



Exploring Incoming Students' Readiness for Interprofessional Education

A 4-year Cross-sectional Analyses with Q-methodology

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After today's session...

- To describe the differences in incoming health professional students' perceptions on IPE
- To discuss the use of Q-methodology to understand unique IPE perspectives not captured in traditional tools
- I have no disclosures

Introduction

- Interprofessional collaboration (IPC) is key to delivering safe, patient centered care
- Early interprofessional education (IPE) helps pre-licensure students build essential IPC skills for future practice
- Students' IPE readiness and perceptions influence the success of IPE
- Understanding incoming students' perspectives toward IPE can support program development

Introduction

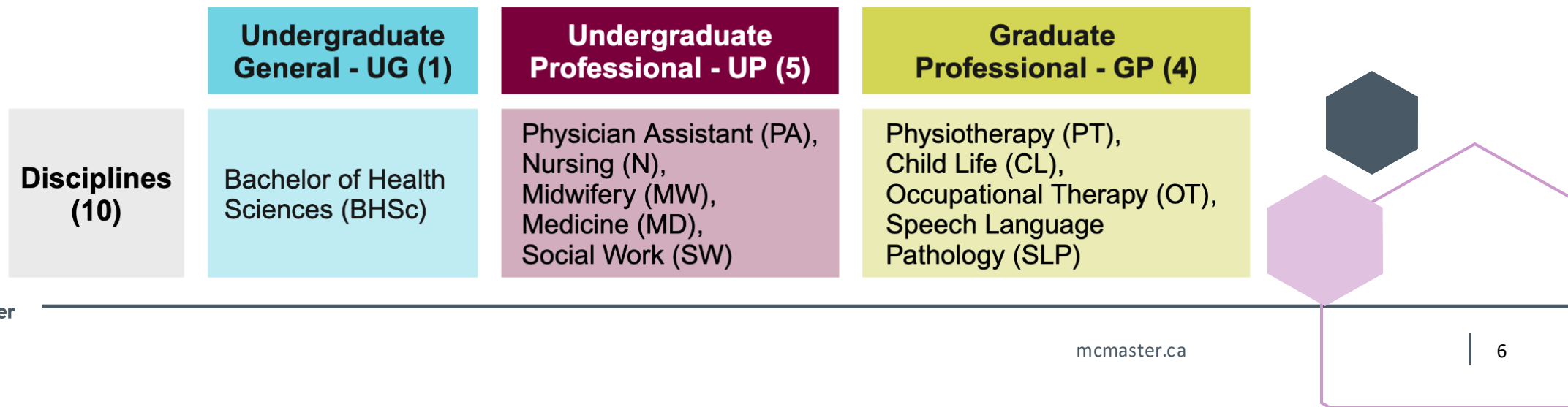
- Numerous IPE readiness Likert scales
- Limitations to Likert-based scales including:
 - Ceiling and flooring effects
 - Numeric values may not represent psychological constructs well
- Alternative ways to understand perceptions and experiences are needed
- Q-methodology is an option
 - Captures unique perspectives
 - Not limited by linear scale

Objective

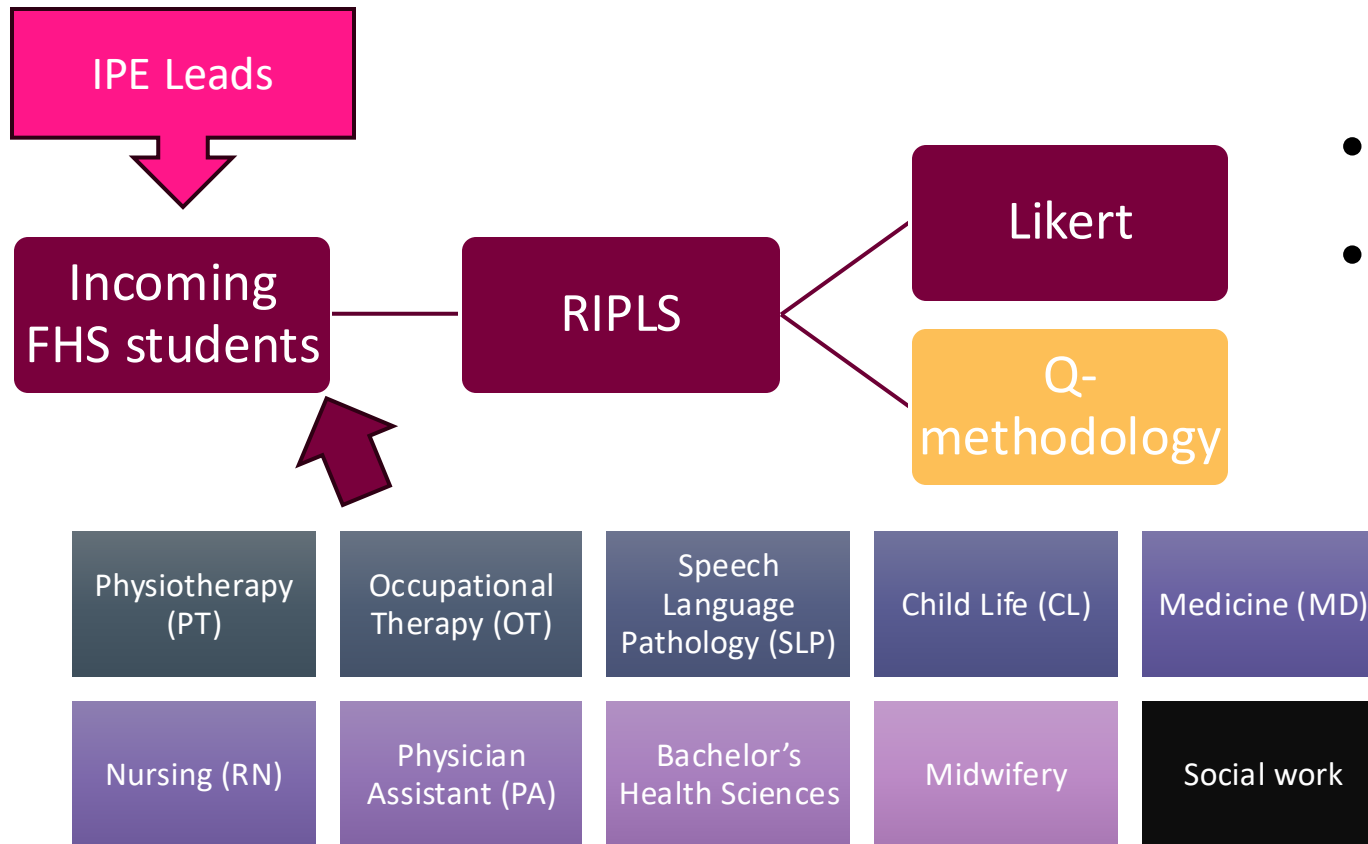
- To evaluate IPE readiness in a subgroup of incoming first year students in the Faculty of Health Sciences (FHS), McMaster University from 2019 to 2022 using Q-methodology

