Interprofessional Education Assessment Strategies

December 2, 2016 Webinar

Moderated by: Melissa Dinkins, PharmD
Presenters

- John H. Tegzes, MA, VMD, Dipl. ABVT
- Heather B. Congdon, PharmD, BCPS, CDE
- Jennifer Danielson, PharmD, MBA
Objectives

- Identify skills and metrics for assessment of interprofessional education activities in pharmacy practice experiences
- Describe two assessment modalities for IPE in APPE settings
Assessment in IPE

John Tegzes, MA, VMD, Dipl. ABVT
Director of IPE
Western University of Health Sciences
Pomona, California
Educational Assessment

- **Educational assessment** is the process of documenting, usually in measurable terms, **knowledge, skills, attitudes, and beliefs**. Assessment can focus on the individual learner, the learning community (class, workshop, or other organized group of learners), the institution, or the educational system as a whole (also known as granularity)

Educational Assessment

- **K** - Knowledge
- **S** - Skills
- **A** - Attitudes
And perhaps more importantly

- **B- Behaviors**
  - IPE programs are typically designed to shape collaborative behaviors
  - But assessing and measuring behavior changes are very challenging using conventional assessment methods
Kirkpatrick’s Framework

- Evaluation of results (transfer or impact on society)
- Evaluation of behavior (transfer of learning to workplace)
- Evaluation of learning (knowledge or skills acquired)
- Evaluation of reaction (satisfaction or happiness)
Miller’s Pyramid

Miller’s Prism of Clinical Competence
(aka Miller’s Pyramid)

Performance Integrated Into Practice
eg through direct observation, workplace based assessment

Demonstration of Learning
eg via simulations, OSCEs

Interpretation/Application
eg through case presentation, essays, extended matching type MCQs

Fact Gathering
eg traditional true/false MCQs

KNOWS

KNOWS HOW

SHOWS

DOES

KNOWLEDGE

SKILLS

ATTITUDES

it is only in the “does” triangle that the doctor truly performs

http://umass.stfm.org/RCtoolkit/Why.cfm
Traditional Assessment Methods

- Multiple Choice Exams
  - Great at testing knowledge.
    - Good for assessing roles/responsibilities when these are very defined.
  - Can be written to assess higher levels of learning
    - But can it be used to assess skills, or even behaviors? Maybe . . .
Bloom’s Taxonomy

Knowledge
Remember previously learned information.

Comprehension
Demonstrate an understanding of the facts.

Application
Apply knowledge to actual situations.

Analysis
Break down objects or ideas into simpler parts and find evidence to support generalizations.

Synthesis
Compile component ideas into a new whole or propose alternative solutions.

Evaluation
Make and defend judgments based on internal evidence or external criteria.

Higher Order Thinking Skills

arrange
define
describe
duplicate
identify
label
list
match
memorize
name
order
outline
recognize
relate
recall
repeat
reproduce
select
state

arrange
assemble
categorize
collect
combine
comply
compose
construct
design
develop
devise
explain
formulate
generate
plan
prepare
rearrange
reconstruct
relate
reorganize
revise
rewrite
set up
summarize
synthesize
tell
write

analyze
appraise
breakdown
calculate
categorize
compare
contrast
criticize
diagram
differentiate
discriminate
distinguish
examine
experiment
identify
illustrate
infer
model
outline
point out
question
relate
select
separate
subdivide
test

apply
change
choose
compute
demonstrate
discover
dramatize
employ
illustrate
interpret
manipulate
modify
operate
practice
predict
prepare
produce
relate
schedule
show
sketch
solve
use
write

appraise
argue
assess
attach
choose
compare
conclude
contrast
defend
describe
discriminate
describe
estimate
evaluate
explain
judge
justify
interpret
relate
predict
rate
select
summarize
support
value

https://www.fractuslearning.com/2016/01/25/blooms-taxonomy-verbs-free-chart/
Traditional Assessment Methods - Essays

- These can be used to assess reasoning, problem-solving, and critical thinking.
  - For example, in IPE we could give a clinical situation and encounter with multiple professions, and ask learners to evaluate communication, teamwork, etc.
Traditional Assessment Methods - Essays

