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What's in it for me? Perspectives from community participants in an interprofessional service learning program

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ABSTRACT

Purpose: Interprofessional education (IPE) is a promising endeavor for students to engage in team-oriented activities with other disciplines. Service-learning has emerged as a dynamic way in which students derive practical skills to address the needs of their community. Research has probed student perspectives but has seldom explored community feedback. This study assessed Interdisciplinary Family Health (IFH) Program participants perceived benefits associated with program participation at a southeastern university.

Method: Data from nineteen semi-structured telephone interviews, conducted between February 2015 and April 2015, were used to assess program participants perceived benefits. Semi-structured telephone interviews were analyzed using a grounded theory approach. Each interview was audio-recorded and transcribed before the coders established major themes. The emergence of themes was conceptualized through selective coding. Given an emergent SES-related response pattern, differences in perceived benefits were examined based on SES.

Results: All program participants reported positive wellness outcomes within a social support construct. Responses fell into four social support domains within a greater framework of bridging student-participant generations: informational support, emotional support, companionship support, and tangible support. Trends in social support domains observed were associated with participant SES. Participants with lower SES levels reported greater needs for health information and access, whereas participants' with higher SES levels desired building social relationships with students.

Conclusions: Tailoring IPE training to address specific social support domains and SES associations is an opportunity for enhanced participant experiences and perceived benefits. Educational planning can utilize social support domain-SES association findings as a guide for students to attune their efforts at improving the overall outcomes of their target population.

Introduction

Service learning in the context of interprofessional education (IPE) provides students valuable opportunities to develop interprofessional collaborative practice skills.[1–3] Service learning activities can present real world problems that prompt interprofessional collaborative engagement by students when the activities are organized in an intentional interprofessional fashion – students from different professions must focus on a common goal, apply teamwork skills, and learn about each other's perspectives. Service learning activities grounded in community health issues address recommendations for IPE and interprofessional practice to attend health needs in communities.[4]

One of the key elements of service-learning is reciprocity, specifically that the experience is mutually beneficial both to enhancing the learner's development and in outreach to the community.[5] The majority of research related to interprofessional service learning has focused on the student experience and outcomes.[1,6–8] However, given the reciprocal nature of service

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learning, it is important to learn how the service is of benefit to the community participants, including the participants' perspectives on such benefits. There appears to be few such reports in the literature that have explored how service learning, and interprofessional service learning, programs address community health needs. Corwin et al (2009) report that senior citizens participating with medical students in a senior mentor program agreed that the students' myths and stereotypes about aging positively altered.[9] Such altered concepts of aging would hopefully prompt changes in how future physicians may practice care of the elderly, a benefit perceived by senior mentors in the program. Rock et al (2014) describe an interprofessional service learning program and positive outcomes on community health in terms of program participants' use of preventive care services.[10] Learning about community participants' perspectives on the benefits of their participation (volunteering) offers evidence of the programmatic value service learning programs provide to the community, whether "community" is actually a specific organization/subset of the population (i.e., members of a specific senior center/homeless population) or a cross-section of the geographic entity, such as a neighborhood, city or county. Knowledge of participants' perceived benefits provides multiple advantages. The needs of the participants and guidance of service provision by learners may be improved with this knowledge. Subsets of participants, such as males vs. females or individuals in different socioeconomic groups, may perceive benefits in different ways. The purpose of this study was to examine participants' perceived benefits associated with their participation in an interprofessional health-related service learning program. While the study would provide program improvement information, it was also believed that findings would be valuable to other interprofessional service learning programs.

The Interdisciplinary Family Health Program

The Interdisciplinary Family Health Program was established at the University of Florida, Health Science Center as an interprofessional service learning program in 1999.[11,12] At present, over 700 first year health professions students (clinical health psychology, dentistry, health administration, medicine, nursing, nutrition, pharmacy, physical therapy, veterinary medicine) participate in this program required by all six colleges. Students are assigned in interprofessional teams of four to a volunteer family in the local community, the students' first "patient."

