

## 2019 Patient Safety Evaluation Report: Facilitator Results

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### Patient Safety Post Event

- Final N = 25. Number of responses for questions ranged from 21-25.
- Question Blocks:
  - i. Facilitator Preparation and Resources: Questions = 4
  - ii. Usefulness of Educational Tools and Activities: Questions = 4, 16 items
  - iii. Frequency of Student Behaviors: Questions = 1, 6 items
  - iv. Interprofessional Training: Questions = 4
  - v. Open-ended: Questions = 8
    - What type of additional facilitator training or development would be helpful or useful?
    - Please comment on the effectiveness of the event activities in getting students engaged in learning WITH, FROM and/or ABOUT each other's professions?
    - Please comment on the utility of event activities in teaching students about how interprofessional teamwork translates into quality patient care and safety?
    - Can you comment further on student engagement and interactions?
    - Please tell us more about any training you've had in how to be a successful member of an interprofessional team.
    - Please specify what interprofessional knowledge and/or skills that you will use in your own academic/clinical practice.
    - What changes do you feel would most improve interprofessional learning in the Interprofessionalism for Patient Safety event?
    - Further comments or suggestions.

### Facilitator Preparation and Resources

**Question:** Did you attend the facilitator training session in person or watch the recording?

Based on 22 responses, 12 facilitators (55%) attended the facilitator training session in person or via Zoom; and 10 (46%) watched the recorded facilitator training session.

**Question:** Please rate the usefulness of the following in helping to prepare you for facilitating.

The Facilitator Guide information (including Appendix) was found to be more useful than the Training: 84% found the Guide extremely important compared to 60% for the Training.

Other included:

1. Email communications
2. Being in room with experienced room lead and facilitators
3. I have been in the planning and know the curriculum. Training was helpful to my teammate facilitators
4. Cannot comment on training as did not go this year, but I have gone in previous years and is helpful

**Question:** Did you access the D2L site?

10 (40%) of the facilitators accessed the D2L site and 15 (60%) did not.

**Question:** Please tell us why you did not access the site (D2L)?

The primary reason facilitators did not access the site was because they “did not have time” (11 of the 21 responses or 52%). One person was “not interested” and one person found it “difficult to access the site.”

**Question:** What type of additional facilitator training or development would be helpful or useful?

- Perhaps I accessed the site— it’s something I would certainly do. But frankly, I don’t remember if I did or not, so I’ve checked the negative box.

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- What you have done is great.

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- Sending out the paperwork is the most useful for me.

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- Facilitator questions to guide a team interaction debriefing of the patient visit/follow up

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- I would record a demo for the new facilitators of an entire session

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- I think once you see one, it’s easier to understand how it runs, that is the best training

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- None. I am OK; maybe have training 2 week before; would have gone to D2L. Am interested what the students have to prepare for session.

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- How to bullying in the workplace and turn it into a positive work environment.

### **Usefulness of Educational Tools and Activities N=23**

**Question:** How useful were the following in getting students engaged in learning WITH, FROM, and/or ABOUT each other’s professions? (It is okay if the item only does one of these).

There were four items:

1. Scope of Practice Checklist
2. Patient Video
3. Case Scenarios illustrating team behaviors
4. Disruptive/Constructive Behaviors Table

Results:

- The scope of practice checklist and the case scenarios were rated the most useful. Both items were rated Extremely Useful by 19 (83%) of the facilitators.
- The disruptive/constructive behaviors table was rated as Extremely Useful by 17 (74%) facilitators.
- The patient video was rated as Extremely Useful by 14 (61%) facilitators.

**Question:** Please comment on the effectiveness of the event activities in getting students engaged in learning WITH, FROM, and/or ABOUT each other's professions?

