

Characterizing Students' Readiness for Interprofessional Learning Across Training Levels and Degree of Program Specialization

Danielle Brewer-Deluce^{1, 2, 4}, Linda Bondy¹, Noori Akhtar-Danesh³, Sarah Wojkowski^{1,4}

¹ Program for Interprofessional Practice Education & Research (PIPER), ² Education Program in Anatomy, ³ School of Nursing, ⁴ School of Rehabilitation Sciences, McMaster University, Hamilton, Canada.

BACKGROUND/INTRODUCTION

- Interprofessional education (IPE) = multiple professions learning with, from or about each other to enhance collaboration and quality of care¹
- Due to a lack of baseline opinion data, success of IPE in preparing trainees for collaborative practice is unknown

OBJECTIVE

- Characterize spectrum of IPE readiness and opinions across incoming Faculty of Health Sciences (FHS) students (Table 1)
- **HYPOTHESIS: readiness varies across training level (grad vs ugrad) and degree of program specialization (general vs HPP)**

METHODS

- Incoming FHS students completed RIPLS (Readiness for Interprofessional Learning Scale)² rankings (19 statements) upon program entry (Fig. 1)

LIKERT SCALE DATA (80% of cohort)

- Responses averaged across statements to form overall and 4 sub-scale (Teamwork & Collaboration, Negative/Positive Professional Identity, Roles & Responsibilities) scores

Q-METHODOLOGY DATA (20% of cohort)

- Responses interpreted via by-person factor analysis to identify groups (factors) with shared opinions³

	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 Science (BHSc)

LIKERT RESULTS

- RIPLS 4 sub-scale factor structure confirmed via confirmatory factor analysis (RMSEA = 0.035, CFI = 0.959)
- 2-way (specialization & level) ANCOVAs accounting for age & sex (Fig. 2)

	Grad	Ugrad
HPP	N = 123 Age: 23.73 ± 2.7 Sex: 33:29:24:38	N = 92 Age: 21.22 ± 5.5 Sex: 21:24:24:23
General	---	N = 88 Age: 17.96 ± 0.2 Sex: 26:25:18:19

Table 2: Participant age and sex by level and specialization. Age - sig diff all groups, $p < 0.05$

