

Longitudinal Interprofessional Assessment Tools for NeighborhoodHELP™

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Innovation Identified

Background

Interprofessional tools were adapted to better assess teams of students providing household centered care that focuses on social determinants of health. This would allow tracking of students both as a cohort and individually throughout the curriculum.

Innovation

The Community Engaged Neighborhood Health Education Learning Program (NHELP) Interprofessional Questionnaire (CENIQ) was adapted from the validated Readiness for Interprofessional Learning Scale (RIPLS)¹ and Entry-Level Interprofessional Questionnaire (ELIQ)² tools.

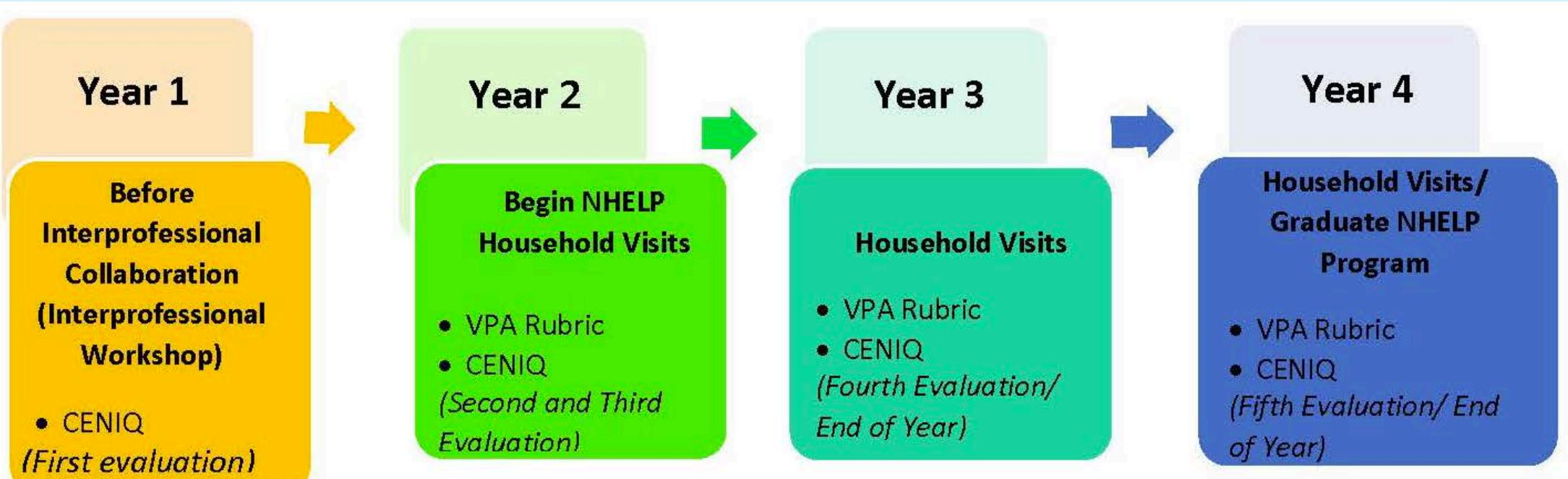
The Visit Performance Assessment (VPA) rubric was adapted from the EPA 9 tool developed by the Association of American Medical Colleges Core Entrustable Professional Activities for Entering Residency pilot.^{3,4}

Community Engaged NeighborhoodHELP™ Interprofessional Questionnaire:

- 15-Item tool with a 5-point Likert scale used to assess willingness for interprofessional learning and collaboration among health and social care students.
- Administered second through fourth year to undergraduate medical students in the NeighborhoodHELP™ program.

