

An Interprofessional Course to Promote Transformative Learning and Enhance Community Resilience

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Mentoring involves reciprocal benefits. Additionally, it entails a mentor helping mentees achieve their goals, realize their potential, and learn from themselves. Mentoring has many benefits, including improved knowledge and skills development, greater confidence, and motivation to achieve one's goals. By creating a mentoring culture, positive outcomes occur, such as promoting individual growth and development, and challenging the mentee to move beyond their comfort zone, while learning in a culturally sensitive and safe environment. The power of mentoring lies in the reciprocal benefits to both mentees and mentors. Transformative learning involves moving education from a traditional biomedical-centric approach to an approach that provides a greater understanding of complex health systems in broader, sociopolitical contexts, especially the needs of our communities. This case study describes an interprofessional graduate student course utilizing hierarchical and peer mentoring models to promote positive career exploration and enhance community wellbeing. Sixty-four graduate students drawn from nine discipline core courses were enrolled in an online Interprofessional Education (IPE) month-long course. The students were assigned to ten groups of 6-8 students from different majors/disciplines, e.g., Nursing, Public Health. Seven professors mentored groups on an assignment examining community impacts from a Social Determinants of Health framework. Assignments included discussion posts and a culminating project reflecting on designing community programs and gaining insights into professional practice. IPE is based on the notion that health profession students are best educated and mentored on the necessary competencies and skills that they learn through peer collaboration and mentoring each other, representing diverse health fields. Consistent with prior research, student reflection revealed that students from different health science fields should be educated in the same setting to promote collaboration and interprofessional teams to address local community challenges.

Keywords: Interprofessional education, mentoring, collaborative learning, peer mentoring, career exploration

Introduction

Mentoring has many benefits to both mentor(s) and mentee(s). The power of reciprocity in knowledge exchange and learning is critical to optimal mentoring. According to the World Health Organization (WHO), Interprofessional Education (IPE) is an experience that occurs “when students from two or more professions learn about, from, and with each other” (WHO, 2008, cited in Interprofessional Education for Collaboration: Learning How to Improve Health from Interprofessional Models Across the Continuum of Education to Practice: Workshop Summary, pg. 1). This is essential in the health professions as often healthcare involves multiple professions working together as a care team. Our College had not had a previous course to foster interprofessional education. This newly created course was piloted in Fall 2024 and

intended to promote interprofessional education and enhance our students' learning experiences.

Literature Review

According to Hart, Turner, and Farrell (2020), IPE programs are well-positioned to educate on the social determinants of health as they inform skill development for complex care, as many health professionals are familiar with team-based interdisciplinary care in medical settings. Further, prior studies of IPE educational approaches found that students strongly agreed that students from different health science disciplines should be educated in the same setting to form collaborative relationships with each other. Deutschlander and Suter (2011) note that within an interprofessional mentoring approach, each healthcare practitioner/instructor acts as an “interprofessional mentor” and

creates interprofessional learning opportunities for students to learn with, and interact with and about, other disciplines and career options. Through interprofessional mentoring, students are taught about competencies and participate in team-based collaborative learning. Debriefings, reflections, and evaluation of the competencies (e.g., roles and decision-making) and student learning objectives are central to the interprofessional learning process (Reeves et al., 2010).

Garvey and Alred (2019) have written extensively on the art of mentoring. Dr. Bob Garvey is still giving workshops through the University of New Mexico's Mentoring Institute and has a long history of studying mentoring. In working with him in a seminar, one author learned that what we sometimes think we do as faculty is mentoring, which is more like advising. Garvey and Alred (2003) noted that key attributes are needed for mentor and mentee to have a successful mentoring experience, as follows: Initiating and sustaining a mentoring relationship requires specific personal characteristics and skills from the mentor, for example:

Relevant experience and skills, well-developed interpersonal skills, a desire to help and develop another person, an open mind and flexible attitude, recognition of one's own need for support, time and willingness to develop a relationship, an ability to listen, challenge, and support, the ability to build and sustain trust. A mentoring relationship, if it is to be a true partnership, also requires specific characteristics and skills from the mentee. These may include: commitment to one's learning, a flexible approach to one's learning, honesty and openness about one's own behaviour (sic) time and willingness to develop a relationship, reflective and reflexive abilities; and the ability to build and maintain trust (Garvey & Alred, 2003, p. 4)