Volunteer families represent a broad cross-section of the population of the county in which the University of Florida resides (Alachua County). Recruitment of families is done through the IPE office and occurs through contact with local social service agencies, patient support groups, senior citizen centers and living communities, schools, health fairs and other opportunistic venues. Program requirements to qualify as a volunteer family include residence within the county (we do not make students drive more than 20 miles for the required home visits), accessibility by phone, and acceptance of students into the home four times throughout the year. Interested volunteers are then visited and screened by an IPE office staff member to ensure residence in a safe location for students to visit. Volunteers span a wide range of socioeconomic status, from persons with limited income to retired physicians and other professionals. The program does not focus on a particular type of individual/family volunteer (e.g., socioeconomic, health, marital, country of origin, rural/urban/suburban residence, etc.), in part because of the number of individuals needed each year (approximately 200), and the overall size of the general population of the county (approximately 250,000 persons). The IFH program recognizes that an individual volunteers for a variety of reasons and respects those reasons. Similarly, the program recognizes that students learn about patient-centered care, social determinants of health and community resources regardless of individual "type." Given the heterogeneity of the population served in the program and its geographic boundaries, we refer to it as "community."

Student teams are made up of multiple professions, but given the uneven number of students from each program, they vary in profession composition. To the extent possible, student teams are assigned to the "patient" based on what is known about possible individual/family needs. For example, if it is known a patient has difficulty walking, a team with a physical therapy student is assigned. For logistical purposes, it is not possible to provide a match so that each profession is of possible need by the patient. Patients who volunteer for the program are informed that the student team will provide assistance, but students do not provide direct health care. If a team has a health care concern, the IPE office manager follows up with the patient and makes the appropriate referral. Students are required to make four home visits with the family during the academic year. During the home visits, students complete health related questionnaires with the patient and are required to complete a project that improves the patient's health based upon patient's needs.

The first two home visits are structured in that students are required to complete health-related questionnaires. One questionnaire is locally developed for students to learn general health information from patients; the other questionnaire is the 12 item form Short Health Survey. It is expected that by the third and fourth home visit, the team has developed sufficient rapport with the patient that the visit focuses on what is of interest to the patient for improving their health; these visits do not have explicit structure. Depending upon the volunteer's wishes, students may interact with only one person in a family or may interact with several members of the family when a home visit is conducted; several "families" consist of only one individual. Students' instructions for the health improvement project are broad because some patients have specific health related needs whereas other patients seek assistance with more social needs. The goal of the project is for students to understand what is of importance and value to the patient. This may not be directly related to health (i.e., lower blood pressure) but may be more of a socioeconomic nature (i.e., figuring out how, with a limited income, to get Christmas gifts for grandchildren). Students need to determine the nature of the project, its relevance, appropriateness and acceptance by the patient. Projects vary greatly in nature and this is intended from the program's perspective. Example projects include recipes for persons with diabetes, a handmade booklet of inspirational quotes to help relieve stress, assistance completing financial aid forms for college, and building a ramp to the front door. The instructional purposes of the project are for students to: 1) recognize health is influenced by many social determinants; 2) realize these determinants; 3) appreciate the patient's perspective and realize it is essential for effective patient care; and 4) apply interprofessional teamwork skills to complete a project. Service learning is an explicit purpose of the IFH experience for students.

Students also participate in six faculty facilitated interprofessional small group sessions. Each session has a theme which provides students introductory content related to teamwork, roles and responsibilities, patient safety, social determinants of health, and health disparities. During the sessions, students debrief about their home visits and discuss their project work, with the final session culminating in a required Family Health Presentation. During the class sessions, if students raise concerns about a family, faculty facilitators contact the IPE office so that appropriate follow-up from the office can occur. Additionally, faculty facilitators provide oversight of projects and information provided to patients. When needed, the IPE office and case manager provide additional

oversight of project work. Through the home visits, IFH students practice communicating with patients through their home visit interactions, learn about the social determinants of health, and learn about community resources. Throughout the year, students also apply interprofessional collaborative skills by working and collaborating in their interprofessional teams to assess families in the community and analyze issues related to health systems, professional ethics, bias, and health care quality.