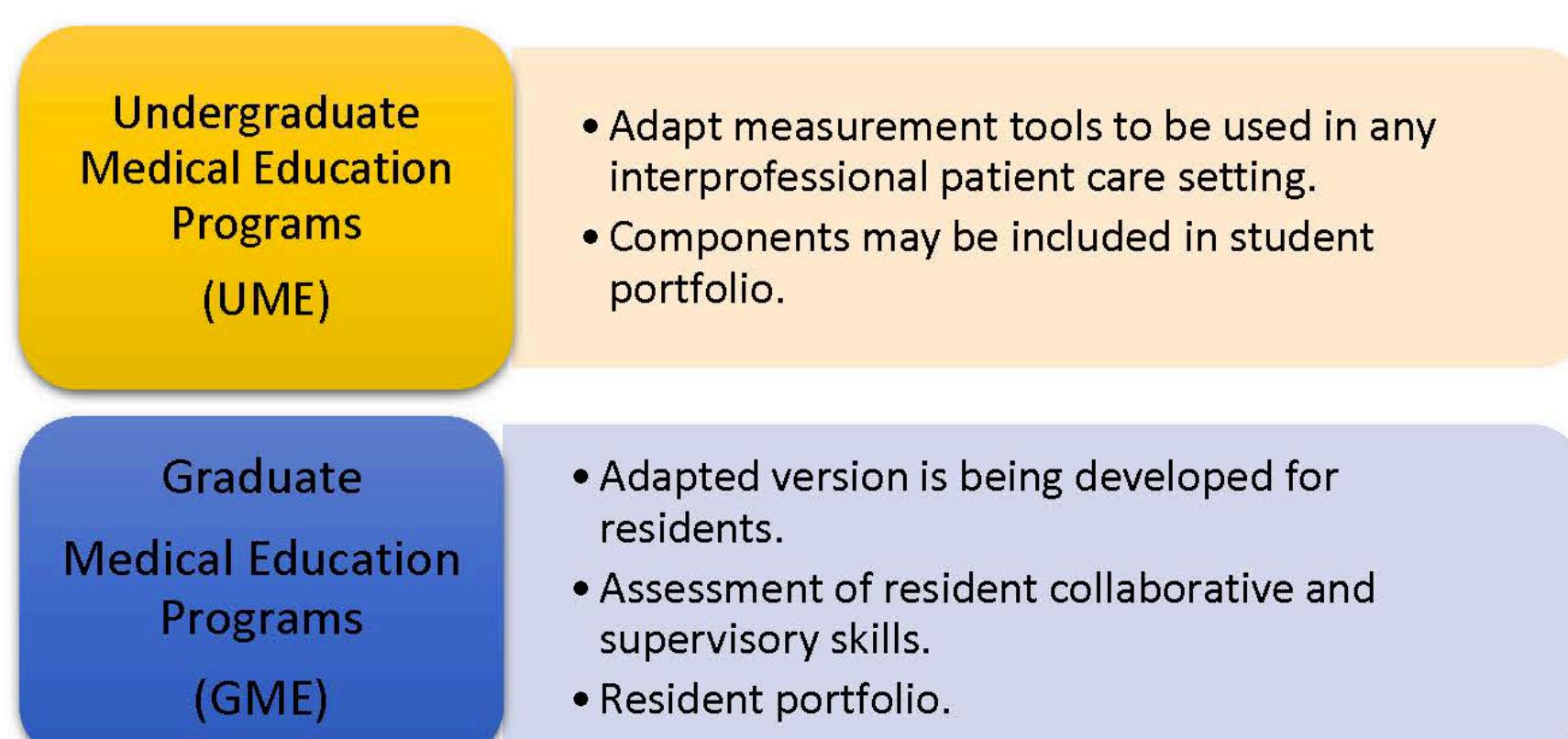
Visit Performance Assessment Rubric:

- 5-category tool used during household visits in the Community Engaged Physician I-II-III course series (years 2-4).
- Addresses entrustability for interprofessional collaboration and communication in the household setting.



Need/Gap Addressed

The CENIQ and VPA Rubric were developed to address the need for adequate tools for measurement of interprofessional communication and collaboration in community settings, in particular, during household visits.



Stakeholder Input

Results

Class of 2019 (Year 2) - Community Engaged Physician I Interprofessional Rounds

June 7, 2016/June 14, 2016: CENIQ Pre-Test / February 22, 2017/March 1, 2017: CENIQ Post-Test

Question 4: Collaborative learning will help me understand my own professional limitations.	Type	N	Mean	STD	Percent Change (Strongly Agree/Agree)	P-value	Result
Pre-Test	129	4.030	0.9576		33.4% (+)	<.0001	Yes Significant
Post-Test	129	4.655	0.5405		25.9% (+)	<.0001	Yes Significant
Effect Size (Cohen's D)		0.3546					
		0.3703					

Question 5: Collaborative learning will help me understand the value of other health professionals.	Type	N	Mean	STD	Percent Change (Strongly Agree/Agree)	P-value	Result
Pre	129	4.3980	0.9212		23.9% (+)	<.0001	Yes Significant
Post	129	4.6802	0.5812		25.9% (+)	<.0001	Yes Significant
Effect Size (Cohen's D)		0.2827					
		0.3062					

- A significant improvement occurred in the pre and post test of the CENIQ for the class of 2019, with regard to the role of collaborative learning in helping students understand their own professional limitations, as well as understanding the value of other health professionals. We attribute these to the completion of three interprofessional home visits between pre and post-test.

Class of 2019 and Class of 2020 Data Comparison

Question 1: I am not sure what my role will be as part of an interprofessional student team.	
2019 Pre	2020 Pre
N	129
Mean	1.8011
STD	0.7896
P-value	<.0001

- The most significant finding in the pre test between the Class of 2019 and the Class of 2020 was that the Class of 2020 demonstrated a significant confusion in their role as part of an interprofessional student team as compared to the class of 2019. We attribute this to earlier exposure to interprofessional teams in the class 2019 versus the class of 2020.

We have received feedback on the VPA rubric from program faculty in the Medicine and Society strand and the Office of Medical Education (HWCOM), as well as the National AAMC EPA pilot group. Faculty from Medicine, Nursing, and Social Work have also provided feedback.

