Facilitating community-based interprofessional education and collaborative practice in a health sciences faculty: Student perceptions and experiences

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Background. Interprofessional education (IPE) aims at facilitating the collaborative practice of healthcare professionals. However, students have varied experiences with IPE and the collaborative practice initiatives implemented by universities.
Objective. To explore the experiences and perceptions of health science students of an IPE Collaborative practice (IPECP) intervention they had engaged in.
Methods. This qualitative study used two focus group discussions with a conveniently selected group of students who had been part of the intervention. Two researchers who were not part of the intervention conducted the interviews. The audiotaped interviews were analysed using thematic analysis. Ethical clearance for the study was received from the University of the Western Cape.
Results. Three main themes emerged from the data: the usefulness of the framework introduced as part of the intervention; engaging in interprofessional groups; and the overall impact of the intervention. The students reported that they needed introduction to the framework earlier for it to be useful. It became apparent that students need to be prepared to work in interprofessional groups. The overall intervention was perceived positively, allowing students to become aware of other students' roles.
Conclusion. The students experienced a lack of knowledge and therefore struggled with the applications of the International Classification of Functioning Disability and Health as a framework to facilitate IPECP. However, they experienced the IPECP intervention as providing structure to the clinical placements, making it a more positive experience.

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The World Health Organization[1] advocates the promotion of social accountability in professional education, with close collaboration with communities. This advocacy for social accountability is important and needs fostering during student training. In health professions education, social accountability means that students must have the ability to adjust to the needs of patients and communities. One of the vehicles identified to achieve this is the ability to address the needs of patients and communities in an interprofessional manner; this requires the training of health professional students in an interprofessional manner to gain skills in aspects such as collaborative practice. Health science faculties implement various interventions to facilitate the development of interprofessional core competencies, which include the identification of roles and responsibilities, patient-centred care, professional ethics and interprofessional communication.[2] One key competency and domain of interprofessional education (IPE) and practice is collaborative practice. Interventions used to promote collaborative education and practice include the integration of strategies into existing curricula[3] and the placement of interprofessional students at the same clinical sites.[4]

The literature mentions a number of positive outcomes with regard to facilitation and/or implementation of IPE strategies. It has been suggested that interprofessional learning facilitates the ability to work together as qualified professionals, while positively affecting service delivery to communities.[5] The value of providing students with interprofessional clinical practice experience is also highlighted, as it enhances respect for other professionals and provides insight into the value of interprofessional care for effective healthcare delivery.[6] The concept of appreciating and valuing the role of other professions has also been expressed by doctors.[7] Primary care settings have been identified as providing opportunities for learning in an interprofessional manner.[4]

It is, therefore, clear that IPE and collaborative practice interventions could facilitate the development of competencies of students, which they could apply as graduates to enhance the health of the population. The application of interprofessional activities in community settings thus may assist in improving the patient experience by providing holistic care and assisting in improving the health of the community. The objective of this article is to present the findings of a study that explored the experiences of health science students who engaged collaboratively when addressing the needs of communities.

Methods

Research setting

The Faculty of Community and Health Sciences at the University of the Western Cape (UWC), South Africa, comprises nine entities, including departments and schools. Undergraduate students from the Faculty rotate through a number of community-based settings as part of their clinical practice modules. One such setting is a rehabilitation project based in

Mitchell's Plain, a semi-urban community. To facilitate community-based interprofessional practice, a 7-week programme was implemented. Students placed at the project during the programme implementation met once a week for a 2-hour session. These sessions were co-ordinated by a facilitator, who was part of an interprofessional unit based within the Faculty. The sessions introduced the students to concepts such as the International Classification of Functioning Disability and Health (ICF), and were further used to facilitate the IPE core competencies. For the interprofessional practice interventions, students were divided into interprofessional groups, where each group had to engage with a specific community facility or group.

Research design

A qualitative approach was chosen to explore the students' experiences of the programme.

