



# A Pilot Modular Experiential Education Program for First-Year Health Professions Students to Develop Interprofessional Competencies



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## Background

- The Bouvé College of Health Sciences has adopted the 2011 Core Competencies for Interprofessional Collaborative Practice to guide the development of interprofessional education (IPE) core competencies.
- Recognizing the need to explore innovative interprofessional (IP) experiential educational opportunities, Bouvé faculty and staff collaborated to develop a 4-part experiential IPE module.
- The module focused on the development of IP collaborative practice knowledge and skills in first year students.
- All students had previously identified a major in the health sciences (PT, Nursing, Health Science, Pharmacy) but had not completed discipline specific coursework or clinical experiences.



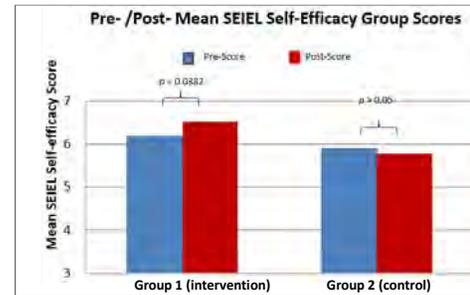
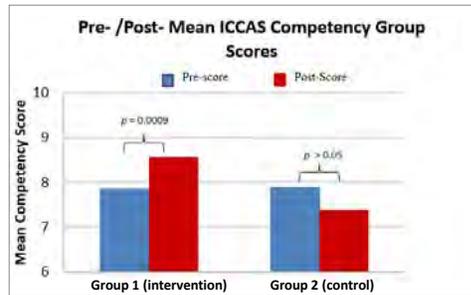
## Objectives

- To pilot a multi-phase experiential education program introducing IPE competencies;
- To begin developing first year students' knowledge and skills in IP collaborative practice.

## Methods

- All students were given an electronic 36-item pre- /post- survey consisting of 20 questions from the Interprofessional Collaborative Competencies Attainment Survey<sup>1</sup> (ICCAS) and 16 items from the Self-Efficacy Scale<sup>2</sup> (SEIEL).
- First year students enrolled in a required Introduction to College course were divided into two groups. Group 1 (intervention) received the multiphase IPE module (n=52) and Group 2 (control) did not (n=75).
- The 4-part experiential program consisted of: 1) an online IPE component; 2) structured in-class IP activities and discussion; 3) a modified CPR course focused on IP communication, conflict resolution, and collaborative practice techniques; and 4) an IP medical simulation with reflective debriefing.
- Within- and between-group comparisons of students' self-efficacy and attainment of IP communication and team work competencies was conducted before and after exposure to the module.

## Results



- After adjusting for greater pre-module ICCAS scores on IP communication and team work competencies in the intervention students, unpaired t test analyses revealed significantly higher post-module scores than the control group [ $t(18)=9.02$ ,  $p = <0.0001$ ].
- The intervention students' post- versus pre- ICCAS scores were significantly greater, while the control students' scores were unchanged [ $t(18)=3.98$ ,  $p = 0.0009$  &  $t(18)=1.02$ ,  $p = 0.3223$ , respectively], see above, left.
- While both groups demonstrated comparable pre-module IP communication and team work self-efficacy ratings, post-module self-efficacy ratings were significantly greater in the intervention group [ $t(10)=11.70$ ,  $p = <0.0001$ ].
- Intervention students' post- versus pre- self-efficacy ratings were significantly greater, while control group scores were not [ $t(10)=2.39$ ,  $p = 0.0382$  &  $t(10)=3.62$ ,  $p > 0.05$  respectively], see above, right.

## Conclusions

- This research demonstrates that a 4-part experiential IPE module may positively impact first-year health sciences students' development of foundational IP communication and team work competencies and skills needed for interprofessional practice.



## Limitations

- While students had not completed discipline specific coursework or clinical experiences as part of their college academic program, prior coursework and experience were not identified.
- Students were assigned to the intervention or control groups based on class registration and were not randomly selected.
- Some students did not complete all surveys.

## References

- Archibald D, Trumppower D, MacDonald CJ. Validation of the interprofessional collaborative competency attainment survey (ICCAS). *J Interprofessional Care*. 2014;28(6):553-9.
- Mann et al. Development of a scale to measure health professions students' self-efficacy beliefs in interprofessional learning. *Journal of Interprofessional Care* 2012;26(2):92-99.



