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Meta-techniques for faculty development: A continuous improvement model for building capacity to facilitate in a large interprofessional program

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A B S T R A C T

Literature regarding faculty development in uniprofessional healthcare programs is prolific; however, little has been written about instructional programs designed for faculty delivering interprofessional education (IPE). In this paper, we describe the genesis, content, and improvement of a faculty development workshop which exemplifies a meta teaching model and was designed to serve faculty facilitators in a rapidly growing IPE program. Evaluations following initial delivery of the workshops in fall 2018 returned high faculty satisfaction ratings and feedback suggesting a need for even more pedagogical training with a stronger emphasis on meta techniques and less on a review of student content. In response, program developers incorporated additional teaching techniques in the spring 2019 training. Faculty evaluations in spring 2019 reflected even greater satisfaction with the increased focus on "meta skills". The faculty development program described in this paper supports the need for a structured training process for faculty facilitating in IPE programs.

1. Introduction

Historically, faculty in American colleges and universities have been largely comprised of subject experts who have little or no pedagogical training.[1] Thus, teaching in higher education has been delivered through mostly didactic experiences shaped by the faculty member's previous educational encounters. These encounters are largely made up of one-way, lecture-based sessions where the faculty member does most of the talking, providing little opportunity for student engagement. In more recent years, there has been an increase in both the numbers and the effectiveness of faculty development programs.[2]

For example, in a review of 111 studies of medical education faculty development initiatives, Steinert et al. reported a substantial increase in the number of faculty development programs described in the literature since 2002.[2] Faculty members participating in these programs self-reported increased confidence, excitement, knowledge of effective teaching methods, and skill improvement. Further, objective measures revealed that faculty development programs boosted faculty teaching efficacy and leadership skills and were found to positively change

attitudes toward teaching in addition to facilitating the development of knowledge and skills in teaching methods.

In uniprofessional faculty development programs, the following instructional methods have all been found to be effective: experiential learning activities with practice and feedback, use of peer role models, adherence to best practices in adult learning, and use of multiple instructional methods.[3] Nonetheless, across all uniprofessional programs, teaching approaches varied as did the focus and timespan of the trainings.[2] Steinhert et al. found no consistent best practice guidelines for faculty development programs.

Though research investigating uniprofessional faculty development programs is plentiful, the literature exploring faculty development programs preparing faculty to facilitate in interprofessional education (IPE) is more limited,[4] and information on best practices for preparing IPE faculty is sparse.[5] Several faculty-related barriers to implementing IPE programs have been identified including *teaching, faculty attitudes, training of implementers,* and *professional development of IPE educators,*[6] yet limited information on best practices for developing IPE faculty has been published. Further, there are few validated instruments (e.g.,

Interprofessional Education Facilitation Scale [IPFA][7] assessing IPE faculty facilitation skills. In a systematic review of IPE faculty development literature published through 2015, researchers found only 17 articles detailing either an interprofessional education faculty development (IPEFD) program or empirically investigated IPEFD information.[4]

The limited literature on this topic is problematic as providers from multiple disciplines who are highly skilled within their own professions are not automatically well-suited for or lack the necessary knowledge, skills, and attitudes to successfully facilitate IPE student groups.[8–10] Importantly, researchers have found that shared lectures for students across multiple disciplines does not adequately prepare students for interprofessional practice.[11] Rather, faculty with skills in interprofessional facilitation are essential to support the transformative learning required in IPE.[7,12–14] Although there is the expectation for practitioners to leave health professions programs prepared for interprofessional practice, there remains a deficit in the number of educators prepared to train students interprofessionally. In response to this shortfall, the World Health Organization called for the preparation of faculty to deliver IPE effectively.[15]

Recognizing the importance of preparing faculty to facilitate IPE experiences, accrediting bodies for academic health science disciplines have added accreditation standards requiring faculty to provide IPE instruction.[4,16] However, these standards vary widely across disciplines, and accrediting bodies differ in how they hold programs accountable for these standards.[16] To meet accreditation standards, academic health science programs have added IPE components to their curricula.[4,16] However, the inconsistency in accreditation standards across disciplines has resulted in significant differences in the IPE educational components employed within each discipline[16] creating challenges for developing a unified IPE program. The lack of IPE training among faculty further complicates these efforts.