Population and sampling

To obtain information about students' experiences of the intervention, a convenience sample of students (interprofessional group) participated in two focus group discussions. A total of 12 participants, comprising physiotherapy, biokinetics and nursing students, formed the focus groups.

Data collection

A researcher not involved in the implementation of the programme conducted the focus group discussions. An interview schedule was designed, with open-ended questions intended to elicit qualitative information. The questions related to students' experience of the intervention. The focus group discussions were conducted at the end of the rotation and were audiotaped and transcribed verbatim. The data were then analysed thematically.[8] Progressing through this process, the use of colour coding led to the checking of the emergent themes and patterns against the categorised data. The checking cross-validated the data sources and findings, and created links between the different parts of the data and the emergent dimensions of the analysis. To facilitate trustworthiness, one of the researchers (NR) confirmed the emergent themes and categories. Ethical clearance was obtained from UWC (ethics number 13/3/9).

Results and discussion

During the focus group discussions, the students were asked about their experiences as these related to the intervention. The objective of the intervention was twofold, including the use of the ICF framework as well as the development of IPE core competencies, which included role clarification, ethical behaviour and professional communication. Themes that arose on the use of the ICF as a framework included knowledge about the framework, and its applications and usefulness. The theme that arose with regard to core competencies was students' experiences of working in interprofessional teams, focusing primarily on role clarification.

Knowledge of the ICF

From the participants' responses, it became evident that there was a difference in the knowledge base of the students with regard to the ICF and its use in the clinical setting. Some students had only been introduced to the ICF on the community-based clinical rotation, while others had received theoretical input about it during lectures on campus:

> 'So I feel it's just something that you must incorporate from the very, very beginning … .'

> '… we started three weeks ago here, that's when I first heard about it for the first time … .'

> 'I heard about it [before] but I did not actually know it.'

One student in particular provided a very detailed description of the ICF framework:

> 'It's basically like to identify the different needs of the patient … we had to identify what was our purpose, how we're going to change, do the people need psychological, do they need motor skills where a physio can come in, are there biokinetics students that need to come in. It's basically how to identify and classify their needs, what they need in different aspects of that, like with your environment, with them alone, abilities, disabilities, things like that.'

One student was also very positive about the ICF framework:

> 'Also this ICF thing, we got introduced to it a couple of weeks ago, it was quite interesting. I'd say it was more constructive in that there was an aim and a point and direction in the programme that we're following … I'd say now than before, I've learnt more … So, I'd say it's a good programme.'

The responses from the students highlighted that although some of them were introduced to the ICF earlier in their programmes, they still had a problem applying the framework in the clinical setting:

> 'It's something you should maybe incorporate from the 1st year, because I spoke to some of the [students who had been introduced to the framework in theory lecture] … frankly and quite not even they could help … .'

Some students did not experience their engagement with the framework as positive and a learning experience but as something forced upon them:

> '… because it's not a module that we have taken through, it's just thrown at you, "There, you must use it".'

Application of the ICF

In terms of how the ICF was applied, students highlighted the usefulness of the framework and the length of time required to apply it. Furthermore, the students were contradictory in the application of the ICF. This contradiction was expressed by the way they felt about the ICF and their experiences, as well as their attitudes towards its use:

> 'I think the ICF … has its perks and its disadvantages but I think you need a person that's seen more over a longer period of time … .'

It was clear that students did not always find it useful and could not see the relevance of applying the framework, given the length of time they spent at the clinical rotation and the type of rotation. Students indicated that for the ICF to be effective in the clinical setting, they need access to patients for a longer period to see the impact:

> 'I don't see the point of doing it for a patient I'm seeing for 4 weeks once off. It becomes very boring and I think that's where people lose interest in it. It's a different story, however, if I'm seeing a patient over a course of 4 to 6 months.'

