

General

What should centers do with the reports/results?

- The LPQI Network is intended to help LENDs improve their training programs. The LPQI dashboard allows LEND programs to compare their outcomes to a national average, making it easier for individual program leaders to determine which aspects of their training to focus on improving.

Can programs download their own data from the dashboard?

- Those with “Administrator” access (typically one to three individuals per program, e.g. Director, Training Director, and Data Coordinator) can access visualizations for current and prior year aggregate data for their program within the dashboard. They can also see national averages but cannot see other data from other individual programs. The data can be displayed by relevant variables, such as trainee discipline and year of training. Individual trainee data is stored in the dashboard but is not visible to users. Faculty mentors/preceptors may of course choose to share their I-FOR ratings with individual trainees as a framework for discussing professional growth, but the primary output from the dashboard is intended to direct program-level quality improvement.

Setup and Scheduling

When is the most appropriate time to schedule T1, T2, and T3?

- T1 is a baseline score based on trainee self-perception (CCM) and should be completed as early as possible – ideally before any LEND training has begun. This will maximize the difference with T3 (completed at the end of training) and therefore provide the most accurate measure of change from beginning to end of training.
- T2 is also a baseline score, so like T1 it should be done as early as possible in LEND training to maximize the difference between T2 and T3 (final score). However, since T2 is based on the I-FOR, which requires observing the trainee, it can take some time to have enough interactions with the trainee to establish a valid score. Most LEND programs find that this occurs within a few months of starting LEND training, though it may occur earlier or later depending on the program.
- T3 should be completed as close as possible to the end of training.

How long should individuals be given to complete the measures (i.e. how long should T1, T2, and T3 remain active)?

- This may differ among programs because of variability in when trainees start and how long they participate in LEND. Although there is no specific “standard” length of time for any of the three periods, each LEND program can only have a single time range for T1, T2, and T3 respectively, and there can be no overlap between T1/T3 (for trainee surveys) or T2/T3 (for faculty surveys). This means that some LEND programs may have difficulty including all of their trainees in a given year (e.g. some trainees begin and end in the fall, and another set begin and end in the spring). LEND programs can decide for themselves how to structure data collection so that it is most useful for their purposes. This can be discussed with AUCD staff and/or with other programs (to get guidance based on prior experience) on monthly coordination calls.

What should programs do with trainees that participate in LEND across >1 NIRS data collection years?

- At present, the LPQI dashboard is set up to collect data for each trainee across a single NIRS fiscal year; appropriate measures must be completed within that window for data to count toward the program aggregate. As such, LEND programs with long-term trainees whose terms intentionally span multiple fiscal years should decide which year(s) it makes the most sense to include those trainees for and be consistent.

Applicability

What about trainees that aren't "clinical" or are engaging in experiences not in clinical settings?

- The I-FOR was meant to include all trainees. Any activity a LEND trainee is engaged in (research, systems change, designing a program evaluation tool or patient/client brochure, etc.) should be based on the principles of family-professional partnership and interdisciplinary/interprofessional team building.
- If a faculty member has trouble relating a specific I-FOR item to the activities that their assigned trainee has been engaged in, then "N/A" is an appropriate score for that item (up to three total "N/A" selections are allowed at T2 and T3 across both I-FOR components; trainees for whom there are more than three "N/A" selections will not count toward the program aggregate).

Faculty Engagement and Coordination

What are some strategies for getting full participation?

- *Boling Center (TN)* sends the initial e-mail as well as an additional one that reminds faculty of their login information and that this process should only take a short amount of time to complete. The initial e-mail tells faculty that the survey will close in several weeks, so they can plan if needed. They then send reminder e-mails periodically up until the close date, using both group and individual communication that include thanks to those that have completed it already.

How do you know if you have enough information to make a rating for the I-FOR (T2 and T3)?

- When LEND programs begin implementing the I-FOR, they often realize that their current approach to determining competency may not include direct observation, or that such observations are not coordinated among faculty. This provides an opportunity for program leaders to ensure that they have a mechanism for evaluating trainees in core competencies such as family-professional partnership and interdisciplinary/interprofessional team building.
- Some programs rely on direct observation of trainees applying knowledge and skills related to the core competencies being measured; this often includes "indirect" observations as well (e.g. a trainee describes an encounter with a family).
- Other ideas include standardized patients/clients, role play, case-based discussion, or tests (formal or informal). In short, whatever a LEND program is currently using to assess trainee competency related to family-professional partnership and interdisciplinary/interprofessional team building can be included in determining a rating on the I-FOR.

How do you rate trainees that are observed by multiple preceptors/supervisors?

- This is an opportunity for faculty to work together to discuss how a trainee is doing (and share that information with the trainee). Some research in "group rating" suggests that faculty can be more honest, especially regarding negative appraisals, because they are not "taking all the blame" for criticism of a trainee's performance. Group appraisals also help train faculty on what to expect, reduce interrater variability, and may improve consistency of expectations for trainees (i.e. faculty agree on what constitutes family-professional partnerships and interdisciplinary/interprofessional team building.) Some specific examples:
 - *Wisconsin* orients mentors (only faculty members, not preceptors) to the rating process each year in mid-August before the training year begins.
 - *Indiana* has some instances where the supervisor will complete the ratings after consulting with other faculty/staff who work directly with trainees in clinics.
 - *Arizona* holds a two-session faculty meeting to complete ratings for each trainee at T3.
 - *Cincinnati (OH)* has a process through which faculty come together and reach consensus on trainee ratings; this has been captured in [PowerPoint slides](#) on the "LPQI Resources" page of the AUCD website.

How do you explain LPQI to preceptors/supervisors outside of LEND?

- This is a great opportunity for faculty development. If a LEND program is relying on non-LEND faculty to rate residents (as many do) then training them on the LPQI is a terrific way to ensure acceptance of and adherence to principles of family-professional partnerships and Interdisciplinary/interprofessional team building. Most faculty will also understand the value of using consistent tools across programs to take advantage of national benchmarks.

Program Structure

How do you incorporate this into other evaluations you are doing for your trainees?

- Many LEND training programs find that the CCM and I-FOR have become important parts of their routine evaluation of trainees, sometime replacing other measures.
- Current evaluations should provide information to aid faculty in completing the I-FOR.

Which settings are appropriate for making observations?

- *Indiana* looks at the various ways that trainees interact and perform in clinical settings and beyond: their various interactions with families and self-advocates (online and via social media, at work, in support roles, in disability organizations, etc.), project work, trainings/presentations, advocacy, and didactic participation. They also solicit input from other people trainees work and interact with in the disability community.