

## **ASSESSING STUDENT ATTITUDES OF INTERPROFESSIONAL LEARNING EXPERIENCES: A MIXED METHODS APPROACH**

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**Background:** Interprofessional education (IPE) is a focused interest of Duke AHEAD and all health professions programs at Duke. Despite the growing number of interprofessional experiences offered across our programs, there is no longitudinal strategy that examines the level of influence these experiences have on learners' attitudes toward IPE. To date, the evaluation of interprofessional activities primarily focuses on gaining feedback about the individual experience, rather than providing information about learners' attitudes across the curricula and their thoughts on how those experiences affect their learning and development as a healthcare professional. This project seeks to address this gap

**Objectives:** This longitudinal project began in 2015 and seeks to examine learners' attitudes about IPE and how are they influenced by interprofessional curricula, interactions, and opportunities during their time as students at Duke University Schools of Medicine and Nursing

**Methods:** This project encompasses a mixed methods approach. For the qualitative design, a total of 4 focus groups with a single cohort of learners from the MD, DPT, ABSN and PA programs have been conducted on an annual basis until cohort graduation. Topics addressed in the focus groups were organized by the Inter-professional Education Collaborative (IPEC) competencies. Data gathered from each focus group/recording was analyzed in a qualitative manner for overarching themes.

For the quantitative design, learners from a single cohort across the 4 programs were asked to complete the Interprofessional Attitudes Scale (IPAS) on an annual basis until cohort graduation. This is a validated tool that includes 5 subscales (teamwork, roles and responsibilities, patient-centeredness, interprofessional-biases, and diversity and ethics, community-centeredness) that are aligned with the IPEC competencies.

Due to graduation, data collection is finalized for ABSN and PA programs. Data collection is still ongoing for DPT and MD programs.

**Results/Outcomes/Improvements:** Qualitative analysis showed that several themes emerged from focus groups conducted at matriculation in 2015. Themes include: Students felt that IPE means training together to work together in the future, that IPE has a high level of importance because they can "develop good habits early" to help to provide optimal care and advance practice, felt that high quality IPE experience is characterized by mandatory, interactive educational activities that dispel misconceptions of other professions.

Qualitative analysis of transcripts from focus groups conducted in 2016 show that: Across all degree programs, students who completed clinical rotations indicated their most impactful IPE experiences were those that occurred in the clinic/wards. Furthermore they indicated these experiences were rarely structured by their respective programs, seldom occurred with other learners, but most often with practicing licensed professionals.

Quantitative data from the IPAS showed that students rated survey items highest in the Diversity and Ethics and Patient-centeredness subscales, while they rated items lowest in the Interprofessional Bias subscale. These results are consistent across data gathered in both 2015 (n = 135) and 2016 (n = 81).

**Significance/Implications/Relevance:** Analyses of outcomes over the longitudinal study from both approaches will help establish baseline curricular offerings of IPE, serve to inform the refinement of future IPE learning activities and give faculty an indication of student expectations in reference to IPE.