Therefore, an important first step in implementing IPE is meeting the need for faculty training and support.[15] Preparedness for IPE faculty refers to the "attitudes, knowledge, skills, and behaviors educators should possess to competently facilitate IPE."[17(p. 16)] In short, in addition to being competent in their respective fields, professionals also should be able to complement each other through co-facilitation that allows for the synchronous interplay and modeling of professional interactions with no discipline appearing dominant in the learning environment.[18] Faculty must be able to provide feedback to students that facilitates a learning environment where each profession's input is heard and valued.[18] This skill is not inherent; therefore, structured IPEFD programs are necessary to prepare educators to effectively address the hierarchical relationships amongst various healthcare disciplines.[19]

This kind of seamless interaction among faculty facilitators requires highly developed facilitation, communication, and debriefing skills.[7,12,13] Theoretical frameworks for designing IPE faculty development programs have included adult learning,[14,20,21] experiential, and social learning.[22] Further, research is growing to support that faculty training sessions need to occur in interprofessional groups[23] and should include experiential and reflective exercises[24] as well as focused work on IPE competencies.[9]

To develop these skills, faculty training programs are needed to train an interprofessional workforce moving forward. Meta teaching or 'teaching about teaching' is one technique which can promote facilitator effectiveness; however, this technique has not been identified in the interprofessional faculty development literature. Meta teaching promotes efficiency in teaching by employing awareness and reflection by the teacher on the teaching process.[25] The IPEFD program described here employed a meta teaching approach in which faculty were given first-hand experience with the learning activities their students would encounter during student engagement days, while also strengthening their own co-facilitation and debriefing skills.

2. Background and program design

In 2012, East Tennessee State University (ETSU) began piloting its IPE experiences. The IPE leadership team, which included representatives from five colleges within our Academic Health Sciences Center recruited a small cohort of highly committed, interprofessional faculty from across all academic health science colleges (clinical and rehabilitative health sciences, medicine, nursing, pharmacy, and public health) to facilitate in the pilot program. In addition, students from these same colleges either volunteered to participate in the pilot or were recruited by faculty within their colleges. The initial pilot included approximately 12 faculty and 60 students. To prepare faculty for their student interactions, these faculty received 'just-in-time' training during the hour prior to the student engagement activities. The leadership team used a faculty experience survey to document the professional development needs of those who facilitated in the pilot program. In the survey, faculty identified two skill areas where they would like to improve: co-facilitation and debriefing skills.

In addition to co-facilitation and debriefing skills, the IPEFD team identified a third important component to include in IPE faculty development: an introduction to IPE skills, values, processes, and outcomes. This third and important piece of faculty development arose from a massive expansion of the IPE program. Following several years of the successful pilot program, in fall 2018, the university expanded IPE to include approximately 300 students from all five academic health science colleges at the university with further expansion to approximately 700 students the following year (fall 2019). As a result of the initial expansion in 2018, 60 additional faculty (a total of 72) were needed to facilitate IPE sessions. All the previous IPE faculty continued in 2018–2019. Given the growth of the IPE program and the results of the faculty experience survey, the IPE leadership team determined that 'just-in-time' training would no longer meet the needs of IPE faculty.

In spring 2018, an interprofessional team was formed for the purpose of designing a faculty development training protocol that would adhere to best practices in adult learning[14,20,21] and accomplish three primary objectives; introduce faculty to the agenda and activities for the IPE student training; standardize IPE facilitation practices and ensure fidelity to the IPE model; and impassion faculty at ETSU for interprofessional education. To accomplish these objectives and respond to faculty self-identified training needs, the faculty development team designed a training to accomplish 7 goals. Goals for the training are provided in Table 1.

All faculty members who volunteered as IPE facilitators were provided a full day of IPEFD training in fall 2018 and in spring 2019.

Table 1
Goals for faculty development training.

