

Pilot Interprofessional Education Program for First Year Health Science Students' Meetings with Health Mentors

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Abstract

Understanding the roles and responsibilities of each member on a team is critical to successful collaboration particularly in a healthcare setting. While research on interdisciplinary education continues to advance, it is necessary to first ensure student proficiency in the more basic core competencies identified by the Interprofessional Education Collaborative Core [1]. Literature suggests that students lack understanding and appreciation for each discipline's roles/responsibilities [2]. The purpose of this paper is to reflect on a pre-post survey study involving groups of 5 - 7 students from three disciplines who participated in a health mentorship program. The results of the study showed an increase in knowledge of interdisciplinary roles by participating in the health mentorship program and revealed the students' highly valued interactions with health mentors and students from other disciplines.

Keywords: *Interprofessional Education Program; Health Science; Health Mentors*

Background

Interprofessional Educational Collaborative (IPEC) defined IPE as educational opportunities that involve students from two or more healthcare professions. Students from the healthcare professions that are included in any IPE event could learn about, from, and with each other [1]. As faculty continue to explore ways to improve the pre-licensure student preparation for practice, it is imperative to provide the most effective IPE events as possible [3].

The Josiah Macy Jr. Foundation in 2013 recommended that optimal interprofessional care include the patient/client or family as part of the interprofessional team [4]. If best practice involves incorporating the person on the interprofessional team for making health care decisions, IPE events also need to provide opportunities for students to learn how to include the patient in decision-making on the interprofessional health care team. The purpose of this reflection paper is to discuss the outcome of a pilot study using community volunteer health mentors and explore the implications for future IPE programs.

Addressing interprofessional core competencies

To provide meaningful IPE events for novice healthcare professionals, the authors decided to focus on knowledge of skills and roles, communication, and learning how to include the patient on the decision-making team. The study included opportunities to address the

skills of treating each other with respect, knowing one's own roles and the roles of others, and effectively communicating with all members of the team including the health mentor.

Thomas Jefferson University developed an interprofessional program that included patients as early as 2010 [4]. This university began pairing groups of first-year healthcare students with a health mentor (HM) who was defined as a person from the community with a chronic health condition. The goals for the HM were to improve the management of their chronic health condition. The goals for the IPE student participants were to improve their appreciation of the effect of a person's social and physical environment on their health [5]. By participating on these teams for 1.5 years, the students had the opportunity to learn about the HM's lived experience of their chronic condition and about the roles of the other disciplines, shared ethics, and values, and gained experience with their professional communication. This program seemed to be a "win-win" for HM and the students.

The authors decided to modify Jefferson's HM program to meet the areas of interprofessional teamwork for their university occupational therapy, physical therapy, and physician assistant students. The areas addressed were students' knowledge of their own field and their team members' field, communicating professionally with each other and the HM, and treating each other and the health mentor with respect. Several meetings were planned for the students to develop their understanding of each other's professions and trust within their team.

Methods

This study included students from three disciplines of first year pre-licensure healthcare programs in Kalamazoo, Michigan, United States. Students' ages ranged from 22 - 45 years old. All had earned a bachelor's degree and were in graduate programs within their disciplines. The programs included in this HM program for the 2019 - 2020 school year were Occupational Therapy (24), Physician Assistant (40), and Physical Therapy (30) students. The students were assigned to 16 interprofessional teams with each team having 5 - 7 students. The program included eight health mentors who were assigned to two groups of IPE students each. Students were given 'role' surveys. The pre-event surveys were used to explore the students' knowledge of their roles and the roles of their peers and were given prior to and the post-test after the completion of first meeting with their peers and the HM. These surveys focused on the students' knowledge of which profession was most responsible for various activities. The first meeting was in the Fall of 2019 at a group luncheon at the university's health and human services building and focused on the student's ability to obtain a history about their HM. The second meeting took place during the Spring of 2020 at either the mentors' home (38%), the mentors' church (14%), or the college (35%). The remainder of the second meetings (5%) took place virtually and focused on the students completing an informal home assessment. All survey data was collected using Microsoft 365 Forms. The final meeting, during the Summer I 2020 term, was a virtual focus group for just the HM and focused on the HM providing the researchers feedback about the program.

Results

A total of 75% (71/94) of the students in the HM program consented to be participants in the study. This included 20/24 OT participants, 25/40 PA participants, and 26/30 PT participants. There were three students who did not participate in meeting #2 due to scheduling conflicts which represented four percent of the student participants.

The first visit rating focused on the students' knowledge of their own field using a pre- and post-survey. The results showed a 44% improvement in the knowledge of the profession primarily responsible for the transfer method (PT), participating in activities (OT), addressing psychosocial issues (OT), and providing nonpharmacological pain management (PT) after the completion of the first meeting. There was a 44% decline in the knowledge of primary responsibility for visual perception (OT), decreasing pain with meds (PA), determining ambulatory devices (PT), and discussing health-related lifestyle changes which is the role of the physician assistant.

The IPE student participants also rated their colleagues on their interactions with the HM and each other on the post-visit surveys that were Likert scales; results following are a combination of the agree/strongly agree responses. The students rated each other's knowledge of their own field at 96% for OT, 89% for PA and 95% for PT students. When rated about treating the other professionals with respect, the OT students were rated 94%, PA 77%, and PT 93% for this category. The final rating during the initial visit was OT students received 96%, PA 72%, and PT 95% for their display of good interprofessional communication. The second visit survey included the ability of the students to ask respectful questions of the HM participants. The OT students were rated 81%, PA 85%, and PT 92% for treating the HM and the meeting site respectfully. The final rating during the second visit was about the students' professional representation. The OT students were rated 79%, PA 65%, and PT 91% for their professionalism. The learning ratings for the study resulted in 86% of the participants learning more about the health mentor was valuable and 81% learning more about the role of their IPE team member was valuable.