Methods

- FHS students were invited
- Invited at the start of their program to complete a survey

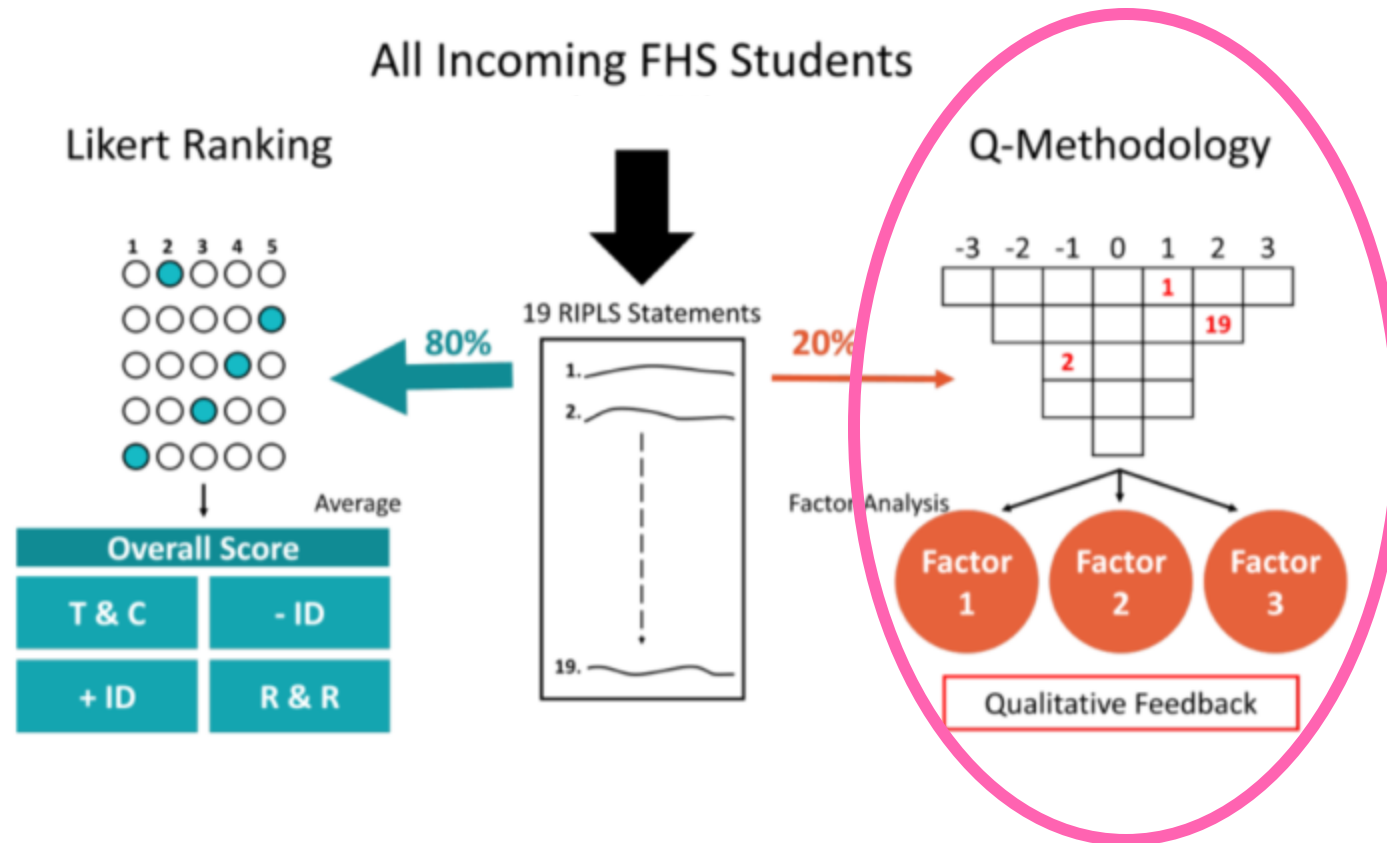


Methods



