utilizing a multi-phase process to classify educational outcomes and a C2C designed model using principles of engagement, training and mentoring of faculty to lead interprofessional education and create an implantable plan to undertake curricular integration. The model represents a conceptualization of the interrelationships of the methods planned for the Called2Collaborate faculty development program.

Evaluation Framework / Methods

Measurement of faculty attitude was accomplished with comparison data from pretest to posttest of all faculty participants. Participants also completed post workshop evaluations to measure gained knowledge and skills. A curriculum mapping tool demonstrated an increase in IPE integration at CBU following workshop. Kirkpatrick's model enabled development of an IPE Faculty Program appropriately assessed specific participant's needs for best practice and successful learning strategies.

Outcome	Measurement	Pretest	Posttest
1. Faculty members' knowledge of IPE	Knowledge of IPE (n=52)	50.08	63.00
2. Faculty members' attitudes toward IPE	Attitudes Toward Healthcare Teams (ATHT) (n=52)	50.08	63.00
3. Faculty members' skills in IPE	Skills in IPE (n=52)	50.08	63.00
4. Faculty members' commitment to IPE	Commitment to IPE (n=52)	50.08	63.00
5. Faculty members' leadership in IPE	Leadership in IPE (n=52)	50.08	63.00
6. Faculty members' collaboration in IPE	Collaboration in IPE (n=52)	50.08	63.00
7. Faculty members' communication in IPE	Communication in IPE (n=52)	50.08	63.00
8. Faculty members' teamwork in IPE	Teamwork in IPE (n=52)	50.08	63.00
9. Faculty members' values in IPE	Values in IPE (n=52)	50.08	63.00
10. Faculty members' roles in IPE	Roles in IPE (n=52)	50.08	63.00

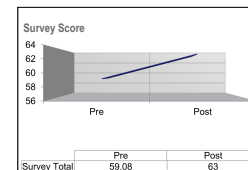
Implementation

A structured faculty development program Called2Collaborate, provided a guided opportunity through the engagement, training and mentoring of the healthcare related professions faculty as a method to increase meaningful IPE experiences at California Baptist University. The program included developing an interdisciplinary faculty education program, implementing the program, evaluating the effectiveness of the program focused on the knowledge, skills, and attitudes related to interprofessional education.



Outcome –Change of Attitude

The pre-post Attitudes Toward Healthcare Teams (ATHT) survey indicated less than 0.05 suggesting a significant difference at (p=.004) between the pre and post surveys. This difference suggests that a real change of attitude related to IPE occurred because of the program.



Outcome – Change of Knowledge

Working sessions integrating IPE competencies ranked highest on the post program survey with 83.33% of faculty participants acknowledging a greater understanding of the competencies and a working knowledge of how to integrate into current curriculum.

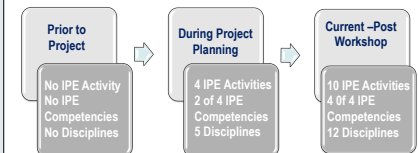
Outcome	Pre	Post
1. Faculty members' knowledge of IPE	50.08	63.00
2. Faculty members' attitudes toward IPE	50.08	63.00
3. Faculty members' skills in IPE	50.08	63.00
4. Faculty members' commitment to IPE	50.08	63.00
5. Faculty members' leadership in IPE	50.08	63.00
6. Faculty members' collaboration in IPE	50.08	63.00
7. Faculty members' communication in IPE	50.08	63.00
8. Faculty members' teamwork in IPE	50.08	63.00
9. Faculty members' values in IPE	50.08	63.00
10. Faculty members' roles in IPE	50.08	63.00

Outcome – Change of Skills

As a result of attending this workshop, what one or two skills of IPE do see applying to your courses or programs?

- "Role playing, research about other disciplines, teamwork activities"
- "Many activities that it can implement in the classroom through working with other disciplines such as simulation, role play, case studies"
- "How to build IPE learning objectives for simulation"

Outcome – Change of Practice



Conclusion

The outcome results provide a strong support for continuation of faculty development in IPE and further opportunities for outcome evaluations. The C2C faculty development program successfully connected disciplines, promoted teamwork, and created IPE faculty champions who can build interprofessional curricula and advocate for collaboration across the health related professions within the university.

Resources

1. Freeth, D., Hammock, M., Koppel, L., Reeves, S., & Barr, H. (2002) A critical review of evaluations of interprofessional education. London: Learning and Support Network, Centre for Health Sciences and Practice.
2. Green, A.C., Knobel, E. eds. (2003). Health Professions Education: A Bridge to Quality. IOM (Institute of Medicine) Committee on the Health Professions Education Summit. National Academy Press, Washington, DC.
3. Heinen, G., Schmitt, M., Farnell, M., Butler, J. (1999). Development of an Attitudes Toward Healthcare Teams Scale. Evaluation of Health Professions 22(1):123-42.
4. Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.
5. World Health Organization (WHO). (2010). Framework for action on interprofessional education & collaborative practice. Geneva: World Health Organization.