Measuring Readiness for Inter-Professional Education Mentorship: Developing a Needs Assessment Survey for Clinical Teams

**THEORY**

Inter-Professional Education (IPE)

- develops knowledge, attitudes and skills to support collaborative practice
- current focus on pre-licensure health care providers

Traditional clinical “teams” are assumed to

- provide optimum care vs. single clinician approach
- be efficient and effective
- function through shared principles of understanding, trust & collaboration
INTERPROFESSIONAL TEACHING & LEARNING PROGRAM

Goals:
1. To assist faculty in developing competencies to design & facilitate inter-professional education & learning
2. To prepare faculty to teach/participate in the inter-professional education of students.

Participants:
1. Queen’s University Faculty (Health Sciences) with teaching responsibilities
2. Teaching Hospitals’ clinical practitioners with mentorship & supervision responsibilities
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IPE PROJECT RATIONALE
A knowledge-practice gap was identified in current practicing clinical teams with respect to collaboration. The established teams examined equate the multi-disciplinary team model with collaborative care. This project was designed to address this gap by assessing attitudes toward (and offering education for) inter-professional collaborative practice.

IDENTIFIED NEED:
Enhancement of team effectiveness in practicing professional teams in order to prepare them to model inter-professional practice to IPE students.
The Project Aim

- Develop and pilot a Needs Assessment Survey for clinical teams to measure readiness for IPE mentorship.
- Outline an action plan to facilitate knowledge transfer about inter-professional collaborative patient-centered practice to post-licensure health care teams.
- Coordinate tool development with development of workshops to meet the needs identified by the survey tool for each team.

Goal:
Assess for readiness by:
- Developing and piloting a survey tool of attitudes toward collaboration.
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PROJECT TEAM:

- Nurse practitioner
  experienced in developing community health care teams

- Physiotherapist
  Experienced clinician on Specialized Geriatric Services’ (SGS) health care teams

- Queen’s University IPE advisor
  Experienced in patient-centered development of IPE initiatives
CONSIDERATIONS TO DEVELOPING A TOOL

- Clinical teams are already established & considered to be functioning as “inter-professionals”
- Composition of teams are fixed but vary from team to team
- Team settings and goals are diverse
- Team members are **post-licensure**, varying in years of experience
- Clinical teams carry heavy patient care caseloads & have limited time
SURVEY TOOL DEVELOPMENT

Tool development was based on course work & findings from a literature review.

Survey items included information on:
- essential elements for collaboration,
- benefits of collaborative practice,
- characteristics of high functioning teams &
- client centered care.
SURVEY PILOT & FEEDBACK

- Trial #1 – original tool piloted and results informed redesign of tool
- Trial #2 – clarity of survey items improved & item regarding client input on the team was added

OBSERVATIONS

- Tool elicits appropriate responses regarding collaborative practice relating to readiness & receptiveness for IPE activities, and
- Ignites interest & discussion on team development, function & composition.
CONCLUSIONS

The Tool:

- Covers the key elements of collaborative practice, team function, and client centered care,
- Provides a clear measure of attitudes towards collaborative practice and interest in further education, and
- Takes less than 10 minutes to complete.
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NEXT STEPS

Part I
Confirmation trial of the tool

Part II
Development of the introductory education session to include:

- Review of the characteristics of high functioning teams and the attributes of effective teams,
- The opportunity for guided reflection on actual team performance,
- Identification of specific learning needs, and
- Creation of a menu of learning opportunities and workshops to address identified needs.