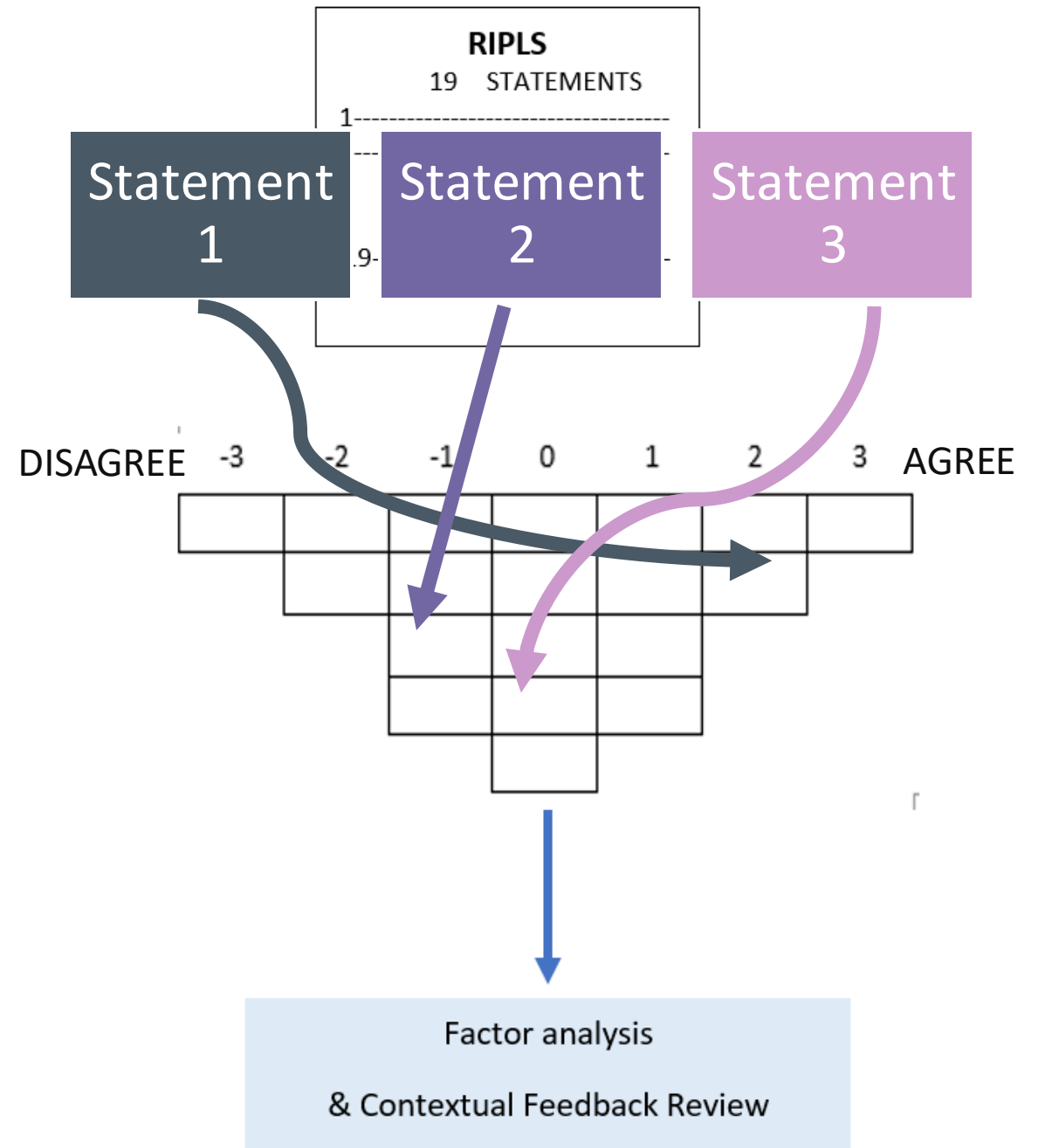
- Invited incoming FHS students every year in fall
- Starts August until mid-October
- For incoming cohorts 2019-2022

