

CONFERENCE ABSTRACT

Teaching teams to teach: Program evaluation results from an interprofessional faculty development program in academic family medicine

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Introduction: The transformation of primary care into integrated health care teams has resulted in the urgent need for health professional teachers to be prepared to teach interprofessional learners and to contextualize this teaching to team based health care. At the University of Toronto (UT), new physician teachers in the Faculty of Medicine have access to a professional development program (BASICS) designed to prepare clinician teachers for academic medicine. In 2015, St. Michael's Hospital opened a 6th family medicine academic health centre and welcomed more than 25 new family physicians and health professional educators (HPEs). Recognizing the new cohort of mixed profession educators, a modified version of the BASICS program was created, tailored to this mixed group of teachers, who all have a role in teaching health professional learners in the department.

Purpose/Objective: The modified BASICS program was specifically designed to target an interprofessional (IP) audience (physicians and health professional educators (HPEs)) and evaluated with the goal of determining:

- 1- if the BASICS program could be successfully modified for an IP audience
- 2- if learning about teaching together could facilitate the acquisition of participants' competencies for both collaborative teaching and clinical practice.

Methods: Mixed methods were used including:

a pre-program participant needs assessment

pre- and post-program questionnaires (to assess knowledge (MCQs), self perceived collaborative competency (HPCCPS), program reflections)

session-specific evaluations of each module

qualitative feedback from module teachers (debrief)

Results: 13 physicians and 27 HPEs participated. 100% indicated somewhat or very satisfied with the program. Pre-post HPCCPS (Health Professional Collaborative Competency Perception Scale) indicated improvement in self perceived collaborative competency (p

<0.0001) and MCQs showed increased attainment of knowledge over the course. 89.7% reported that learning needs were met and 50% felt more prepared for their teaching roles. Facilitators also found that teaching together enhanced their own collaborative competency.

Conclusions: This project demonstrated the feasibility of successfully implementing this educational program for an IP team audience, with potential positive impacts on confidence in teaching, collaborative ability and adoption of an enhanced IP lens amongst participants and teachers. These elements are essential to ensure that future health professionals are appropriately trained to participate in and deliver integrated care.

Lessons learned: A pre-program needs assessment of participants was important to ensure their learning needs were identified prior to program planning.

Careful use of inclusive language by teachers to model IP behaviour (not too physician focused)

Limitations: This program was specifically adapted from a faculty development program provided by the Faculty of Medicine at the UT and may not be applicable in other jurisdictions. The modified program was implemented in an integrated primary care family health team teaching clinic which may not be transferable outside of the primary care setting.

Suggestions for future research: The learning from this research and the integration of core adult learning principles and IP teaching pedagogy lend themselves for testing this type of program in other health professional training contexts.

Keywords: interprofessional; health professional education; mixed methods; collaborative teaching competency