Student teams are evaluated by the family through a brief questionnaire mailed to the family at the end of the academic year. Analysis of data indicates families uniformly rate the students' visits and project work highly; these evaluations also serve as community input into the program design. Students' performance in the experience is also evaluated through knowledge based quizzes on course content, faculty facilitator ratings of their performance in the small groups, and peer assessment of their teamwork behavior.

Since the program's inception, more than 7000 students have served more than 1500 families in the local area, advocating for the specific health needs of the families and educating them about health conditions and services available to them. Given the program's evolution, we were interested in learning more how the program benefits our long term participants, therefore further providing important data for improving the program to meet community needs.

Methods

The study consisted of semi-structured interviews with local community members that volunteered to be a "patient" for the IFH program. Persons who had participated for a minimum of three years in the program were targeted because it was thought this would provide sufficient time for them to reflect on the experience. Invitations to eligible participants ($n = 97$) were mailed and interested persons were instructed to return a signed informed consent form that outlined the goals of the study. Thirty-seven replies were received and 22 persons were available for scheduled interviews. Participants received a $10 Target gift card as compensation for their time. Semi-structured telephone interviews were conducted by a member of the research team (NS), trained to conduct these interviews by senior team members. Training consisted of mock interviews and since this research team member had been involved in the development of the semi-structured interview guide, she was familiar with the intent of the open-ended questions and areas to probe with respondents. IRB approval was obtained from the university prior to data collection and all participants received full study disclosure before consenting to participate. Each interview followed a semi-structured guide consisting of eight items that sought to assess broadly participants' perceptions about how the program has impacted them ("how have you been impacted from the program (other than your health)?"; "how has your health been impacted from the program?) (see Appendix 1 for interview guide.) Interviews were audio-recorded and transcribed for data analysis. The interviews took approximately 30–45 min.

The transcripts were analyzed using a grounded theory approach by two different coders (GC, IS).[13] Each coder performed an independent content analysis by reading each transcript and coding concepts and categories across all of the interview questions; however, during coding it became apparent that themes cut across the interview questions and analysis per question would develop redundancies. The coders met to review identified codes and agree upon emergent themes until no new themes could be identified. Subsequent theme analyses of the data were confirmed via the peer debriefing process. Data analysis and coding were conducted by individuals not associated with the program administration, thereby providing a neutral lens on identifying themes. Emerging and final themes were confirmed with the research team members associated with program administration (EB and AB), who provided additional insights on the trustworthiness of the emerging and final agreed upon themes. The data analysis was conducted using selective coding procedures. During this process, the coders reread each transcript and selectively coded data that related to one core category identified. This core category was systematically related to all emergent categories.[13] As final themes were determined, knowledge of Wills (1991) framework informed the naming of themes (see results below).

Using existing program data on all participant demographic characteristics, information on study participants' age, gender, a proxy for socioeconomic status (SES) based on type of residence, and primary source of income were recorded. During initial coding of themes, a response pattern seemingly related to SES emerged; patterns related to other demographic characteristics did not appear. The research team therefore decided to specifically determine if there were any differences in perceived benefits based on SES. Participants were grouped as "low" (enrollment in disability or social security benefits and having residence within public housing); "middle" (homeowners who had pension and an additional form of income beyond receiving social security benefits); and "high" because of their residential location in an expensive private retirement community. Following final coding of themes, the two coders jointly associated themes with SES grouping via a constant comparative method.

Results

Twenty-two semi-structured telephone interviews were recorded. Three interviews were omitted due to poor recording quality, leaving a total of 19 complete interviews for transcription and data analysis. Given this was a qualitative study and initial review by the interviewer suggested common themes, it was agreed not to conduct additional interviews and that saturation had been reached.[14]

The majority of participants were female ($n = 17$) with less than 10 percent comprising males ($n = 2$). The mean age of all participants was approximately 66 years with the youngest individual at 49 years and the oldest at 90 years. Regarding SES, 12 program participants were grouped as "low"; five were considered "middle"; and five were grouped as "high." Overall, the study sample was representative of community program participants.

