

Playing well with others:
Evaluating an intervention to prepare students for
interprofessional collaborative learning

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Abstract

National trends in health care delivery focus on quality team-based care, patient safety, reducing costs and improving practitioner satisfaction (Interprofessional Education Collaborative, 2016). Health profession students, including social workers, are expected to be workforce ready for a complex interprofessional work environment. Educators are charged with developing effective ways to teach collaborative team skills as part of the curriculum (Rubin et al., 2018; Thistlethwaite et al., 2014). Educators across health professions recognize the importance of providing opportunities to immerse students in experiential, person-centered interprofessional teamwork to adequately prepare them for the workforce. (Cohen Konrad et al., 2017; Mokler, 2020). Planned interprofessional collaborative learning (ICPL) creates opportunities for students to develop mutual awareness and respect of each other's profession and enhance students' comfort working across disciplines (Dow et al., 2013; Congdon et al., 2020; Jones et al., 2020; Kanji et al., 2019; Peterson & Brommelsiek, 2017).

The Council on Social Work Education (CSWE) acknowledged the importance of collaborative practice by becoming a supporting organization of the national Interprofessional Education Collaborative and the explicit addition of interprofessional collaborative competencies to the education standards expected of graduates from accredited social work programs. Thus, Social work educators are charged with providing opportunities for students to develop these competencies.

Social workers bring a unique lens to the interprofessional healthcare team that is often misunderstood by other professions (de Saxe Zerden et al., 2018; Kobayashi & Fitzgerald, 2017). A barrier social work students encounter in ICPL is the lack of knowledge and biases and assumptions other health profession students and faculty have about the profession (Pecukonis et al., 2008; Pecukonis, 2014, 2020). Encountering negative stereotypes and bias as well as

hierarchical attitudes can make it difficult for social work students to find their place and voice within the interprofessional team during ICPL and students are often unprepared to respond to this (Gergerich et al., 2019; Pecukonis, 2020).

This dissertation research evaluated the effectiveness and efficacy of an intervention through a mixed methods study. The purpose of the intervention was to contextualize ICPL in social work education, explore benefits, challenges, and barriers to interprofessional teamwork, increase understanding of the role of social work on the healthcare team, and improve student self-efficacy for managing conflicts that may arise from professional centrism, stereotyping, hierarchical attitudes, and bias.

Key words: interprofessional collaborative learning, student readiness for interprofessional education, social work students and IPE, professional centrism, health profession education

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Chapter 1: Introduction

According to the United States Bureau of Labor Statistics (USBLS), employment of healthcare social workers is projected to grow 14 percent from 2019 to 2029 (United States Bureau of Labor Statistics [USBLS], 2021). The need for healthcare social workers will continue to grow as aging populations and their families adjust to new lifestyles, medical treatments, medications, and changing family roles. Additionally, employment of mental and behavioral health social workers is projected to grow 17 percent from 2019 to 2029 as more individuals and families seek mental and behavioral health treatment (USBLS, 2021). Health care social workers with expertise in trauma related issues, substance use disorders, chronic illness and pain, and bereavement are in high demand, particularly as the COVID 19 pandemic continues to unfold around the globe. In addition to the labor demand, social workers are now the third largest group of professionals working in primary care practices, exceeded only by primary care practitioners and nurses (Ashcroft et al., 2018). Thus, social workers need to be adequately prepared with interprofessional team competencies to contribute to patient care in the most effective manner (de Saxe Zerden et al., 2018; Kobayashi & Fitzgerald, 2017).

Social work's "superpower" is the ability to contextualize peoples' and communities' lived experience, integrate contemporary evidence, and engage in advocacy while employing a strengths-based approach to practice across the continuum of the profession (Scheytte, 2015). In contrast, primary care providers are under intense pressure to spend less time with patients and more time performing administrative duties despite the impact this has on the well-being of both patients and providers (Best & Shutte, 2015; Shanafelt & Noseworthy, 2017).

Each health care profession has its own unique history, culture, attitudes, values, customs, and beliefs. Thus, the process of coming to understand and appreciate cross-professional nuances, differences, and overlaps can pose several challenges to interprofessional

collaboration (Green & Johnson, 2015; Hall, 2005). Profession centric ideological differences, power, status and hierarchical relations, boundary disputes, language barriers, customer service orientations, and reporting structures are all potential challenges brought to interprofessional collaborative practice (Baker et al., 2011; Caldwell & Atwal, 2003; D'Amour et al., 2005; Lawlis et al., 2014; Pekuconis, 2020). One example of this can be seen when the social worker's role as client advocate, an inherent part of the professional identity and practice, creates tension between the worker and the rest of the collaborative team. Such a situation may bring to light gaps in services, identify barriers to accessing care, or highlight care that is provider-centered rather than patient-centered (Ambrose & Ashcroft, 2016). This practice schism is especially troubling when caring for complex patient needs and can sometimes lead to poor communication, medical errors, and unnecessary mishaps (Mayo & Wolley Williams, 2016).

The Affordable Care Act (ACA), a legislative mandate to reform the way in which healthcare is conceptualized and delivered, was passed by the Obama administration in 2010 (US Dept. Of Health and Human Services [HHS], 2010). The triple aim of the Affordable Care Act (2010) focuses on improving patient satisfaction and population health; reducing the costs of care and medical errors; and delivering coordinated, interprofessional team-based care (Strategies for Quality Care, 2020). In recent years, a fourth aim has been added that focuses on reforms to the healthcare system that will improve the satisfaction and joy health care workers experience in their jobs (Feely, Institute for Health Improvement [IHI], 2017). Social work is a profession that values collaboration and interdisciplinary communication (Council of Social Work Education [CSWE], 2022). Social workers as members of health care teams are in a unique position to improve the overall functioning and effectiveness of healthcare commensurate with medicine's Quadruple Aim objectives (Arnetz et al., 2020; Bodenheimer & Sinsky, 2014; Rubin et al., 2018). Their expertise integrates social determinants of health and sheds light on

healthcare barriers that impede patients' health access. They advocate for patients, ensuring care is culturally and trauma-informed, and patient- and family-centered. On the team, social workers facilitate and model shared leadership, respectful communication, and a collaborative spirit.

Interprofessional professionalism promotes the care and well-being of patients rather than focusing on the individual contribution of a single profession on the health care team (Green & Johnson, 2015; Institute of Medicine [IOM], 2013). Social work students must develop self-efficacy and professional identity, while simultaneously being prepared to be excellent team members. To do so involves students' readiness to address and respond to a myriad inaccurate assumptions, misunderstandings, stereotyping, biases, and hierarchical presuppositions they may face working on medically oriented integrated care teams (Cohen Konrad et al., 2022, in-press; Gergerich, 2019). Encountering negative stereotypes about social work can make it difficult for students to find their voice within the interprofessional team during experiential or case-based learning activities.

Studies on interprofessional education that is planned and delivered in academic institutions, especially those that provide scaffolded and longitudinal collaborative learning, suggest that these experiences advance students' cross-professional communication skills, teamwork behaviors, confidence, collegiality, and respect for one another's role on the team (Cohen Konrad et al., 2017; Crampsey et al., 2022, in press; McNaughton, 2018; Thistlethwaite et al., 2014). Based on Lev Vygotsky's work on "zones of proximal development", instructional scaffolding is a pedagogical approach where the educator helps students learn a new task or concept by assessing what the student needs to learn and what they already know, building upon prior knowledge, modeling the concept, and providing support for learning that eventually tapers off as the student grows in knowledge and independence (Doo et al., 2020; Vygotsky, 1978).

To create best outcomes for interprofessional collaborative learning, students must be prepared to encounter and respond to professional misconceptions from both faculty and students

within and outside of their profession (Pecukonis, 2020; Pecukonis et al., 2008). Educators are charged with providing immersive, experiential learning that builds skills and self-efficacy to respond to these difficult encounters (Pecukonis, 2014; Stashefsky-Margalit et al., 2009). Such learning should aim to both deepen students' unique professional identities while also strengthening capacities for teamness (Clark, 2018; Gergerich et al., 2019; Holtman et al., 2011). Entering collaborative teamwork with a strong, confident professional self helps students address myths and misperceptions of social work leading to more successful interprofessional collaborative learning (Gergerich et al., 2019; Oliver, 2013; Pecukonis, 2014)

Statement of the Problem

Responding to the dynamic nature of healthcare systems, as well as the complexity of patients' and communities' needs, national trends in care delivery are shifting from fragmented care of individuals to focus on the quality of care delivered and patient safety (Interprofessional Education Collaborative [IPEC], 2016). Delivering high quality team-based health care necessitates providers to have the ability to function within a care team framework. Health profession students, including social workers, are expected to be workforce ready for a complex, interprofessional, and fast-paced work environment (Rubin et al., , 2018; Thistlethwaite et al., 2014). As noted above, the Quadruple Aim of the ACA, adapted from the widely accepted Triple Aim, was suggested as a framework to optimize healthcare system performance. This framework of healthcare systems and delivery of care encompasses reducing costs, improving population health and patient experience, and embraces the necessity of preserving and improving the well-being of the healthcare team (Bodenheimer & Sinsky, 2014). These current trends in health care highlight the need for health professions' educators to teach skills for team-based and collaborative practice as part of the curriculum. (Thistlethwaite et al., 2014; World Health Organization [WHO], 2010).

The complexities of navigating multilevel systems of care, while attending to the needs of patients, makes it essential that health care professionals have the skills for effective inter-professional collaborative practice (Frenk et al., 2010; IOM, 2013; Reeves et al., 2012; Suter et al., 2012; WHO, 1978, 1988, 2010). Systems of care and individual health care practitioners are significantly overwhelmed as people live longer and the complexity of both individual and community health needs expand. In addition, the projected shortage of health care workers results in greater demands on individual providers as well as systems of care. (WHO, 2010, 2016). The rising cost of medical errors with sustained consequences for patients has become part of the landscape of healthcare systems while they simultaneously move to operate in a fiscally constrained environment that reduces the workforce and increases the demand on health professionals (Reeves et al., 2012; WHO, 2010). Given the current demands on healthcare systems and workers, the World Health Organization, in alignment with the ACA states, “high-quality health services involve the right care, at the right time, responding to the service users’ needs and preferences, while minimizing harm and resource waste” (WHO, 2016, p. 11). Accordingly, the need for interprofessional practice has gained momentum and health policymakers across the globe now endorse the idea that alternative models of care are required to improve healthcare systems and health outcomes for patients and communities (WHO, 2010, 2016)

Given the landscape, educators across health professions have recognized the importance of providing opportunities to immerse students in classroom, experiential, person-centered collaboration, and teamwork (Cohen Konrad et al., 2017; Cohen Konrad & Browning, 2012; Mokler, 2020). Interprofessional education and collaborative learning occurs when health profession students from two or more disciplines come together to learn with, from, and about

one another, to improve team collaboration and enhance the quality of health care provision (Centre for the Advancement of Interprofessional Education [CAIPE], 2002; WHO, 2010).

Delivering planned interprofessional collaborative learning opportunities for students across health professions to learn with, from, and about each other through team-based activities and case simulation prepares them to be more effective in providing services, solving problems, and improving future job satisfaction (Carney et al., 2018; WHO, 2010, 2016). When developed and delivered in a collaborative spirit and supportive academic environment, interprofessional learning promotes the foundation of a culture in which mutual respect and psychological safety are modeled by faculty (Cohen Konrad et al., 2022, in personal communication). Psychological safety is the belief that one can express their views and perspectives without fear of negative repercussions (Edmundson, 1999; Edmundson & Lei, 2014; O'Leary, 2014). Research on interprofessional collaborative learning demonstrates that students across professions benefit from opportunities to practice and receive feedback on teamwork skills, gain confidence in team communication, increase self-efficacy, demonstrate respect for discipline-specific expertise, and develop better overall understanding of the process and practice of collaboration (Cohen Konrad et al., 2017; Mayo & Williams Wooley, 2016; Moklar et al., 2020; Reilly et al., 2014). In addition, students respond best to learning when they have hands-on, experiential, and case-based learning experiences (Adamson et al., 2020; Charles et al., 2011; Jones et al., 2020). Interprofessional collaborative learning creates opportunities for students to develop mutual awareness and respect of each other's profession and enhance students' comfort working across disciplines which, hopefully, transfers to seamless collaboration in a clinical environment (Dow et al., , 2013; Congdon et al., 2020, Charles et al., 2011; Crampsey, 2019; Jones et al., 2020; Kanji et al., 2019; Peterson & Brommelsiek, 2017).

In response to trends in healthcare, the Council on Social Work Education (CSWE) committed to interprofessional collaborative education by becoming a supporting organization of the Interprofessional Education Collaborative (IPEC). Since 2016, with the adoption and implementation of Council on Social Work Education's 2015 Educational Program Accreditation Standards (CSWE EPAS) and competencies social work students in accredited programs are expected to gain competencies in interprofessional collaborative practice (CSWE, 2015). The most recently released CSWE competencies for 2022 includes various aspects of interprofessional collaborative practice in six of the nine competencies (CSWE, 2022). Social work educators are charged with providing opportunities for students to develop these competencies within the curriculum through field education, simulation, service learning, or other planned collaborative learning experiences.

Social work's theoretical underpinnings of contextualizing clients' lived experience and employing a strengths-based approach to working with people, brings a unique and often misunderstood lens to the interprofessional healthcare team in addressing the complex needs of patients and families (Cox et al., 2016; de Saxe Zerden et al., 2018; Kobayashi & Fitzgerald, 2017)). Germain and Gitterman's (1980, 1995) seminal work laid groundwork for social workers to view human development as dynamic interactions within their environment, which the authors suggested were comprised of textures of time and space, and layers of the social and the physical environment. The social environment encompasses dyadic relationships, social and family networks, formal and informal institutions as well as other social systems including the neighborhood, community, and society (Gitterman & Germain, 1980). Social workers on a health care team, then, are in a unique position to effectively advocate for patients by using this person-in-environment lens to highlight the effect of the social determinants of health on patients as well as explore the barriers to accessing health care. In addition, social workers ensure that

the patient and family are the central focus of the team's work, as well as model shared leadership, professional communication, and a collaborative spirit (Cohen Konrad, 2022, in press; de Saxe Zerden, 2018; Fraser et al., 2017).

One of the barriers social work students encounter in interprofessional collaborative learning can be a general lack of knowledge, bias, and assumptions other health profession students and faculty have about the social work profession (Pecukonis et al., 2008; Pecukonis, 2014, 2020). Encountering negative stereotypes and bias as well as implicit and explicit power dynamics can make it difficult for social work students to find their place and voice within the interprofessional team during collaborative learning activities (Gergerich et al., 2019; Pecukonis, 2020). Social work students engaged in interprofessional collaborative learning activities often encounter other health profession students and faculty that are unfamiliar with or have media-driven, stereotypical ideas of the profession and the scope of practice of social work (Ambrose-Miller & Ashcroft, 2016).

Social work students are often unprepared for bias, stereotypes and the implicit and explicit power dynamics raised by other health profession students and faculty facilitators during interprofessional collaborative learning activities (Pecukonis, 2020). Team psychological safety is characterized as a team environment where people respect and trust each other and are comfortable being themselves (Edmondson, 1999; Edmondson & Lei, 2014; O'Leary, 2014). As such, individuals can take the risk of admitting what they do not know or uncertainty without fear of negative repercussions. (O'Leary, 2014). Encountering power dynamics, stereotyping, and bias about social work can impact the psychological safety of the student team, particularly for social work students (Cohen konrad et al., 2022, in personal communication; O'Leary, 2014). Professional culture can create and perpetuate negative attitudes among health care students and faculty toward social work (Pekuconis et al., 2008; Pecukonis, 2014). This can, and often does,

make it difficult for social work students to fully participate in the interprofessional collaborative learning process (Meleis, 2016; Pecukonis, 2014; Pekuconis et al., 2008).

Professional culture defines how power is distributed within the work environment including the level and nature of interprofessional communication, how conflicts are resolved and the nature of communication among team members as well as patients and families (Gergerich, 2016; Pekuconis et al., 2008). Thus, one factor that is particularly limiting to interprofessional collaborative training is professional centrism (Pekuconis et al., 2008).

Professional centrism, the belief that one's profession is superior to others, hinders students' ability to fully participate in the team process and thus disrupts the interprofessional collaborative learning process for social work students (Pecukonis, 2020; Pekuconis et al., 2008). Most importantly, professional culture defines the means for distributing power within the work environment, how training should proceed within the clinical setting, the level, and nature of inter-profession communication, resolution of conflicts and management of relationships among team members. It might be said then that a significant factor limiting interdisciplinary training is professional centrism (Pecukonis, 2020; Pecukonis et al., 2008).

Statement of Purpose of the Study

The purpose of this study was to evaluate the effectiveness and efficacy of a structured intervention called the Uni-Professional Pre-Briefing (UPPB). This intervention is designed to be delivered to social work students prior to their engagement in interprofessional collaborative learning teams. Multi-modal methods were utilized by faculty facilitating the social work UPPB. The purpose of the intervention (UPPB) is to contextualize interprofessional collaboration in social work education, explore benefits, challenges, and barriers to interprofessional teamwork, increase understanding of the role of social work on the healthcare team and improve student self-efficacy for managing conflicts that may arise from implicit and/or explicit professional

centrism, stereotyping, hierarchical attitudes, and bias. See Appendix D for UPPB Intervention Manual.

Rationale and Significance

As noted in the introduction, the need for social workers is expected to grow 14 – 17 percent between 2019 and 2029 (USBLS, 2021). Social workers with expertise in trauma related issues and illness, substance use disorders, chronic illness and pain, and bereavement are now and will continue to be in high demand. In addition, social workers are the third largest group of professionals working in primary care practices, exceeded only by primary care practitioners and nurses (Ashcroft et al., 2018). Thus, it is essential for social workers to be adequately prepared with current health related content and interprofessional team competencies to contribute to patient care in the most effective manner (de Saxe Zerden et al., 2018; Kobayashi & Fitzgerald, 2017).