- Students were very involved and interested in discussion of various professions and scope of practice.
- I think the students were most surprised about what a pharmacist can do. It is good to be able for them to have these types of conversations.
- The case scenarios and having the students act them out was extremely effective!
- They still had a bias toward other professions and how to treat the patient rather than working as a team. They learned with and about each other. The learning from and being open to how other professions can offer other treatments to compliment, not replace was a struggle.
- The Patient Video did not work well and the Behaviors Table was awesome but needs some more graphics
- Very good
- The scope of practice checklist may be outdated. The 2nd disruptive behaviors case asks the students to use an accent which is not necessary. Recommend name badges for the actors so they are able to easily identify which actor is which. Cut down on the number of actors for case 2 (pharmacist only had 1 line). - feedback from Bernadette
- Patient video is focused on medicine and nursing, so students really did not learn much about pharmacy from those.
- Scope of practice - with, from and about Patient video - with Case scenarios - with, from Behaviors table - with, from
- The last film did not work. Apparently due to its file size. It might be good to download, or access those via D2L so that there won't be any difficulties.
- I think overall the activity was effective, having facilitators from different disciplines also helped
- Scope of practice checklist would be more use for the team if you collected data, so we could give the next group some data how other felt about this activities Video need to be looked due the beginning of each video was cut off.
- It might be useful to have a copy of the scenarios handed out to each table during the small group discussions. It may have been hard to remember details of the conversations afterward when the behaviors were being discussed.
- Effective; D2L readings focus on IPEP (education and practice) experience and evidence of better patient outcomes?
- I believe the students were really engaged. They had some great conversations, and it was fun to participate with them.

**Question:** How useful were the following in teaching students about how interprofessional teamwork translates into quality patient care and safety? N=23

There were four items:

1. Scope of Practice Checklist
2. Patient Video
3. Case Scenarios illustrating team behaviors
4. Disruptive/Constructive Behaviors Table

Results:

- The case scenarios were rated the most useful. Scenarios were rated as Extremely Useful by 21 (91%) of the facilitators.
- The scope of practice checklist, and patient video were rated as Extremely Useful by 18 (78%) facilitators.
- The disruptive/constructive behaviors table was rated as Extremely Useful by 17 (74%) facilitators.
- One facilitator did not find the scope of practice checklist useful.
- Overall, all items were useful in teaching students about how teamwork translates into quality patient care and safety.

**Question:** Please comment on the utility of event activities in teaching students about how interprofessional teamwork translates into quality patient care and safety.

- I heard several table discussions addressing this topic, so assume it was a valuable experience for students.

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- All of the activities were very useful.

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- Very important. The more practice interprofessionally, not clinical limited scenarios with specific preceptors, the better the students will be able to interact in their careers after graduating or being certified in their healthcare field.

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- I think that it would be better to have a slide with the uncompleted scope of practice checklist on the left and the completed on the right. I think it would be best to hand out the script of the case scenarios so participants can read and listen then have slides that have highlighted sections of the disruptive/constructive behavior behaviors table right in the case scenario with the identified behaviors and run through the slides at the end of the session

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- At each of these points, students were asked and were able to articulate how these connected to safety.

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- Case scenarios need to have something visual that identifies the actors (like a name badge) so it is easier to follow.

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- overall effective

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- Good. Have placecards with the disruptive behaviors; after each scene ask each group to give consensus of which behavior reflected. More active; also helps to students to demonstrate they are able to recognize the behavior.

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- This is so important, and I felt like the examples used were good. These things happen in real life unfortunately quite a bit.

**Question:** How useful were the following in teaching students about the roles of the different health professions? N=23

There were three items:

1. Scope of Practice Checklist
2. Input from others in the table groups
3. Large group discussion

Results:

- The scope of practice checklist was rated as the most useful in teaching students about the roles of the different health professions. The checklist was rated as Extremely Useful by 19 (83%) of the facilitators.
- The input from others in the table groups was rated as Extremely Useful by 18 (78%) facilitators.
- The large group discussion was rated as Extremely Useful by 15 (65%) facilitators.

