EVALUATING READINESS FOR INTERPROFESSIONAL LEARNING IN AN UNDERGRADUATE PROGRAMME FOR HEALTHCARE STUDENTS FROM 6 DISCIPLINES IN LAUSANNE, SWITZERLAND

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Context

In 2015, 5 educational and health institutions implemented a 2 days Interprofessional Education (IPE) project to bring together undergraduate students from 6 disciplines.

Aim

To explore the impact of this IPE project on the student's readiness for interprofessional learning.

Method

Pre-post design with the French validated questionnaire "Readiness for Interprofessional Learning Scale" (RIPLS).

IPE Programme

The programme combined three half days consisting plenary sessions and interprofessional team building through exercises around complex clinical situations in interprofessional groups.

Findings

Analysis was carried out on questionnaires filled in by 121 students who completed the pre- and post-test using the same pseudo (18.64% of the 649 students).

Students involved in Percentage of Discipline **Number of students IPE Programme** participation Medicine (FBM)* 140 28% 34 Midwifery (HESAV)* 27 9% 11 Nursing (HESAV & 37 366 31% ELS)* Occupational therapy 48 12% 15 (EESP)* Physiotherapy (HESAV) 39 16 13% Radiologic technology 29 7% 8 (HESAV) **TOTAL** 100% 121 649

Table 1 : Percentage of students per discipline participating in the pre- and post-test (N=121)

* FBM= Faculté de Biologie et de Médecine HESAV = Haute Ecole de Santé Vaud ELS = Institut et Haute
Ecole de Santé La Source Lausanne EESP = École d'étude sociales et pédagogique, Lausanne

RIPLS's subscales

The student's readiness for IPE, using the RIPLS, can be assessed by four sub-factors, or subscales, which involve several items (Table 2).

Involved items	Content		
1,4,7,11,13,14,15,17,19	Evaluates the attitude regarding the effect of shared learning with other healthcare students around clinical and communication issues.		
2,10,18	Assesses the negative statements regarding the value of interprofessional working.		
3,6,9,16	Improves communication, pro- blem-solving and team skills by shared learning experiences.		
5,8,12	Evaluates the student's own roles and those of the other healthcare students.		
	1,4,7,11,13,14,15,17,19 2,10,18 3,6,9,16		

A primary descriptive analysis suggests that there are few differences between the pre and post-score for each subscale. Indeed, the dominant values for each subscale are very close (Table 3).

	Subscale	Pre-test	Post-test	t-test	ddl	P-value
	1. Teamwork and collaboration Mean SD Mode	Possible max: 45 34.37 4.38 34	34.76 5.97 37	-0.915	120	0.362
-	2. Negative Professional Identity Mean SD Mode	Possible max: 15 7.02 2.05 7	Possible max: 15 6.88 2.32 6	0.780	120	0.437
-	3. Positive Professional Identity Mean SD Mode	Possible max: 20 14.5 3.13 16	Possible max: 20 14.62 3.13 16	-0.513	120	0.609
	4. Roles and Responsibilities Mean SD Mode	Possible max:15 6.83 1.77 6-7	Possible max:15 6.41 2.17 7	2.567	120	0.011*
	Total RIPLS Mean SD	Possible max: 95 62.72 10.78	Possible max: 95 62.67 12.99			

Table 3: RIPLS Subscales for Students Completing pre and post-test RIPLS. *significant

The subscale Roles and Responsibilities shows a significant difference (t-test: 2.567, p-value: 0.011). This result indicates that participating to this IPE Programme is significantly relevant on how students evaluate their own roles and those of the other healthcare students.

The subscale 1 and the subscale 3 are not significant. However the analysis of the pre-test scores shows that the students had a high score, which indicates that they were already receptive to team working and to interprofessional collaboration. Moreover the pre-test' results reveal that the students had a positive interprofessional identity, which does not significantly change at the post-test score.

The dominant score for subscale 2 is located in the middle ("undecided"). The items' wording for this subscale compares interprofessional work with intraprofessional work. In our study, we hypothesise that the students' identity is still under construction. Therefore the students are not able to position themselves yet.

Discussion and conclusion

Table 2: RIPLS Subscales, involved items and content.

The significant results with the subscale Roles and Responsibilities confirm that participating to the IPE programme allows undergraduate students to modify their perception of their own professional roles and those of the other healthcare students. Based on the items from this subscale, we hypothesise that the students:

- assert themselves in understanding their future professional role.
- think that each profession has specific learnings.
- distinguish the roles and the responsibilities from each profession better.

Clarifying one's own role and the role of the others as well as collaborative leadership belong to the specific competencies needed in an interprofessional approach; our results reveal that the IPE Programme at HESAV takes these competencies into account.

Bibliography

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