

Interprofessional education readiness among health science learners: a 3-year cohort

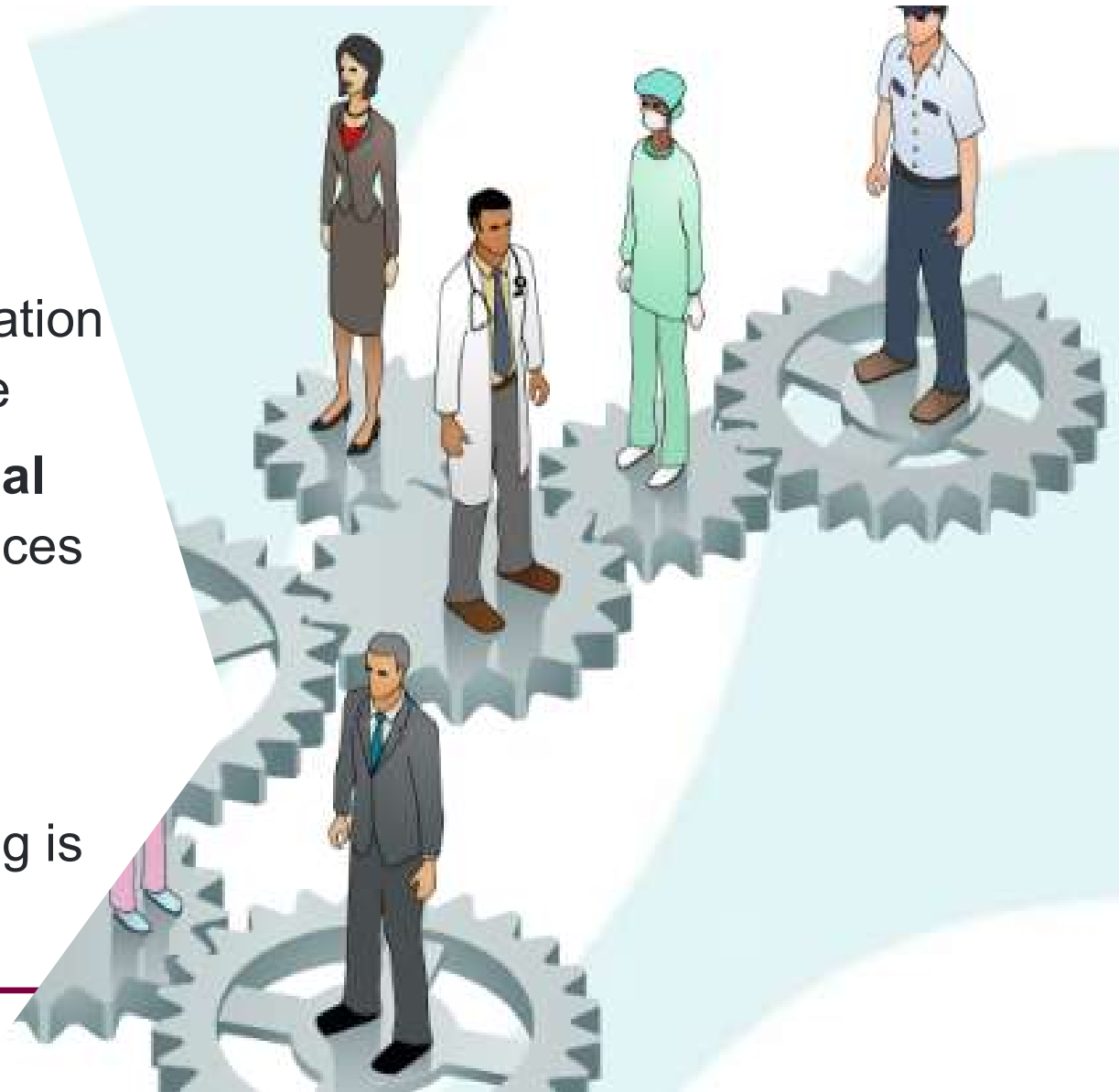
Shirley Quach,¹ Ana Oliveira, Noori Akhtar-Danesh,
Danielle Brewer-Deluce, Lindy Bondy, Sarah Wojkowski

¹PhD student, RRT, MHSc, FCSRT, CRE,
Research Coordinator, PIPER;
School of Rehabilitation Sciences, McMaster University



