

Facilitators' perceptions of delivering interprofessional education: a qualitative study

Authors: Susanne Marie Lindqvist; Scott Reeves

This is a reprint of an article submitted for consideration in Medical Teacher © (2007) [copyright of Taylor & Francis], Volume 29, Issue 4, May 2007, pages 403-405. Medical Teacher is available online at: <http://www.informaworld.com/smpp/title~content=t713438241>

Abstract

Background: The literature on facilitation of interprofessional learning (IPL) tends to discuss its importance rather than providing empirical accounts focused on understanding its nature and the factors that might make it effective.

Aim: This study aims to provide an initial insight into facilitators' experiences of facilitation, and begin to identify some of the key elements that contribute to successful facilitation of IPL.

Methods: 2 focus group interviews were held with facilitators of IPL ($n = 5$; $n = 8$) within a higher education setting. Follow-up telephone interviews were undertaken with 6 facilitators. Thematic analysis was undertaken on the data. All facilitators were invited to a presentation of findings in order to help validate the authors' interpretation of the data.

Results: Results indicated that facilitators valued both their induction and their weekly debriefing meetings in preparing and developing them for their role. To be effective, facilitators felt they needed to display a range of attributes including enthusiasm, humour and empathy. Despite enjoying their work, facilitators reported that their role in IPL was challenging, more so than problem based learning (PBL) with uni-professional groups.

Conclusions: The study indicated that the facilitation of IPL is a complex and demanding activity. It also indicated that the use of a facilitator induction and regular de-briefing sessions were key to supporting the facilitators work and fostering interprofessional collegiality.

Background

Different organisations, such as the World Health Organisation (WHO 1988) have highlighted the importance of developing good interprofessional working relations due to incidents where clients/patients have been at risk or come to harm. In an attempt to improve interprofessional practice (IPP) so to increase the quality of patient care and overall patient safety, interprofessional learning (IPL) and IPP now form an integral part of the Department of Health's NHS Plan (DoH 2000) and subsequent policy (DoH 2001, 2002, 2004, 2006).

Research undertaken in the field of interprofessional learning (IPL) has traditionally concentrated on the learner's perspective (Gentry *et al.* 2001; Hind *et al.* 2003; Johnson *et al.* 2006). Consequently, while the literature provides a detailed understanding of their experiences of IPL, little is known about the facilitators' perspective of this type of learning. In particular, we know very little about facilitators' views, perceptions and/or experiences of delivering IPL. Although the literature provides some helpful descriptions of the possible attributes required for facilitating IPL (Hammick 1998; Freeth *et al.* 2005), our empirical understanding of this subject area remains limited.

The Centre for Interprofessional Practice, University of East Anglia offers a pre-registration IPL programme where healthcare students from nine different professions work together in small interprofessional groups around a patient case scenario. Each group is supported by an educational facilitator. The facilitators come from a range of professional backgrounds, including: medicine, nursing, speech and language therapy, occupational therapy and physiotherapy. Prior to their involvement in the programme, all facilitators attend a short induction. In addition, facilitators are invited to participate in weekly debriefing sessions throughout the academic year.

Aims

The study had two principal aims. Firstly, to explore facilitators' experiences and views of facilitating IPL with health care students; secondly, to investigate what key factors facilitators perceive as important in allowing them to support the IPL process in an effective manner.

Method

Given the bounded nature of the subject under investigation, a single case study design was adopted. All of the 21 facilitators involved in the IPL programme run by the Centre were invited to participate in a focus group interview. In total 13 facilitators agreed to take part in one of two focus group interviews ($n = 5$; $n = 8$). Follow-up telephone interviews were held with a smaller sample ($n = 6$) of facilitators (purposively sampled to ensure coverage for all participating professional groups) to explore in-depth the issues arising from the initial focus group interview.

An inductive thematic analysis was undertaken to identify common and divergent themes from the focus group interviews. Data were initially coded by both authors on an independent basis. Issues emerging from the focus group interviews were discussed and explored in order to inform the construction of the follow-up interviews. On-going discussions on the content of the codes ensured that both authors could agree upon a joint thematic framework. This process followed the iterative tradition of qualitative research where data collection and analysis activities are closely connected and overlapping.

To help enhance the trustworthiness of the data, member validation was undertaken by inviting participants to a session where they were encouraged to comment and verify preliminary findings.

The study was approved by the University of East Anglia's Research Ethics Committee.

Results

Seven main themes emerged from the analysis ('induction', 'peer support', 'becoming a facilitator', 'facilitating the learning', 'successes', 'challenges', and 'effectiveness'). To provide an insight into the nature of the data contained in these themes, extracts are presented in Table 1. These extracts were chosen on the basis of being representative and/or interesting illustrations of each of the main themes.

Table 1. Extracts from interview data

Theme 1 - Induction

"I found the induction programme really useful - just to know what it is all about really and to get the hang of it and to get an idea of what was expected of us - how much was expected of the facilitator role because I think that's one of the things that's important because everybody's style and personality is going to be different but I think within that we should aim to be doing fairly consistent things or giving fairly consistent guidance ..."

Theme 2 - Peer Support

"We are from different professional backgrounds and we are able to share our previous experiences in order to put it all in the pot, helps the students, but then coming back after negative sessions or to feedback positive sessions, it's just worthwhile listening to everybody."

