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Students' Attitudes and Perceptions Toward Interprofessional Education

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Motivation and Purpose

Motivation: Initiation of a pilot project for a graduation requirement in Interprofessional Education (IPE) for all graduate students in the Health Sciences Division and the Psychology department at ETSU.
Purpose: To evaluate the attitudes of graduate students at ETSU prior to participation in the IPE program.
Experimental questions: What are Health Sciences and Psychology graduate students' attitudes and beliefs before participating in an IPE program? Do attitudes and beliefs differ by college/profession?

Introduction

- According to the World Health Organization (2010), "Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes."
- IPE strives to create holistic health care, improve trust and communication amongst professionals, and change attitudes and perceptions that individuals may have towards other disciplines (Lumague et al., 2006).
- Student attitudes and perceptions before IPE may differ from their attitudes and perceptions following participation in an IPE program.
- Student attitudes and perceptions toward IPE may also differ amongst various health care disciplines.

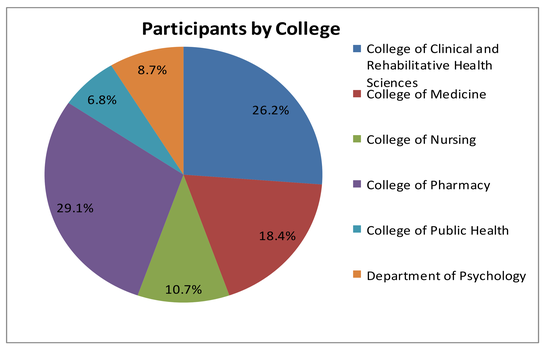
Participants

Response Rate: 103 graduate students completed the surveys and provided their demographic information.

Residency:
50.5% urban 35.9% small town
12.6% rural 1% no response

Race/Ethnicity:
87.4% White 4.9% Asian
2.9% Black 2.9% Other
1% Hispanic 1% No Response

Socio-Economic Status Background:
48.5% upper middle
32% lower middle
14.6% working class
1.9% poor
2.9% no response



Age Range	Number of Participants
20-25	67
26-30	22
31-35	3
36-40	3
41-45	3
46-50	1
51-55	1
No Response	3

Years of Study	Number of Participants
1	42
2	49
3	1
No Response	11

Gender	Number of Participants
Male	31
Female	71
No Response	1

Methods

Materials:
- Three surveys were administered to measure students' attitudes and beliefs about IPE.
- All three instruments have research supporting validity and reliability.

- ***Attitudes Toward Health Care Teams Scale*** (ATHCTS; Heinemann et al., 1999; Hyer et al., 2000).
  - 21 questions on a 1-5 point scale: 1 = strongly disagree to 5 = strongly agree
  - Factors included:
    1. Quality of Care: Measures team members' perceptions on the quality of care delivered by health care teams.
    2. Costs of Team Care: Measures the efficiency, importance, and value of teams related to cost.
    3. Physician Centrality: Measures team members' attitudes toward physicians' authority in teams and their control over information about patients.
- ***The Interdisciplinary Education Perception Scale*** (IEPS; McFadyen et al., 2007; Luecht et al., 1990)
  - 18 questions on a 1-6 point scale: 1 = strongly disagree to 6 = strongly agree
  - Constructs included:
    1. Perception of Competency and Autonomy: Measures how highly one respects his or her own profession in the sense that their profession is well educated and contributes significantly to the health care field.
    2. Perceived Need for Cooperation: Reflects perceptions of the need to work together with other professions.
    3. Perception of Actual Cooperation: Measures students' perceptions of their profession's respect and ability to work with others in the health care field.
- ***Readiness for Interprofessional Learning Scale*** (RIPLS; Parsell & Bligh, 1999; McFayden et al., 2005)
  - 19 questions on a 1-5 point scale, with 1 being strongly disagree and 5 being strongly agree.
  - Factors included:
    1. Team-work and Collaboration: measures attitudes toward team working skills and the need for positive relationships between various professionals.
    2. Professional Identity: measures positive and negative aspects of professional identity.
    3. Roles and Responsibilities: measures perceptions of roles in professional practice and the role of academic training in supporting these divisions.

