

Title:

Students as facilitators of interprofessional learning: A qualitative study evaluating student preparation for the role

Authors:

Becky Baker¹, Coral Drane², Joshua Chambers³ & Susanne Lindqvist⁴

¹Lecturer in Interprofessional Practice at the Centre for Interprofessional Practice, University of East Anglia, Norwich, UK, ²Lecturer in Adult Nursing at the Faculty of Medicine and Health Sciences, University of East Anglia and a Registered Nurse in Cardiology at the Norfolk and Norwich University Hospital, Norwich, UK, ³Third Year Medical Student at the Norwich Medical School, University of East Anglia, Norwich, UK, ⁴Director of the Centre for Interprofessional Practice, University of East Anglia, Norwich, UK

Institution where research was conducted:

Faculty of Medicine and Health Sciences, University of East Anglia, Norwich, UK

Corresponding author:

Dr Susanne Lindqvist ✉ s.lindqvist@uea.ac.uk 📄 Centre for Interprofessional Practice, University of East Anglia, Norwich Research Park, Norwich, NR4 7JT, UK.
☎ 01603 591274.

Keywords:

Interprofessional, peer-to-peer, facilitation, training, innovation, transformation.

**Training students as IPL facilitators
– a small-scale study highlighting the need to build confidence**

Abstract

Interprofessional learning (IPL) aims to equip students for future collaborative working. Involving students as IPL facilitators is becoming increasingly commonplace as an attempt to encourage transformation of our workforce. Trained IPL facilitators play a key role in reaching successful outcomes. However, due to a paucity of evidence describing how to appropriately prepare student IPL facilitators, it is unclear whether available facilitator training models can be applied to student colleagues. The aim of this study was to investigate whether student IPL facilitators are sufficiently prepared for their role by undertaking training based on an existing model comprising eight components developed to accommodate different learning styles. Data in the form of open-ended text-based responses from student facilitators (n=9) and the students they facilitated (n=170) were elicited via a small post-intervention study. Data were analysed using principles of thematic analysis. Student IPL facilitators felt prepared for and supported in their role. They appreciated the opportunity to share thoughts and concerns with colleagues after each IPL session. Student facilitators welcomed the opportunity for professional development and said that it gained a greater understanding of the importance of IPL. However, some struggled to facilitate groups going off task and to manage certain group dynamics. Preparing students for IPL facilitation has similar, yet unique, challenges compared to training staff. This study highlighted a need for student facilitators to receive further preparation to help build their confidence. This paper reviews the model currently used in light of findings so that it can be successfully applied to students as well as staff. Involving students as IPL facilitators has great potential in staff and

students joining forces to prepare students to work efficiently as part of an integrated workforce that deliver high quality care.

Keywords: Interprofessional, peer-to-peer, facilitation, training, confidence, transformation.

Introduction

Involving students as facilitators of learning amongst peers who are in their earlier stages of education is becoming increasingly commonplace during higher education (HE) (Havnes, Christiansen, Bjørk & Hessevaagbakke, 2016; Keenan, 2014). Peer assisted learning has been shown to have number of positive outcomes, both for the student facilitators and learners – such as increased student attainment (Snyder, Carter & Wiles, 2015; Marvell, Simm, Schaaf & Harper, 2013), consolidation of learning (Williams & Reddy, 2016; Bene & Bergus, 2014), increased confidence in learning (Keenan 2014) and enhanced awareness of professional role identity (Dunleavy, Galen, Reid, Dhar & DiZazzo-Miller, 2017). To date, most peer assisted learning has taken place within students' individual courses.

As part of health and social care education in the United Kingdom (UK), students are required to develop skills that will help them work together effectively in practice in order to provide high quality and safe care (HCPC, 2016; NMC, 2015; GMC, 2012). This is response to the UK National Health Service (NHS) expectation to recruit skilled and well-rounded graduates who are prepared to work together efficiently with peers from their own and others' profession (NHS, 2016). Interprofessional education (IPE), which occurs when two or more professions learn with, from and about each

other to improve collaborative practice and quality of care (CAIPE, 2006), is thought to promote the development of the necessary skills, knowledge, attitudes, values and behaviour that underpin such collaborative working. Indeed, empirical evidence is now starting to accumulate in the literature to support the anticipated outcomes of IPE (Reeves *et al.*, 2016a, Brandt, Luftiyya, King & Chioreso, 2014). However, there is still considerable work to be done in order for educators to understand how best to equip students for their future role as collaborative practitioners.

A number of key elements have shown to be essential ingredients to successful interprofessional learning (IPL) taking place as part of IPE (CAIPE, 2016; Reeves *et al.*, 2016b), including the importance of appropriate facilitation. Training of IPL facilitators is important as it ensures successful outcomes, alongside the provision of ongoing support needed throughout the process of IPL (Hanna *et al.*, 2013; Ruiz, Ezer & Purden, 2013; Freeman *et al.*, 2010; Anderson, Cox & Thorpe, 2009). However, it has been reported to be a complex task (Evans, Knight, Sønderslund & Tooley, 2014; Egan-Lee *et al.*, 2011) and that even the most experienced educators may find facilitation of IPL a challenging experience (Freeman *et al.*, 2010; Lindqvist & Reeves, 2007; Rees & Johnson 2007). The main reason for this is that most educators are accustomed to teaching students from their own, or at least just one profession rather than a multi-professional group with inherent diversity (Lindqvist & Reeves 2007, Ruiz *et al.*, 2013). Therefore, facilitators need to be able to create a 'safe environment' in which students can – explicitly or implicitly – explore their professional identities without descending into conflict, or 'professional tribalism' (Hawkes, Nunney & Lindqvist, 2013). Indeed, complexities around professional identities are likely to exacerbate facilitators' uncertainty about when to interject and

how best to deal with potential disagreements within the group (LeGros, Amerongen, Cooley, Ernest & Schloss, 2015; Hammick, Freeth, Koppel, Reeves & Barr, 2007; Lindqvist & Reeves 2007; Freeth & Reeves 2004).