Survey allocation

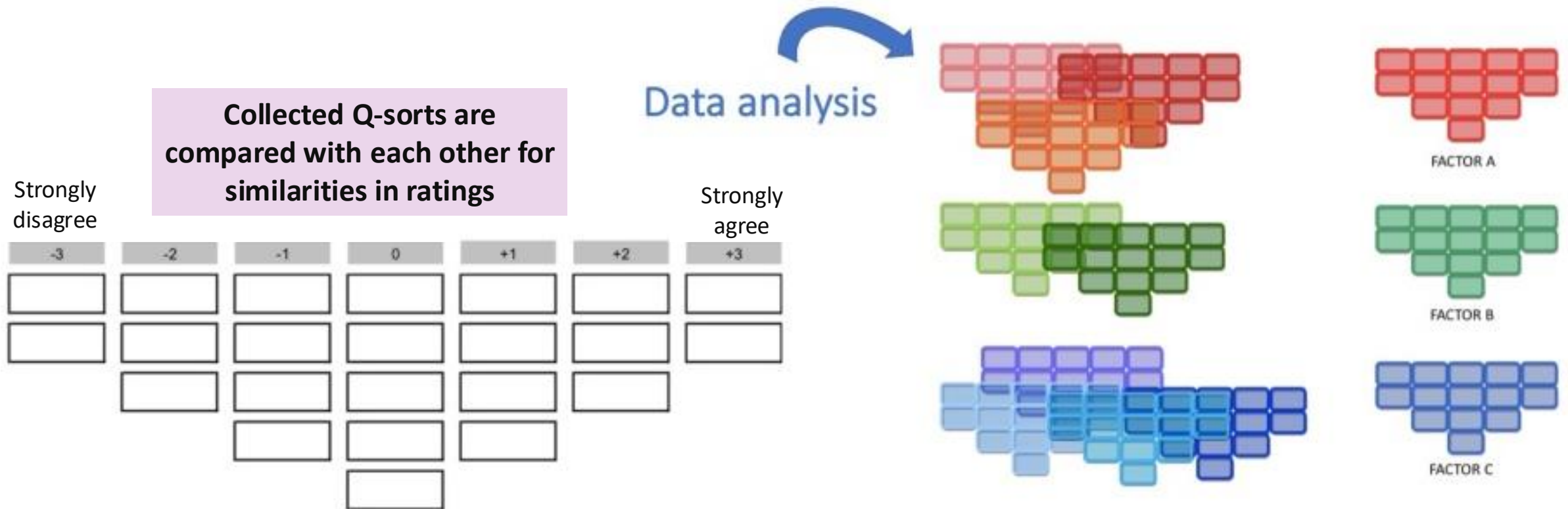


Q-methodology

- RIPLS items are sorted on Q-table with 19-slots
- Ranked responses from strongly disagree to agree
- Invited to give contextual feedback for highly ranked statements*



Q-methodology

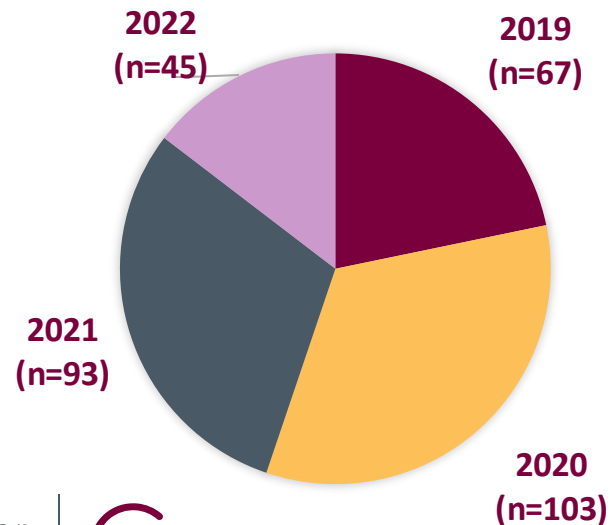


Results

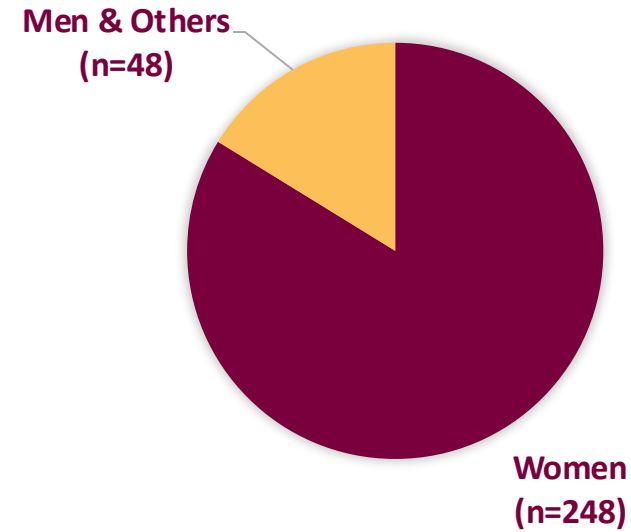
Invited for Q-methodology (n=1040)

Responded (n=323)

