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## Original Article

# Evaluation of students' receptiveness and response to an interprofessional learning activity across health care disciplines: An approach toward team development in healthcare



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## ABSTRACT

**Objective:** This investigation evaluated if exposure to interdisciplinary education improves student readiness for interprofessional learning, fundamental to healthcare team development.

**Methods:** A pre-test post-test design was used to evaluate 308 students from dental medicine, dietetics, medicine, nursing, pharmacy and physical therapy. The Readiness for Interprofessional Learning Scale (RIPLS) was used to evaluate student responsiveness to interprofessional education.

**Results:** Nursing RIPLS mean post-test score was higher compared to the pre-test score ( $p = 0.020$ ). Pharmacy students had higher RIPLS mean pre-test score compared to medical ( $p = 0.010$ ) and nursing students ( $p = 0.018$ ). RIPLS mean pre-test score was higher for dietetics than medical students ( $p = 0.022$ ).

**Conclusions/Implications:** Interdisciplinary learning enhances readiness for interprofessional learning with nursing students. Pharmacy and dietetics students demonstrated a higher level of readiness for interdisciplinary learning compared to other disciplines. Identification of factors influencing readiness for interprofessional learning are key to developing learning strategies targeted to improve teamwork, quality of care and patient outcomes.

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## 1. Introduction

Interprofessional education is the gold standard for pedagogy in health care education supporting the development of a pool of collaborative-practice ready professionals for improved health care team development. Interprofessional education provides healthcare students from various disciplines an opportunity to collaborate as a component of their training prior to entering the healthcare workforce. Such collaboration is hypothesized to enhance student receptiveness to interprofessional effectiveness across all healthcare disciplines. In 2011, the Interprofessional Education Collaborative (IPEC) expert panel called for expanded opportunities for healthcare professionals to actively participate in team-based care in interprofessional collaborative environments [1].

Team based healthcare delivery systems can support improved health care quality, safety and access [2]. Professionals from different disciplines make a unique contribution toward achieving a common quality care goal [3]. Traditionally the didactic educational component within specific health care disciplines has been discipline specific with little to no interdisciplinary exposure until students enter their clinical training component. Recent evidence points to the value of prior experience with interprofessional learning in improving professional identity and attitudes toward teamwork [4]. Hence, traditional professional programs would benefit from implementing structured interprofessional learning experiences.

Given the value of interdisciplinary education in healthcare disciplines in improving healthcare outcomes and the importance of prior exposure to such experiences in shaping professional identities and attitudes toward teamwork, the purpose of this study was to explore if an interdisciplinary educational activity improves student readiness for interprofessional learning.

Major Hypothesis: Students from all disciplines will have higher post-test scores on the Revised Readiness for Interprofessional Learning Scale (RIPLS) compared to the pre-test scores.

## 2. Material and methods

### 2.1. Study design

A Pre-test Post-test design was used to evaluate if students from dental medicine, dietetics, medicine, nursing, physical therapy and pharmacy will have higher post-test scores on the Revised Readiness for Interprofessional Learning Scale (RIPLS) compared to the pre-test scores following an interactive educational intervention.

### 2.2. Sample

A convenience sample of students was recruited for the investigation based upon the following criteria: 1.) Currently enrolled in a university affiliated dental medicine, dietetics, medicine, nursing, physical therapy, or pharmacy program; 2.) English proficiency; 3.) At a point in their program when they

have had clinical exposure. Students not meeting the inclusionary requirements were not invited to participate.

A total of 308 students from dental medicine ( $n = 42$ ), dietetics ( $n = 23$ ), medicine ( $n = 78$ ), nursing ( $n = 77$ ), physical therapy ( $n = 62$ ) and pharmacy ( $n = 26$ ) participated 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.

A sample size adequacy was determined using  $\alpha = .05$  and  $\beta = .80$  to detect a medium effect of the educational intervention on readiness for interprofessional learning [5].

### 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

#### 2.4.1. Revised Readiness for Interprofessional Learning Scale (RIPLS)

The RIPLS was developed to measure readiness of students from various health care 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 [6]. 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 ( $\alpha = 0.89$ ) 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

Upon arriving at the planned event and prior to educational activities, students were assigned seats to maximize interprofessional grouping at each table. Once seated, students were asked to complete the RIPLS pre-test. The pre-test created a benchmark of perception prior to the start of the interprofessional education and allowed for post program comparisons to measure program effectiveness. Information regarding 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 was collected in addition to the RIPLS pre-test. Students were not asked for name or other identifiable information (i.e. name or email address). Post program RIPLS surveys asked students to specify their discipline without any other identifying information.

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