Studies on the impact of interprofessional education have generally focused on students' acquisition of the national IPEC competencies. These studies have demonstrated an increase in students' knowledge of professional roles, interprofessional attitudes and confidence, and teamwork skills and communication (Charles et al., 2011; IPEC, 2016; McGuire et al., 2020; Peterson & Brommelsiek, 2017; Reilly et al., 2014). Many of these studies use well-researched, student self-reporting assessment tools to evaluate students' knowledge and learning both pre- and post- engagement in the collaborative learning experience (Cohen Konrad et al., 2017; Schmitz et al., 2017; Mokler et al., 2020). Studies focused on student readiness using the Readiness for Interprofessional Learning Scale (RIPLS) also use pre- and post- test design that measures students' professional attitudes as well as the IPEC competencies (McFayden et al., 2005; Parsell & Bligh, 1999; Schmitz & Brandt, 2015; Wakely et al., 2013).

The purpose of this study was to pilot and assess the effectiveness and efficacy of an intervention, the Uni-Professional Pre-Briefing (UPPB), delivered prior to social work students' participation in interprofessional collaborative learning activities. Multilevel outcome goals of this intervention were assessed. The immediate expected outcomes assessed were: 1) reduce social work students' anxiety when encountering bias, stereotyping, and implicit and explicit hierarchical attitudes and/or power dynamics from student team members and/or faculty facilitators; 2) improve students' readiness and confidence to respond to misunderstanding, stereotyping, and bias they may experience from other students and/or faculty facilitators about social work; 3) provide context for interprofessional collaborative learning in social work curriculum; and 4) improve students' confidence articulating social work's role and scope of practice with members of their interprofessional student team.

To test for efficacy of the interventions, additional questions were included in the survey that addresses the method of delivery and its components. The efficacy goals assessed were: 1) learning objectives were met; 2) instructors were prepared and presented the information in a comprehensive, clear, and understandable manner; 3) instructors adequately addressed questions and concerns from participants; 4) audiovisual presentation, handouts and interactive exercises enhanced the presentation; and 5) instructors effectively modeled and communicated the importance of social work students' participation and role in IPCL. Qualitative questions will include: 1) what was most helpful in the pre-briefing; 2) what was the least helpful or could have gone better; and 3) is there anything else you would like to say about your experience.

The researcher hypothesized that if successful the UPPB intervention would enhance students' ability to engage in interprofessional collaborative learning, actively and confidently, with students across healthcare disciplines. When students feel confident in their ability to fully engage in the experience, it is expected that this will increase student self-efficacy, confidence,

and professional social worker and interprofessional professional identity. In addition, social work students would be able to recognize and articulate the skills, values, and contributions they bring to the interprofessional collaborative team. Lastly, as with all social work educational experiences, the hope was that skills learned in the classroom and through collaborative learning experiences, including the importance of shared leadership, would translate into their practice outside the safety of the academy.

Definition of Relevant Terms

The following terms are used operationally in this study.

Council on Social Work Education (CSWE): “Founded in 1952, the Council on Social Work Education (CSWE) is the national association representing social work education in the United States. CSWE’s Commission on Accreditation is recognized by the Council for Higher Education Accreditation as the sole accrediting agency for social work education in the United States and its territories. Its members include over 800 accredited baccalaureate and master’s degree social work programs, as well as individual social work educators, practitioners, and agencies dedicated to advancing quality social work education. CSWE supports quality social work education and provides opportunities for leadership and professional development, so that social workers play a central role in achieving the profession’s goals of social and economic justice”. (CSWE, 2022, para. 1)

Health care: (noun) A term related to prevention, treatment, and management (delivery) of illness or injury through the preservation of mental and physical well-being, focused on health and wellness, through services typically offered by medical and allied health professionals.

Healthcare: (noun, adjective) Healthcare is an industry or the system by which people get the health care they need. (Issel, 2014, p. 269)

Health professional students: Students participating in interprofessional collaborative learning which may include osteopathic and allopathic medicine, occupational therapy, physical therapy, dental hygiene, nursing, dental medicine, social work, physician assistant, clinical psychology, and pharmacy.

Interprofessional Collaborative Learning (IPCL): Interprofessional collaborative learning is built upon core competencies that recognize each profession's distinctive disciplinary expertise, values the benefits of teamwork, and encourages a learning culture in which these principles are taught and modeled in an environment of respect, cultural sensitivity, and with psychological safety in mind (CIHC, 2019; IPEC, 2016).

Interprofessional Communication: "Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease" (IPEC, 2016, p. 10).

Interprofessional Education (IPE): "IPE occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes" (WHO, 2010, p. 7).

IPEC Competencies/Domains: Values and Ethics, Roles/Responsibilities, Interprofessional Communication, and Teams/Teamwork (IPEC, 2016).

National Association of Social Workers (NASW): Founded in 1955, the National Association of Social Workers (NASW) is the largest membership organization of professional social workers in the world. NASW works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies. (National Association of Social Work, 2022, par 1)

Professional Centrism: Professional centrism is concerned with how a person is socialized within a health profession and how this process affects their ability to work effectively with others. (Pecukonis, 2020)

Psychological safety: Psychological safety is the belief that one can express their views and perspectives without fear of negative repercussions (Edmondson, 1999; Edmondson & Lei, 2014).

Limitations, Delimitations, and Personal Biases

This study was completed at a small, private, non-profit University in New England and a public university in central PA in the U.S. It focused on first- and second-year Master of Social Work students. The timeliness of the study in relation to changes in health care delivery, higher education, accreditation, and social work curricula was compelling, however, there was potential that at some point this study might have a time-limited effect in and of itself.

Limitations for this study included the relatively small number of student participants from both universities. In addition, as a social worker educator, the researcher has a particular affinity for social work students and ideals about the role for social workers in healthcare. The researcher has been actively engaged in interprofessional collaborative education as a trained faculty mentor and facilitator, as well as a faculty “champion” for inclusion of social work students in collaborative learning programs. In addition, about 80 percent of the social work students who participated in the UPPB and complete the survey at the private institution were known by the researcher prior to the delivery of the intervention. Students from the public university who participated in the intervention were not be known by the researcher prior to delivery of the UPPB and collection of survey data. Thus, the researcher needed to be consciously aware when delivering the intervention that they may have a particular agenda or expectations regarding learning outcomes, their own stereotypes, and biases about other health

professions, as well as pre-conceived ideas about what students may encounter based on previous experiences with other healthcare professionals.

Lastly, the researcher is employed at the private non-profit institution and a doctoral student at the public institution where the research occurred. The researcher has continued involvement in the interprofessional collaborative learning initiatives as well as in the social work curriculum within the private non-profit institution. In addition, the researcher formalized the Uni-professional Pre-briefing (UPPB) as an intervention for social work students at the private institution prior to their engagement in IPCL activities. As a result, the researcher had more knowledge of the inner workings of the IPCL offerings, social work curriculum, the expected outcomes of the UPPB, and had particular investment in the success of the intervention being researched. To control for bias, survey data and qualitative comments were collected anonymously and no follow up, interviews, or focus group participation were solicited from participants.

Theoretical Frameworks

A theoretical framework provides context to understand the nature of the problem or phenomenon being addressed. To understand and address social work students' preparedness to engage in interprofessional collaborative learning, this research viewed the problem through the theoretical lens of profession-centrism. A visual representation of the problem and program theoretical frameworks and key concepts is presented in Figure 1 (p. 23) .

Problem Theory: Professional Centrism

Despite the mandate in the Affordable Care Act for interprofessional collaboration in patient care as well as contemporary research that demonstrates enhanced patient outcomes, when care is not delivered by a functioning interprofessional team, physical and mental health care continue to be delivered in silos (Li et al., 2018). As such, each profession can generally

only see their own virtues and will attempt to distinguish its methods of assessment and intervention as being superior or more essential to patient care than other professions (Pecukonis, 2014).

Similar to the concept of ethnocentrism, professional centrism describes how health professionals are members of a cultural group with beliefs about patient and client care that guide and direct their behavior (Pecukonis, 2014, 2020; Sumner, 1906). Sumner (1906) argued that homogeneous social groups go to great lengths to differentiate between members of the group and non-members, and that strong group affiliation is simultaneously associated with holding negative attitudes towards outside members (Pecukonis, 2014; Sumner, 1906). Health care disciplines, like cultural groups, possess a professional culture that shape the educational experience of its members as well as determines curriculum content, core values, customs, dress, and professional symbols. One's professional culture determines the meaning and etiology ascribed to symptoms, attributes of health and wellness, the approach to care, and what constitutes treatment success (Pecukonis, 2014, 2020).

Most important for exploring the impact of professional centrism on interprofessional collaborative learning and practice is to examine the ways in which professional culture defines the distribution of power and hierarchy within the work environment, how decisions are made, how conflict is resolved, how reality is constructed, the nature of interprofessional communication, how conflicts are mitigated, and the management of relationships among team members (Pecukonis, 2014; Pecukonis et al., 2008). These beliefs, cognitions, and behaviors are seen as evidence of their professionalism and professional identity and may also create barriers to collaboration with other healthcare professions. Efforts to protect one's professional identity by viewing it as superior to others may also promote isolation, elitism, and professional turf issues (Pecukonis, 2020).

If the goal of interprofessional collaborative learning is for students to effectively work across disciplines, then it is imperative to address issues of professional centrism such as bias, hierarchy, elitism, and stereotyping (Pecukonis, 2014). As such, effective collaborative learning begins with minimizing professional centrism through developing a set of consistent behaviors and clear expectations, fostering positive attitudes toward the learning experience for students and faculty, and providing students with opportunities to engage in conflict resolution (Cohen konrad et al., 2022, in personal communication). The lens of professional centrism highlights challenges and barriers for social work students engaging in interprofessional collaborative learning in two ways. First, as noted in the introduction, social work as well as other health profession students often have difficulty understanding the role of the social worker on a healthcare team. Secondly, social work students often come into bachelor or Master of Social Work programs with little experience working as part of an interprofessional team, particularly in healthcare settings (Ambrose-Miller & Ashcroft, 2016).

Program Theory: Relational Cultural Theory

Relational Cultural Theory (RCT), with deep feminist theoretical roots, explores the effects of disconnection at a societal and cultural level, and the ways in which power differentials, forces of stratification, privilege, and marginalization can disconnect and disempower individuals and groups of people (Jordan, 1997; Jordan et al., 1991; Miller, 1987; Miller & Stiver, 1997). Relational Cultural theorist see this lens as essential to understanding well-being on both an individual and societal level. RCT researchers believe that the exercise of power over others, unilateral influence, and/or coercive control are primary deterrents to mutuality (Jordan, 1997; Jordan et al., 1991; Miller, 1987).

Mutuality, from the RCT perspective, involves profound mutual respect, openness to change, and responsiveness. It does not, however, always mean equality, particularly in a helping

or student-teacher relationship. Jean Baker Miller (1987) and colleagues believed that the simultaneous growth of each person in the relationship is essential to individual growth, which requires openness and vulnerability for both participants and may be different depending on the nature of each participant's role in the relationship. Building authentic connection in the context of the teacher-student relationship and the ability to establish safe, growth-fostering relationships is dependent upon each participant's ability to tolerate uncertainty, complexity, and the inevitable vulnerability involved in real change (Jordan, 1997; Jordan et al., 1991; Miller, 1987).

Relational Cultural Theory (RCT) recognizes the significance of cultural context to human development and the impact of culture on daily life. RCT is not value neutral and contends that to uphold the value of neutrality would be to perpetuate the distortions of the stratified culture in predictable ways (Jordan, 1997; Jordan et al., 1991; Miller, 1987). In addition, RCT acknowledges that social and political values inform theories of human psychology, including those that glorify separation and autonomy as the standard of mature adulthood. RCT sets out to make visible the multi-layered connection by placing culture and patriarchy at the center of the model (Miller & Stiver, 1997).

Using the lens of relational cultural theory, the Uni-Professional Pre-Briefing (UPPB) intervention with social work students addresses the issue of professional centrism prior to their engagement in interprofessional collaborative learning. The UPPB provides didactic material as well as opportunities for students to engage in interactive conversations with peers and the faculty facilitating the workshop. The UPPB intervention was delivered by the researcher who is an experienced interprofessional team facilitator and was able to contextualize concerns about hierarchy, misunderstandings, bias, elitism, and other symptoms of professional centrism. Engaging in mutuality in the learning process simultaneously provides growth and development opportunities for faculty facilitating the uni-professional pre-briefing.

Program Theory: Relational Learning Theory

The basic tenet of the relational learning model is that all meaningful learning occurs in the context of relationship. This approach to education embraces the complex identities, biographies, and narratives of educators and students, which humanizes the material, regardless of the specific subject matter (Cohen Konrad & Browning, 2012; Edwards & Richards, 2002). Relational learning theory offers an important and informative framework for looking at the importance of human connection in the context of education. As in relational cultural theory, it starts from the premise that the human self is fundamentally relational (Browning & Solomon, 2006). Contemporary educator, Fox (2011) describes the learning process in professional education as a process of action and interaction, between the teacher and student. Thus, the exchange of knowledge is predicated on developing a strong student/teacher relationship.

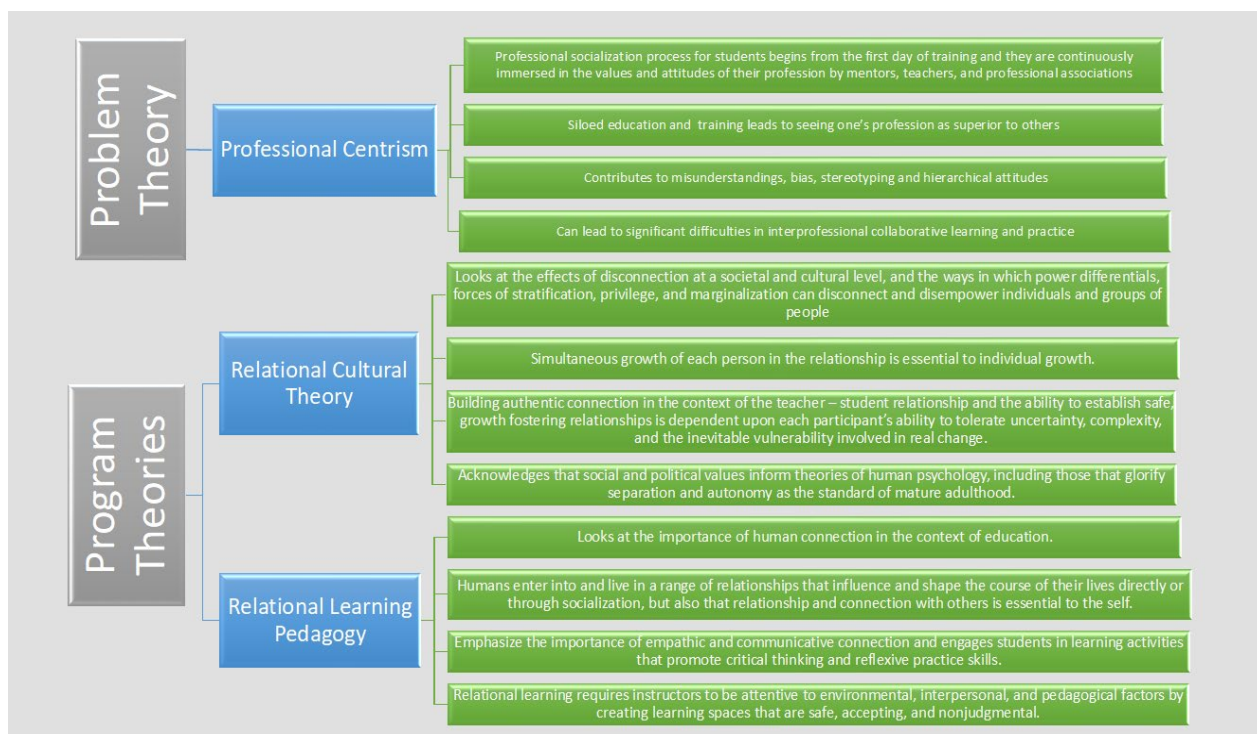
Relational learning recognizes that human beings not only enter into and live in a range of relationships that influence and shape the course of their lives directly or through socialization, but also that relationship and connection with others is essential to the self (Browning & Solomon, 2006; Cohen Konrad, 2010). Relational theory sees the intrinsically relational nature of the self without denying the meaningful existence of individuals and self-determination. Additionally, relational theory stresses the importance of understanding the role of relationship in the growth and development of humans. Thus, the basic premise of the relational learning model is that learning occurs within the context of relationships.

Browning and Solomon (2006) propose that clinical knowledge and skills are most competently developed in the context of interpersonal connections that are “grounded in the charged existential space of relationships” (Browning & Solomon, 2006, p. 797). Relational learning then, first and foremost, focuses on creating a safe environment for students to build capacity and tolerance for managing difficult emotions, circumstances, and conversations (Cohen

Konrad & Browning, 2012). This approach to learning typically emphasizes the importance of empathic and communicative connection. Relational learning engages students in learning activities that promote critical thinking and reflexive practice skills, which requires instructors to be attentive to environmental, interpersonal, and pedagogical factors and create learning spaces that are safe, accepting, and nonjudgmental (Cohen Konrad & Browning, 2012; Edwards & Richards 2012).

The lens of relational learning theory was the guiding principle in the delivery of the intervention. Using this lens, the researcher delivered the workshop through engaging students in ways that created safe, accepting, and nonjudgmental space for students to explore and enhance critical thinking skills through conversations to provide context. This method of delivery lays the foundation for student's development of an interprofessional identity through encouraging students' curiosity, questions and concerns related to interprofessional collaborative learning activities.

