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Facilitator training for educators involved in interprofessional learning

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Abstract
The provision of interprofessional education (IPE) within undergraduate healthcare programmes is now widespread, and a selection of approaches can be found in the literature. Although no optimal method of delivering IPE has been identified, some key elements, such as effective facilitation, are acknowledged to be a crucial part of successful IPE. However, to date, limited guidance is available on how to prepare facilitators involved in interprofessional learning (IPL). This paper aims to contribute towards bridging this gap by describing a facilitator training programme (FTP) for IPL facilitators in a Higher Education setting. The FTP comprises eight components relating to: objectives, context, role and skills, small group work, group dynamics, resources, support and evaluation. These components are designed to accommodate trainees with different learning styles (activists, pragmatists, theorists and reflectors) using training methods underpinned by adult learning theory and contact hypothesis. A description of the facilitator training is provided within this paper to illustrate how these eight components can be utilised by educators, to apply to their own IPE intervention and customising training to suit their own specific need.

Keywords: *Interprofessional, education, learning, facilitator, training, teamwork*

Introduction

Background

Although delivery methods for interprofessional education (IPE) vary, IPE is now widespread throughout undergraduate healthcare training. It is generally agreed that simply holding shared lectures for students from different healthcare professions is unlikely to foster the attitudes and knowledge conducive to effective interprofessional teamworking (Reeves & Summerfield Mann, 2003). Instead, facilitated interaction between students in multiprofessional groups is considered to be a key element of the interprofessional learning (IPL) process (Barr, 1996; Barr, Koppel, Reeves, Hammick, & Freeth, 2005; Freeth et al., 2005; Hammick, Freeth, Koppel, Reeves, & Barr, 2007; Ponzer *et al.*, 2004) and thus to play

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a vital part in successful IPE interventions (Carpenter & Dickinson, 2008; Cooper, Spencer-Dawe, & McLean, 2005; Oandasan & Reeves, 2005; O'Halloran, Hean, Humphris, & Macleod-Clark, 2006). However, it has been reported that facilitators working to support students in multiprofessional groups often feel unprepared for their role and that they are presented with different challenges compared to those faced when supporting uni-professional groups (Freeth & Reeves, 2004; Rees & Johnson, 2007).

Facilitators who embrace a positive attitude towards IPL have been shown to enhance their students' learning experience (Howkins & Bray, 2008). To help facilitators reach this positive mind set, thorough preparation is advocated (Anderson, Cox, & Thorpe, 2009; Howkins & Bray, 2008; Rees & Johnson, 2007).

The role and skills that IPL facilitators require are currently being investigated (e.g., Lindqvist & Reeves, 2007; O'Halloran et al., 2006). Also, the characteristics IPL facilitators are expected to have (Howkins & Bray, 2008; Hughes, Marsh, & Lamb, 2006) along with theories, models and frameworks related to interprofessional facilitation (Howkins & Bray, 2008) have been presented in the literature. Yet, practical models of how to effectively prepare IPL facilitators, that are easily accessible to the wider audience, are limited (Freeth et al., 2005; Hammick et al., 2007). The aim of this paper therefore, is to describe a training model for IPL facilitators that can serve as a framework for others.

Context

An IPE intervention developed by the Centre for Interprofessional Practice at the University of East Anglia, UK involves approximately 1500 students from nine different pre-registration healthcare programmes within a Faculty of Health and School of Pharmacy. The Centre currently delivers four levels of an IPL programme (IPL1-4), which, in most cases, relates to the students' year of study. The principal aim of the IPL programme is to foster the knowledge, skills, attitudes and behaviour required for effective interprofessional teamworking.

In each IPL level students from different professions work together in small groups around a task, supported by an IPL facilitator (Lindqvist, Duncan, Shepstone, Watts, & Pearce, 2005a; Wright & Lindqvist, 2008). The main role of the IPL facilitator is to provide guidance and support, when necessary, during the groups' learning experience. In order for them to do this effectively and consistently, they complete a facilitator training programme (FTP) delivered by the Centre. The principal aim of the facilitator training is to help facilitators provide an optimal IPL environment for all students.