- These can also be very time-intensive, both in creating and validating questions, developing answer keys/rubrics, and in the actual grading process.
Essay Questions Possibilities

- Use them as a reflective exercise.
  - Reflective practice is a lifelong learning strategy that can greatly impact a clinician’s ability to provide safe, high quality, collaborative care.
    - Fostered through IPE
    - Faculty time/effort intensive
Skills

- Communication, collaboration, conflict resolution skills, etc
- Many IPE programs use small group formats during the curriculum. Often these are faculty/facilitator lead discussions and seminars
  - Learners can demonstrate skills during these sessions, and they can be assessed by the facilitators using standard rubrics developed for the sessions.
WesternU “Skills Bursts”

- Specific skills are introduced in IPE didactic sessions, and then observed during the small team sessions.
- There are opportunities to self, peer, and team assess specific skills during the small team sessions.
Skills

- Skills can also be practiced and assessed in clinical skills labs
Attitudes

- Much early work was done here
- Pre- and Post- IPE surveys
  - Most learners start with very high pre-course scores on these scales.
  - Do attitudes predict how someone will practice?
Behaviors

- Behavior changes require putting it all together (KSA)
- Require ongoing, frequent, subjective assessments/feedback
What happens during IPE?

- Many different curricular models
- The common denominators are the IPEC Competency Domains
IPEC

- IPEC, or the Interprofessional Education Collaborative, was formed by an expert panel that convened in 2011.
- The purpose was to design a framework for interprofessional competencies across health professions.
IPEC Competency Domains

- Interprofessional Communication
- Roles and Responsibilities
- Values and Ethics for interprofessional practice
- Teams and Teamwork
Interprofessional Communication Competencies

- Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.
- Listen actively, and encourage ideas and opinions of other team members.
Roles and Responsibilities Competencies

- Communicate one’s roles and responsibilities clearly to patients, families, and other professionals.
- Recognize one’s limitations in skills, knowledge, and abilities.
Values and Ethics

- Place the interests of patients and populations at the center of the interprofessional health care delivery.
- Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.
Teams and Teamwork

- Describe the process of team development and the roles and practices of effective teams.
- Develop consensus on the ethical principles to guide all aspects of patient care and team work.
What are your observations?

- What comes to mind when you consider these competencies together?
- For me, I think that they largely describe behaviors. And the behaviors may be context specific, therefore even more difficult to assess in traditional ways.
Yet we must assess!

- So what do we do?
IPE Session Assessments

- Live feedback and evaluation of skills demonstrated during small group learning sessions, using the “skills burst” model
Example from WesternU – Attentive Listening

- Self, Peer, Team behaviors checklist:
  - Made eye-contact with multiple team members while speaking
  - Maintained open posture without crossing arms or legs
  - Validated emotions in a supportive non-judgmental way
  - Asked questions and clarified assumptions
  - Interrupted
  - Appeared distracted
Clinical Assessment Methods

- Simulations
  - Both low and high fidelity
- Clinical skills labs
- OSCE’s
- Clinical clerkships
  - Preceptors and faculty assessments
Clinical Assessment

- Requires:
  - Thoughtful plans
  - Well-designed rubrics that are valid and have inter-rater reliability
    - Detailed vs Universal
  - Faculty/Preceptor training and development
    - And dare I say faculty/preceptor assessment?
An Example - ATOSCE

The Asynchronous Team Objective

Structured Clinical Exam (ATOSCE)

- 5-year research project that designed and validated simulated clinical encounters and assessed safety issues, conflict, communication, and certain aspects of team-based care
- http://www.westernu.edu/interprofessional/interprofessional-resources/atosce-toolkit/
Validated Rubrics

- ICAR - Interprofessional Collaborator Assessment Rubric
  - https://www.med.mun.ca/getdoc/b78eb859-6c13-4f2f-9712-f50f1c67c863/ICAR.aspx
Collaboration Scale

- AITCS: Assessment of Interprofessional Team Collaboration Scale
Many resources shared

Much early work focused on attitudes and perceptions; now seems to be shifting toward learning assessments.
Assessment of Interprofessional Collaboration in APPEs

What “Team Practice Ready” Looks Like

Jennifer Danielson, PharmD, MBA, CDE
Director of Interprofessional Education
University of Washington School of Pharmacy
Framework for Outcomes Based Evaluation
Creating a Culture of Interprofessional Collaboration

