HIP&E

A Local Case Competition Expands Meaningful Opportunities for Experiential Interprofessional Learning

CASE REPORT

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ABSTRACT

Introduction: Inspired by contemporary trends in interprofessional case competitions, we designed, implemented, and evaluated a university-wide, co-curricular, interprofessional case competition to expand interprofessional education (IPE) activities at the University of Texas Health Science Center at San Antonio (UT Health San Antonio).

Methods: Students participated in the Linking Interprofessional Networks for Collaboration (LINC) Interprofessional Case Competition in teams of 3 to 4 members representing at least three different professions. Teams developed community-based interprofessional interventions for local health challenges, including decreasing vaccine hesitancy rates (2021) and addressing health disparities (2022). Each case competition cycle was organized in two distinct phases: Phase I involved written proposals, and Phase II included oral presentations.

Results: Seventy-seven students participated in the 2021 and 2022 case competition events. Forty-eight participants (62%) completed both phases of the competition, collectively representing five schools at UT Health San Antonio: Long School of Medicine, (31.3%, n = 15); School of Health Professions (25%, n = 12); School of Dentistry (22.9%, n = 11); School of Nursing (10.4%, n = 5); and the Graduate School of Biomedical Sciences (10.4%, n = 5). Participants completed the competitions' post-participation surveys, and 23% (11/48) provided feedback during focus groups.

Discussion: As a sustainable co-curricular offering, the LINC Interprofessional Case Competition advanced Interprofessional Education Collaborative (IPEC) competency attainment and expanded student understanding of social determinants of health as indicated by survey results and comments. Evaluation data revealed opportunities to strengthen this IPE activity to realize students' intrinsic and extrinsic motivations and expand the number of participants in the future.

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IMPLICATIONS FOR PRACTICE

1. The interprofessional case competition design demonstrated a holistic patient care call for future inclusive healthcare system approaches that serve all populations with a shared vision.
2. The success of this interprofessional case competition approach highlighted the strength of IPE for a collective team-based service priority, as demonstrated by learner comments.
3. The interprofessional case competition approach added value by intertwining trust (ethics and values) and a shared decision-making strategy that shifts the pendulum from an individualistic profession-based role to one of collaborative patient-centered responsibilities that strengthen healthcare delivery and patient advocacy.

INTRODUCTION

Case competitions are instructional tools that nurture professional development and forge connections between academic and practice settings (Gunn et al., 2015). They challenge participants to engage in complex problem-solving skills beyond classroom settings by developing team-building and social skills (Ali et al., 2011; Ertmer et al., 1995). Interprofessional case competitions offer opportunities for health professions and biomedical sciences students to develop diverse skills, including 1) leadership, 2) shared decision-making, 3) quality improvement, and 4) communication. Interprofessional case competitions foster the development of knowledge, skills, and attitudes that align with the Interprofessional Education Collaborative (IPEC) core competencies of teams and teamwork, interprofessional communication, roles and responsibilities, and values and ethics (IPEC, 2016). Above all, participants gain valuable practical experience attempting to develop a high-performing interprofessional team (Bridges et al., 2011).

Interprofessional case competitions have advanced interprofessional education (IPE) regionally (Dow, 2016), nationally (Johnson et al., 2006), and globally (Ali et al., 2011; Lockeman et al., 2022). These case competitions promote interprofessional relationships as experiential learning opportunities that deliver quality healthcare (Mak et al., 2021). Driving health system change requires nurturing interprofessional communication, leadership skills, and analytical reasoning (Corner et al., 2006). When introduced early in training or as professional development, the learned values of this type of IPE translate into patient-centered practices. Co-curricular IPE activities, like interprofessional case competitions, can translate into concrete reflective observations and active experimentations (Kolb et al., 1984) that augment participants' clinical skills by addressing healthcare issues of importance (Recto et al., 2022). The LINC Interprofessional Case Competition was designed to bridge the gap between theoretical classroom-based IPE and experiential learning that happens outside formal or required curricula (Farokhi et al., 2022) to strengthen interprofessional skills and empower students to develop realistic team-based solutions to pressing issues in healthcare, including the social determinants of health (Comeau et al., 2019; Stetten et al., 2019).

METHODS

Drawing inspiration from the national Clinician Administrator Relationship Improvement Organization (CLARION) case competition (Johnson et al., 2006), the LINC Interprofessional Case Competition was piloted as a co-curricular forum in which teams of three to four students representing at least three distinct professional programs would join to collaborate.

