

Interprofessional Education for Suicide Prevention Implementation and Fidelity Scale

Background and Description

The Interprofessional Education (IPE) for Suicide Prevention (SP) course was developed from sentinel work by Cramer and Long (2018). The original model was created to provide health professions students' knowledge and skills in suicide prevention, using the most current and relevant evidence-based techniques. Building on that work, in partnership with the Ohio Suicide Prevention Foundation (OSPF), Cramer, La Guardia, and Wright-Berryman created an interprofessional suicide prevention course for health professions across multiple levels of educational experience (e.g. undergraduate and graduate learners). This course model has since been evaluated and revised numerous times, with two resulting publications (Cramer et al., 2019; La Guardia et al., in press).

The pedagogical approach is driven by expert instruction, in- and out- of class group activities, problem-based projects, and didactic lectures that offer both learning and experience in interprofessional team-building and suicide prevention skills, policy, and community-based efforts. The curriculum represents an array of concepts related to IPE and SP competencies from current evidence-based practices in the field, supported by research literature.

Implementation and Fidelity

Implementation science research suggests that higher fidelity programs have better outcomes (McHugo, et al., 2007). A fidelity process is an attempt to ensure that an institution follows the model of the program closely, so that resulting outcomes are in line with the intended goals. Therefore, in order to support adherence to the IPE-SP model, La Guardia and Wright-Berryman, experts in program implementation and fidelity measurement, in collaboration with OSPF, developed a fidelity tool for an institution to use while implementing the program.

The fidelity measure breaks down the main components of the course. These components are the key criteria that make this course successful, as evidenced by our delivering and evaluating the course over several semesters. Diluting the course components may result in fewer or less impactful outcomes. The fidelity package includes 1) a brief training given by your OSPF representative, 2) a fidelity measure with concept description, and 3) a data collection sheet.

The training will be given by the OSPF representative when the institution has committed to implementing the course (a signed agreement with OSPF). The fidelity package should guide the program development and adherence, and the fidelity measure should be used at the end of the course delivery to identify any supports or technical assistance an institution may need to improve adherence to the model.

Fidelity Measurement and Data Collection

During course delivery, the lead instructor may consult with the OSPF representative on the details of the course concepts and the fidelity expectations. Toward the end of the course delivery, the lead instructor should complete the fidelity measure independently, then submit the data (using the included data collection sheet) to the OSPF representative for review. The lead instructor should then set up a time with the OSPF representative to evaluate the course and discuss the areas where the program may need additional implementation support.

OSPF will collect data from all institutions implementing the program. A data agreement between the program creators will allow for the de-identified and aggregated data to be used for program improvement and possible publication.

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References

- Cramer, R. J., & Long, M. M. (2018). Competency-based suicide prevention education: Implementation of a pilot course for undergraduate health professions students. *Acad Psychiatry, 42*, 857–861. <https://doi.org/10.1007/s40596-018-0890-x>
- Cramer, R. J., La Guardia, A. C., Wright-Berryman, J., Long, M. M., & Adams Tufts, K. (2019). Integrating interprofessional education into suicide prevention training: Results from a pilot evaluation. *Social Work in Public Health, 34*(7), 628–636. <http://doi.org/10.1080/19371918.2019.1635950>
- La Guardia, A. C., Cramer, R. J., Wright-Berryman, J., & Long, M. M. (in press). Interprofessional suicide prevention education: Training insights from a course disrupted by the COVID-19 pandemic, *Journal of Crisis Intervention and Suicide Prevention*.
- McHugo, G. J., Drake, R. E., Whitley, R., Bond, G. R., Campbell, K., Rapp, C. A., Goldman, H. H., Lutz, W. J., & Finnerty, M.T. (2007). Fidelity outcomes in the national implementing evidence-based practices project, *Psychiatric Services, 58*(10), 1279-1284. <https://doi.org/10.1176/ps.2007.58.10.1279>

Interprofessional Education for Suicide Prevention Course Implementation and Fidelity Measure

