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Title

Development and Evaluation of a Novel Interprofessional Education Tool for Addressing Health Misinformation

Priority 1 (Research Category)

Education and training

Presenters

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Abstract

Context: Misinformation and disinformation about COVID-19 directly affects morbidity and mortality and has negatively impacted our society's trust in science, public health, and health care professionals. Since health care is collaboratively practiced, strategies to combat misinformation are most effective when delivered by interprofessional(IP) teams that provide congruent messaging.

Objective: Health care professions students must learn to work as an IP health care team and use advanced communication techniques to address medical misinformation. Based on known literature and qualitative research performed by this group, we created a toolkit offering pre-work learning on advanced communication and IP collaborative skills, and a standardized patient (SP) encounter addressing COVID misinformation.

Study Design and Analysis: Health professions student dyads completed a pre-encounter planning meeting and together performed an interview of a SP in a standard OSCE (observed, structured, clinical evaluation) format. Students received direct feedback from the SPs, and completed pre- and post-session program evaluations. Analysis included descriptive statistics and bivariate testing of pre/post evaluation scores.

Setting: Tufts University School of Medicine and the University of New England in Portland, Maine.

Population Studied: Health professions students.

Intervention: Misinformation toolkit with OSCE highlighting medical misinformation.

Outcome Measures: We evaluated students' pre- and post- self-assessed competence in functioning in an interprofessional healthcare team through the SPICE-R2 validated survey, as well as their readiness to engage in discussions with patients utilizing COVID-19 misinformation.

Results: Forty students participated (20 medical and pharmacy). All self-assessed scores improved post-intervention, with all three questions assessing readiness to have difficult conversations and 6 of 10 questions assessing interprofessional collaboration and team function showing statistically significant improvement.

Conclusions: This pilot of a novel curriculum using asynchronous learning paired with a synchronous, SP-based OSCE addresses a known gap in health professions' curricula to provide training in collaborative learning and practice, with a specific focus on working with patients using medical misinformation. Given this success, there is a continued relationship between institutions with future misinformation OSCEs scheduled.

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