



## What's in it for me? Perspectives from community participants in an interprofessional service learning program



Gail Castañeda, MEd<sup>a,\*</sup>, Sabrina Islam, MS<sup>a</sup>, Nichole Stetten, MPH, CPH<sup>a</sup>, Erik Black, PhD<sup>b</sup>, Amy Blue, PhD<sup>a</sup>

<sup>a</sup> Social and Behavioral Sciences, College of Public Health & Health Professions, University of Florida, USA

<sup>b</sup> Department of Pediatrics, College of Medicine, University of Florida, USA

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### ABSTRACT

**Purpose:** Interprofessional education (IPE) is a promising endeavor for students to engage in team-oriented activities with other disciplines. Service-learning has emerged as a dynamic way in which students derive practical skills to address the needs of their community. Research has probed student perspectives but has seldom explored community feedback. This study assessed Interdisciplinary Family Health (IFH) Program participants perceived benefits associated with program participation at a southeastern university.

**Method:** Data from nineteen semi-structured telephone interviews, conducted between February 2015 and April 2015, were used to assess program participants perceived benefits. Semi-structured telephone interviews were analyzed using a grounded theory approach. Each interview was audio-recorded and transcribed before the coders established major themes. The emergence of themes was conceptualized through selective coding. Given an emergent SES-related response pattern, differences in perceived benefits were examined based on SES.

**Results:** All program participants reported positive wellness outcomes within a social support construct. Responses fell into four social support domains within a greater framework of bridging student-participant generations: informational support, emotional support, companionship support, and tangible support. Trends in social support domains observed were associated with participant SES. Participants with lower SES levels reported greater needs for health information and access, whereas participants' with higher SES levels desired building social relationships with students.

**Conclusions:** Tailoring IPE training to address specific social support domains and SES associations is an opportunity for enhanced participant experiences and perceived benefits. Educational planning can utilize social support domain-SES association findings as a guide for students to attune their efforts at improving the overall outcomes of their target population.

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### Introduction

Service learning in the context of interprofessional education (IPE) provides students valuable opportunities to develop inter-professional collaborative practice skills.<sup>1–3</sup> Service learning

activities can present real world problems that prompt inter-professional collaborative engagement by students when the activities are organized in an intentional interprofessional fashion – students from different professions must focus on a common goal, apply teamwork skills, and learn about each other's perspectives. Service learning activities grounded in community health issues address recommendations for IPE and interprofessional practice to attend health needs in communities.<sup>4</sup>

One of the key elements of service-learning is reciprocity, specifically that the experience is mutually beneficial both to enhancing the learner's development and in outreach to the community.<sup>5</sup> The majority of research related to interprofessional service learning has focused on the student experience and outcomes.<sup>1,6–8</sup> However, given the reciprocal nature of service learning, it is important to learn how the service is of benefit to the

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\* Corresponding author. Social and Behavioral Sciences, 101 S. Newell Drive, University of Florida, Gainesville, FL 32610, USA. Fax: +1 352 273 6048.

E-mail address: [gcastane@php.ufl.edu](mailto:gcastane@php.ufl.edu) (G. Castañeda).

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community participants, including the participants' perspectives on such benefits. There appears to be few such reports in the literature that have explored how service learning, and interprofessional service learning, programs address community health needs. Corwin et al (2009) report that senior citizens participating with medical students in a senior mentor program agreed that the students' myths and stereotypes about aging positively altered.<sup>9</sup> Such altered concepts of aging would hopefully prompt changes in how future physicians may practice care of the elderly, a benefit perceived by senior mentors in the program. Rock et al (2014) describe an interprofessional service learning program and positive outcomes on community health in terms of program participants' use of preventive care services.<sup>10</sup> Learning about community participants' perspectives on the benefits of their participation (volunteering) offers evidence of the programmatic value service learning programs provide to the community, whether "community" is actually a specific organization/subset of the population (i.e., members of a specific senior center/homeless population) or a cross-section of the geographic entity, such as a neighborhood, city or county. Knowledge of participants' perceived benefits provides multiple advantages. The needs of the participants and guidance of service provision by learners may be improved with this knowledge. Subsets of participants, such as males vs. females or individuals in different socioeconomic groups, may perceive benefits in different ways. The purpose of this study was to examine participants' perceived benefits associated with their participation in an interprofessional health-related service learning program. While the study would provide program improvement information, it was also believed that findings would be valuable to other interprofessional service learning programs.