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1. Introduce faculty to the values, purposes, and outcomes of IPE
2. Introduce faculty to the agendas for each of the student training days
3. Provide faculty with opportunities to practice IPE student activities
4. Provide faculty with opportunities to practice co-facilitation techniques
5. Provide faculty with opportunities to practice working with standardized patients/professionals (SPs)
6. Provide faculty with opportunities to practice debriefing techniques
7. Provide faculty with community engagement tools to be used when IPE student teams are working in clinics and other healthcare environments.

Attendance at these trainings was voluntary. The IPEFD for each semester covered the activities on the agendas for the two student engagement days that semester; one student day was modeled in the morning and the other student day was modeled in the afternoon. Additionally, activities and discussions on IPE values, purposes, and outcomes were provided along with discussion, practice, and reflection on facilitation skills (meta teaching).[25] Faculty trainers provided a framework for the general approach to working with interprofessional student groups. This framework included a general positive regard for students, a posture of improvement and development, and a model for debriefing that honors the work of students, their peers, and all others involved in the delivery of IPE content including SPs and community partners. Additionally, faculty practiced a standard order of debriefing for simulated activities and case-based discussions. Finally, faculty were introduced to the *A.I.R. Tool* for interprofessional co-facilitation. This tool prompts faculty through 3 phases of co-facilitation: alignment, involvement and review/reflection.

Throughout the full-day IPEFD training, the design of the training fused interprofessional values into the faculty development curriculum. Additionally, faculty were trained with the same materials they would be facilitating for students in order to increase the likelihood of faculty maintaining fidelity to the IPE curricular model. Meta-teaching was accomplished through three levels of learning. Level one provided faculty with the student engagement day agendas and activities. In this level, faculty development facilitators described the order and events of each student engagement day.

Level two provided faculty with tools and experiential practice for successful facilitation. Faculty were given opportunities to participate in the same activities that they would be leading students through during student engagement days. Each faculty member played the role of a student in some of these activities and served the role of co-facilitator in at least one activity during the IPEFD workshop. Each half day of IPEFD training required faculty to participate in activities that would be duplicated with their team of interprofessional students during one day of student engagement. The themes of the four student engagement days were aligned with the IPEC Core Domains: Teams and Teamwork, Roles and Responsibilities, Values and Ethics, and Interprofessional Communication. In this second level, workshop facilitators provided faculty with the opportunities to experience IPE training from the student's perspective and practice co-facilitation skills.

Level three involved debriefing of the debriefing, another "meta" concept in the faculty development model. IPEFD team members debriefed each exercise with faculty learners. This accomplished two pedagogical aims. First, this experience allowed the IPEFD team to model good debriefing skills. Second, it provided faculty learners with the opportunity to reflect on their experiences as a co-facilitator. This discussion incorporated aspects related to the values and competencies of IPE, the facilitation skills taught during the workshops, and the experiences and challenges of co-facilitating an interprofessional group of learners. The multifaceted nature of this third level of learning is the hallmark of the ETSU IPEFD model. IPEFD team members believed this level of training would enable IPE faculty to consistently and meaningfully engage with students and maintain fidelity within the IPE student engagement model.

