

Incoming Students' Readiness for Interprofessional Learning from 2020 Onwards

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Introduction

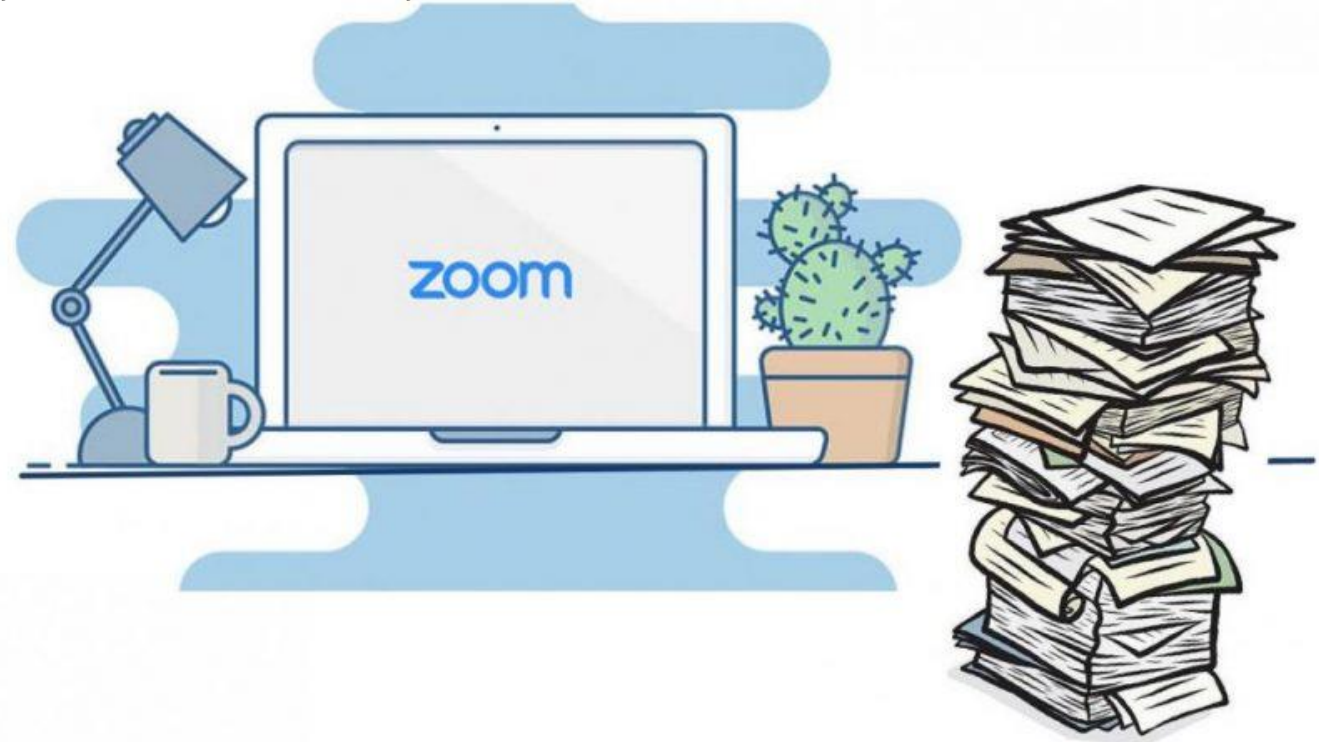
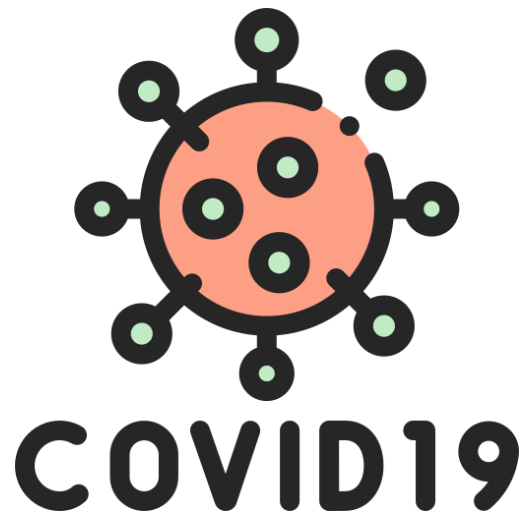


