Why Interprofessional Education? 
Despite findings from research demonstrating the benefits of interprofessional education (IPE) many future health care providers are not educated to provide cost-effective, patient centered coordinated care as part of an integrated team. Challenged by resource shortages, many smaller colleges continue to funnel future health care students through fast-paced, highly technical, and specialty focused curricula.

Purpose
The purpose of this ongoing study is to investigate the attitudes of prelicensure students changed following an innovative course focused on the interprofessional team-based care of the veteran population.

Design, Population & Sample
Data reported here are from a pre/post-course cross sectional design using a convenience sample of 87 prelicensure nursing students enrolled in a 15-week interprofessional seminar course at a medium-sized liberal arts college in the Midwest US.

Instruments
The 27-item Interprofessional Attitude Scale (IPAS) assess all four competency domains described in the 2011 report Core Competencies for Interprofessional Collaborative Practice (IPEC Report). It contains five subscales: teamwork, roles, and responsibilities; patient-centeredness; interprofessional biases; diversity and ethics; and community-centeredness.

Findings

Student: "One benefit from this class was the actual amount of interprofessional communication we experienced! It wasn't just communication with one other profession, it was a combination of nursing, PT, OT, HIM, and Social Work. This isn't something I've ever experienced in a clinical setting. It made me feel more comfortable with what each health care professional's roles were and what kinds of things I can collaborate on with them. We are all caring for one patient, and this experience helped me feel more confident approaching someone outside of nursing."

Student: "Another challenge for me was learning to work with other disciplines. I went into this class a little intimidated by the other disciplines. They are all pursuing their doctorate degree in PT or OT and I felt as though I was just and undergradate to graduate student. This class is very small and very intelligent people. This fear started to fade away as I saw the other disciplines truly valued my input. It gave me confidence when introducing an idea to the group that I thought was important."

Clinical Preceptor: "I find current students are better able to have deep conversations about why they are doing the nursing care activities. They are also more comfortable talking with professionals from other disciplines (OT, PT, respiratory therapy). They seem to view this as normal operating procedure."

Conclusion
An adaptive, seminar course designed using Interprofessional Education Collaborative (IPEC) topic modules that integrate the specific desired learning outcomes of the different health care professional programs. Collaboration among faculty helped to pace learning while incorporating specially focused learning objectives.

Technology is incorporated throughout; emphasizing rural veteran population health considerations. Each healthcare profession is represented equally in course content and assignments.

Each module offers didactic, group activities focusing on shared interprofessional values, respectful collaboration and evidence-based practice. Students experience a variety of complex interprofessional simulations, case studies, and guest speakers from the veteran community.

Survey Results
Student attitudes toward interprofessional experiences increased significantly in six areas with varying degrees of moderate effect.

- Shared learning with other health sciences students will help me think positively about other professionals. ($t = -2.62$, $p = 0.012$, effect size $r = 0.40$)
- Shared learning with other health sciences students will help me communicate better with patients and other professionals. ($t = -2.81$, $p = 0.008$, effect size $r = 0.40$)
- I welcome the opportunity to work on small-group projects with other health sciences students. ($t = -2.80$, $p = 0.009$, effect size $r = 0.27$)
- Shared learning helps me understand my own limitations. ($t = -5.15$, $p = 0.000$, effect size $r = 0.63$)
- Health professionals/students from other disciplines have prejudices or make assumptions about me because of the discipline I am studying. ($t = -2.38$, $p = 0.02$, effect size $r = 0.35$)
- It is important for health professionals to work with non-clinicians to deliver more effective health care. ($t = -2.24$, $p = 0.03$, effect size $r = 0.33$)
- Scale reliability $a = .77$ to .92.

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