

Feasibility Testing of an Interprofessional Assessment of Medical Students' Teamwork Skills in a Longitudinal Integrated Clerkship

Mike Levy, BA; Tai Lockspeiser, MD M.Ed; Wendy Madigosky, MD MSPH; Jennifer Adams, MD

Background: Interprofessional teamwork is critical for effective medical practice. Little has been published on validated tools for assessing medical students' development of these skills. Within the University of Colorado (CU) health professions schools, the Clinical Integrations Interprofessional Professionalism Student Assessment (CI-IPSA) is used as a validated tool to assess interprofessional students' interprofessional teamwork skills in clinical interactions. Prior research demonstrated that medical students wished feedback was provided by individuals who knew them better and occurred repeatedly to allow for continuous improvement. Additionally, the new medical school curriculum will include an all-longitudinal integrated clerkship (LIC) principal clinical year and criterion-based grading, including for interprofessional skills.

Methods: To address the above concerns and curricular changes, we integrated the CI-IPSA into a pilot within the Denver Health LIC, where students work with the same faculty and interprofessional staff throughout the year. We aimed to afford students formative feedback on interprofessional teamwork skills from interprofessional staff multiple times throughout the year. Previously, students had been asked to request a survey from 1 interprofessional team member. We added a novel collection system by using posters with QR codes and email links, encouraging interprofessional staff to independently access the survey. We introduced the project at clinical staff meetings with periodic reminders. We outreached preceptors in select fields (Family Medicine, Internal Medicine, and Pediatrics) by email to encourage them to ask their interprofessional staff to provide feedback via the survey. Students were encouraged to request surveys from interprofessional staff for a goal of 6 by the end of the LIC. Students were reminded at quarterly meetings with the LIC director to seek feedback.

Results: Data collection for evaluation of the pilot includes: number of surveys completed; profession of the evaluators; who prompted the survey to be completed; the quality of comments; ratings of students interprofessional skills; and changes in ratings over time. Interim analysis demonstrated a range of 0 to 4 evaluations per student at mid-year from a wide range of interprofessional staff. A total of 20 surveys have been collected. Comments were all positive in nature, with a minority describing specific behaviors related to interprofessional skills. The majority of evaluations were prompted by students or faculty, though some were independently completed by interprofessional team members.

Discussion: We aimed to determine the feasibility of obtaining direct feedback from interprofessional staff in a LIC and what methods are best to collect this. This was feasible, but required intensive outreach. We aimed to determine whether the information gathered is sufficient to assess clerkship students' interprofessional teamwork skills. Interim analysis of comments suggests interprofessional team members may need training in providing sufficiently meaningful comments to assess students. Future directions include focus groups of students, faculty, and preceptors to assess the value of program and barriers to implementation. Results will inform interprofessional assessment for CU medical students. This project shows opportunities and challenges of implementing the CI-IPSA into an LIC setting.