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Early Outcomes from a National Train-the-Trainer Interprofessional Team Development Program

Nicole Woodard, MHA [Program Operations Specialist],

Center for Health Sciences Interprofessional Education, Research and Practice, University of Washington

Erin Abu-Rish Blakeney, PhD, RN [Research Assistant Professor],

School of Nursing, Department of Biobehavioral Nursing and Health Informatics, University of Washington

Valentina Brashers, MD, FACP, FNAP [Professor Emerita],

School of Nursing, School of Medicine, University of Virginia

Carla Dyer, MD, MSPH, FACP [Associate Professor],

Department of Medicine, University of Missouri School of Medicine

Les W. Hall, MD [Professor of Medicine],

University of South Carolina School of Medicine

John A. Owen, EdD, MSc [Clinical Assistant Professor],

School of Nursing, Associate Director, Center for Academic Strategic Partnerships for Interprofessional Research and Education (ASPIRE), University of Virginia

Erica Ottis, PharmD, BCPS [Clinical Associate Professor of Pharmacy Practice],

University of Missouri – Kansas City at MU

Peggy Odegard, BSPHarm, PharmD [CDE Associate Dean and Professor],

School of Pharmacy, University of Washington

Julie Haizlip, MD, MAPP [Clinical Professor],

School of Nursing & Department of Pediatrics, Associate Director, Center for Academic Strategic Partnerships for Interprofessional Research and Education (ASPIRE), University of Virginia

Debra Liner [Program Manager],

Center for Health Sciences Interprofessional Education, Research and Practice, University of Washington

Amanda Moore [Program Coordinator],

Center for Health Sciences Interprofessional Education, Research and Practice, University of Washington

Brenda K. Zierler, PhD, RN, FAAN [Professor]

School of Nursing, Department of Biobehavioral Nursing and Health Informatics, Co-Director, Center for Health Sciences Interprofessional Education, Research and Practice, University of Washington

Abstract

The imperative need to train health professions faculty (educators and clinicians) to lead interprofessional education efforts and promote interprofessional team-based care is widely recognized. This need stems from a growing body of research that suggests collaboration improves patient safety and health outcomes. This short report provides an overview of a Train-the-Trainer Interprofessional Team Development Program (T3 Program) that equips faculty leaders with the skills to lead interprofessional education and interprofessional collaborative practice across the learning continuum. We also describe the history, approach, and early outcomes of this innovative program.

Keywords

interprofessional learning; collaborative practice; faculty development; team-based training; professional development

Introduction

The Train-the-Trainer Interprofessional Team Development program (T3 Program) is a national program that equips health professions educators and clinicians with skills to design, implement, assess, and continuously improve interprofessional education (IPE) and interprofessional collaborative practice (IPCP) learning opportunities, to transform education and patient care. This year-long program encompasses pre-work, 3.5 days of in-person training, and follow-up coaching calls and webinars. The T3 Program provides an experiential and results-oriented training that continues through a learning community of program alumni. Since the Institute of Medicine (IOM) explicitly identifies interprofessional healthcare teams and the delivery of enhanced healthcare services as essential to the achievement of the Triple Aim (Brandt, Lutfiyya, King, & Chioreso, 2014; Institute of Medicine [IOM], 2015), the T3 Program is a strategic approach to improve patient care.

Background

The T3 Program emerged following a pilot study (2012–2013) to implement and evaluate a “train-the-trainer” model for developing health professions faculty (Abu-Rish Blakeney, Pfeifle, Jones, Hall, & Zierler, 2015; Dyer et al., 2016; Hall & Zierler, 2015). Goals of this Josiah Macy Jr. Foundation pilot study were to establish a community of learners, test approaches to interprofessional faculty development, and propose next steps to increase access to faculty development trainings. The pilot study demonstrated the feasibility and positive outcomes of this training model (Abu-Rish Blakeney et al., 2015). To increase the number of trained faculty, the Josiah Macy Jr. Foundation generously funded a national faculty development program offered at three academic health centers. Utilizing the design principles and lessons learned from the pilot study, the T3 Program included improvements

