Student Perceptions towards Interprofessional Education in Anatomy: *Piloting a Universal Evaluation Tool*

MACANATOMY

McMaster University

PIPER
Program for Interprofessional Practice, Education and Research

Shirley Quach,[1-2] Noori Akhtar-Danesh,[3] Jasmine Rockarts,[4] Andrew Palombella,[4] Sarah Wojkowski,[1,2] Bruce Wainman,[4,5] Yasmeen Mezil[4,5]

1 School of Rehabilitation Science, McMaster University, Hamilton, Canada; 2 Program for Interprofessional Practice, Education and Research, McMaster University, Toronto, Canada; 3 School of Nursing, McMaster University, Hamilton, Canada; 4 Education Program in Anatomy, McMaster University, Hamilton, Ontario, Canada; 5 Department of Pathology and Molecular Medicine, McMaster University, Hamilton, Canada

INTRODUCTION

- Interprofessional education (IPE) provides healthcare students the opportunity to adopt collaborative practices to facilitate effective patient care
- IPE evaluations are often too specific to the course and overlook important information regarding student feedback about interprofessional development, consequently limiting the transferability and utility of these evaluations

OBJECTIVES

1. To develop and pilot **a universal Q-method IPE evaluation tool** for assessing IPE courses in different contexts

2. To evaluate the interprofessional skill development in the IPE Dissection Course at McMaster University

Figure 1 (below): Timeline of when each outcome measure was taken, and important course dates

Pre-evaluation	RIPLS and IEPS — January 2nd, 2023
Program start	Week 1 of IPE — January 9th, 2023
Program end	Week 10 of IPE — February 28th, 2023
Post-evaluation	RIPLS and IEPS + IPE Q-method — February 28th – March 8th, 2023

SUBJECTS AND METHODS

COURSE DESCRIPTION

IPE Dissection Course at McMaster University is offered as an elective 8-week program where first-year students from multiple health sciences programs deliver presentations on their scope of practice, discuss clinical case studies, and collectively perform cadaveric dissections with their peers.

Figure 2 (above): Disciplines invited into the anatomy dissection course; *denotes graduate degree program

SURVEY DESCRIPTIONS

Outcomes	Description
RIPLS	- To assess attitudes and perceptions of learners - Used to determine their readiness for IPE learning, changes and intervention effectiveness
IEPS	- To gauge learners' perceptions of their own profession and their relationship to other disciplines - Used to determine their level of perceived and actual IP collaboration
Q-Methodology	- Developed to explore student perceptions towards the IPE experience for events - Informed by previous cohorts, IPE literature, and domains of the National Interprofessional Competency Framework by the CIHC i.e., Interprofessional Conflict Resolution (**ICR**), Collaborative Leadership (**CL**), Role Clarification (**RL**), and Team Functioning (**TF**) - A consensus of 40 final statements were incorporated into the Q-methodology survey

RIPLS and IEPS were collected before and after the Anatomy IPE course. The novel IPE evaluation via Q-method was distributed after the course (see Figure 1).