**Identity Formation**

New UW Ability-Based Outcome with Core Values

- **Self-Advocacy**—confidence to speak up, even against a perceived power gradient
- **Inquisitive “gumption”** —willingness to ask questions
- **Comfort with uncertainty**—comfortable with ambiguity
- **Decision making**—pharmacists don’t just make recommendations, we make decisions
- **Accountability**—taking responsibility for shared decision making
- **Leadership**—demonstrating situational and/or formal leadership when needed
- **Change agility**—ability to adapt one’s role to make the team more effective
Assessing Pharmacy Students Identity Formation as a Team Member

Core Values of Collaboration
- Self-Advocacy
- Initiative "gumption"
- Comfort with uncertainty
- Accountability
- Decision maker
- Leadership
- Change agility

The Interprofessional Socialization and Valuing Scale: A tool for evaluating the shift toward collaborative care approaches in health care settings

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Received 1 March 2009
Accepted 4 April 2009

Abstract. Background: There is a need for tools by which to evaluate the beliefs, behaviors, and attitudes that underlie interprofessional socialization and collaborative practice in health care settings. 
Method: This paper introduces the Interprofessional Socialization and Valuing Scale (ISVS), a 24-item self-report measure based on concepts in the interprofessional literature concerning shifts in beliefs, behaviors, and attitudes that underlie interprofessional socialization. The ISVS was designed to measure the degree to which transformative learning takes place, as evidenced by changed assumptions and worldviews, enhanced knowledge and skills concerning interprofessional collaborative teamwork, and
Measuring “Team-Readiness” in Practice

Entrustable Practice Activities

- EPA 9: Collaborate as a member of an interprofessional team

| IPC 1: Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust | Seeks answers and responds to authority from only intraprofessional colleagues. Does not recognize other members of the interdisciplinary team as being important or making significant contributions to the team. Tends to dismiss input from professionals other than physicians. (PEDS, PSYCH, EM) | Can articulate the unique contributions (knowledge, skills, and attitudes) of other health care professionals. Seeks their input for appropriate issues and communicates their value to other members of the team and patients and families. As a result, is an excellent team player. |

Medical Education EPAs and Milestones

ACGME Milestones

- Medicine specialty specific language

https://www.acgme.org/acgmeweb/tabid/430/ProgramandInstitutionalAccreditation/NextAccreditationSystem/Milestones.aspx
**Entrustable Professional Activities**

The evaluation of health care professionals is moving toward including information regarding "Entrustable Professional Activities or Behaviors." These are simply the routine professional-life activities of pharmacists in their setting. We are interested in those Entrustable Professional Activities that pertain to interprofessional interactions.

**Entrustable Behavior #1:** John Doe works effectively with other health professionals as a member or leader of a health care team, while establishing and maintaining a climate of mutual respect, dignity, diversity, ethical integrity, and trust.

Where does John Doe fit on the continuum below?

<table>
<thead>
<tr>
<th>Pre-Entrustable Behaviors</th>
<th>Semi-Entrustable Behaviors</th>
<th>Entrustable Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited participation in team discussion.</td>
<td>Participates in team discussions but passively follows the lead of others on the interprofessional team.</td>
<td>Can articulate the unique contributions (knowledge, skills, and attitudes) of other health care professionals.</td>
</tr>
<tr>
<td>Seeks answers and responds to authority from only intraprofessional colleagues.</td>
<td>Recognizes other health care professionals as being important and making significant contributions to the team, but does not actively work to integrate into team.</td>
<td>Actively works to integrate into team function and meets or exceeds the expectations of one's given role within the team.</td>
</tr>
<tr>
<td>Does not recognize other members of the interprofessional team as being important or making significant contributions to the team.</td>
<td>Begins to seek interprofessional input but continues to rely heavily on intraprofessional colleagues (i.e., pharmacists).</td>
<td>Seeks input on appropriate issues and communicates value of other members of the team to patients and families.</td>
</tr>
<tr>
<td>Little initiative to interact with team members.</td>
<td>Tends to dismiss input from other professionals aside from other pharmacists.</td>
<td>As a result, is an excellent team player.</td>
</tr>
</tbody>
</table>
Mean Evaluation Scores Over Time

![Graph showing mean evaluation scores over time for Amb Care and Gen Med from 2014 to 2016.]