At the end of each faculty development day, faculty learners completed a survey evaluating the workshop. An individual not involved in the planning or delivery of the faculty development program entered the data from the surveys into a database. The data was used to inform
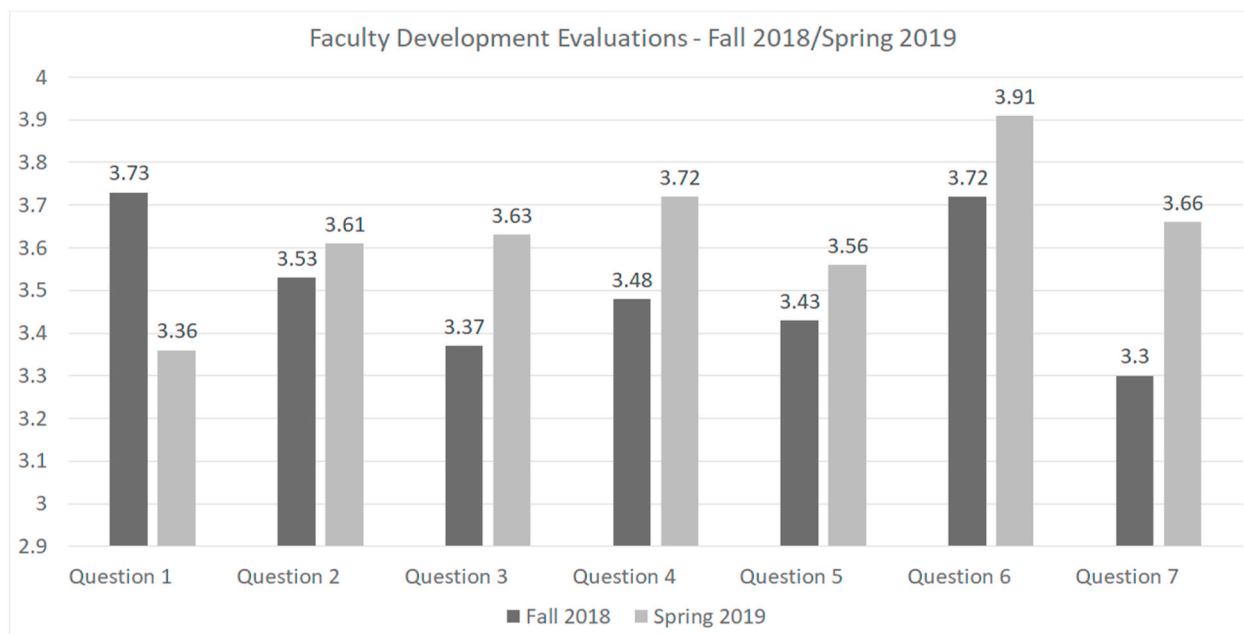
Note: Faculty development workshop participant evaluation questions included the following:
1. As a result of the workshop, I have a better understanding of the goals of interprofessional education
2. As a result of the workshop, I have a better understanding of how to work with standardized patients and standardized professionals.
3. I feel prepared to begin facilitating IPE activities.
4. I feel prepared to facilitate/ co-facilitate IPE activities with another faculty member.
5. I feel prepared to debrief IPE activities with a diverse team of health professions students.
6. I feel excited about participation in interprofessional education.
7. The timeliness and quality of the pre-workshop materials were appropriate.

Fig. 1. Mean scores of faculty ratings of fall 2018 and spring 2019 workshops.

future faculty development programming and was retrospectively examined through secondary data analysis.

3. Faculty Assessment of program design

Following each faculty development training event, faculty participants were asked to complete an evaluation of the training by indicating their level of agreement with 7 statements (See Fig. 1). The evaluation instrument used a 4-point agreement scale: strongly agree, agree, disagree or strongly disagree. A retrospective secondary analysis of program evaluation data was conducted.

The respondents' answers were assigned a numerical value from 4 (strongly agree) to 1 (strongly disagree). The mean of the scored responses was calculated for each question for each semester. A total of 30 faculty completed the survey in the fall 2018 semester (approximately 10 faculty left early and did not complete evaluations). As shown in Fig. 1, the mean scores ranged from 3.30 on the question "The timeliness and quality of the pre-workshop materials were appropriate" to 3.73 on the question "As a result of the workshop, I have a better understanding of the goals of interprofessional education."

A total of 33 faculty completed the survey in the spring 2019 semester. As shown in Fig. 1, the mean scores ranged from 3.56 on the question "I feel prepared to debrief IPE activities with a diverse team of health professions students" to 3.91 on the question "I feel excited about participation in interprofessional education." This high level of confidence with debriefing skills could be related to the interaction and facilitation with a diverse team of professionals that faculty experienced in the workshop and is encouraging given that strong facilitation skills are essential for interprofessional education.[7,12–14] In spring 2019, the mean scores for six of the seven questions improved over the fall 2018 evaluation results.