Dimensions	1	2	3	4	5
<u>I. Personnel:</u> Instructor expertise	Instructor has little or no expertise in suicide prevention research or practice	Instructor has been through self-directed training in the area of suicide prevention, has a general understanding with no direct research or practice experience	Instructor has some basic knowledge or minimal formal suicide prevention training, and clinical or research experience in suicide prevention	Instructor actively engages in suicide prevention work both academically and clinically based with some formal training	Instructor is a published expert in research and practice in suicide prevention with more than 3 years of experience in both as well as relevant teaching experience
<u>II. Course delivery:</u> Format	Course is fully online, asynchronous	Course fully online, synchronous	Course is hybrid/ blended, with the online portion being mostly asynchronous	Course is FtF/ blended with online portion being 75 to 100% synchronous	Course is fully in person/ FtFclassroom with less than 15% of content facilitated online
<u>III. Course delivery:</u> Time with content	Total contact time = 1 hour (1 credit hour course/seminar with no expected time for out of course study) weekly	Total contact time with content = 2 hours (1 credit hour course/seminar with 1 hour of expected time out of course study)	Total contact time with content = 3 hours (2 credit hour course with 1 hour of expected out of course study)	Total contact time with content = 4 hours (2-3 credit hour course with 2 hours of expected out of course study)	Total contact time = 6 hours (3 credit hour course time and 3 hours of expected out of class study) weekly
<u>IV. Course delivery:</u> Evidence-based Materials	Course uses materials that are not rooted in the research literature (instructor is not using less than 25% of materials provided or is using own materials not aligned with current evidence)	Course uses more than 25% of materials provided in course package with a few supplemented by instructor that are not evidence-based or peer-reviewed	Course uses all materials provided in course package with a few supplemented by instructor that are not evidence-based or peer-reviewed	Course uses all materials provided in the package without supplementation of any new/current literature /materials	Course uses up-to-date evidence-based literature and materials (both provided and supplemented by instructor) from professional and peer-reviewed sources
<u>V. Course delivery:</u> Content and planning	Course content is missing either IPE competencies or SP competencies and does not offer both didactic engagement and IPE-driven SP activities	Course touches on IPE or SP competencies, but does not fully integrate the key concepts throughout, and is missing elements from one or both didactic engagement of weekly topic and/or activities	Course consistently addresses IPE and SP competencies in content, but does not fully integrate into discussion/ engagement and course activities	IPE and SP competencies are fully integrated through literature and discussion, but not practiced through class or independent activities	Course uses provided delivery including IPE and SP materials, didactic engagement in weekly topic between instructor and students, engagement in learning/ practice activities
<u>VI. Data collection:</u> Effectiveness and outcomes monitoring	No data are collected during or related to the facilitation of the course	Data are collected from university/administration (e.g. student evaluations), but no scales provided with the course materials are used for evaluation	The course uses 1-2 of the provided scales/ measures, collected data are provided to the OSPF within one year	The course implements 3-4 of provided scales, data are provided to the OSPF and sometimes used for quality improvement	The course uses all scales/ measures provided and data are shared with the OSPF and regularly used for course improvement

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<u>VII. Class composition:</u> Representation of IPE students	Students are all from one fields of study/practice	Students are from two fields of study/practice	Students are from three or more fields of study/practice	Students are from four or more fields of study/practice	Students are from more than four fields of study/practice
<u>VIII. Accessibility:</u> Equitable potential to accomplish learning objectives	Accessibility has not been addressed and is not assessed by provider or educational body.	Accessibility has been addressed for 25% or less of the course materials, (e.g. audio/ lectures/ subtitles), but majority of materials have not been made accessible to those in need of visual or auditory assistance or require the use of a text reader.	Accessibility has been addressed for two areas of materials (lecture/readings; more than 50% of materials), but not all (e.g. videos do not include subtitles, some files cannot be accessed by text readers).	Accessibility has been addressed in all areas by the instructor, but not fully vetted by college/university accessibility office with some indication that less than 90% of materials are fully accessible.	Course (all materials) has been fully vetted and modified for accessibility for all students in course by accessibility office or outside consultant with over 95% accessibility an alternate materials or resources in the case of a lack of accessibility.

Dimension Descriptions

Scale moves from (1) indicates low adherence to program parameters through (5) indicating exceptional adherence inclusive of all prior adherence parameters. Parameters for assessment of adherence are described below to ensure accurate course design and rating. Design-based adherence ratings should be indicated in course syllabi while practical adherence should be assessed at the completion of each course period or at regular intervals in the case of open, continuous course enrollments. Both the rubric and dimension descriptions must be considered when assessing adherence. Use this rubric for data entry (DI – DVIII) in IPESuicideData.exe.

- I. **Personnel – Instructor Expertise:** This course should be delivered by a content expert; therefore, the instructor for the Interprofessional Suicide Prevention Course should have prior and/or current experience as a suicide prevention expert in the areas of theory, research, practice, and policy. Toward this end, the instructor will likely be, or have been, a mental health clinician, a suicidologist, or similarly prepared as an expert in suicide prevention, care, and postvention. Term definitions include: (a) Practice experience can include both experience as a clinician/healthcare professional working with suicidal client’s and patients for more than six months; (b) Research experience can include activities resulting in scholarship to include peer-reviewed publications, books, conference presentations and other professional work associated with theory and practice; (c) Training includes self-directed training (readings, etc.) and formalized training could include professional or conference-based workshops at a minimal level and university-based coursework and/or a graduate degree that included instruction on suicide prevention.