Figure 1: Problem and Program Theory for Uni-professional Pre-briefing intervention



Chapter 2: Literature Review

There is significant literature on interprofessional and collaborative practice, interprofessional education and collaborative learning, and research. What follows is a literature review focused on topics relevant to the current research study. Topics included interprofessional education; interprofessional collaborative learning; hierarchy, bias, and power dynamics in interprofessional teams, collaborative learning and interprofessional education; social work students, interprofessional education and collaborative learning; and student preparedness/readiness for interprofessional education and collaborative learning. Databases searched included BMC Medical Education, Elsevier, JStor, Open Access, Pro-Quest, PubMed, and Taylor and Francis.

National trends in health care delivery are shifting from fragmented care of individuals to focus on the quality of care delivered and patient safety (IPEC, 2016). Delivering high quality team-based health care necessitates providers to have the ability to function within a care team framework. Health profession students, including social workers, are expected to be workforce ready for a complex, interprofessional, and fast-paced work environment (Rubin et al., 2018; Thistlethwaite et al., 2014).

Developing and delivering planned and intentional learning opportunities for health profession students to learn with, from, and about each through interprofessional collaborative learning has been shown in numerous studies to be a highly effective way to prepare students for professional collaborative practice. While interprofessional collaborative learning has many positive effects, there are some challenges that students have encountered. One such challenge is students' experience of professional bias, hierarchical attitudes, stereotypes, and power dynamics when working with students from across disciplines. In mixed methods or qualitative studies, students and professionals in nursing, social work, and pharmacy have raised these issues as

barriers to collaborative learning and practice. This current study sought to understand how best to prepare social work students, to respond to implicit and explicit professional bias, hierarchical attitudes, stereotypes, and power dynamics that challenge the value of their role and profession as a member of the interprofessional health care team. Current literature on these topics has been reviewed and thus will inform the methodology and implementation of the study.

Social work and Interprofessional Collaborative Learning

Social workers in healthcare settings engage in collaborative practice with physicians, nurses, and other health care disciplines (Ambrose-Miller & Ashcroft, 2016; Ashcroft et al., 2018; Browne et al., 2017). As collaborative models of health care delivery continue to expand, there is an increased need for social workers who have experience and skills to work as part of an interprofessional team (Ashcroft et al., 2018; Browne et al., 2017; Wharton & Burg, 2017). Although the profession of social work has a history of supporting interprofessional collaborative practice as well as being actively involved in patient care in healthcare practice settings, social work students historically have not been included in interprofessional collaborative learning opportunities (Adamson et al., 2020; Rubin et al., 2017). It is also important to note that despite social work's active involvement in the healthcare setting, the profession and faculty have been underrepresented in the development of interprofessional education activities within academic institutions and in the national arena (Adamson et al., 2020; Kobayashi & Fitzgerald, 2017; Rubin et al., 2017). Rubin et al., (2017) emphasize that while social workers are well versed in principles of interprofessional collaboration and practice, social work students are rarely paired with other professions in the classroom or in co-curricular learning to develop and practice these skills. Despite the benefits of including social work in interprofessional collaborative learning opportunities, there are systemic, institutional and faculty barriers that need to be addressed to optimize social work student and faculty engagement (Jones & Phillips, 2016).

“Grounded in the promotion of social justice, social work’s reflective, patient-centered, and holistic approach to care is invaluable in addressing health care challenges at all levels” (Kobayashi & Fitzgerald, 2017, p. 737). As the third largest group of professionals working in primary care settings, only exceeded by physicians and nurses, social workers need to be adequately prepared to contribute to patient care effectively as part of an interprofessional team (Adamson et al., 2020; Ashcroft et al., 2018; de Saxe Zerden et al., 2018; Kobayashi & Fitzgerald, 2017). To prepare social workers for the complexity of patient needs and current trends in health care, social work students need to be included in interprofessional collaborative learning opportunities while on campus. Social work students’ participation in collaborative learning opportunities reinforces the importance of social workers as essential participants in collaborative health care teams, enhances the knowledge of students in other disciplines, and brings a unique set of skills and knowledge to the team (Ashcroft et al., 2020; de Saxe Zerden et al., 2018; Kobayashi & Fitzgerald, 2017).

Social work students bring unique skills and knowledge to collaborative learning experiences that include group facilitation, patient centered approaches to care, ability to conduct a biopsychosocial assessment and an understanding of the role of empathy, patient engagement, social justice, social determinants of health, and community building in patient care (Archibald & Estreet, 2017; Charles et al., 2011; de Saxe Zerden et al., 2018). Social work enriches interprofessional collaboration by adding a different way to conceptualize health that is broader than the traditional medical model and gives greater context and relational understanding of the individual (Ambrose-Miller & Ashcroft, 2016). In addition, students from other disciplines gain greater understanding of the group process, enhance their capacity to engage in difficult conversations, develop more confidence to address adverse situations, and demonstrate improved

group decision-making abilities when social work students are included in collaborative learning activities (Charles et al., 2011).

As noted, social work faculty and students have not always been included in interprofessional education development and delivery, thus social work students' training on an interprofessional collaborative team has lagged behind many other disciplines (Kim et al., 2020; Wharton & Burg, 2017). The Council on Social Work Education (CSWE) 2022 Educational Policy and Accreditation Standards requires social work students to develop knowledge and skills of collaborative practice, as well as develop an appreciation for the value of teamwork to achieve best client and community outcomes (CSWE, 2022). In response, social work programs have begun to integrate interprofessional collaborative learning into their curriculum through co-curricular opportunities, service learning, or students' field practicum experience. (Elze et al., 2017; Rubin et al., 2018). While a robust body of research has examined interprofessional attitudes and skills among students across many health professions, there is more limited research that has focused specifically on social work students' engagement with interprofessional learning experiences (Browne, 2012; Kim et al., 2020; Kobayashi & Fitzgerald. 2017; Reeves et al., 2016).

Changes and trends in health care pose both challenge and opportunity for all health profession educators to find creative and effective ways to prepare students for successful careers in health care. To secure its position as a core and respected member of the interprofessional health care team, social work educators must become actively involved in collaborating with faculty across disciplines as partners in developing and delivering effective models of interprofessional education (Kobayashi & Fitzgerald, 2017; Mokler et al., 2020). Health profession faculty have many barriers to cross-discipline collaboration, including historic, professional culture, personal bias, and institutional limitations, thus offering few models for

students to see effective interprofessional teamwork in action (Hall, 2005). This limits the development of positive relationships among students across health professions. Additionally, these individual, professional, and institutional barriers restrict students' understanding of and respect for the value and contributions that other professions, including social work, bring to patient care on an interprofessional collaborative team (Hall, 2005). To reduce barriers to collaborative practice, academic institutions and health profession program faculty need to model this through active engagement that demonstrates respect for and acknowledges the value of other professions in order to forge relationships that are based in trust and mutual respect (Hall, 2005; Hinton et al., 1998; Liedtka & Whitten, 1998; Mokler et al., 2020). An important step in addressing challenges to the value of social work's inclusion in interprofessional collaborative education is for social work educators to actively engage as partners in planning, delivering, and facilitating interprofessional collaborative learning opportunities.

Barriers to Collaborative Learning

While there are many advantages to interprofessional collaborative learning, there are also challenges. Collaborative learning may be stressful for students adjusting to their role and responsibilities, shared leadership, as well as finding common language while engaging in case-based learning with a team of other health care students (Dean et al., 2014; Reeves et al., 2002). Challenges can arise when social work students participating in collaborative learning do not have a clear understanding of their role and the roles of their peers on the interprofessional team (Ambrose-Miller & Ashcroft, 2016). If the social worker's role on the interprofessional team is challenged or prescribed by team members from other disciplines, based on professional, personal, or institutional assumptions about the profession, social workers must then carve out their role on the team through demonstrating their scope of practice and value to the patient's care, despite the power dynamics (Ambrose-Miller & Ashcroft, 2016; Hugman, 2009; Oliver,

2013). “If social work cannot show that it can do certain things, then its authority will be challenged” (Hugman, 2009, p. 1143). The professional identity of social workers is not only affected by assumptions and stereotypes from other professions, but also by conflicting messages within the profession itself (Oliver, 2013). This internal professional debate concerning micro or macro practice models, as well as philosophical debates between medical model and anti-oppressive paradigms, may cause social work students and new practitioners to struggle in their attempts to determine the nature of their role within an interdisciplinary team (Hugman, 2009; Oliver, 2013). Thus, collaboration starts with an awareness of one’s own individual contributions as a social worker (Ambrose-Miller & Ashcroft, 2016).

Social work students with a clear sense of what their profession brings to the interprofessional team can more confidently and effectively communicate that vision to team members (Ambrose-Miller & Ashcroft, 2016; Baker et al., 2011; Crampsey et al., 2022, in press; de Saxe Zerden et al., 2018; Wharton & Burg, 2017). To maintain the profession’s integrity and traditional values, it is necessary to have a firm grasp on the unique perspective and skills that social workers bring to the team such as advocacy, clear understanding of social determinants of health, and group facilitation skills (Ambrose Miller, 2016; de Saxe Zerden, 2018). This is particularly important for social work students when their perspective and scope of practice conflict with or are challenged by faculty and other members of the interprofessional team (Ambrose-Miller & Ashcroft, 2016; Baker et al., 2011).

Assumptions about hierarchy and power structures within healthcare systems can create and perpetuate barriers to interprofessional collaboration (Gergerich et al., 2016). Interprofessional collaborative learning may lead to conflict between students who are unprepared to address power dynamics or lacking the skills to manage and address personal or professional differences (Ambrose-Miller & Ashcroft, 2016; Friend et al., 2016; Gergerich et al.,

2016). Student frustration that arises when power dynamics are not addressed can have the potential to undermine the expected outcomes of interprofessional collaborative learning (Gergerich et al., 2019). Professional socialization in health professions is rife with underpinnings of bias related to discipline specific culture, particularly in areas of communication styles, sex-role stereotypes, role ambiguity, lack of understanding or education about scope of practice of other professions, and misaligned expectations between professions (Baker et al., 2011; Curran & Sharpe, 2008).

Social work students participating in interprofessional collaborative learning often encounter peers from other health care disciplines with a general lack of knowledge, bias, and stereotyping about the social work profession and scope of practice (Chan et al., 2017; de Saxe Zerden et al., 2018). In addition, they face the implicit and explicit hierarchical assumptions of both students and faculty from other health professions (Chan et al., 2017; Stashefsky-Margalit et al., 2009). Social work students, like other health profession students, learn in a primarily discipline-specific, siloed context prior to interprofessional collaborative learning opportunities (Gergerich, 2019; Pecukonis et al., 2008; Stashefsky-Margalit et al., 2009). As such, they are often unprepared for how to manage these types of conflict encountered in interprofessional collaborative learning activities (Paradis et al., 2017).

Potential barriers to interprofessional collaboration such as historical rivalries, entrenched stereotypes, and professional centrism often pose potential issues for students' learning process (Pecukonis, 2020; Pecukonis et al., 2008). Paradis et al. (2017) noted there is a potential risk to student learning when faculty use language that reinforces harmful hierarchies, power dynamics, and stereotypes. Faculty and staff who hold entrenched hierarchical attitudes, stereotypes, and biases can impede students' participation and learning outcomes in interprofessional team-based collaborative activities (Paradis et al., 2017). Addressing issues of power dynamics, professional

stereotypes, and biases in a psychologically safe team learning environment can provide opportunities for students to develop skills for effective team communication and conflict resolution and reduce barriers for participation in collaborative learning (Gergerich et al., 2019; Miller, 1987; Reid et al., 2018). These challenges emphasize the importance of faculty support for students and institutional support for faculty facilitating collaborative learning in clinical or academic settings (Pecukonis et al., 2008).

Encountering negative stereotypes about social work can make it difficult for students to find their place and voice within the interprofessional team during experiential case-based learning activities (Ambrose-Miller & Ashcroft, 2016). Faculty play a key role in facilitating successful collaborative learning on the institutional, program, and student levels (Johnson et al., 2015; Groh, 2014). Essential to the process is faculty's ability to create and deliver innovative teaching and learning strategies that prepare health profession students to understand each other's roles, the importance of teamwork that promotes effective communication, and patient-centered collaboration (Johnson et al., 2015; Hall & Zierler, 2015). Institutional support for interprofessional education and faculty participation are essential if students are adequately prepared to address issues of professional culture, bias, and power dynamics that arise during interprofessional collaborative learning (Cohen konrad et al., 2022, in personal communication; Gergerich et al., 2019; Hall, 2005; Pecukonis, 2014). To develop and implement effective interprofessional educational opportunities, faculty must consider students' readiness and attitudes toward interprofessional education (Chan et al., 2017; Sagen, 2018; Jones & Phillips, 2016).

Professional Centrism, Bias, and Power Dynamics in Health Profession Education

Despite growing recognition of the value and necessity of interprofessional collaborative learning while health profession students are still on campus, there are barriers that arise from the

traditional delivery of siloed, discipline specific education and curriculum (Almendingen et al., 2021; Clark, 2018; Stashefsky, 2009). Discipline specific or uni-professional culture determines the relevance of curriculum, core values, and professional practices. In addition, professional culture defines what constitutes health and wellness, the etiology and meaning of symptoms, approaches to care, and what is deemed treatment success (Almendingen et al., 2021; Meleis, 2016; Pecukonis, 2020; Pecukonis et al., 2008). In essence, professional culture defines how reality is constructed, power is allocated, decisions are made, and how conflict is resolved among members of a health care team (Meleis, 2016; , Pecukonis, 2020; Pecukonis et al., 2008). In this manner, professional culture influences how relationships between team members, clients, and the community are established and maintained (Pecukonis, 2020; Pecukonis et al., 2008).

Teaching health profession students within their discipline-specific environment allows students to learn about their profession and develop strong clinical skills (Ryland et al, 2017). Conversely, it decreases the students' ability to learn with, from, and about other health professions or the value other disciplines bring to the interprofessional health care team, which can contribute to misinformation and stereotypes (Ryland et al., 2017; Stashefsky-Margalit, 2009; Tran et al., 2018). Studies suggest that interprofessional relationships are more likely to be viewed as hierarchical or competitive rather than collaborative when students' professional training happens only within their own discipline (Almendingen, 2021; Stashefsky-Margalit et al., 2009).

Professional centrism develops when a profession's identity is developed uni-professionally in an environment that promotes exclusivity and undervalues other professions (Almendingen, 2021; Stashefsky-Margalit et al., 2009; Pecukonis, 2014, 2020; Pecukonis et al., 2008). Like the concept of "ethnocentrism", professional centrism describes how health professionals are members of a cultural group with beliefs about patient and client care that

guide and direct their behavior (Pecukonis, 2020; Pecukonis et al., 2008). This professional culture lens creates misunderstanding, stereotypes, and biases toward other professions (Pecukonis, 2020; Pecukonis et al., 2008; Stashefsky-Margalit et al., 2009).

William Graham Sumner (1906) in his book *Folkways* coined the term “ethnocentrism” to describe a person’s preference to look at the world through the perceptual framework of their own culture and to view their group as superior when compared to other social groups. The group’s superiority is self-evident to the members and is justified by the logic of their beliefs as well as by behaviors shaped through their traditions (Pecukonis, 2014, 2020; Sumner, 1906). Group members judge the worth, value, and utility of their environment through their cultural perspective and lens. Sumner (1906) argued that homogeneous social groups go to great lengths to differentiate between members of the group and non-members, and that strong group affiliation is simultaneously associated with holding negative attitudes towards outside members (Pecukonis, 2014; Sumner, 1906). Sumner stated, “each group nourishes its own pride and vanity, boasts itself superiority, exalts its own divinities and looks with contempt on outsiders” (Sumner, 1906, p. 18). Ethnocentrism creates a cultural lens that defines reality that is constructed and maintained by its members. Thus, ethnocentrism typically results in negative stereotyping, bias, and discrimination as members readily proclaim their view of the world as enlightened compared to other cultural groups (Sumner, 1906).

Professional centrism includes both attitudes (thoughts and beliefs) and behaviors (clinical approaches) learned during a student’s education and training to justify one’s profession as superior to another and devalue the methods and clinical approaches of other health care providers (Almendingen, 2021; Pecukonis, 2014, 2020; Pecukonis et al., 2008; Stashefsky-Margalit, 2009). While these beliefs, cognitions, and behaviors are seen as evidence of one’s professionalism and professional identity, they also create barriers to collaboration with other

health care professions (Gergerich, 2015; Pecukonis, 2014, 2020; Pecukonis et al., 2008; Stashefsky-Margalit et al., 2009).

Interprofessional collaboration can be hindered by overt and covert power differentials (Baker et al., 2011; Nugus et al., 2010). Team-based collaborative approaches to care aim to change the dynamic of interactions between health professionals and provide care that is focused on the needs of the patient and not the practitioners (Gergerich et al., 2019; Lancaster et al., 2015; Lingard et al., 2012). Hierarchy has frequently been identified as a source of conflict in interprofessional health care teams and among students across health professions participating in interprofessional collaborative learning (Almendingen et al., 2021; Gergerich et al., 2019; Pecukonis, 2014, 2020; Pecukonis et al., 2008; Stashefsky-Margalit et al., 2009). It is no surprise to those who work in physical and behavioral healthcare systems that these systems are historically hierarchical in nature with physicians generally taking a leadership and decision-making role (Lancaster et al., 2015; Lingard, et al 2012). Whether acknowledged or not, hierarchical realities and power dynamics persist in communication, decision-making, and contributions among team members (Gergerich et al., 2019; Lingard et al., 2012).

Health profession students engaging in interprofessional collaborative learning can feel demoralized, marginalized, and frustrated by power dynamics, implicit and explicit hierarchy, and failure by peers to recognize the value of their professions' expertise (Cohen konrad et al., 2022, in personal communication; Garman et al., 2006; Gergerich et al., 2019). Fox and Reeves (2015) suggest that when role overlap among health care students is interpreted as an infringement on scope of practice rather than as an asset to shared roles and responsibilities, it can create tension and conflict.