- Interprofessional education (IPE) is necessary to prepare students for effective teamwork and collaboration
- Facilitates patient-centered care and improve outcomes
- Foster positive IPE experiences to support implementation into practice

Huebner, S., et al. (2021). Journal of interprofessional care, 35(3), 400–408. <https://doi.org/10.1080/13561820.2020.1729706>
McKinlay, E., et al. (2021). Journal of primary health care, 13(4), 359–369. <https://doi.org/10.1071/HC21070>
Singh, J., & Matthees, B. (2021). Healthcare (Basel, Switzerland), 9(5), 567. <https://doi.org/10.3390/healthcare9050567>

Non-traditional learning

- COVID-19 declaration in March 2020
- Programs changed their delivery formats
- Combination of mostly virtual or hybrid elements



Objectives



To explore and discuss IPE attitudes and perceptions of incoming students at the Faculty of Health Sciences during the COVID-19 pandemic



To compare IPE readiness across different years

Methods: Participants

	Graduate	Undergraduate
Health Professional Program (HPP)	Physiotherapy (PT) Occupational Therapy (OT) Child Life (CL) Speech Language Pathology (SLP)	Medicine (MD) Nursing (RN) Midwifery (MW) Physician Assistant (PA) Social Work (SW)
General		Bachelor of Health Sciences (BHSc)

Methods: Outcome Measure

Readiness for Interprofessional Learning Scale (RIPLS)

A. K. McFadyen et al. (2005)

Strongly	Disagree	Neutral	Agree	Strongly
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RIPLS - 19 Statements about IPE learning

3. Shared learning with other health-care students will increase my ability to understand clinical problems

1 2 3 4 5

4. Learning with health-care students before qualification would improve relationships after qualification

For the full list of RIPLS statements, please visit NEXUS IPE



McFadyen et al, 2005

RIPLS Subscales	Item #
Teamwork and Collaboration	1-9
Professional Identity	
Negative Professional identity	10-12
Positive Professional Identity	13-16
Roles and Responsibilities	17-19

McFadyen et al, 2005

For the full list of RIPLS statements, please visit NEXUS IPE



Data collection: 5-point Likert scale

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5



Data collection: Q-Method

Disagree				Agree		
-3	-2	-1	0	+1	+2	+3

Disagree

(10) I do not want to waste time learning with other health care students

(11) It is not necessary for undergraduate health care students to learn together

Neutral

(5) Communication skills should be learned with other health care students

(18) I have to acquire much more knowledge and skills than other health care students

Agree

(17) I am not sure what my professional role will be

(8) Team-work skills are essential for all health care students to learn

(9) Shared learning will help me

Statistical analyses

- Descriptive statistics
- ANOVA analysis for Likert responses
- Q-factor analysis for Q-data
- $P < 0.05$ considered statistically significant
- STATA BE 17.0



