

Corresponding author: Rechell G. Rodriguez, MD, Uniformed Services University of the Health Sciences, 4301 Jones Bridge Road, Bethesda, MD 20850, 210.913.5439, rechell.g.rodriguez.mil@mail.mil


 A horizontal graphic with a dark grey background and a white wavy line on the right side. The text "NEW IDEAS" is written in white, uppercase letters on the left side.

NEW IDEAS

Taking SGIM's Teaching Educators Across the Continuum of Health Care on the Road—A Local, Interprofessional Faculty Development Innovation

Setting and Problem

Interprofessional practice opportunities are increasingly considered critical components of education to improve team-based and patient-centered care. However, finding venues for supervising faculty of different training programs to learn with, from, and about collaborating professions is difficult. Similarly, improving the quality of education provided to health trainees remains an important (albeit challenging) effort. At our Veterans Affairs (VA) Medical Center, we care for more than 26 000 patients, and host full-time training programs for more than 70 learners in internal medicine, family practice, psychiatry, nurse practitioner, psychology, pharmacy, and nursing programs. We also host 1 of 7 VA-based Centers of Excellence in Primary Care Education, emphasizing interprofessional education and workplace learning opportunities.

Intervention

Our institution's leadership recognized an opportunity to support faculty interprofessional development by adapting the Society of General Internal Medicine (SGIM) national Teaching Educators Across the Continuum of Healthcare (TEACH) program. In collaboration with national SGIM TEACH faculty,

we adopted and modified the TEACH certificate program locally to improve interprofessional faculty teaching skills and increase interprofessional collaboration.

The curriculum was carried out over 1 academic year and required participants to attend an initial full-day training retreat, attend at least 5 teaching seminars, participate (either virtually or in person) in at least 5 journal clubs, and have 6 teaching observations completed by participating faculty. Participants were encouraged to complete a teaching philosophy with peer review and feedback. Cross-profession collaboration was facilitated by interprofessional groups of 4 to 6 members, functioning as a cohesive unit during the remainder of the year. Small group members provided feedback on each other's oral teaching sessions and written teaching philosophy, and facilitated collaboration for collaborative teaching presentations. Small group leaders with extensive teaching experience from different professions facilitated the group and acted as mentors. A password-protected open source Moodle (<https://moodle.org>) website was used for instructions, scheduling, sharing articles and resources, and providing an online blog for participation.

For the remainder of the year, the curriculum included one 60-minute teaching seminar and another 60-minute journal club each month. Coordination of teaching seminars and journal clubs was spread across individual professions to facilitate different professions' perspectives. Teaching seminars were provided by content experts and guests from the national TEACH program. Examples include topics on learner difficulties, teaching in small or large groups, teaching with the patient present, preparing to give a presentation, and providing effective feedback (BOX).

Outcomes to Date

Thirty-five faculty attended the initial retreat, with the goal of completing TEACH training, and 24 (69%) completed the requirements. Professions represented included internal medicine ($n = 15$, 43%) and related subspecialties ($n = 5$, 14%); pharmacy ($n = 7$, 20%); nurse practitioner ($n = 3$, 9%); psychology ($n = 3$, 9%); and psychiatry ($n = 2$, 6%).

There was a reported increase in the number of interprofessional copresentations with 8% ($n = 2$ of 26) reporting half or more copresentations prior versus 43% ($n = 9$ of 21) after ($P < .010$); increased presentation to interprofessional groups

DOI: <http://dx.doi.org/10.4300/JGME-D-16-00761.1>

Box List of Topics Addressed From Year-Long TEACH Interprofessional Faculty Development

Teaching Seminar Topics

- Establishing an effective learning climate^a
- Feedback and assessment^a
- Writing learning goals and objectives^a
- Teaching portfolios^a
- Interprofessional education competencies
- Working in teams
- Teaching as scholarship
- Writing a teaching philosophy
- Teaching in small groups
- Teaching in the ambulatory setting
- Teaching with the patient present
- Diagnosing learner deficits

Abbreviation: TEACH, Teaching Educators Across the Continuum of Healthcare.

^a From initial kickoff day-long retreat; all other topics were delivered at monthly noon conferences.

(more than half of presentations were interprofessional, reported at 65% [n = 17 of 26] before, and 86% [n = 18 of 21] after participation, $P = .011$); and increased cross-profession feedback (receiving feedback more than a few times was reported at 19% [n = 5 of 26] before, and 57% [n = 12 of 21] after participation, $P < .010$). In-person feedback, bolstered by a high completion rate, indicated high participant satisfaction in the curriculum. A post-TEACH meeting with feedback from all participants revealed a strong desire to continue the curriculum.

Our experience with a local adaptation of the SGIM TEACH curriculum suggests that it is feasible to complete a meaningful interprofessional faculty development curriculum. It appears that including multiple professions may improve not only self-reported teaching skills and confidence, but also subsequent interprofessional collaboration, copresentation, and feedback. Based on this success and related feedback on how to improve the curriculum, we plan to continue an ongoing interprofessional faculty development based on TEACH principles.

William G. Weppner, MD, MPH

Co-director, Center of Excellence in Primary Care Education, Boise Veterans Affairs Medical Center
Assistant Professor, Division of General Internal Medicine, University of Washington

Amber K. Fisher, PharmD

Co-director, Center of Excellence in Primary Care Education and Ambulatory Care Residency, Boise Veterans Affairs Medical Center

Melissa Hagman, MD

Program Director, University of Washington-Boise Internal Medicine Residency
Associate Professor, Division of General Internal Medicine, University of Washington

Lisa Inouye, MD, MPH

Core Faculty, University of Washington-Boise Internal Medicine Residency
Clinical Associate Professor, Division of General Internal Medicine, University of Washington

India King, PsyD

Evaluation Director and Psychology Associate Director, Center of Excellence in Primary Care Education, Boise Veterans Affairs Medical Center

C. Scott Smith, MD

National Physician Consultant, Centers of Excellence in Primary Care Education, Veterans Affairs Office of Academic Affairs
Professor, Division of General Internal Medicine, University of Washington

Andrew P. Wilper, MD, MPH

Chief of Staff, Boise Veterans Affairs Medical Center
Associate Professor, Division of General Internal Medicine, University of Washington

Christopher L. Knight, MD

Associate Program Director, University of Washington Internal Medicine Residency
Associate Professor, Division of General Internal Medicine, University of Washington

Corresponding author: William G. Weppner, MD, MPH, Boise VA Medical Center, MSO 111, 500 West Fort Street, Boise, ID 83702, 208.422.1325, william.weppner@va.gov