

Facilitating IPE for Learners in the Practice Setting: Incentives, Barriers and Rewards for the Individual and the Organization

Joanne Newell,^{1,3} Buffy Cooper,² Vicky Veitch Wolfe,² Tanya Dutton,³ Anne Godden-Webster¹

¹Faculty of Health Professions, Dalhousie University

²IWK Health Centre

³Nova Scotia Health Authority

IPE PROGRAM AND PARTICIPANTS

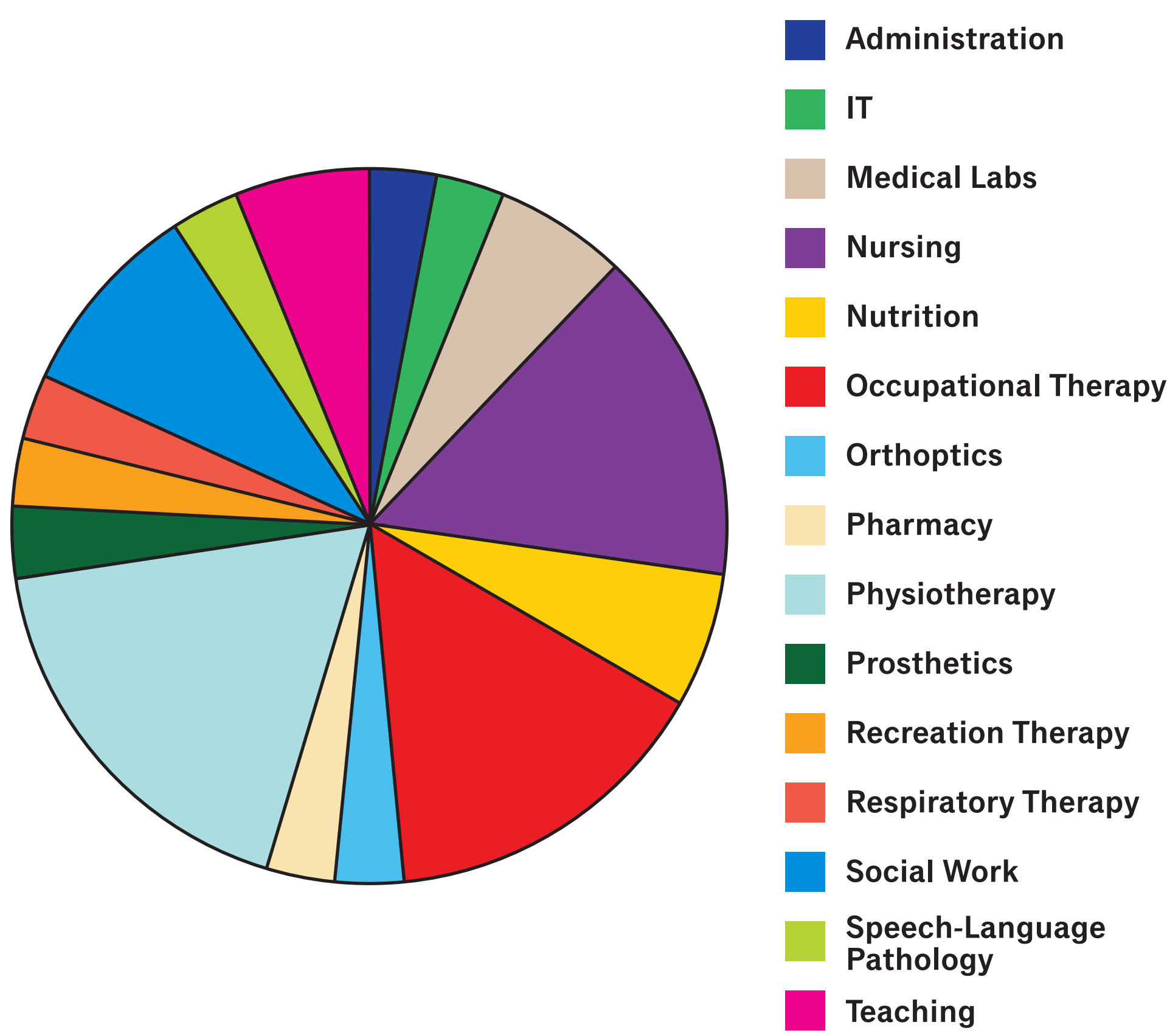
An Interprofessional Practice Student Education Program was implemented through a partnership between Dalhousie University, the IWK Health Centre and the Nova Scotia Health Authority. Since 2008, interprofessional teams of students completing placements in various practice settings across Nova Scotia have come together with facilitators to collaborate on projects and care plans and to engage in discussions about interprofessional, collaborative patient/client/family/ community centred care (IPC).