Acknowledgements: Erin Sy, Research Assistant and Stan Weber, Chief Assessment Officer
Mean Evaluation Scores Over Time

Acknowledgements: Erin Sy, Research Assistant and Stan Weber, Chief Assessment Officer
Joint meetings with representatives of the following programs, consensus building:

- Pharmacy
- Nurse Practitioner Program (DNP)
  - 9 Tracks/Specialties
- Dentistry
- Physician Assistants
- Medicine (TBA)
Interprofessional Collaborative Practice Item #4: John Doe applies principles of teams and teamwork to perform effectively as a fully accountable team member in shared decision making to plan for and deliver patient-centered and population-based care (teams/teamwork).

Where does John Doe fit on the continuum below?

<table>
<thead>
<tr>
<th>Novice</th>
<th>Advanced Beginner</th>
<th>Competent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs support to articulate roles and unique contributions of other professionals to the team. Needs support to make care decisions in partnership with other team members, patients or family members. Often needs coaching to incorporate team goals into one’s own profession’s goals. Passively participates (listens to) shared decision-making in teams. May or may not be perceived as a team member. Often needs assistance in assessing team effectiveness.</td>
<td>Is usually able to articulate roles and unique contributions of other professionals to the team. Usually consults other team members, patients and family members in care decisions. Usually incorporates team goals into one’s own profession goals. Demonstrates beginning ability to contribute to shared decision-making in teams and be led as a team member by others when appropriate. Usually able to assess team effectiveness.</td>
<td>Is consistently able to articulate roles and unique contributions of other professionals to the team. Consistently involves patients and families and team members in care decisions. Consistently works toward achieving team goals in conjunction with one’s own profession’s goals. Demonstrates ability to lead shared decision-making in teams and be led as a team member by others when appropriate. Able to assess team effectiveness and takes action to improve quality of team functioning.</td>
</tr>
</tbody>
</table>
Challenges

- Finding the “right people” in each school
- Getting agreement to change from all stakeholders
- Agreeing on what the change would be
- Implementing across systems with vastly different technology
Use of Team Skills Scale and IPEC Competency Survey Instrument for APPE’s

Heather B. Congdon, PharmD, BCPS, CDE
Co-Director, Center for Interprofessional Education
University of Maryland
Assistant Dean for Shady Grove
University of Maryland School of Pharmacy
Mercy Health Clinic

- One of 12 safety-net clinics in the Montgomery Care program of the Primary Care Coalition of Montgomery County.
- Serves low income, uninsured patients
- Provides a variety of services
  - Primary preventative care
  - Diagnosis and treatment of general acute and chronic medical problems
  - Management of chronic medication conditions
  - Referrals for consultation
Goals of IPE Clinic at MHC

- To enhance and expand care for medically complex, uninsured, ethnically diverse patients through coordinated interprofessional care.
- To educate and train healthcare professional students from pharmacy, nursing, and social work programs at the University of Maryland, Baltimore (UMB) and the University of Maryland, Baltimore County (UMBC) to efficiently and effectively provide coordinated care through mastery of the Interprofessional Education Collaborative (IPEC) Core Competencies for Interprofessional Practice.
IPE Clinic Details

- IPE Clinic began in Fall 2014
  - Pharmacy
  - Nursing (RN to BSN; adding DNP for fall '16)
  - Social Work (BSW and MSW)

- Examples of interventions made by IPE Clinic
  - Medication and chronic condition education
  - Medication adjustment to reach therapeutic goals
  - Enhanced access to medication, food and clothes
  - Referrals to specialty clinics, screening, etc.
Assessment Tool Choice?
What Do You Want to Assess?