During the FTP it is intended that facilitators acquire an awareness of the additional complexity involved with supporting multiprofessional groups, compared to working with uni-professional groups. As well as the diversity in students' background and learning needs (Lindqvist & Reeves, 2007), students' existing views of their own profession and others can impact on group dynamics and performance (Lindqvist, Duncan, Shepstone, Watts, & Pearce, 2005b). The educational theories underpinning the FTP reflect this.

Educational theories underpinning the FTP

The educational theories underpinning the FTP are based upon principles of adult education, as described by Knowles (1975, 1984) and the modified version of the contact hypothesis presented by Brown and Hewstone (1986), which emphasises the effectiveness of interaction between diverse groups.

The benefits of adopting an adult learning approach in relation to IPL are well described. Clay and colleagues (1999) for example, address the need for IPL facilitator training to run over a period of time and for the content to be based upon the perceived needs of the learner. It is recognised that the adult learner must actively engage in their learning, and according to Speck (1996) they do this best by taking part in small-group work, which enables them to apply, analyse, synthesise, and evaluate understanding as a result of sharing and reflecting on their learning experiences together. The safe environment required by the adult learner – where they do not feel threatened, anxious or embarrassed in any way (Knowles, 1975) – is also a key aspect of the contact hypothesis.

Brown and Hewstone (1986) assert that knowledge and understanding of differences and similarities between groups is important in reducing prejudice. They emphasise the importance of inter-personal interactions, but also discuss other conditions needed for successful inter-group contact. Although originally developed to enhance relations between racial or ethnic groups (Allport, 1954), application of this approach to learning has proven effective in promoting more positive (i.e., less negative) attitudes in a variety of groups, including different healthcare professionals (Hean & Dickinson, 2005; Hewstone, 2003). Carpenter and Dickinson (2008) describe other factors in addition to face-to-face contact that need to be considered when supporting IPL. One example of such a factor, which is addressed during the FTP, is the acknowledgement of the similarities and differences that exist between professional groups. During the FTP, facilitators are given an opportunity to embrace this concept by working together, interprofessionally.

An outline of the FTP is given below to show how these theories are practically linked to its delivery.

Outline of the FTP

Staff from different professions working together to reach a common vision

The FTP is delivered by educators in the Centre and is aimed at those who will facilitate IPL1 (involving first-year healthcare students). The team of trainee facilitators comprises a wide range of staff from each of the schools involved in the IPL programme, some of whom work as health and social care practitioners within the National Health Service (NHS) in addition to their academic role. A central importance, placed on everyone being committed to the same vision, is emphasised by the expectation that all staff complete the FTP before their involvement in IPL1, and thus identify themselves as an interprofessional team of facilitators. Others echo the need to include and involve staff from all health and social care professions in IPL (Reeves & Summerfield Mann, 2003; Steinert, 2005), as without this commitment interventions often fail (Freeth et al., 2005). Also, diversity of facilitators across schools, who are committed to the same vision of IPL, is important as they will act as role models for their own profession when interacting with their students.

As facilitators will work with multiprofessional student groups, it is essential for them to become aware of their professional identity in relation to others (Wee & Goldsmith, 2007). Attitudes, anxieties and threats of professional boundaries and roles exist amongst members of different healthcare professions (Atkins, 1998; Carpenter, 1995; Hall, 2005; Hewstone, Carpenter, Franklyn-Stokes, & Routh, 1994). It is intended that by acknowledging that these feelings may exist, facilitators can discuss and work together over a period of time during the FTP to understand how they can best dispel negative attitudes, anxieties and threats that may present within their IPL student groups.

Allowing sufficient time for training

The FTP runs for 12 hours (four hours each week for three weeks) allowing time for participants' reflection and feedback on what they have learnt as they progress through the training as discussed by others (e.g., Clark, 2006; Hook & Lawson-Porter, 2003; Wee & Goldsmith, 2007).

