

2019 Pan Flu Facilitator Evaluation Report

Patient Safety Post Event

- Final N = 21. Number of responses for questions ranged from 21-25.
- Question Blocks:
 - A. Facilitator Preparation and Resources: Questions = 9
 - B. Effectiveness of the exercise: Questions = 6
 - C. Usefulness of three activities: Questions = 6
 - D. Frequency of student behaviors: Questions = 6
 - E. Interprofessional skills gained: Question = 1
 - F. Room and logistics: Questions = 2
 - G. Professional affiliation: Question = 1
- Open-ended Questions = 4
 1. What type of additional facilitator training or development would be helpful or useful?
 2. Please share your comments and observations about student engagement and interactions.
 3. Specify which interprofessional skills you gained.
 4. What changes do you feel would most improve interprofessional learning in the exercise?

Professional Affiliation

	Frequency
UA College of Medicine	2
UA College of Nursing	6
UA College of Pharmacy	3
UA Zuckerman College of Public Health	3
Other:	
NAU – PBC	1
UA College of Nursing Phoenix	1
UA College of Science	1

Facilitator Preparation

Which facilitator training session did you attend: (could select more than one)

- In-person facilitator training session = 6
- Reviewed the recording of the training session = 13
- Independent review of materials = 7

Please rate the following in helping to prepare you in facilitating (N = 21)

The facilitator guide was the most important.

	Did Not Use	Unimportant	Slightly Important	Important	Extremely Important
Facilitator Guide	0	0	0	9	12
PowerPoint Presentation during training session	1	0	4	9	7
Pre-Event Readings (accessed in D2L)	7	0	5	8	1

After your preparation for facilitating, please rate your comfort level in doing the following (N = 21)

Overall, the preparation helped facilitators to feel comfortable with following behaviors.

	Very Uncomfortable	Uncomfortable	Comfortable	Very Comfortable
Explain how interprofessional collaboration can improve the effectiveness of emergency response	0	0	6	15
Use general facilitation skills to keep discussion topics on track	0	0	6	15
Invite students to seek opinions from other represented disciplines/profession in the group	0	0	7	14
Describe why interprofessional education is important	0	0	4	17
Facilitate future IP teams because of this preparation	0	0	8	13

What type of additional facilitator training or development would be helpful or useful? Please be as specific as possible.

- We were unable to see the actual Zoom recording for the facilitator training. I am aware that the other IPE did record the facilitator training. It would have been helpful to see the actual recording.
- Identifying abuse?
- Facilitation tips that are context specific are valuable.
- It was a good experience, however I noticed that not all facilitators were as involved in actively communicating or facilitating the sessions; there were facilitators who seems unsure of their responsibilities as facilitators. It may have been helpful to assign the facilitators to certain tables, thereby allowing student groups and facilitators to actively participate throughout the discussion process
- I think observing the event, or a recording of prior years event helps before you facilitate one on your own. Its hard to get the flow from the training if you haven't seen it before. Once you participate or observe one, it all makes more sense.

- I think the Pandemic Flu scenario needs to be clarified in terms of where people would be quarantined, how long they would be quarantined, etc. This would help to understand the roles of various professionals who are not responsible for immediate life and death scenarios but still have a role to play in large population-based health issues.

Please rate the effectiveness of the exercise in accomplishing the following: N = 20

The facilitators found the fourth (allocating limited resources) and sixth (how teams address challenges) as the most effective.

	Not at all effective	Slightly effective	Effective	Extremely effective
Getting students engaged in learning FROM, ABOUT and/or WITH each other’s professions	1	3	11	5
Helping students articulate the roles, responsibilities, and functions of different professionals in responding to a public health emergency	2	3	11	4
Teaching students to identify the social, psychological, and/or ethical challenges that may arise during a public health emergency	0	3	9	8
Teaching students from an interprofessional perspective to explore the issues involved in allocating limited resources in the face of overwhelming need	0	1	7	12
Teaching students how to identify potential obstacles to teamwork during an emergency	1	4	9	6
Giving students opportunities to explore how interprofessional teams can address challenges and overcome obstacles during a public health emergency	0	2	10	8

How useful were the following in helping students explore the issues that may arise during a public health emergency:

Facilitators found the Limited Resources (triage) activity the most useful.

