BACKGROUND

• Interprofessional education has been a part of Long Island University programs for many years and starting in 2012 as many as 11 professions (600+ students) have been participating in several live events throughout the year.
• In an effort to alleviate logistical and scheduling challenges associated with exclusively face-to-face delivery of IPE, alternate methods were explored where students could interact with and learn from and with each other.

METHODS

• First-year students from Pharmacy and Physical Therapy programs participated in interprofessional activities focusing on IPEC competencies of Roles and Responsibilities and Interprofessional Communication as part of their respective program’s courses.
• Students participating in the activity were asked to complete a demographic survey and an Interprofessional Synchronization and Valuing Scale (ISVS-21) prior to participation (pre-activity survey). The same ISVS-21 survey was also completed after participation (post-activity survey).
• Students and participating faculty were also asked to provide qualitative feedback about all components of the blended IPE (combination of digital media and classroom learning).
• The IPE blended learning sessions took place over a course of 2 weeks and were divided into 2 portions: Portion 1 - electronic, asynchronous and Portion 2 – in-class, face-to-face.

Portion 1

• Completed electronically via the Blackboard™ learning management system.
• Included watching educational presentations, researching professions other than the one the students were currently studying in, and participating in discussion boards.
• Discussion Board 1 was for introductions so students can get to know each other.
• Discussion Board 2 was to share what they learned about other professions (each student had to post 2 things they/ she learned about 2 other professions approved by the faculty) and after reading the other students’ posts comment on at least one.
• In order to ensure students completed all components, a question quiz based on the provided educational materials was administered via Blackboard™.
• A total of 1 week was dedicated for students to complete these activities asynchronously.

Portion 2

• Completed in class face-to-face the week following portion 1.
• Included group navigation of an interactive patient scenario.
• Students were divided into groups of 10 (5 from each profession) and given access to a patient scenario game which took students through a series of events occurring with a homeless man brought to the Emergency room.
• Game progression relied on the group’s consensus for a decision about each stage of the patient’s care and recommendations for health professionals who should be involved in that care at various stages.
• Following completion of the interactive game a debriefing took place.
• Live session took approximately 2 hours (15 minutes for introductions and activity instructions, 1 hour for group case navigation, 30 minutes for debriefing).

RESULTS

Table 1: ISVS-21 Pre- and Post-Activity Responses of Students Participating in the Blended IPE

<table>
<thead>
<tr>
<th>Portion</th>
<th>Pre-activity</th>
<th>Post-activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Overall</td>
<td>93</td>
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<tr>
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<td>5.3</td>
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<td>5.3</td>
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<tr>
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<tr>
<td>Role</td>
<td>5.5</td>
<td>5.3</td>
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<tr>
<td>Responsibility</td>
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<td>5.3</td>
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<tr>
<td>Effective</td>
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<tr>
<td>Engagement</td>
<td>5.3</td>
<td>5.3</td>
</tr>
<tr>
<td>teamwork</td>
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<td>5.5</td>
</tr>
</tbody>
</table>

RESULTS (continued)

Eighty-two students participated in the IPE activities. Majority of the students (85%) scored more than 70% on the knowledge quiz with 52% of the students receiving a perfect score. Results from the ISVS-21 scale were analyzed using Wilcoxon Signed rank test. Statistically significant improvements were seen with 20 of the 21 items (Mean score increase from 5.6 to 6.1). Effect size (r=0.34). Students also expressed positive feedback about their participation.

Student Feedback

• "I thought the IPE activity was useful in terms of educating us on what each health care profession did”
• "I liked that the game scenario represented a real-life situation”

Lessons Learned

• It would be more valuable to have students from multiple professions (more than 2) participate in the activity.
• Blended format, combining asynchronous and face-to-face learning, was well received by the students and faculty and provided positive outcomes for both learning and scheduling.
• Face-to-face interaction is still a beneficial component for effective communication, questions and answers, clarifications, and takeaways.
• Interactive (game) component resulted in better buy-in and engagement of students.

Implications

Blended learning can be an effective way to deliver interprofessional education and can partially alleviate logistical challenges related to fully synchronized sessions.

Blended format for IPE can offer additional opportunities for larger programs to engage in interprofessional education.