In addition to making sure all facilitators are committed to the same vision, and allowing sufficient time for this to happen, the inclusion of relevant content and adoption of appropriate training methods also plays an essential part in engaging everyone in the learning process.

Inclusion of relevant content and adoption of appropriate training methods

As discussed by Payler, Meyer, and Humphris (2008), it is important to pay attention to the approaches used in interprofessional learning and teaching. Development of the FTP was built around IPL1 described in Lindqvist et al. (2005). During the FTP, participants take part in a shortened version of IPL1 to ensure that the main content is directly relevant and encourages active engagement.

Although adult learners often prefer to learn in a particular – and sometimes set – way (Knowles, 1975, 1984), in the FTP participants are encouraged to engage in other learning styles. This is to ensure they can effectively support the learning in their IPL groups (Hillier, 2005), which are likely to include students with diverse learning needs.

A number of different teaching methods are adopted within the FTP, which reflect the learning styles presented by Honey and Mumford (1982). According to these authors, people can be divided into four groups depending on their preferred learning style, referred to as: activists (who learn best when they are involved in practical tasks); reflectors (who like to be thoroughly prepared and then given time to review and reflect); theorists (who prefer to anchor their learning to concepts and theories); and pragmatists (who want to see the relevance of their learning in real life). The teaching methods include didactic, as well as interactive, elements with the purpose of engaging the facilitators in the process of IPL and to ensure they achieve the aim of the FTP.

Using IPL1 as core, and recognising the four different learning styles described above, eight main components were developed to form the FTP (Figure 1).

The eight main components of the FTP

As illustrated in Figure 1, and mentioned previously, the FTP and its eight components were developed around the first level of our IPE intervention. In designing, or revising, training for IPL facilitators at another higher education institution (HEI), these eight components can be tailored to the local IPE approach. To facilitate this process, each of the eight components of the FTP will be described and discussed in more depth below. Some of the components may seem obvious to the reader, but together they serve to help facilitators provide an optimal learning environment for all students during IPL.

Component 1: Agreement of the learning objectives

At the outset of the FTP the learning objectives (Table I) are presented using PowerPoint, and participants are encouraged to share their initial thoughts on whether these reflect what

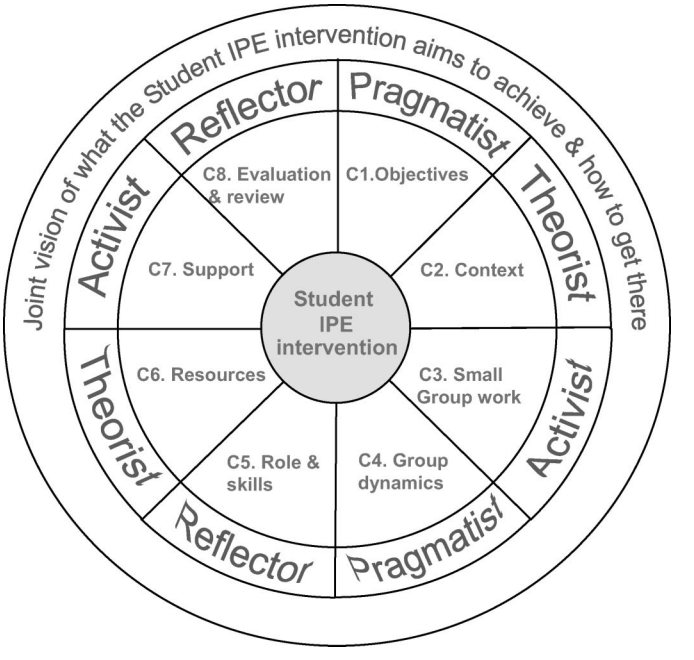

Figure 1. Development of the Facilitator Training Programme (FTP). The FTP was designed with the student IPE intervention as the starting point, and with the principal aim of helping facilitators to provide an optimal learning environment to all students during the IPL programme. In order for this to happen, facilitators need to share the same vision of what the intervention aims to achieve and through which process. The FTP comprises eight main components (C1–C8), each of which is designed to accommodate the four learning styles (as presented by Honey & Mumford, 1982).

they expect to achieve. Although this is not an uncommon way to open any type of training, the agreement of learning objectives of the FTP is an important first step to ensure that training remains relevant to participants. Furthermore, it offers reassurance to those who may feel anxious about the prospect of becoming a facilitator (Rees & Johnson, 2007). This seminar-style training is likely to attract the *pragmatist* in that the learner can see the relevance of the training at the outset.

