

Investigating Students' Readiness for Interprofessional Education

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*College of Health Professions
Humanities and Social Sciences Poster Presentation*

Abstract: Interprofessional Education (IPE) occurs when students from two or more professions work together to learn with, from, and about each other's work. The World Health Organization, the Institute of Medicine and academic accrediting bodies advocate IPE as essential to equip students in healthcare professions for effective Interprofessional Practice. To optimize students' participation in IPE, it is important to document their readiness for interprofessional learning. Purpose: To analyze the perceived readiness of students according to program (Communication Sciences & Disorders [CSD], Dental Hygiene [DH], Nursing, Physical Therapy [PT], Physician Assistant [PA], Public Health Sciences [PHS]) and level of study (graduate /undergraduate). Method: Students (N = 260) completed the 19-item Readiness for Interprofessional Learning Scale (RIPLS) using 1 (Strongly Disagree) to 5 (Strongly Agree) ratings. The 19 items were categorized into: (1) Teamwork & Collaboration (1-9), (2) Negative Professional Identity (10-12), (3) Positive Professional Identity (13-16), and (4) Roles & Responsibilities (17-19). Results: Two-way ANOVAs documented Main Effects for Program and Level of Study. Post-hoc testing showed significant differences ($p = 0.05$) in Teamwork & Collaboration: CSD students felt significantly more ready than Nursing, DH, and PA students; Positive Professional Identity: CSD students rated themselves significantly higher than Nursing, DH and PA students; PT students also rated themselves higher than DH and PA students; Roles & Responsibilities: PHS students felt less ready than students in all other programs. Overall, undergraduate students felt more ready for IPE than graduate students. Implications: Faculty need to address such differences in readiness as they facilitate interprofessional learning.

Faculty Sponsor: *Lyn Goldberg, Douglas Parham*