OBJECTIVES

The primary objectives were to advance students' professional development by (1) applying knowledge and skills, (2) understanding professional roles and responsibilities, (3) engaging in interprofessional communication, and (4) examining cultural, historical, religious, political, and socio-economic factors that impact local health outcomes.

DESIGN

Prior to the 2021 LINC Interprofessional Case Competition inauguration, plans were shared with the LINC Student Council, an interprofessional team of students representing all schools and many educational programs at UT Health San Antonio, to gain their insights and feedback on the planning for this competition. Students recommended offering this competition as a co-curricular IPE experience and recommended monetary prizes to incentivize student engagement.

PARTICIPANTS

Student recruitment was accomplished through electronic flyer distributions and e-mail announcements from UT Health San Antonio school administrators. Students were given the option to register as fully formed teams (i.e., three or four students representing at least three different professional programs) or as individuals who were then placed in teams by LINC organizers.

LOGISTICS

The LINC Interprofessional Case Competition was offered entirely through virtual Zoom meetings. A faculty advisor staffed weekly Zoom meetings to guide and track teams' progress. In addition, the faculty advisor informed all teams about the focal point for each year's community-based interprofessional intervention, gave instructions about the expectations for the written proposals and oral presentations, and reviewed the criteria and scoring rubrics that judges would use to evaluate and rank order team proposals, presentations, and question and answer sessions. In 2021, the focal point of the competition was to decrease vaccine hesitancy; in 2022, it was to address health disparities in south Texas.

The LINC Interprofessional Case Competition was completed in two phases. In Phase I, student teams were given six weeks to develop and submit a written proposal requesting funding from a public health department to support their selected interprofessional intervention. An interprofessional panel of faculty judges then scored and ranked the proposals to determine the top six teams (Table 1). The written proposal was weighted at 56% toward the final score.

In Phase II, student teams provided oral presentations about their interprofessional intervention, followed by question/answer sessions. Teams had discretion in choosing presentation formats, graphics, and media platforms. The panel of judges scored and ranked the team presentations (32% of final grade) and their responses to questions (12% of final grade). The combined Phases I and II scores determined the finalist teams' overall score and rank order. The top five place-winning teams received public recognition and monetary prizes. A total of $5000 was awarded by our institution to the top five teams in increments of $2000, $1500, $750, $500, and $250 prizes, respectively. The sixth-place team was awarded a certificate of honorable mention. After the 2021 and 2022 competition cycles, participants were invited to reflect on their experience and provide feedback as part of a quality improvement process.

DATA COLLECTION AND ANALYSIS

Before the initial launch, an evaluation survey was designed by a researcher with expertise in assessment and evaluation, with items inspired by selected IPEC sub-competencies (IPEC, 2016). Quantitative data collection included an author-designed 12-item survey about teamwork, collaboration, and how effectively teams used the competition guides and instructions as a 5-point Likert response scale (1 = strongly disagree, 5 = strongly agree) with open-ended prompts to seek qualitative feedback. Independent t-tests were performed to examine and

TASKS	DETAILS
Phase I-Written Proposal 6 Weeks to complete	**Background** Describe the proposal, identify the problem, and set the stage for the intervention **Intervention** Develop a creative, impactful, and interprofessional intervention addressing the competition theme* Include "SMART" objectives; and leverage technology Maximize the knowledge and skills of different health professionals Include a strong rationale for the intervention design Discuss implementation challenges **Budget** Develop a cost-effective budget; include a detailed description of all expenses for the intervention; and scale the expenses to measure intervention impact/s **Expected Outcomes** Propose an evidence-based intervention using current research; predict outcomes for the proposed intervention; and include data collection methods
Phase II-Oral Presentations 12-minute presentation	**Content** Describe the health problem/challenge; incorporate interprofessional perspectives; prioritize issues and recommendations; demonstrate how the intervention will address the central issue; and provide cost analysis **Style** Demonstrate team's poise and professionalism; highlight team member roles; showcase the essence of the presentation; connect the written proposal to the oral presentation
Phase II-Q &A 8-minute session	**Q&A Session** Answer questions posed by judges; demonstrate breadth and depth of knowledge on the central issue; be clear and well-articulated and assure that team members participate equally
Final Score:	**Written Proposal, 56%; Oral Presentation and Deliverables, 32%; Q&A, 12%.**

Table 1 LINC Interprofessional Case Competition Overview.

* The 2021 case competition theme was about reducing vaccine hesitancy; in 2022, it was about health inequities associated with social determinants of health.

compare student responses in 2021 and 2022. IBM SPSS Statistics Version 28 was used to perform statistical analyses using a probability level of .05 for significance.

