



Difference in student pharmacist attitudes and readiness for interprofessional learning after an activity with student nurses



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ABSTRACT

Background: Some research suggests that despite positive attitudes toward IPE at the start of health professions programs, a decline in positivity is often seen.

Purpose: To determine if there is a difference between student pharmacist and nurse attitudes for interprofessional learning and to determine if readiness scores change for student pharmacists after an IPE experience.

Results: At baseline, there was no difference in student pharmacists and student nurses RIPLS scores. Post-IPE experience, scores declined significantly ($p < 0.05$) for all but three RIPLS items (questions #9, #14, and #19).

Conclusion: While student pharmacists and student nurses have positive attitudes toward IPE prior to a structured experience, post-experience attitudes toward IPE declines in student pharmacists.

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Introduction

The need for Interprofessional education (IPE) has been well communicated by multiple organizing bodies including The World Health Organization, National Academies of Practice and the Institute of Medicine.¹ A large body of evidence exists that demonstrates the benefit of IPE and improvement in health care professional student learning and outcomes, especially in the last few years.^{2–18} Additionally, the literature describes the shortcomings of fully established IPE models due to barriers such as scheduling, rigid curriculum, “turf battles,” need for resources and commitment, and a lack of perceived value of IPE.^{2–22}

Another common barrier that has been studied is the attitudinal differences or readiness for IPE among health care professional students. Attitudes are often the determinants of behavior and can influence a professionals' participation in multidisciplinary teams. There have been several tools published to examine the attitudes toward IPE.²³ Some of these include the Attitudes Toward Health Care Teams Scale, Interdisciplinary Education Perception Scale (IEPS), Scale of Attitudes Toward Physician-Pharmacist Collaboration, Interprofessional Socialization and Valuing Scale, and the Readiness of Health Care Students for Interprofessional Learning Scale (RIPLS).^{23–28} Each of these tools can be beneficial, depending

on the setting. For example, the IEPS is a validated tool with 18 items that can be used to assess self-perception relative to one's own profession.²⁴ The Scale of Attitudes Toward Physician-Pharmacist Collaboration is a survey designed to determine attitudes specific to the physician-pharmacist relationship and can shed light on how well student pharmacist and medical students collaborate in IPE.²⁵ The Interprofessional Socialization and Valuing Scale is a 32-item scale (sub-scales of self-perceived ability to work with others; value in working with others, and comfort in working with others) that assesses beliefs, behaviors, and attitudes needed by individuals to work within interprofessional health teams in education or practice settings.²⁶ The RIPLS was designed and validated to examine the attitude of health and social care students to IPE.²⁷ The questions are grouped into three factors, ‘Teamwork and Collaboration’ (questions 1–9), ‘Professional Identity’ (questions 10–16), and ‘Professional Roles’ (questions 17–19). The authors of this tool considered key characteristics and conditions that are needed for positive IPE and working outcomes across many health care professions.

With the design, validation, and widespread use of IPE questionnaires to assess student attitudes toward IPE, multiple researchers have evaluated health professions student attitudes. Their research has found that despite predominantly positive attitudes toward IPE at the start of health professions programs, a decline in positivity is often seen throughout the program. In one study conducted in England, faculty explored the difference in self-assessments of communication and teamwork skills as well as attitudes toward IPE using their own tool, the “University of the

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Table 1
Baseline student pharmacist and student nurse RIPLS scores.