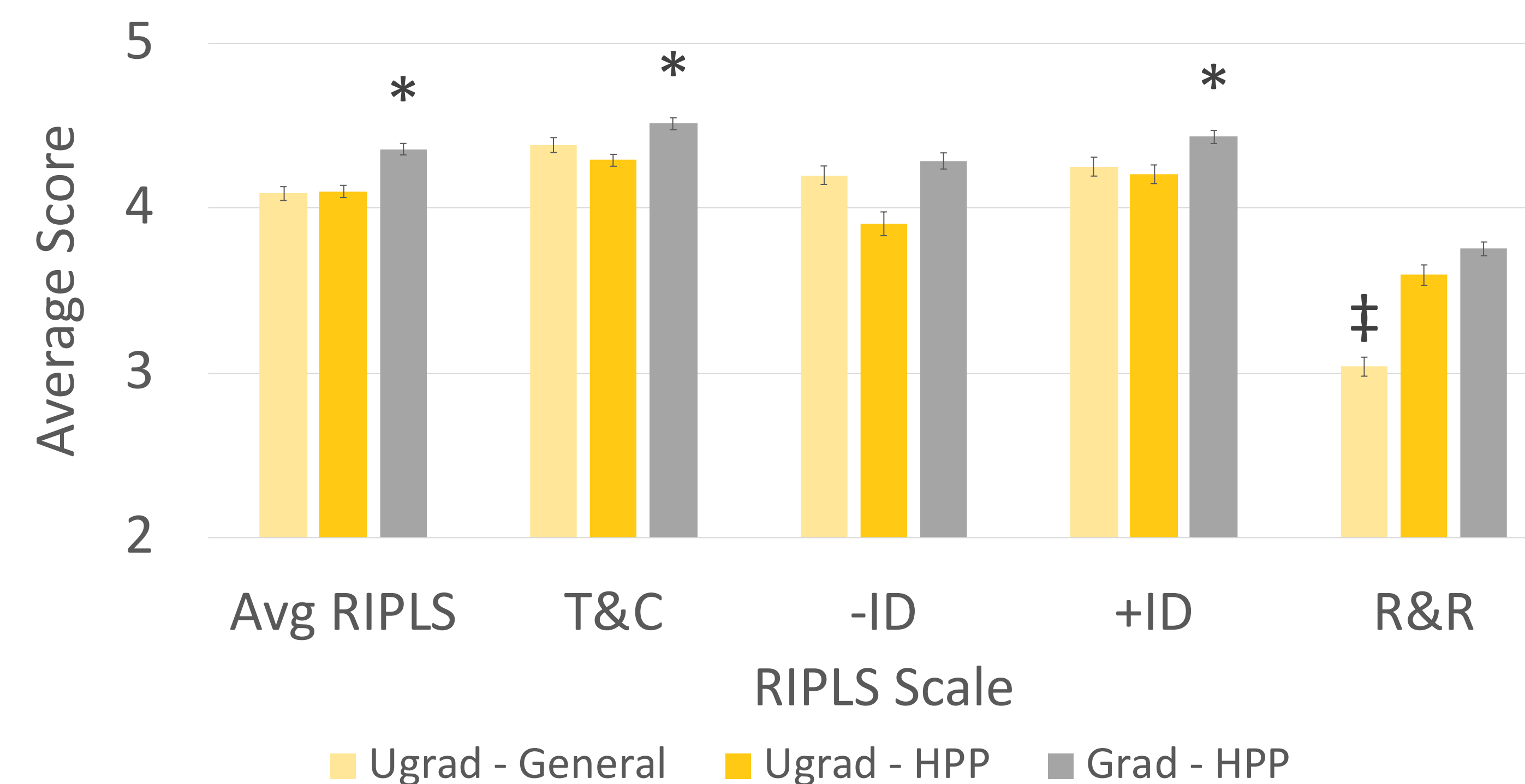


Fig 2: Overall and Sub-scale RIPLS scores by level (ugrad vs grad) and specialization (general vs HPP). Error bars = SE
* significant difference from ugrad, ‡ sig difference from HPP

← Table 1: Distribution of FHS academic programs based on level of study (grad/ugrad), and degree of specialization (health professional program/general)

Q-METHODOLOGY RESULTS

- 54/71 participants significantly loaded onto 3 factors representing significantly different groups of students with shared IPE opinions, values & preferences (Fig. 3)

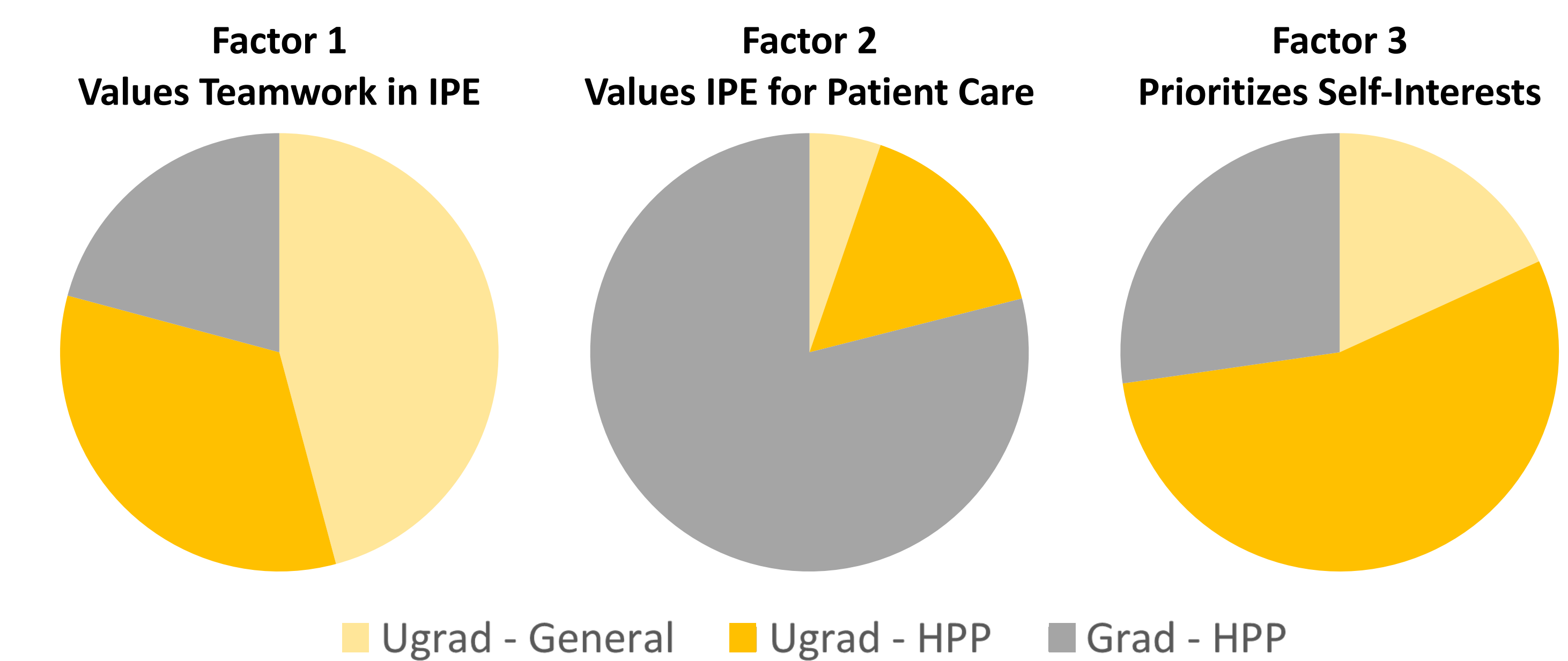


Fig 3: Proportion of participants from each level/specialization group loading onto each factor

Q-Methodology Distinguishing Statements by Group:

- Factor 1 (n = 24): Value of Teamwork in IPE (mostly ugrad)
 - For small group learning to work, students need to trust/respect each other
- Factor 2 (n = 19): IPE is beneficial for patient care (mostly grad)
 - Patients would benefit if health care students worked together to solve problems
- Factor 3 (n = 11): Prioritizes Self-Interests (minority across prgms)
 - I have to acquire much more knowledge/skills than others

CONCLUSIONS

- 3 groups of IPE opinions, related to program level in FHS
- Readiness for IPE learning increases as students progress from undergraduate to graduate studies
- Students in general programs tend to have less understanding of professional roles, and value learning with others
- Variability underscores the necessity long-term IPE evaluation in offering stage-matched IPE educational interventions
- **NEXT STEPS:** Demonstrating long-term IPE development (incoming vs graduating student comparisons)

REFERENCES

1. WHO 2010: Framework for Action on IPE and Collaborative Practice
2. Parsell & Bligh 1999: Medical Education
3. McKeown & Thomas 2013: Q Methodology

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Students participants

CONTACT

brewerdd@mcmaster.ca
wojkows@mcmaster.ca

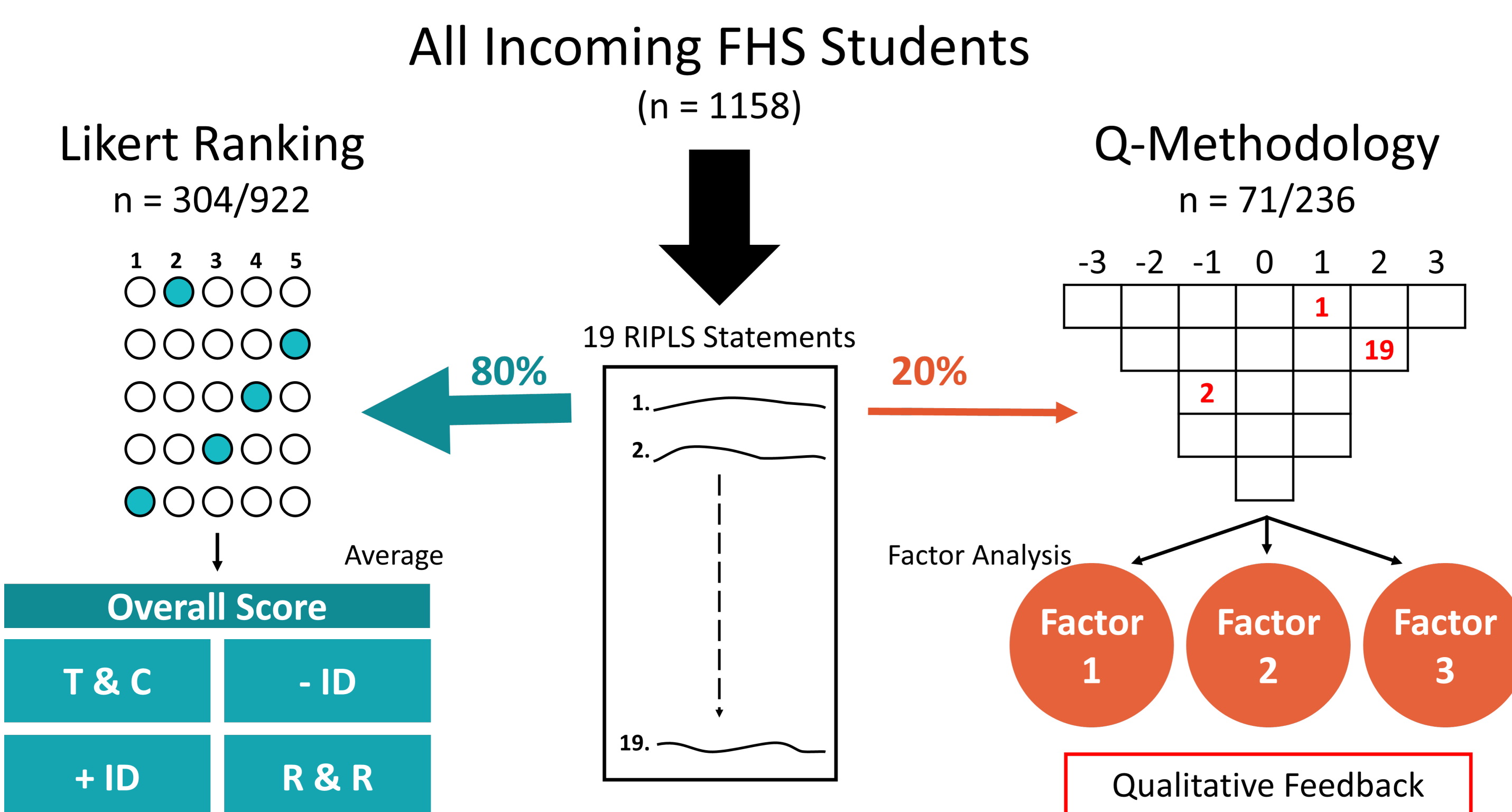


Fig 1: Participants completed a 5-pt Likert-Scale (80% of cohort), or Q-Methodology (20%) ranking of 19 RIPLS statements upon program entry.