

A Cross-sectional Analysis of Undergraduate Medical Student Attitudes Towards Interprofessional Education

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Introduction:

The World Health Organisation uses interprofessional education (IPE) to refer to situations where "students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes"¹. The integration of IPE into undergraduate healthcare programmes around the world aims to provide a greater awareness of the dynamics of a multidisciplinary team. In generating a workforce more open to interprofessional collaboration and communication there is an improvement in overall patient care.

Methods:

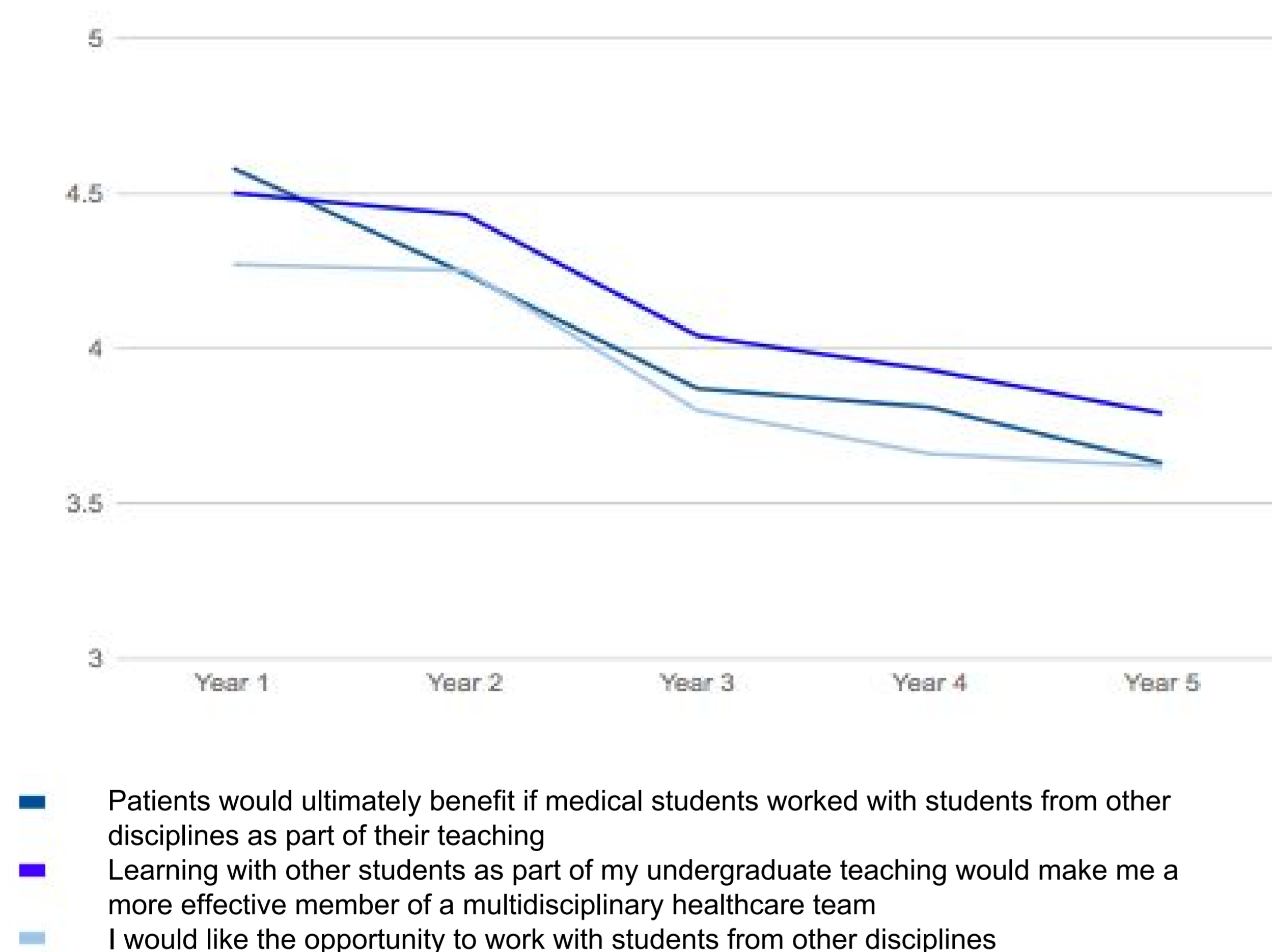
This study is based on the analysis of 660 questionnaires distributed to medical students from first to fifth year at the University of Glasgow. Prior to any student contact, ethical approval was granted from the University of Glasgow Ethics Committee.

Questionnaires were based on a validated, previously published, questionnaire, entitled the Readiness for Interprofessional Learning Scale (RIPLS)², used in several studies to determine student's attitudes towards, and willingness to engage with, IPE.

The questionnaire was condensed and abridged to focus specifically on the perceived benefits of IPE, consisting of 8 questions asking students to outline their level of agreement with specific statements using a Likert-type scale ranging from strongly agree to strongly disagree. It also included two questions asking students to outline their level of clinical exposure, and if they believed working with other healthcare students prior to this would have impacted their experience in these clinical situations.