The complexity of IPL facilitation highlights the need for appropriate preparation of IPL facilitators and evidence shows that the success of IPL can be undermined by using unskilled, or unprepared, facilitators (Milot, Museux & Careau, 2017; LeGros *et al.*, 2015). However, and important to this initiative, evidence also show that involving students as facilitators can have a uniquely positive impact on the process of fostering a cultural change towards collaborative working (Lehrer *et al.*, 2015). This is a notion also supported by Brewer, Flavell, Trede & Smith (2017) who propose that students have the potential to contribute to the necessary transformation of the workforce, possibly with the vision of joining what Kotter (2014) describes as the “volunteer army” of individuals needed for the transformational change.

As educators consider involving students as IPL facilitators it is important to review currently used IPL facilitator training models, to ensure that students’ preparation is still appropriate for their needs. Especially since it is recognised that students are likely to require additional support when undertaking the facilitator role (O’Brien *et al.*, 2017). While there is a general consensus about the importance of having trained facilitators supporting IPL, there are limited accounts in the literature about how best to prepare students for this role (Reeves *et al.*, 2016b; Pittenger, Fierke, Kostka & Jardine, 2016; LeGros *et al.*, 2015) and clarity around what additional support they need. At our HE institution (HEI) in the UK, the facilitator training model presented by Freeman *et al.*, 2010 has underpinned the preparation of all IPL facilitator.

However, as this was developed at a time when all facilitators were staff, the inclusion of students as part of the team calls for a review of this model.

The aim of this paper is to: (i) present findings from data collected from a group of student who had completed their IPL facilitation, to help identify how best to prepare students to facilitate IPL; and (ii) in light of these findings, review the model for facilitator training presented by Freeman *et al.* (2010), which is underpinning the training for IPL facilitators at this HEI, to see what adaptations may need to be made so that this model is fit for purpose for student facilitators as well as for staff IPL facilitators.

Background

A facilitator training model. Freeman *et al.* (2010) presented a model for facilitator training comprising eight components designed to accommodate different learning styles and training needs (see Figure 1 – online supplementary file).

Whilst recognising the debates around the strengths, weaknesses and evidence base of different learning styles (Rohrer & Pashler, 2012; Coffield, Moseley, Hall & Ecclestone, 2004; Honey & Mumford 1982; Kolb & Fry, 1975), the purpose of this model is to provide a framework for facilitator training that aims to: provide learners with the same core IPL experience within a safe and supportive learning environment; and to prepare facilitators for their role throughout this process (Figure 1). In the discussion of this paper, each of the components will be reviewed in light of data fed forward by our student IPL facilitators and the literature available in this relatively new field.

Overview of IPL currently facilitated by students. This UK HEI has, since 2002, developed a number of IPL opportunities and currently offers a range of different levels of IPL to over 3000 students from twelve different courses every year. Students are introduced to the first level of IPL (IPL1) very early in their course, and engage in IPL throughout their time in higher education. IPL1 comprises different components including: preparatory work; a face-to-face two-hour teamworking session, followed by independent online assignments. The facilitator role is applicable to the two-hour teamworking session. Here, students assigned to small, interprofessional groups work together to explore how individual behaviour can impact on teamworking and a number of challenges linked to communication. To generate discussions, students use a set of trigger material and gain support from their facilitator who will be either a member of staff, or a student who is in year two, or above.

Since 2013, students in year two and above have been offered opportunities to facilitate IPL to peers who are in the earlier stages of their courses. So far, 20 second-year students have facilitated IPL to first-year students (IPL1) and another 19 third- or final-year students have facilitated IPL involving second-year students (IPL2). Every year, there is an increased interest from students to become IPL facilitators. This paper will focus on IPL1 student facilitators.

Student IPL facilitators. All students who had completed and passed the IPL1 were invited to apply for the role of IPL1 facilitator. The invitation was sent out over email. Applicants were expected to provide a brief rationale for their interest in becoming IPL facilitators, receive permission from their respective school and, once

approved, attend two three-hour facilitator training sessions. The aim was to recruit a purposive sample of student facilitators from a range of professions, and to keep a 50:50 student-staff facilitator ratio.

IPL1 Facilitator Training. All IPL facilitators need to complete training, which in the past few years has been completed by students and staff new to the role. Although the content of IPL1, and thus the facilitator training, has evolved during the period since 2010, the overall format still adheres to the Freeman *et al.* (2010) model to accommodate different learning styles. The main and significant difference between the training currently provided to the one provided ten years ago, is that it is now six hours, rather than 12, and runs over one day - rather than four three-hour sessions across three weeks as before. The reason for this change was staff feeding forward that they would rather do it all in one go, due to competing commitments.

The first three hours of the training outlines the rationale and context of IPL facilitation including: the philosophy and theoretical underpinning of IPL; the role, skills and attributes required of an IPL facilitator; the challenges related to the role how to deal with them; and how to access resources and support available. Table 1 outlines the role and skills presented by Freeman *et al.* (2010) and an updated version of the role and skills expected of the facilitators completing the training in 2015-16, formulated by participants who have completed the facilitator training over the years.