The faculty participants were also asked to indicate to what degree they felt each activity in the faculty development training for each semester prepared them to facilitate IPE activities. Again, faculty responded using a 4-point agreement scale: strongly agree, agree, disagree or strongly disagree. These answers were also assigned a numerical value of 4 (strongly agree) to 1 (strongly disagree). The scores on the eight activities in the fall 2018 semester ranged from a mean score of 3.41 to a mean score of 3.73. The scores on the eight activities in the spring 2019 semester ranged from a mean score of 3.07 to a mean score of 3.84. The lowest score (3.07) was assigned to the warm-handoff student activity. This newly revised learning activity was presented in an exploratory format with the goal of receiving in vivo feedback from faculty learners. The exploratory nature of this activity may have resulted in faculty assigning a lower score to this activity.

Finally, the faculty participants were asked four additional open-ended questions. Representative faculty comments appear in Table 2.

4. Program improvement strategies

With few exceptions, faculty ratings of their experiences during faculty development improved notably from fall 2018 to spring 2019. Using results from the fall 2018 faculty development session evaluations, the IPEFD team made improvements to the spring 2019 faculty development sessions (See Table 3). Two themes emerged to inform improvement strategies. First, faculty responses indicated a need for additional training with community site partners. Second, faculty indicated a need for more instructional strategies (the meta approach) and less focus on the content they were expected to provide students.

To address this first theme, in the spring 2019 faculty development sessions, the IPEFD team adopted several strategies designed to improve the instructional relationships between university faculty and community site partners. This is an important modification as engagement with community partners has been cited as an important component in IPE programs.[26] The spring faculty development training included *Meet and Greet* sessions to allow faculty members to become familiar with

Table 2
Fall 2018/spring 2019 faculty comments.

What were the most useful or helpful parts of the interprofessional education workshop?	
Fall 2018	Spring 2019
• Building a toolbox to use during student sessions	• Getting to see all the material ahead of time and get familiar
• Training the trainers was genius	• Working with great group facilitators
• Role playing with standardized patients	• Having more details on community sites
	• Facilitation practice with SPs

What questions remain about facilitating interprofessional activities with students?	
Fall 2018	Spring 2019
• How to get everyone involved	• Struggles with crucial conversations case
• Which clinical community sites will I go to and how will this be arranged?	• Having facilitator guides for each activity
	• How to deal with disengaged students
	• Including professional like audiology, PT, nutrition

How could the workshop be improved?	
Fall 2018	Spring 2019
• Clarification on community sites; expectations of the interview?	• Shorter (half-day); separate experienced faculty from inexperienced
• More time to ask questions related to skill development as a co-facilitator/ debriefing	• Warm handoff needs more information
• This was great, it really has been great, but I feel like I need more work (practice? Perhaps?) to be a good facilitator. I look forward to the observer feedback following my facilitation at these IPE events.	• Make opioid case more interprofessional
• Too many people in small simulation rooms	
• More initial structure to the first SP scenario may have been helpful – it wasn't super clear what everyone's roles were	
• More information around co-facilitating	
• Explanation about role (with standardized patients) of the facilitator; I didn't catch on right away	

What further professional development opportunities related to IPE would be most helpful to you?	
Fall 2018	Spring 2019
• None; refresher on feedback sometime in the future	• Navigating difficult students in facilitation and debriefing
• Strategies to keep teams on track as facilitator. Maybe observing case scenarios	• Wanting to know co-facilitators ahead of time at least to become familiar with each other if not possible to work together during training
• As a continuation of the previous comment, I would love more instruction on how to be an effective facilitator. More workshops? An IPE mentor program for faculty new to IPE?	
• Information about conflict resolution if there are disagreements within the team	

community site leaders. Faculty were able to meet with a representative from each of the community sites where they would be visiting with students in the spring. Additionally, both faculty members and the community site leaders were introduced to the tools which faculty and students would be using during the site visit. The introduction to the

Table 3
Modifications based on faculty evaluations.

