## **EFFECTIVE SHORT-TERM IPE FACULTY DEVELOPMENT**

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**Purpose:** Interprofessional education (IPE) and interprofessional collaboration (IPC) are known to have positive impacts on modern health professions learners<sup>1</sup>, but many current faculty members had limited exposure to IPE during their own training and feel ill-equipped to facilitate this form of learning.<sup>2</sup> Faculty development programs which prepare faculty to teach IPE exist but are often structured on a longitudinal basis<sup>3</sup>, putting a strain on resources that may make them inaccessible to certain institutions. The purpose of this project was to develop an interprofessional faculty development program that could be delivered in a short period of time by a diverse group of health professions faculty, and to evaluate whether the program could improve participants' attitudes towards IPE and IPC.

**Methods:** We developed an innovative educational intervention consisting of two 90-minute seminars, with each seminar covering 3 clinical education topics. Lecturers were recruited from a variety of health professions and learners were arranged into interprofessional groups. Educational material focused on high yield subjects: (1) baseline learner assessment; (2) teaching in the presence of patients; (3) time management and efficiency; (4) evaluation and feedback; (5) documentation as a teaching tool; and (6) professionalism and cultural sensitivity. Faculty participants were recruited on a voluntary basis; those who attended were asked to fill out the Nebraska Interprofessional Education Attitudes Survey<sup>4</sup>, which assesses provider attitudes towards IPE, both before and after completion of the intervention. Three weeks after the course, a follow-up survey was distributed which sought to measure the effectiveness of the educational sessions, including self-reported impacts on knowledge and skills.

Results/Outcomes/Improvements: 29 faculty members from the schools of medicine, nursing, physical therapy, and physician assistant attended the first seminar, and 25 attended the second. 25 participants responded to the pre-test survey and 21 responded to the post-test survey. The Fisher's exact test was used to analyze differences in survey responses between the before and after groups. In the post-test, statistically significant improvements were noted in providers' self-reported abilities to use terminology that is unique to other health care professions (p=0.025); recognition of the values and expertise required of other health care professions (p=0.025); appreciation for the ability to pursue interprofessional faculty development (p=0.018); and willingness to receive performance feedback from faculty of different health care professions (p=0.048). In addition, of those who participated, 11 completed the three-week follow up survey. 91% (10/11) of respondents agreed or strongly agreed that they found value in the program, and the majority felt more confident in their ability to develop individualized learning plans for students, provide feedback to learners, use documentation as a teaching tool, and recognize the importance of cultural sensitivity in effective clinical education.

**Significance/Implications/Relevance:** This pilot study demonstrated the potential positive impact that a short-term interprofessional faculty development program can have on both perceptions of health care professionals from other specialties and the quality of IPE that faculty members may deliver. Further large-volume studies are needed to more accurately estimate the benefit of IPE faculty development programs on interprofessional health care providers and their work in clinical education.

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