| <p>2003-2012</p> <p><i>The role of the IPL facilitator is to:</i></p> | <p>2013-present</p> <p><i>The role of the IPL facilitator is to facilitate the learning process by:</i></p> |
|--|---|
| <ul style="list-style-type: none"> • promote the benefits of interprofessional learning for teamwork and patient care; • provide direction and focus towards the learning objectives without making decisions for the group; • encourage interaction and collaboration; • foster the knowledge and skills necessary for good interprofessional teamworking, such as mutual respect and flexibility; • provide encouragement and support throughout the programme. | <ul style="list-style-type: none"> • highlighting the benefits & challenges associated with interprofessional collaboration & the implications for them as professionals - as well as the care they deliver; • providing direction and focus towards the learning outcomes for each respective module; • encouraging interaction and collaboration between members of their respective IPL groups; • fostering knowledge, skills, attitudes, values and behaviour that enable effective interprofessional collaboration; • providing encouragement and support; • providing a safe learning environment; • helping the students make links between theory and practice; • acting as an ambassador for interprofessional practice. |
| <p><i>The skills required to be an IPL facilitator include to:</i></p> | <p><i>The skills and attributes of the facilitator include being able to:</i></p> |
| <ul style="list-style-type: none"> • be professionally neutral; • motivate, encourage and support the process of IPL; • listen actively; • understand and respond to group dynamics; • encourage diplomacy; • encourage diversity; • be flexible; • chair a meeting; • observe, reflect and summarise. | <ul style="list-style-type: none"> • remain professionally neutral; • show enthusiasm and commitment; • actively listen and be “present”; • understand and respond to group dynamics; • demonstrate diplomacy; • cultivate diversity and open-mindedness; • be flexible; • observe, reflect and summarise; • question students - when appropriate; • allow students to learn from mistakes; • suggest ways of making decisions and resolving conflict; • address and solve difficult situations. |

Table 1. This table shows trainee facilitators' perceptions of the role, skills and attributes required of an IPL facilitator, comparing perceptions before and after the student-facilitator initiative began in 2013.

As shown in Table 1, the role and skills of the IPL facilitator are now more defined, as a result from years of staff, and since 2013 also student facilitators, developing these to ensure congruence of what we actually need to prepare facilitators for, and hence include in the training.

The second part of the training is specifically tailored to IPL1, enabling participants to experience the activities they would be facilitating and to discuss ways to enhance student learning. At the end of this session, participants have time set aside to direct questions to a panel of experienced facilitators.

Facilitators involved in higher levels of IPL complete additional training tailored to the respective IPL intervention in line with the model presented by Freeman *et al.*, 2010) see Figure 1.

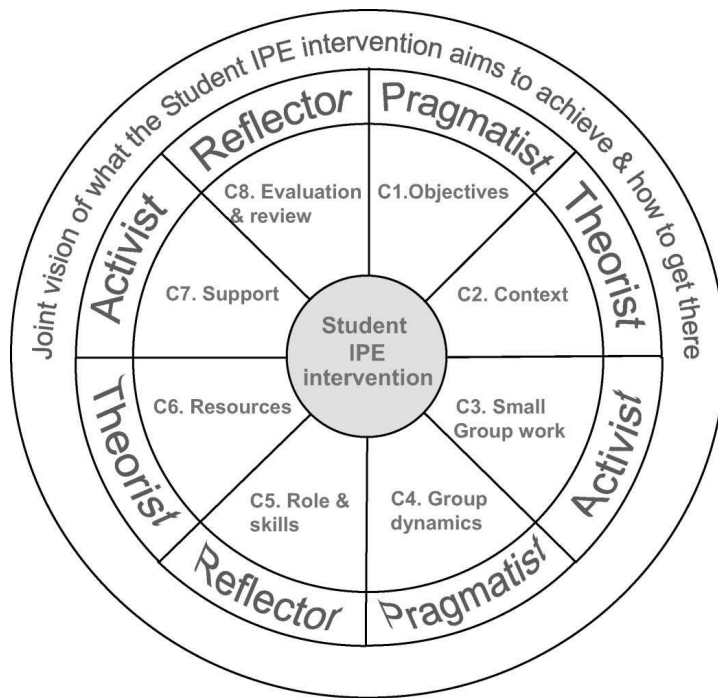


Figure 1. This figure is taken with permission from Freeman et al. (2010). It illustrates a Facilitator Training model, which utilizes eight components (C1-C8) to address objectives and accommodate different learning styles. The eight components are: objectives, context, small group work, group dynamics, role and skills, resources, support and evaluation.

Commitment. Once trained, facilitators sign up to facilitate one, two or three IPL1 teamworking sessions scheduled for the first semester, each attended by approximately 300 students divided into 36 groups, each comprising seven-nine students from four-five different professions – all in one very large room. Each facilitator oversees the activities of two groups every session, and there are approximately nine staff and nine student facilitators present at each session.

Support. Although students are not co-facilitating during IPL1, they will do so if choosing to facilitate higher levels of IPL (i.e. IPL2). Indeed, co-facilitation with experienced facilitators is recommended for less experienced students (O'Brien *et al.*, 2017) and has shown to produce positive results for both parties (Anderson, Thorpe & Hammick, 2011; LeGros *et al.*, 2015; Reeves *et al.*, 2016b). Furthermore, it creates opportunities to model interprofessional collaboration where the co-located facilitators represent different professions (O'Brien *et al.*, 2017). As IPL1 student facilitators, they were however co-located in such way that they could facilitate independently, yet access immediate support from experienced student and/or staff facilitators if needed during the actual session.

Following each session, all facilitators are invited to attend a debrief meeting where they can share experiences and discuss any challenges they may have encountered in a safe environment. Ongoing support and additional resources are provided via a dedicated intranet site and by direct access to individual support, both before and after the teamworking session.

Methods

The study employed a post-intervention design to gather open-ended text-based survey responses.

Sample

14 students facilitated IPL1 in the academic year 2015-16 who studied: medicine, year two (n=2), year three (n= 3); paramedic science, year two (n=1); nursing year two (n=3); pharmacy year two (n=3), year three (n=1); physiotherapy (n=1). These 14

students together facilitated 432 first-year students. Some facilitated two groups for only one session whereas others returned to facilitate two new groups for a further one or two session(s).

Data collection

Data were collected during the academic year 2015-16 from student facilitators (Data set 1) and from the students they supported (Data set 2) during the first level of IPL (IPL1).

Data set 1

Once student facilitators had completed their role as IPL1 facilitators they were asked, via email, to complete a questionnaire with six open-ended questions aimed at capturing the experience of facilitating IPL1 including: the extent to which they had felt prepared and supported; what they had learnt; what challenges they had encountered; and how the training could be further improved.

