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### Evaluation of a Pilot Study for a Capstone Course: Integrative Interprofessional Practicum Experience

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#### **ABSTRACT**

The purpose of this paper is to describe a pilot study that will further develop and refine the capstone course for an 11-credit hour Interprofessional Curriculum. The course is being designed to allow students an opportunity to apply interprofessional concepts within the context of a practicum experience. Students were recruited from a variety of Health Science programs. Eleven volunteered to participate representing nursing, physical therapy, and occupational therapy. A low-income, urban residence was chosen for the project site. In collaboration with the community site director, students created a resource manual, "Your Guide to Health," and developed a health promotion/illness prevention *Health Fair*. Methodology used to evaluate the pilot study included student and faculty perceptions, course evaluations, and administration of the Team Effectiveness Tool (TET). While course evaluations and student/faculty perceptions were positive, several challenges were identified. The results of the pre- and post TET scores were analyzed using a Wilcoxon test. No significant difference was found in the results ( $Z = -.311, p > .05$ ). Lessons learned from this study will assist in the ongoing development of the capstone course, Integrative Interprofessional Practicum Experience, which will contribute to the preparation of students for collaborative practice.

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#### **INTRODUCTION/BACKGROUND**

Interprofessional team collaboration has been identified as a major competency required for health care professionals.<sup>1-3</sup> A challenge facing health care educators is identifying methods to prepare students to work collaboratively in the practice setting. One potential strategy to meet this challenge is to expose students to interprofessional teamwork during their formative education.<sup>4</sup> To test the efficacy of this strategy, Saint Louis University developed an Interprofessional Education (IPE) curriculum that is embedded in various health professions' academic programs (Table 1). The curriculum culminates in a capstone course, "Integrative Interprofessional Practicum Experience."

**Table 1: Saint Louis University Interprofessional Education Curriculum<sup>4</sup>**

Course Name	Course Description	Credit Hours
Introduction to Interprofessional Health Care	The philosophical and theoretical foundations of interprofessional health care are explored.	1
Health Care System and Health Promotion	Explores the relationship between the health care system, the health of the country, and current strategies for improving health condition of the population.	3
Health Care Ethics	Introduces students to the ethical issues confronting health care practitioners.	3
Evidence-Based Health Care	Examines the incorporation of evidence into health care practice.	2
Integrative Interprofessional Practicum Experience	Provides the student with hands-on learning experience focused on client system-centered care as members of an interprofessional team.	2

The purpose of this report is to describe a pilot study that will further develop and refine the capstone course for the IPE curriculum. The capstone course as designed will provide students with a “hands-on” learning experience as a member of an interprofessional team within the context of a service-learning project. Teams will be assigned to a community setting to develop and implement a project to improve health outcomes in collaboration with a community agency. When implemented, the course will accommodate approximately 150 students per semester from Athletic Training, Clinical Laboratory Science, Medical Imaging and Radiation Therapeutics, Medicine, Nursing, Nutrition and Dietetics, Occupational Therapy, Physical Therapy, and Social Work.

#### LITERATURE REVIEW

A review of the literature supports interprofessional learning opportunities as an effective way to increase insight into the role of other professions and apply interprofessional team skills.<sup>5-9</sup> For example, Kilminster, et al. found that interprofessional workshops helped improve communication skills and encouraged participants to ask other professionals for advice and opinions.<sup>8</sup> Ker, et al. created an interprofessional simulated ward environment for nurses and medical students that was perceived by both groups as promoting collaborative working and learning.<sup>10</sup> Students had positive comments about the opportunity to 1) use their previously acquired clinical skills, 2) identify professional roles and contributions, and 3) socialize with a different professional group and communicate as a team.<sup>10</sup> Horsburgh, et al. reported similar findings after conducting a two-day interprofessional program emphasizing patient safety and quality improvement in health care.<sup>11</sup>

Students experiencing interprofessional collaboration within the context of service learning are supported in the literature. Edwards and Smith reported on an undergraduate community-based interprofessional educational project in rural, underserved areas of Tennessee.<sup>6</sup> The community learning environment focused on team collaboration. Student outcomes included a 1) better understanding of each other's professional roles and contributions 2) strong support for early intensive clinically based learning, and 3) positive perception of community interaction. Similar findings were described by Waddell, et al in their service learning project involving home visits to a geriatric population by an interprofessional team of medical, nursing, and pharmacy students.<sup>12</sup>

