INTRODUCTION

The need for interprofessional education (IPE) has been recognized by healthcare educators as a means to foster a collaborative workforce. IPE is defined as “students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.”1,2

The strongest influence on students’ attitudes towards IPE and collaborative practice behaviours appears to be experiences in entry-to-practice professional programs.2

The Office of University of British Columbia (UBC) Health facilitated a collaboration between 12 academic programs:

Audiology and Speech Sciences
Dental Hygiene
Dentistry
Diabetes
Genetic Counseling
Medicine
Midwifery
Nursing
Occupational Therapy
Pharmacy
Physical Therapy
Social Work

The result was the development of an integrated IPE curriculum that stemmed from identifying common areas of learning across programs.

SURVEY RESULTS

Attitudinal shifts from neutrality to disagreement were observed in three RIPLS measures. No statistically significant differences surfaced between the pre-post attitudinal survey data.

FOCUS GROUP FINDINGS

Focus group revealed three prominent themes: 1. greater role clarification, 2. recognition of similarities in knowledge and practice with other professions, and 3. cultivation of professional identity.

“Going into it, I didn’t really have a large understanding about how we can work with other professionals. I liked the ability to show what we know to the other professionals… and it allowed us to show that our profession can benefit largely in team-based care… and to learn about other professions and what they bring to the table as well was valuable.”

[as a result of IPE] “... we can better relate to each other in the future… to those occupations and how we can actually behave and work together.”

“I have more respect for other professions because of the amount and amplitude of responsibilities they have.”

CONCLUSIONS & IMPLICATIONS

Dental hygiene degree students gained greater clarity about professional roles and developed an enhanced appreciation for collaborating with other health professions after completing the integrated IPE curriculum.

Results from this study have informed a larger scale evaluation of IPE across health programs at UBC.

REFERENCES


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