However, the application of the framework became clearer as the weeks progressed and students could apply it further to their clients:

> 'So each week it became better, because you literally have to, like … see what it is this week what he [the facilitator] wants this week in the

beginning it was … why do I have to do this … so I think that's why?'

'I wanted to say that, the ICF, like, it helps us also as among the things that we contribute to … home bases, yes, to the site …what we contributed, the things that we've done because they'll ask us if we communicated with the group, about things like that … .'

The findings clearly indicate a need to introduce a framework to students before expecting its application during a clinical setting. The use of authentic learning activities may have addressed the challenges experienced with engagement of a framework for the first time during a clinical rotation. Authentic learning could involve collaborative learning activities, where students engage with cases that mimic real-life cases and therefore prepare students for clinical placements.[9] The use of facilitators who could accompany students to the clients could also have assisted in promoting a better understanding and application of the framework.[3]

Students seemed only to find the tool useful if they could actually see a change in the domains or constructs identified by the ICF. The students viewed the framework as an instrument that measured outcomes and not as one that conceptualises the functioning of individuals or groups of individuals. There was, therefore, a misinterpretation of the use of the framework, which led to students' lack of understanding of its relevance. Students often struggle to understand the relevance of aspects of a curriculum, and the use of case-based and problem-based learning approaches could assist with increasing the relevance of curricula.[10]

Experiences of working with students from other professions

The study highlighted a number of experiences regarding how the students worked with others; these included understanding one's own role and that of others, and group dynamics.

Role clarification

During the focus group discussions, the students highlighted that they learnt a great deal about the roles of other professionals. However, some students did not have a solid understanding of their own roles. This highlights the concept of 'T-shaped graduates', i.e. graduates who are deeply knowledgeable about their own field of specialisation, yet are capable and willing to learn other skills and explore fields that may become part of their work/study for various reasons. Previous exposure to other groups of students provided students with some idea of the other professions but not an in-depth knowledge. The students also distinguished between working with and simply being in a class together with other students (IPE):

'When it came to a stroke patient I know the basics of what [occupational therapy] OT is about but I don't know the depth.'

'Not actually working with them, we were just in the class together.'

Although students were unclear about the roles of the members of the team, they indicated that a combined effort by more than one team member improves patients care:

'… if we're all on the same page and we're all working together on one patient we can actually get the patients to a higher level … .'

'… as to literally see the patient walk out, obtaining their health status and that's what we are all there to do.'

With certain community-based groups, the students were, at times, confused about what their specific role was:

'I just don't know what to do with them … Two times I took them to the park, they were just playing … .'

The students highlighted that this problem could be solved with the guidance of facilitators. Role clarification and teamwork are two important competencies of IPE.[11] It emerged from the study that students either struggled with the role of their team members or only had a superficial understanding of their role. Previous engagement with students from the same profession assisted them in gaining an idea of the role of others. Collaborative practice, which is facilitated by IPE activities, is needed to address the health needs of individuals.[11] Therefore, it is important for health professionals to understand the roles of their team members. Although students lacked an understanding of these roles, the IPE collaborative practice (IPECP) intervention explored in this study provided students with the opportunity to think about the role of others, thereby creating an awareness that could be deepened through other educational activities in the various programmes.[1]

In the context of roles and responsibilities, students were very clear about the role of the facilitators. Students indicated that the facilitators should guide the process of interacting with other professions and focusing on the tasks. They should provide clarity on roles and responsibilities. If this is not provided, confusion prevails:

'With our group in the beginning of the term, you had the skills and honestly, we had no idea why we were even there … there was no direction and I think, not to sound horrible, but I think it comes a lot in with the facilitator … Besides them planning it, we can also plan it but we're new to the situation, we come and we're basically thrown into the deep end and we don't know anything. I think the facilitators are actually supposed to be there to sort of put you in the right direction … .'

'I think the facilitators are supposed to be there to guide one in the right the direction.'