Although there are positive outcomes reported in the literature about service learning interprofessional experiences, this educational approach is not without challenges. Taylor, et al. determined the primary challenge to this type of learning experience is scheduling.<sup>13</sup> From a logistical perspective, it is difficult to find a common time when students from multiple disciplines can meet.<sup>14</sup> Another challenge identified by Kapelus, et al. was that one semester was an insufficient amount of time to experience the health promotion continuum from needs assessment to project development and evaluation. In addition, student satisfaction was linked to the amount of time spent with their interprofessional team.<sup>7</sup>

## OBJECTIVES

The pilot study was designed to determine:

- (1) students' perceptions of the course in enhancing interprofessional collaboration;
- (2) students' perceptions on developing into an effective team;
- (3) students' evaluation of the organization and content of the course;
- (4) faculty's perceptions of the benefits and challenges of the course; and
- (5) faculty's perceptions of the Team Effectiveness Tool (TET) as a viable instrument for assessing interprofessional team development.

## METHOD

### Recruitment

Saint Louis University Institutional Review Board approval was obtained prior to the implementation of the study. The study population included approximately 400 upper classmen and professional students enrolled in a variety of health science programs in Clinical Laboratory Science, Medical Imaging and Radiation Therapeutics, Nursing, Nutrition and Dietetics, Occupational Therapy, and Physical Therapy. Athletic Training students were not recruited for this study as the program was in its formative stages. Students who were on academic probation or had a cumulative GPA of less than a 3.0/4.0 were excluded. No students were excluded based on gender or racial/ethnic group. Faculty of the respective academic units notified potential participants about the study and instructed them to contact the investigators for further information. Investigators provided interested students with a Recruitment Statement for Research Participation. This statement included the participants' responsibilities and emphasized that they could choose not to participate or withdraw from the study at any time without repercussions. No monetary incentive was provided; however, the VOICES grant allowed for refreshments.

### Sample

Fifteen students contacted the investigators for further information; 11 volunteered to participate. Of the 11 students, four were from Nursing, three were from Occupational Therapy, and four were from Physical Therapy. Ten of the 11 students were female, and the mean grade point average of the 11 students was 3.68 (4.0 scale). Seven students were seniors in Bachelor of Science programs, three were professional year students in a Master's of Physical Therapy program, and one student was a junior in a Master's of Physical Therapy program. Students in the study had not participated in the foundational IPE courses outlined in Table 1. Since the IPE curriculum was being phased into the various health science curriculums, these students had not participated in the foundational courses outlined in Table 1.

### Procedure

Students were expected to 1) complete the three-hour St. Louis Catholic Archdiocese sexual abuse prevention program, "Protecting God's Children", as required by the community site; 2) participate in four, two-hour class sessions, one of which emphasized team building and conflict resolution; 3) develop an interprofessional team project; 4) complete an interim and final reflection to capture perceptions of the course enhancing interprofessional collaboration; 5) complete a pre- and post survey on team effectiveness using the TET; and 6) complete a course evaluation at the end of the semester. Approximately 12 hours were allocated for student participation during the academic semester excluding times that the students met outside of scheduled class to collaborate and implement their team project.

### Team Project

The community site for the team project was a low-income, urban residence for 19 families. This site was chosen by the faculty because of its established relationship with the University, close proximity for student access, and obvious health care needs of the residents as identified by the site coordinator. At the beginning of the pilot study, students were divided into two teams with each of the disciplines represented. Students used health assessment data collected by research assistants during the previous semester from ten of the 19 families to identify health care priorities. Assessment data were generated from guided interviews with the head-of-households, all of whom were women. Team #1 created a resource manual titled, "Your Guide to Health" (Table 2). Included in the manual was a section for the resident to update health history, guidelines to assist the resident in navigating the health care system, and additional healthcare information. Team #2, in collaboration with the community site director, developed a health promotion/illness prevention *Health Fair* that focused on stress management, diabetes, self-breast examinations, and hypertension. Following a class in which each team presented their individual projects, it was decided by the teams to combine their efforts for increased efficiency and effectiveness. As a result, time was built into the agenda for the *Health Fair* to present the resource manual, discuss its use, and answer questions. The students developed a simple, knowledge-based quiz given at the end of the *Health Fair* to reinforce the content and provide an avenue for clarification.

