

A Website Assessment of Interprofessional Education at Newly Established Medical Schools

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OBJECTIVE

Consensus guidance recommends that IPE in health professions education should be required, longitudinal, involve learning opportunities with other health professions students, and include real-world, experiential elements. The objective of this study was to assess IPE at newly established medical schools within the context of these recommendations, based on publicly available information published on schools' websites.

DATA

The data source for this study was medical schools' websites. Web page content from allopathic (MD) and osteopathic (DO) program pages, as well as concomitant documents (e.g., course catalogs) available directly from the school's website, were eligible for content review and analysis. We restricted data sources to current curricular content and resources (e.g., strategic plans). Institutional data was verified using IPEDS and accrediting bodies.

DESIGN

A 36-item website assessment tool was developed based on guidance language from expert bodies, including the Health Professions Accreditors Collaborative, WHO, and the Interprofessional Education Collaborative and applied to all MD and DO medical schools established after 2000. Two coders independently reviewed each school, and we addressed coding discrepancies until we reached a 100% inter-coder agreement rate. We used STATA 16 for cross-tabulations and quantitative analysis. Descriptive statistics of medical schools were calculated based on a variety of IPE elements. For chi-squared tests, we used a sub-group analysis based on the incorporation of IPE consensus recommendations.

RESULTS

The final sample included forty-five medical schools, of which 27 were MD and 18 were DO. Almost all schools (89%) required any IPE in the core curriculum. At the same time, about half integrated IPE longitudinally across the pre-clinical and clinical curriculum, and less than half included student-to-student learning opportunities. Slightly less than half of the schools (n=19) included IPE incorporating all three recommended strategies. Quantitative analysis revealed that these schools were significantly more likely to have IPE as a priority area in their strategic plans and require robust, real-world experiential IPE programming than schools that did not. A qualitative content review of these real-world IPE experiences at 18 schools found that most were included in the pre-clinical curriculum and took place in the clinical setting. Eight programs required students to work with the elderly, vulnerable patients, or inpatient homes.

CONCLUSIONS

A content review of newly established medical schools' websites suggests the integration of IPE as a required element of the core curriculum is nearly universal among this sample but falls short of meeting recommendations on longitudinal design and student-to-student learning. Schools that do meet these recommendations are more likely to demonstrate a broader institutional commitment to IPE through strategic planning priorities and robust experiential programming. While

website content may not fully reflect the reality of IPE programming, this research contributes to creating a more comprehensive picture of the IPE landscape in medical schools and represents the first analysis of medical school IPE based on consensus recommendations. Future research is needed to determine the extent to which school website content reflects real-world program implementation and student experiences. Additional examination of how schools are preserving and adapting IPE programming in the wake of COVID-19 is suggested, especially given student demand for these experiences.

Key Words: Interprofessional Education, Interprofessional collaboration, undergraduate medical education, website assessment