Data set 2

Student evaluation of IPL1, completed electronically and anonymously, was searched to identify data from the students who had been facilitated by senior peers. Two open-ended text-based questions focused gaining student reactions from their interprofessional session. Data were collected from students in this category who responded to either or both of these questions and where responses related directly or indirectly to facilitator support. These data were then extracted and analysed to triangulate data gained from student facilitators.

Data analysis

Data from both sets were analysed using principles of thematic analysis described by Fereday and Muir-Cochrane (2006) to elicit themes and sub-themes. Each of the two data sets were collated and analysed independently by the first two authors of this paper, adopting principles of thematic analysis, as described by Fereday and Muir-Cochrane (2006). Each of the open-ended answers were read through, key phrases relevant to the study aims were highlighted, and a code was given to each phrase. Codes were grouped together into preliminary main themes by looking at relationships between units of codes. Ongoing discussion and comparison by the two authors around the themes that emerged from both data sets resulted in a joint thematic framework that could be adopted to adapt the Freeman model as part of the review.

Ethical considerations

Ethics approval was obtained from the University's ethics committee. Participants were issued with informed consent forms ensuring that all data provided would be kept confidential and that findings would be reported anonymously. To encourage students to feed forward their honest views, participants were invited to return questionnaires via the university's internal mail system, rather than by email.

Results

Nine of the 14 student facilitators completed the six questions about their experience and thus contributed to '*Data set 1*'. 179 out of the 432 students who facilitated by their peers completed the evaluation form, 29 of these had added comments that related to their facilitator thus contributed to '*Data set 2*'.

Four main themes were elicited from the data are presented below, with representative extracts from the data pool.

Preparation

Generally, student IPL facilitators felt positive about their preparation and reported having appreciated opportunities to actively work through the exercises and tasks they would facilitate during IPL1. In particular, they valued the opportunity to direct questions to a panel of experienced facilitators at the end of the training, which helped the student facilitators understand how to deal with different situations and thus build their confidence by knowing how to deal with a range of different situations. As the following data quotes indicate:

The training session took us through the scenarios meticulously and many opportunities were there for us to ask questions and clarify possible uncomfortable situations that may arise. (Student Facilitator 3)

The training helped me develop a bit of confidence in dealing with challenging situations. (Student Facilitator 5)

Students were realistic, however, about how much could be achieved in six hours, acknowledging that it would be impossible to be prepared for every scenario that might arise during the actual IPL1 teamworking session:

During your IPL you meet so many people and you face so many new situations it is impossible to cover all the scenarios beforehand. (Student Facilitator 7)

Another limitation of the training was highlighted by a student who opted to facilitate an IPL session that took place later in the semester and thus felt impacted by the time-lag between the training and their first facilitation.

There was a bit of time before the first facilitation so when I arrived at the session I was worried. (Student Facilitator 9)

Support

Student facilitators highlighted the importance of communication channels being open and clear to them so that they knew where to get further help. They felt that trainers offered support as and when it was needed and that questions could be asked or concerns raised at any time, as exemplified by the comment

Constant email contact made me feel as though if I had any questions or queries, they would get dealt with quickly. (Student Facilitator 3)

Student facilitators were reassured by the presence of experienced facilitators during the actual teamworking sessions should they need to ask for advice, or help.

Having other IPL facilitators around me was reassuring as I knew if I needed help, I could always ask. (Student Facilitator 4)

Feedback also showed that student facilitators valued the debrief meetings that took place immediately after each IPL session, where both staff and student facilitators were encouraged to discuss their thoughts, or concerns, and share best practice. One student said that these meetings

...calmed me down and made me aware that I did not need to know everything. (Student Facilitator 1)

Challenges

When asked whether they had encountered any challenging situations, several student facilitators reported about specific areas they had found difficult. One said they had found it difficult to keep their groups focussed on IPL.

Sometimes it is a real struggle ensuring students collaborate in a teamworking sense, remain focussed and above all – students realise the importance of IPL. (Student Facilitator 3)

Many grappled with the feeling of being in authority, which was highlighted by comments linked to keeping students on track when they seemed to focus on ‘other’ things not linked to the task they had been asked to do. Some reported that they found it difficult to judge when to have an input into a group activity, or discussion, and when to stand back. One describes their dilemma:

It’s actually quite difficult [to judge] when to butt in... (Student Facilitator 6)

...I often want to add my opinion, but sometimes standing back, listening and then adding input may be the best way forward. (Student Facilitator 6)

Although no student facilitators specifically reported actual conflict within the groups they facilitated, one student participant (*Data set 2*) observed that there had been a degree of conflict between the professions in some groups:

...I know some of the other groups did not get on so well [as our group] and some conflict did arise between professions. (Facilitated Student 10)

However, it is not clear whether groups experiencing conflict were facilitated by student or staff facilitators.

In some cases student facilitators felt they needed to provide a lot of support in order for students in their groups to engage with each other effectively. For example, by encouraging the group to ‘gel’ and by supporting the person who had taken on the role of ‘chairing’ a task so that they could fulfil this role. One student facilitator reported that they had not successfully been able to engage one of their groups.

One of my groups did not speak to each other and were just completing tasks independently... (Student Facilitator 9)

Feedback from facilitated students (*Data set 2*) highlighted areas where student facilitators were less effective in their role and where more hands-on facilitation would be beneficial. For example, in helping students to link tasks with learning outcomes, or to support group dynamics.

Some of the discussion questions were vague and so could be more focused. (Facilitated Student 4)

The facilitator could perhaps prod the non-participating members to participate more. When you are all complete strangers, it’s harder to encourage/urge the quiet ones on your team to contribute without appearing bossy or insensitive. (Facilitated Student 12)

Some student facilitators highlighted the challenge of dealing with students’ resistance to IPL, a phenomenon known to them having shared a similar experience of IPL1 in recent times. Student facilitators said that they were able to identify equally with the perspectives of the students they were facilitating and with those of the facilitator.