**Table 2. Your Guide to Health**

<b>Title of Chapter</b>	<b>Contents</b>
<i>Your Health History</i>	Contained a form to document health history information to present to Health Care Provider (HCP).
<i>Your Medications</i>	Concise list of medications/dose/frequency for presentation to HCP. It also included the "why" for taking each medication.
<i>Your Vaccination Record</i>	History of vaccinations.
Keep track of <i>your</i> visits	Date/name and reason for visit/specialty/treatments performed.
Planning <i>your</i> Doctor's visits	Step by step list of items to assist in the preparation of the visit to the HCP ( i.e. health history, medication list, and reason for appointment).
Talking with <i>your</i> Doctor	Tips on communicating with the HCP.
Which specialist should <i>you</i> see	Names specialists and describes role in laymen terms. For example, dermatologist is a "skin" doctor.
Build <i>your</i> question list	Checklist for follow up questions if given a diagnosis; recommended for surgery; scheduled for medical tests; or given a prescription.
When to go to the Emergency Room	Lists 10 symptoms that may require a visit to the Emergency Room such as inability to speak or vomiting blood.
Exercising <i>your</i> body	Describes benefits of physical activity, how to begin an exercise program, describes a 10-week walking schedule, and safety issues.
Managing <i>your</i> stress	Describes 10 positive health habits to deal with stress such as daily physical activity, giving up unhealthy habits, and getting enough sleep.
Enjoying <i>your</i> free time	List of free activities in the surrounding community.
Information on Medicaid	Medical care services provided in the state.
What <i>you</i> should know about...Diabetes, High Blood Pressure, Diabetes	Reiterates information presented at the Health Fair.
<i>Your</i> children's health	Fun and healthy snacks for children.
<i>Your</i> medical dictionary	Definition of common medical terms.

Three weeks into project planning the director of the community site informed the students that the majority of women would not be able to attend the *Health Fair* due to a lack of child care. Subsequently, the students developed several children's programs to run concurrently with the *Health Fair*. Children's topics included preparing healthy snacks, proper hand washing, dental hygiene, and fun fitness exercises.

Overall, the *Health Fair* was successful. All adult residents (N = 13) gained health promotion knowledge based on the results of a student-developed quiz given post *Health Fair* (9 scored 100%; 4 scored 80%). All of the children (N = 20) were instructed in proper hand washing, dental hygiene, fun fitness exercises, and healthy snack preparation. Adult residents rated students' performance and usefulness of the information as extremely positive. Residents' suggestions for improvement were: 1) create a "purse-size manual" to keep track of health history; 2) include information on natural remedies, weight control, and glucose monitoring; and 3) plan future *Health Fair* events.

#### **DESCRIPTION OF PILOT STUDY'S EVALUATIVE PROCESS AND INSTRUMENTS**

The evaluative process of the study included 1) interim and final collection of student perceptions of the effectiveness of the course in preparing them for interprofessional collaboration, 2) administration of the TET twice during the semester to determine if the students perceived themselves as developing into an effective team, 3) completion of course evaluations by the students that assessed the course's organization, content, and the progression toward educational goals, 4) compilation of faculty's perceptions of the benefits and challenges of the course following a course debriefing, and 5) determination by faculty of the usability of the TET in the future. All student data were completed anonymously. Reflections, pre- and post TET questionnaires, and course evaluations were collected by a student and delivered to a designated transcriptionist. The transcriptionist compiled the objective data and transcribed the students' comments. The faculty did not have access to the original data.

The tools utilized to gather data were 1) faculty generated list of three questions to gather students' perceptions of the effectiveness of the course in preparing them for interprofessional collaboration (Table 3), 2) modified course evaluation document (Table 4), and 3) TET as adapted by Primary Health Services Branch Saskatchewan Health. The TET was developed based on the ideas of the Team Building Source Book and The Team Building Character Inventory developed by David W.

Jamieson.<sup>15</sup> The TET consists of 29 items divided into four domains: 1) team purpose and vision, 2) roles, 3) team communication, and 4) team support. The items are ranked using a 4-point Likert scale (strongly disagree/disagree/agree/strongly agree). After an extensive literature review and contact with the Primary Health Services Branch Saskatchewan Health, it was determined that the reliability and validity of the TET had not been established. The authors determined content validity by comparing the domains of the TET to the Primary Teamwork Competencies as identified in the Agency for Healthcare Research and Quality report on medical teamwork and patient safety.<sup>16</sup> In the judgment of the faculty, the TET gave logical evidence of measuring the skill of teamwork. In addition, the pilot study provided an avenue to determine the usability of the TET in regards to administration time and ease of scoring.