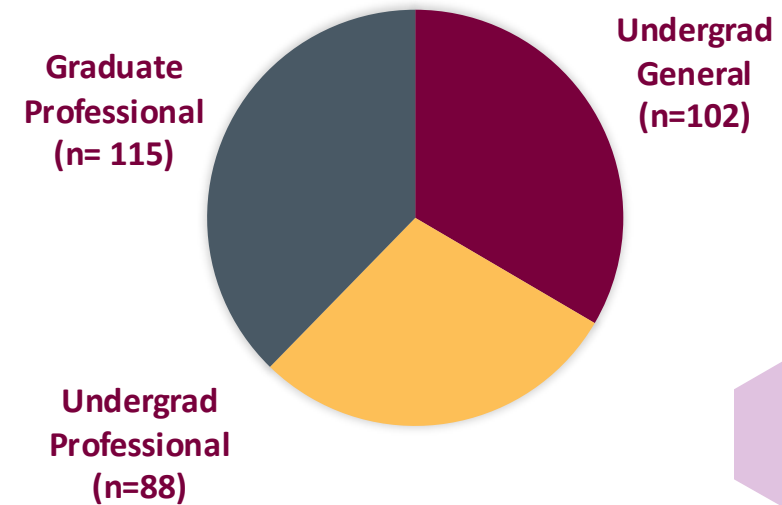
INCOMING YEAR



GENDER

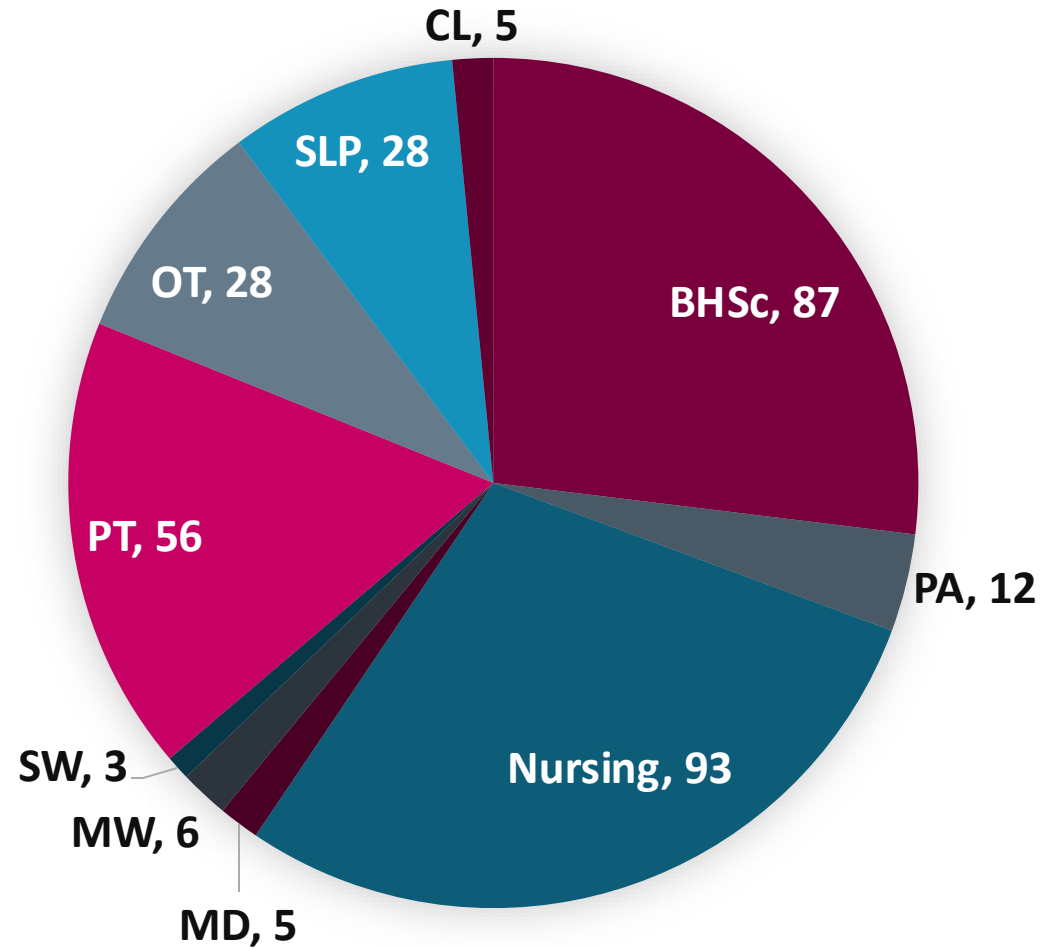


PROFESSIONAL GROUPS



DISCIPLINES

Mean Age:
21.53 (3.89) years



**Undergraduate
General - UG (1)**

**Undergraduate
Professional - UP (5)**

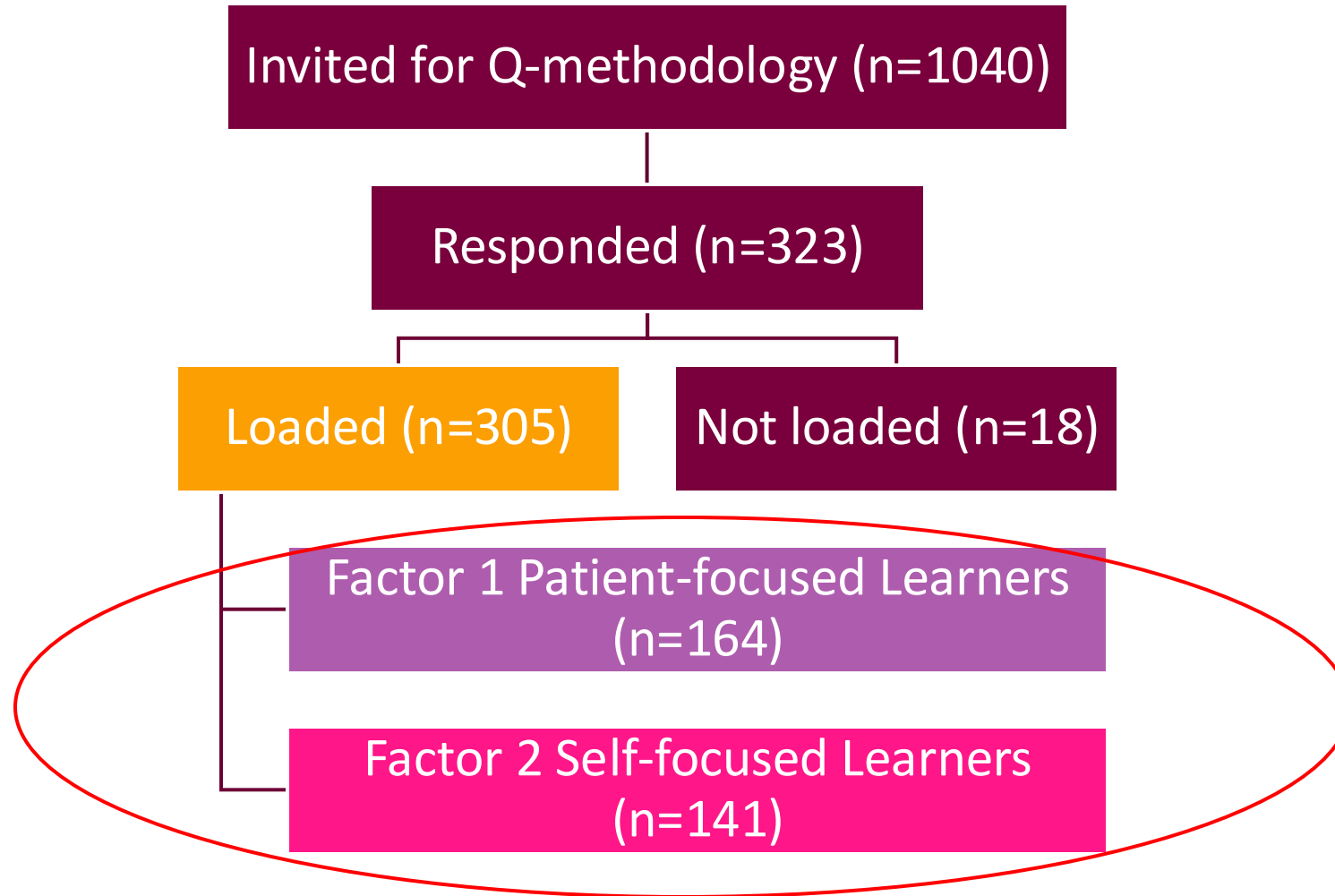
