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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.”
- IEPS studies to create holistic health care, improve trust and communication amongst professionals, and change attitudes and perceptions that individuals may have towards other disciplines (Lurzenga et al., 2000).
- 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.

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 5-point scale: 1 = strongly disagree to 5 = strongly agree
- Factors included:
  1. Teamwork 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.

- Perceived Need for Cooperation (PNC) Scale (McFadyen et al., 2007; Luecht et al., 1990).
- 15 questions on a 5-point scale: 1 = strongly disagree to 5 = 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.

- Interdisciplinary Education Perception Scale (IEPS; McFadyen et al., 2007; Luecht et al., 1990).
- 19 questions on a 5-point scale, with 1 being strongly disagree and 5 being strongly agree
- Factors included:
  1. Teamwork and Collaboration: measures team members’ perceptions on the quality of care delivered by health care teams.
  2. Quality of Team Care: measures the efficiency, importance, and value of teams related to cost.
  3. Physician Competence: measures members’ attitudes toward physicians’ authority in teams and their control over information about patients.

Construct/Factor Mean Rating Standard Deviation Range

<table>
<thead>
<tr>
<th>Construct/Factor</th>
<th>Mean Rating</th>
<th>Standard Deviation</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Efficiency/Costs of team care</td>
<td>4.04</td>
<td>0.49</td>
<td>2.27 to 5.0</td>
</tr>
<tr>
<td>Team Efficiency/Costs of team care</td>
<td>3.84</td>
<td>0.53</td>
<td>2.2 to 5.0</td>
</tr>
<tr>
<td>Shared Leadership/Physician Competency</td>
<td>3.68</td>
<td>0.68</td>
<td>0.8 to 4.6</td>
</tr>
</tbody>
</table>

Results: IEPS

- 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).

Results: RIPLS

- The mean rating of Roles and Responsibilities was significantly lower (t = -3.11, df = 101, p < .01) than the mean ratings of all other constructs.

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 identity higher than individual roles and responsibilities.
  - Recognize the need for cooperation even among disciplines.
  - They feel less strongly about the need for cooperation than other disciplines.
  - They feel less 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 and provide a more holistic quality of care for patients.
  - Further research will be completed to provide pretest and posttest data measuring the change in students’ attitudes following implementation of the IPE program.

References