Component 2: Presentation of the underlying theory, background and context

The two main educational theories underpinning the IPL programme and the FTP are the same, and participants are shown how these theories link to the approach to IPL that they are about to facilitate. Although facilitators will embark upon facilitating students in IPL1, they are given a overview of the IPL programme as a whole in order to see how it works, both from a logistical point of view and how students can further their learning during subsequent levels of IPL. Background is given on the involvement of different stakeholders and organisations affiliated to the Centre, along with previous and current research projects related to the IPL programme and IPE in general. This information enables participants to see the bigger picture and their position within it.

This didactic teaching relates primarily to the *theorist's* style of learning as it explains how the main theories are translated into practice and why they are so important to the IPL

Table I. Principal learning objectives of the FTP.

The principal learning objectives of the FTP are to:

1. ensure that all facilitators:
   - share a common philosophy and vision of IPE and IPL;
   - are aware of the contents of IPL1 and its aims and objectives so that as far as possible all students have the same *core* IPL experience;
   - have a clear understanding of their role in order to give optimal support to the students during the programme.
2. prepare facilitators for their role of supporting students in cross-professional groups in order to foster the knowledge, skills, attitudes and behaviour necessary for good interprofessional teamworking.

process. This contextualization of IPE in general and the IPL programme in particular aims to fully engage participants in the training and to embrace the third component so to attract the *active* learner.

Component 3: Small group work

In order for facilitators to gain a deeper understanding of the applied content in the IPL process, participants are divided into small multiprofessional groups. Each group undertakes some of the students' tasks in IPL1: they agree five key principles that *they* believe facilitate effective interprofessional teamworking, and work together as a group around a patient case scenario to discuss their respective roles within the case.

In the final session of the FTP each group of participants is asked to give a presentation to experienced facilitators. They can chose to present in any way they like as long as it reflects what they have learnt by working together during the FTP and their current understanding of interprofessional working. After each presentation, the presenting group will self-appraise how they worked together during the FTP, whilst the other group of trainee facilitators will carry out an informal peer-assessment. This mimics what the students do as part of IPL1 during their last meeting, and thus serves to give participants an experiential understanding of the process.

Many staff members do not have recent experience of working together with peers from other professions. Active interaction in small groups gives participants an opportunity to acknowledge their perceptions of their own professional role and that of different healthcare professionals, along with the benefits and/or challenges related to the dynamics of multiprofessional groups (see Wee & Goldsmith, 2007).

Component 4: Role-play of IPL group

It can be anticipated that students in the IPL groups will not know each other and that, for some, working together with students from other professions can be a daunting task. Group dynamics, which may develop, can therefore be challenging for the facilitators to manage. To demonstrate the kind of group dynamics that can emerge and the common concerns raised by students related to the process, value and timing of IPL, experienced facilitators role-play a ''typical'' IPL group for the participants. The role-play is stopped at specific points for the participants to contribute their own thoughts and to ask questions of the ''actors'' related to the way the facilitator in the role-play responded to students' behaviour and concerns. At this point during the training the participants have an opportunity to discuss their own experiences and ideas of group management and how they think facilitating IPL differs from supporting uni-professional groups. The experienced facilitators acting in the role-play provide further depth to the discussion as

they can provide a range of ''real life'' examples of group management. This component of the FTP is planned to both showcase potential group dynamics, and to provide a further example of the role and skills needed as an IPL facilitator in a way that is likely to attract the *pragmatic* learner.