In 2021, three focus group sessions were facilitated by an expert in qualitative methods who elicited feedback from volunteer team leaders and members who participated in the competition. NVivo was used to code and organize focus group transcript data. A qualitative descriptive approach (Sandelowski, 2010) was used to elucidate interrelated themes, and to inform sentiment analysis. The competition evaluation was deemed non-human subjects research according to UT Health San Antonio IRB guidelines.

RESULTS

PARTICIPANT DEMOGRAPHICS

During the 2021 and 2022 competitions, 77 students completed Phase I, and 48 (62%) completed Phase II. Students were more likely to register as fully formed teams in 2021 (58% teams; 42% individuals) than in the 2022 competition (29% teams; 71% individuals). The majority of students were female (85%, n = 41), with a mean age of 25.13 (*SD* = 3.89). Students were most often enrolled in the Long School of Medicine (31%, n = 15), followed by the School of Health Professions (25%, n = 12), the School of Dentistry (23%, n = 11), the School of Nursing (10%, n = 5), and the Graduate School of Biomedical Sciences (10%, n = 5). Across both competition years, students were enrolled in 14 distinct educational programs proportionally when compared to the total number of matriculated students at UT Health San Antonio.

QUANTITATIVE DATA ASSESSMENT

All competition participants completed the evaluation surveys in 2021 and 2022, which may be attributed to the timing of requests immediately after the Q&A sessions and before the award distributions. Students reported that the monetary prize was an influential extrinsic motivating factor and agreed that the competition guide was helpful (Table 2). Further, students *strongly agreed* the case competition provided meaningful opportunities to develop targeted IPEC sub-competencies; that is, to interact with health professions students from different professions, collaborate interprofessionally, and communicate critically (Table 3).

QUALITATIVE THEME STATEMENTS

Student responses to open-ended questions were grouped into theme statements. They identified logistical challenges of competition enterprise and team collaboration to ponder for future implementations. They reported that the co-curricular competition design made academic structural barriers such as scheduling conflicts less problematic. They reported enhancing didactic knowledge, improving critical thinking skills, engaging in realistic local community-based health conversations, and understanding social differences (Figure 1).

FOCUS GROUPS INTERVIEWS

Eleven students (23%, 11/48) participated in the focus groups. Interviews were recorded in Microsoft Teams to enable transcription of data, theme coding, thematic relationships, and sentiments. Thematic relationship clusters included interpersonal interaction and the completion process. The themes of *competition team interaction, competition instruction, overall experience,* and *personal growth* had the highest proportion of "very positive" references. In contrast, *pre-competition student interaction* had the highest proportion of negative references. Sentiment analysis indicated students felt their experiences were positive, with 244 of 394 references classified as "very positive" (Figure 2).

LOGISTIC-RELATED EVALUATION ITEMS	2021 MEAN (SD) (n = 24)	2022 MEAN (SD) (n = 24)	*t* (*p*)
How much of a motivating factor was the monetary prize for the LINC Interprofessional Case Competition?[a]	4.25 (.79)	4.08 (1.02)	n.s
How helpful was the guide for the LINC Interprofessional Case Competition written proposal?[b]	4.75 (.53)	4.21 (.88)	2.57*
How helpful was the guide for the LINC Interprofessional Case Competition oral presentation?[b]	3.96 (1.16)	3.79 (1.14)	n.s.

Table 2 Means and Standard Deviations for Logistics-Related Evaluation Items from the 2021 and 2022 LINC Interprofessional Case Competitions.

Note. The following abbreviations were used: n.s. = Not significant;* = $p < .05$. [a] = Item used a 5-point Likert-type response scale of 1 = Not at all Motivating, 2 = Slightly Motivating, 3 = Somewhat Motivating, 4 = Quite Motivating, 5 = Extremely Motivating. [b] = Items used a 5-point Likert-type response scale of 1 = Not at all Helpful, 2 = Slightly Helpful, 3 = Somewhat Helpful, 4 = Quite Helpful, 5 = Extremely Helpful.

THE LINC INTERPROFESSIONAL CASE COMPETITION PROVIDED MEANINGFUL OPPORTUNITIES TO:	YEAR	N	MEAN	SD
Appreciate the importance of interprofessional communication within teams	2021 2022	24 24	4.58 4.67	1.14 .87
Communicate with patients, families, communities, and other health professionals that supports a team approach to the maintenance of health and the treatment of disease	2021 2022	24 24	4.30 4.39	1.22 .99
Embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team	2021 2022	24 24	4.46 4.50	1.14 .93
Engage other health professionals appropriate to the specific care situation in shared patient-centered problem-solving	2021 2022	24 24	4.58 4.54	1.18 .93
Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served	2021 2022	24 24	4.63 4.50	1.14 .93
Work with individuals of other professions to maintain a climate of mutual respect and shared values	2021 2022	24 24	4.67 4.58	1.13 .88

Table 3 Means and Standard Deviations for IPEC-related Evaluation Items as a Function of LINC Interprofessional Case Competition Year.