Fall 2018 Design	Evaluation Results/ Comments	Spring 2019 Modifications Based on Evaluations of Fall 2018
Theme 1: Improve Instructional Relationships with Community Partners		
No involvement of community partners. Faculty were told what community site they would visit and trained on the tools that students would use to evaluate the community sites.	Faculty indicated additional training on community engagement aspects of IPE student trainings was needed	Community partners were invited to faculty development. A *Meet and Greet* was organized so that each faculty member met with leaders from the community site they would be visiting with students to collaborate on student engagement at each location. Community partners learned about the assessment tools that students would use when visiting their location.
Theme 2: Need for More Instructional Strategies		
Faculty practiced co-facilitating in small groups with the other faculty in the group serving as 'students.' Standardized patients/ professionals (SP) were used in these facilitation exercises	Faculty indicated a need for training on how to best facilitate student activities when using SP's.	Standardized patient program coordinator lead discussion on best practices for working with SP's. Faculty later practiced facilitating with SP's while faculty trainers observed. This was followed by a debrief and feedback.
Faculty practiced co-facilitating all activities for the day. Program designers also developed and introduced the *A.I. R. Tool* for co-facilitation which has faculty focus on three phases of co-facilitation: Alignment, Involvement, Review/ Reflection.	Faculty indicated a need for specific instruction on how to facilitate with a partner.	Faculty trainers observed faculty learners practicing facilitation skills and debriefed the exercise providing feedback. After the introduction of the A.I.R. tool, faculty were asked to identify challenges to co-facilitation using the *Tips & Ticks for IPE Activity*. This vignette-based activity allowed faculty to identify challenges to co-facilitation and describe solutions to improve faculty interaction and co-facilitation.
An SP (this time a standardized pupil) was placed in each small group for the purpose of playing the role of a disruptive or disengaged student. Faculty did not know that this was an SP and were not given training on how to manage the disruption.	Faculty indicated they did not feel prepared for managing disruptive students and were unsure how to engage disinterested students.	IPEFD team developed a *Tips & Tricks for IPE* activity. This was a vignette-based activity lead by faculty trainers where faculty brainstormed solutions for managing negative behaviors in students.

community tools coupled with the *Meet and Greet* sessions allowed faculty members and the community site leaders to work collaboratively to improve student learning in the community.

The second theme from faculty evaluations, a need for more instructional strategies, prompted the IPEFD team to take a new approach to faculty development activities for the spring IPEFD training. These exercises included working with standardized patients/professionals, co-facilitation, and working with disinterested/disengaged/disruptive students. The responses to the fall 2018 faculty development

survey overwhelmingly supported the inclusion of more-advanced facilitation skills. These responses also prompted the IPEFD team to reflect on the values of interprofessional engagement and the philosophical underpinnings of interprofessional work. Those reflections, coupled with faculty feedback, prompted several changes to the spring 2019 faculty training days.

First, the IPEFD team elected to begin the training day with an activity that would spark emotion in faculty participants. The team developed an *Implicit Bias in Health Care* activity that required faculty to reflect on their own professional experiences and the kinds of privilege or injury that accompanies a healthcare system steeped in hierarchical culture. During the activity, faculty participants wore different colored hats representing their respective disciplines. Beginning in a straight line, they were asked to step forward (a symbol of a participant's privilege) or backward (a symbol of a participant's disadvantage) in response to statements read by the facilitator. By the end of the experience there was a stratified field of faculty participants indicating the varied experiences of practitioners in the hierarchical healthcare environment.

Faculty participants processed the Implicit Bias activity as a large group. Faculty shared insights and emotions that emerged while they were participating in the experience. For some faculty, the implicit bias exercise brought back feelings of inadequacy and exclusion in their healthcare practice. Others indicated their gender or ethnicity rather than their disciplinary guild often affected their directional steps. This discussion prompted ideas about the intersectionality of race, gender, and professional guild in the current healthcare environment. Faculty members who had revealed large amounts of privilege during the activity reported gaining a more acute awareness of their status. They reported taking smaller steps forward as the activity progressed because they had become aware that they were leaving their colleagues behind. In faculty evaluations of the spring 2019 training, many participants indicated this activity was effective in setting the tone for the day, in identifying the need for interprofessional education, training, and care, and in helping them feel more connected to their faculty colleagues. Thus, we believe this activity successfully targeted changing attitudes of faculty which is a key element identified for preparedness for IPE facilitation.[17]