- A total of 28 learners enrolled into the course
- 24 (86%) and 15 (75%) completed the RIPLS and IEPS before and after the course, respectively and 20 learners completed the novel IPE Q-methodology tool
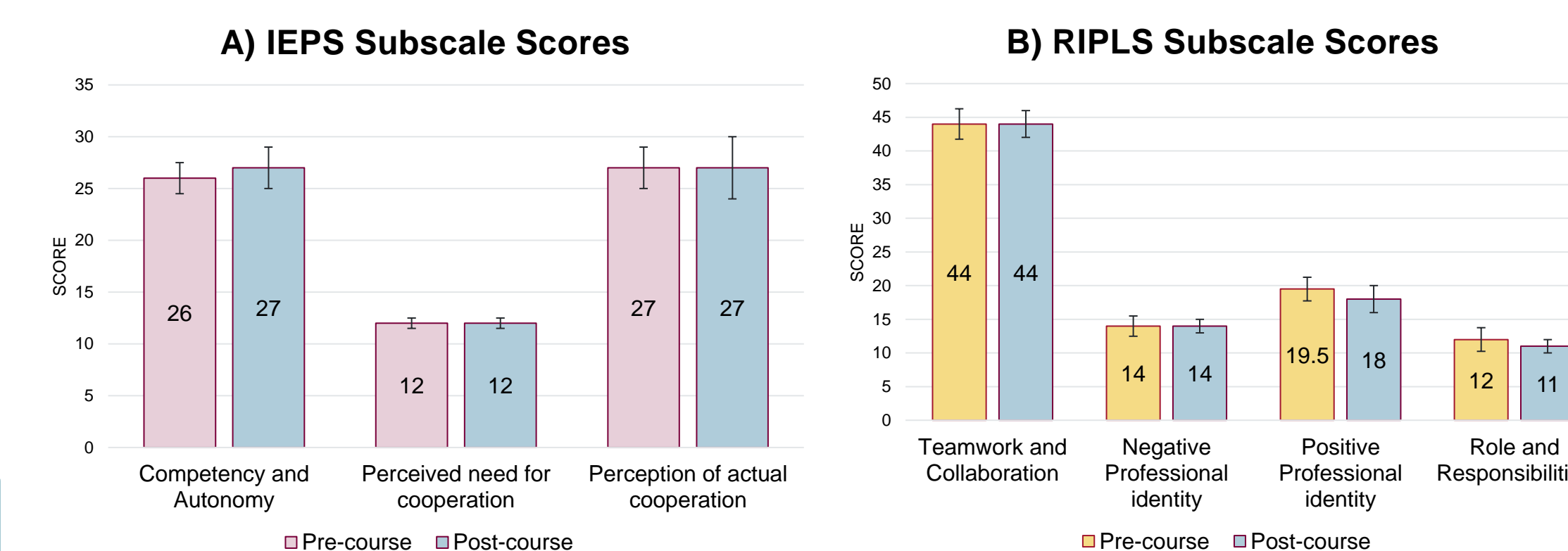
RESULTS