There are many types of mentoring—hierarchical, developmental networks, peer mentoring, etc. However, extensive writings by Law et al. (2023) note that mentoring is differentiated from coaching, counseling, and advising. It is about the relationship that develops and the reciprocal growth and development between the mentor and mentee. Often, mentoring will evolve into career exploration, psychosocial support for life changes, and job issues, not just in an educational or academic setting. Mentoring can occur in diverse settings, for example, in clinics, universities, employment sites, and community agencies where students may perform their internships and/or placements. Students learn the specific job duties for their placements and other life skills, such as getting along with diverse groups. See the edited book *Reciprocal Mentoring* by Haddock-Miller, Stokes, and Dominguez (2023) for more information on mentoring across diverse settings. Mentoring is constantly evolving, with new approaches

and studies supporting positive outcomes for mentors and mentees. The present course was designed to utilize peer-to-peer mentoring and interprofessional mentoring for supportive exploration of community needs and issues via a collaborative learning approach. The activity, simulating real-world experiences, reflects team-based care models used in school, clinics, health departments, and other collaborative practice settings.

Method

Faculty members from various disciplines designed the mini-term course. The College of Health, Education, and Social Transformation (HEST) includes Nursing, Teacher Preparation, Administration & Leadership, Social Work, Kinesiology, Public Health Sciences, Counseling and Educational Psychology, Communication Disorders, Sociology, and Borderlands and Ethnic Studies. The course is a college-wide, non-academic, online asynchronous offering that included graduate students from various departments across the college. The course description presented on the home page was as follows: College of Health, Education and Social Transformation, HEST 5110: Interprofessional Education and Learning: Foundations of Collaborative Practice provides graduate-level students with an in-depth exploration of interprofessional collaboration as a critical component of effective practice in healthcare and related fields. The course examines theoretical foundations, evidence-based practices, and applied strategies for fostering teamwork among diverse professional groups. Students will use advanced case-based analyses, reflective exercises, and simulations to develop leadership, communication, and problem-solving skills for navigating complex, interdisciplinary environments. Emphasis is placed on addressing systemic challenges, ethical dilemmas, and innovation in client-centered care. The students are introduced to IPE with various readings and a FAQ page noting the historical context such as

"The Interprofessional Education Collaborative (IPEC) was formed in 2009 by six national education associations of schools of health professions representing higher education in allopathic and osteopathic medicine, dentistry, nursing, pharmacy, and public health. The IPEC goal is to promote and encourage interprofessional learning experiences." IPEC common core competencies for interprofessional collaborative practice guiding curricula development across health professions. The Four IPEC IPE Core Competency Domains include:

1. Values/Ethics for Interprofessional Practice
2. Roles/Responsibilities
3. Interprofessional Communication
4. Teams and Teamwork

Further, the students are informed that our

New Mexico State University has been doing this once every academic year since 2020 as a formal course, but that the beginning was, as follows:

An IPE committee was formed in 2018 among faculty in the College of Health and Social Services (CHSS). This group planned and implemented a yearly project in the fall through which students from each program learned about and collaborated around an issue that impacted nursing, public health, and social work. Since then, the committee has grown with the college and now represents departments across the college and is expanding to explore interprofessional collaboration in education, healthcare, and other settings.

The students are then reminded of the learning expectations, which are as follows:

Upon successful completion of this course, graduate students will be able to:

1. Critically evaluate theories and models underpinning interprofessional education and collaborative practice.
2. Demonstrate advanced communication and facilitation skills tailored to interprofessional team dynamics.
3. Synthesize knowledge of professional roles and scopes of practice to optimize team-based care delivery.
4. Address ethical and organizational challenges inherent in interprofessional collaboration with evidence-based solutions.
5. Develop and implement strategies for improving interprofessional team performance in complex and diverse practice settings.
6. Reflect on personal leadership styles and their impact on team dynamics, decision-making, and care outcomes.
7. Contribute to the advancement of interprofessional practice through scholarly inquiry and innovative approaches.