Introduction

- Interprofessional collaboration is essential in patient-care
- **Positive interprofessional education (IPE)** experiences may be facilitated by students' attitudes
- Differences in students' perceptions in IPE learning is unknown



Objective

- Explore IPE readiness in a subgroup of incoming students into the Faculty of Sciences' programs from 2019 to 2021



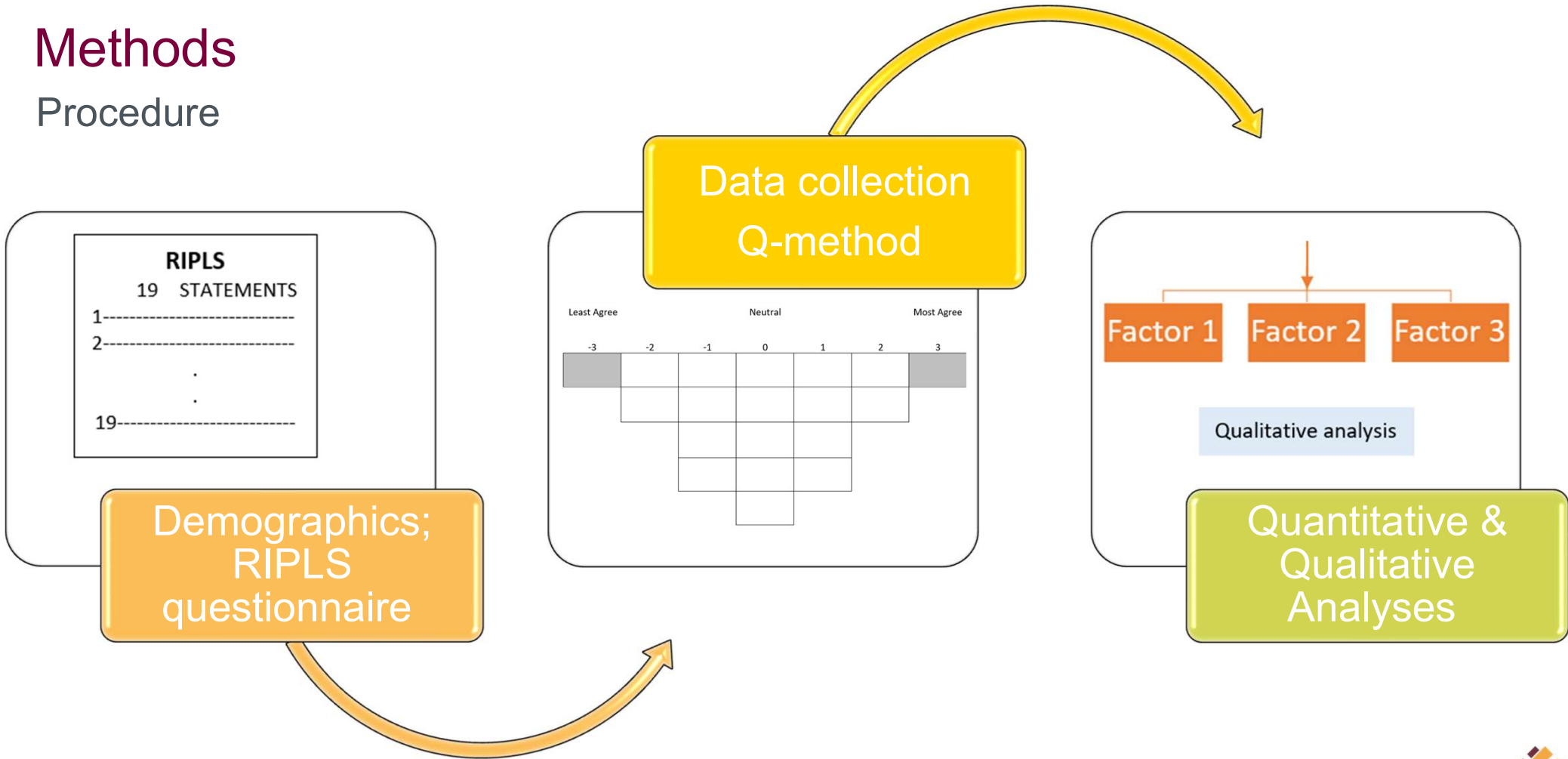
Methods

Invited 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's Assistant (PA) Social Work (SW)
General	-----	Bachelor of Health Sciences (BHSc)