Procedure:
- Students from each program of study were randomly selected to participate in the IPE pilot program.
- Surveys were distributed and collected during the IPE prologue meeting.
- Surveys included informed consent, purpose of the study, and procedures of the study.

Data Analysis:
- Data collected from the surveys was entered into an SPSS spreadsheet.
- Demographic information was separated and categorized according to questions.
- Two-tailed t-tests for equal or unequal sample sizes were used to test for group differences.

Results: ATHCTS

Construct/Factor	Mean Rating	Standard Deviation	Range
Team Value/ Quality of Care	4.04	0.49	2.27 to 5.0
Team Efficiency/ Costs of team care	3.84^	0.53	2.2 to 5.0
Shared Leadership/ Physician Centrality	3.06*^	0.68	0.8 to 4.6

- *The mean rating of Physician Centrality (i.e., shared leadership) was significantly lower than the mean ratings of Quality of Care (i.e., team value) (t=-14.58, df = 102, p < .001) and Costs of Team Care (i.e, team efficiency) (t=-11.60, df = 102, p < .001).

- ^Students from the College of Medicine (N=19) rated the Costs of Team Care (3.53 vs. 3.91; t=2.93, df = 101, p < .01) and Physician Centrality (2.63 vs. 3.16; t=3.19, df = 101, p < .01). significantly lower than students from other professions (N=84).

Results: IEPS

Construct/Factor	Mean Rating	Standard Deviation	Range
Competency and Autonomy	5.12	0.65	3.2 to 6.0
Perceived Need for Cooperation	5.28*	0.67	3.5 to 6.0
Perception of Actual Cooperation	4.84^	0.84	2.2 to 6.0

- *The mean rating of the Perceived Need for Cooperation was significantly higher than the mean ratings of Competency and Autonomy (t=-2.51, df = 102, p = .014) and Perception of Actual Cooperation (t=-5.39, df = 102, p < .001).

- Students from the College of Medicine (N=19) rated Perception of Actual Cooperation significantly lower (4.32 vs. 4.95; t=3.11, df = 101, p < .01) than students from professions (N=84) of the Academic Health Sciences .

Results: RIPLS

Construct/Factor	Mean Rating	Standard Deviation	Range
Teamwork and Collaboration	4.41	0.51	1.56 to 5.0
Negative Professional Identity	4.38	0.72	1.0 to 5.0
Positive Professional Identity	4.26	0.62	1.0 to 5.0
Roles and Responsibilities	2.19*^	0.93	1.0 to 3.67

- *The mean rating of Roles and Responsibilities was significantly lower (all t-values > 30.8, all p-values < .001) than the mean ratings of all other constructs.

- ^Students from the College of Medicine (n=19) rated Roles and Responsibilities significantly higher (2.74 vs. 2.07; t=-4.54, df = 101, p < .001) than students from the other professions (N=84)

Discussion

- Overall, students:
  - Agreed that interprofessional collaboration improves quality of patient care and that costs of collaboration are reasonable.
  - Recognize the need for cooperation among their own and other disciplines.
  - Value teamwork and collaboration and professional identify higher than individual roles and responsibilities.
- On each scale, students from the College of Medicine rated at least one construct differently:
  - They felt that physicians actually play a less significant central role in health care teams, while students from other disciplines felt that physicians play a more significant central role.
  - They felt less strongly about the need for cooperation than other disciplines.
  - They felt more strongly about the importance of roles and responsibilities than other disciplines.
- Providing collaboration and learning opportunities in IPE may benefit students in the future.
- Implementation of the IPE program should result in increased positive attitudes toward and consensus about collaboration to provide a more holistic quality of care for patients.
- Further research will be completed to provide pretest and posttest data measuring the change in student attitudes following implementation of the IPE program.

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