

Impact of Professional School Differences on Student Attitudes and Response to IPE

Authors: Peggy Ann Ursuy, University of Michigan, School of Nursing; Vinoothna Bavireddy, Center for Interprofessional Education; Debra Mattison, University of Michigan, School of Social Work; Chamipa Phanudulkitti, Burapha University, Thailand, Faculty of Pharmaceutical Sciences; Laura Smith, University of Michigan-Flint, Physical Therapy Department; and Melissa Gross, University of Michigan, School of Kinesiology

Background: *

Interprofessional Education (IPE) seeks to assist health science students to consider and work together to meet the diverse needs of individual patients and populations in the provision of effective care. Current interprofessional education (IPE) best practices recommend that health profession educators consider a multitude of factors when planning and implementing IPE activities. Differences in attitudes toward IPE are noted in the literature related to a learner's professional discipline. Students' professional programs have a strong influence on their attitudes toward IPE, in particular, beliefs about the need to engage in collaboration with other disciplines. (Park, et al, 2013; Groessl, 2019; Reilly, 2014, Simin, et al, 2010).

The purpose of this study was to examine the impact of professional school differences on students' attitudes toward IPE training and outcome characteristics in online and in-person IPE educational activities.

Actions, Methods, or Intervention: *

Health science students across all three U-M campuses completed an introductory, asynchronous, online IPE course ("Introduction to IPE") composed of sequential modules followed by a large-scale, in-person event ("IPE in Action") in the first term of their programs. Student attitudes toward IPE were assessed using the SPICE-R2 instrument: before and after the online course and then after the in-person event (Dominguez et al., 2015, Zorek et al., 2016). Data from two semesters were analyzed using regression analysis to separate the effects of health science school, academic level and gender.

Results: *

Data from over 2,300 students were included in the analysis. Students' attitudes about IPE improved in all of the health science schools after the online course regardless of school, academic level, or gender (all $p < .05$). Differences emerged in baseline scores among graduate schools, with some graduate schools having lower scores than undergraduate schools (See Figure). While there were no differences in teamwork between the schools, differences emerged regarding roles and outcomes. Few school differences occurred in response to the in-person event. These results suggest efforts are needed to understand the diverse, multidimensional needs of individual IPE student-learners to provide effective interprofessional practice and education.

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Lessons Learned: *

These findings indicate that students have different attitudes about IPE before they begin their programs, and that their attitudes vary with health science school, regardless of academic level. These differences may represent various levels of readiness for IPE experiences. The findings also suggest that further attention to school-specific educational programming to promote understanding and valuing of professional collaboration before participation in IPE learning experiences may be useful. Furthermore, when designing and implementing IPE learning opportunities, school differences in relation to student attitudes and response to IPE should be considered to inform intentional design and implementation of best practices for pedagogical planning.

Future Application and Next Steps: *

Further research is needed to explore and better understand the diverse range of health professional learners who come together in an IPE learning experience. Exploring and understanding supporting factors and barriers to students in each health science program may inform IPE faculty design and best practices across the health science IPE experience. Next steps in the project will be conducting a qualitative analysis to further explore and understand student responses to IPE experience based on the school differences.