

Program Attributes and Perceived Effects of the Interprofessional Student Hotspotting Learning Collaborative (Student Hotspotting)

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OBJECTIVE: The purpose of this study was to qualitatively examine: 1) the student hotspotting program model attributes that contribute to self-reported learning outcomes and experiences; 2) the lasting effects of program participation on alumni's professional practice; and 3) the programmatic or curricular impacts program participation may have on the universities that host them.

DATA: Alumni interviews were our principal source of data for perspectives on student hotspotting program attributes and effects. Faculty interviews provided information on the institutional context in which student hotspotting was initiated and implemented in the first two cohort years and the program's influence on university activities and initiatives in the years following participation.

METHODS: The study sample was purposefully limited to alumni and faculty from the first two program cohorts (2014-2015; 2015-2016) to glean long-term perspectives on program effects. Participants were recruited via email to take part in a 45-60 minute semi-structured interview. Transcribed interviews were coded and analyzed by the study authors to identify dominant program attributes and effects, with investigator triangulation utilized to compare findings and resolve discrepancies. Human subjects research approval for this study was obtained from The George Washington University IRB. The study was ruled exempt.

RESULTS: Twenty-one program alumni and 19 faculty members were interviewed. Program attributes identified as contributing to alumni's learning experiences promoted student-patient relationship building, understanding of social determinants of health, interprofessional education, and familiarity with the healthcare system. These experiences had lasting effects on alumni's professional outlook and practice. Half of alumni reported that program participation influenced their careers or education, including the decision to pursue primary care and work in community-based settings. Faculty-reported impacts of program participation on the host universities were modest. Faculty described challenges sustaining student hotspotting and in scaling the program to reach more students.

CONCLUSIONS: Despite program sustainability challenges, student hotspotting serves as a unique model in complex patient care training for medical and other health professions students. The program's core attributes emphasizing patients' social contexts, interprofessional education, and health systems exposure have lasting effects on program alumni.

Key Words: Student Hotspotting, Complex Patient Care, Interprofessional Education, Health Professions Education