**Graduate
Professional - GP (4)**

**Disciplines
(10)**

Bachelor of Health
Sciences (BHSc)

Physician Assistant (PA),
Nursing (N),
Midwifery (MW),
Medicine (MD),
Social Work (SW)

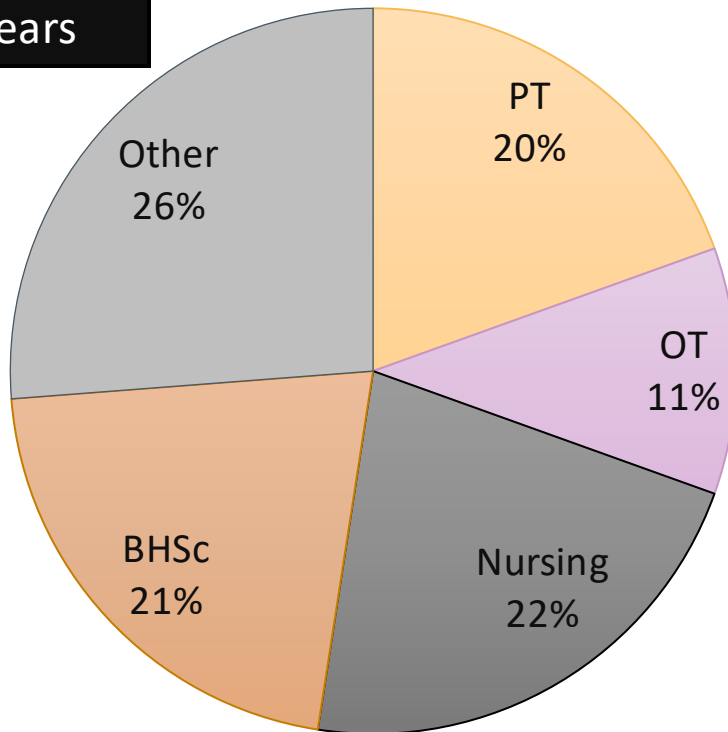
Physiotherapy (PT),
Child Life (CL),
Occupational Therapy (OT),
Speech Language
Pathology (SLP)