Component 5: Discussion and reflection on the IPL facilitator's role and skills

Experience of a shortened version of IPL1 and observation of role-play is intended to help participants gain increased understanding of what it means to be an IPL facilitator. At the end of the FTP, the role and skills are outlined to stimulate further discussion and reflection on the anticipated role of an IPL facilitator and the skills needed. The role and skills presented in Table II are those agreed by all facilitators who have taken part in the IPL programme since the outset of the FTP in 2003.

As the IPL programme develops, and the literature provides further evidence of the requirements of an IPL facilitator, these will be amended/ developed as appropriate. The purpose of including this component in the FTP is to review participants' understanding of their future role. An important learning point for facilitators is that their role does not involve providing clinical knowledge. Facilitators are asked to be professionally neutral, in order to support all professions represented in the IPL groups on an equal basis (Howkins & Bray, 2008). For some facilitators this is quite difficult and something that makes some feel insecure (see Anderson et al., 2009).

Emphasis is purposefully placed upon the facilitator's role in optimising the learning experience of each IPL group. This can involve facilitators taking a back seat, whilst remaining alert and observant, so that they can gauge when to interact with the group. This requires a self-awareness of not only their actions and intentions but also their underlying attitudes towards IPL and interprofessional teamworking, which can greatly impact on students' views and their IPL experience.

Hopefully, after having worked together with a range of different professionals for a period of time during the FTP, thus allowing time for IPL amongst themselves and reflection of what they learnt, most facilitators are ready to take on their new role. Training materials

Table II. The role of the IPL facilitator and the skills required.

The role of the IPL facilitator is to:

- 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.

The skills required to be an IPL facilitator are to:

- 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.

provided by the Centre aim to help them further to make the learning experience a positive one, for both facilitators and students.

Component 6: Training material

Training pack. At the outset of the FTP, each facilitator is given a training pack, which includes an outline manual and a guide that will be given to each of their students in preparation for IPL1. The manual contains a detailed outline of what needs to be covered during each meeting with their student groups. The detailed outline of each meeting is intended to serve as an *aide memoire*, and in addition to the FTP itself, it helps to ensure all facilitators take the same approach and students receive the same core IPL experience. Further to the outline manual, the facilitators are provided with further training material to stimulate continuous development.

Resource folder. The provision of additional resource material is regarded as an important component of the FTP as it gives the participants an opportunity to increase their knowledge of IPE – at their leisure. The Centre has therefore developed a resource folder for facilitators to use on an *ad hoc* basis. It is issued at the end of the FTP to avoid overloading participants with literature, (see Hook & Lawson-Porter, 2003). As well as including a range of relevant articles and extracts from books, it also consists of literature related to the theories underpinning the IPE intervention and a troubleshooting manual based on the collective facilitator experiences with past IPL groups.

The training material may be especially attractive to the *theorist*, and for some it may be more relevant as they come across a certain challenge when facilitating. However, some facilitators benefit more by meeting with other facilitators to discuss these challenges and share ideas of best practice.

Component 7: On-going support and opportunities for facilitator development

During the FTP, a support network is formed, which plays an important role in the future development of the facilitators to ensure the overall aim of the training is maintained. Support is provided both by the interprofessional facilitator team as they continue to meet over the year, and the Centre.

Team support. An essential aim of the FTP is the integration of facilitators into an interprofessional facilitator team who will have the opportunity to learn with, from and about each other throughout the academic year. The fostering of an interprofessional team spirit is intended to play an integral part in ensuring that facilitators sustain the enthusiasm needed to motivate, encourage and support the process of students' IPL (Anderson et al., 2009) and is an attractive element for the *activist* learner. The team spirit is encouraged through peer support and regular meetings throughout the year arranged by the Centre. The absence of such a support network can lead to facilitators feeling isolated and unable to discuss interprofessional issues with other interested individuals (Rees & Johnson, 2007), which can have a detrimental effect on the delivery of IPE.

