Barriers and Opportunities to Improve the Medical Education Experience in an Interprofessional Educational Setting: An Application of Concept Mapping

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INTRODUCTION

- In 2016, with funding from the ACGME Pursuing Excellence in Innovation grant, the Interprofessional Partnership to Advance Care and Education (iPACE™) model was developed on a new internal medicine (IM) inpatient teaching unit.
- iPACE™ had a positive effect on team functioning, team member professional experience, and patient experience; however, acceptability among learners and faculty was mixed[1].
- The purpose of this study is to increase residents' acceptability of and engagement in the next iPACE™ model iteration by identifying barriers and opportunities to medical educational experiences on iPACE™ unit.

METHODOLOGY

- Concept mapping is a unique methodological framework that combines qualitative & quantitative methods to allow participants to articulate and depict graphically a coherent conceptual framework of different topics[2].
- All IM attendings and residents that rotated in the iPACE™ unit between 2016 and 2019 were invited to participate. 43 statements were generated and grouped into five clusters.
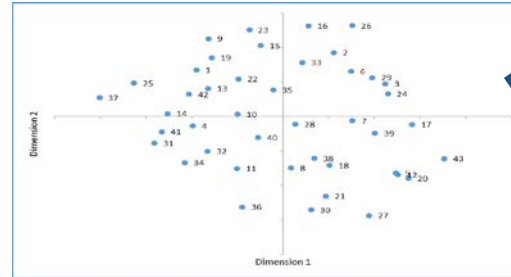- The clusters were then ranked by average importance and feasibility scores.

We asked: "*Interprofessional educational experiences, such as iPACE™, add more value to medical education when _____.*"
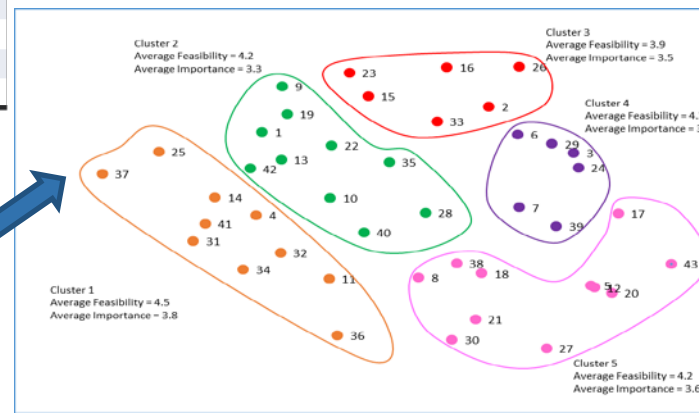
RESULTS

Demographics

	# Participants	# Attendings	# Residents	Participation Rate
Survey 1	24	14	10	37.5%
Session 1	15	9	6	n/a
Survey 2	15	5	10	23.5%
Session 2	9	5	4	n/a

Point Map

Cluster Map

Cluster ID	Cluster Name	# of Statements	Average Importance*	Average Feasibility**
1	Building systems that promote efficiency	10	4.5	3.8
2	Values patient/care team wellbeing	10	4.2	3.3
3	Dynamic and engaged interprofessional team rounds	6	3.9	3.5
4	Supportive education integrated into daily experience for all	6	4.2	3.8
5	Maintaining expectations for experiential & formal education	11	4.2	3.6

*1= Not important to 5= Very important
**1= Not feasible to 5= Very feasible

Concept Mapping framework (6 steps)
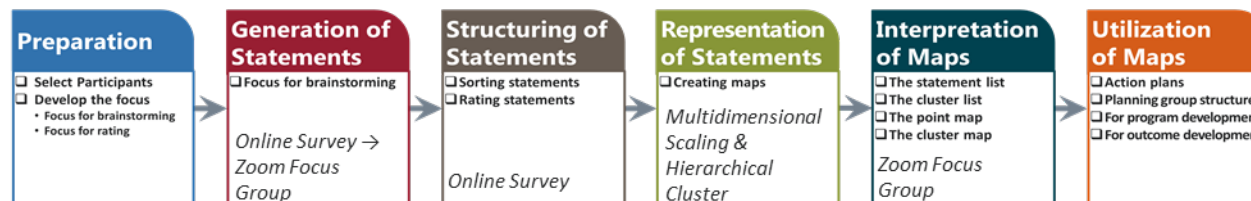
CONCLUSION & NEXT STEPS

- This study suggests that to improve the resident experience on iPACE™ unit and to increase the acceptability of the model among learners, we need to focus on **"Building systems that promote efficiency"**.
- These findings will be used in ongoing model refinement.

REFERENCES

[1] Hallen **S**, Van der Kloot T, McCormack C, Han PKJ, Lucas FL, Wierda L, Meyer D, Varaklis K, Bing-You R. Redesigning the Clinical Learning Environment to Improve Interprofessional Care and Education: Multi-Method Program Evaluation of the iPACE Pilot Unit. J Grad Med Educ 2020; 12(5):598-610.

[2] Trochim, W. M., & McLinden, D. (2017). Introduction to a special issue on concept mapping. Evaluation and program planning, 60, 166-175.

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CONTACT INFORMATION

For more information and opportunities to collaborate visit https://ipace.us/ or email us at ipace@mmc.org