

A COMPREHENSIVE CURRICULUM FOR TRAINING INTERPROFESSIONAL LEADERS IN QUALITY IMPROVEMENT

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Category: Education

Background

Interprofessional teamwork is a critical component of quality improvement (QI). However, few quality improvement leaders are trained in QI methods alongside other health professionals. The VA Quality Scholars program trains interprofessional leaders in quality improvement through virtual didactics and experiential learning opportunities.

Objectives

To develop interprofessional leaders in QI through a comprehensive curricula delivered virtually and in-person.

Methods

Post-residency physicians and doctorally-trained nurses were physically distributed across nine geographic sites and worked together over an academic year (July-June). Participants attended weekly virtual interactive learning sessions including sessions on interprofessional teamwork, applied leadership, QI methods and analysis, and professional development. Experiential learning before and during the sessions facilitated interaction between professions to further encourage interprofessionalism. In addition, participants worked within interprofessional teams at their sites on applied quality improvement projects. Finally, faculty modeled interprofessional teamwork behaviors.

Measures of interprofessional attitudes and behaviors were collected at the beginning and end of the academic year. Inferential statistics (t-tests and logistic regressions) were conducted to change in interprofessional attitudes and behaviors over the year.

Results

Thirty-five trainees (nurses (n = 12; 34.3%) and physicians (n = 23; 65.7%)) participated in the pre- and post-test assessment. Across professions, we found significant improvements in interprofessional teamwork attitudes from pre- to post-intervention ($t[34] = 3.16$, $p = .002$), with a mean improvement of 0.25 across both professions ($M = 4.97$ [SD = 0.44] pre, $M = 5.21$ [SD = 0.49] post). Further, professions changed on interprofessional teamwork attitudes at the same rate, with nurses having a mean change of 0.29 (SD = .44), and physicians having a mean change of 0.23 (SD = .48), ($R^2 = .01$, $\beta = .07$, $t(34) = 0.40$, $p = .70$).

Discussion

Changing interprofessional attitudes among leaders in QI through a comprehensive curriculum in QI is possible. However, different professions must intentionally engage together on QI topics and projects. Our findings suggest that this can be accomplished through the use of virtual programs with an in-person component, which may open up additional avenues for improvement of interprofessionalism.