Note. Results from the independent t-test comparisons indicated no response differences between the 2021 versus the 2022 case competitions. All items used a 5-point Likert-type response scale of 1 = Strongly Disagree, 2 = Slightly Disagree, 3 = Neutral, 4 = Slightly Agree, 5 = Strongly Agree.

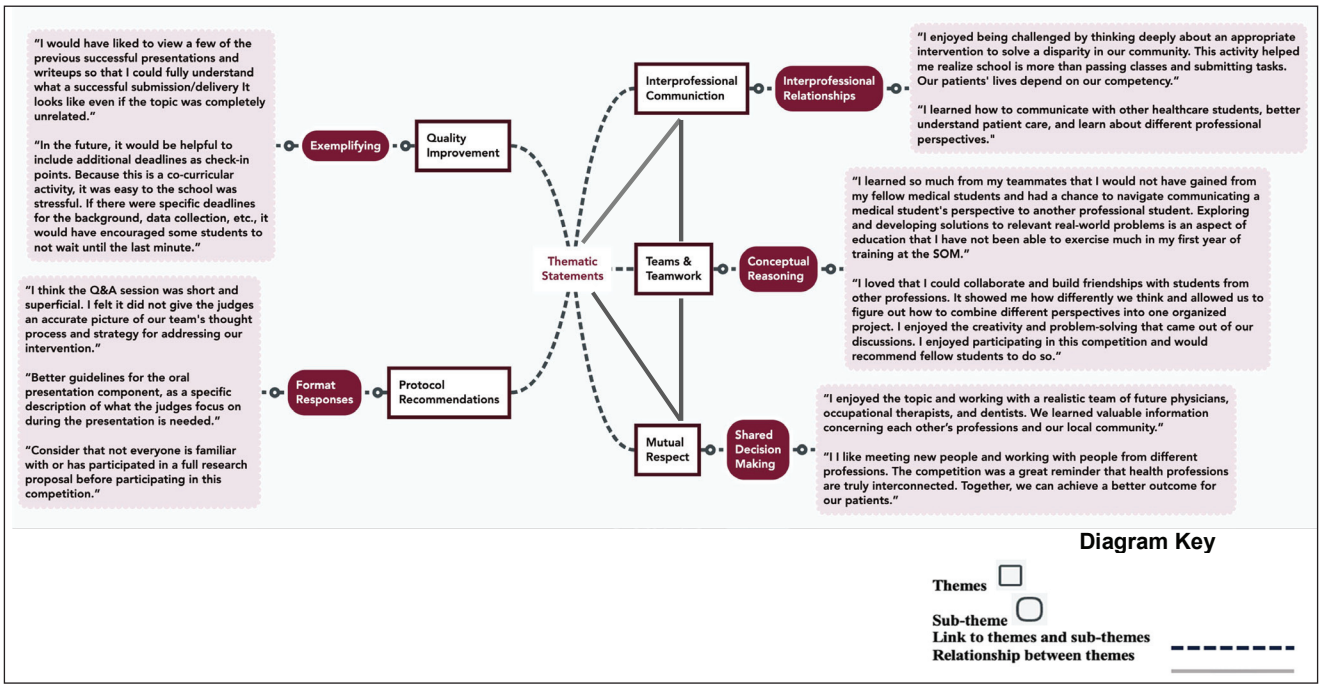

Figure 1 Participant Responses to Open-ended Questions.

DISCUSSION

Interprofessional case competitions are adapted from business school models to serve patients (rather than clients) and solve health problems (rather than business problems). The LINC Interprofessional Case Competition offered a co-curricular activity beyond the classroom framed similarly to a business school extra-curricular approach (Gamble et al., 2014; Johnson et al., 2019). The LINC Interprofessional Case Competition was unique in exposing student teams to environmental influences associated with social determinants of health for vulnerable populations and providing meaningful opportunities to develop interprofessional interventions to address locally relevant problems in our community.