This experience can impact students' ability to fully participate in interprofessional learning activities, perpetuate professional stereotypes and biases, and derail the psychological

safety essential to collaborative teamwork and learning. In addition, unacknowledged and unaddressed power dynamics create barriers to effective team communication and can discourage students from participating in collaborative practice when they enter the workforce (Appelbaum et al., 2019; Cohen konrad et al., 2022, in personal communication). Thus, the tension of power dynamics and hierarchy negatively impact the effectiveness of interprofessional team learning “rendering the concepts of learning ‘with and from’ null and void” (Cohen konrad et al., 2022, in personal communication, p. 3). Consequently, health care providers entering the workforce may be reluctant to engage in honest and open communication, the essential pillars of team efficacy, patient-centered care, and the prevention of medical mishaps (Cohen konrad et al., 2022, in personal communication; Gergerich et al., 2019; Mayo & Williams Wooley, 2016).

Meleis (2016) summarizing the historical growth and barriers of interprofessional education and collaborative learning, noted the most challenging barriers were not administrative, curricular, and institutional constraints, but that the largest barrier to developing, delivering, and creating psychologically safe collaborative learning opportunities is created by professional culture and educational silos (Meleis, 2016). All health professions possess a unique cultural frame that must be identified, understood, and addressed for successful implementation of collaborative learning opportunities in programs that train health professionals (Pecukonis, 2020; Pecukonis et al., 2008). Health professions, including social work, possess a professional culture that shapes the educational experience for their members. When student learning is siloed within their profession, there is potential for creating interprofessional relationships that are viewed as hierarchical or competitive rather than collaborative (Stashefsky-Margalit et al., 2009). Thus, addressing power dynamics must be considered when developing and implementing collaborative models.

Students' Preparedness for Interprofessional Collaborative Learning

Given the barriers noted, particularly the issues of professional power dynamics, hierarchy, bias, and stereotypes, how do we effectively prepare students to engage in interprofessional collaborative learning and have positive outcomes from the experience? Preparedness in this context, and for the purpose of this study, is defined as social work students' ability to feel confident in their role on the interprofessional team; develop effective team communication skills to respond to power dynamics, bias, stereotypes, and hierarchical attitudes about their profession; and to demonstrate self-efficacy in the unique skills social workers bring to the interprofessional team. Given the key role of the students' preparedness for interprofessional collaborative learning, inadequate preparation and poor attitude may add to the obstacles encountered by the interprofessional education planning group and faculty facilitators. (Horsburgh et al., 2001) To prepare students to engage in collaborative learning, it is important to recognize what students need to be successful.

There were very few studies identified that specifically address preparing health care students, including social work students, to address the above noted issues prior to engaging in the interprofessional collaborative learning activities. Effective interprofessional collaboration does not spontaneously emerge when students from different disciplines are merely grouped together (Almendingen, 2021; Oza & Nesbit, 2018). Wise et al., (2015) identified faculty support for students' participation as being important to the success of interprofessional education programs. Ensuring students' readiness for participating in collaborative learning prior to immersing them in the experience has also been found to enhance students' experience and their ability to participate effectively and learn from the experience (Hall & Zierler, 2015; Keshtkaran et al., 2014; Medves et al., 2013). Identifying factors that influence readiness for collaborative team-based education can inform faculty's pedagogical strategies for developing learning

outcomes that reflect the Interprofessional Education Collaborative (IPEC) competencies (IPEC, 2016) as well as outcomes that are discipline-specific (Oza & Nesbit, 2018). Thus, to create the best outcomes for interprofessional collaborative learning, students must be prepared to encounter and respond to professional misconceptions, biases, stereotypes, and hierarchical assumptions from faculty and students both within and outside of their profession (Cohen konrad et al., 2022, in personal communication; Edmondson & Lei, 2014; Hall & Zierler, 2015; O’Leary, 2014).

Like previous study outcomes, Berger-Estilita, et al (2020) found that first year medical students demonstrated negative attitudes toward interprofessionality, feared loss of their medical identity, and showed stereotypical and negative views of other health professionals on the interprofessional student team (Friman et al., 2017; Gaufberg et al., 2014; Kolb et al., 2017). Oza and Nesbit (2018) studied the influence of previous coursework and graduate students’ observations of interprofessional interactions in clinical healthcare settings. They found this type of prior exposure to interprofessional collaboration was not conclusively associated with the students’ attitudes toward engagement in interprofessional collaborative learning with other health care students (Oza & Nesbit, 2018). Unfortunately, stereotypes formed by professional interaction, and faculty and societal views are not easily modified by limited interprofessional educational interactions alone (Sytsma et al., 2015). Chans et al., (2017) found that scaffolding learning opportunities, beginning with individual work and moving to team building exercises with facilitator feedback, prior to interprofessional case-based learning had a significant effect on improving students’ attitudes toward teamwork and collaboration, reducing negative attitudes toward other professions, and positive attitudes towards one’s own profession. Gaufberg et al., (2014) suggested that small, within-profession discussions, facilitated by adequately trained faculty role models in a safe learning environment, may offer medical students’ opportunities to

remodel their own professional and personal attitude towards patients, as well as express their judgements, stereotypes, and bias of other health care professionals. Offering structured uni-professional discussions reflecting on personal and professional bias, stereotypes, and hierarchy prior to interprofessional collaborative learning experiences, as well as throughout health profession training program, may reduce anxiety and fears about interprofessional collaboration (Berger-Estilita et al., 2020; Hudson et al., 2016).

Summary

The literature search resulted in no models or interventions specifically addressing how to best prepare social work students for encountering, responding, and mitigating issues of professional centrism, hierarchy, bias, and power dynamics that arise in interprofessional collaborative learning. While there were numerous studies that identify these as barriers to interprofessional learning and student outcomes, models of intervention could not be found that specifically focused on improving students' preparedness to respond effectively to these challenges during interprofessional collaborative learning experiences. Thus, there is a significant need for interventions that prepare students prior to experience in an interprofessional collaborative learning.

Conclusion and Implications

Social workers are an integral component of the health care landscape and bring a unique lens and set of skills to the interprofessional health care team. Social workers, as well as other health care professionals, are expected to be workforce ready upon graduation and can navigate complex patient issues, healthcare organizations, and work effectively as part of an interprofessional team. As such, social workers need to be adequately prepared with interprofessional team competencies to contribute to patient care in an effective way (de Saxe Zerden et al., 2018; Kobayashi & Fitzgerald, 2017).

Interprofessional collaborative learning that brings two or more professions together to learn with, from, and about each other has been shown to be effective for students to gain essential interprofessional competencies of teamwork, professional communication, clarification of roles and responsibilities, and values and ethics for interprofessional practice (IPEC, 2011, 2016). The Council on Social Work Education has embraced the value of interprofessional practice competencies and requires accredited social work education programs to include opportunities for students to demonstrate this practice skill (CSWE, 2015, 2022).

Interprofessional collaborative learning reinforces the need for social workers on health care teams and provides social work students with opportunities to find their voice, place, and value as part of the team. These team-based learning experiences provide social work students with opportunities, outside of a siloed educational environment, to develop and/or enhance their sense of self-efficacy and self-confidence as a social worker and interprofessional practitioner. Social work students' participation in interprofessional team-based learning opportunities also benefits other health profession students' education by bringing understanding of social determinants of health, recognizing barriers to access to care, and modeling patient-centered, collaborative team practice. While social work's theoretical underpinnings of contextualizing clients' lived experience and a strengths-based approach is important in team-based care, it is often misunderstood, stereotyped, and undervalued by other members of the health care team (Cox et al., 2016; de Saxe Zerden et al., 2018; Kobayashi & Fitzgerald, 2017). Other health profession students' and faculty's lack of knowledge about the role and scope of practice of social work can lead to stereotyping, biased assumptions, and implicit and explicit power dynamics that leave social work students feeling undervalued and marginalized on the student team. This creates challenges for social work students' engagement in interprofessional team-

based educational experiences, reducing the expected outcomes from collaborative learning (Gergerich et al., 2019; Pecukonis, 2014, 2020; Pecukonis et al., 2008).

Professional culture in the academic setting that creates and perpetuates negative attitudes among healthcare students can make it difficult for students to fully participate in the interprofessional collaborative learning process (Pecukonis, 2014; Pecukonis et al., 2008; Meleis, 2016). Social work students are not well prepared to address stereotyping, biased assumptions, and implicit and explicit power dynamics raised by other health profession students and faculty facilitators during interprofessional collaborative learning activities (Pecukonis, 2020).

Studies on the impact of interprofessional education, which are generally focused on students' acquisition of IPEC competencies have demonstrated increased knowledge of professional roles, interprofessional attitudes and confidence, and teamwork skills and communication (Charles et al., 2011; IPEC, 2016; Peterson & Brommelsiek, 2017; Reilly et al., 2014). Studies focused on student readiness, employing standardized tools such as the Readiness for Interprofessional Learning Scale (RIPLS), use student self-reporting pre- and post- test design that measure students' professional attitudes as well as the IPEC competencies (McFayden et al., 2005; Parsell & Bligh, 1999; Schmitz & Brandt, 2015; Wakely et al., 2013). Student readiness in these studies has been assessed before and after the interprofessional collaborative learning experience for the acquisition of IPEC competencies (2016) and changes in negative attitudes toward other professions. While it is important for students to recognize their negative attitudes and biases toward other professions, literature could not be found that specifically explored interventions that increase students' awareness of negative attitudes, professional biases, and power dynamics, and provide students with knowledge, skills, and self-awareness to address these challenges while participating in interprofessional collaborative learning.

Purpose of the study

The purpose of this study was to evaluate the effectiveness and efficacy of an intervention developed by this researcher called the Uni-professional Pre-briefing (UPPB). The intervention was delivered prior to social work students participating in interprofessional collaborative learning activities. The intervention is a structured and interactive pre-briefing meeting to contextualize interprofessional collaboration in the social work curriculum, explore professional culture, bias, stereotyping, and power dynamics that can arise during these learning experiences, provide students with opportunity to discuss and practice responding to these issues, and to better understand and articulate the role and scope of practice for social workers on an interprofessional team.

- A survey to evaluate the intervention was created that includes retrospective pre- and post- questions specific to student learning goals, efficacy questions related to the components of the UPPB intervention, and three qualitative questions with general feedback about the students' overall experience having participated in the UPPB and an interprofessional collaborative learning experience. The immediate outcomes the researcher assessed were to determine if participation in the intervention: 1) reduced social work students' anxiety when encountering bias, stereotyping, and implicit and explicit hierarchical attitudes (power dynamics) from student team members and/or faculty facilitators; 2) improve students' preparedness and confidence to respond to misunderstanding, bias, stereotyping, and implicit and explicit hierarchical attitudes (power dynamics) they may experience from other students and/or faculty facilitators about social work; 3) provide context for interprofessional collaborative learning in social work curriculum; and 4) improve students' confidence articulating social work's role and scope of practice with members of their interprofessional student team. Efficacy goals

assessed were: 1) learning objectives were met; 2) instructors were prepared and presented the information in a comprehensive, clear, and understandable manner; 3) instructors effectively modeled the value of interprofessional collaboration and social work students' participation; 4) instructors adequately addressed questions and concerns from participants; 5) interactive discussions and activities during the session enhanced students' learning; and 6) audiovisual presentation, handouts and interactive exercises enhanced the presentation. Qualitative questions were: 1) what was most helpful in the pre-briefing; 2) what was the least helpful or could have gone better; and 3) is there anything else you would like to share about your experience.

Implications

If successful, this intervention would enhance students' ability to engage in interprofessional collaborative learning actively and confidently with students across healthcare disciplines. When students feel confident in their ability to fully engage in the experience, it is expected that this will increase student self-efficacy, confidence, and professional social worker and interprofessional professional identity. In addition, social work students will be able to recognize and articulate the skills, values, and contributions they bring to the interprofessional collaborative team. Lastly, as with all social work educational experiences, the hope is that skills learned in the classroom and through collaborative learning experiences, including the importance of shared leadership, will translate into their practice outside of the safety of the academy.

Chapter 3: Methods

To address the phenomenon of social work student preparedness for interprofessional collaborative learning, an intervention was developed guided by intervention research theory and evaluation methodology. The Uni-professional Pre-briefing (UPPB), is an intentional change strategy. The UPPB protocol was reviewed by social work and interprofessional collaborative learning research experts in summer 2021 and piloted in fall 2021 and spring 2022. The goals of the review and pilot were to obtain feedback on the content of the intervention manual and to ensure fidelity with its intended goals and objectives (Fraser et al., Gitlin & Czaja, 2016).

While this study trial focused on the efficacy and effectiveness of the UPPB, the researcher's long-term objective is to produce an evidence-based intervention to address the phenomenon of social work and other health care students' preparedness for interprofessional team learning. The purpose of the UPPB was to offer uniprofessional guidance and support that bolstered social work students' professional confidence enhancing their participation in team-based interprofessional activities with a wide array of health professions.

The current study implemented UPPB's evaluation phase of intervention research (Fraser et al., 2009; Gitlin & Czaja, 2016). Specifically, it explored UPPB's efficacy and effectiveness as a new intervention. This phase of the intervention research process requires a well-developed program model for intervention (Fraser et al., 2009; Gitlin & Czaja, 2016). In the evaluation phase, the researcher determines if the intervention works and if it produces the desired changes sought in the participants (Fraser et al., 2009; Gitlin & Czaja, 2016).

A retrospective pre-test/post-test design using a five-point Likert Scale was used to measure student attainment of learning outcomes. . Students also responded to a five-point Likert scale to rate the delivery and components of the intervention. The Institutional Review Boards at both universities approved this research.

Qualitative questions were included to gather information about students' experience of the intervention that could not be readily captured through quantitative methods alone. Results from a pilot test conducted in spring 2022 helped to refine and hone components of the intervention prior to testing for efficacy. Pilot testing in intervention research is conducted to assesses whether the intervention works (Rice & Girvin, 2021). A noteworthy outcome of the initial pilot testing phase found that the timely completion of the UPPB survey, close to student engagement in collaborative learning, was important. Qualitative feedback questions indicated that students referenced the interprofessional collaborative learning experience (IPCL) rather than the uniprofessional session when the survey was delivered at the end of the IPCL. This was important information on how to appropriately time the UPPB survey. The next section describes the UPPB workshop.

The Uni-professional Pre-Briefing (UPPB)

The UPPB is a 60 - 90-minute workshop designed with two purposes: 1) to improve social work students' preparedness to engage in interprofessional collaborative learning activities more confidently, and 2) to enhance social work students' professional and interprofessional identity in a learning environment informed by relational cultural theory and relational pedagogy. Topics incorporated into the workshop included: 1. the context of interprofessional collaboration in social work education and practice, 2. common misunderstandings, bias, stereotypes, and hierarchical attitudes originating from professional centrism and siloed learning environments that challenge interprofessional learning, and 3. the professional identity and role of social workers on interprofessional teams.

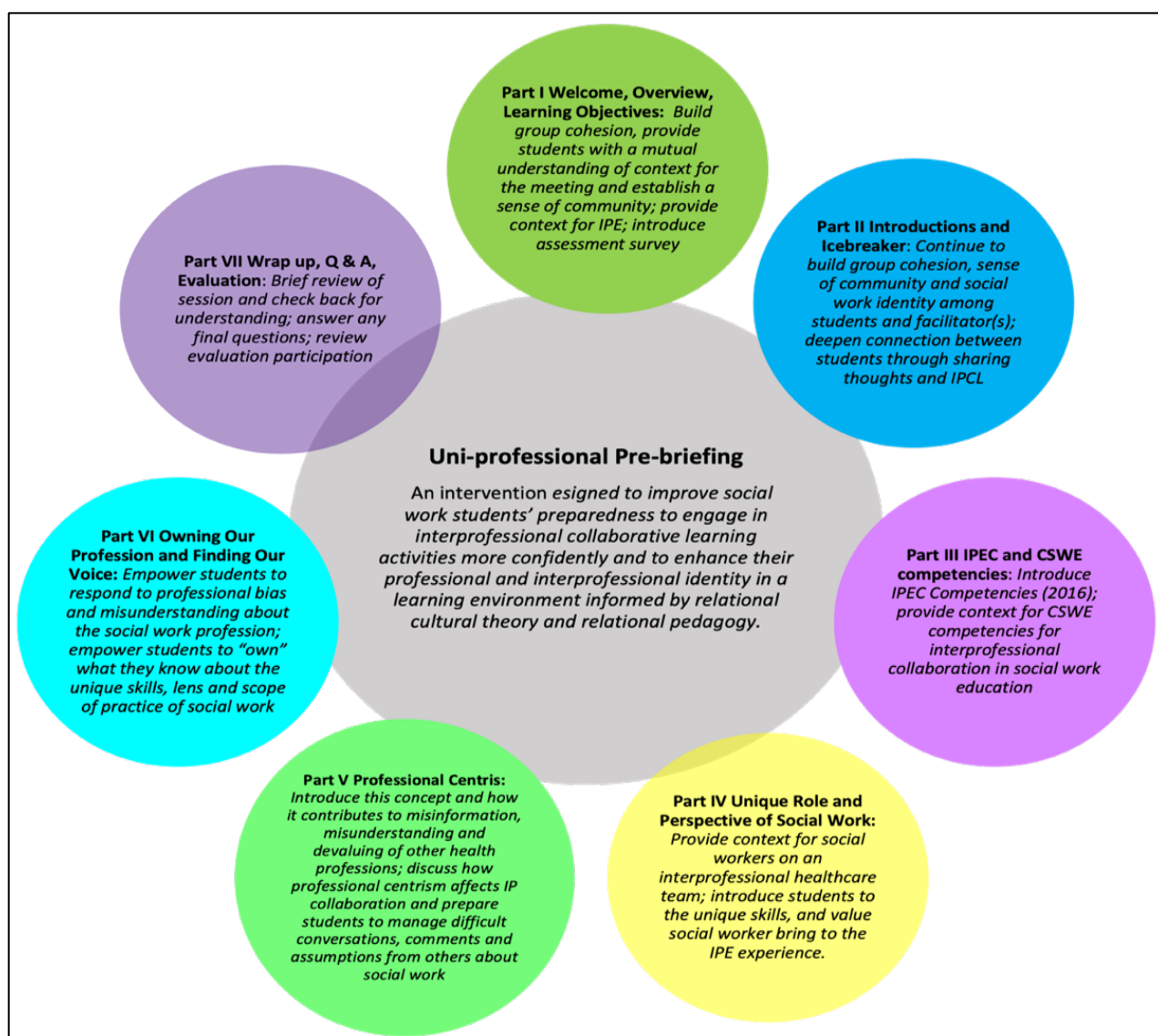
The workshop design includes seven sections. In Part I: Welcome, overview of UPPB, and brief history of interprofessional education (IPE), students were welcomed, provided an overview of the workshop, and received an introduction to the history of interprofessional

education in academic settings. Part II: Introductions and icebreaker offered students a chance to get to know each other through introductions, which included students' experience with interprofessional collaborative practice. An icebreaker activity gave students an opportunity to connect with each other and set an informal tone to encourage dialogue. Part III: National Center for Interprofessional Practice and Education and Council on Social Work Education competencies contextualized interprofessional collaborative learning as a part of social work education. Part IV: Unique role and perspective of social work in interprofessional collaborative practice. This section provided opportunities for students to discuss and explore social workers' contributions to interprofessional collaborative practice. Part V: The concept of professional centrism was introduced with discussion of how it may contribute to misinformation, misunderstanding, devaluing of other health professions, and disruption of cohesive, cross-professional team development. Facilitators encourage discussion about professional centrism's effect on interprofessional team-based care and collaboration preparing students to manage difficult conversations, comments, and assumptions about the social work profession. Part VI: Finding professional voice and owning the role of social worker in response to professional bias and misunderstanding. Students engage in difficult conversations and practice articulating what they know about social work's unique skills, lens, and scope of practice. Part VII: Wrap up, Q&A, and evaluation. Faculty conducted a brief review of sessions using checkbacks to increase understanding and appreciation for other professions, answer any final questions, and review evaluation participation. See Figure 2 that highlights the seven parts of the UPPB and the goals for each of the components of the meeting.