Although the student experiences were evaluated, assessment of the experiences of facilitators had not been conducted. A survey was designed to explore the perceptions of facilitators concerning the impact of the experience on themselves and their organizations.

PARTICIPANTS

The survey was sent to 71 past facilitators, with three follow-up reminder emails; 44 completed the survey.

Respondents included those from the initial year of implementation (2008), with representatives from each subsequent year through 2015. Facilitators were of diverse professional backgrounds, as demonstrated in the chart below:



SURVEY

This 26-item on-line survey was conducted using Select Survey, with the goal of obtaining information from past IP student team facilitators on several topics:

- Who volunteers?
- What motivates them and sustains their interest?
- What are barriers to and challenges in facilitating IPE?
- What are the personal benefits to IPE facilitators?

WHAT MOTIVATED FACILITATORS?

The most common reasons that respondents gave for volunteering to facilitate were wanting to:

- Help students learn about IPC **(76%)**
- Have the opportunity to co-facilitate IPE with another professional **(61%)**
- Respond to a request from a colleague or their manager **(44%)**
- Learn more about IPE **(35%)**

JOYS AND HIGH POINTS

- Seeing patient goals achieved through student teamwork
- “Ah ha” moments when students discovered the importance of interprofessional care
- Watching students learn about unique and overlapping skill sets for different professions
- Seeing students “gel” and grow as a team
- Pride of individual contributors to the success of the team
- Learning with students

BENEFITS TO FACILITATORS

Perceptions by respondents of facilitation having had a positive impact on:

- Own professional practice **(85%)**
- Own understanding of collaborative practice **(84%)**
- Ability to collaborate with others **(79%)**
- How colleagues and team members saw them **(54%)**
- Patient outcomes **(69%)**

CHALLENGES IN PROVIDING IPE

Challenges reported by respondents in providing IPE facilitation:

- Finding suitable meeting times for student team members **(54%)**
- Composing student teams (numbers and professional diversity) **(39%)**
- Creating and maintaining student commitment to the team (e.g., competing demands on students) **(37%)**
- Engaging students in discussions **(27%)**
- Arranging communication with profession-specific preceptors **(22%)**

WHY FACILITATORS CONTINUED TO FACILITATE

- Importance of IPE to the organization
- Opportunity to build IP practice
- Personal satisfaction
- A passion for IPE and its importance for students

WHY FACILITATORS DID NOT CONTINUE TO FACILITATE

Of the 20 respondents who did not continue to facilitate, reasons given included:

- Lack of time
- Lack of opportunity
- Changed jobs or roles in the organization

BARRIERS TO SERVING AS FACILITATORS

- Time and workload constraints
- Lack of confidence in facilitation skills
- Lack of support from the organization

IMPACT ON THE ORGANIZATION

The presence of interprofessional student teams, and the model they provided:

- Fostered greater understanding of collaborative practice among staff
- Led to greater reflection on the part of clinical teams (i.e., teams confronting their own practice)
- Was perceived to have a positive impact on patient outcomes
- Resulted in a greater focus on IPE and IPC in the organization
- Was perceived to change clinical practice in the organization



We thank the Facilitators who completed the survey.