Institutions training students as future healthcare practitioners are pressed to offer IPE activities to enhance conceptual understanding and critical thinking about

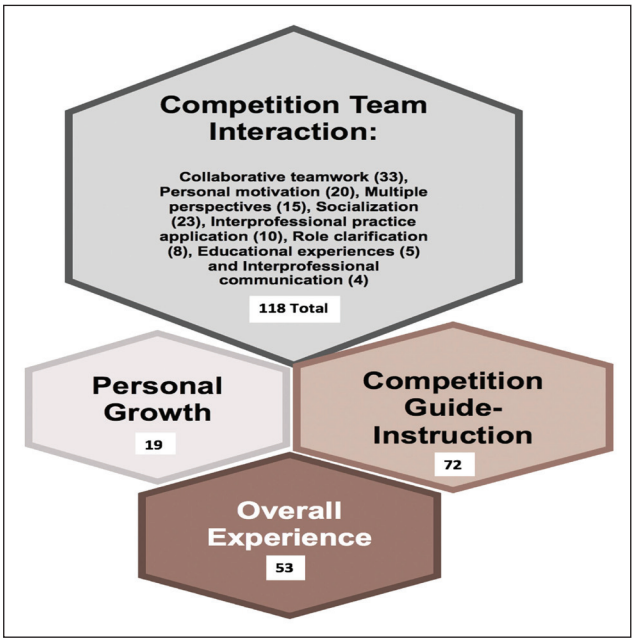

Figure 2 Competition Themes with the Highest Number of "Very Positive" References.

patients' social determinants of health (World Health Organization, 2023). Our case competition nurtured collective problem-solving skills similar to what others have reported in the literature, including community-based interventions (Brandt et al., 2020), local health fair screenings (Murray et al., 2014), and delivery of preventive health education (Zenzano et al., 2011). The LINC Interprofessional Case Competition directed students toward team-based population health solutions, addressing access to care and improving health outcomes (Moyers et al., 2014). Written proposals submitted by teams demonstrated creative solutions that highlighted complex health outcomes (e.g., access to care), examined psycho-social factors (e.g., social support), focused on health behavior change (e.g., vaccine hesitancy), and enhanced physiological impacts (e.g., reduced blood pressure).

The LINC Interprofessional Case Competition accentuated the importance of interprofessional teamwork (Zenzano et al., 2011), evaluated participants' practical application of knowledge (Kolb et al., 1984), and encouraged them to realize the underlying causes of disease and illness as factors that needed attention at the population health level (National Academy of Medicine, 2016).

Importantly, students' positive evaluations of the competition solidified a long-term commitment to offering the LINC Interprofessional Case Competition on an annual basis. Case competitions are popular educational modalities in recent professional journals (Ali et al., 2011; Johnson et al., 2006; Levy et al., 2015). The LINC Interprofessional Case Competition students engaged in crucial conversations about interpersonal and interprofessional communications that echo findings from business-focused case competitions reported in the literature (Carter et al., 2019).

Opportunities that allow learners to practice and develop collaborative skills as interprofessional teams are challenging (Bennett et al., 2011) and rewarding per student feedback (Figure 1). Students enhanced the case competition process through feedback and prompted insights on patient care beyond a single profession's scope of practice through value-sharing knowledge and skill exchanges.

Lastly, the LINC Interprofessional Case Competition offered students a co-curricular opportunity to apply knowledge and team-building skills to advance current IPE literature. Awarding a monetary prize (Table 2) initially influenced students' willingness to join the competition. However, their participation and reflection ultimately influenced their self-determination and motivation (Eisenberger et al., 1999). Armed with confidence upon completing the case competitions, some student teams submitted their proposals successfully to internal UT Health San Antonio grant opportunities, furthering their professional development.

Several limitations of this study warrant discussion. First, the competition's success was predicated on institutional support via monetary awards, which may not be available at other institutions. Furthermore, while our assessment strategy included a robust mixed-methods approach, it lacked a formal, validated IPE measurement tool, which limits the generalizability of our findings.

CONCLUSION

The LINC Interprofessional Case Competition addressed health inequities and social determinants of health and brought learners together for socially significant interventions to improve population health outcomes. Done well, case competitions like ours can improve students' professional development and increase genuine and positive commitment to making lives better through interprofessional teamwork.

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COMPETING INTERESTS

The authors have no competing interests to declare.

AUTHOR CONTRIBUTIONS

MF and JZ conceptualized, developed methodology, led project administration, and supervised this study, as well as co-authored the first draft of the manuscript. HW, IC, LJ, MG, MS, PR, and SG contributed to project administration. Data curation was performed by AB, MF, and JZ, with formal analysis by AB, GB, and MF. All authors reviewed and approved the final draft of the manuscript prior to submission.

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