Results

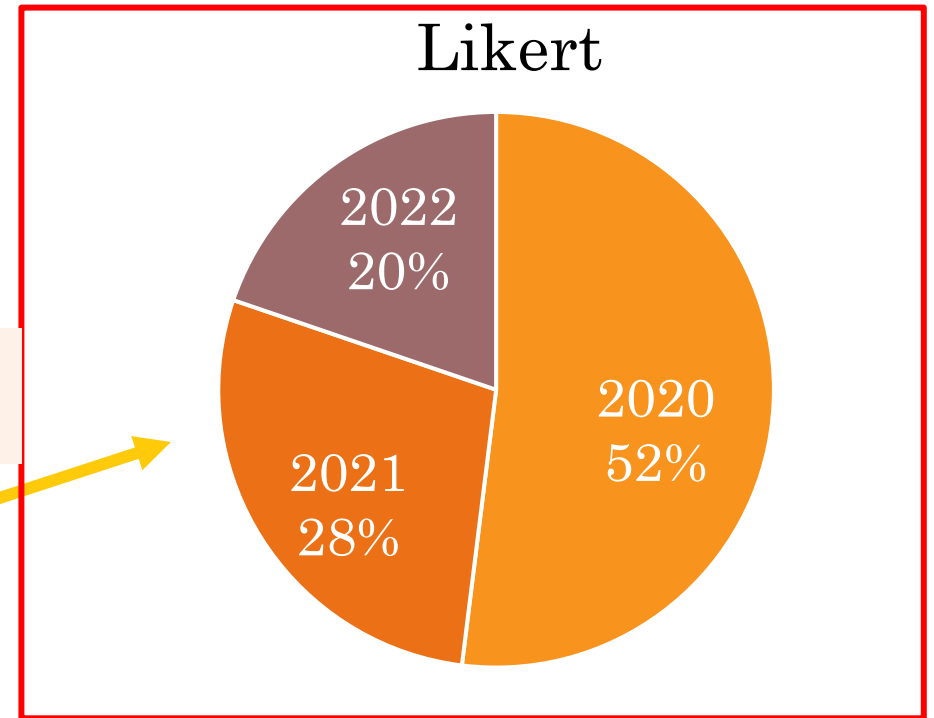
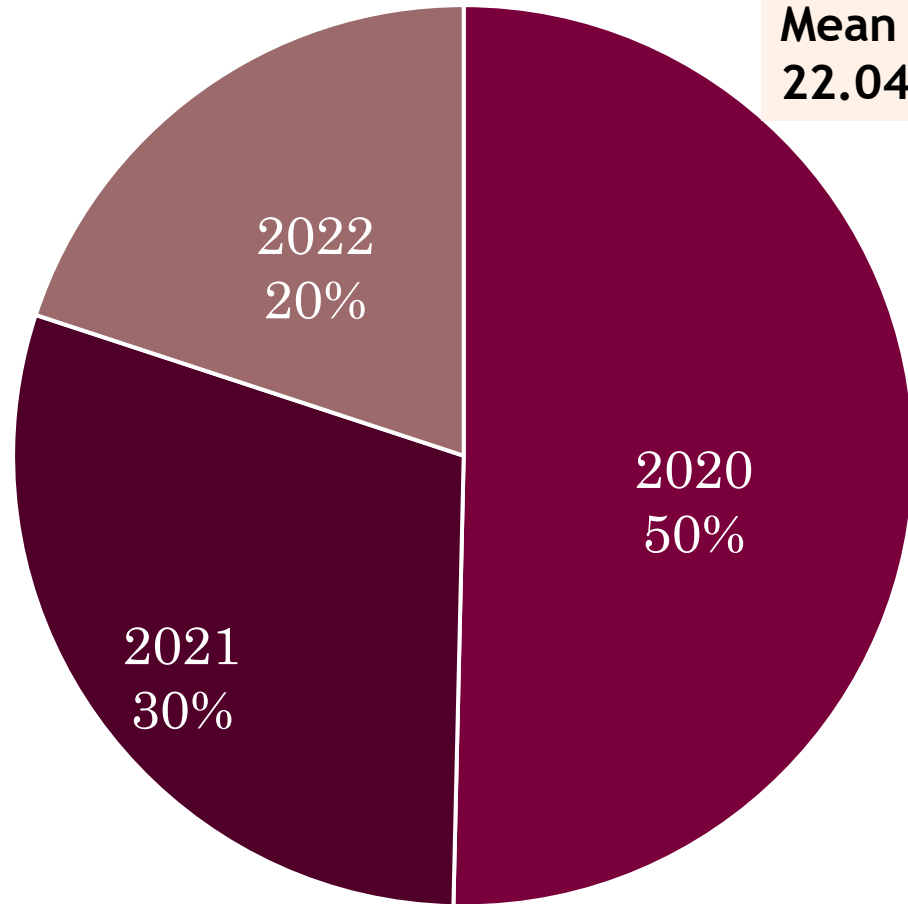