Results:

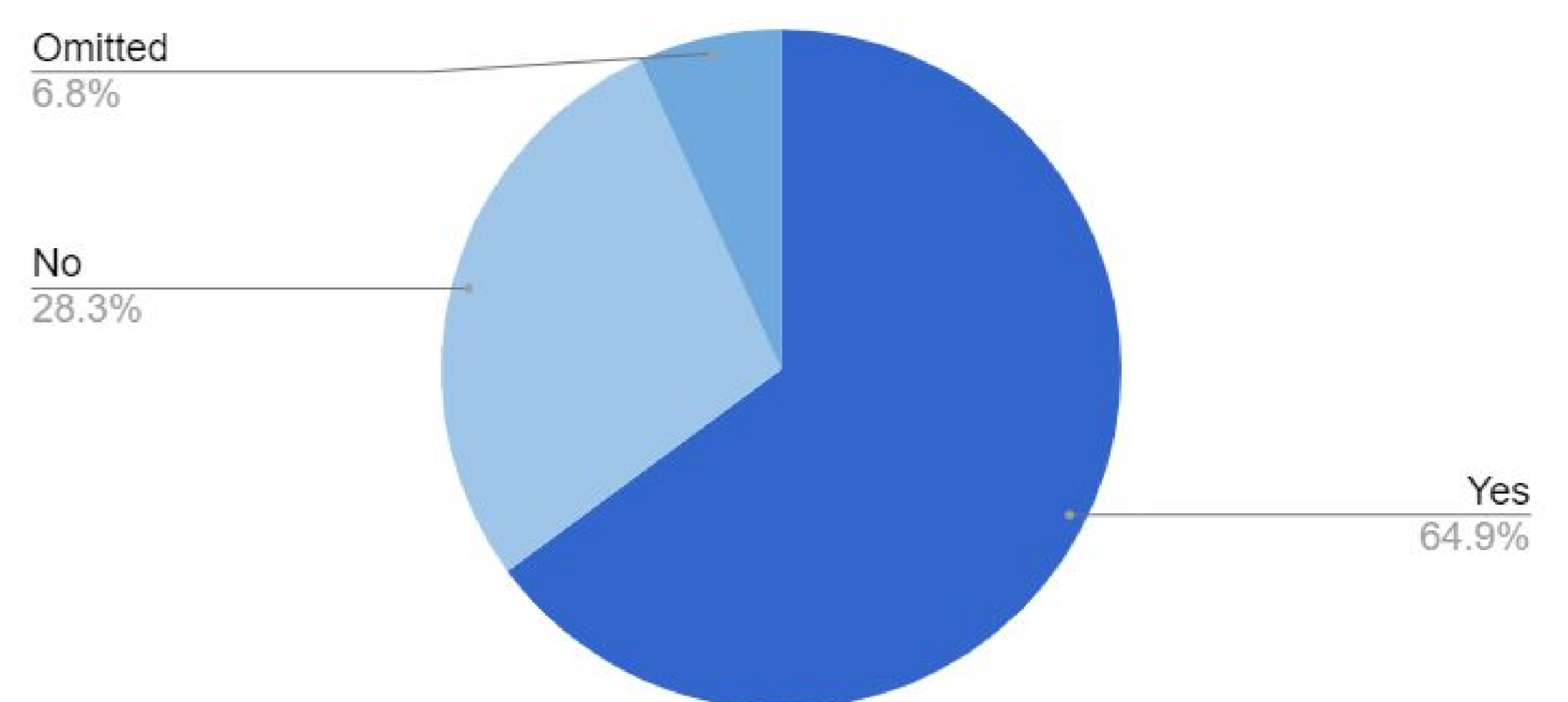
Trends in Attitudes Towards IPE Across MBChB Year Groups



Do you feel your placement experience would have been improved if you had experience working with other healthcare students?

Year Group	Yes	No	Omitted	Total no. of students	Percentage agreement
Year 3	66	30	8	104	63.5%
Year 4	99	40	10	149	66.4%
Year 5	64	30	6	100	64.0%

Do you feel your placement experience would have been improved if you had experience working with other healthcare students?



Discussion:

This study identified strong student support for IPE at the University of Glasgow, with student's attitudes across all years largely positive. As medical students progress through their degree, support shifts from strong agreement to a mix of agreement and neutrality towards IPE. This trend could be attributed to the transition to clinical placements that provides a similar exposure to professionals from different disciplines as IPE.

This is largely supported by the fact that, in all instances, the greatest decrease in level of agreement with questionnaire statements occurs between second and third year - the point at which students transition from University-based teaching to hospital-based teaching. A shift towards neutrality may also stem from the differing needs of students as they advance through the course, with perceived benefits moving from professional advantages, such as clarification in roles within MDTs, towards personal advantages, such as improved relationships with future colleagues.

Despite this trend, perception of the benefits of IPE in advance of beginning clinical placements showed less than a 3% variance amongst third, fourth, and, fifth year students, with 64.6% of students agreeing with this statement (225 out of 353). This suggests that opinions towards the efficacy of IPE may decline as the year groups progress, but it is universally viewed as a positive teaching method to use before clinical placements begin.

Potential for Further Research:

Whilst there has been research into different styles of implementing IPE, such as classroom-based prescribing tasks³ and simulation activities⁴, there is a comparative lack of literature with regards to medical student's attitudes towards IPE, and no literature on if these opinions vary as students progress through their degree.

Further research is needed into the optimal method of incorporating IPE to healthcare curricula. At present, literature focuses predominantly on single sessions, where institutions focus on either ward-based, skills-based, or classroom-based sessions. Ultimately, the gold standard implementation of interprofessional practice would be embedded within a curricula as a vertical theme that is re-visited through different styles and approaches throughout a student's undergraduate teaching.

Conclusion:

This research has, for the first time, provided strong evidence of changing attitudes towards IPE as medical students progress through the curriculum. There is a steady decline in perception of the benefits of IPE across a five-year medical degree, moving from a strong support in the preclinical years to a more neutral stance as students progress through their clinical years.

References

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