It is important that facilitators of IPE are skilled and knowledgeable. This is important so that skill and knowledge development, as related to competencies and other aspects of IPE, enable or facilitate collaborative practice. The facilitators must be able to facilitate students from various professional groups and believe in and be motivated towards the transformative teaching and learning initiatives that accompany IPE.[12]

Group dynamics

In the context of socially responsive and politically relevant professional education, the need for the education sector to engage more seriously with IPE has been highlighted. The underlying assumption of IPE is that enhanced collaboration between professionals will lead to better use of scarce resources and a more effective response to complex health needs.[13] The students found that members of other groups of students were not always open to sharing and engaging in a group or in teams – an important IPE component. There was a sense that certain students could not confidently engage when in groups:

'The second time, one guy [student] just stood there and watched … .'

'… but otherwise the other students sort of sat in the corner and said nothing … .'

The students indicated that some lacked confidence and did not contribute when working in interprofessional teams:

'… I think they know what they['re] suppose to do … but they're not confident to speak about it … .'

'… I think if you can almost simplify it, would be that they're not confident enough to tell you what they're doing.'

'It's not a lack of knowledge, it's more a lack of being able to express yourself or being afraid to … .'

In IPE, groups of students from different professions work together to address the health needs of individuals or communities.[1] The dynamics of working together in these interprofessional groups need to be considered and facilitated, as it cannot be assumed that students will boldly engage with those from other professions. The students in this study perceived other students as lacking confidence and, therefore, would not engage freely. This could affect the team approach, which is important in the context of IPECP.[11]

Students' experiences with the IPE intervention

The students struggled with the use of a framework to facilitate IPE in the setting, but they found the IPECP intervention useful in providing structure to the community placement. Although students struggled with some aspects of working in an interprofessional team, they expressed that the experience was positive.

The students highlighted that the IPECP session assisted with learning about one's role and the role of others:

'There's a focus and there's something we['re] actually looking for … and what we['re] doing and why we['re] actually doing it … .'

'I learnt more in this short period of time than what I learnt in the 10 weeks that I was here before.'

'I think any [inter]disciplinary programme is great as you get to know your scope of practice and everybody else's scope of practice and it has to be done in an educational setting I think … .'

Because of their experiences, students were able to describe the IPE process or participation:

'Obviously you would first sort of meet up with the group of people that you're working with and find out what exactly do they need to know … what you don't know that, they could probably tell you more. But, so you actually meet up with these people first and find out, okay, what do you want to know and what do you need to know, and next week you can be prepared for it.'

Overall, students indicated that communication is very important and central to ensuring the success of IPE:

'I think it goes even for hospital, because like in the hospital, it's a normal thing for a student doctor to just come, make the notes and then leave, you know. There's never a communication, it's not even there, you know, and someday I would like to see it change.'

'Before we even come here, they should at least let us know, you're not only going to be a nursing student, you're going to be dealing with other professional students, you're going to mix and you're going to have, you know, to work together.'

Although the students had negative perceptions about certain aspects of the IPE intervention, they had a positive experience overall, especially in relation to the structure that the IPE intervention provided to the clinical placement. The IPE intervention somehow enforced a level of communication between students from different professions that often did not occur during other clinical placements. Students have indicated positive responses to IPE interventions, both locally[3] and internationally.[4] As IPECP does not occur in isolation but needs facilitation, the academic or programme co-ordinators need to be sure that certain structures are in place to ensure its success. Students have experienced this positively.

Conclusion

The students experienced a lack of knowledge and, in turn, struggled with the applications of the ICF as a framework for the facilitation of IPECP. However, the IPECP intervention appeared to provide structure to the clinical placements, making the experience more positive.

Our findings suggest that students need familiarity with frameworks or models applied during IPECP initiatives. Students also need to be prepared to work in groups with students from other disciplines. In addition, facilitators need to be sufficiently equipped and skilled to facilitate the outcomes of the intervention.

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