Responding to an open-ended questionnaire, two overarching themes developed. Students recommended they have more time to communicate among themselves as an interprofessional team prior to the meetings with the HM. The students requested time to discuss and organize questions. This would allow the IPE groups to present themselves more professionally and cohesively and gain more understanding about what each discipline would ask and why.

Questions ⇒ Discipline ↓	The students were knowledgeable in their field. Strongly Agree/Agree	The students treated the other professionals with respect. Strongly Agree/Agree	The Interprofessional communication between this professional and mine was appropriate. Strongly Agree/Agree
OT	96%	94%	96%
PA	89%	77%	72%
PT	95%	93%	95%

Table 1: Ratings for the first HM visit.
Occupational Therapy=OT, Physician Assistant=PA, Physical Therapy=PT.

Questions ⇒ Discipline ↓	Did your colleagues treat the mentor and the meeting site with respect?	Did colleague(s) represent themselves professionally?
	All of time/Most of the time	Strongly Agree/Agree
OT	81%	79%
PA	85%	65%
PT	92%	91%

Table 2: Professionalism ratings: Demonstrating professionalism skills.

Rating ⇒ Questions ↓	Extremely Valuable/ Valuable	Somewhat valuable	Not valuable	NA did not attend 2 nd meeting
How valuable was is learning more about your health mentor?	49%	37%	8%	6%
How valuable was it learning more about the role of your IPE team member?	49%	32%	13%	6%

Table 3: Student learning ratings during 2nd HM visit.

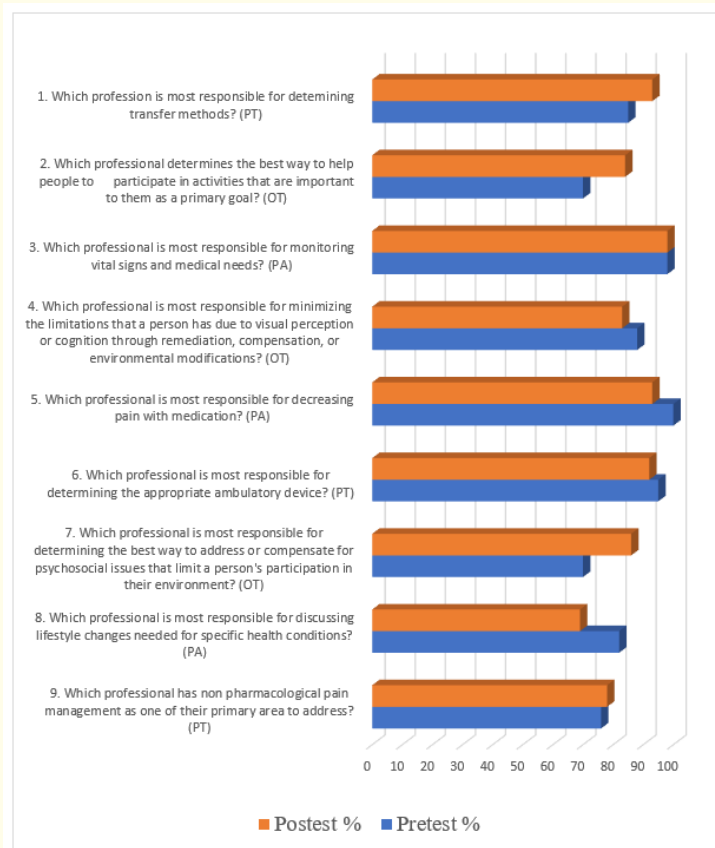


Figure 1: Pre and post-test survey results.

Discussion

The students indicated that it is important that they conduct themselves as a cohesive interprofessional team when they meet with the HM. Having multiple meetings garnered opportunity for the students to gain trust. Trust is consistent with the literature on effective team functioning [5-7]. The knowledge of each other’s roles and effective communication is required to comfortably participate in the complex process of shared decision-making. When all the members of a team participate fully in the shared decision-making, the group’s collective knowledge is greater than that of any one of the individuals in the group [8]. With the 44% decline in the knowledge of primary responsibility for visual perception, decreasing pain with meds, determining ambulatory devices, and discussing health-related lifestyle changes, it is imperative the researchers/instructors do a better job of debriefing the students to help them differentiate between the professions’ roles. There were no studies found that specifically addressed students’ gaining knowledge of roles and responsibilities in the literature.

The Josiah Macy Jr. Foundation focused on the WHO’s recommendation for IPE to improve and transform patient care. Their conclusion was that patients, families, and communities “must be engaged at each step in the process of linking education and practice redesign” [4]. Making the shift to include the patient/client or family on the decision-making team will be an important addition to future HM programs.

In the future, the authors plan to offer a program for the 1st year pre-licensure students to address each profession's scope of practice, overlapping spheres of shared competence, decisions needing to be made in various settings by different professionals including the Emergency Department, acute care, and inpatient rehabilitation [7]. This program would involve multiple meetings and would conclude with a discharge team meeting simulation with the students prompted to include the patient in the decision-making process [9-15].

Conclusion

The pilot study demonstrated first-year healthcare students could have an effective interprofessional experience that allowed them to practice their communication and professionalism skills. The HM appreciated the opportunity to help the students learn about real people, diagnoses, signs, and symptoms. The students also had the opportunity to get to know a person who needs their services and think about how to effectively include the patient/client as an integral part of the interprofessional team in the future. This experience has set the stage for the authors to create future experiences that will provide students with opportunities to share their profession's focus, communicate professionally, and provide empathy for their patients. They also will have the ability to understand the importance of including the patient as part of the health-care team's decision-making process.

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