Theme 3 - Becoming a Facilitator

"Working in practice and seeing problems with communication and problems between disciplines and things not working as efficiently as they might, I get the opportunity to lead or give the students the benefit of my experience."

Theme 4 - Effectiveness

"To demonstrate through your communication your enthusiasm and belief in the philosophy of interprofessional education and learning."

Theme 5 - Facilitating the learning

Table 1. Extracts from interview data

"I find the hardest is getting that balance of how much do you guide and if I feel that it's not functioning as it should then I would try and make something happen."

Theme 6 - Successes

"Getting the group to the end of the programme. Because they do transform from an unsure group of people who don't know each other to a group that work in some way as a team for better or worse and they have all produced something at the end that's worth producing so they have transformed."

Theme 7 - Challenges

"I had a couple of second years who seemed very angry that they were having to do this because their view was that they were wasting their time doing this [...] it's not a lot of them, but those few people can make it very difficult for others."

Facilitators all valued both their initial induction training and their weekly debriefing meetings throughout the year. In particular, it was felt that the induction allowed facilitators to learn the basic principles of IPL, while the weekly de-briefing sessions encouraged the facilitators to share experiences and obtain support from one another (see data extracts from themes 1 and 2 in Table 1).

A commitment to improve interprofessional collaboration in order to promote better clinical practice was cited as the main reason why facilitators decided to engage in IPL (theme 3 data extract, Table 1). In addition, facilitators felt that their previous experiences of small group learning and collaborating in health care teams were helpful to draw upon and inform their work with their student groups. To be effective in their IPL role, facilitators felt that they needed to display a range of attributes such as enthusiasm, humour and empathy (theme 4 data extract, Table 1). Many also felt that it was important that they were role models for interprofessional collaboration. While most facilitators attempted to infuse their IPL work with the range of important attributes they identified, many did express some uncertainty about certain aspects of their facilitation work. In particular, it was acknowledged that most were unsure about when to intervene with students and lead the IPL in a didactic fashion as opposed to allowing students to direct their own learning (theme 5 data extract, Table 1).

In terms of success, facilitators felt that exposing students to one another in small learning groups provided them with a better knowledge of teamwork and also helped improve their interprofessional relationships (theme 6 data extract, Table 1). In addition, facilitators reported that they had developed good interprofessional relations amongst themselves as a result of their involvement in this programme. Despite enjoying their work, facilitators reported that their role in IPL was a demanding one. In general, facilitators felt that working with interprofessional student groups was a more complex activity than facilitating uni-professional learning due to the diversity of the

students and range of their different learning needs. Facilitators also reported that student scepticism towards IPL was another of the challenges they faced (theme 7 data extract, Table 1). Although overall, facilitators noted that most students enjoyed and embraced their IPL.

Conclusions

Importantly, the study indicated that the facilitation of IPL for small group of students is a complex and demanding activity, with facilitators needing to display a wide range of attributes to ensure that they can work effectively in this role. Furthermore, the study indicated that the use of a facilitator induction and regular de-briefing sessions were key to supporting the facilitators and fostering a good level of interprofessional collegiality.

While this study has presented an exploratory insight of facilitators' views, experiences and perceptions of facilitating IPL, this work is preliminary in nature - further follow-up research is therefore needed to expand these findings. The study is also small-scale therefore its applicability to other settings is limited.

Note

Interprofessional learning is defined in this paper as occasions "when two or more professions learn with, from and about each other in order to improve collaboration and the quality of care". (The U.K. Centre for the Advancement of Interprofessional Education - www.caipe.org.uk)

References

- 1. DoH (Department of Health) (2000) *The NHS plan. A Plan for Investment. A Plan for Reform* Department of Health , London
- 2. DoH (Department of Health) (2001) *Working Together, Learning Together: A Framework for Lifelong Learning for the NHS* Department of Health , London
- 3. DoH (Department of Health) (2002) *Shifting the Balance of the Balance of Power: Securing Delivery* Department of Health , London
- 4. DoH (Department of Health) (2004) *Delivering HR in the NHS* Department of Health , London
- 5. DoH (Department of Health) (2006) *Our Health, Our Care, Our Say: A New Direction for Community Services* Department of Health , London
- 6. Freeth, D., Hammick, M., Reeves, S., Koppel, I. and Barr, H. (2005) *Interprofessional Education: Development, Delivery and Evaluation* Blackwell Science , London
- 7. Gentry, M., Icceton, J. and Milne, D. (2001) Managing challenging behaviour in the community: methods and results of interactive staff training. *Health & Social Care in the Community* **9** , pp. 143-150.
- 8. Hammick, M. (1998) Interprofessional education: concept, theory and application. *J Interprofessional Care* **12** , pp. 323-332.

- 9. Hind, M., Norman, I., Cooper, S., Gill, E., Hilton, R., Judd, P. and Newby, S. (2003) Interprofessional perceptions of health care students. *J Interprofessional Care* **17** , pp. 21-34. [informaworld]
- 10. Johnson, A., Potthoff, S., Carranza, L., Swenson, H., Platt, C., Rathbun, J. and Clarion (2006) A novel interprofessional approach to health care education. *Acad Med Journal of the Association of American Medical Colleagues* **81** , pp. 252-256.
- 11. WHO (World Health Organisation) (1988) Learning Together to Work Together for Health.. *Report of a WHO Study on Multiprofessional Education of Health Personnel: The Team Approach* World Health Organisation , Geneva