Resources Needed and Potential Barriers

Required Resources for implementation in other schools

- Access to electronic surveying system : Qualtrics, SoGoSurvey, etc.
- School specific adaptation of tools.
- Information Technology team to assist with implementation and management of survey system and data retrieval.
- Access to laptop/desktop computers or Ipads.
- Access to statistics and assessment teams, as well as educational curriculum team, for coordinating distribution and analysis of both tools.

Potential Barriers for implementation in other schools

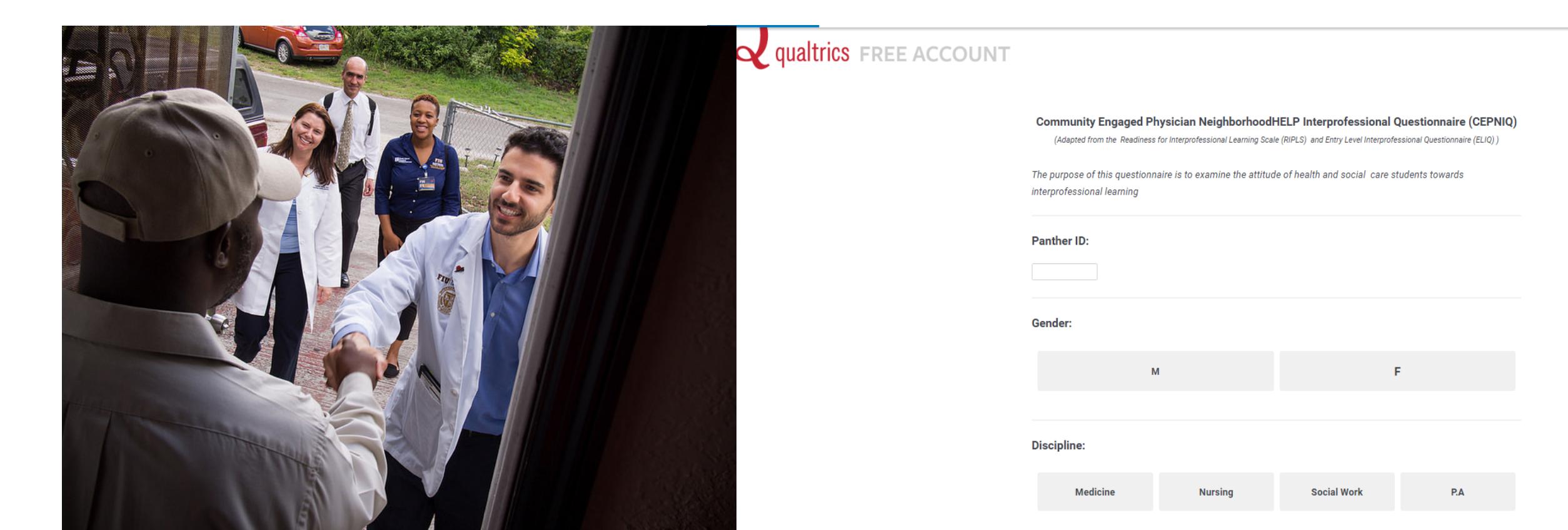
- Difficulty coordinating student calendars for interprofessional team learning and collaboration.
- Lack of access to compatible technology.
- Limited faculty time to administer tools throughout the curriculum.



Timeline Proposed

Timeline: 6 months- 1 year

- Meeting to learn about tools and identify target areas for evaluation.
- Identification of areas in curriculum to administer tools.
- Obtaining access to all necessary electronic systems in the interested institution (Qualtrics, SoGoSurvey, etc)
- Creation of tools in electronic system (Qualtrics, SoGoSurvey, etc.)
- Pilot testing the evaluation tools with a small focus group.
- Launching the tools to the student body.
- Statistical analysis of data.



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References

1. Parsell G, Bligh J. The development of a questionnaire to assess the readiness of health care students for interprofessional learning (RIPLS). *Med Educ*. 1999; 33: 95-100.
2. Pollard KC, Miers ME, Gilchrist M. Collaborative learning for collaborative working? Initial findings from a longitudinal study of health and social care students. *Health Soc Care Community*. 2004; 12(4): 346-358.
3. Brown, DR, Warren JB, Hyderi A, Drusin RE, Moeller J, Rosenfeld M, Orlander PR, Yingling S, Call S, Terhune K, Bull J, Englander R, Wagner DP. Finding a Path to Entrustment in Undergraduate Medical Education. A Progress Report from the Entrustment Concept Group of the AAMC Core Entrustable Professional Activities (EPAs) for Entering Residency Pilot. *Academic Medicine*. [Published ahead of print: January 3, 2017. doi: 10.1097/ACM.0000000000001544. Available at http://journals.lww.com/academicmedicine/Abstract/publishahead/Finding_a_Path_to_Eentrustment_in_Undergraduate.9830.aspx.
4. Brown, DR, Gillespie, C. C., & Warren, J. B. (2016). EPA 9—Collaborate as a Member of an Interprofessional Team: a Short Communication from the AAMC Core EPAs for Entering Residency Pilot Schools. *Medical Science Educator*. 2016;26(3):457-461. doi: 10.1007/s40670-016-0273-4



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