

The Effects of a Short Case-Based IPE Intervention for SLP and PT Graduate Students

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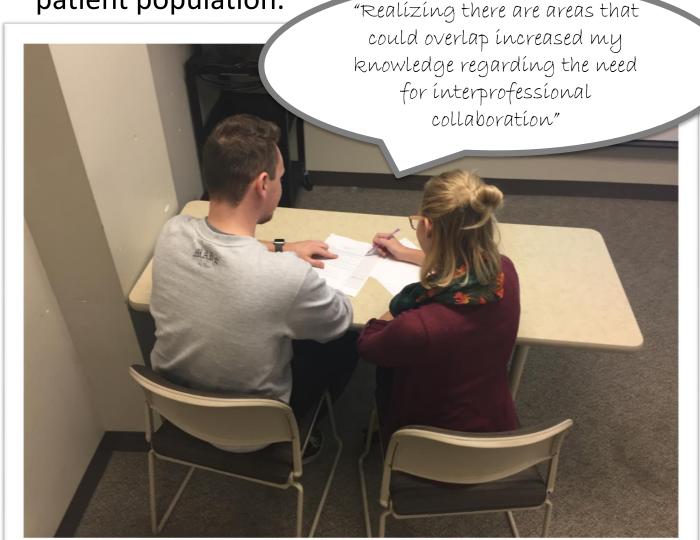
"I really have not had an interprofessional experience before, so this was a great experience to be able to see what other professions do for the same patient that you see..."

Introduction

- IPE is a necessary step toward Inter-Professional Practice (IPP) (World Health Organization, 2010)
- IPE is increasingly a part of health curricula (Ruebling, et.al., 2014)
- There is a lack of research on comparative interventions to enhance IPE outcomes (DiGiovanni & McCarthy, 2016)
- Most studies investigate the attitudes and receptiveness to IPE (Judge, et.al., 2015)
- IPE experiences can vary widely in length of time
- Individuals with Parkinson's disease (PD) were chosen for the focused patient group because of specific possible carry-over techniques between SLPs and PTs through Lee Silverman Training (LSVT) Loud (SLP) and Lee Silverman Training Big (PT)

Primary Goal: Gain a better knowledge basis on the effects of a short IPE experience in order to determine the efficacy of IPE related to a specific patient population.

"Realizing there are areas that



Methods

Participants: PT and SLP students from 2 Midwestern US universities **Methodology:** Quasi-random post-test (3 conditions) Design

- General: (17 SLP) Viewed an educational video on the scope of practice of PT
- Non-interactive: (36 PT) Viewed a video on a specific PD treatment for SLP (LSVT Loud)
- Interactive: (13 SLP/13 PT) Viewed the same video on a specific PD treatment for the opposite profession (LSVT Loud or Big) and paired interaction between one SLP & one PT student to complete a set of guided discussion questions to identify specific areas of overlap.
- All groups completed a post-test of the Readiness for Interprofessional Learning Scale (RIPLS), a publicly available resource tool created to evaluate health care students and their preparedness for IPP. (McFadyen et al., 2006).
- All three conditions answered questions relative to PD

Results

Figure 1 One-way analysis of variance (ANOVA) on the participants' RIPLS responses for each condition. The analysis was significant, F(3,71)=11.826, p=.000.

ANOVA							
RIPLS	Sum of Squares	df	Mean Square	F	Sig.		
Between Groups	685.914	3	228.638	11.826	.000		
Within Groups	1450.061	75	19.334				
Total	2135.975	78					

Figure 3 The professionals participants feel comfortable working with after this experience. "It is other experiences that has led me to work with the aforementioned professionals." -participant

After this Experience I feel Prepared to Work with...

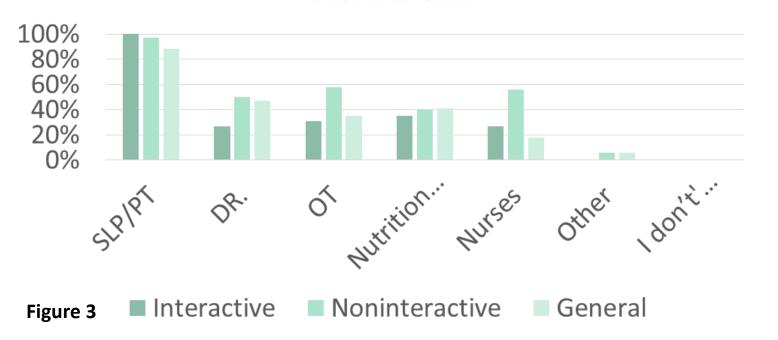
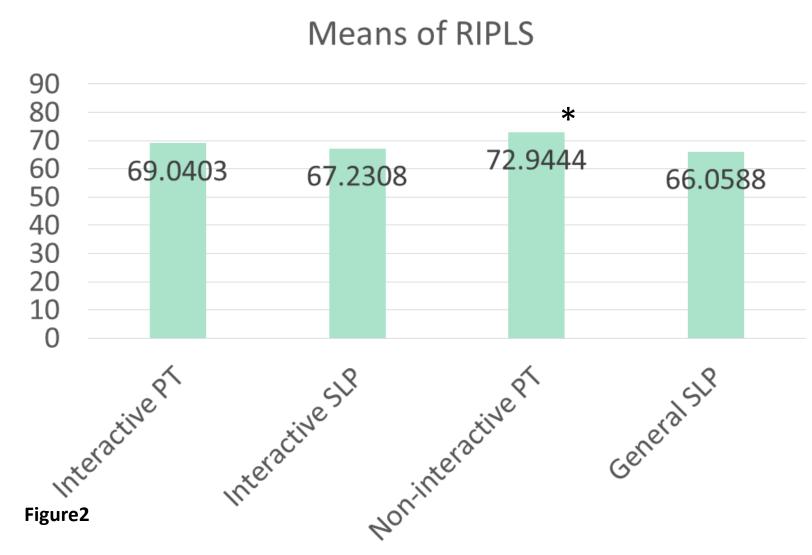


Figure 2 Post hoc comparisons (Tukey HSD) revealed Non-Interactive PT significantly higher than all other conditions



Previous IPE Experience						
	Interactive	Non- Interactive	General			
None	31%	6%	0%			
Lecture	27%	31%	65%			
Course	42%	67%	53%			
Online Training	0%	5%	35%			
Convention/ Conference	0%	28%	29%			
Other	19%	15%	53%			

Figure 4

Figure 4 The previous IPE experiences of the participants in each condition. Experiences listed as "other" included case studies, clinical rotations, & in-services.

Discussion

- Overall, students gained knowledge of another profession
- Working with a peer from another profession resulted in qualitatively more detailed answers pertaining to PD treatment
- Students reported feeling adequate to work with a PT/SLP regardless of the condition they experienced
- Majority of respondents stated they see themselves working with the opposite profession in the future in a hospital, acute care, rehabilitation, or outpatient setting.
- Self-report of readiness carries challenges in differentiating results compared to qualitative outcomes

Future Directions:

- Thematic qualitative analysis of PD question responses
- Include a pre & post test using client interactions to determine the participant's growth in IPP via IPE
- Control for previous IPE experiences
- Incorporate more professions to enhance the IPE

Acknowledgments/References

Acknowledgements: Research Participants, Gretchen R. Pfost, PT, DPT, NCSDr., Kelly Rutherford, M.S., CCC-SLP, Jessica Apsley **References:**

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