**Survey Commentary**

**5/6/20**

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| **Member** | **Cathy** | **Marcia** | **Nic** | **Anna** |
| **Survey** | * only asking for a quick rating, so wouldn't take much time to whip through. * Alternative or additional means of collecting information could be focus groups if we wanted to dig deeper into practitioners' perceptions of IPE/P. * This might even be an interesting/productive way to get some educators/practitioners together to discuss the state of IPE/P. | * in favor of condensing this survey for HC practitioners. * areas of roles/responsibilities and communication are most relevant to practitioners, so perhaps consider an uneven breakdown of sub competencies. * more focused the survey, the higher the yield and therefore the more useful the input will be to the group. * asking an open-ended question on the survey so that we make sure to really capture the gaps between professional education and practice with regard to IPE? * help to capture some of the diversity in perspective. * I totally agree that learning activities should be embedded in topic(s) that are "real world" and not just theoretical. Whatever topic is chosen should capture the widest net possible in terms of relevance to the disciplines. | * in agreement with the various options that have been presented so far for the survey. * would probably go with option 1 below. * **Option 1:** From one side of the scenario, a shorter survey with pre-identified sub-competencies that encompass the main themes of each category would make sense to me. It would be considered more as a general needs assessment tool. * We can dive deeper in a future iteration by including more sub-competencies to refine the educational activities. * highlighted a few sub-items for each competency that I thought would be a good starting point for a survey.   **VE4, 5, 7, 9**  **RR 3, 4, 5, 6**  **CC 2, 3, 4, 8**  **TT 4, 5, 6, 9**   * **Option 2:** On the other side, we could include the entire group of sub-competencies. As Cathy mentioned, it wouldn't take much time for healthcare providers to rate each item. We would get a more complete idea of the perceived strengths/weaknesses. * Thanks, Cathy, for sending the Assessment tool from the Association of Prevention Teaching & Research. * This contains useful questions. Also, I would be interested in learning more about the IPE event regarding the management of patients post-COVID 19. This may be of interest to some of the NYCC faculty. * I don't think that a self-rating of the survey tool would be tremendously helpful at this point since we are all at different positions with our IPE development initiatives. * Some of us are more advanced than others. I prefer to use the providers' feedback to get us started. * Finally, I agree with Marcia's suggestion to add open ended questions. It's great the Brian will help us with this. | * survey can be used to (1) collect information from providers and practice sites and * (2) rate current ‘status’ of IPE/P in academic programs. It is very simple to respond. * add one more column for cases where there is nothing, or whatever else, e.g., N/A. * add to this survey two things:   + space for additional comments (optional)   + space for the respondent to specify his/her profession, position and role at the practice site or institution. |
| **Thoughts** | * potential activity to get educators, students, and practitioners together * highlighted the need for more awareness of roles/responsibilities and inclusion of all of the professions. * What about simply bringing people together to talk about a timely topic from a variety of perspectives? * Among Naz HHS faculty, we've been talking about COVID-19 treatment and the sequalae for survivors, such as the needs for PT, OT, and speech services for people who've been intubated, among all the other issues. * We're also hearing about cognitive effects. * Grand rounds on a topic that cuts across all of our professions might have broad appeal. | * Brian Justice, medical director at Excellus BC & BS has agreed to help the committee out in any way needed. * He has had a unique position as director of the Spine Care Pathway in meeting with various stakeholders, including many different medical and healthcare provider groups. |  | * For the providers, I prefer not to modify or simplify the original competencies and sub-competencies. * I want to suggest two possible options how to present this survey to providers. * First, use survey with all sub-competencies and ask them to rank each item. * Second, send to providers survey with just the four basic competencies and ask for a short description (narrative) of anything they do or/and have available at their practice site that is relevant to each competency. It can be open-ended and take longer than just adding numbers from the Likert scale. When we receive these written comments, we will sort out and summarize these responses, and make conclusions. * For the educators, it may be helpful to respond to the full survey for two reasons: * (1) to identify areas of opportunity for their program through an easy/fast tool based on the standard competencies, and * (2) to collect data that can be compared (and matched) with data collected from providers. I expect that each program has established and implemented assessment tools for measuring student competencies and skills in IPE/P. * In our program, we collect these data longitudinally through 4 years. |
| **Tools** | * For assessment of our programs, we do a lot of work on specific components, like the impact of the main IP course on students, clients'/patients' perceptions of IP services, clinical supervisors' skills, etc. * The four main competencies are at the root of every activity. * Departments are responsible for monitoring and documenting students' achievement of competencies across the board, including IP knowledge and skills. * For overall institutional assessment of IPE, we're using an instrument from the Association of Prevention Teaching & Research (attached). (We're not prevention-focused, but the tool is very relevant anyway.) I wonder if there's something like this for healthcare practice. * **IPE Assessment Tool** |  |  |  |