There were eight Public Health students, 20 Speech-Language Pathology students, and 32 Nursing students. These sixty students were divided into 10 groups, each containing five students from different disciplines. Before implementing the mini-course, the faculty reviewed the course and edited it as needed. The instructional design team reviewed the course for consistency and content, which they approved before its launch date. The front page describes the course timeline and expectations and includes a link to meet the instructors. The remaining modules were as follows: Module 1: "Introduction to Interprofessional Roles," Module 2: "Collaborative Learning," Module 3: "Presentation and Problem-solving in Teams," and Module 4: "Reflection and Future Direction." Within each module, was a designed instruction page that provided the course description, learning objectives, activities, and outcomes for the module. Each module had corresponding discussions. The discussion prompts in the module, diverse perspectives, and evidence-

based practice collaboration were as follows:

Reflect on how diverse professional perspectives contribute to addressing systemic challenges.

Consider the following;

- How does your profession approach these challenges, and how do other disciplines complement your approach?
- Provide an example of how evidence-based research has informed or could inform collaborative solutions in your field".

Each faculty mentor worked with students their field and facilitated interprofessional dialogue and guidance. Students met the discussion expectations by providing an initial post with scholarly references and two required responses to two other students. A rubric was created to assign points to the three required posts: initial post and the reactions to two peers. We provided students with a discussion relevant to the topic they addressed in the module. Upon completion of the course, we asked students to respond to a post-course survey to aid future designs of this course content.

Results

There were 60 graduate students registered in the 2025 HEST Interprofessional Education mini-course, with 10 interprofessional mentors from the following health-related disciplines: one representing Speech and Language Pathology, three faculty from the School of Nursing, one from the School of Social Work, one from the Public Health Department, and one from the Athletic Training Program. Fifty-eight students participated in an end-of-the mini-term open-ended question anonymous survey; five comments were eliminated due to students' not fully answering the questions.

We provided the students with two qualitative survey questions. The first question was "What did you find valuable about this activity?" Thematic analysis was employed, and two faculty members examined the responses. Predominant themes included the following: Being involved in interprofessional learning and learning from other student perspectives, the assignments discussed a patient-centered care focus, and the collaborative experience. The second question was, "What aspect of this activity would you change?" Student responses involved the following key themes: They wanted to see more interaction and have more time with assignments, and changes to the course structure due to logistical concerns such as timelines. Three themes were related to overall course value: students explained the value of the learning process, of gaining exposure to other disciplines, and of being provided with opportunities for collaboration. Regarding the "change or course modification" question, desired more assignment time, improved engagement, a more transparent structure, and less "filler" content. Students expressed that they liked the

concepts, and the learning material was useful, but they wanted less “busywork” and more dynamic collaboration.

Some students’ comments relating to the “value” of the content were as follows:

- “I found that this course was helpful and valuable with discussing topics with people in other disciplines.”
- “I thought it was great to learn the different skills and perspectives of a collaborative professional team.”
- “Having the opportunity to learn from other professionals and careers through discussions and looking for ways to collaborate to make a greater impact in the community. I believe interprofessional collaboration is essential, and it’s always interesting to gain insight into the perspectives of other specialties.”
- “It helps broaden our understanding and improves teamwork in patient care.”
- Some students’ comments were as follows, related to the “change” of the content and logistical structures:
- “I would expand the due dates and include visual instructional material.”
- “I would select a real like or current health issue to address and actually present on how everyone would collaborate to address the issue.”
- “The number of sources and the length of time these activities would take. It really added so much extra time to my schedule on top of a busy schedule. I feel like it could be condensed tremendously.”
- “Maybe more face-to-face meetings, only one time, just so we can meet the people we’ve been discussing with.”

Discussion

Overall, students expressed moderate satisfaction with the content of this course but indicated that they highly valued the mentoring and experiential learning components. Their survey responses indicated that they formed interprofessional connections with professors and students in disciplines other than their own that can be carried beyond the framework of this class. They stated that they learned more about the structures and processes of interprofessional health professional collaborations and what their future roles in them can be. As some students had not seen a role for themselves in such teams before the class began, this also opened their eyes to new possibilities for employment in their internships, practicums, and post-graduation.