**Table 3. Questions Used to Gather Students' Perceptions of the Course in Enhancing Interprofessional Collaboration**

- |   |
|---|
| <ol style="list-style-type: none"> <li>1) What was the most rewarding aspect of this team experience?</li> <li>2) What was the least rewarding aspect of this team experience?</li> <li>3) Do you have any recommendations for enhancing this Interprofessional team experience?</li> </ol> |
|---|

**Table 4: Modified Course Evaluation Tool**

Rate the following questions, 1-5 as either A=Excellent, B= Good, C=Average, D=Poor, E=Unacceptable
<ol style="list-style-type: none"> <li>1) Overall rating for the organization of the course</li> <li>2) Overall rating for the course content</li> <li>3) Overall rating for the progression in educational goals</li> <li>4) Overall rating of the course</li> </ol>
Rate the following questions, A=definitely true, B=More true than false, C=In between, D=more false than true, E=Definitely false
<ol style="list-style-type: none"> <li>5) I usually came prepared for class</li> <li>6) I was adequately prepared for requirements of this course through previous course work</li> <li>7) I can see how the content of this course will be helpful in my future practice.</li> </ol>

#### DATA ANALYSIS

Process for data analysis of students' responses to the three questions on the effectiveness of the course in enhancing interprofessional collaboration was the following: 1) faculty independently performed a content analysis and developed categories reflecting similar students' responses; 2) subsequently, faculty came together to review the categories and reached consensus on emerging themes; 3) faculty created a matrix of agreed upon themes and calculated percentage distributions to determine predominance. The data obtained from the course evaluation tool were analyzed using descriptive statistics. A Wilcoxon test compared the results of the pre- and post TET scores.

#### RESULTS

Interim and final student perceptions of the course in enhancing interprofessional collaboration were very similar. As a result, the faculty combined the interim and final responses into common themes (Table 5). In addition, interim reflections collected approximately midway through the course were used as a method of formative evaluation to identify any major issues. Although most of the comments were positive, the faculty felt that the issue of time constraints had to be addressed. A revised schedule with input from all the participants helped minimize the time constraint issue.

The most rewarding aspects identified by the students' were 1) experiencing interprofessional teamwork in the "real world", 2) working with and developing an appreciation for other professions' expertise, and 3) seeing a project come to fruition (Table 5). Challenges or least rewarding aspects identified by the students were 1) time constraints for meetings outside of scheduled class due to varied academic and personal obligations, and 2) team conflict. Most frequently cited student recommendations were 1) smaller teams with a greater variety of disciplines represented, 2) smaller projects that span the semester to increase interaction with the residents over time, and 3) more mandatory meetings to facilitate professional and social interaction.

**Table 5: Themes Generated from Students' Perceptions of the Course in Enhancing Interprofessional Collaboration.**

Theme	Interim	Final
<p>1) Experiencing interprofessional teamwork in the "real world"</p>	<p>-“Working with students in other fields to help out a group of people in need is not only personally rewarding but also professionally. I am learning different aspects of what ‘Teamwork’ will be like in the real world.”</p> <p>-“The most rewarding aspect of this team experience was getting to know the people on my team and working together to provide a service to people in need. This is a great opportunity to use our knowledge to educate people on how to live a healthier lifestyle. The interprofessional group aspect is also very rewarding.”</p>	<p>-“Meeting students from other disciplines and working with them toward achieving a common goal.”</p> <p>-“Seeing the final result of cooperation and hard work. The final result was highly satisfying and the people at the community site showed their appreciation.”</p>
<p>2) Working with and developing an appreciation for other professions' expertise</p>	<p>-“It has really given me an opportunity to see what other disciplines do. I feel as though I better understand the goals of other professions and will be able to better communicate with them in a clinical setting.”</p> <p>-“Being able to collaborate with a large group of students and organizing this project by ourselves. Working interprofessionally also is letting me see the different viewpoints and areas of expertise of the students from other professions.”</p> <p>-“It was interesting to work with an interprofessional group to have the knowledge of other health professionals readily available as a resource. I feel that we will be able to have a well-balanced Health Fair as the final product of our work.”</p>	<p>-“Working with other professions-gained insight into how they think and their areas of expertise.”</p> <p>-“Getting to know members of other professions and getting a better understanding of what other professions do.”</p> <p>-“Forming relationships with the other group members and learning to appreciate other professions we worked with.”</p>
<p>3) Seeing a project come to fruition</p>	<p>-“To learn how to work with other professions and to see that we are helping a community that has great needs (possibility of impacting someone's life).”</p>	<p>-“Seeing all of our hard work put to use. It was amazing to see the women and children at the Health Fair benefit from our work.”</p> <p>-“Meeting students from other disciplines and working with them toward achieving a common goal.”</p> <p>-“Seeing the final result of cooperation and hard work. The final result was highly satisfying and the people at the community site showed their appreciation.”</p>
<p>4) Time constraints</p>	<p>4.1) Student: -“Time consuming. As a student, having to coordinate with other people that are as busy or even busier than I am was a laborious process.”</p> <p>4.2) Project: -“Seeing how much help the community needs. Obviously, we know this one day Health Fair can't give them everything they need.”</p> <p>-“I wish we had more time, money, and resources to share with the group we are helping.”</p> <p>-“Spending very little time with the people from the facility before the actual Health Fair.”</p>	<p>4.1) Student: -“A different schedule for the class- meeting so late was difficult.”</p> <p>-“The extra time commitment was stressful at times.”</p> <p>4.2) Project: -“Wish we could have done more for the people.”</p> <p>-“Interacting with the people for only 1 day.”</p> <p>-“Have more involvement with the community earlier in the semester. So much time spent planning and only a few hours implementing.”</p>
<p>5) Team conflict</p>	<p>-“Difficult to work on one project with 2 groups-but getting better once we've communicated more with the other group.”</p> <p>-“It seems that nursing is leading the group and not fully taking advantage of the capabilities of the OT/PT students.”</p> <p>-“Working with people who are friends in their profession. It allows for pairing off and side-conversations. On the other hand, we were able to split up during our booth sessions so we made a bad quality a good one.”</p>	<p>-“Did not feel as though I got to use a lot of my skills.”</p> <p>-“I did not have a lot of control over the project. The site and other health professionals made a lot of the group's decisions.”</p> <p>-“The professions ‘stuck together’ in the big and small groups-friends stayed with friends.”</p>