Activities in the workshop were conceptualized from the frameworks of relational cultural theory and relational learning pedagogy (Browning & Solomon, 2006; Cohen Konrad & Browning, 2012; Jordan, 1997; Jordan et al., 1991; Miller, 1987; Miller & Stiver, 1997).

Concepts that reflect the basis of the intervention’s theoretical framework are inclusive of student-centered activities that promote self-reflection, encourage critical thinking skills and awareness of context, provide opportunities to build authentic mutual relationships, engage students in dialogue about issues of power, hierarchy, and bias, and demonstrate faculty modeling interprofessional collaborative learning (Browning & Solomon, 2006; Cohen Konrad & Browning, 2012; Jordan, 1997; Jordan et al., 1991; Miller, 1987; Miller & Stiver, 1997). The UPPB briefing intervention manual is provided in Appendix D.

Figure 2: *The Seven Parts of the Uni-professional Pre-briefing and Goals.*



Design

“Intervention research is an iterative and sequential process that begins with an idea that informs the design of a program, progresses through pilot testing to tests of impact, and concludes with dissemination” (Fraser et al, 2009, p. 116). The current study represented the pilot testing and efficacy phases of intervention research with the goals of refining an intervention in the context of practice, collecting preliminary evidence of the impact of the intervention on desired outcome goals, and affirming that the program components and delivery can be inferred as plausible explanation for the desired change (Fraser et al., 2009). Pilot testing generally involves a single group of participants that are made aware that they are part of a research study and are asked to provide feedback on program activities or the procedures used in the intervention in the context of the survey, evaluation, or interviews (Fraser et al., 2009; Gitlin & Czaja, 2016).

The guiding theories for the development of the UPPB are firmly rooted in feminist theory and pedagogy. As previously noted in Chapter 1, relational cultural theory explores the effects of disconnection at a societal and cultural level, and the ways in which power differentials, forces of stratification, privilege, and marginalization can disconnect and disempower individuals and groups of people (Jordan, 1997; Jordan et al., 1991; Miller, 1987; Miller & Stiver, 1997). Jean Baker Miller (1987) and colleagues believed that the simultaneous growth of each person in a relationship is essential to individual growth, which requires establishing mutuality through the openness and vulnerability of both participants. The second guiding program theory, relational learning theory, shares the foundational principles of feminist pedagogy such as the central importance of relationship in the learning process (Browning & Solomon, 2006; Cohen Konrad & Browning, 2012; Edwards & Richards, 2002; Fox, 2011).

Given the feminist roots guiding the intervention being evaluated, the researcher chose to employ a research design based in feminist theoretical principles. Feminist evaluation research is a process for collecting and synthesizing evidence that culminates in conclusions about the value, merit, worth, significance or quality of a program, intervention, policy, proposal, or plan (Leavy & Harris, 2019; Mertens & Stewart, 2014). Evaluation research from this lens views the value-based, judgment aspect of research as an essential component and purports that evaluation research is not just a methodology, but a research discipline in its own right (Leavy & Harris, 2019; Mertens & Stewart, 2014). Thus, the purpose of evaluation research centers on studying a program or intervention to adjust and refine components and/or delivery of the program or intervention before proceeding further.

Feminist evaluation researchers generally choose multimodal or mixed methods research designs which involves collecting and integrating quantitative and qualitative data into a single project (Leavy & Harris, 2019). Feminist evaluators highly value input of stakeholders and research participants throughout the process to determine the merits of the program or intervention (Leavy & Harris, 2019).

Preparedness for interprofessional collaboration, developing confidence and self-efficacy to respond to issues of power and bias with peers and/or faculty, and understanding the role and value of social work on an interprofessional team are complex phenomenon individually and addressing all of these in a 90-minute workshop was an ambitious undertaking. As such, a solely quantitative approach to assessing the multilevel questions of the intervention in this study could not fully capture the experience of the workshop and student learning. That said, a fully qualitative approach would not contribute rigorous, measurable data and results (Creswell, 2014; Rubin & Babbie, 2017). A mixed methods approach maximizes the strengths and offsets the weaknesses of utilizing either a solely quantitative or qualitative approach and may also increase

the study's validity through triangulating data sources by employing the strengths of both qualitative and quantitative methods (Creswell, 2014; Creswell & Creswell, 2017; Gitlin & Czaja, 2016).

Using the lens of feminist evaluation research, a convergent, embedded mixed methods survey design including both quantitative and qualitative survey items were chosen for this research study. A mixed methods approach was expected to yield a wider breadth of understanding of the phenomenon despite a small sample size (Creswell, 2014; Leavy & Harris, 2019; Rubin & Babbie, 2017). It was also hoped that this method of evaluation would provide results applicable to social work education and advance implementation and wider dissemination of the UPPB intervention. "The core assumption of this form of inquiry is that the combination of qualitative and quantitative approaches provides a more complete understanding of a research problem than either approach alone" (Creswell, 2014, p. 4).

Variables

The independent variable in the research study was students' participation in the UPPB. There were two dependent variables – one focused on student learning outcomes and the other focused on the delivery and effectiveness of the components of the intervention. See table 1 below.

Table 1 Variables

Independent variable	Dependent variables
Students' participation in the UPPB workshop	Student learning outcomes
	Delivery and effectiveness of the components of the intervention

Student learning outcome variables were conceptualized as an understanding of interprofessional collaborative learning in the context of the social work curriculum; confidence to respond to bias and stereotyping about the social work profession; confidence to respond to

implicit or explicit hierarchical attitudes and power dynamics that might arise with students or faculty; confidence in understanding of, and ability to describe social work's role and scope of practice to members of an interprofessional team. See table 2.

Table 2 *Conceptualization of student learning outcomes variable*

Students' preparedness for IPCL will be enhanced by participating in the UPPB workshop as evidence by:	Increased understanding of interprofessional collaborative learning in the context of the social work curriculum
	Increased confidence to respond to bias and stereotyping about the social work profession;
	Increased confidence to respond to implicit or explicit hierarchical attitudes and power dynamics that might arise with students or faculty
	Increased confidence in understanding of, and ability to describe social work's role and scope of practice to members of an interprofessional team.

Variables related to the effectiveness of the delivery and the components of the intervention included: the learning objectives were met; instructor(s) were prepared and presented the information in a comprehensive, clear, and understandable manner; instructor(s) adequately addressed questions and concerns from participants; instructor(s) effectively communicated and modeled the value of social work students' participation in interprofessional collaborative learning; audiovisual and other materials enhanced the learning; and interactive discussions and activities during the session enhanced students' learning. See table 3.

Table 3 *Conceptualization of effectiveness of the delivery and components variables*

Effectiveness of the delivery and components of the UPPB workshop:	The learning objectives were met
	Instructor(s) were prepared and presented the information in a comprehensive, clear, and understandable manner
	Instructor(s) adequately addressed questions and concerns from participants

	Instructor(s) effectively communicated and modeled the value of social work students' participation in interprofessional collaborative learning
	Audiovisual and other materials enhanced the learning
	Interactive discussions and activities during the session enhanced students' learning

Hypotheses

There are two hypotheses related to the use of the UPPB with social work students:

1. Participation in a uniprofessional workshop will enhance social work students' preparedness for interprofessional collaborative learning (IPCL) as evidenced by an increased understanding of the context of IPCL in social work curriculum; their confidence to respond to stereotyping and bias about the social work profession as well as to implicit and explicit hierarchical attitudes, and power dynamic that may arise during interprofessional practice; and student's understanding and ability to articulate the role of social work on an interprofessional team.
2. The second hypothesis is that students' learning process and attainment of desired learning outcomes would be enhanced if the components of the workshop were well-designed and delivered effectively by faculty.

Quantitative research questions

The quantitative survey design identifies the relationship between workshop implementation to enhance social work students' preparedness for IPCL and student learning outcomes and the effectiveness of the workshop's components and delivery as identified above. Using a quantitative approach allows the researcher to test the intervention across multiple independent groups in the future (Creswell, 2014; Krathwohl & Smith, 2005). A retrospective

pre-test and post-test pre-experimental design was deployed for the quantitative method related to learning outcomes (Creswell, 2014; Rubin & Babbie, 2017). A post-test evaluation survey was utilized to assess the components and delivery of the workshop.

There were five primary quantitative questions this research study sought to answer. The first question focuses on measuring the internal consistency and reliability the survey instrument created for this research using Cronbach's alpha. Analysis of Cronbach's alpha provides a way determine the covariance among items on scales and subscales to determine whether the tool is reliably measuring the desired underlying concepts.

The second research question addresses whether participating in a workshop designed to enhance student preparedness for interprofessional collaborative learning affect students' understanding of the context of IPCL in the social work curriculum; confidence in their ability to respond to bias, stereotyping, and implicit and explicit power dynamics during IPCL activities; and understanding of and ability to articulate the unique role of social work on an interprofessional team? In essence, does participation in the UPPB result in social work students feeling more prepared to engage in interprofessional collaborative learning activities?

The third and fourth questions focus on the effectiveness of the components and delivery of the UPPB workshop using two 3-item subscales to be measured by participants rating on a 5-point Likert scale. Participants are asked to evaluate each item related to the components and delivery using the Likert scale with 1 being strongly disagree, 2 being disagree, 3 being neutral, 4 being agree, and 5 being strongly agree.

The fifth question asks whether there is a correlation or relationship between ratings on the six items of the effectiveness of delivery and components scale and the four items on the post-test scores on student learning outcomes scale. Table 4 provides a visual representation of the quantitative research questions.

Table 4 *Research questions*

Quantitative Research Questions
<p>1. What is the internal consistency and reliability the survey instrument created for this research.</p> <ul style="list-style-type: none"> a. 4-item learning outcome scale b. 3-item learning environment subscale c. 3-item effectively modeled value of interprofessional collaboration subscales d. 6-item overall effectiveness of delivery scale?
<p>2. Did students have an increased sense of preparedness to participate in IPCL activities as evidenced by and an increase on the learning outcome scale items from pre- to post-test??</p> <ul style="list-style-type: none"> a. I feel confident to respond to biases and stereotyping from other students and faculty about the social work profession that might arise during the ICPL experience. b. I feel confident to respond to implicit or explicit hierarchical attitudes and power dynamics that might arise with students or faculty during the ICPL experience. c. I understand the importance of interprofessional collaborative learning (IPCL) as part of the social work program curriculum. d. I feel confident in my understanding of and ability to describe social work's role and scope of practice to members of an interprofessional team.
<p>3. Did the faculty facilitator effectively model the value of interprofessional collaboration and social works' role on the interprofessional team?</p> <ul style="list-style-type: none"> e. Instructor(s) adequately addressed participants' questions and concerns f. Instructor(s) effectively communicated and modeled the value of social work students' participation in interprofessional collaborative learning activities. g. Instructor(s) were prepared and presented the information in a comprehensive, clear, and understandable manner.
<p>4. Was a learning environment created that allowed students to participate, ask questions, and engage in skills practice?</p> <ul style="list-style-type: none"> h. The learning objectives of the Uni-professional Pre-briefing were met. i. Interactive discussions and activities during the session enhanced my learning j. Audiovisual and other materials enhanced my learning.
<p>5. Is a correlation between the effectiveness of the delivery and components of the UPPB and scores on the post-test learning outcome measures?</p>

Qualitative research questions

The evaluation survey asks three qualitative research questions. The first is what components or concepts from the Uni-professional Pre-briefing (UPPB) were most helpful in preparing you for participation in an ICPL? The second is what was least helpful to you in UPPB or could have gone better? Lastly, is there anything else you would like to say about your experience?

The qualitative aspects of the study are designed to further evaluate and explore delivery methods and components of a workshop created to enhance social work students' preparedness for interprofessional collaborative learning (IPCL). The qualitative section of the survey focuses on areas that should be emphasized in the design of the components, delivery of the workshop, and revision of the intervention to enhance students' preparedness for IPCL. As noted above, a qualitative approach allows the researcher to understand the human experience of the phenomenon being studied. This approach allows the researcher a more holistic view of the students' experience through analysis of narrative written responses to these prompts. Table 5 provides a visual representation of the qualitative questions for this study.

Table 5 *Research questions*

Qualitative Research Questions
6. What components or concepts from the UPPB were most helpful in preparing you for participation in interprofessional collaborative learning (ICPL)?
7. What was least helpful to you in UPPB or could have gone better?
8. Is there anything else you would like to say about your experience?

Study Participants and Sampling

Accurately identifying research participants is critical to the science and practice of social science research, particularly for analyzing results, generalizing findings, focusing literature reviews, and conducting secondary data analyses (American Psychological Association [APA], 2020). Sampling determines who will participate in a research study. Considerations for determining a research sample are informed by the research design, methodology, and the key questions the study addresses (Gitlin & Czaja, 2016; Leavy & Harris, 2019). Sampling further necessitates identification of inclusion and exclusion criteria that aligns with the intent and specifications of the intervention or program being evaluated (Gitlin & Czaja, 2016; Leavy & Harris, 2019). The sample must be representative of the larger population that the intervention or

program is targeting and thus must accurately reflect members of the intended population (Gitlin & Czaja, 2016; Leavy & Harris, 2019).

The sampling strategy chosen for this research is a purposive, non-probability convenience sample (Rubin & Babbie, 2017). Convenience sampling is a common choice in social work research because it is cost- and time-effective (Rubin & Babbie, 2017). While the use of convenience sampling may have limited generalizability, the findings can provide valuable insight about a phenomenon to set the foundation for future studies (Rubin & Babbie, 2017). Emerson (2021) noted that a thoughtfully selected research design and statistical analyses may reduce the limitations of convenience sampling. The composition of a convenience sample population must possess the characteristics or attributes the intervention intends to address (Gitlin & Czaja, 2016; Leavy & Harris, 2019). For this study the convenience sampling used a pre-experimental design with individuals who participated in the UPPB workshop. As such, there were no comparison groups.

Setting

The researcher implemented the UPPB with social work students at a private institution in northern New England and a public institution in South Central Pennsylvania prior to their engagement in an ICPL activity. Both institutions offer undergraduate and graduate social work programs and expressed interest in enhancing students' preparedness for ICPL, particularly focusing on addressing issues of bias, stereotyping, implicit and explicit hierarchical attitudes, and power dynamics that might arise during ICPL, and students' understanding of the unique role of social work on an interprofessional team. The graduate program at the private institution offers an advanced clinical specialization. The public institution offers a graduate specialization in advanced generalist social work. The undergraduate programs at both institutions seek to

prepare students to achieve entry level professional competence as generalist social work practitioners.

Sample Size

To determine the appropriate sample size, there are generally three criteria that need to be specified. These include the level of precision, the level of confidence or risk, and the degree of variability in the attributes being measured (Israel, 1992; Miaoulis & Michener, 1976). Statistical power is extremely important in the evaluation phase of intervention research (Gitlin & Czaja, 2016). Power analyses provide a rationale for determining appropriate sample size that can provide statistically sound, generalizable evidence should the researcher's hypotheses be confirmed by the data (Krathwohl & Smith, 2005). The level of precision refers to the amount of difference you wish to detect in the study analysis (Israel, 1992; Krathwohl & Smith, 2005; Miaoulis & Michener, 1976). The smaller, or more precise the difference, the larger the sample will need to be. Next, the researcher must consider the degree of variability or difference in the characteristics or attributes of the individuals to determine the desired effect size (Gitlin & Czaja, 2016; Krathwohl & Smith, 2005). The more homogeneous the population is, the smaller the sample needed for generalizability. Lastly, the researcher must consider how much certainty or confidence is required to estimate the appropriate sample size (Gitlin & Czaja, 2016; Israel, 1992; Krathwohl & Smith, 2005). The greater the confidence interval desired, the smaller the percentage, and the greater the number of participants required in the sample (Gitlin & Czaja, 2016; Krathwohl & Smith, 2005).