3944 students invited

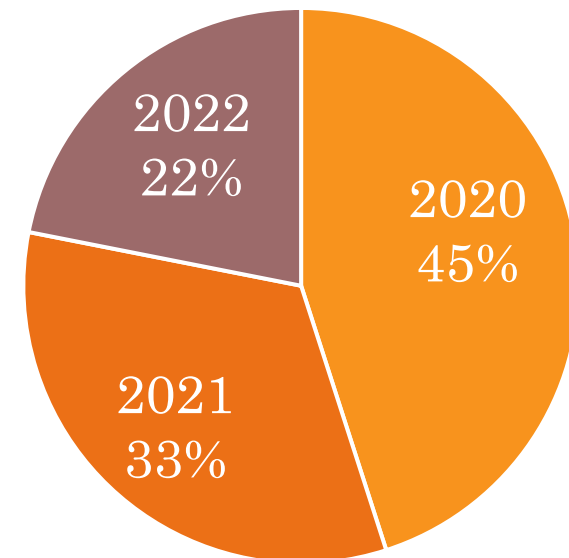


1114 participants responded

Mean age
22.04 ± 4.48 years



Q-method



	2020	2021	2022	
Age	21.84 (0.2)	22.05 (0.2)	22.58 (0.3)	Post-hoc $p > 0.05$

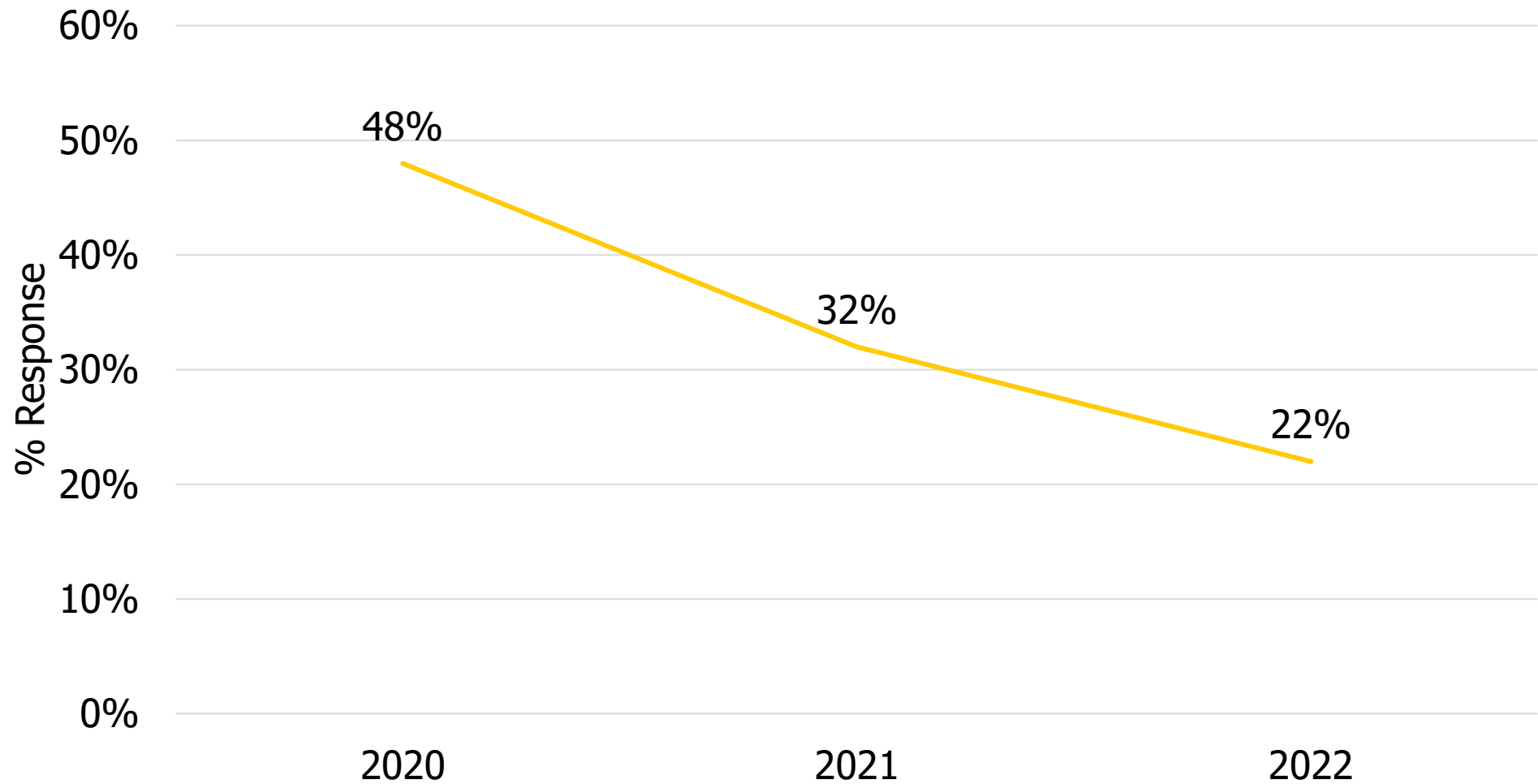


3944
students
invited



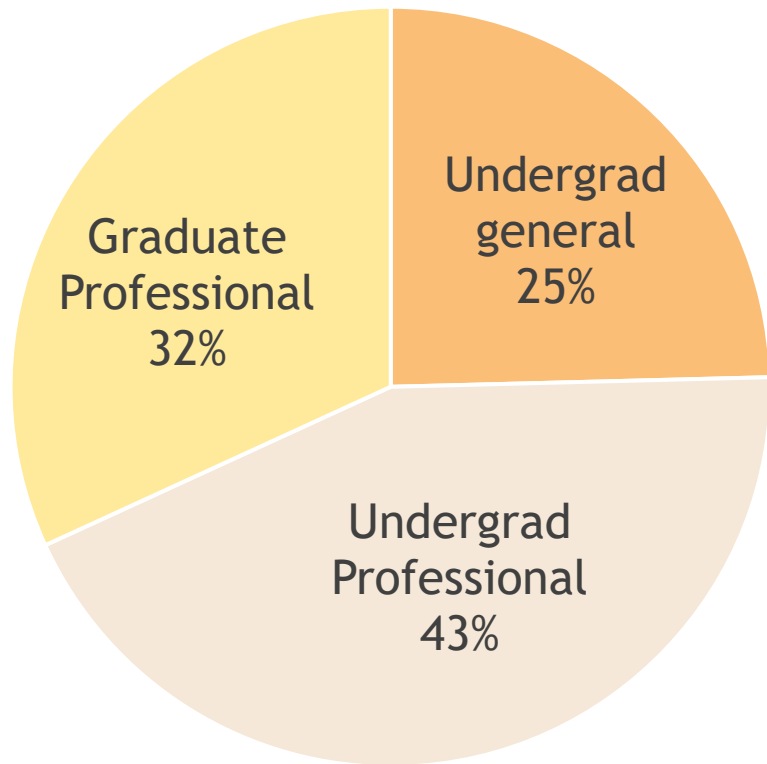
1114
participants
responded

Response Rate for Each Year

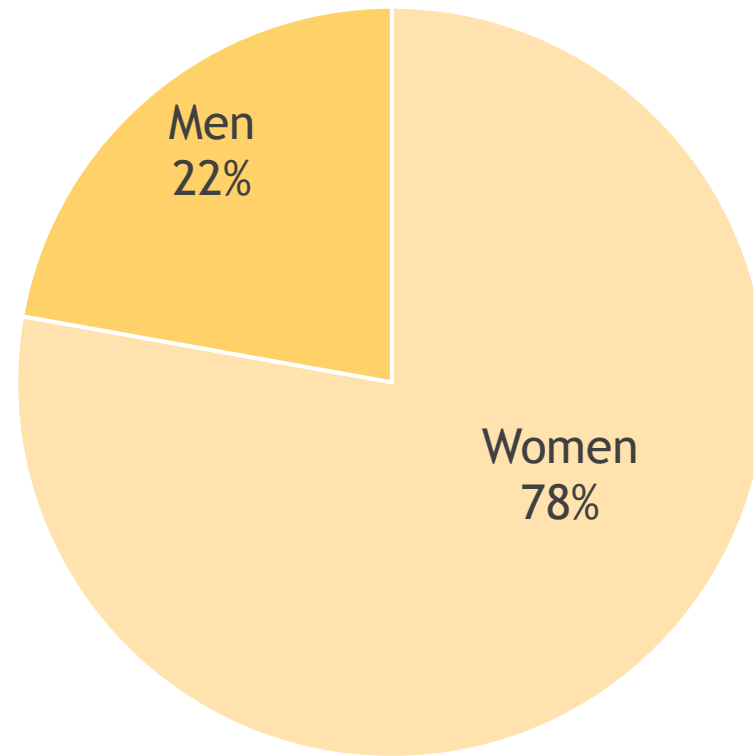


Sample Characteristics

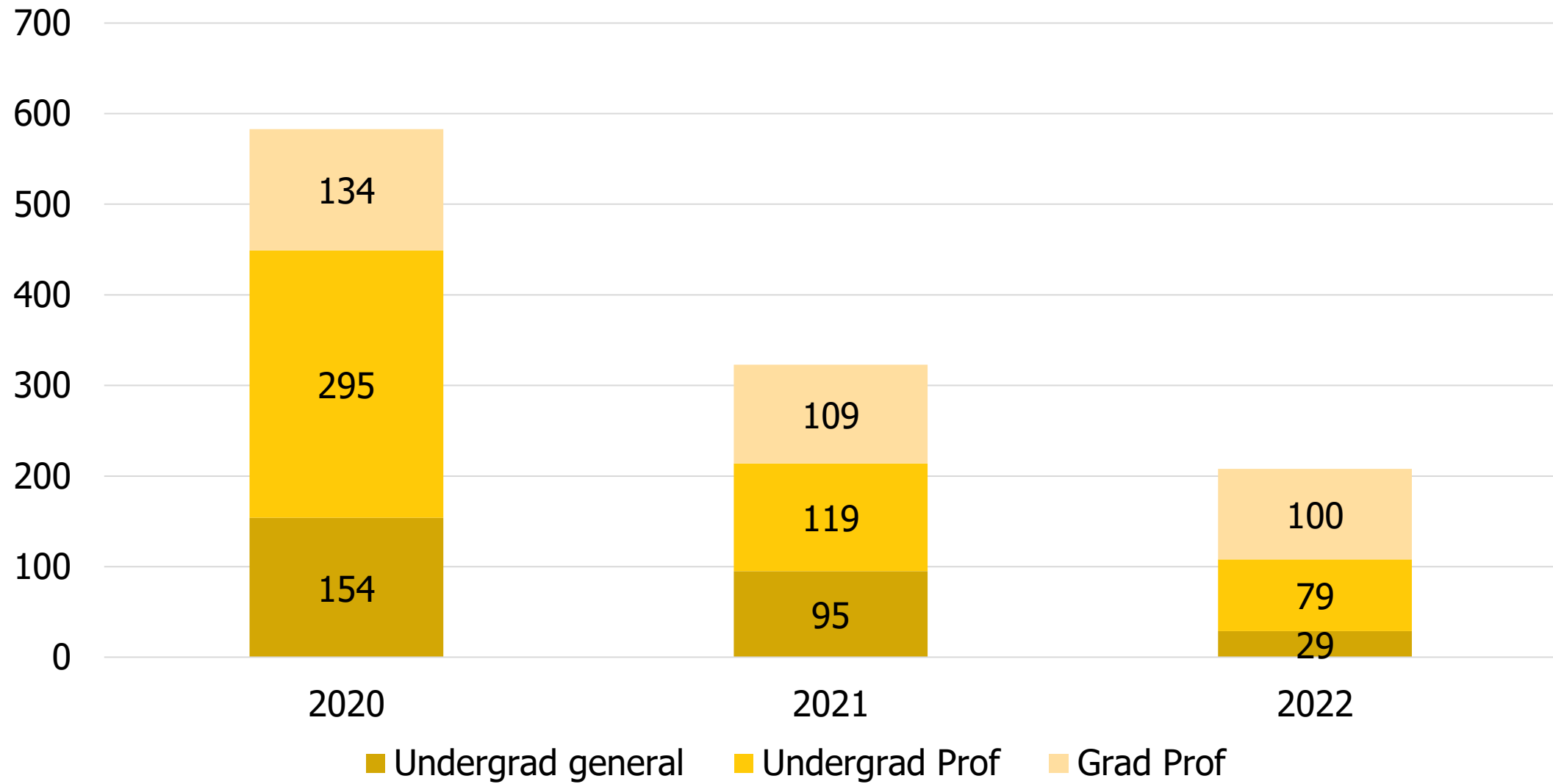
Degree Specialization



Sex

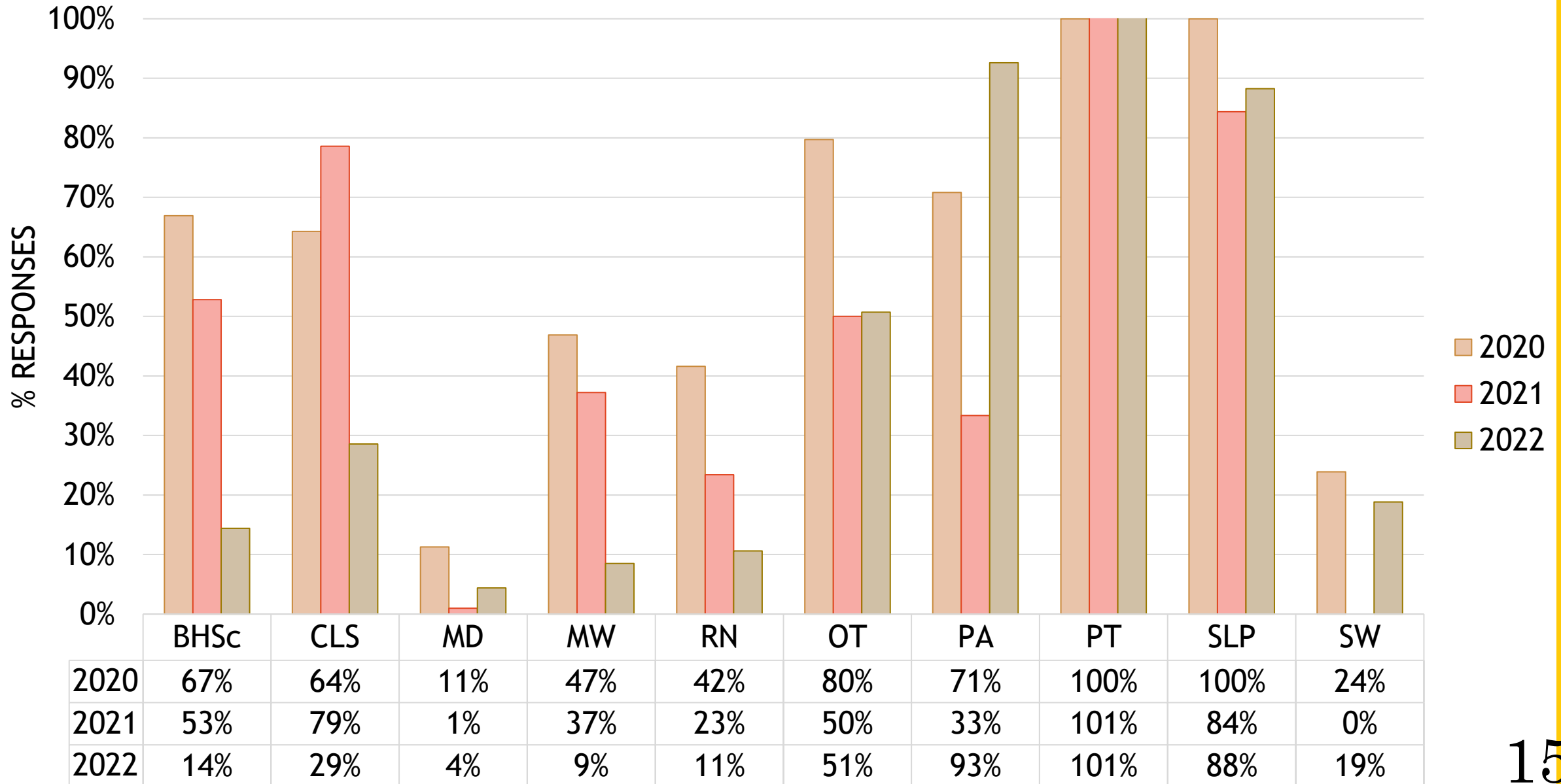