Methods

Procedure



Methods

Q-Method

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

Disagree	Neutral	Agree
(10) I do not want to waste time learning with other health care students	(5) Communication skills should be learned with other health care students	(17) I am not sure what my professional role will be
(11) It is not necessary for undergraduate health care students to learn together	(18) I have to acquire much more knowledge and skills than other health care students	(8) Team-work skills are essential for all health care students to learn
		(9) Shared learning will help me

Results

Participants



798 students invited



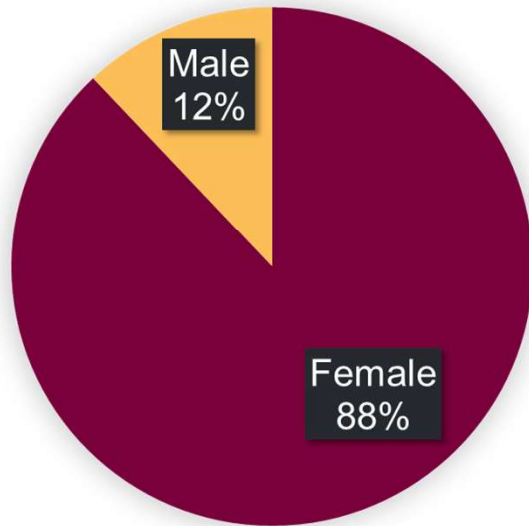
253 (32%) participants responded



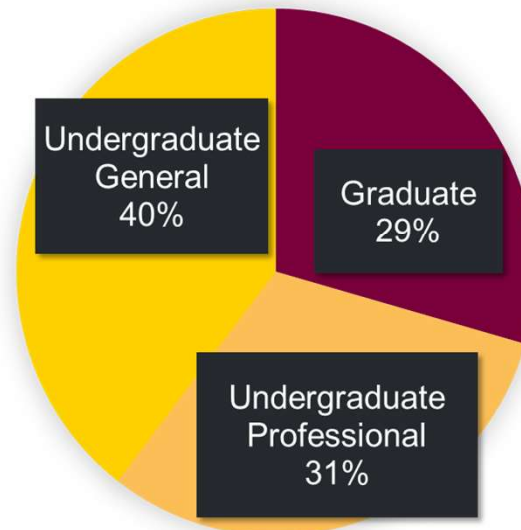
198 (25%) participants loaded

Mean age
 21.2 ± 3.8
years

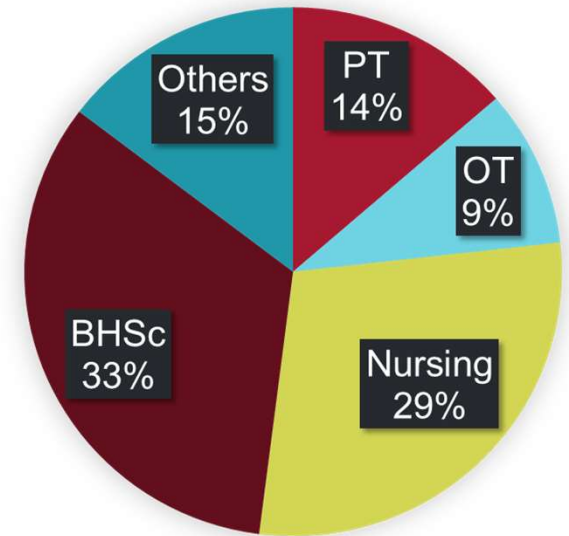
Gender



Program Specification



Program Subspecialties





798
students
invited



253 (32%)
participants
responded



198 (25%)
participants
loaded

Mean age
21.2 ± 3.8
years



Factor 1
(n=85)



Factor 2
(n=65)



Factor 3
(n=48)

**Delivery of
Healthcare**

**Collaborative
Learning**

**Personal
Learning**

Results

Factors

Factor 1 (n=85)	Factor 2 (n=65)	Factor 3 (n=48)
Delivery of Healthcare	Collaborative Learning	Personal Learning
<i>“Patients would ultimately benefit if health care students worked together to solve patient problems”</i>	<i>“For small group learning to work, students need to trust and respect each other”</i>	<i>“Shared learning with other health care students will increase my ability to understand clinical problems”</i>
<i>7 statements achieved consensus across all Factors</i>		