Factor Characteristics

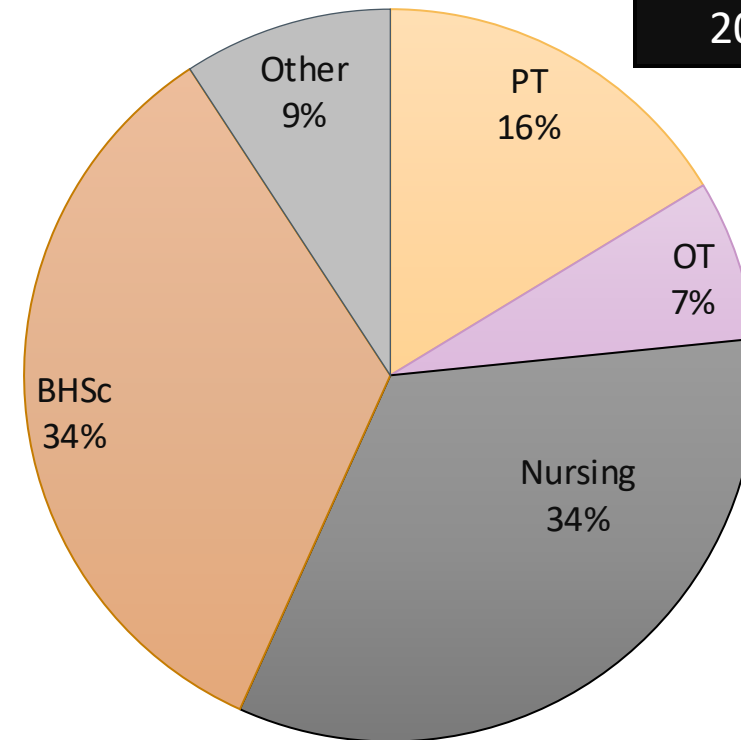
Factor 1 – Patient-focused Learners

Mean Age:
22.05 (3.63) years

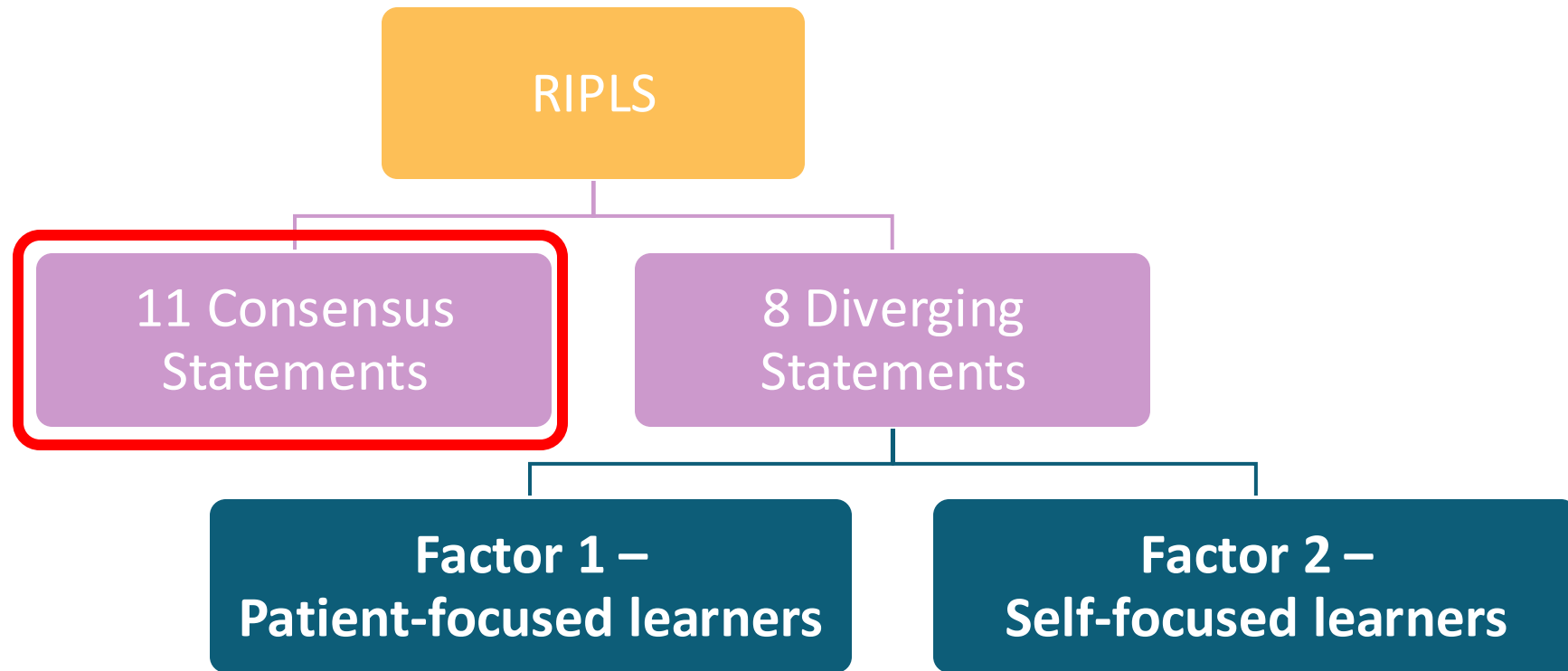


Factor 2 – Self-focused Learners

Mean Age:
20.90 (4.11) years



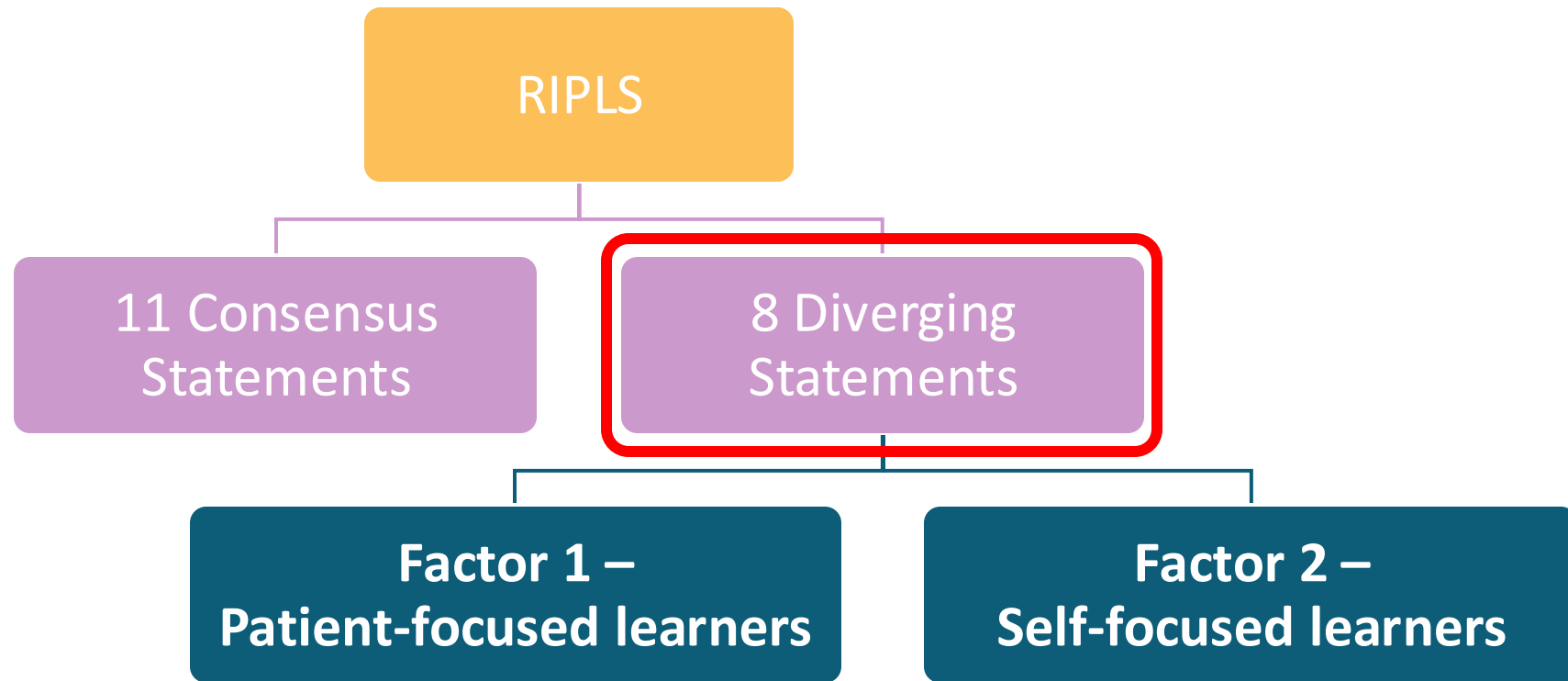
Results



Results

	RIPLS statement	F1	F2
8	Team-work skills are essential for all health care students to learn*	1	2
9	Shared learning will help me to understand my own limitations*	1	1
11	It is not necessary for undergraduate health care students to learn together*	-1	-2
12	Clinical problem solving can only be learned with students from my own discipline*	-2	-1
13	Shared learning with other health care students will help me to communicate better with patients and other professionals*	1	1

Results



Results

Factor 1: Patient-focused Learners	
RIPLS Statement #	Contextual feedback
Strongly agree (+3)	
(s2) Patients would ultimately benefit if health care students worked together to solve patient problems	<i>Everyone brings a different knowledge set to the table and a combination of this knowledge can lead to the best outcome for the patient.</i> <i>The sharing of knowledge and resources is essential to provide the best patient care possible...</i>
Strongly disagree (-3)	
(s18) I have to acquire much more knowledge and skills than other health care students outside of my discipline	<i>No matter the length or education level of a health care program, each requires a unique set of skills and knowledge that cannot be fully absorbed by other professions.</i>

Results

Factor 2: Self-focused Learners	
RIPLS Statement #	Contextual feedback
Strongly agree (+3)	