The Centre. Facilitators also have regular contact with the Centre from the outset of the FTP throughout the academic year. Having a central co-ordination point serves not only to support facilitators in their role, but also ensures that a consistent approach is taken by all facilitators in terms of keeping track of student absence and assessment. The Centre can

ensure that the IPL programme runs smoothly by always being on-call so that facilitators receive the support they need.

Component 8: Evaluation and review

The evaluation process is considered important to ensure that the FTP prepares IPL facilitators appropriately for their pending role. A two-stage evaluation process is employed. Facilitators complete a feedback form after completing the FTP, and again at the end of the academic year to encourage reflection at different stages of their development. The Centre reviews the FTP annually, and makes modifications when required with the aim of ensuring that the training remains dynamically responsive to facilitator needs. The Centre is responsible for the training being effective and relevant to the IPL programme as well as to other developments in health and social care.

Findings reported by Lindqvist and Reeves (2007) show that this FTP and the regular debriefing sessions provided by the Centre over the year to encourage team support play a key role in preparing and supporting the facilitators. In this study one facilitator mentioned that, during the FTP, they had initially felt concerned about how other professionals would approach them, thus acknowledging that feelings of anxiety in relation to professional boundaries exist amongst our facilitator trainees, as shown previously by other groups (see Atkins, 1998; Carpenter, 1995; Hall, 2005; Hewstone et al., 1994). The FTP had given participants an opportunity to deal with these feelings and learn how to respond to questions, asked by colleagues from other professions, about their clinical role. This study also revealed that the facilitator training had given facilitators a chance to interact with members from professions they had never worked with before, which meant they could enhance their own interprofessional learning as part of a multiprofessional team. Data collated from this study will be presented and discussed in more depth in a separate paper currently in preparation, in order to understand facilitators' perceptions on the learning process taking place during the FTP and as they meet throughout the year.

Figure 2 illustrates how the eight different components described and discussed above relate to each other during the 12-hour FTP. Furthermore, it aims to show the importance of offering opportunities for further training and reflection as the facilitators have had a chance to practice what they learnt.

The continuous investment in the planning, execution and evaluation of the FTP remains unquestionably fundamental to the IPE intervention, with effective facilitation being the key to its success.

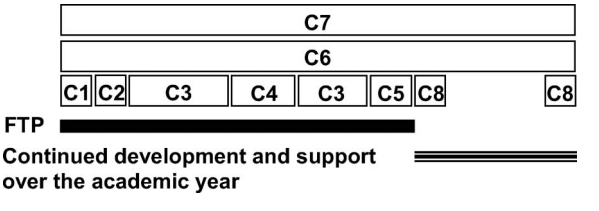

Figure 2. Timeline of the eight components. The figure shows how the eight components relate to each other in the 12-hour FTP (▬) and how components 6–8 continue to play an important role for facilitators' further development and support over the academic year (═). C1, component 1 (presentation of the training objectives); C2, component 2 (presentation of the context); C3, component 3 (engagement of participants in small group work); C4, component 4 (role play of group dynamics); C5, component 5 (discussion and reflection on the IPL facilitator's role and skills); C6, component 6 (provision of training materials); C7, component 7 (on-going support and opportunities for facilitator development); C8, component 8 (evaluation and review).

Conclusion

There is a call for IPL facilitators to be appropriately trained if students are to receive the same core IPL experience, and learn in an optimal and safe environment. Despite this agreed need, little guidance is offered to help educators to design effective training for IPL facilitators.

The FTP presented here is underpinned by adult learning theory and the contact hypothesis. It comprises eight components, each of which is distinguished from another and their usefulness to IPL facilitators justified. Each component has been designed to accommodate a particular learning style, and to prepare the facilitators for working with students with a wide range of learning needs. Although this paper focuses on the FTP, in our experience, most facilitators benefit hugely from having access to additional teaching material and additional support provided throughout the year as part of their training. IPL is a complex process and attitudinal change takes time. As facilitators play a key role in this process it is vital that they continue to practice what they preach.

Further examples and insights from facilitator training models taking place in the practice setting are needed to enrich and deepen the debate, which fully recognises the crucial part facilitators play in the IPL of health and social care students.

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