Figure 3 (above): Median scores shown inside bars, error bars show interquartile range (Q1-Q3); A) pre and post IEPS subscale scores; B) pre and post RIPLS subscale scores. There were no changes to total IEPS or RIPLES scores.
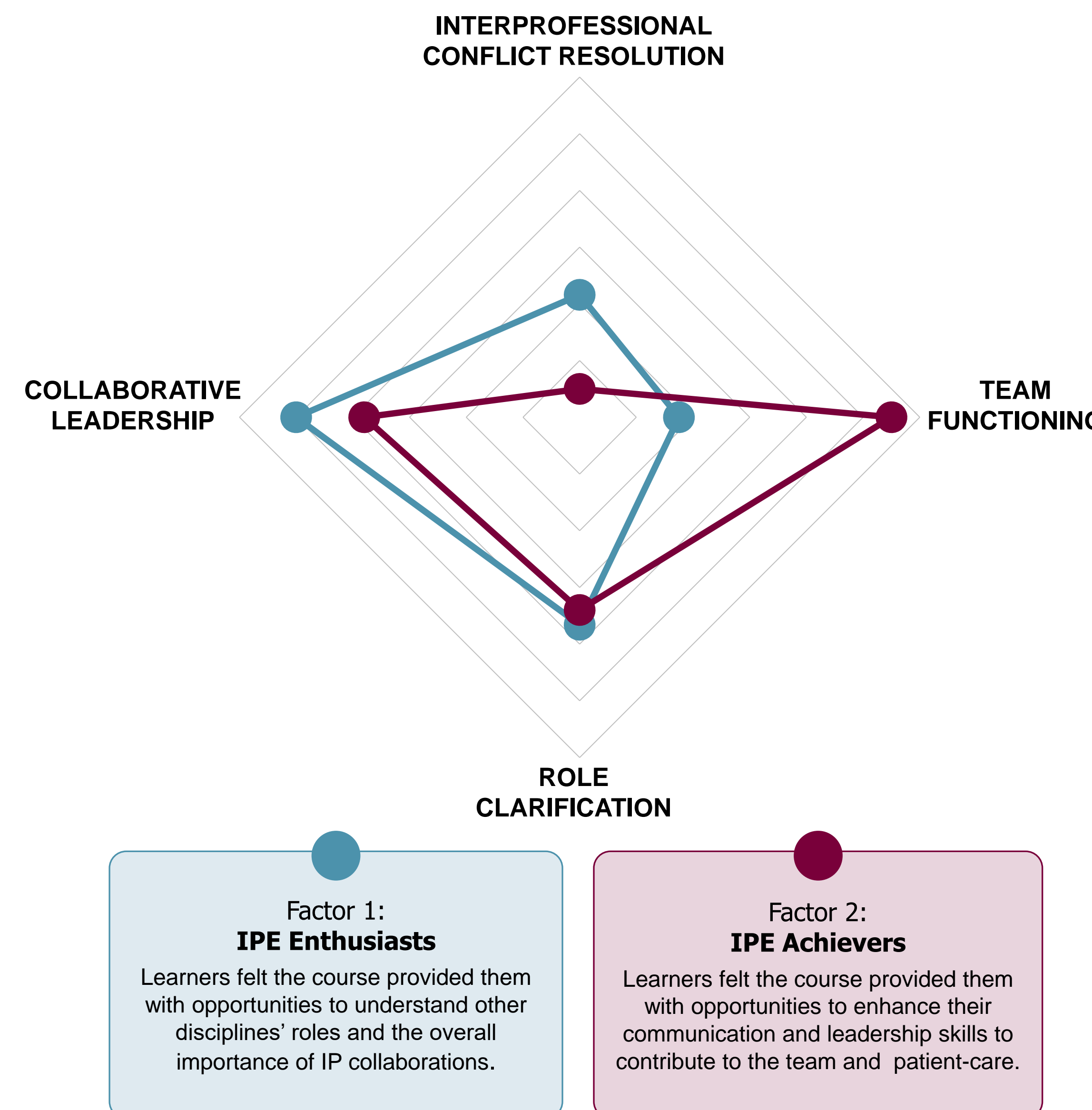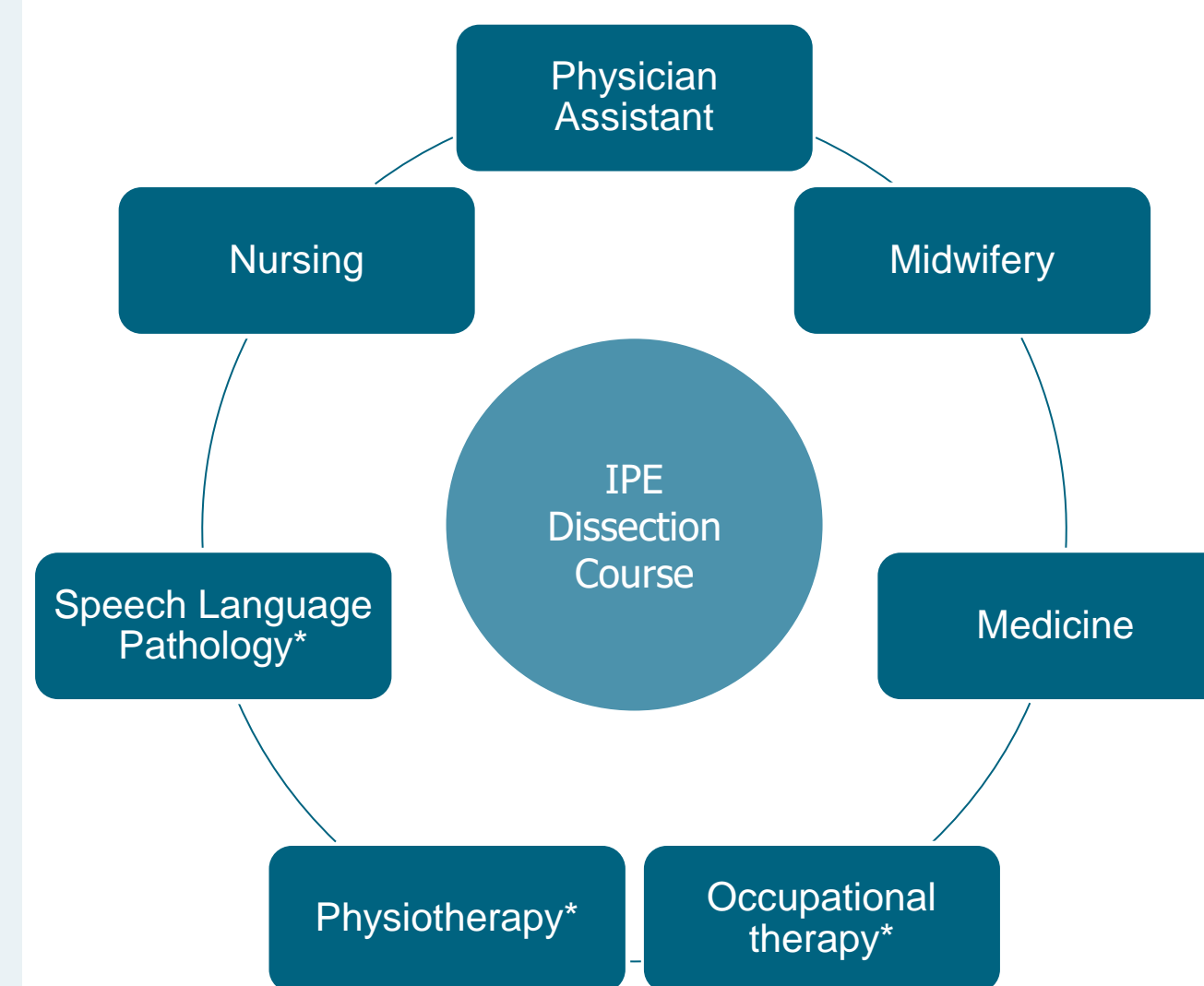