Results

Consensus statements

RIPLS statement

Learning with other health care students before qualification would improve relationships after qualification

Communication skills should be learned with other health care students

Shared learning will help me to think positively about other professionals

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

Clinical problem solving can only be learned with students from my own discipline

I would welcome the opportunity to work on small group projects with other health care students

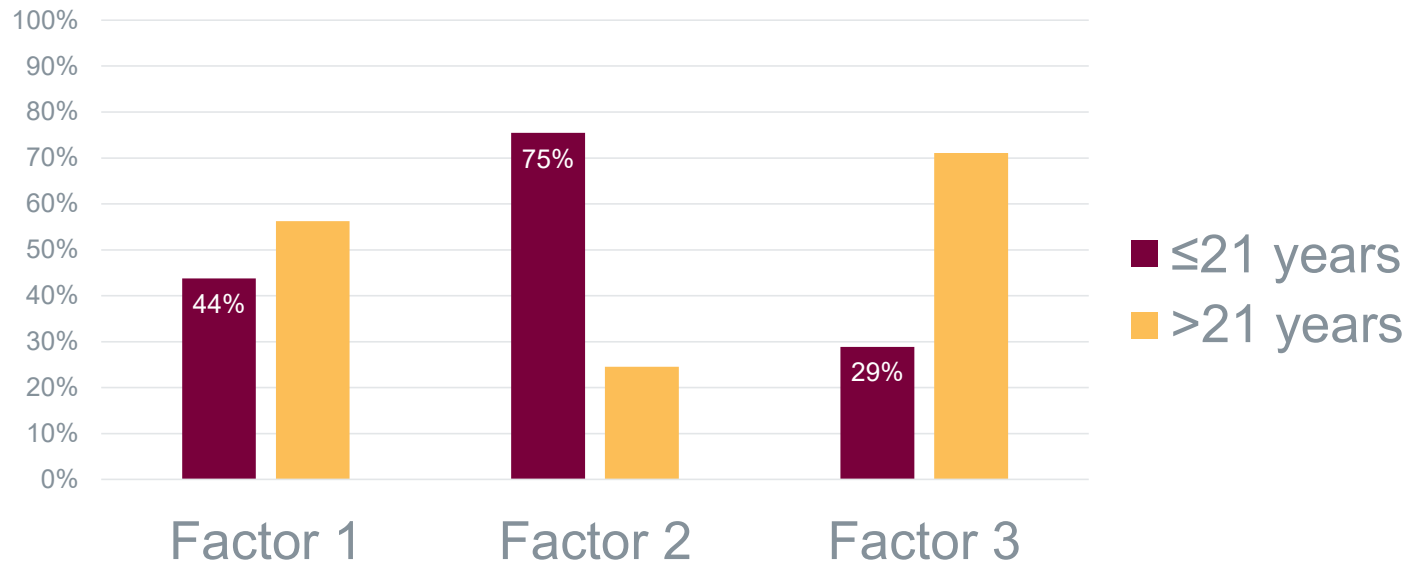
I am not sure what my professional role will be

The function of most allied health professions is mainly to provide support for doctors



Results

Age Group Differentiation across Factors (years)



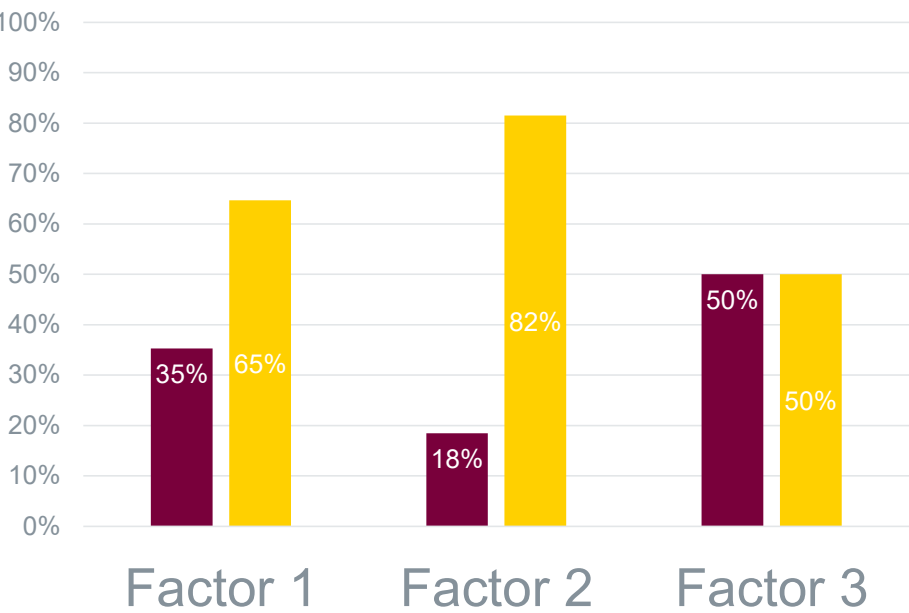
21.7 [4.0] years	19.7 [3.0] years*	22.4 [3.8] years
------------------	-------------------	------------------

