

CONCEPT MAPPING PROCESS

Concept Mapping is an effective, efficient approach to extract, structure, and visualize the knowledge of stakeholders about a complex topic

Steps	Action	Details
Preparation	Focus statement development	"Interprofessional educational experiences, such as iPACE™, add more value to medical education when..."
	Rating scale development	
Generation of statements	Online survey	Participants provided 3-10 statements to complete the focus sentence
	Virtual focus group (90 min)	Participants reviewed and discussed the list of generated statements; created new statements; refined or clarified existing statements; or removed statements
Structuring the statements	Online survey	Participants rated each individual statement based on feasibility and importance, and sorted them into common themes
Representation of statement in map format	Statistical analysis	Participant ratings/groupings were analyzed to create a cluster map in addition to the importance/feasibility matrix
Interpretation of maps	Virtual focus group (90 min)	Participants were provided with the original set of generated statements and the constructed maps and were asked to examine the list of statements in each cluster and decide on a word or short phrase as the name of clusters
Utilization of maps		Participants considered the created cluster maps and the importance/feasibility matrix. They were asked to select themes felt most important to medical education components of the iPACE™ model

PARTICIPANTS

The 64 IM faculty and residents that rotated through the iPACE™ from 2017-2019 were invited to participate

Concept Mapping Step	Action	# Participants (Residents)	Gender
Generation of statements	Online survey	24 (10)	Female: 54% (13) Male: 42% (10) Prefer not to say: 4% (1)
	Virtual focus group (max 15 participants)	15 (6)	Female: 47% (7) Male: 53% (8)
Structuring the statements	Online survey	15 (10)	Female: 66% (10) Male: 27% (4) Prefer not to say: 7% (1)
Interpretation of maps	Virtual focus group (max 15 participants)	9 (4)	Female: 55% (5)
Utilization of maps			Male: 45% (4)

“Interprofessional education experiences, such as iPACE™, add more value to medical education when...”

TOP 15 STATEMENTS BY IMPORTANCE

Values Patient/Care Team Wellbeing

- The team leader (attending, senior resident) buys into iPACE
- Interruptions to key cognitive & operational workflows are minimized
- Reduces the documentation burden
- Shared understanding of patient care as priority

Building Systems that Promote Efficiency

- Team & their patients are physically cohorted
- Rounding duration should be flexible depending on the complexity of the case
- Maintain efficiency and prevent rounding for too long
- Resourced appropriately (funding, staff, space, computers)
- There is a unit secretary who takes on an administrative role, including coordinating the families' presence
- Redundancy in team meetings is eliminated
- Prioritize effective patient communication; messaging is unified and clear

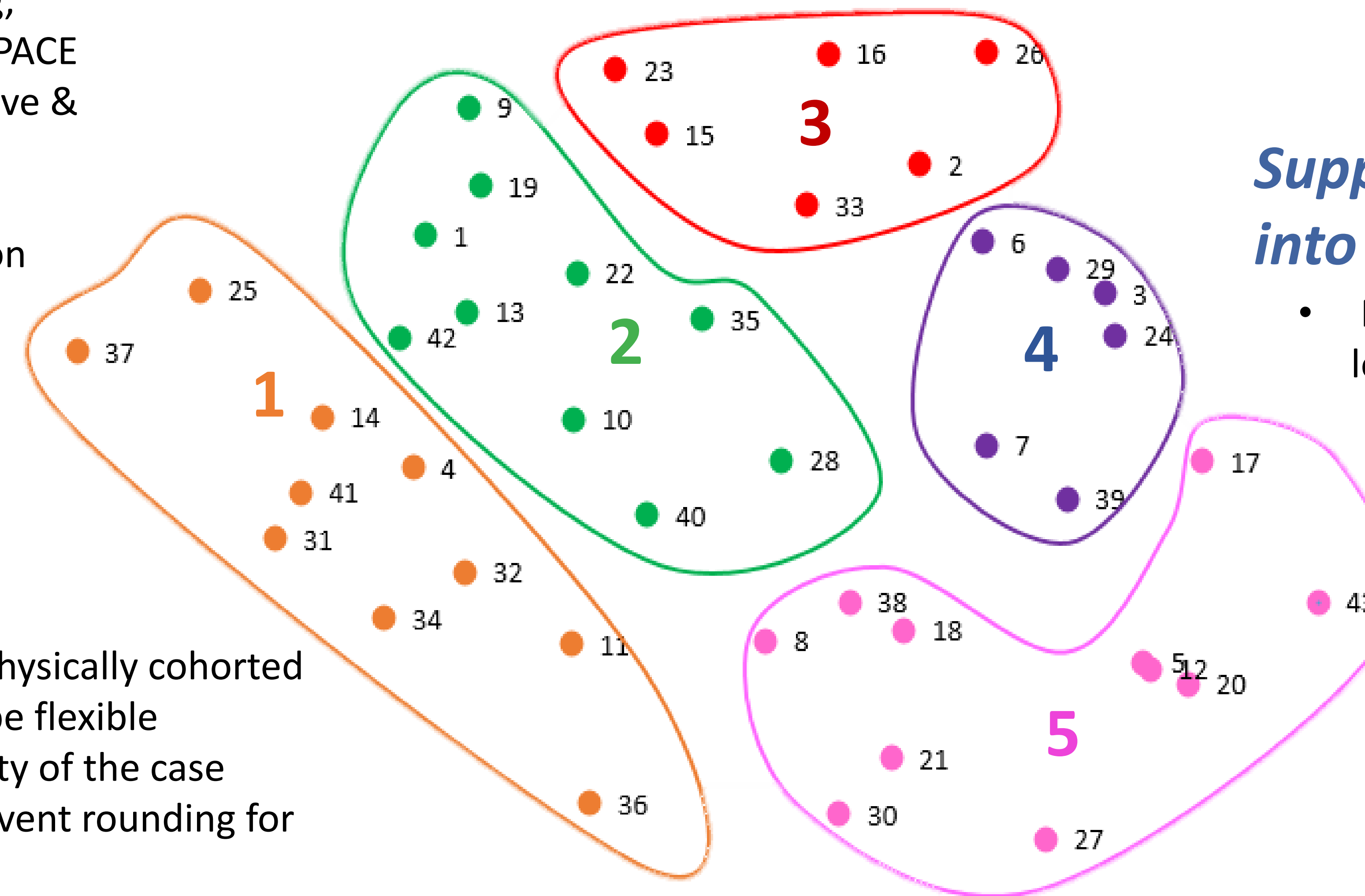
Dynamic and engaged interprofessional team rounds¹

Supportive education integrated into daily experience for all

- Prioritize healthy team dynamics and safe learning environment

Maintaining expectations for experiential & formal education

- Medical students & residents are given autonomy and allowed to have appropriate supervised leadership roles
- Learners have an appropriate balance between clinical responsibilities and educational activities
- Optimize bedside observation -- history-taking, physical exam, and counseling



CLUSTER MAP
43 Statements Total

CONCLUSION

This study suggests that IM residents and faculty value IP educational experiences like iPACE™ if they are valued by physician leadership and are structured to minimize perceived care inefficiencies and administrative burdens.

¹ No statements in this cluster ranked in the top 15 of terms of importance. The highest ranked statements in this group ≥ 20

