

**Interprofessional Professional Education Final Report  
Rosalind Franklin University of Medicine and Science**

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1. Title/Focus for your IPE prevention initiative

1. Title: Interprofessional Prevention Education Service project
2. Purpose: The purpose of our Interprofessional Prevention Education Service project is to promote Prevention Education in the areas of Physical Fitness, Preventive Screening, Nutrition, and Making Healthy Choices. Over 450 first year students at Rosalind Franklin University from 9 healthcare professional programs will complete interprofessional service projects in these areas.

2. Goals of project

1. Teach students from the 9 health professional programs the skills and knowledge necessary to conduct successful health prevention education programs.
2. Continue existing and develop new sustainable partnerships between our university and community agencies.
3. Design assessment tools to evaluate constituents' experiences. (students, community partners and participants)

3. Report of Full Project

Our project was in two parts. First we completed a pilot project with 3 interprofessional teams of students and then the full project with 23 interprofessional teams of students. The pilot was reported on in the progress report submitted in 2008. This report will concentrate on the activities and outcomes of the full project.

During the Interprofessional Healthcare Teams course that is mandatory for all incoming students in the 9 clinical on campus programs at Rosalind Franklin University, each student is assigned to an Interprofessional team of 15 students. Each team planned and participated in a service learning project. At the end of all of the projects, the students display posters describing their projects and discuss their reflections of their projects in their interprofessional team. The community partners are invited to the poster presentation.

As a result of our IPE prevention initiative, eighteen of the thirty-two interprofessional groups participated in a prevention education projects with local community partners. Each group spoke to between 20 and 100 people. Therefore, 360 to 1800 people were the recipients of the preventive education. The mentor

for each team briefly outlined the purpose of the project and gave the students suggestions for projects. IPE members included procedures for prevention education in the mentor training material. Topics for the prevention education presentations varied and included making healthy choices, physical fitness and nutrition programs such as:

1. Healthy eating and sanitary food preparation
2. The side effects of substances such as alcohol and tobacco.
3. The importance of physical activity
4. Risk factors and signs and symptoms of diseases such as heart disease and diabetes
5. The importance of hand washing
6. The importance of regular health screenings

The University students partnered with many local agencies to accomplish the educational programs. These include:

1. Grade and high schools
2. YMCA and YWCA facilities
3. Boys and Girls clubs
4. Nursing Homes
5. Residential facilities for physical and mentally challenged adults

The Prevention Screening and Education clinics were held at local malls and community facilities. A total of eight clinics were held which brings the total of interprofessional teams of (15) students represented in our project to 26. Close to 200 people were screened.

The following screenings were performed at the clinics:

1. Blood glucose levels
2. Weight and Height
3. BMI
4. Blood pressure
5. Visual and Pressure Foot Screenings
6. Balance

The educational sessions covered the following:

1. Heart disease and Diabetes risks
2. Warning signs of heart disease and Diabetes
3. The importance of exercise
4. Healthy eating habits

From the pilot project the previous year, we learned that we needed to get more buy in from the mentors and that we needed a more systematic approach to the prevention education training for our students. We attempted to get more buy in from the mentors through speaking with individual mentors and through discussions in the training sessions. We feel that we were successful, with most

of our mentors. All of our groups participated in service learning and most in prevention education and screening. We had participation from 26 of our 32 teams and approximately 390 of our approximately 480 students taking the interprofessional course. Close to 200 people received medical screenings and preventive education. Since each of the groups speaking on preventive education topics spoke with between 20 and 100 individuals, another 360 to 1800 people from the community participated in preventive education.

Our efforts to be more systematic in our approach to teaching the students about prevention education centered on mentor training. While we feel that the students received some training on prevention education, this is an area in which we need improvement.

