

# Interprofessional Education in UK Medical Schools

A scoping Survey

Bethany Shelvey - Academic FY2

Morkos Iskander- Urology ST6 and Doctoral Researcher

# Experiences of Interprofessional Education?



# Background (1-5)



# Research Questions

# Snapshot of IPE in UK Medical Schools

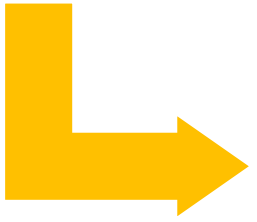
## Correlations

- RQ1: Institutional factors and IPE
- RQ2: Faculty related factors and IPE
- RQ3: Student related factors and IPE

By medical school and percentage of medical graduates

# Methods

Psychodynamic  
Theory



Data collection

- Google forms survey
- 50% medical students



Data Analysis

- Quantitative
- Multivariate regression



Conclusions and  
further research

# Results



# Demographics

- ▶ 15/33 medical Schools
- ▶ 3362 (56%) of UK medical students
- ▶ Cohorts ranging from 50-450
- ▶ 14/15 run IPE

Early adopters: Before 2010	Middle: By 2013	Late adopters: By 2015
2	10	2

## Research Question 1- Institutional Factors

Part of larger health faculty	Yes n=12	No n=3
Number of other professions involved	4.9	2
Number of IPE sessions	3.4	2
Level of evaluation Kirtpatrick (6)	3.17	1.33
Early adopters of IPE	No significant correlation	None

# Research question 2- Faculty



Composition of faculty — IPE method



Composition of faculty — Professions involved



Medical academics — Higher levels of evaluation

*(p=0.006)*

Earlier beginning of IPE  
*(p=0.005)*

# Research question 3- Students



Cohort size  
( $p=0.028$ )



Number of IPE sessions



Composition of cohort



Adaptation of  
IPE delivery

*BME, female, mature*

# Discussion



Weekly Timetable

W/C: \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun

Situation within a health faculty





Higher levels of Evaluation





Cohort size





# Limitations

- ▶ Causation
- ▶ 46% Medical students not included
- ▶ Kirtpatrick model of evaluation (6)

# Implications

Immense  
variation

- Not universal
- Heterogeneity

Political  
Socioeconomic  
Technological  
pressures

Preparation of  
junior doctors

Institutional  
Factors +Faculty

IPE design  
& implementation

Composition

Not accounted  
for

# Recommendations

- ▶ Commence IPE at the earliest opportunity
- ▶ Involve medical academics in the faculty
- ▶ Co-ordinate with other undergraduate healthcare professions

*Online/qualified professionals*

# Future Research

- ▶ **Baseline for best practice & adaptations for composition/ cohort size**

*Observations*

*Interview high calibre centres*

*Feedback*

- ▶ **Establish causative relationships**

*Define best practice*

*Trial each & evaluate*

Further Suggestions?

Thank you

Any Questions?



# References

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