#### *The Interdisciplinary Family Health Program*

The Interdisciplinary Family Health Program was established at the University of Florida, Health Science Center as an interprofessional service learning program in 1999.<sup>11,12</sup> At present, over 700 first year health professions students (clinical health psychology, dentistry, health administration, medicine, nursing, nutrition, pharmacy, physical therapy, veterinary medicine) participate in this program required by all six colleges. Students are assigned in interprofessional teams of four to a volunteer family in the local community, the students' first "patient."

Volunteer families represent a broad cross-section of the population of the county in which the University of Florida resides (Alachua County). Recruitment of families is done through the IPE office and occurs through contact with local social service agencies, patient support groups, senior citizen centers and living communities, schools, health fairs and other opportunistic venues. Program requirements to qualify as a volunteer family include residence within the county (we do not make students drive more than 20 miles for the required home visits), accessibility by phone, and acceptance of students into the home four times throughout the year. Interested volunteers are then visited and screened by an IPE office staff member to ensure residence in a safe location for students to visit. Volunteers span a wide range of socioeconomic status, from persons with limited income to retired physicians and other professionals. The program does not focus on a particular type of individual/family volunteer (e.g., socioeconomic, health, marital, country of origin, rural/urban/suburban residence, etc.), in part because of the number of individuals needed each year (approximately 200), and the overall size of the general population of the county (approximately 250,000 persons). The IFH program recognizes that an individual volunteers for a variety of reasons and respects those reasons. Similarly, the program recognizes that students learn about patient-centered care, social determinants of

health and community resources regardless of individual "type." Given the heterogeneity of the population served in the program and its geographic boundaries, we refer to it as "community."

Student teams are made up of multiple professions, but given the uneven number of students from each program, they vary in profession composition. To the extent possible, student teams are assigned to the "patient" based on what is known about possible individual/family needs. For example, if it is known a patient has difficulty walking, a team with a physical therapy student is assigned. For logistical purposes, it is not possible to provide a match so that each profession is of possible need by the patient. Patients who volunteer for the program are informed that the student team will provide assistance, but students do not provide direct health care. If a team has a health care concern, the IPE office manager follows up with the patient and makes the appropriate referral. Students are required to make four home visits with the family during the academic year. During the home visits, students complete health related questionnaires with the patient and are required to complete a project that improves the patient's health based upon patient's needs.

The first two home visits are structured in that students are required to complete health-related questionnaires. One questionnaire is locally developed for students to learn general health information from patients; the other questionnaire is the 12 item form Short Health Survey. It is expected that by the third and fourth home visit, the team has developed sufficient rapport with the patient that the visit focuses on what is of interest to the patient for improving their health; these visits do not have explicit structure. Depending upon the volunteer's wishes, students may interact with only one person in a family or may interact with several members of the family when a home visit is conducted; several "families" consist of only one individual. Students' instructions for the health improvement project are broad because some patients have specific health related needs whereas other patients seek assistance with more social needs. The goal of the project is for students to understand what is of importance and value to the patient. This may not be directly related to health (i.e., lower blood pressure) but may be more of a socioeconomic nature (i.e., figuring out how, with a limited income, to get Christmas gifts for grandchildren). Students need to determine the nature of the project, its relevance, appropriateness and acceptance by the patient. Projects vary greatly in nature and this is intended from the program's perspective. Example projects include recipes for persons with diabetes, a handmade booklet of inspirational quotes to help relieve stress, assistance completing financial aid forms for college, and building a ramp to the front door. The instructional purposes of the project are for students to: 1) recognize health is influenced by many social determinants; 2) realize these determinants; 3) appreciate the patient's perspective and realize it is essential for effective patient care; and 4) apply interprofessional teamwork skills to complete a project. Service learning is an explicit purpose of the IFH experience for students.

Students also participate in six faculty facilitated interprofessional small group sessions. Each session has a theme which provides students introductory content related to teamwork, roles and responsibilities, patient safety, social determinants of health, and health disparities. During the sessions, students debrief about their home visits and discuss their project work, with the final session culminating in a required Family Health Presentation. During the class sessions, if students raise concerns about a family, faculty facilitators contact the IPE office so that appropriate follow-up from the office can occur. Additionally, faculty facilitators provide oversight of projects and information provided to patients. When needed, the IPE office and case manager provide additional oversight of project work. Through the home visits, IFH students

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