Degree Specialization



Differences across Years Statistically significant $P < 0.001$

Responses across Disciplines (2019-2022)



Teamwork and Collaboration

#	Statement	2020	2021	2022
1	Learning with other students will make me a more effective member of a health care team	3.7	4.6	4.6
2	Patients would ultimately benefit if health care students worked together to solve patient problems	3.8	4.6	4.7
3	Shared learning with other health care students will increase my ability to understand clinical problems	3.4	4.6	4.6
4	Learning with other health care students before qualification would improve relationships after qualification	3.3	4.5	4.5
5	Communication skills should be learned with other health care students	3.3	4.5	4.5
6	Shared learning will help me to think positively about other professionals	4.2	4.4	4.4
7	For small-group learning to work, students need to trust and respect each other	2.9	4.7	4.7
8	Team-work skills are essential for all health care students to learn	4.3	4.7	4.8
9	Shared learning will help me to understand my own limitations	2.9	4.4	4.4

All statistically significant $P < 0.001$

Professional Identity

#	Statement	2020	2021	2022
11	It is not necessary for undergraduate health care students to learn together	1.8	1.6	1.7
13	Shared learning with other health care students will help me to communicate better with patients and other professionals	3.6	4.5	4.4
14	I would welcome the opportunity to work on small group projects with other health care students	3.2	4.3	4.2
15	Shared learning will help to clarify the nature of patient or client problems	3.1	4.4	4.3
16	Shared learning before qualification will help me become a better team player	3.3	4.5	4.5