#### Important decisions made

1. We accepted that we would not have 100% of the service projects concentrating on making health choices, physical fitness, nutrition programs and screening. We were very satisfied with the fact that 26 of 32 groups did concentrate their projects in the desired area.
2. The grant money was spent on reusable items such as small plastic models of skeletons and body organs, food models in proper portion sizes, intoxication goggles, posters for making health choices, a model of the amount of tar in a smoker's lungs, blood pressure cuffs and stethoscopes, glucometers, scales, and BMI calculation machines. We applied for another grant to purchase disposal items such as the glucose strips and gauze pads.
3. After the pilot we decided that we needed to approach our student groups earlier in the processes and explain more fully the importance of prevention education in order to get more "buy in". We also needed to discuss the concept of prevention education projects with our faculty mentors and develop a system of regular communication with the mentors and student groups.
4. We realized that it was not possible to obtain assessment of the activities from all of the participants but that we would attempt to have a representative number fill out assessments.

#### 4. Lessons learned or new perspectives

1. While we increased our efforts to instruct the students in methods for prevention education after the pilot, there was still more that we could have done. However, the students were very adept at the educational piece of the projects. The students, who spoke with participants one on one after the screening sessions, received more training. This was accomplished by training 4 students who in turn trained the others.
2. After the pilot we decided that we needed to develop a system to more closely monitor the groups. This was achieved in a somewhat indirect manner. This year, the student members of the teams were each responsible in interprofessional teams of two, for leading a class session. This included the class session where

the service project was discussed. Having students directly responsible increased the communication between the mentor and the student group.

3. We moved discussion of the service project up closer to the beginning of the class and devoted more time throughout the class to project discussion.
4. It was not possible for the 4 members of our APTR team to spend individual time with each of the groups. This was because of the number of groups, limited amount of time in each session, limited number of sessions and other activities that had to be accomplished in the class. However, training students to train other students and training the mentors more in prevention education were successful substitutes.

#### 5. Challenges faced

1. Getting students and participants to fill out assessment forms and getting the community partners to return assessment forms.
2. Maintaining contact with the groups
3. Spending individual time with the groups rather than working with all the groups at once.

#### 6. Evaluation of projects

In addition to the established reflective assignment and university wide poster session, three assessment tools, based on the goals established for the service learning projects, were developed: one for the students, one for the community partners and one for the participants of the prevention education sessions to complete.

The following survey results are from some of the prevention screening and education sessions. The majority of the students surveyed agreed that the training sessions were adequate. All of the students agreed that the community benefited from the project. Most of the students agreed that the projects allowed them to demonstrate social responsibility. Overwhelming the majority of the students felt that the project increased their exposure to cultural diversity; and the majority felt that it allowed them to collaborate interprofessionally.

The vast majority of participants surveyed felt that the information was presented in manner that was easy to understand and that it was useful. All agreed that the screenings should be continued in the future years. When asked what they learned, they responded that they learned about taking care of themselves, about checking for diabetes, about the need to exercise, and risk factors for certain diseases.

Unfortunately, none of the community partners returned the assessment forms however the ones who attended the poster session said that the projects were very helpful to the community.

We believe that the number of participants (360 to 1800) who received prevention education and additionally the number receiving screenings and preventive education (approximately 200) as well as the number of students (approximately 380) involved in the community are indicators of the success of the projects. We added several new community partners and had 10 partners come to the poster session as opposed to 3 the year before.

Because we bought reusable educational materials with the funds and will buy more reusable educational materials with the rest of the funds, we now have materials for our future students to use in prevention education projects. Each year we require our incoming students (approximately 480) to complete a service project. Now that we have 18 established prevention education projects and prevention screening and education project – this involved 8 groups – we can build on these projects to create more prevention education opportunities for our students.

While there are areas that need improvement like better return of assessments and more prevention training for the students, we feel that we have met the goals of the grant project and actually exceeded our expectations in terms of number of individuals served. We are very grateful to the APTR for this opportunity.

#### 7. Other items of interest

Our team did not participate in specific activities designed to help us work together more effectively. We did not feel that it was necessary because at RFU we are a very interprofessionally minded faculty and the four of us have worked together over the past four years on a variety of projects. We meet as needed to discuss the grant activities and interact with each other on other topics several times throughout the week if not daily.

We anticipated that our students would gain a deeper understanding and appreciation of the importance of prevention education and the impact that they personally can have on the surrounding community. We feel from discussion with our students that this was accomplished.