The Wilcoxon test that compared the results of the pre- and post TET scores demonstrated no significant difference ( $Z = -.311, p > .05$ ).

The results of the course evaluations were very positive. The overall rating of the course was “excellent” (91%), and “good” (9%). Ninety-one percent rated the organization of the course as “excellent” and 9% rated it as “good.” Course content was rated “excellent” (82%), “good” (9%), and “not applicable” (9%). Progression toward educational goals was rated as “excellent” by 91% of the students while 9% rated their progression as “good.”

Faculty perceptions of the course were that 1) an interactive discussion on team building and conflict resolution needed to occur earlier in the course, 2) students’ ability to meet outside of class times was extremely difficult, 3) a team of 11 students was too large, 4) a well distributed proportion of students from various disciplines would have been desirable for optimal team functioning, and 5) the TET was easy to administer and score.

## DISCUSSION AND RECOMMENDATIONS

The purpose of this report is to describe a pilot study that would further develop and refine a capstone course for an IPE curriculum. Students’ perceptions were used to determine if the course enhanced interprofessional collaboration and effective team development. Students also evaluated the course’s organization and content, and their progression towards educational goals. Faculty perceptions of the benefits and challenges of the course were used as a basis for future course planning. Finally, the TET was evaluated by faculty with respect to its use for assessing interprofessional team development.

One of the most important objectives of this pilot study was to determine the students’ perceptions of the course in enhancing interprofessional collaboration. This objective was met by the three open-ended questions presented in Table 3. Students’ perceptions of the most rewarding aspects of the team experience supported the concept of a community practicum project as a means of enhancing interprofessional collaboration. This was evident through the positive comments expressed by the students under the following themes: 1) experiencing interprofessional teamwork in the “real world”, 2) working with and developing an appreciation for other professions’ expertise, and 3) seeing a project come to fruition.

Students’ perceptions of the least rewarding aspects of the team experience were time constraints and team conflict. With respect to time constraints, students identified two major concerns: 1) conflicting curriculum schedules preventing them from meeting as often as they would have liked, and 2) limited interaction with the community residents prior to the implementation of the *Health Fair*. The results of this pilot study are congruent with the literature that indicates that scheduling of students is one of the major challenges to an IPE curriculum.<sup>13,14</sup> Clinical and classroom obligations in various health care disciplines make scheduling of IPE courses difficult at best. A strategy to address scheduling conflicts is to offer the future IPE capstone course one time per week between 4 and 6 pm. This designated time later in the day will allow individual disciplines to incorporate the capstone course more readily into their curriculum. In addition, a revised course schedule will provide for two introductory classes where all students and faculty participate; remaining class times will be reserved for individual team meetings to develop community projects. Students’ perceptions regarding time constraints for interaction with the community also are consistent with the literature.<sup>7</sup> The restructuring of the course to provide for early community contact and weekly opportunities for project development as well as visits to the community site will enhance the team-community relationship. Students’ comments on conflict within the team resulted in faculty’s recommendation that interactive discussions on strategies to deal with conflict and team building occur within the first two weeks of the course. An additional challenge reported in this study was the students’ perceptions of unequal workload distribution. In the future capstone course, the distribution of workload will be addressed by including a personal and team “time log.” Grades will be based on overall team performance as assessed by faculty, and individual contributions to team functioning as assessed by peer evaluation. However, the authors recognize that the concept of individual assessment will need further development.