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- II. **Course Delivery – Format:** Research conducted on this course suggests that the students achieve more benefit from in class, face-to-face, interactions with each other and the instructor. In-person access to fellow students and the instructor allows for maximum interprofessional competency and suicide prevention content experience.
1. Fully online (asynchronous) format: This is a course that is built into a learning platform for self-paced study. There are no face-to-face interactions between the instructor and students. There also may be no face-to-face interactions between students (with the exception of assigned group activities for which students meet with each other virtually and/or communicate on their own time).
 2. Fully online (synchronous) format: This is a course that is built entirely into a learning platform and meets in real time. Students are engaged in co-learning group activities during the course, and possibly also outside the course session on the students' own time.
 3. Hybrid/blended (asynchronous) format: This is a course that meets both online/virtually and in person for some portion of the course sessions. The virtual sessions are not in real time with the other students and the instructor, with the exception of group activities the students schedule on their own time.
 4. Face-to-Face/blended (synchronous) format: This is a course that meets both online/virtually and in-person for 50% or less of the course sessions. The virtual sessions are conducted synchronously, in real time, and students are engaged in co-learning group activities during class time, and possibly also outside the course session on the students' own time with both formalized synchronous and asynchronous options for communication.
 5. Fully in-person/Face-to-Face classroom: The course is held regularly in a classroom where students have access to each other and the instructor. Students are engaged in co-learning group activities during class time, and possibly also outside the course session on the students' own time.
- III. **Course Delivery – Time with content:** This course has materials to use for reading and study both in and outside the course. The course and all of its contents are intended to provide a full learning experience in both the IPE and SP competencies. To shorten the course, either by in-class or out-of-class learning time may marginalize the necessary core content uptake. Contact time with the content implies that each learner is expected to spend the amount of time listed working in class or outside of class on the process of understanding and applying the information provided (to include outside teamwork, writing, discussion, reading, etc.) each week.
- IV. **Course Delivery – Evidence-based materials:** The materials supplied for this course derived from the most recent and relevant extant literature *at the time of course development*, assuming OSPF will update materials regularly based on program adherence monitoring (i.e. every five years). Materials can be added or may replace the current materials if they are either more up-to-date (replication studies/progressive theory), as new evidence in interprofessional and suicide prevention competencies emerges. Any additional sources should come from organizationally, professionally accepted sources and peer-reviewed scholarship. Course materials include readings, power points, syllabus template, assignment descriptions, rubrics, etc. Materials **do not** include assessment measures meant to monitor learning outcomes and evaluate the course.

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- V. **Course Delivery – Content and planning:** The course was designed to provide an integrated approach to learning suicide prevention in an interprofessional context. Therefore, the materials provided are intended to provide a robust learning experience in both of these domains to prepare students to work in real world professional situations in which multiple professionals are engaged in care (prevention through postvention). Full course content should be used to achieve the learning objectives and any additional exercises, discussions, or activities should be designed with both IPE and suicide prevention competencies in mind, as outlined in the syllabus and OSPF course manual.
- VI. **Data collection – Effectiveness and outcomes monitoring:** Scales provided for use include the Suicidal Behaviors Attitudes Questionnaire (SBAQ; Botega et al., 2005, 2007); Literacy of Suicide Scale – Short Form (LOSS-SF; Batterham et al., 2013); Suicide Competency Assessment Form (SCAF; Cramer et al., 2013); Interprofessional Education Collaborative Competency Self-Efficacy Tool (IPECC-SET; Hasnain et al., 2017). Scales should be given as a pre and post-test. Outcome data regarding adherence should be submitted to the Ohio Suicide Prevention Foundation as it is gathered. The following information should be submitted to OSPF on a regular basis:
- Adherence:** Syllabi for the course
 - Adherence:** Fidelity Measure outcomes using the IPESuicideData.xlsx
 - Optional Data:** Include course averages for scales used; see “optional scale data” within the IPESuicideData.xlsx file for a potential format for this information. Next to each scale utilized, please indicate how many students completed the scale or are represented by the average score reported. If you only collect post-course data, skip the baseline data entry portion. Scale data should be collected in either one of two ways: Pre/Post or Post-Only.
- VII. **Class composition – Representation of IPE students:** Field or practice or study can include undergraduate or graduate majors, licensure, or professional background depending on the setting of the course. Keep in mind that students may represent a different field of study or specialty within the same profession (e.g. school counseling is different field than mental health counseling), these can be counted as being from different fields of study.
- VIII. **Accessibility – Equitable potential to accomplish learning objectives:** If your course materials are available online, it is essential that these materials be accessible to the community. Disabilities are seen an unseen and may be reported to instructors and some may choose not to report. In order to make content accessible, information should be [perceivable, operable, understandable, and robust](#). For more on the component of web accessibility, please see: <https://www.w3.org/WAI/fundamentals/components/>