**Question:** How useful were the following in teaching students to recognize disruptive and constructive team behaviors and to identify constructive alternatives to disruptive behaviors? N=23 except for item 3 where N=22.

There were five items:

1. Patient Video
2. Case Scenarios illustrating team behaviors
3. Disruptive/Constructive Behaviors Table
4. Input from others in the table groups
5. Large group discussion

Results:

- The disruptive/constructive behaviors table was rated the most useful. The disruptive/constructive behaviors table was rated as Extremely Useful by 18 (82%) of the facilitators.
- The case scenarios and input from others in the table groups were both rated as Extremely Useful by 18 (78%) of the facilitators.
- The large groups discussion was rated as Extremely Useful by 16 (70%) facilitators.
- The patient video was rated as Extremely Useful by 15 (65%) of the facilitators.
- One facilitator rated the patient video as Not Useful.

## **Frequency of Student Behaviors**

**Question:** How frequently did you observe the following behaviors in individual students during the exercise? N=23

There were six items:

1. Active participation in discussion
2. Passive listening
3. Disengagement and boredom
4. Monopolizing the conversation of the small group
5. Interprofessional respect
6. Lack of interprofessional respect

Results:

- Interprofessional respect was observed the most frequently. This behavior was observed Very Frequently by 19 (83%) of the facilitators. Item #6 addressed the same behavior and had similar results where 19 (83%) facilitators did not observe the lack of interprofessional respect.
- Active participation was observed Frequently by 11 (48%) and Very Frequently by 12 (52%) facilitators. This compares to passive listening that was observed Sometimes by 12 (52%) and Frequently by 9 (39%) facilitators.
- Monopolizing the conversation was Not at All observed by 10 (44%) facilitators and Sometimes observed by 11 (48%) facilitators.
- Disengagement and boredom was Not at All observed by 7 (30%) facilitators.
- Overall, negative behaviors were not frequently observed.

**Question:** Can you comment further on student engagement and interactions?

- I was impressed by the level of student engagement exhibited.

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- Small group discussions were good. Large group allowed for only a few to monopolize the conversations

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- The group was very interactive and comments were that it would be nice to also have medical students so that there was more insight from their perspective.

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- Occasionally Approached table and students were discussing other topics and had to refocus them

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- Students were engaged but some facilitation components were ineffective in keeping them engaged. Role play was good it would have been more effective if the rest of the room could see what they were reading - some things got lost.

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- Students were very engaged discussing the activities including adding their personal experiences, perceptions and reflecting on what they had learned from their colleagues and about interprofessional education at various points.

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- Some students appeared fatigued and were difficult to engage. The timing of the event may have been a factor, many students are feeling the push from a busy start to fall semester.

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- I think the students really enjoyed this session. This session was more interactive than the one last year and it engaged the students more.

**Interprofessional Training N=23**

**Question:** Outside of your involvement with this program, have you had any training in how to be a successful member of an interprofessional team?

Yes = 19 (83%)

No = 4 (17%)

**Question:** Please tell us more about any training you've had in how to be a successful member of an interprofessional team.

- Most of my experiences have been around disaster training, such as. Medical reserves or Red Cross.

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- Main campus discussions. Literature reviews.

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- At work we have web-based trainings.

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- Team building activities with the department at staff meetings to know the roles of the team. Learning team lead roles and responsibilities.

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- I have attended IPE training; I have attended workshops for simulation that focus on successful IPE teams.

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- Quality improvement training; work in home health care and hospice

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- When I worked in the corporate world (before being in academia) we often had team building activities with other departments that we worked with often.

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- I am a nurse and I took a leadership course at the National Institutes of Health.

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- many workshops over the years at various hospitals.

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- Simulation exercises.

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- I conduct IPE experiences: Project Take Charge (will forward details to Karen) for students from med; nurs; ph; and pharm.

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- Mostly leadership training courses throughout my career.

**Question:** Overall, did you gain interprofessional knowledge and/or skills from this experience that you will use in your own academic/clinical practice?