- What do you want to assess?
Assessment Tools: IPE Clinic at MHC

- Aiming for focus on behavior change
- Team Skills Scale (TSS)
  - Student self-assessment measure (17 items)
  - Primarily measures interpersonal skills
    - Team Communication
    - Teamwork
- IPEC Competency Survey Instrument
- ICAR
<table>
<thead>
<tr>
<th>Survey Item</th>
<th>N pre</th>
<th>N post</th>
<th>Pre</th>
<th>Post</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Function effectively in an interdisciplinary team</td>
<td>18</td>
<td>15</td>
<td>3.7</td>
<td>4.2</td>
<td>0.06</td>
</tr>
<tr>
<td>2  Treat team members as colleagues</td>
<td>18</td>
<td>16</td>
<td>4.3</td>
<td>4.6</td>
<td>0.5</td>
</tr>
<tr>
<td>3  Identify contributions to patient care that different disciplines can offer</td>
<td>18</td>
<td>16</td>
<td>3.7</td>
<td>4.6</td>
<td>0.003</td>
</tr>
<tr>
<td>4  Apply your knowledge to caring for a person in the team care setting</td>
<td>18</td>
<td>16</td>
<td>3.8</td>
<td>4.5</td>
<td>0.01</td>
</tr>
<tr>
<td>5  Ensure that patient/family preferences/goals are considered when developing the team’s care plan</td>
<td>18</td>
<td>15</td>
<td>4.0</td>
<td>4.47</td>
<td>0.09</td>
</tr>
<tr>
<td>6  Handle disagreements effectively</td>
<td>18</td>
<td>16</td>
<td>3.9</td>
<td>4.2</td>
<td>0.34</td>
</tr>
<tr>
<td>7  Strengthen cooperation among disciplines</td>
<td>17</td>
<td>14</td>
<td>3.7</td>
<td>4.6</td>
<td>0.001</td>
</tr>
<tr>
<td>8  Carry out responsibilities specific to your discipline’s role on a team</td>
<td>18</td>
<td>16</td>
<td>3.8</td>
<td>4.6</td>
<td>0.004</td>
</tr>
<tr>
<td>9  Address clinical issues succinctly in interdisciplinary meetings</td>
<td>18</td>
<td>16</td>
<td>3.9</td>
<td>4.4</td>
<td>0.04</td>
</tr>
<tr>
<td>10 Participate actively at team meetings</td>
<td>18</td>
<td>16</td>
<td>4.1</td>
<td>4.4</td>
<td>0.33</td>
</tr>
<tr>
<td>11 Develop an interdisciplinary care plan</td>
<td>17</td>
<td>15</td>
<td>3.7</td>
<td>4.2</td>
<td>0.1</td>
</tr>
<tr>
<td>12 Adjust your care to support the team goals</td>
<td>15</td>
<td>16</td>
<td>3.7</td>
<td>4.4</td>
<td>0.02</td>
</tr>
<tr>
<td>13 Develop intervention strategies that help patients attain goals</td>
<td>17</td>
<td>16</td>
<td>3.8</td>
<td>4.4</td>
<td>0.04</td>
</tr>
<tr>
<td>14 Raise appropriate issues at team meetings</td>
<td>18</td>
<td>16</td>
<td>3.6</td>
<td>4.4</td>
<td>0.01</td>
</tr>
<tr>
<td>15 Recognize when the team is not functioning well</td>
<td>16</td>
<td>16</td>
<td>3.8</td>
<td>4.3</td>
<td>0.15</td>
</tr>
<tr>
<td>16 Intervene effectively to improve team functioning</td>
<td>18</td>
<td>15</td>
<td>3.6</td>
<td>4.1</td>
<td>0.09</td>
</tr>
<tr>
<td>17 Help draw out team members who are not participating actively in meetings</td>
<td>18</td>
<td>16</td>
<td>3.1</td>
<td>4.2</td>
<td>0.002</td>
</tr>
</tbody>
</table>

# IPEC Competency Survey Instrument

- Student self-assessment measure
- 42 item likert scale (SD, D, N, A, SA)
- Measures perceived achievement of the competencies defined by the IPEC expert panel

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>N pre</th>
<th>N post</th>
<th>Pre</th>
<th>Post</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage diverse healthcare professionals with complementary professional expertise to develop strategies to meet specific patient care needs.</td>
<td>10</td>
<td>12</td>
<td>4</td>
<td>4.8</td>
<td>0.01</td>
</tr>
<tr>
<td>Choose effective communication tools and techniques to facilitate discussions and interactions that enhance team function.</td>
<td>10</td>
<td>11</td>
<td>4.1</td>
<td>4.7</td>
<td>0.05</td>
</tr>
</tbody>
</table>
ICAR (Curran et al, 2011)

- Full version, 6 domains, 31 items
  - Communication
  - Collaboration
  - Roles and Responsibility
  - Collaborative Patient/Client-Family Centered Approach
  - Team Functioning
  - Conflict Management/Resolution

- One rubric per student being evaluated
- Very cumbersome and time consuming
ICAR

Communication: Ability to communicate effectively in a respectful and responsive manner with others ("others" includes team members, patient/client, and health providers outside the team).