The course learning objectives were met through discussions and activities, and some were also supported by standardized readings. The culminating project provided an opportunity for students to integrate theories and theoretical constructs (e.g., Social Determinants of Health) and evidence-based programs, processes, and policies to address a specific health scenario and to exercise the skills learned during the course.

Collaborating and communicating with peers in other disciplines required students to use more advanced communication and facilitation skills tailored to interprofessional communications, rather than to jargon-rich communications. The discussion prompts and case study to which they responded required them to gain more in-depth knowledge of professional roles and scope of practice than they had held before the class and to consider strategies for improving and maintaining a high quality of professional performance in post-graduate settings. Some expressed an increased appreciation for the value of interprofessional teams, with one student commenting that the IPE “...was valuable in that it reinforced the reality that healthcare is multifaceted and no one discipline can adequately meet the needs of the population.” The focus on Social Determinants of Health specifically increased students’ understanding of professional ethics and the importance of interprofessional collaboration in providing holistic care. Information discussions on the purpose and processes of Institutional Review Boards and their role in ensuring ethical behaviors in the fields was also highlighted by students whose comments focused on professional ethics. Through the activities and both forms of mentorship that were integrated into the course, students came to better understand their professional ethical and social responsibility for collaboration. One student stated that the mentorship relationships and course activities “deep[ened] my understanding of interprofessional collaboration as a necessity for equitable, effective care.”

Exposure to multiple leaders, including professors and peers, provided class participants with opportunities to observe multiple leadership styles and the ways in which they can impact group dynamics and communications in a team setting such as small group class projects. Not only does this help them reflect more deeply on their leadership styles, but it also better prepares them to identify leadership styles and potential mentors in their future workplaces, thereby increasing their success and further enhancing their stewardship potential.

As noted above, a barrier to success was differential enrollment numbers in the disciplines represented within the course. Students greatly appreciated interacting with others from diverse personal and professional perspectives, and some expressed disappointment that there was low diversity in field representation in their groups (e.g., one group was comprised of students in only two disciplines). One option for addressing this is to limit the number of groups to ensure that disciplines with low student representation are represented in as many groups as possible. However, this must be balanced with concerns about group size. Five students per group was effective in this course; this could be increased to six to seven to enhance representation, but groups larger than this could negatively impact

student communications within their groups.

Conclusion

The IPE course provided both hierarchical and peer-to-peer mentoring approaches. Students reported learning that communication with peers and interprofessional mentors was invaluable and similar to what they will experience in real-world jobs. They also learned of other career exploration paths from their peers. Expansion of this course will be undertaken next.

Students commented on their learning through the hierarchical (professor-student) and peer mentorship formats that were incorporated into the class. Working with instructors who specialized in disciplines other than their own not only helped them better understand these disciplines but also provided them with additional social models for their own leadership and career advancement.

Departments and Colleges that want to implement a similar class should consider the professors' knowledge and integration. In the case of this course, this was the first semester in which some degrees were represented, and more time integrating these would likely have enhanced student experiences. One student commented, "what [they] ended up learning was that other professionals/future professionals know so little about speech pathology, which made me feel unimportant or overlooked." A powerful, but negative outcome emerges from the situation. Meetings of all professors when the course is being designed could include conversations about what each participating discipline "brings to the table" so the class can integrate and even highlight underrepresented disciplines. Such meetings would also provide opportunities for peer mentorship at the faculty level. While time limitations on faculty certainly would constrain the number and length of meetings, the mentoring experiences would be enhanced for all.

Additional time for the class and its assignments would have enhanced student experiences and expand the mentoring timeframe. Programs considering a class such as this might consider offering this course for a higher-than-usual number of credits, offering a full summer term option (fewer weeks for many schools, but allowing students to heighten their focus on the materials and activities), and/or requesting student reviews of the syllabus and activities before course implementation to ensure feasibility. Students in the course wanted more examples, more synchronous meetings, and a more varied representation of fields and perspectives while acknowledging the strain on their ability to do their best work under a heavy workload. For this reason, the first two options noted above may be preferable; however, their feasibility must be carefully assessed, and their long-term sustainability be evaluated to ensure successful implementation and meaningful impact.

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