

EVALUATING STUDENT PERCEPTIONS USING TWO INTERPROFESSIONAL ASSESSMENT TOOLS FOLLOWING DIDACTIC AND CLINICAL INTERVENTIONS

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Background: Interprofessional practice (IPP) is often limited by educational models that do not foster consistent team-based collaborative skills. An academic health center can assemble groups of diverse health professions students in interactive didactic sessions, but they may not favorably modify perceptions relative to practice. Even well designed efforts to embed interprofessional education (IPE) in health professions programs often lack essential team-based IPP clinical experiences.

Purpose: Specific aims include (1) assessment of student perceptions in relation to didactic and clinical interprofessional experiences to determine the impact of both modalities and (2) to share details of our educational interventions for replication and refinement.

Methods: Teams of 8 students experienced two interactive didactic sessions six months apart. Parallel groups of 8 to 10 students (n=76) representing seven colleges received two educational sessions in preparation to provide outpatient care at a local charitable clinic. Two teams were scheduled to provide care once monthly during an evening clinic for four sessions. Student in both cohorts were randomly assigned one of two validated survey instruments at baseline and completion of their learning experiences. The Interprofessional Attitudes Scale (IPAS) is a 27-item instrument assessing 5 subdomains. The Collaborative Healthcare Interdisciplinary Relationship Planning (CHIRP) instrument is a 14-item survey that assesses a single domain of attitudes toward interdisciplinary teamwork. Group comparisons were made for the CHIRP overall score, IPAS total score, and each IPAS subdomain score. For each score, three comparisons were made simultaneously: 1) overall baseline vs. post-didactic session one; 2) overall baseline vs. post-clinical cohort; and 3) post-didactic session two vs. post-clinical cohort. Pittman's test using permutations of linear ranks was used to determine differences in distribution of scores. Alpha was adjusted to 0.0167 to account for simultaneous comparisons.

Results: The baseline IPAS and CHIRP surveys were distributed to 429 and 436 students, respectively. Response rates for both surveys were at or above 54%. For students participating in the clinical experience cohort, the teamwork, roles, & responsibilities subdomain of the IPAS instrument was found to be significantly higher from both overall baseline scores and post-didactic group cohort scores. No other comparisons were found to be different.

Discussion/Conclusion: Our findings suggest a series of four interprofessional outpatient clinical experiences can significantly improve student perceptions as assessed by the IPAS instrument in the teamwork, roles and responsibilities subdomain. Since the clinic design provided only four sessions of three to four hours per team, the IPAS teamwork, roles and responsibilities subdomain may be sensitive to change with time-limited interprofessional practice since it contains nine of 27 survey items and includes several that frame shared learning experiences in terms of individual and team benefits.

Relevance to Allied Health: Students and faculty from nine Allied Health programs were represented in the IPE and IPP cohorts. Through participation in planned interprofessional activities, these allied health professions learned from the opportunity to work together to share knowledge and fulfill discipline-based roles/responsibilities. Working within the IPP teams to provide outpatient clinic care improved the awareness of the roles of allied health professionals.