Interprofessional Model of Prevention Education

Diane Bridges, MSN, RN, CCM
Rosalind Franklin University of Medicine And Science (RFUMS)
www.Rosalindfranklin.edu

ABSTRACT:
The purpose of our Interprofessional Prevention Education Service Learning project is to promote Prevention Education in the areas of Physical Fitness, Preventive Screening, Nutrition, and Making Healthy Choices. Each year, over 480 first year students at Rosalind Franklin University from 8 healthcare professional programs complete interprofessional service projects in these areas as part of the required Interprofessional Healthcare Teams course.

Students from allopathic and podiatric medicine, clinical psychology, medical radiation physics, nurse anesthesia, pathologists’ assistant, physical therapy, and physician assistant programs are divided into interprofessional groups of 15 students with one faculty or administrative facilitator. Facilitators represent all of the clinical, scientific and administrative departments in the university.

The development of the Interprofessional Prevention Education Service Learning project is a three part process: planning, implementation, and outcome measurement. Initially, faculty meet with the local county health department to assess community needs regarding physical fitness, prevention screening, nutrition, and making healthy choices. This information is presented to the entire group of students. Additionally, three types of information are presented to students covering the importance of prevention education, topic-specific information, and ways to encourage compliance from participants. Then each interprofessional student group discusses and determines the focus area of their group’s prevention education service project.

The interprofessional teams of students then design and implement their community service projects. Assessments are made of both knowledge topics and the project experience using focus groups, reflection forms and surveys completed by the students and verbal responses from participants and community partners.

Over the last 4 years, 1840 students have completed approximately 128 projects, serving approximately 10,000 community residents. The majority of the students felt that the project increased their exposure to social responsibility, cultural diversity, and interprofessional collaboration and that it benefited the community. Qualitative data from the community partners and participants indicated a benefit to their organization and constituents served.

EDUCATIONAL METHODS OR APPROACHES USED:
The Interprofessional Healthcare Teams course, one of two required interprofessional courses, is taken by all 480 first year health professional students from our 8 clinical on-campus programs at RFUMS. The students are divided into interprofessional groups of 15 with one faculty or administrative facilitator.

They are taught using a variety of methods designed for maximum student engagement including: small group size (15), student-lead teaching, case study, mock patient interviews, interprofessional prevention education service-learning community projects, pre/post project reflection and discussion, web-based mini courses, small group interprofessional interaction, independent study, and guest lectures, as well as professional poster development.
PROJECT DESCRIPTION:

In response to the Institute of Medicine's recommendation that health care professionals work in interprofessional teams (Committee on Quality of Health Care in America), RFUMS developed a Curriculum Integration Task Force to “promote distinctive integration of health professionals’ education.” This group created Interprofessional Healthcare Teams course (course reference number: HMTD 500) to educate students to work together in collaborative interprofessional teams, while understanding the concepts of social responsibility, current health care issues, prevention, patient-centered care, cultural competency, population/community health and advocacy. The course is integrated into all first year clinical curricula and has been part of the educational process since 2004 at RFUMS. An integral part of this curriculum is the Interprofessional Prevention Education Service Learning project. The purpose of our Interprofessional Prevention Education Service project is to promote Prevention Education in the areas of Physical Fitness, Preventive Screening, Nutrition, and Making Healthy Choices. Specific objectives include: collaborate with community partners to achieve their goals in the community; assist in prevention of certain epidemic healthcare issues; influence health care policy; demonstrate social responsibility for the accomplishment of select service contributions; experience cultural diversity in the community; collaborate as an interprofessional team to achieve a goal; and reflect upon service learning.