All participants reported unique benefits from their interaction with the interprofessional student teams in the form of social support. An overarching theme of "bridging generations" and four associated sub-themes related to social support dimensions were identified. As the sub-themes were identified, the work of Wills (1991) describing domains of social support informed the final naming of these themes. The four social support sub themes are: 1) Informational Support; 2) Emotional Support; 3) Companionship Support; and 4) Tangible Support.[15] Distinct trends emerged between program recipient SES and the themes of social support perceived as generating the most beneficial outcomes. The themes are described below, with attention to where SES associated trends were found.

Bridging generations

Participants spoke about how they appreciated working with the students as younger members of society. A sense of civic engagement and wanting "to give back" to a younger generation

was expressed by participants as a primary motivation for them to volunteer in the program. They perceived themselves as mentors to the students, with the intent to improve students' future roles as health care practitioners by learning how to best interact with patients. Participants also expressed opportunities for social interaction with students as a means of keeping abreast with the education system and technological advances; many stated this social exchange rendered a feeling of connection to society and personal revitalization. As one participant stated:

> *"We think it's wonderful to have this opportunity to talk to young people and it is so encouraging to talk to young people who have a goal; who have purpose; who are focused and they're going somewhere. It's just delightful to me, on the whole, to invest my time with young people that are actually engaged in life."*

Informational support

Informational support provided to the program participants was referenced by examples of facilitated patient access to care via transportation arrangements, personalized guidance through self-care methods (e.g., modified dietary and modified physical activity suggestions), access to health information and community resources (e.g., informational pamphlets, free local physical therapy and yoga classes), and the dissemination of general health knowledge. Such informational support components were reported to assist participants with navigating the health care environment and practicing self-care methods at home. Program participants reported enhanced health knowledge and health consciousness as a result. For instance, one participant stated: *"I don't have to worry that I don't have soda to offer these young people because they're a step ahead of me. They make me conscious, aware of living a healthy lifestyle."*

While participants from all of the SES groups referenced informational support, it was predominantly lower SES program participants that reported the provision of health-related advice, guidance, suggestions, or facilitated access to health resources as a key health outcome linked to their program participation. As one program recipient stated: *"They're like a road map, they could show you, and they can tell you about where to go. Help you through, you know. Make sure you get what you need."*

Emotional support

Students' demonstration of empathy, concern, trust, encouragement, and caring with their program patient was commonly referenced by program participants. The warmth and nurturance the students provided during the home visits manifested as active listening and unbroken confidentiality. Program participants reported the provision of emotional support gave them a sense of being valued. For instance, one program recipient stated:

> *"I don't go a whole lot of places; maybe go to the grocery store, shopping, church. And, um, I look forward to them coming because, like I said, they, they seem like they're a little but like a family. And, uh, and then, like I said, I've been helped with them by being able to talk with them when I don't want to talk with family or friends. I know it's going to, you know, pretty much stay right with them or with program."*

Tangible support

For some program participants, the provision of tangible support, such as nominal gifts and services, such as the completion of household tasks (e.g., gardening or painting a backyard fence), was a particular benefit. This tangible help was seen as thoughtful and relevant because it suited their individual needs or addressed their personal wants. Those program participants with disabilities and other physically limiting conditions were likelier to comment on the tangible support provided. One recipient stated:

> *"Uh, they've helped with a lot of things, not only the door. Um, they were talking with me one time about what I needed, and I told them that I needed some … Didn't know if they could help, but that I wanted a computer, a laptop computer that I could use in the living room with my daughter, so that I didn't have to go to another part of the room … and they didn't know how they could help me because that's, that's a huge thing, and uh, one of the boys went back and was talking to one of his roommates, and his roommate was fixing to get a new computer, so he sent me his old computer."*

Companionship support

The opportunity for an established relationship with the students was another key theme identified. Through the regular and familiar scheduling of visits as a foundation, the opportunity to build a relationship with the students was valued by program participants. Several referenced social gatherings and other social activities, and emphasized the sharing of social experiences. One individual recalled:

> "*We just had really good times … We've had barbecues, we've … once we went to the beach, once we all, um, went on a … where did we go, did we go to Disney World? We went somewhere. That was a long time ago (laughter). We've just done different things, whatever they wanted to do, too, you know."*

This theme of companionship occurred largely among those individuals with higher SES levels and lesser needs for functional assistance; these individuals were more prone to seek out emotional connections with their students. Thus, recreational events and other types of gatherings were more common when the program recipient reported financial security.

