



Utilization of the Interprofessional Socialization and Valuing Scale for Health Professions Students Engaged in Co-Curricular Programs for the Underserved

Benjamin August, Pharm.D. Candidate, Justine S. Gortney, Pharm.D., BCPS, Jennifer Mendez, Ph.D.
Wayne State University Eugene Applebaum College of Pharmacy and Health Sciences

BACKGROUND

Frequently used measurements of IPE are the Readiness for Interprofessional Learning Scale (RIPLS) and the Interdisciplinary Education Perception Scale (IEPS), which are directed at measuring levels of competency, productivity, and teamwork.^{1,2,3} Fewer instruments exist that measure the underlying processes of interprofessional care, which is driven by socialization.⁴ In attempt to explore this gap in the literature, King et al. sought to measure the social processes that drive interprofessional delivery of care and ultimately the 24-item Interprofessional Socialization and Valuing Scale (ISVS) was created. ISVS employs a 7-point Likert Scale ranging from strongly agree (7) to strongly disagree (1).

There is limited information regarding an interprofessional team consisting of pharmacy students, medical students, social work students, and physical therapy students in the United States with respect to the ISVS instrument. Thus, an opportunity exists to elucidate the social processes that drive role recognition and team development in a group of students consisting of these disciplines in the setting of an underserved clinic.

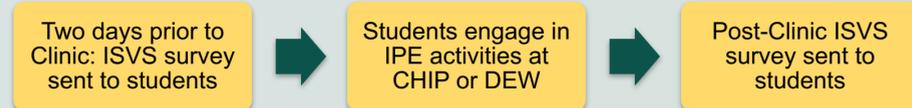
CO-CURRICULAR PROGRAMS INVOLVED

The survey was distributed to student volunteers from pharmacy, medicine, social work, and physical therapy disciplines at the Community Homeless Interprofessional Program (CHIP) Clinic and the Diabetes Education Wellness (DEW) Clinic. The CHIP Clinic is an Interprofessional Education (IPE) Program developed in 2013 in Detroit, Michigan. CHIP is a collaboration between the Cathedral Church of St. Paul and students and faculty from the the Pharm.D. program, the School of Medicine, the School of Social Work, and the Physical Therapy Program at Wayne State University. CHIP offers students an opportunity to engage with individuals experiencing homelessness in the community, while developing skills in interprofessional communication and teamwork. Students engaged in the clinic provide health screening, education, and referral services for the client's health and social needs. Similarly, the DEW Clinic is an interprofessional, student-run clinic that provides diabetes education and health screening from the perspective of pharmacy, medicine, social work, physical therapy, occupational therapy, and nutrition in Highland Park, Michigan in collaboration with the Super All Year (S.A.Y.) Clinic.

Data was analyzed using IBM SPSS Statistics 25 using paired-samples T-tests with a value for significance of $p \leq 0.05$ with a 95% confidence interval. The sample size needed to achieve 80% power was 15.

METHODS

Student recruitment was done via email at clinics. Prior to engaging in the IPE clinic, student volunteers received a Qualtrics survey containing the ISVS instrument and timing of the survey is shown below:



Pre and post results from student attitudes regarding interprofessional socialization were analyzed as a total group and by disciplines.

Table 1. 7-point Likert Scale used for Survey

Strongly Agree	Agree	Somewhat Agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
7	6	5	4	3	2	1