Four class periods and online study materials are devoted to service learning and prevention education. Prior to the first of the classes devoted to service learning, the students are asked to review the materials regarding service learning, community health outlook and prevention education on the online component of the course. Then the students are given a lecture on service learning, including what service learning means and the goals we hope they will accomplish. In 2011, we added a lecture on stages of change and prevention education. In their small group sessions, students talk about what they have heard and begin the project selection process which is continued online. At the second class, students plan their project, discuss the culture of the people with whom they will be interacting, and review the stages of change and prevention education material. Any other planning or discussion occurs online. After the students have completed their project, a class is devoted to planning and designing a poster to be presented on the Service Learning Poster Day. The last service learning class is devoted to display of the posters and reflection of the activity and what they learned. Representatives from the community organizations who were served by the students are invited to attend this class.

The intra-university support for these courses is worth noting. All academic departments and several administrative departments in our University provide faculty/staff facilitators and support. There is also outstanding collaboration with many agencies in Lake County. The county health department provides an update on the health concerns and population health statistics for the county and over 30 local schools and health care and social support agencies participate.

HEALTHY PEOPLE OBJECTIVE ADDRESSED:

The Interprofessional Healthcare Teams course is part of our commitment to "increase the inclusion of core clinical prevention and population health content in health professions education"--which is the focus of HP 2020 objectives ECBP 12 & 16.

PROGRAM OR COURSE GOALS:

Number of students enrolled/participating in 2010-2011 school year: 480

The Interprofessional Healthcare Teams course is worth 1 credit hour. Our 66 new College of Pharmacy PharmD first year students joined us fall 2011, increasing the number of students to nearly 550 in 2011-2012.
Healthy People 2020 and Education For Health
Successful Practices for Clinical Health Professions

Did you conduct a needs assessment as part of your planning process? ☒ Yes ☐ No

The need was determined by the Institute of Medicine (IOM) report: Crossing the Quality Chasm: A New Health System for the 21st Century (Washington, DC: National Academies Press. 2001) and by Healthy People 2010. According to this 2001 IOM report and the National Academies of Practice, the education of all health care providers should include training in interprofessional team-based patient-centered care.

PROFESSIONS INVOLVED:

There are three Directors (two PT and one RN) for the Interprofessional Healthcare Teams course. All first year students from 8 health professional programs participate, including allopathic and podiatric medical, medical radiation physics, nurse anesthetist’s, pathologists’ assistant, psychology, physical therapy and physician assistant’s students. Over 50 faculty and staff members from all academic clinical and scientific departments and several administrative departments participate as facilitators.

LESSONS LEARNED/EVALUATION RESULTS:

From the pilot project we learned that we needed more "buy-in" from the small group facilitators and that we needed a more systematic approach to the prevention education training for our students. We achieved additional "buy-in" from the facilitators through personalized meetings with individual facilitators and through discussions in the training sessions. We reworked the prevention education component and added additional web-based material for the students to read.

Several barriers to the initial implementation of the service-learning experience were identified: (1) lack of understanding of the differences between volunteerism and service learning, (2) academic calendar conflicts between programs, (3) setting too few hours as a realistic time commitment, (4) lack of preexisting relationships with community partners, and (5) engaging faculty facilitators in the culture of service learning.

1. Lack of understanding regarding the differences between volunteerism and service learning. Service learning is very different than volunteerism. In service learning, local community partners who are experts in their own cultures act as teachers by sharing this knowledge with students while the community itself becomes the classroom. Faculty facilitators need to help educate students regarding the difference between projects that would commonly be considered volunteering and those which are truly service learning and result in reflection and engagement within the community.

2. Academic calendar conflicts between programs. The coordination of almost 500 students in 8 programs can be a logistical nightmare. The largest difficulty is finding a time that is suitable for all student schedules. Listing this course on all program course lists for all first-year students and having “buy-in” from university department chairs can help make this coordination successful. Service learning projects are scheduled by the student group for days and times when there are no classes scheduled in any program.

3. Setting too few hours as a realistic time commitment. Throughout the years, class length and time commitment for service learning projects have varied based on comments from student and faculty focus groups and surveys. For the last two years, the course has met from 1:00 to 2:20 pm on Wednesdays for a total of 9 weeks. Four class periods have been devoted to service learning. The students are required to spend enough time with their community partners in order to accomplish their project goals, usually requiring a minimum 4 hour commitment.