such as intentionally incorporating IPCP and broadening the audience to include clinical teams, community college faculty teams, and teams from rural and medically underserved areas. Additional support was provided by the National Center for Interprofessional Practice and Education (NCIPE) that includes: 1) a centralized registration process; 2) interprofessional (medicine, nursing, pharmacy) continuing education credits; and 3) national marketing efforts. A T3 Program National Advisory Committee, comprised of leaders from reputable faculty development programs (Stanford Faculty Development Center for Medical Teachers, Harvard Macy Institute, and Harvard Center for Medical Simulation) and national leaders in IPE/IPCP (e.g., IPEC Institute) provided guidance regarding program logistics (e.g., length of training, pricing of program, numbers of participants per training) and sustainability of faculty development programs.

Faculty Development Approach

The T3 Program is a multi-site collaboration between faculty and staff from the University of Washington – Seattle, University of Missouri – Columbia, and University of Virginia – Charlottesville. Mission and vision statements, program objectives, design principles, and common curricula for the T3 Program were co-created. The T3 Program incorporates effective IPE design strategies by creating an interactive, social learning environment explicitly underpinned with adult learning principles and IPE theories relevant to program context, content, and learner outcomes. The T3 Program utilizes the IOM Interprofessional Learning Continuum Model (IOM, 2015) that spans the education-to-practice continuum with a variety of learning, and health and systems outcomes that are impacted by both enabling and interfering factors. To support social and interactive learning, social constructivism learning theories such as learning within communities of practice, social identity theory, contact hypothesis, and situated learning (Abu-Rish Blakeney et al., 2016; Owen et al., 2014) are utilized to develop and deliver this program. The curriculum addresses the Interprofessional Education Collaborative Core competencies for interprofessional collaborative practice.

The T3 program is targeted for interprofessional teams of three or more individuals who are experienced IPE/IPCP leaders. The year-long longitudinal structure distinguishes the T3 Program from other IPE training opportunities. Teams select an IPE/IPCP project to develop and implement, starting with pre-work and followed by 3.5 days of in-person training. Workshop sessions are designed to be highly interactive and integrated with substantial time for teams to apply what is learned to their own project development. Core content areas of the T3 Program include curriculum development, evaluation of collaborative practice outcomes, change management, team science competencies, process improvement, project management and sustainability, and communication essentials. After the training, participants are given access to a vast array of resources to support the implementation of their IPE/IPCP projects, preparing them to train, champion, and facilitate what they have learned at their home institutions. To ensure sustainability, participants receive support and consulting through one-on-one team coaching calls with T3 Program leadership. Upon completion of the program, participants should be able to meet T3 Program objectives presented in Table 1.

Program Evaluation Methods

Based on lessons learned from the pilot study, we use a mixed methods and a continuous quality improvement approach for both formative and summative evaluation of the T3 Program. Participants are requested to complete three web-based surveys (one month before the in-person program, 3 months after, and 12-months after) about their IPE/IPCP knowledge, ability, experience, and IPE-related work. Additionally, during the in-person training, participants partake in daily debriefs and complete web-based evaluations of training content and approach. Facilitators review data from daily evaluations and debriefs, then begin the training day with a brief to address adjustments both in real-time as well as between T3 cohorts to continually improve the program. We administer web-based surveys and evaluations at the national level to ensure a common approach and experience for participants, and to allow for evaluation of program effectiveness. Pooled results of participants' self-reported confidence in their ability to carry out each of the eight overall program objectives at baseline and the first follow-up are presented in Figure 1.

Results

To date, 262 individuals from twelve cohorts have participated in the T3 Program, and 108 alumni have completed the year-long training. Response rates for individual baseline survey questions range from 81.3% to 84.0% and response rates for the follow up range from 75.0% to 84.3%, depending on whether participants answered all questions. A number of survey questions, such as work setting, were 'select all that apply', which resulted in cumulative percentages above 100. While participants come from over two dozen professions, the majority come from nursing (30%), medicine (12%), pharmacy (12%), and social work (8%). Recognizing that participants may work in multiple work settings, participants referenced the following settings as environments in which they work: academia (79%), outpatient (29%), inpatient (28%), community setting (13%), and long-term care (3%). The majority of participants had two to five years of experience with IPE (48%) and with IPCP (32%). Of those willing to indicate gender ($n = 202$), 83% of participants identified as female.