1. Communicates and expresses ideas in an assertive and respectful manner.
2. Uses communication strategies (e.g. oral, written, information technology) in an effective manner with others.

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Not Observable</th>
<th>Minimal 1</th>
<th>Developing 2</th>
<th>Competent 3</th>
<th>Mastery 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respectful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Communicates with others in a disrespectful manner.</td>
<td>□ Occasionally communicates with others in a confident, assertive and respectful manner.</td>
<td>□ Frequently communicates with others in a confident, assertive and respectful manner.</td>
<td>□ Consistently communicates with others in a confident, assertive and respectful manner.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Does not communicate opinion or pertinent views on patient care with others.</td>
<td>□ Occasionally communicates opinion or pertinent views on patient care with others.</td>
<td>□ Frequently communicates opinion and pertinent views on patient care with others.</td>
<td>□ Consistently communicates opinion and pertinent views on patient care with others.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Does not respond or reply to requests.</td>
<td>□ Occasionally responds or replies to requests in a timely manner.</td>
<td>□ Frequently responds or replies to requests in a timely manner.</td>
<td>□ Consistently responds or replies to requests in a timely manner.</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Does not use communication strategies (verbal &amp; non-verbal) appropriately with others.</td>
<td>□ Occasionally uses communication strategies (verbal &amp; non-verbal) appropriately.</td>
<td>□ Frequently uses communication strategies (verbal &amp; non-verbal) appropriately in a variety of situations.</td>
<td>□ Consistently uses communication strategies (verbal &amp; non-verbal) appropriately in a variety of situations.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Communication is illogical and unstructured.</td>
<td>□ Occasionally communicates in a logical and structured manner.</td>
<td>□ Frequently communicates in a logical and structured manner.</td>
<td>□ Consistently communicates in a logical and structured manner.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Does not use strategies that are appropriate for communicating with individuals with impairments (e.g., hearing, cognitive).</td>
<td>□ Occasionally uses strategies that are appropriate for communicating with individuals with impairments (e.g., hearing, cognitive).</td>
<td>□ Frequently uses strategies that are appropriate for communicating with individuals with impairments (e.g., hearing, cognitive).</td>
<td>□ Consistently uses strategies that are appropriate for communicating with individuals with impairments (e.g., hearing, cognitive).</td>
<td></td>
</tr>
</tbody>
</table>
Modified ICAR, Curran et al 2013

- Same evaluation domains (except Collaborative Patient/Client/Family-Centered Approach)
- Only 17 items (2 pages vs 6 pages)
- More manageable to complete
# Modified ICAR

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>N/O</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Well Below Expected</td>
<td>Below Expected</td>
<td>Expected</td>
<td>Above Expected</td>
<td>Well Above Expected</td>
<td>Not Observable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Communication:** Ability to communicate effectively in a respectful and responsive manner with others ("others" includes team members, patient/client, and health providers outside the team).

<table>
<thead>
<tr>
<th>Student...</th>
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<th>N/O</th>
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</thead>
<tbody>
<tr>
<td>Communicates with others in a confident, assertive, and respectful manner.</td>
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<td>1</td>
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<tr>
<td>Communicates opinion and pertinent views on patient care with others.</td>
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<tr>
<td>Uses communication strategies (verbal &amp; non-verbal) appropriately in a variety of situations.</td>
<td></td>
<td>1</td>
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<tr>
<td>Communicates in a logical and structured manner</td>
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</tbody>
</table>
Challenges / Lessons Learned

- Must build in time for assessment
- Maintaining interrater reliability between pre/post ICAR
- Students from different disciplines are at IPE Clinic for different amounts of time.
Questions?

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  - jendan@uw.edu