Students usually come into their first IPL sessions having pre-conceived ideas of what it may be like... as a facilitator it is something you directly feel as they project their feelings mainly towards you as someone who is making

them do something they do not necessarily want to do. (Student Facilitator 3)

Benefits

Student facilitators saw this experience as an opportunity for academic and personal growth, professional development and confidence building. Some students also said that it had contributed to their understanding of IPE, and consolidated their own understanding of the importance of interprofessional teamworking as they were facilitating the learning process of others.

...it gave me more confidence and helped me see how I have developed over the course. (Student Facilitator 5)

...it was enjoyable, informative and enlightening experience that didn't take much of your time but really contributed to my professional development. (Student Facilitator 6)

...when I initially did IPL1, I did not understand the aims of IPL and could not comprehend why I had to do IPL when I was only in my first year of university. However, having been an IPL facilitator I am more aware of the aims of IPL. (Student Facilitator 4)

Students enjoyed having a different role to play in IPL and were also motivated by a chance to see things from the teaching perspective through acting 'behind the scenes'.

One student facilitator felt that students have a unique role that is different from staff facilitators – that they are more relatable to their student peers.

I feel that with sharing your own experience and because I am a student myself, I was able to relate to the students. (Student Facilitator 3)

[Student facilitators] can also put other students at ease knowing they can ask what they might fear to ask a lecturer. (Student Facilitator 8)

Feedback from facilitated students (*Data set 2*) was largely positive towards peers who had facilitated their IPL groups and data supported the belief that they are relatable. Most of the comments show that student participants were very happy to have been facilitated by their peers and were complementary on how they had supported the actual learning process.

Our facilitator was very helpful and easy to talk to. (Facilitated Student 14)

Facilitator for group [x] was very helpful and very supportive when listening to our ideas. (Facilitated Student 13)

Discussion

This paper set out to identify how best to prepare students to facilitate IPL and to review a model for facilitator training presented by Freeman *et al.* (2010) in light of the inclusion of students on the IPL facilitator team to ensure student facilitators are appropriately trained. Data were collected from a small group of student IPL facilitators and students who were facilitated by them. Here, the findings are discussed in relation to the eight different components of the Freeman model (Figure 1) and together with evidence from the literature – to justify the amendments to the current Freeman model for use at this HEI and beyond.

The current approach of presenting the learning objectives at the outset and encouraging participants to contribute their thoughts about their relevance to them as learners, is even more important when training students. The *pragmatic* learner is

likely to feel at ease as they can immediately see the relevance of the training and ensure that the anticipated outcomes are achieved (Figure 1). It is obvious from the findings from this study that the anxieties reported by (Rees & Johnson 2007) amongst staff also exist with students. In order to give trainers a chance to incorporate new elements previously addressed, the recruitment process will be strengthened to include a section where students will suggest key areas that need to be included in the training, or a pre-training questionnaire to enquire about participants hopes, concerns and expectations from the training, as advocated by Anderson *et al.* (2009).

Although the two over-arching theories underpinning IPL at this HEI still remain the same, i.e. those derived from adult and contact theory (Knowles, 1975; Hewstone, 2003; Carpenter & Dickinson, 2011), the challenge remains to ensure that all participants embrace their meaning in the context of the IPL they are about to facilitate. Since students are used to the need to embrace the learning style as *theorist*, student facilitators welcome this (Figure 1). Findings from this study confirm how this experience has helped to fully engage them in the training from the outset as described by Freeman *et al.*, 2010 – helping them to truly understand the purpose of IPL and what the different exercises aim to achieve.

The findings show a positive view of *activist* approaches to facilitator training, highlighting the value of learning by doing, and thus giving participants an ‘experiential understanding’ of the process by allowing trainee facilitators to undertake the same exercises and tasks as the students they will facilitate (Figure 1). Milot *et al.* (2017) identify another aim of this approach, which is to develop

facilitators' empathy towards the students they will be facilitating by putting themselves in their shoes. However, as shown in this study, student facilitators feel that this is a strength for them as they have recently been on the receiving end and can therefore more easily understand the challenges learners may experience.

Due to the facilitator training being much shorter now than it was years ago, some of the small group activities have changed, but key activities remain to ensure a common understanding of effective interprofessional teamworking, how it impacts on high quality care, how IPL can prepare students and the facilitator's role in this process.

Findings of this study highlight that a key challenge for student facilitators is to manage different group dynamics. As described in Freeman *et al.* (2010), this was previously addressed by demonstrating common situations in a role-play, which is paused at key points in order to invite discussion and questions from the audience. Despite being a highly valued component by the *pragmatic* learner (Figure 1), the role play was removed due to time constraints of the training. In response of the findings presented here the role play will be re-introduced, but in a different fashion. Instead of a real life role play, student and staff facilitators will together develop a video showcasing different scenarios which will be available to all facilitators after the six hours training. The video showcasing different group dynamics will be posted on a site accessible to all facilitators and linked to a discussion board where everyone can share thoughts and suggest ways to handle different situations.

As shown in this study, student facilitators say that the training helped prepare them for the role in the IPL1 teamworking session and they also said that it helped them

develop skills that are helpful to them as future healthcare professionals. As outlined in Table 1 - for trainers based at this HEI – the role and skills of the facilitator is a dynamic concept that attracts the *reflector* (Figure 1). It is important therefore to review this on an annual and ongoing basis together with new and experienced IPL facilitators. Another element to consider when preparing students for their facilitator role, from experience at this HEI, is to not only build but also to manage confidence gained from experiencing the facilitator role so that it does not impact negatively when the student returns to the learner role in an IPL context. It is therefore important that the facilitator training includes opportunities for discussion and reflection to help students develop an awareness and sensitivity around this issue.