	Not Useful	Slightly Useful	Moderately Useful	Extremely Useful
Limited Resources (triage criteria) N = 20	0	1	8	11
Mass Care (prioritized patients) N = 19	0	4	6	9
“Hotwash” with EOC Experts N = 20	0	4	8	8

How useful were the following in encouraging interprofessional teamwork?*Facilitators found the “Hotwash” with EOC Experts the least useful.*

	Not Useful	Slightly Useful	Moderately Useful	Extremely Useful
Limited Resources (triage criteria) N = 20	0	1	9	10
Mass Care (prioritized patients) N = 19	0	2	8	9
“Hotwash” with EOC Experts N = 20	0	8	10	2

How frequently did you observe students engaging in the following behaviors during the exercise? N = 20

Overall, facilitators observed student participation and sharing. At the same time, disengagement and boredom were observed sometimes. The last two items address respect but are reversed – one should be deleted to minimize confusion.

	Not at all	Sometimes	Frequently	Very Frequently
Active participation in discussion	0	1	7	12
Passive listening	0	6	9	5
Interest and engagement in the topics	0	2	12	6
Disengagement and boredom	3	14	2	1
Seeking opinions from other disciplines/professions	0	6	12	2
Monopolizing the conversation of the small group	10	8	1	1
Interprofessional respect	0	2	7	11
Lack of interprofessional respect	14	4	1	1

Please share your comments and observations about student engagement and interactions:

- They were engaged, they were just unclear at times about what would happen next
- The Hotwash is professionally interesting, but students are checked out by this time. Our students did not pay attention to this presentation and were passing the time until they could leave. There also seemed to be little reason to host the hotwash electronically in different rooms rather than relocating to a large classroom or auditorium space that could have been more engaging. The speakers had interesting experiences, but were rambling for stretches. About a third of our students did not engage and were not willing to engage despite multiple attempts. I don't have a recommendation on this point, but I think it does come down to the engagement of faculty in each college ahead of the exercise.
- The exercise was a powerful opportunity for students of diverse backgrounds to work together. VERY useful and educational!

- Some students particularly med students seemed disengaged. I was also appalled at the lack of adherence to the dress code that was encouraged in the guidelines.

- Very engaged

- I thought it was very good.

- It might help to introduce disciplines priorities in such an event so that interprofessional teams have a better understanding of each other's role and responsibilities. I would suggest building that into the curriculum to encourage participation instead of students remaining in their professional silos.

- There were several students in our group who were reluctant to engage despite multiple attempts at drawing into discussions.

- While students seemed to enjoy responding to the Poll Everywhere questions, I do find the tool does cut down on discussion. i struggle with that when I use PE too. Also, one of the challenges of teaching this demographic, is everything is "too long". While the Hotwash was important, no one was paying attention. They were done.

- A few of the poll everywhere questions could have been clearer that the group was supposed to come to consensus about the submission. There was one with upvoting that led to our room just looking at their phones instead of discussing. I think it was the one regarding non-pharm interventions.

- Adding time prior to transitioning to the next exercise for an in-room only discussion. This would allow for the expert facilitators in the room to contribute more substantially in applying the principles. Also, the organizational chart of IMS was not covered and would have been helpful.

- I mostly hovered around the same two tables and saw good engagement from the students. While none of them seemed bored, a few students did not contribute to the table conversations as much as others, which is somewhat expected in group work.

- There was very little time for meaningful discussion, and it seemed as though from some of the electronic responses indicated that students were being silly and not engaged.

- A lot of good interaction going on.

- Generally, the students did well communicating with one another, and sometimes I would just give them a prompt for a particular discipline to state their case. We had one team that had a harder time engaging with one another; they were courteous but quiet.

Overall, did you gain interprofessional skills from this experience that you will use in your own academic/clinical practice?

Yes = 11

No = 9

If yes, please specify which interprofessional skills you gained.

- It encouraged me to have an agenda for all future activities.

- I increased my understanding of scope and practice of some professions.

- Improved knowledge about the process of resource allocation in pandemic situations
- Better understanding of how medication distribution works.
- Thinking critically how other disciplines will approach a problem in different ways
- Active learning
- I run a lot of simulation cases
- Gained insight as to breadth of involvement of other disciplines into large scale emergencies and decision making
- Nothing specific. Have done it many years and I always learn something.
- Working with occupational therapists in a PH emergency situation.
- Information from the legal perspective
- Understanding more about what goes on in the bigger picture with Public Health planning.
- interprofessional

What room/community where you assigned?

Room	Frequency
HSIB 642 (Tucson)	3
HSIB 640 (Flagstaff)	1
HSIB 206 (Prescott)	1
HSIB 532 (Bisbee)	1
HSIB 305 (Tuba City)	4
HSIB 531d (Kingman)	1
HSIB 306 Yuma	2
HSEB C204 (Phoenix)	6
	Total = 19

Did you experience any technical difficulties during the event?