For this study, 26 social work students attended the UPPB (9 from the public institution and 17 from the private institution). Fifteen students (58%) completed the survey. While individual attributes of students varied, such as age, year in the program, and gender, the commonality of being social work students in programs accredited by CSWE attending the

UPPB provides a reasonable assumption of homogeneity of the population. Since this is a very small population of social work students, it was assumed that fewer students would need to complete the evaluation survey to be a representative sample.

Statistical significance shows that a measurable effect exists between variables in a research study (Gitlin & Czaja, 2016; Israel, 1992; Krathwohl & Smith, 2005; Schwartz et al., 2019). This is sometimes known as the alpha level in determining the power of the study and sample size. The alpha level (p -value) is used as the criterion for rejecting the null hypothesis in a research study (Schwartz et al., 2019). This study will assume a p -value of $\leq .05$ to determine statistical criteria for rejecting the null hypothesis.

In contrast, effect size demonstrates how meaningful the relationship between variables or the difference between groups is (Gitlin & Czaja, 2016). Thus, effect size indicates the practical and real-world significance of a research outcome (Gitlin & Czaja, 2016; Israel, 1992; Krathwohl & Smith, 2005; Schwartz et al., 2019). The larger the effect size, the more the outcomes will have practical application and significance. For this research study a medium effect size is assumed using Pearson's r with a value between +0.3 and +0.5 (Schwartz et al., 2019).

Having determined the desired effect size, alpha level, the homogeneity and estimated size of the available population, the researcher can then determine a reasonable target for sample size. Using the components of the power analysis, a formula is calculated to align with the appropriate sample size. Yamane (1967) as presented in Israel (1992) provides a simplified formula to calculate sample sizes. In the follow equation, n = the adjusted sample size; N is the total available population; e is the level of precision or margin of error; and the assumed standard deviation, P , is 50% (.5).

$$n = \frac{N}{1 + N(e^2)}$$

$$n = \frac{26}{1 + 26(.05^2)} = \frac{26}{1.065} = 24.45 \text{ or approx. 24 students}$$

When this formula is applied to the available population of 26 social work students who will attend the UPPB, the ideal sample size for more generalizable outcomes is 24. Unfortunately, the number of actual completed surveys fell short by 9 students. Thus, the low number of completed surveys represents one of the limitations of the study's generalizability to all social work students.

Inclusion Criteria

Invitations to participate in this research were sent to students who met specific criteria.

The following were the criteria for inclusion:

- Social work students over the age of 18 from one of the two identified academic institutions.
- All MSW students attending the public university were invited to attend the UPPB in fall semester
- MSW students in a first-year field practicum seminar class at the private university in fall semester
- MSW students from the private university who volunteered to participate in an IPCL activity in fall semester
- Attended the UPPB in its entirety.
- Voluntarily agrees to participate in the evaluation research study.

The researcher had access to this social work student population through their role as an educator at one institution and a doctoral student at the other. The final sample comprised of

social work students who completed the workshop, voluntarily agreed to participate in the evaluation research, and completed the anonymous online survey. Study data were collected and managed using REDCap electronic data capture tools hosted at the university where the researcher is employed. REDCap (Research Electronic Data Capture) is a secure, web-based software platform designed to support data capture for research studies, providing 1) an intuitive interface for validated data capture; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to common statistical packages; and 4) procedures for data integration and interoperability with external sources (Harris, Taylor, Elliot et al., 2019; Harris, Taylor, Thielke et al., 2009).

Exclusion Criteria

The following were the criteria used to exclude participants from the study.

- Non-social work student.
- Does not attend one of the two identified academic institutions.
- Did not attend the UPPB or did not attend the workshop in its entirety.
- Under the age of 18.

Informed consent

Students who attended the UPPB were made aware at the onset of the workshop that they would be asked to voluntarily participate in an evaluation of the program. Informed consent was obtained from all study participants prior to beginning the online evaluation survey. The process of providing informed consent is a critical component of obtaining approval for the study from the institutional review boards (IRB) within the respective academic institutions. In addition, the NASW of Ethics (2021) states, “Social workers engaged in evaluation or research should obtain voluntary and written informed consent from participants, when appropriate, without any implied or actual deprivation or penalty for refusal to participate; without undue inducement to

participate; and with due regard for participants' well-being, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research" (NASW, 2021, Section 5.02(e)).

The participant informed consent document included detailed information about the study, explained potential risks and benefits of participation, the researcher's process for keeping participant responses and demographic data confidential, a statement that students' decision to participate would not affect grades or academic standing and that they could withdraw from the study at any time. (NASW, 2021.; Rubin & Babbie, 2017). The informed consent document was embedded in the survey and participants had to acknowledge that they had read the document, consented to voluntarily participate, and were over the age of 18 before they are able to move forward with completing the survey. Students were encouraged to ask questions about any aspect of the research during the UPPB or to follow up with the researcher afterward. Refer to Appendix A for the participant recruitment email and Appendix B for the informed consent form approved by the institutional review boards of both universities.

Data Collection: Measurement Instrument

Workshops are used to explore a specific topic, transfer knowledge, solve identified problems, or to create something new (Sufi et al., 2018). Like other forms of social science research, surveys are a key mechanism for evaluating workshops (Bryman, 2015; Sufi et al., 2018). The survey instrument used for data collection for the UPPB was developed by the researcher, reviewed by an expert panel, and pilot tested in spring 2022. There are several steps when developing questions for a survey. The first step is to clarify one's research questions or statements that identify what will be studied and, if done well, the concepts that need to be measured will flow from the research questions (Dillman et al, 2014). In developing clear

questions to study concepts or phenomenology, one must define what is meant by the particular concept and identify important domains and subdomains of each (Dillman et al., 2014; Hox, 1997).

Clearly defining the goals of the survey and identifying the concepts with their domains and subdomains can be helpful in several ways (Dillman et al., 2014). First, it helps the researcher think about what is intended to be measured; second, it can reduce the likelihood that an important concept is neglected or left out; and lastly, it will help ensure that the questions measure what is intended (Dillman et al., 2014). Spending time and effort developing a perfect question will not matter at all if the question is not measuring what is intended. The process of identifying the research question and important concepts help ensure that ultimately the research questions can be answered with the data that are collected.

Survey questions can be developed in different formats and made up of multiple parts that should work together to produce high-quality data about the topic of interest (Dillman et al., 2014). Crafting good survey questions requires the researcher to understand different formats and components of a question and how these convey meaning to the respondents, as well as how all the parts of the survey work in conjunction with one another (Dillman et al., 2014). Another important consideration is the uniformity and visual aspects of the survey design. In addition to the questions measuring what is intended, the format of the survey design and the flow must make sense to respondents. Thus, utilizing similar formats for most items on the survey, such as asking participants to respond to statements using the same five-point Likert rating scale may increase the likelihood that respondents will be able to make sense of what is being asked of them and reduce response error or non-response (Dillman et al., 2014).

The beginning part of the survey asks for brief, non-individually identifying, demographic data. The primary purpose of the demographic data, as stated earlier, is to assess

the generalizability of the research outcomes. The age and gender of respondents should correspond to and be generalizable to the overall average for Master of Social Work Students in CSWE accredited programs in the U.S.

Part 1 of the survey is a retrospective pre-test and post-test design that asks participants to rate their attainment of the UPPB learning outcomes on a 5-point Likert scale, with 1 being strongly disagree, 3 being neutral, and 5 being strongly agree. Likert scale measures can be useful when one is measuring constructs such as attitudes, feelings, and opinions (DeVellis & Thorpe, 2022; Mohn, 2021). The Likert scale assumes that attitudes about any particular subject are linear, and respondent's feelings, thoughts or opinions can be expressed on a continuum from strongly agree to strongly disagree (DeVellis & Thorpe, 2022; Mohn, 2021).

The *pre-test post-test design* is a commonly used quantitative research design to evaluate the effects of an intervention (Allen & Nimon, 2007; Rockwell & Kohn, 1989). While there are merits to this design, there are also limitations. One limitation may be that in the course of the intervention participants may recognize that they had rated themselves inaccurately in the pre-test based upon what they learned about themselves or the phenomenon during the intervention (Goldthorpe & Israel, 2019). Pretest overestimation is likely if participants lack a clear understanding of the attitude, behavior, or skill the program is attempting to affect and participating in the program, intervention, or workshop may show participants that they knew less than they originally reported on the pretest (Pratt et al, 2000). As such, pretest-posttest comparisons can be misleading because participants use a changed frame of reference, known as the response shift bias, to classify themselves after engaging in the program (Howard et al., 1979). This response shift bias can pose a threat to internal validity of the measures (Howard et al., 1979). To avoid response-shift bias, researchers have suggested collecting both contemporary and retrospective information at the conclusion of the program (Goedhart & Hoogstraten, 1992;

Terborg et al., 1980). Response shift bias may be reduced or avoided by using a retrospective pre-test post-test research design (Goedhart & Hoogstraten, 1992; Terborg et al.1980). Some studies also suggest that a more accurate assessment may be produced by retrospective pretest designs than by the traditional pretest-posttest design (Goedhart & Hoogstraten, 1992; Terborg, et al., 1980).

Using a retrospective pre-test design administers the pre-intervention evaluation concurrently with the post-test. It asks participants to recall and evaluate their knowledge or behavior prior to the program or intervention (Allen & Nimon, 2007). To utilize this design effectively, the researcher must create an evaluation tool with sufficient sensitivity to detect changes in participants while also choosing words and phrases that help the participant with remembering their thoughts, knowledge, or behaviors prior to the intervention (Allen & Nimon, 2007; Lynch, 2002; Pratt et al., 2000). After completing the program or intervention, such as the UPPB, the participant is asked to consider a question from two closely related positions. First, regarding the knowledge or behaviors gained or enhanced as a result of participating in the program and second to reflect on what their knowledge or behavior was prior to the program or intervention (Rockwell & Kohn, 1989). In situations where one is measuring change over a very short period of time, such as a workshop or professional development training, it may be more effective to utilize a retrospective pretest evaluation design. (Allen & Nimon, 2007).

As noted above, there were five primary quantitative questions this research study sought to answer. Questions 1 is an analysis on the reliability of the survey tool developed by the researcher. Question 5 analyzes the relationship between the effectiveness of the delivery of the workshop and students' scores on the learning outcomes post-test.

To collect the data, students were asked to reflect both retrospectively on their knowledge and/or experience prior to attending the UPPB workshop and currently upon completion of the

workshop. Research question two focuses on meeting student learning outcomes and asks, does participation in the UPPB result in social work students feeling more prepared to engage in interprofessional collaborative learning activities? More specifically, the research asked whether participating in this workshop, designed to enhance student preparedness for interprofessional collaborative learning, would affect students' understanding of the context of IPCL in the social work curriculum, confidence in their ability to respond to bias, stereotyping, and implicit and explicit power dynamics during IPCL activities, and understanding of and ability to articulate the unique role of social work on an interprofessional team?

Two of the questions on the UPPB survey were conceptualized to address students' sense of confidence and self-efficacy to recognize and address power dynamics that might arise in IPCL activities: 1) I feel confident to respond to biases and stereotyping from other students and faculty about the social work profession that might arise during the ICPL experience; and 2) I feel confident to respond to implicit or explicit hierarchical attitudes and power dynamics that might arise with students or faculty during the ICPL experience. One question on the survey addresses whether students' have an increased understanding of the context of IPCL in the social work curriculum. Students are asked to respond to the statement 1) I understand the importance of interprofessional collaborative learning (IPCL) as part of the social work program curriculum. Lastly, to address the question regarding whether students have an increased understanding of the role of social work on an interprofessional team, they are asked to respond to the following statement on the survey: 1) I feel confident in my understanding of and ability to describe social work's role and scope of practice to members of an interprofessional team. While these questions were identified as addressing specific concepts of the overarching research question related to learning outcomes, these items were not considered separately as subscales of the learning outcome survey questions.

Part 2 is a post-workshop evaluation survey. Post-workshop evaluation data were analyzed and used for quality improvement of the workshop delivery as well as the survey content and components (Bryman, 2015; Sufi et al., 2018). The goal is to improve content and delivery in the service of increasing participants attainment of the learning objectives.

The data collection instrument for this section of the survey asked participants to rate the delivery and components of the UPPB using the same 5-point Likert scale as described above in part 1 of the evaluation instrument. The post-workshop evaluation questions include asking the participant to rate whether the learning objectives were met, the audio/visual aids enhanced the learning, material was presented in a clear and understandable manner, and whether instructors were responsive to participants questions and concerns, modeled the value of interprofessional practice, and effectively facilitated interactive discussions that enhanced students' learning. The first question asks if the faculty facilitator effectively modeled the value of interprofessional collaboration and social work's role on the interprofessional team. Students are asked to respond to three statements on the survey that are conceptualized to answer this: 1) Faculty adequately addressed questions and concerns; 2) Instructor(s) effectively communicated and modeled the value of social work students' participation in interprofessional collaborative learning activities; and 3) Instructor(s) were prepared and presented the information in a comprehensive, clear, and understandable manner.

The second question asks if a learning environment was created that allowed students to participate, ask questions, and engage in skills practice. Students are asked to respond to three statements on the survey that are conceptualized to answer this: 1) The learning objectives of the Uni-professional Pre-briefing were met; 2) Audiovisual and other materials enhanced my learning; and 3) Interactive discussions and activities during the session enhanced my learning.

The final part of the survey asks three qualitative questions about participants' experience of the workshop. These questions use open-ended prompts to elicit further information from the participant about their experience. Open-ended questions are used to capture respondents' thoughts without the constraints of closed-ended response options (Dillman, 2014). Qualitative questions on a workshop evaluation survey allow the researcher to gather additional information about the workshop and formulate hypotheses about the design and delivery of the work, particularly when triangulating this with the quantitative data collected (Sufi et al., 2018). Gathering qualitative data may also serve to guide future development of quantitative questions by helping to identify concepts or learning objectives that the current survey questions are missing (Braun & Clark, 2006; Sufi et al., 2018). The UPPB evaluation survey asks participants to respond to the following prompts: 1) What components or concepts from the Uni-professional Pre-briefing were most helpful in preparing you for participation in an interprofessional collaborative learning activity? 2) What was least helpful to you in the Uni-professional Pre-briefing or could have gone better? 3) Is there anything else you would like to say about your experience?

In addition to the above data collected, the survey asks four demographic identifiers questions: 1) Age; 2) Gender identity; 3) University attending; and 4) Year in the social work program (advanced specialization or generalist year). Including demographic identifiers such as gender and age in this study may be able to support the generalizability of the outcomes when comparing the sample with the larger population of students in MSW programs in the United States.

The student participants were provided information about the purpose of the evaluation survey at the beginning of the UPPB and provided the link to survey on the REDCap (2019) platform during the conclusion of the workshop. Students were informed that the survey was

anonymous, completely voluntary and that their participation does not affect grades or academic standing. A follow-up email was sent to students within 24 hours of attending the UPPB. Two additional follow-up emails were sent weekly for the subsequent two weeks following the workshop. Research participant information was embedded at the beginning of the survey. Participants were asked to acknowledge that they read this document, understand its contents, and agree to participate in the research. No participant information or IP addresses were collected in the survey platform. Participant email addresses were to be deleted within 90 days of their participation in the UPPB. Please refer to Appendix C for the Uni-professional Evaluation Survey.

Twenty-six master level social work students participated in the UPPB. The workshop was offered three times over the course of three weeks in fall semester 2022. The workshop was presented twice in person to students in the private institution and once virtually for students in the public institution. The delivery formats were chosen for convenience since the researcher works within the private institution it logistically possible to provide the workshop in person. Due to the distance and time, it was not feasible for the researcher to travel to the public institution to deliver the workshop in person, thus a virtual platform was employed to conduct the workshop.

Data Analysis

This study employed both quantitative and qualitative data collection and analysis methods. To analyze the quantitative data, the researcher used IBM SPSS Statistics (SPSS for Mac 27.0.1.0, 2020). Qualitative data was organized and analyzed for content and themes using direct coding methods. Word processing software was used to analyze and create a matrix of participants' verbatim comments related to workshop content (learning objectives) and delivery.

A description of the data analysis procedure is presented below. As a first step, IBM SPSS Statistics (SPSS 27.0.1.0, 2020) was utilized to run Cronbach's alpha to test the validity of the survey instrument. Table 3 provides an overview of the tests utilized to analyze the results of each research question.

Testing Validity and Reliability

Two fundamental elements in evaluating a survey instrument are testing for validity and internal consistency or reliability (Tavakol & Dennick, 2011). As previously noted, validity is the extent to which an instrument measures what it is intended, and reliability is the ability to demonstrate that the instrument measures consistently. This study utilized a researcher developed survey tool for collecting data as to my knowledge, there are no previous psychometric testing for reliability and validity. To measure internal consistency and scale reliability of the survey questions in each of the focus areas of the independent variables, Cronbach's alpha was used to determine how closely related each set of items are as a group and answered questions about whether the questions under each subscale fit for the intended measure (DeVellis & Thorpe, 2022; Field, 2018). In most social science research, a reliability coefficient of .70 or higher is considered acceptable (DeVellis & Thorpe, 2022; Field, 2018). Cronbach's alpha can be written as a function of the number of test items and the average inter-correlation among the items (DeVellis & Thorpe, 2022; Field, 2018).

Quantitative analysis

There is not universal agreement about treating Likert rating-scale data at the interval level, as some might argue that the interval measures are not equal (Schwartz et al., 2019). Most researchers, according to Schwartz et al. (2019), however, agree that Likert rating scale data can be treated as interval data and thus standard parametric statistical tests can be used.

For this study, it is assumed that the Likert rating-scale represents equal intervals between the measures. The intervals for both the retrospective pre and post-test and the post-workshop efficacy questions are on a five-point scale. See Table 6 for definitions of each number on the rating scale.