As discussed by (Howkins & Bray, 2008) IPL facilitators need to remain clinically neutral, which was also highlighted by Anderson *et al.* (2009) to be challenging for some facilitators. This study did not pick up any data from student facilitators, suggesting that they do not see this as a challenge. Instead, student facilitators were more worried about the role of providing direction and focus, and how best to encourage interaction and collaboration. This implies that student facilitators need to develop skills linked to the managing of group dynamics as mentioned above and to develop their confidence so that they can decide when to intervene and when not to.

The question of when and how to give guidance to student groups and when to take a back seat has been discussed in the literature (Lindqvist & Reeves, 2007; Hammick *et al.*, 2007; LeGros *et al.*, 2015). Whilst too much intervention can inhibit a group's independence (LeGros *et al.*, 2015), particularly in the 'forming' stage (Tuckman, 1965), standing back at crucial points can also prove problematic, especially if the

group is experiencing negative stereotyping, or destructive group dynamics. Interestingly, no comments in the facilitated students' feedback suggest that student facilitators give too much input, as is sometimes the case for staff facilitators (Lindqvist & Reeves, 2007). One might speculate that student facilitators are particularly sensitive to this from their own experiences as students, and may therefore be over-compensating. Or, as suggested by one student facilitator in an informal discussion, it might be to do with students' confidence, particularly when facilitating groups with students who are older than them.

One of the challenges of delivering IPL is linked with preconceived ideas that often exist between different professions, even among students at this early stage (Lindqvist, Duncan, Shepstone, Watts & Pearce, 2005). Effective and supportive facilitation of negative stereotyping within an IPL environment is described by Derbyshire, Machin and Crozier (2015) as an important skill. Conversely, unskilled facilitation can exacerbate negative stereotypes, as discussed by LeGros *et al.* (2015). It is therefore important that the facilitator training allows for such possible tensions to be addressed, firstly by introducing them in the theory section of the training, and secondly by creating opportunities for discussion, e.g. during the Q&A and ongoing debriefs.

In line with need of the *theorist* (Figure 1), training material is offered to all IPL facilitators. Student facilitators welcome the opportunity to read around the subject and it also served as a continuous resource so that students could read up on what they needed to do nearer to the time. Although that still did not completely bridge the gap between training and the actual IPL1 session, as shown by comments from one

student, it does help and for future years' student facilitators will help make links through additional means using social media as one conduit to access available resources.

The appreciation that was shown by student facilitators for the high levels of communication student they received highlights the value of ongoing and accessible support. The fostering of interprofessional team spirit as alluded to by Anderson *et al* (2009) is key in helping facilitators acting as ambassadors for interprofessional practice (Table 1). As well as being a very beneficial method for all facilitators to consolidate IPE principles and to further develop their skills, findings reported here highlight the need for providing ongoing support in ways that attract the *activist* learner (Figure 1), such as arranging regular debriefs. Hall and Zierler (2015) advocate debrief opportunities that allow facilitators to share their thoughts about what it has been like to facilitate IPL, describing such catch-up sessions as opportunities for 'group reflection'. Milot *et al.* (2017) also recommend opportunities for facilitated reflection, in which facilitators can share instances when they have felt 'at a loss', and have the chance to realise that experienced facilitators can also feel insecure, thereby normalising their experience and together discuss appropriate strategies to support student groups more effectively.

Opportunities for regular debrief sessions will allow the *reflector* (Figure 1) to continue the development of skills during their time as facilitators and as part of their professional development. This study supports earlier findings presented by Clouder, Davies, Sams & McFarland (2012) suggesting that the benefits to students who facilitate IPL are significant - including academic and personal growth and

strengthening of professional and interprofessional identities. As reported here and also stated by Clouder and colleagues (2012), students are clearly motivated by a chance to see things from the teaching perspective – providing educators with a chance to capitalise on this exciting opportunity to engage students in IPL.

In order for educators to optimise this opportunity, the quality of the training package available is vital, emphasising the need for ongoing review and improvement. A common thread linking data collated from student facilitators is that of ‘building confidence’. Figure 2 (see online supplementary file) illustrates this simple, yet key, adaption to the Freeman model that featured in each of the themes that emerged from the data.

INSERT FIGURE 2 HERE

Furthermore, facilitated students highlighted some areas where more explicit training would be beneficial for student facilitators. For example, in recognising ‘teachable moments’, which was also discussed by (LeGros *et al.*, 2015) and thus helping groups to make sense of the activities they are doing, connecting them to the expected learning outcomes and making links to the practice setting.

Students are, by virtue of their student status and having participated in IPL themselves, in a unique position to bring an additional and valuable dimension to the facilitator training, where students and academic staff are preparing alongside each other. This way, they are able to relate to and share with academic facilitators how their peers might be feeling about participating in IPL. This ‘insider’ perspective, if

shared in the context of a facilitator training session, can help the process of reflection about the facilitator role. Certainly, in this case, involving students as IPL facilitators, and training them alongside staff, has had a positive impact on the training for all participants. Furthermore, findings presented here support those presented by Lehrer *et al.* (2015) positioning students as core drivers of nurturing and leading a culture of transformational change that embraces interprofessional learning and working.

This study has a number of limitations. Firstly, only a small number of student facilitators provided data that were collected through open-ended, text-based responses, rather than qualitative methods, which is likely to have given a more in-depth insight. Secondly, the facilitated student data were not specifically focussed on feedback about the student facilitation that they had received *per se*, but instead on the intervention they received, which brings ambiguity to the data as facilitated students may not have realised that their facilitator was a student.

Further studies would benefit from a combination of methods, as recommended by Ruiz *et al.* (2013) such as observations of group interactions during facilitation, self-report methods using diaries, and /or interviews with individual participants or focus groups. It would also be beneficial to base future questionnaires on Sargeant, Hill and Breau's (2010) Interprofessional Facilitation Scale (IPFS) in order to assess facilitators' skills, which may highlight gaps in our current facilitator training.