Discussion

As interprofessional education increases within US health professions programs, multiple ways to engage students in learning about, from and with each other are expanding. Service learning, through extra-curricular or required curricular activities has been reported by several in the literature. These reports focus on student benefits of the experience; few have identified how the service learning experience benefits the community, however defined, and participants of the service.[1,6–8] Enhanced understanding of how service learning benefits the individuals receiving the service can facilitate improvement of service programs. The purpose of this study was to solicit service learning program participants' perceived benefits associated with participation in an interprofessional service learning program, the Interdisciplinary Family Health program. As a service learning program, IFH pairs teams of four students from different professions with an individual/family ("patient") volunteering from the community. Students are required to conduct home visits and implement a health improvement project for the patient, with the health improvement project broadly defined to reference any patient desired assistance with well-being.

Study findings from semi-structured interviews indicated that program participants valued their participation as a means to

"bridge generations" by interacting with younger individuals, teaching them and mentoring them as future health care professionals. While not identical to the findings of Corwin et al[9] regarding senior citizens' perceptions of the value of their participation in a geriatric education program for medical students, our findings that participants value the opportunity to mentor younger persons parallels their findings that the seniors believed their interaction improved students' perceptions of about aging. Four domains of social support were reported by program participants: informational, emotional, tangible and social.

Our findings provide an understanding of why community members volunteer for health related service learning programs and what they perceive are benefits of their participation, particularly when direct health care provision is not a component of the service-learning experience. Results indicate that interprofessional student teams are improving the well-being of program participants through multiple forms of social support, with this support frequently assuming a "health focus" such as information about health care services. Importantly, the emotional and companion support that participants reported receiving from students highlights how such support is valued by individuals for their well-being. Because participants in the IFH program are drawn from a geographically bounded community, the local county, and are not selected based on a particular demographic characteristic, the program participants are demographically diverse. Of interest, regardless of SES status, all IFH participants reported enhanced wellness outcomes via various forms of social support provided by the interprofessional student teams. However, differences in the form of social support perceived as most beneficial were dependent upon each individual participant's social context. For instance, higher SES participants indicated the least benefits from informational or tangible social support and a larger amount of lower SES participants reported greater emotional support health benefits due to self-perceived high levels of stress. Willis's[15] social constructionist perspective on social support provides explanatory value to the findings in that the patient's specific perceived benefits of program participation, i.e, informational, tangible, emotional and/or companion support, are influenced by the individual's socially constructed perceptions of their social context (low or high SES).

Our approach to understanding program participants' health benefits differ from that described by Rock et al.[10] In their study, they conducted a prospective evaluation of interprofessional home visits with community members and used a survey tool composed of items from several surveillance systems to determine adherence to preventive measures. Due to the nature of our program, which is educational rather than research driven, our efforts have focused on educational design and outcomes for students. This mindset was adopted early in the program's lifecycle and continues to be its foci. Thus, we have not collected similar information.

There are several limitations to this study. One is that specific health outcome measures, such as blood pressure, or reported use of preventive services, were not collected nor the necessarily the focus of students' project work. Given the study's purpose was to understand participants' perceptions, such measures were not germaine. Additionally, the students in the program are not instructed to provide direct patient care or focus project work explicitly on traditional health outcomes. Students are to develop projects with participants that provide health improvement, broadly defined to include social determinants of health. Future research can explore how particular self-reported health outcomes alter due to an individual's participation in the program. Another limitation is data from three semi-structured interviews was lost due to poor audio quality.

