Interprofessional Faculty Development

PAHO/WHO Conference

December 7, 2016

Bogota, Columbia

Brenda Zierler, PhD, RN, FAAN

Professor, University of Washington
Co-Director, Center for Health Sciences Interprofessional Education, Research, and Practice

DEVELOPING IPE CURRICULUM OR EVENT : OVERVIEW

- **Getting Started**
  - ✓ Faculty development*
  - ✓ Curricular mapping
  - ✓ Matching level of students
  - ✓ Economies of scale (QI, geriatrics, oral health)
  - ✓ Logistics
  - ✓ Evaluation
  - ✓ Sustainability
  - ✓ Scholarship (intellectual property)

FACULTY DEVELOPMENT - FACILITATION

Rationale for faculty development (FD)

- Unprepared (don't know content of IPE program)

- Poor conceptual understanding of core IPE & interprofessional collaboration principles

- Missed teachable moments *(Lee et al., 2011)*

- JIT training focuses on logistics of activity & FD needs to be a long-term and ongoing process not one-time event *(Ruiz et al., 2013)*

FACULTY DEVELOPMENT - FACILITATION CHALLENGES

Cultural presence of uniprofessional education (tradition and group identity and language)

Lack of understanding around the professional learning requirements (outside own background)

When to intervene with students and lead interprofessional learning in a didactic fashion vs. allowing students to direct their own learning *(Lindqvist and Reeves, 2007)*

FACULTY DEVELOPMENT FACILITATION CHALLENGES

Ability to manage tension, conflict and breakdown in communication among students/faculty

Managing unengaged and disruptive students/faculty

Authenticity of clinical cases (typically based in one profession rather than multiprofessions) *(Di Prospero & Bhimji-Hewitt, 2010)*

Why Start with Faculty Development?
Role Clarity and Responsibility
Stereotyping and Biases

- Stereotyping related to professional roles, demographic & cultural differences affect the health professions

- Stereotypes help create ideas about a profession's worth known as "disparity diversity" (Edmondson & Roloff, 2009) eroding mutual respect.

- Inaccurate perceptions about diversity prevent professions from taking advantage of the full scope of abilities that working together offers to improve health care.
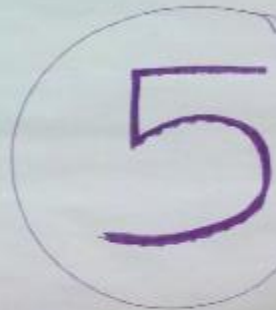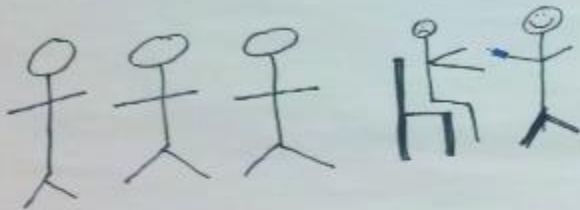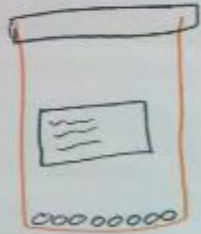
Training Requirements:
Doctoral Degree

Usual Practice settings:
Hospitals (inpatient and outpatient care), Community Settings, Clinics

Scope of Practice includes:
Health and medication education, treatment consultation, prescribe under protocol, administer medications, provide immunizations

Unusual Practice setting:
NASA

Training Requirements: Doctoral degree

Usual Practice Settings: Outpatient clinic/office

Scope of Practice includes: Performing minimally invasive procedures, prescribes medications, provides oral care

Unusual Practice Setting: Acute care hospital

SOME OF THE KEY DESIGN PRINCIPLES FOR FACULTY DEVELOPMENT *(SAME AS FOR STUDENTS)*

- <u>Integrate</u> efforts into <u>real work</u> in which the faculty member is engaged

- Use <u>active</u> <u>learning</u>

- Spend time building <u>relationships</u>

- Track and use a few meaningful <u>outcomes</u>

- Align <u>incentives</u>

- <u>Celebrate</u> and spread successes; <u>learn</u> from failures

PHASES IN DEVELOPING FACULTY TO PARTICIPATE IN AND LEAD INTERPROFESSIONAL EDUCATION

Engagement → Training to Facilitate IP Learning → Mentoring for IPE Leadership
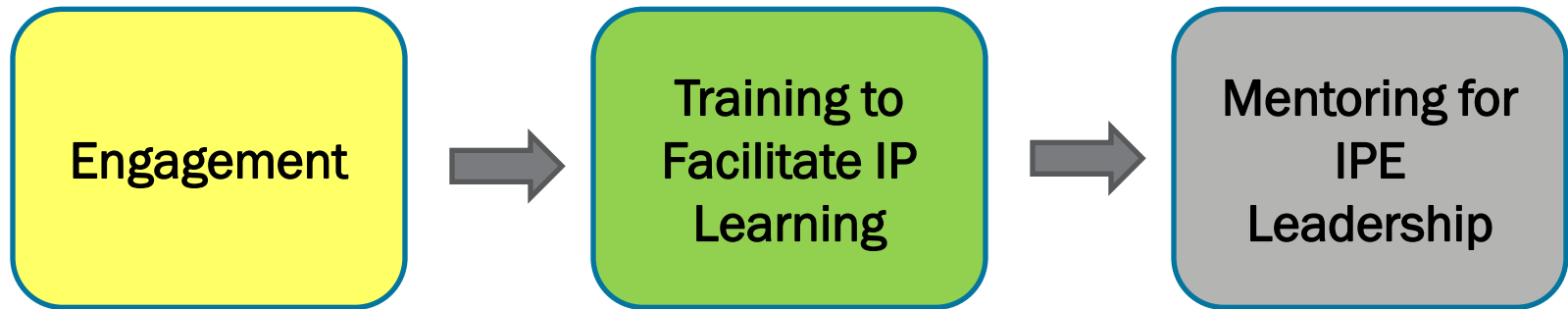
Photos: University of Missouri

POSSIBLE APPROACHES FOR ENGAGEMENT OF FACULTY

- Case-based workshops

- Team-based rounds

- Team-building exercises

- Peer coaching and mentoring

- Web-based learning

- Longitudinal programs

- Communities of practice

Silver IL and Leslie K. Faculty development for continuing interprofessional education and collaborative practice. *J of Cont Educ in the Health Prof* 2009; 29(3):172-7.

FACULTY DEVELOPMENT - IMMERSION

TRAIN-THE-TRAINER (FACILITATION)

Practice with experienced facilitators

FACULTY DEVELOPMENT – TRAIN-THE-TRAINER MODEL

Mentorship/Coaching

PREPARING **FACULTY** TO <u>LEAD</u> IPE EXPERIENCES

Faculty helping to design or lead IPE experiences need to know what works (and doesn't work)

- Clear learning outcomes
- Planned involvement of professions
- Linking content to clinical experience
- Making the experience interactive
- Building in time for reflection
- Planning formative or summative assessment
- Creating sustainability

Thistlethwaite J and Nisbet G. Interprofessional education: What's the point and where we're at… *The Clin Teacher* 2007; 4:67-72.

FD: COLLABORATIVE LEADERSHIP

Macy IPE Teaching Scholars Program