Question Likert Scale	Student pharmacist n = 126					Student nurse n = 109					p-value
	1	2	3	4	5	1	2	3	4	5	
1. Learning with other students will make me a more effective member of a health and social care team	43	78	4	1	0	48	55	6	0	0	0.22
2. Patients would ultimately benefit if health and social care students worked together	60	63	2	1	0	47	54	6	2	0	0.33
3. Shared learning with other health and social care students will increase my ability to understand clinical problems	52	58	12	4	0	47	50	11	1	0	0.69
4. Communications skills should be learned with other health and social care students	48	66	12	0	0	52	49	7	1	0	0.29
5. Team-working skills are vital for all health and social care students to learn	66	56	3	1	0	70	39	0	0	0	0.11
6. Shared learning will help me to understand my own professional limitations	33	62	25	6	0	38	55	13	2	1	0.17
7. Learning between health and social care students before qualification would improve working relationships after qualification	40	66	14	6	0	43	49	16	1	0	0.16
8. Shared learning will help me think positively about other health and social care professionals	30	63	27	6	0	38	55	14	2	0	0.09
9. For small-group learning to work, students need to respect and trust each other	56	63	7	0	0	61	44	3	1	0	0.17
10. I don't want to waste time learning with other health and social care students	2	6	20	71	27	3	8	11	58	29	0.51
11. It is not necessary for undergraduate health and social care students to learn together	1	8	21	77	19	2	7	25	53	22	0.38
12. Clinical problem solving can only be learned effectively with students from my own school	0	8	14	76	28	3	6	13	57	30	0.30
13. Shared learning with other health and social care professionals will help me to communicate better with patients and other professionals	35	76	8	4	3	37	55	14	2	1	0.24
14. I would welcome the opportunity to work on small group projects with other health and social care students	27	62	26	10	1	28	41	21	15	4	0.17
15. I would welcome the opportunity to share some generic lectures and tutorials with other health and social care students	23	69	27	5	2	30	48	17	13	1	0.05
16. Shared learning will help me clarify the nature of patients' or clients' problems	25	79	19	3	0	34	53	17	4	1	0.16
17. Shared learning before qualification will help me become a better team worker	30	78	14	2	2	39	52	12	5	1	0.14
18. I am not sure what my professional role will be	2	15	31	65	13	3	15	24	49	18	0.60
19. I have to acquire much more knowledge and skill than other students in my own faculty	4	16	59	44	3	6	16	43	37	7	0.42

1 = strongly agree, 2 = agree, 3 = undecided, 4 = disagree and 5 = strongly disagree.

West of England Interprofessional Questionnaire.”¹⁸ Researchers found that although there was no change in student self-assessment of communication and teamwork skills between the beginning and the end of the program, there was a negative shift in attitudes toward IPE. Although this study evaluated 10 different health care profession programs, pharmacy was not one of the professions studied.

A similar, recent study was conducted examining nursing, occupational therapy, podiatry, prosthetics & orthotics, physiotherapy and radiography students in Scotland.²⁹ Using both the RIPLS and the IEPS, perceptions of IPE at the start of the program were found to be very positive among all professions and decline over time in the areas of “Teamwork and Collaboration,” “Negative Professional Identity” and “Positive Professional Identity.” The authors of this study cite the likely problem to be the variations in style, content and length of time of the IPE and suggest that exposing students to IPE earlier than in the last year of the program could reduce inflated, idealistic initial impressions of IPE and prevent decline in attitudes after an IPE experience.

In another study, where pharmacy was included along with medicine, nursing, physiotherapy and dietetics ($n = 993$), attitudes toward IPE were measured using multiple scales including the Health Care Stereotypes Scale, the Professional Identity Scale and the RIPLS.³⁰ Despite a lower response rate by pharmacy and medicine, findings from this study showed that students identify

strongly with their own profession and that overall readiness toward interprofessional learning is positive and consistent among the groups. This study provides promise to further explore student pharmacists attitudes toward IPE.

While students at the St. Louis College of Pharmacy are exposed to some interprofessional activities during the curriculum, their attitudes toward interprofessional learning (specifically with nurses) have not been evaluated. Given the proximity of a nursing school, this health care profession was a viable population to research.

Objective

The primary objective of this study was to determine if there is a difference between student pharmacist and nurse attitudes and readiness for interprofessional learning. The secondary objective of the study was to determine if there was a change in student pharmacists' readiness score after the interprofessional experience.

Methods

Interprofessional Patient Care is a required introductory pharmacy practice experience course designed to introduce students to longitudinal and interprofessional patient care principles. As part of this course, a total of 126 3rd professional year (P3) student

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