Mean age [standard deviation]

* p=0.001

Results

Graduate vs. Undergraduate

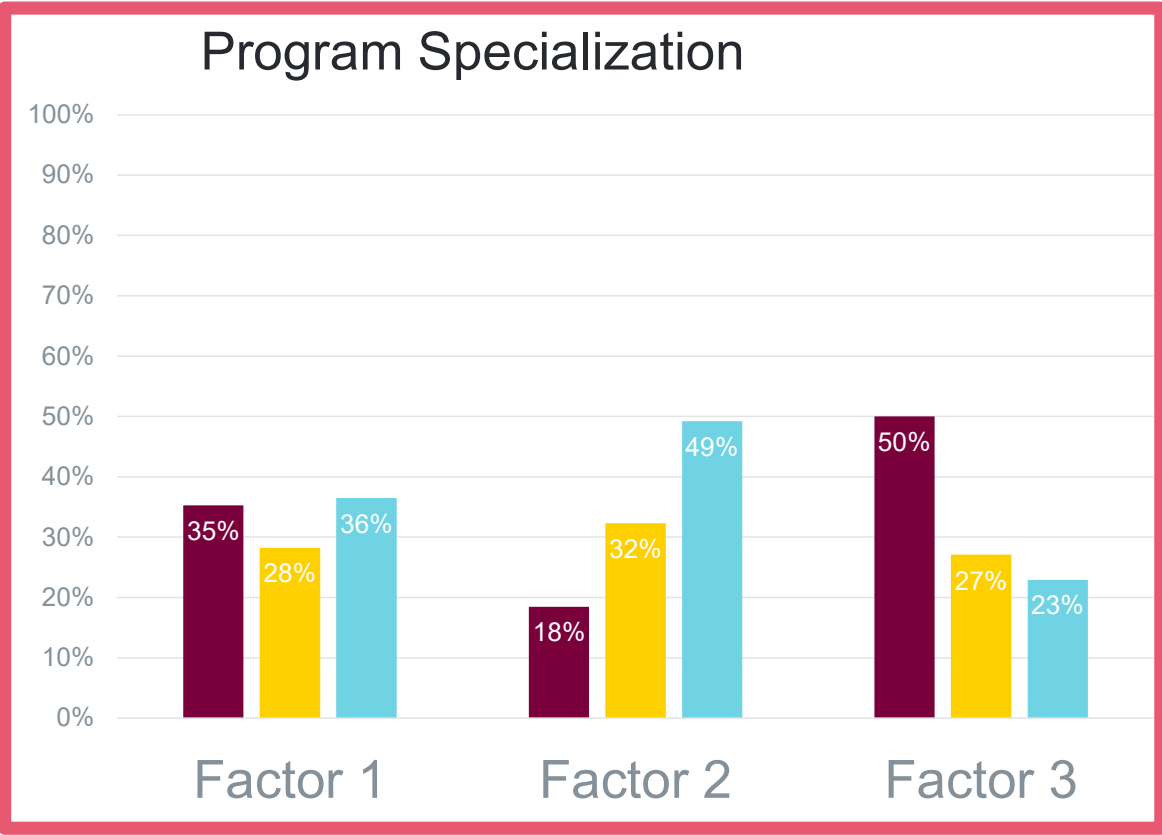


■ Graduate Professional

■ Undergraduate Professional

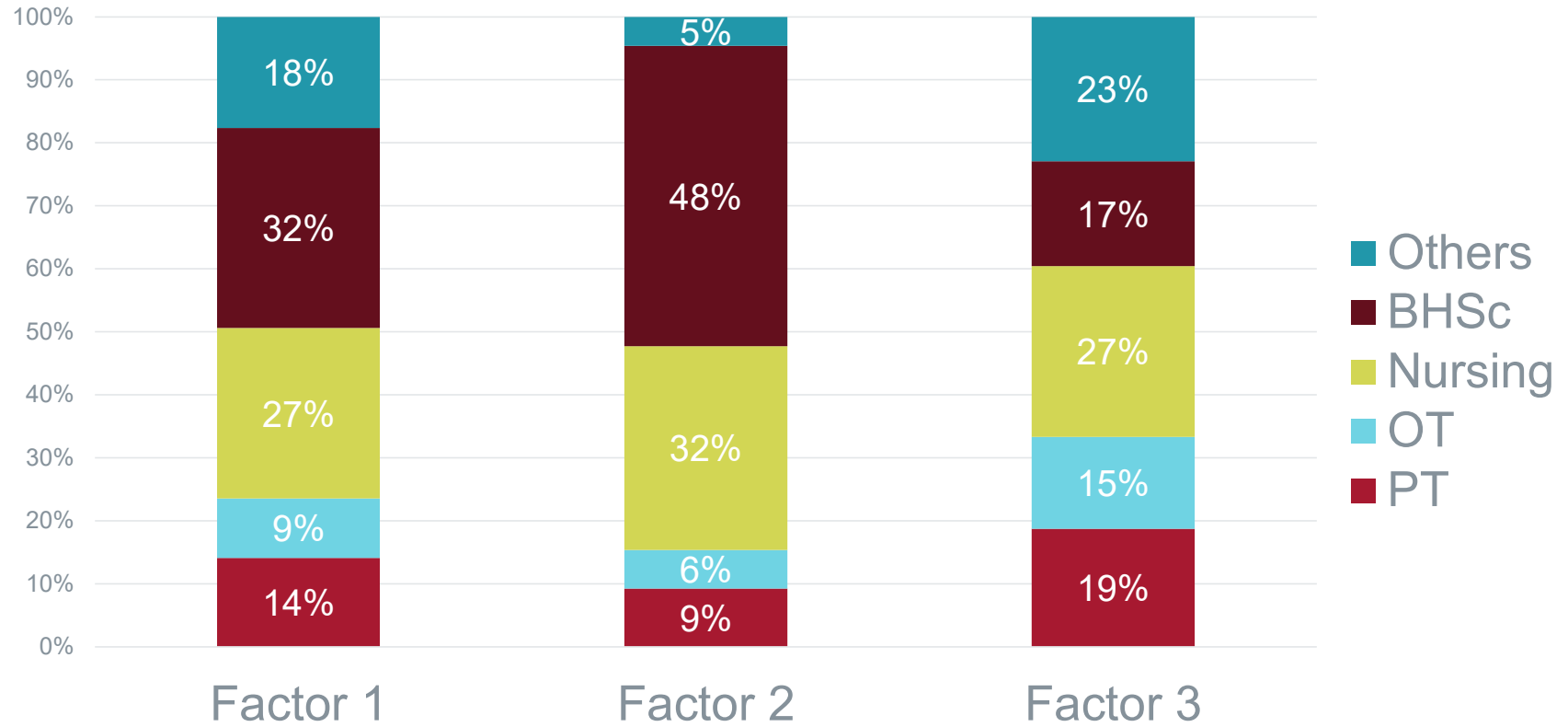
■ Undergraduate General

Program Specialization



Results

Program Subspecialties



Discussion

- Notable differences in IPE values across Factors
- Characteristic differences may explain Factors' priorities
 - Awareness in graduate students for IPE to facilitate patient-care
 - Receptiveness in undergraduate students for collaborative learning

Limitations

- Limited responses from certain subspecialties
- Other characteristics were not investigated (e.g., prior healthcare/health sciences degrees or experience)
- Not all Q-tables are loaded into factors

Conclusion

- Differences in IPE priorities in incoming students (2019-2021)
- **Older, graduate students** valued IPE for enhancing the *delivery of healthcare* and for *personal learning*
- **Younger, undergraduate students** valued IPE for the *collaborative learning*
- Inform and direct future program design and implementation



Future Direction

- Publish Q-methodology results of IPE priorities (2019-2021)
- Explore changes in IPE readiness at entry and graduation
- Explore methods of assessing readiness for IPE and IPE effectiveness

THANK YOU

References

Extra slides

Program Specialization across Factors