4. Lack of pre-existing relationships with community partners. In 2005–2006, students were informed of only 6 possible community partners that had been utilized previously. Students were asked to go out among the community and identify partners and their needs. By the time of the completion of the
Healthy People 2020 and Education For Health
Successful Practices for Clinical Health Professions

projects for 2005–2006, there were 31 community partners. In 2006–2007, students returned to assist
23 of the 31 partners, helping establish our presence among the community. In 2007–2008, previous
sites were revisited and new relationships with partners were established. Course coordinators have
met with local health department directors to discuss the Interprofessional Healthcare Teams course
and service learning component as a way to establish new relationships. It is necessary for course
 coordinators to reach out to community agencies, discuss objectives of the service learning component,
and gain support from community members to allow students to coordinate projects with them. It is
critical to discuss sites with all university departments to continue to establish a presence in the
community and identify new organizations to assist. Our community outreach is strong at RFUMS, as is
our relationship with our surrounding community partners. This course is an ideal opportunity for us to
expand and grow these relationships. Our goal is to continue to sustain relationships with these sites
each year while adding new community partners to serve.

5. Engaging faculty and staff facilitators in the culture of service learning. As indicated previously,
engaging faculty and staff members in the Interprofessional Health Care Teams course and in the
service-learning project is critical to curricular success. The faculty and staff members are asked to act as
facilitators on a volunteer basis. Facilitators must have a minimum of a Master’s degree and receive
training from the course directors on the materials and facilitation techniques. The variety of expertise
provided by engaging facilitators from faculty and staff throughout the University has greatly enriched
the course. In addition to the actual number of facilitators needed for each group, a list of substitute
faculty is necessary because invariably someone is unable to attend all the sessions. To provide
recognition for each facilitator, the RFUMS president sends a thank you letter and a copy is placed in
their personnel file.

We have been concentrating our service learning projects on prevention education since 2005.
Approximately 10,000 community residents have been served. The following survey results are from
some of the prevention screening and education sessions. The majority of students surveyed agreed
that the training sessions were adequate. All of the students agreed that the community benefited from
the project. Most of the students agreed that the projects allowed them to demonstrate social
responsibility. The overwhelming majority of the students felt that the project increased their exposure
to cultural diversity. They also felt that it allowed them to collaborate interprofessionally while learning
from, with and about each other. The vast majority of participants surveyed felt that the information
was presented in manner that was easy to understand and that it was useful. All agreed that the service
learning projects should be continued in the future years. When asked what they learned, they
responded that they learned about taking care of themselves, about checking for diabetes, about the
need to exercise, and risk factors for certain diseases.

CONCLUSION:

The experience at RFUMS demonstrates that with commitment on the part of the administration and
faculty, and with careful planning, it is possible to develop and implement an interprofessional
prevention service-learning experience that is well received by faculty, students and our community.

Additional recommendations:

1. Have Directors overseeing the courses
2. Have administrative help to prepare and distribute materials
3. Hold training sessions for facilitators
4. Each week have a different set of student team leaders for the session, and perhaps most
   importantly
5. Create a university culture that embraces interprofessional prevention education
Healthy People 2020 and Education For Health
Successful Practices for Clinical Health Professions

COMPANION MATERIALS: (Course syllabi, resource lists, tests, website, etc.)
Syllabus: SkEvFwMA_syllabus_2010_combined.doc

PUBLICATIONS:


SECONDARY AUTHOR(S):
Sarah K. Allen, MS; Susan K. Tappert, PT, DPT

CONTACT:
Diane R. Bridges MSN, RN, CCM
Assistant Professor - College of Health Professions
Director - Healthcare Administration and Management
Assistant Chair - Department of Interprofessional Healthcare Studies
Rosalind Franklin University of Medicine and Science
3333 Green Bay Road
North Chicago, IL 60064
847-578-8479 847-578-8623 (fax)
Diane.Bridges@rosalindfranklin.edu