Draft Interprofessional Education Evaluation Plan: Southeast AIDS Education Training Center (SEAETC)

This evaluation plan will incorporate multiple evaluative instruments to obtain a perspective on affective, cognitive, behavioral and, when possible, team-level outcomes associated with SEAETC related educational activities.

# Evaluation Component One. Comprehensive Assessment of Team Member Effectiveness (CATME)

Context: Peer and self-evaluation of teamwork behaviors and affect this evaluative component will only be used by SEAETC members who currently incorporate comprehensive longitudinal interprofessional team activities into their curriculum (e.g. Vanderbilt VPIL, University of Florida PFF/IFH).

Kirkpatrick Level: 3 - Behaviors

Overview: CATME is a system of secure, web-based tools that enable instructors to implement best practices in managing student teams. The CATME system enhances team learning by teaching students how to contribute effectively to teamwork and creating providing a means of efficient evaluation and feedback for students who are working in teams. Effective feedback enhances student teams and promotes positive and meaningful team learning experiences (Loughry et al, 2014; Ohland et al, 2012; Loughry et al, 2007). CATME assessment domains would include: team competency, team satisfaction and team psychological safety.

# Evaluation Component Two. Health Care Provider Attitudes and Beliefs about People Living with HIV/AIDS Stigma Scale (HPASS).

Context: Individual participant pre-post (or multiple) evaluation

## Kirkpatrick Level: 1 - Attitudes

There are many theoretical perspectives related to career development and identity, the social cognitive theory of career development (Lent, Brown & Hackett, 1994), featured in figure 1, is a prominent theory that expands upon the work of Bandura (1986). The theory states that personal interests, deterministic factors, and learning experiences influence self-efficacy expectations and outcomes expectations, which ultimately lead to interests, choices and actions. There is a dearth of research specific to occupational predictors for careers, regardless of health profession, in infectious disease or HIV/AIDS associated care. As such, drawing upon specific impact of learning experiences on personal interests and deterministic factors described by the social cognitive theory provides an opportunity to evaluate foundational changes in career development and identity. The SEAETC will facilitate multiple learning experiences for health professions students in an effort to encourage interest and exploration of careers that will directly involve those with HIV/AIDS. To evaluate impact of the myriad learning activities on health profession students’ attitudes, the HPASS assessment will be administered in a pre-post (or multiple administration) format that shall align with SEAETC institutions learning activities. The HPASS (see appendix one) is a valid and reliable HIV stigma assessment for healthcare providers (Wagner, et al, 2014) consisting of three subscales: prejudice, stereotype and discrimination. Each item in the 30-item assessment is scored on a six point likert-style scale. The assessment draws upon prior work relating healthcare providers’ negative perceptions towards individuals living with HIV/AIDS with poor patient management, care and support, and a decreased sense of professional obligation to address the multi-systemic issues associated with HIV/AIDS (Nyblade et al, 2009; Adebajo, Bamgbala & Oyediran, 2003). Using the social cognitive model we can theorize that institutional educational activities, which focus on increasing knowledge, skills and attitudes related to individuals with HIV/AIDS, will influence students’ self-reported prejudice, stereotype and discrimination. These personal input factors are in-turn related to self-efficacy expectations and outcomes expectations, which will in-turn, effect interest, goals and choices related to profession.

Figure 1: Social Cognitive Model of Career Development (Lent, Brown & Hackett, 1994)



# Evaluation Component Three. Graduation Surveys from SEAETC Participants

Context: When available, may be most salient for two-year programs (e.g. RN)

## Kirkpatrick Level: 4 - Results

Many SEAETC programs collect graduation data from students. When available, SEAETC institutions will use existing survey infrastructure to determine the number of graduates from participating colleges who enter into primary care or direct care with individuals with HIV/AIDS.

# Evaluation Component Four. Student Evaluation of SEAETC Facilitated Learning Activities

Context:Brief affective student evaluation following AETC associated learning activity, or series of learning activities (e.g. lecture, seminar series, clinical rotation)

## Kirkpatrick Level: 1 – Attitudes

Instrument TBD

# Evaluation Component Five. Faculty Evaluation of SAETC Facilitated Learning Activities

Context: Brief affective faculty evaluation following AETC associated learning activity, or series of learning activities (e.g. lecture, seminar series, clinical rotation)

## Kirkpatrick Level: 1 – Attitudes

Instrument TBD

# Evaluation Component Six. Faculty AETC IPE Assessment

Context: Pre-post (or multiple) evaluation of HIV/AIDS related faculty knowledge

## Kirkpatrick Level: 2 – Knowledge

Evaluative component six will employ the standardized HRSA/NEC Faculty Knowledge Assessment

# Evaluation Component Seven. Evaluation of Student Knowledge Related to HIV/AIDS

Context: Profession independent assessment of student knowledge related to HIV/AIDS in the United States with specific focus on social deterministic issues.

## Kirkpatrick Level: 2 – Knowledge

Evaluative component six will employ the standardized HRSA/NEC Student Knowledge Assessment

# Appendix A: HPASS Survey

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| **#** | **Question** |
| 1 | HIV + patients make me uncomfortable  |
| 2 | I worry about contracting HIV from HIV + patients  |
| 3 | I would rather not come into physical contact with HIV + patients  |
| 4 | HIV + patients present a threat to my health  |
| 5 | It is a little scary to think I have touched HIV + patients  |
| 6 | I worry that universal precautions are not good enough to protect me from HIV + patients  |
| 7 | I would rather see an HIV-negative patient than see an HIV + patient with non-HIV-related concerns  |
| 8 | HIV + patients present a threat to the health of other patients  |
| 9 | I would be hesitant to send HIV + patients to get blood work done due to my fear of others’ safety  |
| 10 | I would feel uncomfortable knowing one of my colleagues is HIV +   |
| 11 | I would be comfortable working alongside another health care provider who has HIV  |
| 12 | I would want to wear two sets of gloves when examining HIV + patients  |
| 13 | It would be hard to react calmly if a patient tells me he or she is HIV +   |
| 14 | HIV + patients tend to have numerous sexual partners  |
| 15 | HIV + patients who have acquired HIV through sex are more at fault for contracting HIV than HIV + patients who have acquired HIV through a blood transfusion  |
| 16 | I think HIV + patients have engaged in risky activities despite knowing these risks  |
| 17 | I often think HIV + patients have caused their own health problems  |
| 18 | I think if people act responsibly they will not contract HIV  |
| 19 | I believe most HIV + patients acquired the virus through risky behaviour  |
| 20 | I think many HIV + patients likely have substance abuse problems  |
| 21 | HIV + patients should accept responsibility for acquiring the virus  |
| 22 | I tend to think that HIV + patients do not share the same values as me  |
| 23 | I think people would not get HIV if they had sex with fewer people  |
| 24 | HIV + patients who have acquired HIV through injection drug use are more at fault for contracting HIV than HIV + patients who have acquired HIV through a blood transfusion  |
| 25 | I believe I have the right to refuse to treat HIV + patients to protect myself  |
| 26 | I believe I have the right to refuse to treat HIV + patients if I feel uncomfortable  |
| 27 | I believe I have the right to refuse to treat HIV + patients if other staff members are concerned about safety  |
| 28 | I believe I have the right to refuse to treat HIV + patients for the safety of other patients  |
| 29 | I believe I have the right to refuse to treat HIV + patients if I am concerned about legal liability  |
| 30 | I would avoid conducting certain procedures on HIV + patients  |

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