

## Introduction

The Accreditation Council for Occupational Therapy Education includes learning standards (ACOTE 2023; B.3.22) for interprofessional education (IPE), as does the the Academic Review Commission on Education for Physician Assistants (ARC-PA; B1.08).

IPE simulates clinical practice for students in health professions and promotes a team approach with a holistic view of the patient/client<sup>1</sup>. Knowledge of the role and scope of practice of a variety of health-related professions on a team is critical for effective collaboration to produce efficient and effective patient/client outcomes<sup>1</sup>.

Occupational therapy (OT) student participation on interprofessional student teams increases the perceived understanding of occupational therapy's scope of practice by other health professions<sup>1</sup>.

OT programs cover a range of adult and pediatric disabilities; however, a recent survey of Midwest physician assistant (PA) programs revealed 60% do not provide robust coverage of disabilities, including pediatrics<sup>2</sup>.

## The Interprofessional Collaborative Competency Attainment Survey

The Interprofessional Collaborative Competency Attainment Survey (ICCAS)<sup>3</sup> is a valid & reliable 20-item self-report measure of interprofessional care competencies developed for interprofessional education programs. Competency themes include communication, collaboration, roles & responsibilities, family/patient-centered approach, conflict management & resolution, & team functioning<sup>4</sup>.

### Sample items:

|  |   |
|--|---|
| Communication                                  | <ul style="list-style-type: none"> <li>• 2. Actively listen to IP team members' ideas and concerns</li> <li>• 3. Express my ideas and concerns without being judgmental</li> </ul>  |
| Roles & Responsibilities                       | <ul style="list-style-type: none"> <li>• 9. Identify &amp; describe my abilities &amp; contributions to the IP team</li> <li>• 10. Be accountable for my contributions to the IP team</li> <li>• 11. Understand the abilities and contributions of the IP team members</li> </ul> |
| Collaborative patient/family centered approach | <ul style="list-style-type: none"> <li>• 14. Use an IP team approach with the patient to provide whole person care</li> <li>• 15. Include patient/family in decision-making</li> </ul>  |
| Team Functioning                               | <ul style="list-style-type: none"> <li>• 20. Negotiate responsibilities within overlapping scopes of practice</li> </ul>  |

## Qualitative Reflections

'...attending a lecture on a profession is very different from conceptualizing a field and the interplay it can have with my own work as a provider. Meeting students who were my peers, and talking with them about how they viewed their profession gave me a much richer sense and allowed me to actually understand their approach to patient care and how they can complement my own work as a provider.'

'In interprofessional care, we can build upon one another's ideas for more well-rounded care, or gain new ideas from one another about things we never considered to cover all the bases of a client's health and well-being.'

'Us as medical providers may have concerns that we can educate on in the clinic, but once they leave our office it is our OT colleagues who really provide the modifications, assistance tools, and hands on education that allow for the preventative medicine we all aim for as providers.'

'In our classes, I thought our learning was quite holistic, but after this IPE event, I have come to realize the true range of comprehensive medical care.'

## Purpose

Provide interprofessional learning opportunity for 2<sup>nd</sup> year entry level OT doctoral students and 1<sup>st</sup> year PA students at Tufts University. Both cohorts were involved in pediatric practice content in the semester of the IPE opportunity.

## Participants & Methods

- 85 students (49 PA, 36 OT)
- 2.5-hour OT/PA IPE session:
  - Brief historical overview of respective professions
  - Small group OT/PA student introductions
  - Professional instructors modeled joint clinical reasoning for 1<sup>st</sup> case
  - Groups of PA/OT students worked through 2<sup>nd</sup> case, with scaffolded prompts
- Pre- & post-test ICCAS survey; post- qualitative reflection
- ANOVA & post-hoc Bonferroni correction to evaluate for mean differences in survey responses before and after the event and between disciplines
- Paired t-tests for item level analysis pre- and post- for all participants

## Quantitative Results: ICCAS

| Item | p     | Effect size |
|------|-------|-------------|
| 2    | <.001 | .828        |
| 3    | <.001 | 1.011       |
| 9    | <.001 | .978        |
| 10   | <.001 | 1.031       |
| 11   | <.001 | .965        |
| 14   | <.001 | 1.050       |
| 15   | <.001 | 1.012       |
| 20   | <.001 | 1.151       |

### Sample item paired t-tests: all students (OT & PA) combined

- ✓ All 20 items demonstrated significance @  $p < .001$
- ✓ All 20 items demonstrated large effect sizes from .828 to 1.295 (Cohen's d)

### Cohen's d Key

|            |
|------------|
| Small 0.2  |
| Medium 0.5 |
| Large 0.8  |

### ANOVA between groups (OT & PA) comparison

- ✓ All 20 items demonstrated significance @  $p < .001$
- ✓ All 20 items demonstrated large effect sizes from .265 to .499  $\eta^2$  (eta-squared)

| Item # | df | F      | p     | Effect size $\eta^2$ |
|--------|----|--------|-------|----------------------|
| 2      | 3  | 24.734 | <.001 | .300                 |
| 3      | 3  | 39.731 | <.001 | .408                 |
| 9      | 3  | 55.335 | <.001 | .490                 |
| 10     | 3  | 32.536 | <.001 | .361                 |
| 11     | 3  | 52.387 | <.001 | .476                 |
| 14     | 3  | 45.162 | <.001 | .439                 |
| 15     | 3  | 20.782 | <.001 | .265                 |
| 20     | 3  | 48.522 | <.001 | .458                 |

| $\eta^2$ Key |
|--------------|
| Small 0.01   |
| Medium 0.06  |
| Large 0.14   |

## Discussion

ICCAS results show that the session was effective in improving confidence in interprofessional collaboration-related competencies. These findings were supported by qualitative reflections in which students described increased appreciation for interdisciplinary care following the activity.

An interprofessional approach to the care of pediatric clients/patients with disabilities is known to improve care for this population<sup>5</sup>. Including an interprofessional learning opportunity for health professions students, such as this one, may help to support competency development in this domain.

Similar IPE sessions could be developed which focus on different populations or disabilities and which involve additional health professions disciplines.

## References & Contacts

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