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Original Article

Influence of student attributes on readiness for interprofessional learning across multiple healthcare disciplines: Identifying factors to inform educational development



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ABSTRACT

This investigation evaluated if individual student attributes have a predictive impact on readiness for interprofessional education (IPE). An exploratory analysis was conducted with 311 students from dental medicine, dietetics, medicine, nursing, pharmacy and physical therapy. Discipline, gender, age, academic standing, amount of clinical exposure in academic program and number of years worked in a patient care setting were evaluated as predictors of readiness for IPE using the Readiness for Interprofessional Learning Scale (RIPLS). Medical students had significantly lower RIPLS scores compared to pharmacy ($p = 0.010$) and dietetics students ($p = 0.022$). Male gender ($p = 0.005$) was a single independent predictor of IPE readiness. A higher number of years of practice had a significant interaction predictive of readiness for IPE ($p = 0.028$). Identification of factors influencing readiness for IPE are key to developing teaching and learning strategies targeted to improve teamwork, quality of care and patient outcomes. In this investigation, men with more years of practice was highly predictive of a lower RIPLS score. Based upon our findings, educational planning targeting male medical students with a higher number of years of practice would be a reasonable evidence-based step toward improving the value of IPE programs and curricula. Further work is necessary in developing focus groups, simulation and case-based exercises to influence attitudes and readiness for IPE.

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1. Introduction

Given the potential for impact of interprofessional education (IPE) on team-based care delivery [1,2] and patient outcomes

[3], progressive steps are necessary in developing interprofessional initiatives supporting collaboration across healthcare disciplines in academic institutions. Although development of IPE initiatives is critical to healthcare team

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development, a recent systematic review by Olson and Bialocerkowski reported large literature gaps in IPE methodologies, theories and contexts [4]. Another finding by Olson and Bialocerkowski was lack of theoretical and inductive approaches in IPE development across 17 investigations evaluated in the systematic review [4]. Evidence of influence of student attributes on IPE readiness is limited and existing evidence is highly inconsistent [4]. Various attributes including discipline, age, gender, prior healthcare experience, years of patient care experience, prior exposure to interprofessional education (IPE), and current standing in academic program all have potential implications for IPE readiness.

Evidence related to student attributes is strongest with respect to healthcare discipline. Discipline-specific variations have been reported with regard to attitude and willingness to engage in interprofessional learning [5–8]. Identification of discipline specific variations can be highly informative in IPE development and can serve as a basis for interventions targeting disciplines with lower receptivity to IPE. Implementation of discipline-specific initiatives is warranted in advance of activities involving collective disciplines.

In addition to healthcare discipline, student attributes have the potential to impact readiness for interprofessional learning and remain largely unexplored [4]. Understanding of the influence of student attributes related to learning readiness is critical for in the development of interprofessional learning activities and curricula.

Although individual attributes cannot be modified, IPE planning may be individualized based upon attributes of a particular discipline, academic institution, or student cohort to ensure optimal learning outcomes. This investigation aimed to evaluate the influence of student attributes as predictors of IPE readiness.

2. Material and methods

2.1. Study design

An exploratory secondary analysis was conducted to evaluate if specific characteristics of students from dental medicine, dietetics, medicine, nursing, physical therapy and pharmacy are predictive of readiness for interprofessional learning using the Revised Readiness for Interprofessional Learning Scale (RIPLS) [9].

2.2. Sample

In the original investigation [8], a total of 308 students from dental medicine ($n = 42$), dietetics ($n = 18$), medicine ($n = 79$), nursing ($n = 77$), physical therapy ($n = 62$) and pharmacy ($n = 27$) were invited to participate in an interprofessional learning activity as directed by their respective program coordinators. Undergraduate students from dietetics, nursing, physical therapy and pharmacy who were of varied ethnicity, age, and gender participated in the activity. Additionally, 3rd year medical and dental medicine students who were of varied ethnicity, age, gender also participated.

2.3. Recruitment

Program participation was conducted in accordance with IRB policies and procedures at the University of Connecticut. Information sheets informing students of this educational research activity were provided to coordinators to distribute to students from various disciplines who participated in the program.

2.4. Instrument

Revised Readiness for Interprofessional Learning Scale (RIPLS):

The RIPLS was developed to measure readiness of students from various healthcare disciplines for interprofessional learning experiences. The RIPLS is a 19-item likert scale survey with a score range of 19–95. High RIPLS scores are reflective of a high level of readiness for interprofessional learning [9]. The RIPLS has 4 individual subscale domains including: 1.) Teamwork & collaboration; 2.) Negative professional identity; 3.) Positive professional identity; and 4.) Roles and responsibility. The Cronbach Alpha value for the total scale is (0.89) indicating a high level of internal consistency. Participants completed the RIPLS prior to and immediately following the 4-h interdisciplinary educational program.

2.5. Procedures

In the original investigation [8], upon arriving at the planned event and prior to the planned educational activities, students were asked to complete the RIPLS. The RIPLS score served as a baseline measure of receptivity to interprofessional learning prior to the start of the educational intervention and this initial measure was evaluated related to potential predictors of readiness for interprofessional education including age, gender, standing/year in the academic program, clinical exposure, patient care exposure and prior patient care experience. Participants completed an anonymous form where they were prompted to self-report the attributes that were evaluated as potential predictors.

2.6. Statistical analyses

Hierarchical regression analysis was conducted to evaluate the extent to which demographic variables significantly predicted RIPLS score. The regression model included specific discipline, gender, age, academic standing, amount of clinical exposure in academic program and number of years (if any) worked in a patient care setting were collected in addition to the RIPLS pre-test. Hierarchical regression analyses were conducted to evaluate potentially significant interactions.

3. Results

Table 1 outlines baseline characteristics of the cohort including professional discipline type, age, gender, standing in academic program, time in the clinical setting as a component of current professional program, time in patient care and

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