All statistically significant $P < 0.001$

Roles and Responsibilities

#	Statement	2020	2021	2022
17	I am not sure what my professional role will be	2.3	2.4	2.4
18	I have to acquire much more knowledge and skills than other health care students outside of my discipline	2.4	2.4	2.7

All statistically significant $P < 0.001$

Non-significant differences

- Responses to statements 10, 12 and 19 were not significantly different

#	Statement	2020	2021	2022
10	I don't want to waste time learning with other health care students	1.6	1.5	1.6
12	Clinical problem solving can only be learned with students from my own discipline	1.8	1.7	1.8
19	The function of most allied health professions is mainly to provide support for doctors	2.0	2.1	2.0

Discussion

- Students believed they should learn and work with others
- Students entering in 2020 were less likely prepared for IPE
- Entering classes of 2021 and 2022 more accepting and positive towards IPE

Discussion

- Beginning of COVID-19 pandemic in 2020
- Greater sample size in 2020
- Students in professional programs may be more prepared
- No difference between 2021 and 2022 entry data
- Declining response rates

Aye, S. S., & Rillera, M. R. (2022). World Journal on Educational Technology: Current Issues, 14(1), 93–102.

<https://doi.org/10.18844/wjet.v14i1.6640>

Huebner, S., et al. (2021). Journal of interprofessional care, 35(3), 400–408. <https://doi.org/10.1080/13561820.2020.1729706>

Jha, N., et al. (2022). Advances in medical education and practice, 13, 495–505. <https://doi.org/10.2147/AMEP.S354210>

Strengths and Limitations

- Large sample size (n=1114)
- Diverse participants
- Explored IPE readiness using Likert scales and Q-data
- Limited responses from certain subspecialties
- Other characteristics were not explored
- Not applicable to other entry years

Future Direction



**SUBGROUP
ANALYSES**



**INCREASE
PARTICIPATION**



**EXPLORE CHANGES
AT ENTRY AND EXIT**



**EXPLORE IPE
EFFECTIVENESS**

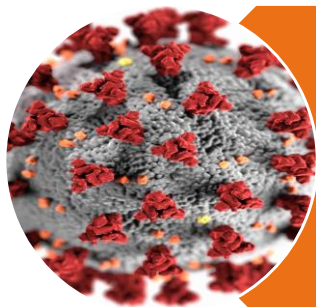
Conclusion



Difference seen in students entering Fall 2020



Students' attitudes toward IPE were less positive than later



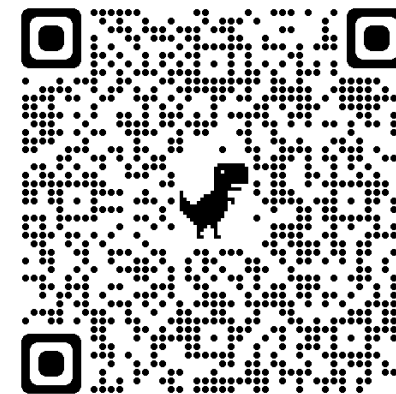
Pandemic may explain students' characteristics

Acknowledgements



Thank you to our collaborating IPE Leads for facilitating our data collection over the years

Thank you to Mc
Master Interprofessional
Student Collaborative
(MISC)



THANK YOU FOR LISTENING!



SHIRLEY QUACH

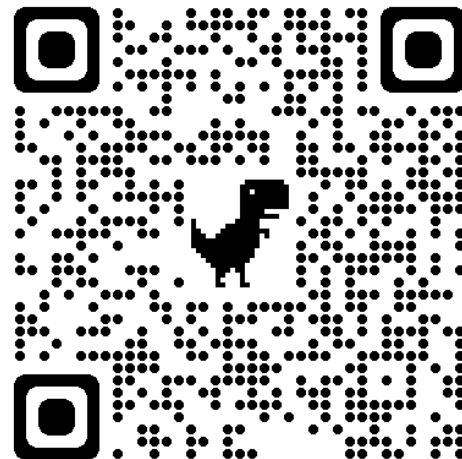
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PIPER



Program for Interprofessional
Practice, Education and Research

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CHART TITLE

■ BHS_c ■ CLS ■ MD ■ MW ■ RN ■ OT ■ PA ■ PT ■ SLP