Concluding comments

This study emphasises the importance of preparing students for their role as facilitators of IPL and providing ongoing support, particularly with the aim of

building and managing their confidence around dealing with group dynamics and how to enhance students' learning experience in the most effective way.

Findings presented in this paper helped to adapt the facilitator training model presented by Freeman and colleagues (2010) for use at this HEI, but also to others who wish to incorporate students as part of their team of IPL facilitators. This study has helped to identify ways in which this facilitator training can be developed further to address certain areas to ensure that all student facilitators feel adequately prepared for and confident in their role from the outset. Only then will they get the most out of this experience for themselves and actively contribute to leading transformational change in relation to enhancing interprofessional education and practice.

This is an exciting innovation that has great potential for staff and students to learn and work together – further preparing students for their future career in a workplace that requires every member of the team to function at optimal level as they collaborate within and across professions to provide the care people expect.

Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

References

Anderson, E.S., Cox, D. & Thorpe, L.N. (2009). Preparation of Educators involved in interprofessional education. *Journal of Interprofessional Care*, 23(1), 81-94.

Anderson, E.S., Thorpe, L.N. & Hammick, M. (2011). Interprofessional staff development: Changing attitudes and winning hearts and minds. *Journal of Interprofessional Care*, 25, 11-17.

Bene, K.L. & Bergus, G. (2014). When learners become teachers: A review of peer teaching in medical student education. *Family Medicine*, 146(10), 783-787.

Brandt, B., Luftiyya, M.N., King, J.A. & Chioreso, C. A scoping exercise of interprofessional collaborative practice and education using the lens of the Triple Aim. *Journal of Interprofessional Care*, 2014; 28(5): 393-99

Brewer, M.L., Flavell, H., Trede, F. & Smith, M. (2017). Creating change agents for interprofessional education and practice: a leadership programme for academic staff and health practitioners. *International Journal of Leadership in Education*. <http://dx.doi.org/10.1080/13603124.2017.1279349>

Carpenter, J. & Dickinson, C. (2011). Contact is not enough: A social psychological perspective on interprofessional education. In: *Sociology of Interprofessional Health Care Practice* (eds Kitto, S., Chesters, J., Thistlethwaite, J. & Reeves, S.), pp 55-68, Nova Science Publishers, New York.

Centre for the Advancement of Interprofessional Education (CAIPE). (2006). CAIPE re-issues its statement on the definition and principles of interprofessional education. *CAIPE Bulletin* 26:2.

Centre for the Advancement of Interprofessional Education (CAIPE). (2016). *Interprofessional Education Guidelines*. London, UK.

Clouder, D.L., Davies, B., Sams, M. & McFarland, L. (2012). Understanding where you're coming from: Discovering an [inter]professional identity through becoming a peer facilitator. *Journal of Interprofessional Care*, 26, 459-464.

Coffield, F., Moseley, D., Hall, E. & Ecclestone, K. (2004). *Learning styles and pedagogy in post-16 learning: A systematic and critical review*. London.

Derbyshire, J.A., Machin, A. & Crozier, S. (2015). Facilitating classroom based interprofessional learning: A grounded theory study of university educators' perceptions of their role adequacy as facilitators. *Nurse Education Today*, 35(1), 50-56.

Dunleavy, K., Galen, S., Reid, K., Dhar, J.P. & DiZazzo-Miller, R. (2017). Impact of interprofessional peer teaching on physical and occupational therapy students'

professional role identity. *Journal of Interprofessional Education & Practice*, 6, 1-5, DOI: <https://doi.org/10.1016/j.xjep.2016.10.006>

Egan-Lee, E., Baker, L., Tobin, S., Hollenberg, E., Dematteo, D. & Reeves, S. (2011). Neophyte facilitator experiences of interprofessional education: Implications for faculty development. *Journal of Interprofessional Care*, 25(5), 333-338.

Evans, S., Knight, T., S nderlund, A. & Tooley, G. (2014). Facilitators' experience of delivering asynchronous and synchronous online interprofessional education. *Medical Teacher*, 36(12), 1051-1056.

Fereday, J. & Muir-Cochrane, E. (2006). Demonstrating Rigor Using Thematic Analysis: A Hybrid Approach of Inductive and Deductive Coding and Theme Development. *International Journal of Qualitative Methods*, 5(1), 1-11.

Freeman S., Wright A. & Lindqvist S. (2010). Facilitator training for educators involved in interprofessional learning. *Journal of Interprofessional Care*, 24(4), 375–385.

Freeth, D. & Reeves, S. (2004). Learning to work together: Using the presage, process, product (3P) model to highlight decisions and possibilities. *Journal of Interprofessional Care*, 18, 43–56.

Hall, L.W. & Zierler, B.K. (2015). Interprofessional Education and Practice Guide No. 1: Developing faculty to effectively facilitate interprofessional education. *Journal of Interprofessional Care*, 29(1), 3-7.

General Medical Council (GMC). (2012). *Good Medical Practice: Working with doctors working for patients*. Manchester, UK.

Hammick, M., Freeth, D., Koppel, I., Reeves, S. & Barr, H. (2007). A best evidence systematic review of interprofessional education: BEME Guide No. 9. *Medical Teacher*, 29, 735–751.

Hanna, E., Soren, B., Telner, D., MacNeill, H., Lowe, M. & Reeves, S. (2013). Flying blind: the experience of online interprofessional facilitation. *Journal of Interprofessional Care*, 27(4), 298-304.

Havnes, A., Christiansen, B., Bjork, I.T. & Hessevaagbakke, E. (2016). Peer learning in higher education: Patterns of talk and interaction in skills centre simulation. *Learning, Culture and Social Interaction*, 8, 75-87.

