Twenty students were randomly selected from 6 different health disciplines to partake in in-depth semi-structured interviews at the end of years one and two of their interprofessional education program. The characteristics (gender and discipline of study) are available in Table 1 below. Eleven of the twenty interviews were conducted over the phone, and one interview was conducted in-person. Interviews were conducted by a trained qualitative researcher, and lasted approximately 30 to 45 minutes.

Table 1: Characteristics of Interview Sample

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Male (n)</th>
<th>Female (n)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Nursing</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Couple &amp; Family Therapy</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>10</td>
<td>20</td>
</tr>
</tbody>
</table>

Students were asked questions about the following topics:
- How/why did they choose that particular health profession
- How/where did they develop thoughts/perceptions about their own and other health professions
- If/how often are they able to associate with students from other disciplines – does the school provide opportunities
- Their thoughts on IPE in general, if schools should offer IPE programs, if IPE/IPPC should “taught” within discipline-specific curriculum
- Their thoughts on IPE in general
- Their thoughts on their specific IPE Program: general thoughts, experiences that had an impact, aspects that had a positive/negative impact, how it fostered (if at all) knowledge of collaborative care, suggestions for improvement, perceptions of students from other disciplines

Data were analyzed utilizing a multi-step inductive and deductive coding process to identify patterns in students’ perceptions and attitudes toward their IPE program, and factors that could impact their ability and willingness to engage in the aims and goals of their IPE program. A two person team read through each of the interview transcriptions (32 total) to identify recounting concepts, terms, and codes among the T1 and T2 interviews – and to highlight recounting concepts, phrases, and terms regarding students’ attitudes towards their IPE program and what they cited as impacting their perceptions of IPE goals and aims. These inductive codes were then combined with deductive codes identified in previous research on this particular topic to develop the initial “code book”. In order to fully conceptualize categories of perceptions and attitudes among health profession students, comparisons were then made between the various evaluative efforts are underway to explore students’ perceptions of collaborative care, suggestions for improvement, other health professions (accountability, structure, level and consistency of feedback (on assessments and overall progress), and the value of the IPE system), and b) Nurturing Disciplinary-Specific Role Specificity and Team-Oriented Role Blurring.

Overviewing Theme: IPE Program(s) must negotiate the elements of a) The Informal and Formal Nature of the Program, and b) Teaching/Nurturing Discipline-Specific Role Specificity, and Team-Oriented Role Blurring.

Conclusions and Implications
- All students reported truly enjoying working with the community-based, patient “Leader” of their group (their “Health Mentor”) and meeting and working with other students.
- Students want more of it (informal get togethers with students from other health disciplines, and formal IPE program-related meetings)
- Students actually learn something about their discipline and other informals means such as chatting and talking about classes and coursework. Perhaps new evidence on how Contact Hypothesis may “work”, also supports why students consistently reported enjoying interacting with other students (and wanted more of it)
- Many reported enjoying Health Mentor because they were an actual “patient” – relates to the desire for more “real-life”, “in-action” experiences to better understand own role(s) and role(s) of other professions.

- Difficult for IPE program administrators and faculty to address Extrinsic elements (aspects of Anticipatory Socialization, Lack of Professional Identity Formation) – so many want to focus on how can impact intrinsic elements
- Students reported desire for more “real-life” experiences/examples to engage in, or at least see team-based care “in action” – and could therefore learn more about own and other Role(s) (also addresses Role Specificity vs Role Blurring)
- Many report that they wanted explicit instruction on role(s) of other disciplines/professions before IPE program started, therefore could
  - Pre-IPE CITI-certification training/educational program
  - Vignettes during IPE
  - IPE shaming (difficult to arrange, costly)
  - Simulated patient exercises throughout IPE
- To foster more engagement with program goals/aims, IPE program administrators and faculty may need to engage student “buy-in” by increasing formal aspects of program (addressing Informal/Formal “tension”), therefore could
  - Require professional “dress”/attire in IPE meetings, provide formal feedback on assignments and pre-projects, increase accountability for all disciplines involved in IPE program (i.e. they all get grades)
  - Follow the Testing Affect and the notion that Assessment Drives Learning
  - If you want students to care about material and “learn” material then you have to formally test them on that material

Future Directions
Future work needs to explore the juxtaposition or “tension” between the discipline-specificity and the IPE (team-based) goal of Role Blurring. Research should examine how students navigate the potential enhanced social cohesiveness associated with increased role ambiguity (stemming from role blurring), and techniques and mechanisms behind students’ role adjustment. Future work should also focus on longitudinal assessments of a) internalization of goals of IPE program and how this impacts their professional-level care delivery, and b) How this degree of internalization may vary formal/informal nature of program.

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