Relative to the baseline survey, three months after the in-person training, participants for whom we had data at both time points ($n=73$) self-reported an increase in confidence (ranging from 31% to 43%) in all eight program objectives (Figure 1). A paired samples t-test was conducted to compare baseline and first follow-up results for this subset of participants for whom we had data at both time points. There were significant differences between the baseline and follow-up scores for each objective as well as an overall composite score (baseline mean = 2.87, SD = 1.00; follow-up mean = 3.93, SD = 0.07; $t(72) = 10.44$, $p < 0.01$). These results suggest that participation in the T3 program has contributed to improving participants' ability to meet program objectives.

Solicited feedback from participants when asked, "Would you recommend the experience of participating in this development program to others", the historical mean response on a scale of 1 to 5 has been 4.5 or higher (1=low; 5=high). We also received positive feedback from participants about their personal experience with the T3 Program. One participant

commented, “When I talk to my colleagues about my training, the one thing that stands out is the way in which the course modeled bringing in interprofessional resources and modeling for us how learning from different disciplines really strengthens our own programs.”

Discussion

Teams that have completed the T3 Program represent a diverse range of experience and enthusiastically support IPE/IPCP across the learning continuum. T3 Program alumni have become IPE/IPCP champions, and have accomplished impressive results in leading successful implementation and sustainability of their projects. A growing number of teams are presenting their work and successes at national and international conferences, and are being recognized for their accomplishments. Highlights of alumni projects that range from education to practice include: development and implementation of faculty development training programs, implementation of interprofessional student-run medical clinics, development of a national interprofessional palliative care training certificate program, dissemination of online IPE trainings, development of an interprofessional simulation center, and implementation of new team-based care processes (e.g., interprofessional bedside rounding).

The early outcomes and satisfaction data from past participants and teams have highlighted the value they derived from the program. A limitation of the current data presented is that it represents responses of participants who are currently in the program as well as those who have completed the program. As a result, many who completed the baseline had not yet completed follow-up surveys at the time of analysis which makes it difficult to know the long term impact of the program. A robust mixed methods evaluation is currently ongoing to determine effectiveness of program scale-up and implementation. As more data are collected and evaluated, we plan to publish further outcomes of the T3 Program.

Conclusion

Preliminary results demonstrate that the T3 Program is successfully training health professions educators and clinicians to lead and champion IPE/IPCP efforts within their organizations and beyond. With a new cadre of trained faculty, the T3 Program in collaboration with the NCIPE is contributing to the need to advance IPE/IPCP with the end-goal of improving patient safety and health outcomes.

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Figure 1:

Change in self-reported confidence in ability related to T3 Program objectives from baseline to follow-up (including percent change) during project implementation year with mean of objective presented in data table among those who had completed both baseline and follow-up at the time of analysis (n for individual objectives ranges from 81–91; n for composite analysis “All PO” = 73).

Table 1:

Train-the-Trainer Interprofessional Team Development Program learning objectives

1. Curricular Design (PO1)	Develop and customize IPE activities across the learning continuum (from academia to practice).
2. Evaluation (PO2)	Utilize methods and approaches to evaluate and assess the effectiveness of IPE across the learning continuum.
3. Interprofessional Leadership (PO3)	Develop emerging IPE and collaborative practice leaders to champion cultural changes within education and health systems.
4. Team Dynamics and Culture (PO4)	Create IPE and collaborative practice activities grounded in the concepts of team dynamics and culture change.
5. Innovative IPE (PO5)	Utilize and model innovative teaching approaches to facilitate IPE and collaborative practice.
6. Implementation and Sustainability (PO6)	Implement plans for leading and sustaining meaningful IPE and collaborative practice at their own institutions.
7. Communication, Team Function and Patient Safety (PO7)	Utilize communication tools and techniques that facilitate discussion and interactions that enhance team function and improve patient safety.
8. Interprofessional Network of IPE/ IPCP Champions (PO8)	Establish an interprofessional peer network to help expand the capacity of health educators who can successfully lead and facilitate IPE and collaborative practice in the U.S.