Figure 4 (above): Visual radar map of learners' perceptions toward IPE for each factor, under the domains identified from the National Interprofessional Competency Framework by CIHC. Learners provided contextual feedback (Figure 5) that were helpful in describing their perceptions in each factor.

Factor 1: IPE Enthusiasts
Learners felt the course provided them with opportunities to understand other disciplines' roles and the overall importance of IP collaborations.

Factor 2: IPE Achievers
Learners felt the course provided them with opportunities to enhance their communication and leadership skills to contribute to the team and patient-care.

IPE Enthusiasts

"…I feel like I am finally understanding what the other health professions do."

"Everyone has a role in patient care so optimizing what each person can do for a patient will provide them the best care."

IPE Achievers

"I realized how everyone is an expert in their field and how we must rely on one another when the patient has concerns that are out of our scope of practice."

"… I need to remember it is about making sure the patient gets the best possible care regardless of whether I am the one who provides it."

Figure 5 (above): Contextual feedback to reflect the attitudes described in each factor (factors seen in Figure 4).

CONCLUSIONS

- Learners' overall attitudes towards IPE readiness and engagement did not change
- Q-methodology analysis revealed two different perceptions towards IPE that would not have been possible if standard evaluations were used

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Shirley Quach, PhD(c), MHSc, RRT, FCSRT, CRE
Email: quachi1@mcmaster.ca
Twitter: Shirley_RRT