

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 academic 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 Socialization 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 he/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 7 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 the 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

		Pre-activity		Post-activity			
ISVS-21 Scale	N	Mean	SD	Mean	SD	Z-statistic	P-value
I am aware of my preconceived ideas when entering into team discussions	82	5.2	1.1	5.8	1.1	-3.224	0.001
I have a better appreciation for using a common language across the health professionals in a team	82	5.6	1.3	6.1	1.0	-2.662	0.008
I have gained an enhanced awareness of my own role on a team	81	5.7	1.1	6.1	0.9	-2.818	0.005
I am able to share and exchange ideas in a team discussion	81	5.7	1.0	6.2	0.8	-3.402	0.001
I have gained an enhanced perception of myself as someone who engages in interprofessional practice	80	5.3	1.1	6.1	1.0	-4.232	0.000
I feel comfortable being the leader in a team situation	80	4.9	1.4	5.7	1.1	-3.855	0.000
I feel comfortable in speaking out within the team when others are not keeping the best interests of the client in mind	81	5.6	1.2	5.9	1.0	-1.937	0.053
I feel comfortable in describing my professional role to another team member	81	5.8	1.0	6.2	0.8	-2.196	0.028
I have a better appreciation for the value in sharing research evidence across different health professional disciplines in a team	81	5.7	1.1	6.2	0.9	-3.63	0.000
I am able to negotiate more openly with others within a team	81	5.6	0.9	6.2	0.9	-3.707	0.000
I have gained an enhanced awareness of roles of other professionals on a team	81	5.6	1.2	6.1	0.9	-3.416	0.001
I am comfortable engaging in shared decision making with clients	80	5.7	0.9	6.2	0.8	-3.56	0.000
I feel comfortable in accepting responsibility delegated to me within a team	81	5.9	0.8	6.2	0.8	-2.528	0.011
I have gained a better understanding of the client's involvement in decision making around their care	81	5.7	1.2	6.2	1.0	-2.792	0.005
I feel comfortable clarifying misconceptions with other members of the team about the role of someone in my profession	81	5.6	1.0	6.2	0.9	-4.14	0.000
I have gained greater appreciation of the importance of a team approach	81	6.0	1.0	6.4	0.8	-2.811	0.005
I feel able to act as a fully collaborative member of the team	81	5.9	1.0	6.3	0.8	-2.886	0.004
I feel comfortable initiating discussions about sharing responsibility for client care	81	5.7	1.0	6.2	0.9	-3.143	0.002
I am comfortable in sharing decision making with other professionals on a team	81	5.8	1.0	6.3	0.8	-3.162	0.002
I have gained more realistic expectations of other professionals on a team	81	5.6	1.0	6.1	1.0	-2.988	0.003
I have gained an appreciation for the benefits of interprofessional team work	81	6.1	0.8	6.4	0.8	-2.168	0.030

RESULTS (continued)

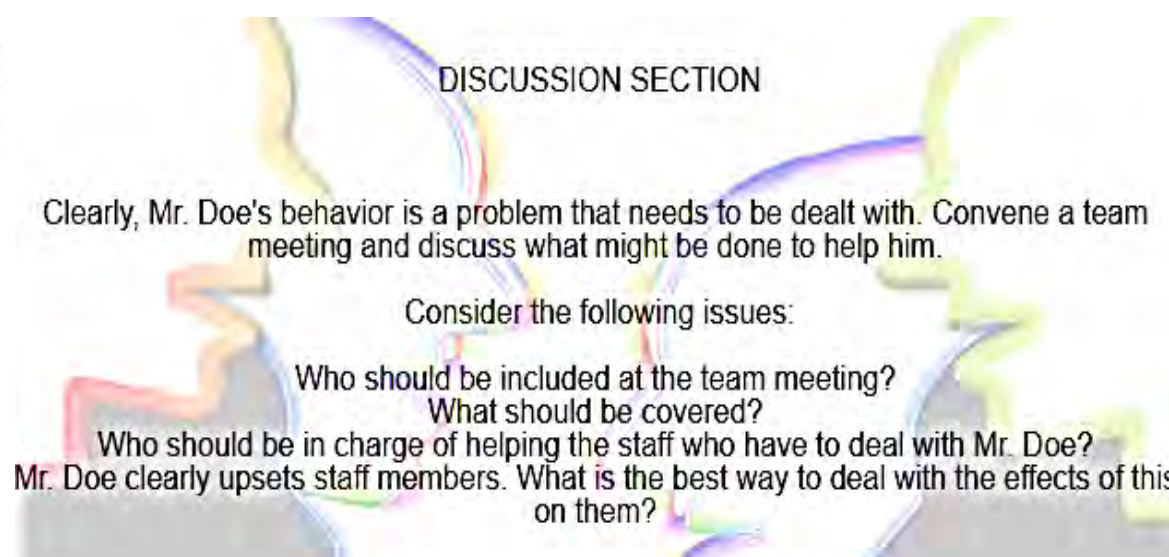
Eighty-two students participated in the IPE activities. Majority of the students (85%) scored more than 70% on the knowledge quiz with 52% of the students receiving a perfect score. Results from the ISVS-21 scale were analyzed using Wilcoxon Signed rank test. Statistically significant improvements were 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.



- "Having to explain my ideas about the next step in the game to the other students helped me to understand the need for good communication with other professionals"

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