Yes = 19 (83%)

No = 4 (17%)

**Question:** Please specify what interprofessional knowledge and/or skills that you will use in your own academic/clinical practice:

- Utilization of volunteers to increase engagement of students.

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- Reminding students of how important inter professional practice is to utilize and that it takes time for development, but how it can benefit positive patient outcomes.

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- Train our students in IPE sessions.

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- More information on the pharmacist's role beyond inpatient work and encouraging further discourse on how students can learn more about this role

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- Recognizing disruptive behaviors and how to address them

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- I am not in clinical practice but in the academic setting where I work in administration (working with 22 different departments), there might be some sort of training on how our departments can work together that might carry over.

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- Encourage my students to reflect on "why" things might go the way they do.

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- I will remember that if someone is short or unprofessional it may not be personal and may be more about them and their stress than the patient or other team members.

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- review the disruptive behavioral sheet and be able recognize it easily.

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- All

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- Being more aware of what people are saying around you and making sure that things are not being said around patients that are not appropriate.

**Question:** What changes do you feel would most improve interprofessional learning in the Interprofessionalism for Patient Safety event?

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- Perhaps assigned facilitator roles?

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- I think utilizing real life events from each of our professions would be helpful for everyone to see.

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- More roles & responsibilities sharing for the patient safety. How to compliment each others roles.

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- Medical students present, the slides rearranged as mentioned earlier

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- More large group debriefing is needed to emphasize important points. Facilitators were largely unused and just walking around. It would be more effective if there was enough facilitators to sit at each table to actually hear the quality of discussion happening.

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- It was good overall. Just issues with internet access

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- Better planning by lead facilitators - 2 of the facilitators in my room did not show; the lead facilitator never contacted us before the event; she did not always follow the timeline and



instruction manual, and we were done before 2:30pm, even though I tried to point out some of the missed components; saw that one other group was done even before our group (students usually do not appreciate inconsistencies).

- I believe the skits would be better followed if the "actors" were labeled either with a visible name badge or a script to all the students so they can follow who is talking to whom. The script could also be modified so that the speakers are better identified.
- I felt that we had too many facilitators in our room (306). While most of us chimed in with comments at some point, a few of us didn't, and there were just too many of us walking around. I would suggest changing the names of the characters in the case scenarios to names that are easier to associate with the nature of the role. For example, Nurse Lotta Payne, or Dr. Frank N. Stein. Some of the names in the cases are hard to remember. I would also suggest, in case 2, adding in a narrator's line to introduce pharmacist Ron Johnson...when we acted these out this year, the audience wasn't privy to the script so they didn't realize who that last character was. It might even be good for the narrator to state each character's name prior to their lines. In years past when we all read the scripts at our tables, the students could all see who was saying what as they followed along in the script. I really like the way we had the students act out the script in front of the whole groups, but I am just concerned that some of who was saying what was lost.
- Having lanyards/placards to identify the members of the team in the behaviors exercise.
- have a follow session or survey of students after 6 or 12 months
- It was excellent already!
- I think trying to make it a little more engaging. There seemed to be too much time for the small group discussions. Perhaps, having role cards as well for the actors as they were confused on their parts. Having the scenario available to review during their discussions.
- The exercise about the roles of the different health professions needs to have a column added for nurse practitioners and physician assistants.
- All
- I think the students are more visual learners these days if it were possible to find videos of some of the case studies I think some of the real-life situations would feel more impactful. Students reading the case studies aloud helped, but they didn't have the ability to put the emotion into it that a movie would.

**Question:** Do you see a need for interprofessional training in your own professional practice?

Yes = 16 (70%)

No = 7 (30%)

**Question:** Further comments or suggestions:

- My practice site makes extensive use of interprofessional training, so no, at this time I don't see a need.
- Constant education on the role of pharmacy on the team.
- See earlier about disruptive behavior activity.