Student recommendations to enhance the interprofessional team experience were relatively consistent. The most frequently cited student recommendations were 1) smaller teams with a greater variety of disciplines represented, 2) smaller projects that span the semester to increase interaction with the residents over time, and, 3) more mandatory meetings to facilitate professional and social interaction.

In retrospect, the three reflective questions posed to the participants dealing with enhancing interprofessional collaboration were not as directed towards the IPE team experience as faculty would have liked. This may have been due to the type of questions asked and the method to obtain the information. The faculty recommends that future reflection be more specific with regards to interprofessional collaboration and more introspective with an emphasis on how the practicum experience will impact the individual’s future practice. An alternative approach may be the use of semi-structured interviews or focus groups.

The second objective was to determine the students’ perceptions on developing into an effective team as measured by the TET. The lack of change in the pre- and post TET test scores may have been due to the short interval between the pre- and post

administration and the small sample size. If the TET is used in the future IPE capstone course, the authors recommend an increased interval between administrations.

The third objective was to ascertain the students' evaluations of the course organization and content. A majority of the students rated the course content and organization as "good to excellent." The progression towards educational goals and the course overall was rated by 100% of the students as "good to excellent." Based on these results the faculty felt that the basic structure of the course's organization and content was acceptable.

The fourth objective was to determine the faculty's perceptions of the benefits and challenges of the course. Faculty and student perceptions of scheduling and team conflict mirrored each other. In addition, the melding of the original two teams into one was overwhelming. It is the faculty's recommendations that each team be limited to 5 to 6 students to provide a realistic opportunity for team interaction. In addition, distribution of students from different disciplines to form an interprofessional team will be conducted in a systemic format with a minimum of two to three disciplines represented per team. The authors suggest one method to enhance additional professional diversity within each team is to assign a faculty of a discipline not represented by the students. For example, a nursing faculty would be assigned to a team composed of students representing physical therapy, dietetics, and occupational therapy. The faculty person would enhance the IPE experience by providing another discipline's perspective.

Our final objective was to determine the faculty's perception of the TET as a viable instrument for assessing interprofessional team development. The faculty felt the TET was simple to administer and score, and the instrument appeared to give information on team effectiveness. However, the construct and predictive validity and reliability of the TET need to be established prior to its use in the capstone course in the IPE curriculum.

While not planned as part of the original pilot study, another educational opportunity presented itself that enhanced both the students' overall learning experience and professional growth. The students developed and presented a poster describing their *Health Fair* project at the Saint Louis University's Senior Legacy Symposium and the Missouri Physical Therapy Association Conference. The faculty recommends that in the future IPE capstone course, all teams present their projects at an event for all university faculty, students, and community partners.

## CONCLUSION

The Interprofessional Curriculum at Saint Louis University is designed to facilitate students' understanding and respect for the roles and unique contributions of the various health professions and provide the opportunity to practice skills required for collaborative client-centered teamwork. The objectives for this pilot study in developing and refining an IPE capstone course were met. While several challenges were identified, there also were positive outcomes. Students' perceptions of the course in enhancing interprofessional collaboration and developing into an effective team were overwhelmingly positive. Students' evaluations of course organization and content as well as progression towards educational goals were more than acceptable. Faculty's perceptions of the major challenges to an IPE practicum, namely scheduling, smaller teams, team conflict, and increased professional diversity within each team, coincided with that of the students. Measures to address these challenges as well as student and faculty recommendations are being used to restructure the course. In addition, the TET appears to have face and content validity and is easy to administer and score, but it remains problematic due to the lack of construct and predictive validity and reliability in measuring team effectiveness.

The lessons learned from this pilot study are assisting in the ongoing development of the capstone course, Integrative Interprofessional Practicum Experience. Most importantly, this study is instrumental in designing an interprofessional practicum experience that will contribute to the preparation of students for collaborative practice.

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