ASSESSMENT OF READINESS FOR INTERPROFESSIONAL EDUCATION AMONG VARIOUS PROFESSIONS IN EUROPE AND NORTH AMERICA

# SURVEY-BASED PROJECT WHOSE GOALS WERE TO ASSESS VARIOUS HEALTHCARE STUDENTS' READINES FOR IPE

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- I. Readiness for IPE
- 2. Readiness to teach other professions
- 3. Readiness to learn from other professions
- 4. Optimal time to institute IPE
- 5. Optimal number of professions per one IPE activity
- 6. Confounding factors that affect attitudes toward IPE:
  - a. Specialty of interest
  - b. Current clinical expertise (in-patient and out-patient)
  - c. Age
  - d. Gender
  - e. More than one healthcare degree
  - f. Previous IPE experiences
  - g. Specialties' preferences for IPE



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# PROJECT STATISTICS

#### **PROJECT STATISTICS**

SEVEN COUNTRIES PARTICIPATED	Albania, Bulgaria, Poland, Romania, Spain, UK, and USA.
PORTUGALAND CHINA	Survey translated but was not distributed among the students.
SURVEY TRANSLATIONS	Albanian, Bulgarian, English, French, Polish, Portuguese, Spanish, Chinese
PARTICIPATING INSTITUTIONS	45
Included in data analysis Excluded from data analysis	30 I 5 (due to low response rates)

# IPE CURRICULUM DESIGN

#### **IPE CURRICULUM DESIGN**



- I. Educational needs assessment
- 2. Target audience baseline assessment
- 3. Identifying the gap between ideal and current states
- 4. Formulating teaching goals and learning objectives
- 5. Identifying pre-requisites
- 6. Identifying content
- 7. Identifying teaching method
- 8. Identifying sequence of activities
- 9. Identifying assessment tool
- 10. Measuring outcome
- II. Transfer of knowledge and skills

В	С		D		E	F	G	Н
	ALB TIRANA		USD SSOM		ROM ENGL	ROM FR	ROM ROM	BULG
Age			030 330141		NOW ENGE	KOMITK	Noivi Noivi	5010
Female gender		85		46	46	70	80	65
Prior IPE, YES		14		55				17
Curriculum Stage	0-25%; 100%		0-100%		0-100%	0-100%	50-75%	25%
Other degree, YES	0-2370, 10070	14		33		25		5
Prior healthcare work, YES		10		73				7
Optimal time for IPE, middle of the curriculum	Early - middle		Early-Middle				Middle	Middle
Number of specialties inIPE	Lurry mudic		3-4+			3-4	3	3
Level of expertise in other IPE participants	more	5	same		-	same or more		
Professional identity	1-2-3		2-3		2	2-3	2-3	2-3
Knowledge of other roles makes me a better provider, YES	1-2-5	94		100	-			94
IP teams are more effective in patient care, YES		80		99				93
Patient safety improves in IP teams, YES		97		97				86
IP care is more wholistic, YES		96		96				88
Team skills are as important as individual competence, YES		88		86				90
Educating others is important		96		99				96
I am ready to teach others, YES		45		68		37	29	42
Other professionals can teach me to be a better provider		86		99				76
I am ready to learn from others, YES		61		87	54	75		45
IPE helps me to better know my role in patient care		96		91				90
IPE helps me to better know roles of others in patient care		98		91 98		100		91
IPE improves my team communication skills		99 99		98 97				93
In IPE, I can help others to better care of patients, YES		99 89		97 97	91	100	99	83
		89 95		97 96		100		96
IPE importance, YES		95		90	91	100	99	90

	Pontifical University, SPAIN	USD Nursing, USA	
Age	<25	<25-35	
Gender, F	81	90	
Prior IPE	70	68	
Curriculum Stage, YES	0-100%	0-100%	
Other degree	44	67	
Prior healthcare work	41	81	
Optimal time for IPE	Early - Middle	Early - Middle	
Number of specialties in IPE	3-4+	3-4+	
Level of expertise in other IPE participants	same or more	same or more	
Professional identity	2-3	2-3	
Knowledge of other roles makes me a better provider	98	98	
Educating others is important	87	91	
Patient safety improves in IP teams	97	97	
IP care is more wholistic	96	98	
Team skills are as important as individual competence	97	97	
Educating others is important	99	98	
I am ready to teach others	57	76	
Other professionals can teach me to be a better provider	97	97	
I am ready to learn from others	90	88	
IPE helps me to better know my role in patient care	98	98	
IPE helps me to better know roles of others in patient care	98	98	
IPE improves my team communication skills	99	98	
In IPE, I can help others to better care of patients	99	98	
IPE importance	98	98	

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	USD SSOM	USD Nursing	
Age	<25-30	<25-35	
Gender, F	56		90
Prior IPE	55		68
Curriculum Stage, YES	0-100%	0-100%	
Other degree	33		67
Prior healthcare work	73		81
Optimal time for IPE	Early - Middle	Early - Midlle	
Number of specialties in IPE	3-4+	3-4+	
Level of expertise in other IPE participants	same	same or more	
Professional identity	2-3	2-3	
Knowledge of other roles makes me a better provider	100		98
IP teams are more effective in patient care	99		91
Patient safety improves in IP teams	97		97
IP care is more wholistic	96		98
Team skills are as important as individual competence	86		97
Educating others is important	99		98
I am ready to teach others	68		76
Other professionals can teach me to be a better provider	99		97
I am ready to learn from others	87		88
IPE helps me to better know my role in patient care	91		98
IPE helps me to better know roles of others in patient care	98		98
IPE improves my team communication skills	97		98
In IPE, I can help others to better care of patients	97		98
IPE importance	96		98

# INTERPROFESSIONAL EDUCATION

#### **INTERPROFESSIONAL EDUCATION**

I. Countries have common and culture-specific needs in healthcare.

2. Likewise, IPE has common and culture-specific needs to address.

3. Learning objectives in the IPE are determined by the base-line level of the students and educational needs.

4. Teaching methods depend on the type of students, learning objectives, and educational needs.

5. Students' teaching competency needs to be addressed (UK and Canada are already doing this)











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