Hawkes, G., Nunney, I. & Lindqvist, S. (2013). Caring for attitudes as a means of caring for patients—improving medical, pharmacy and nursing students' attitudes to each other's professions by engaging them in interprofessional learning. *Medical Teacher*, 35(7), e1302-e1308. <http://dx.doi.org/10.3109/0142159X.2013.770129>

- Hewstone, M. (2003). Intergroup contact: Panacea for prejudice? *The Psychologist*, 16, 352-355.
- Health & Care Professions Council (HCPC). (2016). *Standards of conduct, performance and ethics*. London, UK.
- Honey, P. & Mumford, A. (1982). *The manual of learning styles*. London: Peter Honey Publications.
- Howkins, E. & Bray, J. (2008). *Preparing for interprofessional teaching: theory and practice*, Oxford: Radcliffe.
- Keenan, C. (2014). *Mapping student-led peer learning in the UK*. York: Higher Education Academy.
- Knowles, M. S. (1975). *Self-directed learning: a guide for learners and teachers*, Englewood Cliffs ; London, Cambridge Adult Education.
- Kolb, D.A. & Fry, R.E. (1975). Toward an applied theory of experiential learning. *Theories of Group Process*. Edited by: Cooper, C. Wiley, London, UK.
- Kotter, J.P. (2014). *Accelerate*. Cambridge, MA: Harvard Business Review Press, US.
- LeGros, T.A., Amerongen, H.M., Cooley, J.M. & Ernest P. & Schloss, E.P. (2015). Using learning theory, interprofessional facilitation competencies, and behavioural indicators to evaluate facilitator training. *Journal of Interprofessional Care*, 29(6), 595-602.
- Lehrer, M.D., Murray, S., Benzar, R., Stormont, R., Lightfoot, M., Hafertepe, M., Welch, G., Peters, N. & Maio, A. (2015). Peer-led problem-based learning in interprofessional education of Health Professions Students. *Medical Education Online*, 20. DOI: <http://dx.doi.org/10.3402/meo.v20.28851>
- Lindqvist, S., Duncan A., Shepstone, L., Watts, F. & Pearce S. (2005). Development of the Attitudes to Health Professionals Questionnaire (AHPQ): A Measure to Assess Interprofessional Attitudes. *Journal of Interprofessional Care*, 19(3), 269-279.
- Lindqvist, S.M.& Reeves, S. (2007). Facilitators' perceptions of delivering interprofessional education: a qualitative study. *Medical Teacher*, 29(4), 403-405.
- Marvell, M., Simm, D., Schaaf, R. & Harper, R. (2013). Students as scholars: evaluating student-led learning and teaching during fieldwork. *Journal of Geography in Higher Education*, 37(4), 547-566.

Milot, E., Museux, A. & Careau, E. (2017). Facilitator training programme: The Université Laval Interprofessional Initiative. *Social Work in Health Care*, 56(3), 202-214. DOI: <http://dx.doi.org/10.1080/00981389.2016.1265630>

National Health Service (NHS). (2016). *Developing people – improving care: Evidence-based national framework to guide action on improvement skill-building, leadership development and talent management for people in NHS-funded roles*. Retrieved from: <https://improvement.nhs.uk/resources/developing-people-improving-care/>

Nursing & Midwifery Council (NMC). (2015). *The Code: Professional standards of practice and behaviour for nurses and midwives*. London, UK.

O'Brien, B.C., Patel, S.R., Pearson, M., Eastburn, A.P., Earnest, G.E., Strewler, A., Gager, K., Manuel, J.K., Dulay, M., Bachhuber, M.R. & Shunk R. (2017). Twelve tips for delivering successful interprofessional case conferences. *Medical Teacher*, DOI: <http://dx.doi.org/10.1080/0142159X.2017.1344353>

Pittenger, A.L., Fierke, K.K., Kostka, S. & Jardine, P.J. (2016). Developing interprofessional facilitators and leaders: Utilization of advanced health professions students as interprofessional (IPE) facilitators. *Currents in Pharmacy Teaching and Learning*, 8, 52-58.

Rees, D. & Johnson, R. (2007). All together now? Staff views and experiences of a pre-qualifying interprofessional curriculum. *Journal of Interprofessional Care*, 21, 543-555.

Reeves, S., Fletcher, S., Barr, H., Birch, I., Boet, S., Davies, N., McFadyen, A., Rivera, J. & Kitto, S. (2016a). A BEME systematic review of the effects of interprofessional education: BEME Guide No. 39. *Medical Teacher*, 38(7), 656-668.

Reeves, S., Pelone, F., Hendry, J., Lock, N., Marshall, J., Pillay, L. & Wood, R. (2016b). Using a meta-ethnographic approach to explore the nature of facilitation and teaching approaches employed in interprofessional education. *Medical Teacher*, 38(12), 1221-1228. DOI: <http://dx.doi.org/10.1080/0142159X.2016.1210114>

Rohrer, D. & Pashler, H. (2012). Learning styles: Where's the evidence? *Medical Education*, 46, 34-35.

Ruiz, M.G., Ezer, H. & Purden, M. (2013). Exploring the nature of facilitating interprofessional learning: findings from an exploratory study. *Journal of Interprofessional Care*, 27(6), 489-495. DOI: <http://dx.doi.org/10.3109/13561820.2013.811640>

Sargeant, J., Hill, T. & Breau, L. (2010). Development and testing of a scale to assess interprofessional education (IPE) facilitation skills. *Journal of Continuing Education in the Health Professions*, 30, 126-131.

Snyder, J.J., Carter, B.E. & Wiles, J. R. (2015). Implementation of the Peer-Led Team-Learning Instructional Model as a Stopgap Measure Improves Student Achievement for Students Opting out of Laboratory. *Life Sciences Education*, 14(1), 1-6.

Tuckman, B.W. (1965). Developmental sequence in small groups. *Psychological Bulletin*, 63(6), 384-399. DOI: <http://psycnet.apa.org/doi/10.1037/h0022100>

Williams, B. & Reddy, P. (2016). Does peer-assisted learning improve academic performance? A scoping review. *Nurse Education Today*, 42, 23-29. DOI: <https://doi.org/10.1016/j.nedt.2016.03.024>