Yes = 17

No = 3

If Yes, what difficulties were experienced:

- All but one screen shut down momentarily
- All TVs timed out and went to sleep
- Audio went out a couple times and the ICC mic was left on frequently between announcements and interrupted/distracted our in-room activities/discussion
- Briefly lost audio
- They were brief black out of video

- House internet failure and also the camera and sound sometimes needed focusing on the speakers more
- Lost feed to Tucson
- Minor issue of audio cutting out at one point
- Outage
- Sound cut out for a short time period
- The computers turned off at one point
- We did not realize the microphone broadcasted our voices beyond our room. We could have used instructions rather than a sarcastic comment.

What changes do you feel would most improve interprofessional learning in the exercise?

You may wish to comment on overall organization, technology, content, etc.

- More organized and an agenda for students
- Technology seems to be a frequent issue, but this is understandable given the scale. Other than outages, this year's tech problems were limited. Something needs to be done about student engagement ahead of the exercise. It was clear that certain students showed up because they were required, then worked on other things during the exercise.
- Perhaps address cell phone usage during the learning activity. A couple of students were not as engaged as they could be d/t their reluctance for single focusing on the activity.
- 1. Please do not show students the responses live...I think it inadvertently limited students and they started to group think. 2. It was good to include a discussion on NPI but I felt it was too limited. Students did not have enough time to discuss these topics. 3. I felt the non- medical professions could have been engaged further and the NPI discussion would have provided that opportunity. 4. The panel could have spent more time answering some of the concerns students brought up via the discussion questions.
- More facilitators from different disciplines
- Some of the sections/questions needed much more discussion time for each group. Some areas seemed very rushed without the students having enough time to get really engaged in the discussion. The numbers on the facilitator guide were also incorrect for the calculations. The set-up was very good and I liked that it was broadcasted out for everyone at the same time. I think next time this event should be an entire afternoon.
- One of the objectives was for students to understand the roles/responsibilities of other disciplines. I do not see how this outcome was met during the event. Merely having students from different disciplines work on the activity as a group does not provide an overview of what the roles/responsibilities are for in regards to a specific event. Perhaps provide a brief exercise in the beginning to introduce each other, set the stage so to speak, before proceeding with the exercises.
- I think it would be helpful to provide students resource on Tamiflu, like a med sheet, students were confused between allocation of treatment vs vaccine, then had many questions regarding efficacy, treatment plan, etc regarding the drug. I think that would provide clarity and help guide them in their decision making. I think it was well organized and impressively interactive.
- None, thought it was much improved from the last couple years.

- Clarify the number of doses each city has. Verbiage was very confusing/incorrect. Currently, the packet says that each case contains 10 adult doses; however, each case contained 10 adult treatment courses. A dose is a single tablet, a course is 10 tablets, a case is 10 courses or 100 tablets. I got this wrong until I looked at the facilitators guide and did the math backwards.
- see prior comments. Overall, this was a very good event, so the comments provided are simply a hotwash of what could be done to improve an already excellent training.
- More time for discussion in the groups.
- Overall the program worked well to expose students to a unique situation and stimulate interprofessional discussion on how best to handle things. Poll everywhere was useful for gathering student responses from multiple locations but displaying all of the information was difficult with the number of responses coming in. Having students register their devices at the start of or prior to the session may create more accountability if they know their responses can be traced back to them (less off topic or silly answers)
- This event could be run with less facilitators.
- I think more time to discuss various professional roles, more information about the quarantine, expectations of students in the beginning to take the exercise seriously would help. It was fascinating to understand more about what the public health and emergency responders do, it got fuzzy after that re: the roles of other professionals.
- There needed to be more in-room engagement, and we lost them when we went to executive team, so we need roles/plans for how we keep the rest of the room engaged when that part rolls around
- There was some confusion at the point of determining Tamiflu stocks and dosing. They got caught up in the cases/doses and I'm not sure that multiplication added anything to the exercise. Knowing the percentage of the population they could treat was more useful (and there was some general confusion about the use of Tamiflu and dosing; sometimes the medical students were able to clarify this for the table, but sometimes not). What was happening at the EOC was not always clear. In general, though, it ran more smoothly than last year. I would recommend that the students write their discipline on their name tags, though. As I was trying to facilitate conversation it was harder without knowing what each student represented.