AIHC Webinar:
Assessment of IPE to Move Beyond Attitudes: Featured tools and case studies from the field

Follow-up Questions
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Question 1: Do you use the RIPLS?
From Dr. Wilkerson at UCLA: We used RIPLS early on to learn more about the self-reported attitudes of the nursing and medical students both before and after the new IP course.

From Dr. Blakeney at the UW: We occasionally use RIPLS—when we use it we usually incorporate additional assessment and/or evaluation approaches as well (e.g. other forms of student self-report, observation, faculty facilitator feedback, etc.).

From Dr. Brock at the UW: We have also incorporated some efficacy items from the RIPLS into our AMUSE (Attitudes, Motivation, Utility and Self-efficacy scale).

Question 2: How to address student bias in the 360?
From Dr. Wilkerson at UCLA: Most sources on constructing and implementing a multi source assessment system suggest starting by using the results for formative purposes and that is what we are doing at UCLA. The multisource literature describes two major sources of bias: the individual rater’s tendencies (dove versus hawk preference) and the impact caused by organizational roles in relation to the person being rated, e.g., subordinates, supervisors, peers, and self. In a 2006 online article in Medical Teacher, Wood, Hassell, et al, “A Literature Review of Multi-source Feedback Systems Within and Without Health Services, Leading to 10 Tips for their Successful Design, Vol 28, e185-e191, 2006, describe 10 key principles for designing and implementing such assessments that we have found helpful.

In assigning raters, we initially tried to identify the persons who had worked with each student but given the complexity and ever-changing nature of clinical teams, this approach was not feasible. Thus we turned to asking the student to provide the names and email addresses of at least 6 health care providers with whom he or she had worked over a substantial period of time. We ask each rater the same questions about specific behaviors using a slight modification of the ICAR items. Results are combined and reported anonymously using distribution of ratings for each item rather than a mean.

The more raters it is possible to procure, the less impact the bias of any one particular rater will have on the results. By mixing across organizational levels, you can offset any biases related to relative organizational standing between the student and the rater. While the student will certainly suggest those persons with whom he or she has effectively worked and will probably avoid asking someone with whom he or she has struggled, there will still be useful variance, which Gingerich et al, argue can be very helpful to the learner (Gingerich, Kogan, Yeates, Govaerts, Holmboe, “Seeing the ‘Black Box’ differently: Assessor Cognition from Three Research Perspectives. Medical Education, Vol 48:1055-68, 2014). Students are encouraged to discuss their results with a mentor.
From Dr. Brock at the UW: We have also incorporated some efficacy items from the RIPLS into our AMUSE (Attitudes, Motivation, Utility and Self-efficacy scale.

**Question 3:** Our IPE work is not at the point that we have a formal program. Can any of these tools be used with say just Case Studies that are not all the same for each participating student?

From Dr. Wilkerson at UCLA: Our UCLA assessment tools can be applied in the setting of a single exercise or a complete curriculum.

From Dr. Blakeney at the UW: We occasionally use RIPLS—when we use it we usually incorporate additional assessment and/or evaluation approaches as well (e.g. other forms of student self-report, observation, faculty facilitator feedback, etc.).

From Dr. Brock at the UW: We have also incorporated some efficacy items from the RIPLS into our AMUSE (Attitudes, Motivation, Utility and Self-efficacy scale.

**Question 4:** Concerning the Point to Ponder: Would you please comment on ramifications of a possible 3rd hybrid assessment type, namely the “IP Facilitator/Debriefer Assessment,” bc facilitators/debriefers are both a critical component of the Program and typically, are themselves Learners (given many faculty are non-expert facilitators debriefers, particularly in the IP space)?

From Dr. Brock at the UW: If I understand the question correctly, they are asking about using IP facilitators / debriefers as evaluators – they complete the evaluation instruments. Our Novice and Expert tools are both designed to be used in this way. Our evaluators very commonly serve to facilitate and to debrief—a practical reality, but also a positive contribution given they are also highly engaged in delivery of the content.

**Question 5:** Are the presenters looking for clinical practice sites to widen the testing of these tools?

From Dr. Wilkerson at UCLA: We would welcome sites interested in pilot testing the assessment tools and contributing to their further development and expansion, especially in extending beyond nursing and medical health care students.

From Dr. Blakeney at the UW: We would be pleased to see others use the tools that we have developed and to discuss with them whether/how different applications could contribute to reliability and validity.

**Question 6:** Can we get a RedCAP assessment tool copy and how the process works for assigning the respondents?

From Dr. Wilkerson at UCLA: You can learn about REDcap from the Internet. It is a data collection tool largely used for survey research, similar in format to Survey Monkey, but much more powerful. Many of universities hold site licenses for research purposes so check with your own university. You may find this slide set from the UCLA Clinical and Translational Science Institute helpful: [http://www.ctsi.ucla.edu/education/files/download/untitled?version_id=96767](http://www.ctsi.ucla.edu/education/files/download/untitled?version_id=96767)
We use the list of raters provided by the student to send out an invitation to raters to participate via email in which is embedded a unique identification link for each respondent to allow for tracking and reminders.

**Question 7: Training evaluators in the community is the challenge. How to handle that?**

From Dr. Blakeney at the UW: This isn’t something that we have addressed explicitly yet—we are also interested in this topic.