



Research

Developing interprofessional facilitators and leaders: Utilization of advanced health profession students as interprofessional (IPE) facilitators

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Abstract

Objective: The purpose of this project was to prepare *advanced students (dentistry, medicine, pharmacy, and occupational therapy)* to be facilitators for interprofessional small groups and evaluate them compared to faculty facilitators.

Methods: The Interprofessional Leadership and Facilitation Course was developed as a way to provide advanced students with an opportunity to develop and apply interprofessional leadership and facilitation skills. Mixed-method analysis was used to compare student facilitator performance with faculty facilitators and determine educational impact of the experience. Multiple data sources were collected.

Results: Facilitator performance was similar between advanced students and faculty and the experience resulted in self-reported behavioral changes in the practice setting by the student facilitators. Student facilitators reported positive and meaningful experiences.

Conclusions: Utilizing advanced students as an educational resource, while providing unique and meaningful learning experiences for all participants, is a potential interprofessional resource management strategy to be further explored. These advanced students are future interprofessional preceptors, and this leadership experience begins their paths as interprofessional educators.

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Introduction

Development of interprofessional education is a current focus for all health professional programs because of the evidence that safer, more effective health care is delivered when members of the health care team work together and

optimize each other's contributions.¹ The World Health Organization defines interprofessional education as "When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes."¹ However, uncertainty remains regarding how to best develop collaborative practitioners within a siloed educational context. Interprofessional education requires authentic application opportunities for students to experience the power of collaboration related to delivering patient care and develop measurable skills supporting collaborative patient care.² The 2016 ACPE accreditation standards,³ as well as the accreditation

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standards in nursing, medicine, and other health professional programs, also require new levels of demonstration related to interprofessional skill development. This has created a significant challenge for many institutions, with two primary complex needs emerging. How to prepare collaboration-ready health professionals using established authentic application strategies that are time and resource intensive, and how to establish a critical mass of interprofessional educators who can design, model, and assess interprofessional skills within didactic and clinical settings?

The resource-intensive nature of many interprofessional offerings has been a challenge to many institutions. At our institution, we offer a semester-long interprofessional course for first-year students from nine health professional programs (Foundations of Interprofessional Communication and Collaboration (FIPCC)—please see [Supplementary Appendix A](#) for description). Over 1000 students participate in FIPCC, resulting in approximately 80 small groups on three campuses, which means there is a need for approximately 80 faculty facilitators to lead six two-hour small-group in-person sessions every fall semester. The need for such large numbers of small group facilitators for the FIPCC course, as well as additional interprofessional application opportunities for students, resulted in the exploration of ways to involve advanced students in the teaching infrastructure.

The Interprofessional Leadership and Facilitation Course described here was created as a way to provide advanced students with an opportunity to develop and apply interprofessional leadership and facilitation skills. The idea was not to simply use advanced students as facilitators in FIPCC, but rather to create a holistic experience designed specifically to provide advanced students the opportunity to develop their leadership skills and strengths through the application of interprofessional and leadership concepts and guided reflective practice about the experience.⁴

Rationale and objectives

Interprofessional leadership and facilitation course design

The purpose of this project was to evaluate the feasibility and effectiveness of using interprofessional student facilitators (dentistry, medicine, pharmacy, and occupational therapy) within the FIPCC course. The goal was to achieve a quality educational design for the student learners in FIPCC and a meaningful experience for the student facilitators. The Interprofessional Leadership and Facilitation Course was developed as a way to provide advanced students with a guided and supported opportunity to develop and apply interprofessional leadership^{5,6} and facilitation skills⁷ during the small group facilitation experience. Collaborative learning theory⁷ and interprofessional education competencies guided the development of the interprofessional leadership and facilitation course. The Interprofessional Leadership and Facilitation course (a requirement for advanced health professional students

who participated as FIPCC facilitators) was completely online to allow for advanced students concurrently on rotation to participate. A detailed description of Interprofessional Leadership and Facilitation course design, learning materials, activities, and estimates of faculty effort can be found in [Supplementary Appendix A](#). Because FIPCC is an in-person course, advanced students were required to arrange release time from their rotations to facilitate the six, two-hour FIPCC class sessions. Preceptors were required to approve a student's involvement and had the authority to deny a student's participation as a facilitator if the absence could not be accommodated during the rotation. Any advanced student with interest, who acquired preceptor (s) approval and completed facilitator training prior to the start of the experience was allowed to participate as a facilitator. All academic health professional programs were approached with the opportunity for advanced students to participate as facilitators. Associate Deans for Education from each program were sent information about the opportunity and offered the opportunity to meet to discuss further and explore ways to incorporate into their curricula.

Advanced student facilitators were all in the final year of their program despite varied lengths of health professions programs. A description of the Interprofessional Leadership and Facilitation course for the student facilitators who participated as a requirement to be a FIPCC facilitator can be found in [Supplementary Appendix A](#).

This project addressed two primary research questions: Will advanced interprofessional students perform adequately as interprofessional small group facilitators and also develop and apply interprofessional facilitation and leadership skills from the Interprofessional Leadership and Facilitation course and student facilitation experience?

Materials and methods

This study (all study materials, assessments, and procedures) was deemed exempt from review by our university's Institutional Review Board on October 12, 2012 (Study number: 1209E21386).

Mixed-methods analysis plan

The purpose of the mixed-methods analysis plan was to evaluate the feasibility and effectiveness of using student facilitators within the FIPCC course, both as a quality educational design for the FIPCC students and as a meaningful experience for the student facilitators. A variety of data sources were collected to evaluate the feasibility and effectiveness of using student facilitators.

Quantitative analysis

FIPCC students completed teaching evaluations for both the faculty facilitators and the student facilitators. In addition, student facilitators completed a course evaluation for their experience. These descriptive data were aggregated

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