Table 6 : Definitions of Likert rating scale intervals

Likert Scale number	Corresponding rating
1	Strongly Disagree
2	Disagree
3	Neither agree nor disagree
4	Agree
5	Strongly Agree

Results collected from the survey were analyzed using parametric statistics as the final sample size of students who completed the survey was large enough. The retrospective pre-test and post-test section of the survey that addressed the learning objectives was analyzed using paired t-tests (two-tailed). The paired t-tests compared retrospective pre-ratings to post-ratings to indicate whether students experienced increased sense of preparedness to engage in interprofessional collaborative learning activities. The paired t-test provided an overall comparison of the means for retrospective pre-ratings to post-ratings. Additionally, means for individual questions on the retrospective pre-and post-test were calculated using paired t-tests to calculate the means.

The UPPB survey is comprised of 2 separate scales – the learning outcomes (LO) scale and the effectiveness of delivery (EoD) scale which correspond to the dependent variables. The learning outcomes (LO) scale is comprised of 4-items that corresponded to the desired student learning outcomes. The EoD has 2 subscales with 3-items each. Analysis for the EoD considered both the full scale with 6-items as well as the two 3-item subscales.

Items on the survey measuring effectiveness of the delivery of the workshop were analyzed using the mean and mode for each item, subscale, and the total for all items. The mode was primarily used in the analysis of the EoD as the mean may not be as meaningful, given the nature of Likert Scale measures. That said, the average was used for analyzing the final research question that looks at whether there is a correlation between the efficacy of the delivery and components of the UPPB and scores on the learning outcome measures. Pearson's r was utilized to test for correlations.

Qualitative purpose and logic of analysis

Qualitative data analysis requires preparing and organizing data, coding, memo writing, identifying themes, developing, and assessing interpretations, and representing and visualizing the data (Creswell & Poth, 2018; Leavy & Harris, 2019; Padgett, 2017). For research questions 6, 7, and 8 represented in Table 4, the researcher used coding to develop content and thematic analyses of the responses on these open-ended questions. The data analysis was done using word processing and spreadsheet software.

This study used a phenomenological approach which required the researcher to analyze data to find the essence or common themes in the experiences of participants. Phenomenological findings explore not only what participants experience, but also the situations and conditions surrounding their experiences (Padgett, 2017). Unlike other phenomenological studies, due to time constraints, no interviews or focus groups were conducted. The analysis process used an inductive approach with open coding to explore emerging themes as well as a deductive approach to explore themes related to the content and delivery of the UPPB workshop.

Table 7. Data Analysis Table

Research Question	Sample Size	Group	Data Collection	Analysis
<p>2. What is the internal consistency and reliability the survey instrument created for this research.</p> <p>a. 4-item learning outcome scale</p> <p>b. 3-item learning environment subscale</p> <p>c. 3-item effectively modeled value of interprofessional collaboration subscales</p> <p>d. 6-item overall effectiveness of delivery scale?</p>	N = 15	Intervention (Retrospective pre/post score)	UPPB Evaluation Survey	Cronbach's alpha for internal consistency and reliability
<p>2. Did students have an increased sense of preparedness to participate in IPCL activities as evidenced by and an increase on the learning outcome scale items from pre- to post-test?</p> <p>a. I feel confident to respond to biases and stereotyping from other students and faculty about the social work profession that might arise during the ICPL experience.</p> <p>b. I feel confident to respond to implicit or explicit hierarchical attitudes and power dynamics that might arise with students or faculty during the ICPL experience.</p> <p>c. I understand the importance of interprofessional collaborative learning (IPCL) as part of the social work program curriculum.</p> <p>d. I feel confident in my understanding of and ability to describe social work's role and scope of practice to members of an interprofessional team.</p>	N = 15	Intervention (Retrospective pre/post score)	UPPB Evaluation Survey	<p>Frequencies</p> <p>Descriptive statistics</p> <p>Paired sample t-tests on pre- and post-test items.</p>

<p>3. Did the faculty facilitator effectively model the value of interprofessional collaboration and social works' role on the interprofessional team?</p> <ul style="list-style-type: none"> a. Instructor(s) adequately addressed participants' questions and concerns b. Instructor(s) effectively communicated and modeled the value of social work students' participation in interprofessional collaborative learning activities. c. Instructor(s) were prepared and presented the information in a comprehensive, clear, and understandable manner. 	N = 15	Intervention (5-point Likert scale questions)	UPPB Evaluation Survey Efficacy Questions	Frequency Mode Descriptive stats
<p>4. Was a learning environment created that allowed students to participate, ask questions, and engage in skills practice?</p> <ul style="list-style-type: none"> a. The learning objectives of the Uni-professional Pre-briefing were met. b. Interactive discussions and activities during the session enhanced my learning c. Audiovisual and other materials enhanced my learning. 				
<p>5. Is a correlation between the effectiveness of the delivery and components of the UPPB and scores on the post-test learning outcome measures?</p>	N = 15	Intervention (Retrospective post scores on learning outcome scale and post only scores on the effectiveness of delivery scale and subscales)	UPPB Evaluation Survey	Pearson's r
<p>6. What components or concepts from the UPPB were most helpful in preparing you for participation in interprofessional collaborative learning (ICPL)?</p>	N = 15	Intervention Open-ended questions	UPPB Evaluation Survey	Coding and thematic development/ Content analysis
<p>7. What was least helpful to you in UPPB or could have gone better?</p>	N = 15	Intervention Open-ended questions	UPPB Evaluation Survey	Coding and thematic development/ Content analysis
<p>8. Is there anything else you would like to say about your experience?</p>	N = 15	Intervention Open-ended questions	UPPB Evaluation Survey	Coding and thematic development/ Content analysis

Chapter 4: Analysis

This chapter presents the research findings. Themes are organized and discussed according to the research questions identified in Tables 4 and 5 (chapter three). Quantitative findings address research questions one through five. Qualitative findings address research questions six through eight. Descriptive statistics address demographic similarities between the research sample and social work students in the United States.

Of the twenty-six students that participated in the Uni-professional Pre-briefing workshop in fall semester 2022, fifteen (57.7%) of students completed the online evaluation survey. Ten (66.67%) respondents were from the private institution and 5 (33.3%) were from the public institution. Seven (46.6%) students were generalist year and 8 (53.4%) were specialization year MSW students. Four students were aged 22 – 24 (26.6%), 7 (46.7%) students were aged 25 – 30, 2 (13.3%) students were aged 31-34 and 1 (6.7%) student was over age 35 and 1(6.7%) student did not identify their age. Ten (66.7%) students identified their gender as female, 2 (13.3%) students identified as male, 2 (13.4%) students identified as non-binary and 1(6.7%) student did not identify their preferred gender. See tables 8 and 9 below.

Table 8 *Student demographics*

Demographic data	# of students	% of Students
Private Uni	10	66.67%
Public Univ	5	33.33%
Generalist Yr	7	46.6%
Specialization Yr	8	53.4%
Gender id: Female	10	66.7%
Gender id: Male	2	13.3%
Gender id: Non-binary	2	13.3%
Gender id: Did not respond	1	6.7%

Table 9 *Age range in years*

Count	22 – 24	25 - 30	31 - 35	35+	Did not respond	Totals
# Of students	4	7	2	1	1	15
% Of students	26.6%	46.7%	13.3%	6.7%	6.7%	100%

Research questions

1. What is the internal consistency and reliability the survey instrument created for this research.
 - a. 4-item learning outcome scale
 - b. 3-item learning environment subscale
 - c. 3-item effectively modeled value of interprofessional collaboration subscales
 - d. 6-item overall effectiveness of delivery scale?

2. Do students have an increased sense of preparedness to participate in interprofessional collaborative learning as evidence by increased scores from pre-test to post-test on the learning outcome scale.
 - a. I feel confident to respond to biases and stereotyping from other students and faculty about the social work profession that might arise during the ICPL experience.
 - b. I feel confident to respond to implicit or explicit hierarchical attitudes and power dynamics that might arise with students or faculty during the ICPL experience.
 - c. I understand the importance of interprofessional collaborative learning (IPCL) as part of the social work program curriculum.
 - d. I feel confident in my understanding of and ability to describe social work's role and scope of practice to team members

3. Did the faculty facilitator effectively model the value of interprofessional collaboration and social works' role on the interprofessional team?
 - a. Instructor(s) adequately addressed participants' questions and concerns
 - b. Instructor(s) effectively communicated and modeled the value of social work students' participation in interprofessional collaborative learning activities.
 - c. Instructor(s) were prepared and presented the information in a comprehensive, clear, and understandable manner.
4. Was a learning environment created that allowed students to participate, ask questions, and engage in skills practice?
 - a. The learning objectives of the Uni-professional Pre-briefing were met.
 - b. Interactive discussions and activities during the session enhanced my learning
 - c. Audiovisual and other materials enhanced my learning.
5. Is a correlation between the effectiveness of the delivery and components of the UPPB and scores on the post-test learning outcome measures?
6. What components or concepts from the UPPB were most helpful in preparing you for participation in interprofessional collaborative learning (ICPL)?
7. What was least helpful to you in UPPB or could have gone better?
8. Is there anything else you would like to say about your experience?

Quantitative Analysis

Research Question 1

What is the internal consistency and reliability of the data on the learning outcome pre and post-test scale?

Cronbach's alpha was performed to test the internal reliability of the learning outcomes pre- and post-test scales and two subscales related to the effectiveness of the delivery of the

workshop. The pre- and post-test learning outcome scales each consisted of 4 items ($\alpha = .85$ and $\alpha = .83$, respectively). Cronbach's alpha on the post-only learning environment subscale consisted of 3 items ($\alpha = .47$), and the faculty effectively modeled the value of ICPL subscale consisted of 3 items ($\alpha = .94$).

Given the low alpha ($\alpha = .47$) on the learning environment subscale relative to the effectiveness of the delivery of the workshop, Cronbach's alpha was also performed using all 6 items combined to measure effectiveness of the delivery scale reliability overall ($\alpha = .79$). The alpha was significantly higher ($\alpha = .79$ vs. $\alpha = .47$) when the learning environment subscale items were viewed as part of a 6-item scale of overall effectiveness of delivery of the workshop, however, this alpha was lower when compared to the 3-item faculty effectively modeled the value of ICPL subscale ($\alpha = .94$ vs. $\alpha = .79$). See table 10 below.

Table 10 Cronbach's alpha for learning outcome pre- and post-test scales, learning environment and faculty modeled value of ICPL subscales, and overall effectiveness of delivery of UPPB scale

Scale	Cronbach's alpha	# Of items
LO before UPPB	.85	4
LO after UPPB	.83	4
Learning env	.47	3
Faculty modeled value of ICPL	.94	3
Overall effectiveness of delivery of UPPB	.79	6

Research Question 2

Did students have an increased sense of preparedness to participate in IPCL activities from retrospective pre-test to post-test?

A two tailed paired sample T-test was performed using the combined 4-item learning outcomes scale. The results from the analysis for pre-test ($M = 3.33$, $SD = .84$) and post-test ($M =$

4.55, $SD = .50$) indicate that participants reported an improvement on all the learning outcomes, $t(14) = 5.2, p < .001$.

A two tailed paired sample T-test was performed separately on each of the learning items as well. The results from the analysis of learning outcome 1 for pre-test ($M = 3.93, SD = .88$) and post-test ($M = 4.8, SD = .56$) indicate that participants reported an improvement for learning outcome 1, $t(14) = 3.6, p = .003$. The results from the analysis learning outcome 2 for pre-test ($M = 3.0, SD = 1.07$) and post-test ($M = 4.4, SD = .63$) indicate that participants reported an improvement for learning outcome 2, $t(14) = 4.8, p < .001$. The results from the analysis learning outcome 3 for pre-test ($M = 3.07, SD = 1.03$) and post-test ($M = 4.4, SD = .63$) indicate that participants reported an improvement for learning objective 3, $t(14) = 4.4, p < .001$. The results from the analysis learning outcome 4 for pre-test ($M = 3.33, SD = 1.05$) and post-test ($M = 4.6, SD = .63$) indicate that participants reported an improvement for learning outcome 4, $t(14) = 4.5, p < .001$. See table 11 below.

Table 11 Paired sample t-tests for retrospective pre- and post-tests on learning outcomes.

LO #	Learning outcome description	Mean	Std Dev	<i>t</i>	<i>df</i>	<i>Sig.</i>
1	Before - understands importance of ICPL	3.93	.88	3.66	14	.003
	After - understands importance of ICPL	4.80	.56			
2	Before - confidence responding to bias and stereotyping	3.30	1.07	4.836	14	< .001
	After - confidence responding to bias and stereotyping	4.40	.63			
3	Before - confidence responding to hierarchy and power dynamics	3.07	1.03	4.394	14	< .001
	After - confidence responding to hierarchy and power dynamics	4.40	.63			
4	Before - confidence in understanding SW role on the IP team	3.33	1.05	4.461	14	< .001
	Before - confidence in understanding SW role on the IP team	4.60	.63			

Research Question 3 and 4

Research question 3 asks if the faculty facilitator effectively model the value of interprofessional collaboration and social works' role on the interprofessional team?

Research 4 asks if a learning environment was created that allowed students to participate, ask questions, and engage in skills practice? Frequencies were analyzed for each of the three items on the effectiveness of delivery scale. This section of the survey asked participants to respond to each of the six items using a 5-point Likert scale ranging from 1 strongly disagree to 5 strongly agree. The mean and the mode were analyzed, as well as the range and standard deviation. The most frequent response (mode) for each of the six items was 5. Five of the six items had a range of 2 with 3 being the minimum response and 5 being the maximum response. The item asking participants to respond to whether the instructor was prepared and presented the information in a comprehensive, clear, and understandable way had a range of 1 with minimum of 4 and a maximum of 5. The results from the analysis of the means were 1) learning objectives met ($M = 4.67$, $SD = .62$); 2) instructor was prepared and presented information in a comprehensive, clear and understandable manner ($M=4.87$, $SD = .35$); 3) instructor adequately addressed participants questions and concerns ($M = 4.80$, $SD = .56$); 4) instructor communicated and modeled the value of social work students participation in ICPL activities ($M = 4.73$, $SD = .59$); 5) audiovisual and other materials enhanced student's learning ($M = 4.53$, $SD = .74$); and 6) interactive discussions and activities enhanced student's learning ($M = 4.67$, $SD = .72$). The mode and median indicate that most of the participants agreed or strongly agreed with each item on the effectiveness of delivery scale. These results suggest that the delivery of and the components of the UPPB were well received by the participants and positively affected students' experience. See table 12 below.

Table 12 Frequencies for responses to effectiveness of delivery scale items.

Effectiveness of delivery items	N	Mean	Mode	Std Dev	Range	Min	Max
1. Learning objectives met	15	4.67	5	.62	2	3	5
2. Instructor was prepared and presented information in a comprehensive, clear, and understandable manner	15	4.87	5	.35	1	4	5
3. Instructor adequately addressed participants questions and concerns	15	4.80	5	.56	2	3	5
4. Instructor communicated and modeled the value of social work students' participation in ICPL activities	15	4.73	5	.59	2	3	5
5. Audiovisual and other materials enhanced student's learning	15	4.53	5	.74	2	3	5
6. Interactive discussions and activities enhanced student's learning	15	4.67	5	.72	2	3	5

Research Question 5

Is a correlation between the effectiveness of the delivery and components of the UPPB and scores on the post-test learning outcome measures?

A correlation analysis was conducted between the effectiveness of the delivery of the UPPB and post-test score on the learning outcomes. Among the participants who completed the survey, post-test scores on the learning outcomes were positively correlated with the effectiveness of delivery measure $r(13) = .53, p = .05, r^2 = .28$. See table #

Scores on learning outcomes after the UPPB ranged from 3 to 5 ($M = 4.55, SD = .50, n = 15$). Scores on the effectiveness of delivery scale ranged from 3.67 to 5 ($M = 4.71, SD = .43, n = 15$). See tables 13 and 14 below.

Table 13 Correlation analysis for LOs after the UPPB and overall effectiveness of delivery of UPPB.

Scales	Correlations	LO after UPPB	Overall effectiveness of delivery of UPPB
LO after UPPB	Pearson's r		.53*
	Sig. (2-tailed)		.043
	N	15	15
Overall effectiveness of delivery of UPPB	Pearson's r	.53*	
	Sig. (2-tailed)	.043	
	N	15	15

*Correlation significant at <.05 level.

Table 14 Descriptive statistics for LOs after the UPPB and overall effectiveness of delivery of UPPB

Scale	N	Min	Max	Mean	Std Dev
LO after UPPB	15	3	5	4.55	.50
Overall effectiveness of delivery of UPPB	15	3.67	5	4.71	.43

In addition to looking at the correlation between the overall scores on the post-test learning outcome scale and the overall scores on the post-test effectiveness of delivery scale, an analysis was conducted to see if there was a correlation between the six items of the effectiveness of the delivery of the UPPB scale and the 4 items on the post-test learning outcomes scale. Among the participants who completed the survey, post-test scores on learning outcome (LO) 1 were positively correlated with items 1, 2, 3 and 4 on the effectiveness of delivery scale $r(13) = .62, p < .05, r^2 = .38$; $r(13) = .58, p < .05, r^2 = .34$; $r(13) = .77, p < .001, r^2 = .59$; $r(13) = .69, p = .005, r^2 = .48$, respectively. LO 2 was positively correlated with items 2 and 3 on the effectiveness of delivery scale $r(13) = .58, p < .05, r^2 = .34$; $r(13) = .65, p < .01, r^2 = .42$, respectively. LO 3 was determined not to be significantly correlated with any of the effectiveness of delivery items. LO 4 was positively correlated with item 3 on the effectiveness of delivery scale $r(13) = .56, p < .05, r^2 = .31$. See table 15 below.

Table 15 Correlations between post-test scores on learning outcome items and effectiveness of delivery scale items.