Given this study is based on an interprofessional service learning experience and the structure and goals of the IFH program, this study was unable to examine whether program participants' may report similar benefits with uniprofessional teams of students. Other research with uniprofessional teams in service learning experiences could examine program participants' perceived benefits to determine if there is a unique value to the interprofessional approach. The IFH program was created to include students from multiple professions on a single team to provide broad input into the team's work with an individual; using different professional perspectives lends itself toward enhanced assistance to an individual, such is desired in clinical care. The diverse types of specific projects students complete every year suggests that student teams use their different perspectives. Other research about the program indicates students' acquire greater appreciation for involving different professional perspectives when working with individuals ("patients") and enhanced appreciation of interprofessional collaboration and teamwork skills.[16]

The study results provide evidence of how community members benefit from participation in interprofessional service learning experiences. The discovery of specific social support dynamics informs educators on how to customize training for students when they are engaged in service learning activities with volunteer individual and families. Using demographic factors as indicators, educators and students are provided the potential to increase the potency of their efforts by becoming attuned to specific needs as discovered by the differences in socioeconomic backgrounds of participants in this study. We have found that students in the IFH program were sometimes frustrated because they could not understand how multiple home visits with individuals or families were of value. Additionally, students were sometimes frustrated because volunteers ("patients") did not always have specific health-related needs for improvement, and yet, expressed interest in continual participation in the program. For our program improvement purposes, the results have provided evidence to share with students how "patients' value different types of social support from their health care provider, how health is influenced broadly by social determinants, and understanding the patient's lived environment is essential to effective patient care. Thus, the program is improving its education to students about program participants needs.

Given one of the primary learning goals is for students to understand patient-centered care, the study results further contextualize this learning goal. From other work, we have evidence that students do learn the value of recognizing the influences of social determinants of health.[16] Programmatically, the results are also improving participant recruitment practices by providing data regarding stated benefits; additional examples of how participants benefit are useful for recruitment and a study such as this provides evidence of the various types of benefits. Finally, the results have improved the IFH program's awareness of its community benefits and how the program can be of value to local community needs assessment efforts.

Interprofessional service learning is a valuable enterprise for health professional students. Refining their awareness and skills through civic engagement and interprofessional teamwork can lead to more successful practice as future healthcare providers working together to address community health issues. When students have a clearer understanding of the possible range of program participants needs, and as in our case, that various types of social support are of great value to participants, students can more readily address the needs when working collaboratively together. Additionally, students are able to more fully appreciate the essence of patient-centered care. In this manner, knowledge of how program participants benefit facilitates students' work with them, students' own learning, and ultimately improves the well-being of the community.

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Appendix A. Supplementary data

Supplementary data related to this article can be found at http://dx.doi.org/10.1016/j.xjep.2016.11.002.

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Appendix

	Summary of themes			
	Bridging generations			
Definition	Sense of civic engagement and wanting "to give back" to a younger generation			
Excerpt	"We think it's wonderful to have this opportunity to talk to young people and it is so encouraging to talk to young people who have a goal; who have purpose; who are focused and they're going somewhere. It's just delightful to me, on the whole, to invest my time with young people that are actually engaged in life."			
	Social support Informational support	Emotional support	Companionship support	Tangible support
Definition	Relating to or characteristic of the dissemination of general health knowledge and access to community resources.	Students' demonstration of empathy, concern, trust, encouragement, and caring with their program patient.	Relating to or characteristic of valuing the opportunity to build a relationship with the students.	Relating to or characteristic of the provision of nominal gifts and services addressing individual needs or personal wants.
Excerpt	"They're like a road map, they could show you, and they can tell you about where to go. Help you through, you know. Make sure you get what you need."	"I don't go a whole lot of places; maybe go to the grocery store, shopping, church. And, um, I look forward to them coming because, like I said, they, they seem like they're a little but like a family. And, uh, and then, like I said, I've been helped with them by being able to talk with them when I don't want to talk with family or friends. I know it's going to, you know, pretty much stay right with them or with program."	"We just had really good times … We've had barbecues, we've … once we went to the beach, once we all, um, went on a … where did we go, did we go to Disney World? We went somewhere. That was a long time ago (laughter). We've just done different things, whatever they wanted to do, too, you know."	"Uh, they've helped with a lot of things, not only the door. Um, they were talking with me one time about what I needed, and I told them that I needed some … didn't know if they could help, but that I wanted a computer, a laptop computer that I could use in the living room with my daughter, so that I didn't have to go to another part of the room … and they didn't know how they could help me because that's, that's a huge thing, and uh, one of the boys went back and was talking to one of his roommates, and his roommate was fixing to get a new computer, so he sent me his old computer."