*p < 0.05

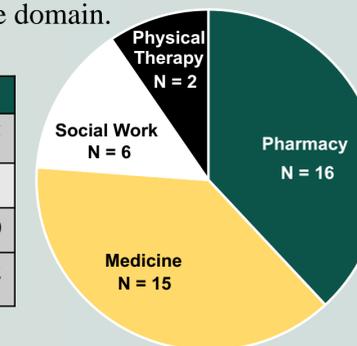
Table 2. Statement on ISVS

	Pre	Post	Sig.	Cron. Alpha
Domain 1: Self-Perceived Ability to Work with Others (Statements 1-9)	6.19	6.46	0.000	0.852
1. I feel comfortable in accepting responsibility delegated to me within a team.	6.28	6.56	0.001	
2. I feel able to act as a fully collaborative member of the team	6.46	6.56	0.105	
3. I have gained a better understanding of my own approach to care within an interprofessional team.	5.79	6.56	0.000	
4. I feel comfortable in being accountable for responsibilities I have taken on.	6.18	6.51	0.000	
5. I am comfortable engaging in shared decision making with clients.	6.36	6.44	0.206	
6. I am able to listen to other members of the team.	6.44	6.49	0.356	
7. I have gained a better understanding of the client's involvement in decision making around their care.	5.90	6.38	0.001	
8. I feel comfortable clarifying misconceptions with other members of the team about the role of someone in my profession.	5.82	6.13	0.022	
9. I more highly value open and honest communication with team members.	6.51	6.54	0.422	
Domain 2: Value in Working with Others (Statements 10-18)	6.03	6.35	0.002	0.724
10. I have gained more realistic expectations of other professionals on a team.	5.82	6.28	0.009	
11. I have gained an enhanced awareness of the roles of other professionals on a team.	6.00	6.41	0.007	
12. I see myself as preferring to work on an interprofessional team.	5.85	6.18	0.034	
13. I have gained an appreciation for the benefits of interprofessional team work.	6.08	6.41	0.009	
14. I have gained greater appreciation of the importance of a team approach.	6.13	6.56	0.001	
15. I feel comfortable initiating discussions about sharing responsibility for client care.	5.95	6.36	0.003	
16. I have gained an appreciation for the importance of having the client and family as members of a team.	6.08	6.28	0.093	
17. I believe that interprofessional practice will give me the desire to remain in my profession.	5.92	6.18	0.071	
18. I believe that interprofessional practice is not a waste of time.	6.44	6.51	0.285	
Domain 3: Comfort in Working with Others (Statements 19-24)	5.58	5.83	0.000	0.898
19. I feel comfortable debating issues in a team.	6.03	6.23	0.016	
20. I am comfortable being the leader in a team situation.	5.67	6.13	0.001	
21. I feel confident taking on different roles in a team (i.e., leader, participant).	6.05	6.36	0.001	
22. I am able to share and exchange ideas in a team discussion.	6.31	6.38	0.187	
23. I feel comfortable speaking out within the team when others are not keeping the best interest of the client in mind.	5.92	6.21	0.002	
24. I believe that interprofessional practice is difficult to implement.	3.51	3.67	0.315	

RESULTS

Means between pre and post data from March 2017 to January 2018 were compared. Results from initial student visit are shown in Table 2. Significance was met in all three domains of the survey. When students volunteered and completed the survey on more than one occasion, no difference was seen ($P_{\text{Domain 1}} = 0.225$, $P_{\text{Domain 2}} = 0.231$, $P_{\text{Domain 3}} = 0.122$). Cronbach's alpha was 0.922 for all initial responses. Analyzing results within each discipline, pharmacy and social work students met the significance threshold for at least one domain.

Students (N = 39)	P-value
Pharmacy (N = 16)	D1: 0.000 D2: 0.005 D3: 0.005
Medicine (N = 15)	D1: 0.067 D2: 0.114 D3: 0.077
Social Work (N = 6)	D1: 0.208 D2: 0.237 D3: 0.010
Physical Therapy (N = 2)	D1: 0.103 D2: 0.250 D3: 0.172



CONCLUSIONS

Participation in student-run clinics with the underserved has demonstrated more positive interprofessional attitudes and skills.^{5,6} Establishing an interprofessional identity can help individuals be more effective team members and understand their value to a health care team. ⁴ Our research demonstrates the value of participation in IPE activities in an underserved population, where there was statistically significant improvement in interprofessional socialization. Specifically, we noted significant improvement in self-perceived ability to work with others, value in working with others, and comfort in working with others. As a difference was seen only after the first clinic exposure, it may be that the strongest impression was made upon students at the initial interprofessional experience. Questions that remain include how these relationships would be impacted outside of the clinic or in the presence of different disciplines.

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