Extrinsic and Intrinsic Elements that may Impact Students’ Perceptions of and Willingness to Internalize Interprofessional Education Program Goals

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Background

Given the increasing development and implementation of IPE programs within health professions education institutions, various evaluative efforts are underway to explore students’ perceptions of these programs, nuances of their interdisciplinary interactions within programs, and the potential long-term impact of these programs on students’ mentality towards team-based collaborative care. However, few have explored how these issues are impacted by factors nested within and outside of the IPE programs. Furthermore, evaluation-based efforts have not required to (a) take a longitudinal approach, and (b) examine multi-year IPE programs.

Methods

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. Nineteen 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.

Results

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

Students’ Perceptions of IPE Assignments (e.g. as extra work, redundant, overly detailed, and busy work; the lack of feedback on assignments, and the notion that working in a “team” for assignment fulfillment), IPE-related Time Constraints (e.g. scheduling conflicts with health members and group leader), and the general Lack of Accountability associated with the IPE program. Note that the program was P/F; no one was “failing”; as such, students were free to pass. If students “did what they wanted”, all contributed to students’ attitudes towards their IPE program. These negative perceptions, in turn, seem to have been associated with students’ willingness to engage with an interprofessional colleagues at their IPE program, to embrace the “team” mentality, and strive to learn more about disciplines/professions other than their own.

Students overwhelmingly discussed how they felt they did not yet understand (complicated the role) associated with their own future professions (Inefficient Professional Identity Formation) so it was difficult for them to try to understand the role(s) of other health professions (and how the roles may not overlap). This, according to the students, had a significant impact on their willingness to engage in their IPE program and learn about other professions. They expressed difficulty in understanding (overlapping roles) in part because of lack of “real life” experience within own role (whereas professional identity formation is difficult to grasp, and IPE even more difficult concept to grasp in the classroom.

Overarching 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

Qualitative Data Analysis Procedure

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 recurring concepts, terms, and patterns. Subsequently, the team worked to identify patterns (T1 and T2 interviews – to highlight recurring 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 two disciplines as well as among students T1 and T2 – no discernable differences were found between students of varying disciplines and interestingly, perceptions and attitudes regarding the IPE program and program aims/goals remained consistent from T1 to T2. Categories of perceptions and attitudes were then used as codes themselves to fully explore their nuances and intricacies.

Table 3: 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>Medical</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Nursing</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Couple &amp; Family Therapy</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>20</td>
<td>28</td>
</tr>
</tbody>
</table>

Students’ perceptions of IPE Program Goals (e.g. as extraneous, redundant, overly detailed, and busy work; the lack of feedback on assignments, and the notion that working in a “team” for assignment fulfillment), IPE-related Time Constraints (e.g. scheduling conflicts with other team members and group leader), and the general Lack of Accountability associated with the IPE program were categorized into: a.) factors that were nested within the IPE program itself, and b.) factors that appear to be influenced by elements “outside” of the IPE program. This categorization is depicted in the models presented below (not mutually exclusive).

Model 1: Prominent Extrinsic Elements (of IPE Program) Affecting Students’ Perceptions of IPE Program and, in turn, Affecting the Impact of IPE Programs’ Goals/Aims on Students and Students’ Ability and Willingness to Engage with Goals/Aims of IPE Program

It was evident, from the data, that students came into their own discipline-specific training and the IPE program with preconceived notions and ideas of the abilities and expectations of their own and other health professions (Antisocialization), including in-group favoritism of their own group, and negative stereotypes of other disciplines/professions. Although there was evidence of the “contact hypothesis” at work (especially for OT students), there was also evidence that stereotypes and negative perceptions were getting played out/stoked during the IPE program.

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Future Directions

Future work needs to explore the juxtaposition or tension between the discipline-specific role (specificity and the IPE (team-based) goal of Role Blurring. Research should examine how students navigate the potential enhanced social ambivalence 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 by formal/informal nature of program.

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 listened to other students, and used informal 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 wanted 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-PI role (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 enhance student “buy-in” by increasing formal aspects of program (addressing Informal/Informal tension), therefore could
- Require professional “dress”/attire in IPE meetings, provide formal feedback on assignments and projects, increase accountability for all disciplines involved in IPE program (e.g. they all get grades)
- Follow the Trauma 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

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