

2007 Institute for Interprofessional Prevention Education

Team Projects - Key Evaluation Findings

Background:

The Institute for Interprofessional Prevention Education was designed to promote innovative change in health care education through the acquisition of knowledge, resources, and strategies to introduce, or expand, interprofessional prevention initiatives on campuses and in communities. The main goal of the Institute is to advance interprofessional prevention education on the campuses of academic health centers and to increase the emphasis on prevention in health professions education programs. With support and funding through the Centers for Disease Control and Prevention (CDC), Office for Disease Prevention and Health Promotion (ODPHP), and Josiah Macy, Jr. Foundation, the Association for Prevention Teaching and Research (APTR) and the Healthy People Curriculum Task Force collaborated to offer the first Institute for Interprofessional Prevention Education in September 2007.

The Institute provided participants with an opportunity to meet and talk with experts who have successfully implemented interprofessional education programs on their campuses, as well as with faculty colleagues from other academic institutions. The 14 participating interprofessional teams, from academic health centers across the U.S., were selected via an objective review process from among proposals that were submitted in response to a request for application (RFA) released in April 2007. Applicants were encouraged to focus on prevention areas cited in *Healthy People 2010* and *Steps to a Healthier US*. The criteria established for the required post-Institute projects included both a curricular component and a community-based service learning component.

To assess the success of the team projects in obtaining their goals, APTR implemented an objective review of the post-Institute projects. A descriptive evaluation was conducted which consisted of completion of an on-line survey, a telephone interview conducted with the project directors and/or designees from each project, and a review of the end-of year reports that each project submitted. The key findings follow.

End of Year One – 2007 Team Project Review Summary

The following summarizes project progression, important decisions, lessons learned, challenges, evaluation, activities to encourage teamwork, curricular impact, dissemination, and future plans that were captured by reviewing the final project reports.

1) The majority of projects adhered to their proposed timelines but the following adjustments were reported:

- To accommodate schedules of project faculty and student participants
- To adjust the balance of didactic, experiential, and community-based/service learning activities
- To pursue institutional credit for educational offering (courses, short-courses, modules)
- To engage student leadership
- To implement efforts to sustain the developed projects

2) Lessons learned that enhanced project success:

- Recognize cultural differences among disciplinary units and respect of differing teaching/learning styles
- Incorporate community support for community-based interprofessional learning efforts for off-campus projects Partner with AHEC
- Train project facilitators
- Start planning early
- Include student input in project planning

3) Challenges:

- Integrating schedules across disciplinary units and schools in collaboration with the community schedules
- Obtaining IRB approvals
- Securing course approval across units
- Recruiting students across the units
- Coordinating the complexity of providing community clinical experiences needed by a large cohorts of students

- Obtaining time commitment of the project faculty who did not receive release time from other duties even though the activity was supported by the institution

4) Evaluation conducted by each project team was diverse:

- Assessment levels varied and included: project, faculty team, student team, and community/patient levels which were formative and summative in nature Qualitative feedback collected through blogs, journals, or interviews
- Quantitative measures collected using established or revised instruments based on project goals
- Student learning outcomes were measured and a grade was issued Detailed course syllabi, course outlines, and schedules of learning activities were provided as examples in meeting goals

Key Findings

Several overall issues emerged from the three data sources as summarized below:

- Projects were extremely varied in focus, scope and implementation
- Diversity of projects makes comparisons problematic either for identification of “best practices” or for determination of key indicators
- Small number of projects (14) makes categorization of projects into similar groups (e.g., those focused on clinical education; those focused on academic course development) impossible
- Projects were one year grants making identification of best projects premature
- Longitudinal follow-up is required to determine model or premier structures for meeting sustainable objectives
- Each 2007 team project met with some success and their designs satisfied the institutional cultures of their geographic locations
- Projects served as catalysts for bringing together faculty and students from multiple professions
- Survey and interview data confirmed that most of the original professions intending to participate on the project did, in fact, contribute
- Teams involved faculty and students from medicine -- often a group underrepresented in other interprofessional projects described in published literature
- Evaluation confirmed enthusiasm and commitment of the project team members
- Interviews described the collaboration, collegiality, and interprofessional nature of these teams

- Interview data and document reviews highlighted the fact that many of these teams had prior relationships which may have positively affected collaboration
- Cited obstacles were predictable problems such as scheduling - - finding time to meet together, offering courses under multiple academic calendars, and coordinating activities throughout multiple geographical locations
- Cited obstacles did not prevent the project teams from moving forward to implement their educational activities
- No single model or product emerged
- Variation included: a semester-long course that had received academic approval, workshops or shortened academic activities, combination of educational materials with clinical experiences
- The most fully developed content area seemed to be: team building, (formation and functioning) followed by interprofessional
- Prevention appeared to be taught contextually either through the setting in which the project was placed (e.g. clinic) or the nature of the intervention (e.g., treatment of diabetic patients)
- Varied nature of the projects also dictated the evaluation methods employed by various project teams
- Several projects had detailed evaluation strategies for assessing student learning, team participation, and/or community impact
- Interviews and end-of-year reports elaborated on how the evaluation strategies and instruments dovetailed with specific project objectives
- APTR funding and support was highly valued
- Many teams were able to leverage additional extramural dollars
- Projects heightened publicity and recognition for interprofessional and/or prevention activities on campus, served as a catalyst to initiate projects and sustained effort in implementing the projects

Conclusions and Limitations of the Study

- The evaluation was conducted at the conclusion of a one year cycle (beginning efforts of the project teams)
- Two projects had not started their educational intervention -- neither had prior team or educational intervention in place – majority of other funded projects had existing infrastructure

- Findings are insightful, however, no conclusions can be drawn until end-of-cycle evaluations are completed
- Enthusiasm and collaboration may wane as the project proceeds or as the teams get further from the initial “jolt of enthusiasm” brought about by the Institute in Washington, DC
- The 2007 Institute teams may represent early adopters and thus skew the results of what could be achieved, (i.e. if the first teams drew from groups who had a prior relationship thus enabling the project teams to proceed in a collaborative manner, unachievable by groups that had no prior relationships) -- only further assessment can clarify this issue
- Most projects only conducted one complete intervention cycle --further results may show that other obstacles or unexpected benefits emerge as interventions are repeated or when conducted with a larger number of students and faculty
- Small number of respondents limits the generalizability of this assessment -- an ongoing evaluation study is encouraged
- Project teams produced courses that received academic approval, service projects that were enacted in communities, and educational materials that were developed and available for future classes and students -- demonstrating evidence that the grant program can achieve results
- Obtaining awards provided focus, direction, impetus for continuation, and heightened publicity regarding the primary objectives of the grant project: interprofessional, team, and prevention
- Respondents appreciated the support and guidance provided by APTR and would lobby for sustained assistance in the form of 1) ongoing communication between award recipients, 2) attendance at the Institute and conferences (perhaps at reduced rates), 3) continued technical assistance.
- Further study may help drive the specific direction that such assistance could provide and may clarify how best to encourage further development of an interprofessional team approach to prevention.