(s7) For small-group learning to work, students need to trust and respect each other	<p><i>Trust and respect for one another are essential skills you need to be cooperative and achieve effective teamwork.</i></p> <p><i>Furthermore, it is imperative that group members trust each other to create a safe group environment. Both respect and trust are essential for efficient and high quality group learning.</i></p>
Strongly disagree (-3)	
(s10) I don't want to waste time learning with other health care students	<p><i>Learning alongside the students who may be representing your future colleagues is an incredibly useful way to improve teamwork skills, understand the perspectives of others, and identify the most effective solutions.</i></p>

Discussion

- Not restricted by Likert scale responses
- Explored IPE perceptions and attitudes with Q-methodology
- Expands on our 2019 analysis by Oliveira et al, 2023
- Two different IPE values noted in incoming students in 2019-2022
 - Factor 1 Patient-focused learners were generally older (Graduate programs)

Discussion

- Text comments provide context to the diverging viewpoints
 - Factor 1 values IPE to solve clinical problems and facilitate patient-centered care
 - Factor 2 values IPE to improve their communication, collaboration and trust
- Informs IPE curricula development to enable appreciation for collaborative learning in their future workplace
- Limited representation from several disciplines

Conclusions

- IPE perceptions and readiness differ by personal goals
- Likely associated with age, discipline and program specializations
- Facilitate tailored IPE opportunities

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