Faculty in fall 2018 also asked for more guidance in working with standardized patients/professionals (SPs). To address this concern, the standardized patient program coordinator facilitated a discussion on best practices for facilitating with SPs. This discussion included information on how SPs prepare for a case scenario and the use of SPs as part of a formal, pre-defined debriefing process. This process included four steps: 1) student self-reflection of the learning experience, 2) student peer reflection of the learning experience, 3) SP reflection of the learning experience, and 4) faculty feedback on the learning experience. SPs also ran a series of scenarios with a member of the faculty development team. As these scenarios progressed, the IPEFD team facilitator paused the scenario and modeled strategies for directing the SPs to intensify or de-escalate their performance. Faculty evaluations of the spring 2019 faculty development training indicated that this addition to the workshop had increased their confidence in working with SPs.

Working with difficult students and co-facilitation also emerged as themes to address through IPEFD; these factors were identified as challenges in the faculty evaluations following the fall 2018 student sessions. In response, the IPEFD team developed a *Tips & Tricks for IPE Teaching* activity that was used in the spring 2019 faculty development session to address these challenges. In small groups, faculty were given vignettes to analyze. The vignettes were based upon anecdotal stories shared by students and faculty in the fall IPE sessions. During the faculty development session, each group identified negative behaviors present in each vignette and brainstormed solutions to remedy the unprofessional, difficult, or distracting behaviors of students or faculty. Some of these vignettes contained examples of poor co-facilitation strategies, while others focused on student behaviors that were distracting to the

learning environment. As groups of faculty learners identified approaches to improving faculty or student behaviors, members of the IPEFD team provided additional thoughts and strategies for improving the learning environment.

5. Limitations and future directions

Certain limitations exist in the development and evaluation of this program. First, scheduling conflicts did not allow all faculty to participate in the training and some were only able to attend part of the training. This is consistent with other reports that scheduling difficulties are one barrier to developing IPE programs.[4] Because some faculty left early, not all faculty who participated completed an evaluation form, thus feedback was only gathered from those who were in attendance at the end of the day. Further, evaluations were submitted anonymously; therefore, there is no way to determine if evaluations improved for unique individuals from fall to spring. Similarly, there is no way to determine if the same faculty members completed evaluations in the fall and spring semesters.

Additionally, data presented in this paper was from faculty self-evaluations. Initially, this information was collected solely to gather feedback which would drive changes in the subsequent faculty development training. We have adopted this process for continually improving learning experiences for both faculty and for students. Thus, this paper presents a retrospective secondary analysis of program evaluation data and focused only on the reactions of participants. Future considerations for data collection would include the use of student evaluations of faculty, use of a validated instrument such as the IPFS[7] as a before and after measurement to evaluate faculty members' skill development, and coding evaluations so that matched data can be analyzed from one session to the next.

Finally, a one-day workshop cannot provide all the tools and coaching faculty need to reach mastery of these facilitation skills. To supplement the one-day immersive IPE faculty development workshops, the IPEFD team believes developing interprofessional faculty learning communities that meet periodically over an academic year, would provide a space where faculty could deepen their commitment to IPE values and refine their pedagogical skills.

6. Conclusion

The IPEFD team used a continuous improvement process to implement 5 strategies to improve the faculty development workshops in spring 2019. These 5 strategies mapped to two overarching themes: working with community site partners and instructional strategies. Implementing these strategies led to more positive evaluations of the overall training. Specifically, the implicit bias activity, the best practices for using SPs activity, and the community engagement activity all received very high ratings from faculty participants. The improvements related to instructional strategies meant the spring 2019 IPEFD training included more meta teaching activities than were present in fall 2018. These improvements are evidence that improving teaching strategy, in general, should be one of the primary goals of IPEFD.

In conclusion, the IPEFD team's meta approach to faculty develop was well-received by IPE faculty participants. Faculty comments on the spring 2019 evaluation revealed faculty appreciation for the increase in meta teaching strategies and continued to indicate a need for even more training related to facilitation techniques. Because facilitation skills, especially related to co-facilitation and debriefing, take time and practice to perfect, the IPEFD team plans to continue its commitment to a continuous improvement model by developing additional opportunities for IPE faculty to practice these skills.

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