Effectiveness of delivery scale items	Correlation	1 Understands importance of IPCL after UPPB	2 Confidence responding to bias and stereotyping after UPPB	3 Confidence responding to hierarchy and power dynamics after UPPB	4 Confidence in understanding SW role on the team after UPPB
1. learning objective met	<i>r</i>	.62*	.37	.37	.37
	<i>P</i> value	.01	.18	.18	.18
	N	15	15	15	15
2. Instructor was prepared and presented info in a comprehensive, clear, & understandable way	<i>r</i>	.58*	.58*	.26	.39
	<i>P</i> value	.024	.024	.356	.16
	N	15	15	15	15
3. Instructor adequately addressed participants' questions and concern	<i>r</i>	.77**	.65**	.44	.56*
	<i>P</i> value	< .001	< .01	.10	.03
	N	15	15	15	15
4. Instructor communicated & modeled the value of SW students' participation in ICPL activities.	<i>r</i>	.69**	.50	.50	.46
	<i>P</i> value	.005	.06	.06	.09
	N	15	15	15	15

5. Audio-visual and other materials enhanced student's learning.	<i>r</i>	.45	-.03	.27	-.12
	<i>P</i> value	.10	.91	.32	.67
	N	15	15	15	15
6. Interactive discussions and activities during the session enhanced student's learning.	<i>r</i>	.18	-.31	.16	-.31
	<i>P</i> value	.53	.26	.58	.26
	N	15	15	15	15

** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed).

Qualitative Analysis

For research questions 6, 7, and 8 represented in Table , coding, thematic development, and content analysis strategies were utilized. Most of the responses to the qualitative questions provided short, 1 – 2 sentence responses and in some cases, 1 – 2 words, thus a coding and frequency percentage approach to analysis was used for all three of the qualitative research questions. The following steps were used to code and analyze the data: manage and organize, categorize emergent ideas, describe, and classify codes into themes, develop and assess interpretations, and represent and visualize the data (Creswell & Poth, 2018). Qualitative data for each of the three questions was analyzed for responses related to content and components of the workshop as well as the students' responses to the effectiveness of the delivery by the instructor.

Research Question 6

Research question 6 asked to students to identify which components or delivery methods were most helpful. Specifically, students were asked to respond to the question, what components or concepts from the UPPB were most helpful in preparing you for participation in

interprofessional collaborative learning (ICPL)? To answer this research question, the researcher coded the participants responses to this question presented in assessment survey. Of the 15 participants, 11 responses were received for this question. The following themes emerged: Interactive discussion and focusing on self-reflection. The frequency count for each theme incident is represented in Table 16. The percentage distribution is represented in Table 17.

Additionally, there were 2 subthemes noted for interactive discussion: 1) Addressing the role of social work on the interprofessional team; and (2) Addressing professional centrism in interprofessional practice. Three students specifically identified addressing the role of social work on an interprofessional team as most helpful while four students specifically identified that addressing professional centrism was most helpful. One student noted that discussing both were helpful.

Interactive discussion. Students identified that they found the interactive discussions most helpful in preparing them for interprofessional collaborative learning. Below are some responses that represent this theme:

Discussions of biases about social workers and how to address them. Discussions of bringing awareness to and correcting power hierarchies in interprofessional collaborative learning activities.

Hearing the range of misconceptions other students and professionals may hold about social work/social workers, and the discussion about how to respond to them.

Specific examples, hearing from fellow students, discussing what tools the SW brings to the team, the importance of knowing your role...

Talking about social work's unique perspective and how to use that in a way to empower the group but not take on full responsibility or leadership for group dynamics.

Focus on self-reflection. Students identified that they found opportunities to be self-reflective to be most helpful in preparing them for interprofessional collaborative learning.

Below are some responses that represent this theme:

Learning about professional centrism. It will help me understand my own biases as well as biases people in other professions may have.

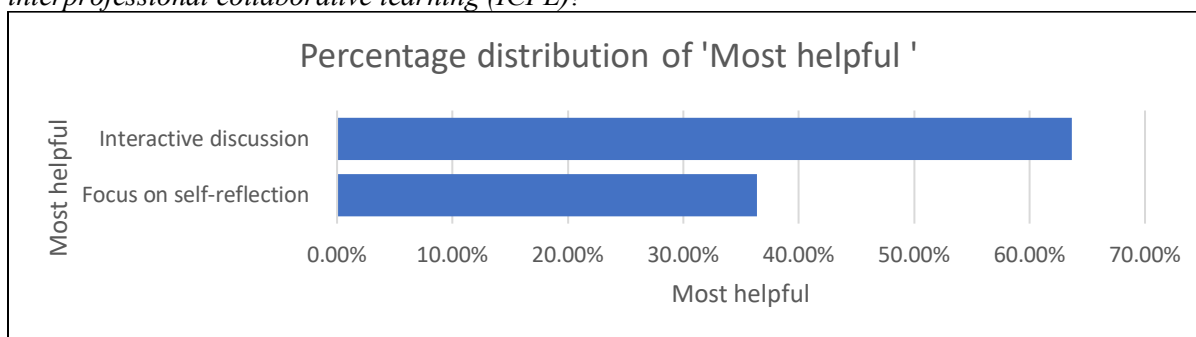
Helpful information and helped me reflect on my current practices within my internship.

Using real life examples and hearing from participants with guidance from the instructor.

Table 16 Frequency of qualitative responses to question 6, what components or concepts from the UPPB were most helpful in preparing you for participation in interprofessional collaborative learning (ICPL)?

What was most helpful?	Count
Interactive discussion	7
Focus on self-reflection	4
Grand Total	11

Table 17 Percentages of distribution for qualitative responses to research question 6 regarding what components or concepts from the UPPB were most helpful in preparing you for participation in interprofessional collaborative learning (ICPL)?



Research Question 7

Research question 7 asked to students to identify which components or delivery methods were least helpful. Specifically, students were asked to respond to the question, what components or concepts from the UPPB were least helpful in preparing you for participation in interprofessional collaborative learning (ICPL)? To answer this research question, the researcher coded the participants responses to this question presented in the assessment survey. Of the 15 participants, 11 responses were received for this question. A total of 7 responses were analyzed for this question. Four responses were removed from the analysis. Two responses were removed as they indicated that there was nothing that was not helpful, one response of N/A was removed,

and one response was removed as it referred to a previously attended workshop, not the UPPB, that was also presented by the researcher. The following themes emerged: Didactic presentation and audio-visual material. The frequency count for each thematic incident is represented in Table 18. The percentage distribution is visually represented in Table 19.

Didactic presentation. Four students identified that they found the didactic presentation least helpful in preparing them for interprofessional collaborative learning noting that the pace was too fast or there was content that they felt was missing for them. Below are some responses that represent this theme:

I wish we could have had time to talk through the appealing and well thought out presentation slides a little slower.

It'd be great to have some specific phrases to use when collaborating with others and explaining the need for a social worker on the team. maybe you could add a video of actors having an interaction where this conversation happens.

It would have been helpful to have had a more in-depth explanation of CECE's options at (private institution) - we touched on next steps for getting involved with IPE here, but the range of options and timeline were a bit unclear (I realize that we've had it explained multiple times, including during orientation; with all the new info, though, it was hard to remember the specifics)

Audio-visual materials. Three students identified that the audio-visual material was least helpful in preparing them for interprofessional collaborative learning noting that the slide presentation was too dense or that they would have liked to have handouts for the slides. Below are some responses that represent this theme:

The powerpoint was very dense -- if the information were spread out across slides, I would have digested it more.

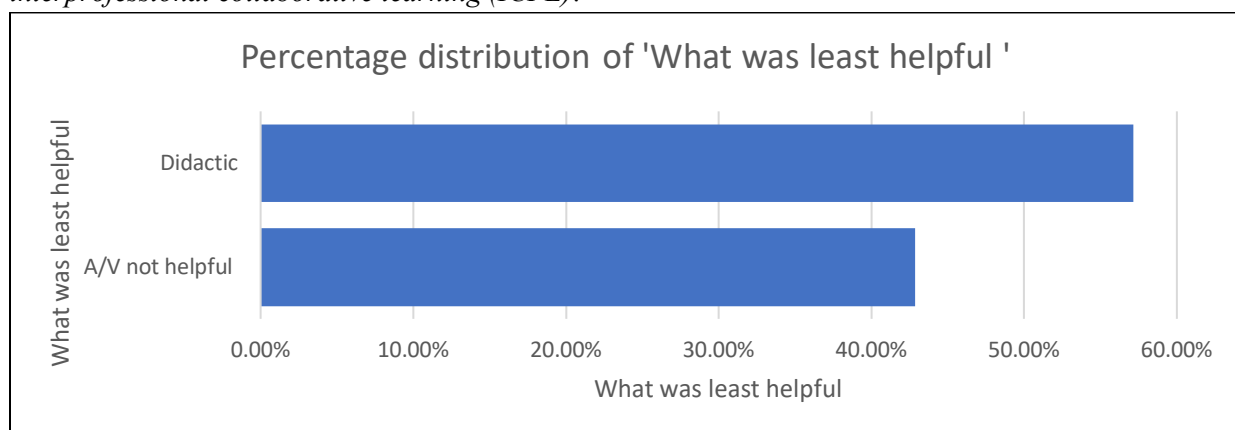
Some of the slides had graphics that were helpful but included a lot of text that was difficult to read while listening to the presenter.

No notes (provided).

Table 18 Frequency of qualitative responses to question 7, what components or concepts from the UPPB were least helpful in preparing you for participation in interprofessional collaborative learning (ICPL)?

What was least helpful?	Count
Didactic presentation	4
A/V material	3
Grand Total	7

Table 19 Percentages of distribution for qualitative responses to research question 7 regarding what components or concepts from the UPPB were least helpful in preparing you for participation in interprofessional collaborative learning (ICPL)?



Research Question 8

Research question 8 asked students to identify any additional information they would like share about their experience. Specifically, students were asked to respond to the question, is there anything else you would like to say about your experience? To answer this research question, participant responses to this survey question were coded. Of the 15 participants, 10 responses were received for this question. A total of 9 responses were analyzed for this question. One response was coded separately as it did not fit with either of the two themes identified. This response indicated that there was missing content from the workshop that they would have found helpful. The following themes emerged: Gratitude/helpful and increase in confidence and self-

efficacy. The frequency count for each thematic incident is represented in Table 20. The percentage distribution is visually represented in Table 21.

Gratitude/helpful. Six students indicated gratitude for the experience and/or they found the workshop helpful. Below are some responses that represent this theme:

I appreciated the willingness to take questions during the slideshow, and thought the guided group brainstorm sessions brought a lot of good ideas

Thank you for your support!

I believe that this was a good and informational training.

Thank you!

Confidence and self-efficacy. Three students reported feeling more confident and as sense of self-efficacy to engage in interprofessional collaborative . Below are some responses that represent this theme:

I'm excited for the interprofessional immersion.

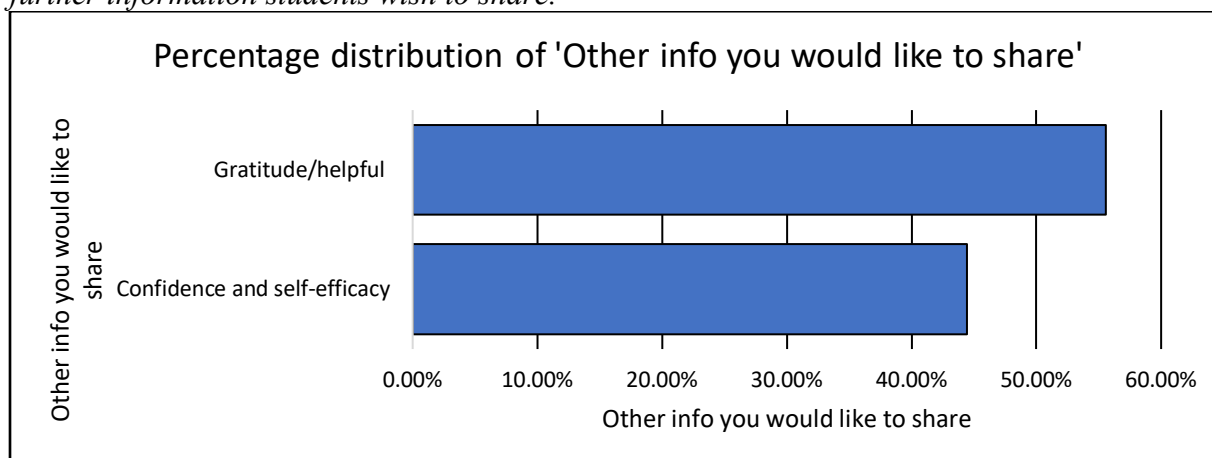
I learned a lot and grew in confidence regarding working on interprofessional teams.

I appreciate the opportunity to come together unprofessionally to talk about our role on teams. It lays a really helpful foundation of thoughts and language to bring to the interprofessional table.

Table 20 *Frequency of qualitative responses to question 8, is there anything else you would like to say about your experience?*

Anything else you would like to share?	Count
Gratitude/Helpful	5
Increase in confidence and self-efficacy	4
Grand Total	9

Table 21 Percentages of distribution for qualitative responses to research question 8 regarding further information students wish to share.



Chapter 5 Discussion, Implications, and Conclusions

Studies on the impact of interprofessional education (IPE) generally focus on students' acquisition of IPEC competencies. These studies have demonstrated increased knowledge of professional roles, interprofessional attitudes and confidence, and teamwork skills and communication post IPE experience (Charles et al., 2011; IPEC, 2016; Peterson & Brommelsiek, 2017; Reilly et al., 2014). Studies focused on student readiness for IPE employ standardized tools such as the Readiness for Interprofessional Learning Scale (RIPLS) which use self-reporting pre- and post-test design that measure students' professional attitudes as well as the IPEC competencies (Cohen Konrad et al., 2017; McFayden et al., 2005; Mokler et al., 2020; Parsell & Bligh, 1999; Schmitz & Brandt, 2015; Schmitz et al., 2017; Wakely et al., 2013). While it is important for students to recognize their negative attitudes and biases toward other professions, literature could not be found that specifically explored interventions that increase students' awareness of negative attitudes, professional biases, and power dynamics, and provided students with knowledge, skills, and self-awareness to address these challenges while participating in interprofessional collaborative learning.

The primary purpose of this intervention research study was to evaluate the effectiveness and efficacy of a structured intervention called the Uni-Professional Pre-Briefing (UPPB). This intervention was designed to be delivered as a workshop to social work students prior to their engagement in interprofessional collaborative learning experiences. The purpose of the UPPB is to contextualize interprofessional collaboration in social work education, explore benefits, challenges, and barriers to interprofessional teamwork, increase understanding of the role of social work on the healthcare team, and improve student self-efficacy for managing conflicts that may arise from professional centrism, stereotyping, hierarchical attitudes, and bias. The two hypotheses conceptualized for this research were 1) participation in the UPPB would increase

students' preparedness to engage in interprofessional collaborative learning; and 2) students' learning process and attainment of desired learning outcomes would be enhanced if the components of the workshop were well-designed and delivered effectively by faculty.

Generalizability

To assess generalizability of the findings of this study with a sample size of 15, demographic information regarding gender and age were collected to compare to those of master's social work students in the US. According to the Council on Social Work Education, most master's social work students enrolled in accredited programs in the United States in 2020 were female (85.1%) and 76% of students were 25 years old or older (CSWE, 2021). Thus, the 15 students who completed the survey may not provide a good representative sample for gender (66.7% identified as female), however, the age of MSW students who answered this question, 10 of 15 (71.4%), closely aligns with the national averages as reported by CSWE (2021). One of the limitations of this research study is the size of the sample (15 MSW students). As noted in the Chapter 3, the ideal sample size given the number of possible participants (26) would have been 24 (Israel, 1992; Yamane, 1967). A sample size of 15 MSW student participants would make it difficult to generalize the results of this study to the larger population of social work students in accredited programs in the US.

Interpretation of quantitative analysis

Evaluation survey psychometrics

As noted in chapter 3, the evaluation survey for the UPPB was researcher created and thus did not have any previously known psychometrics to test the reliability and validity of the instrument. The results of the analysis of the learning outcomes scale indicate that both pre- and post-test have a shared covariance and thus are assumed to be measuring the same underlying concepts. Similarly, results of the analysis on the 6-item effectiveness of delivery scale indicate

that these items are measuring the same underlying concepts. While further psychometric testing is needed to be sure that the results can be duplicated in a larger sample, these early results are promising and demonstrate the utility of the researcher developed evaluation of the tool.

Learning outcomes and increased preparedness

To utilize the pre- and post-test self-report survey design effectively, the researcher must create an evaluation tool with sufficient sensitivity to detect changes in participants and choose words and phrases that help the participant with remembering their thoughts, knowledge, or behaviors prior to the intervention (Allen & Nimon, 2007; Lynch, 2002; Pratt et al., 2000). Upon completing the UPPB participants were asked to consider the knowledge or behaviors (learning objectives) gained or enhanced because of participating in the program and to reflect on what their knowledge or behavior was prior to the program in a retrospective pre-/post-test designed survey (Allen & Nimon, 2007; Rockwell & Kohn, 1989). The four learning outcome goals for the UPPB evaluation survey were designed as the measure of students' preparedness for engaging in IPCL. These learning outcomes were chosen as they aligned with the issues found in previous studies to be barriers to social work students' participation in IPCL as previously discussed in chapters 1 and 2 of this dissertation.

The results of the paired sample t-test for each of the four learning outcome items show that students reported a statistically significant increase in knowledge and skills from pre- to post-workshop attendance. Additionally, when the 4-items of the learning outcome scale were considered as whole, the results also demonstrated that the students had increased knowledge and skills from pre- to post- test. These results are further supported by students' qualitative responses to the question on the survey about what was most helpful. Students reported that learning about professional centrism and ways to respond to this, as well as further understanding of the role of social work in interprofessional collaborative practice enhanced their

sense of confidence and preparedness to engage in ICPL. While this was a small sample of students, these results are encouraging and suggest that the UPPB workshop achieved the goal of enhancing students' preparedness for participating in interprofessional collaborative learning activities. To ensure generalizable results of this intervention the UPPB would need to be available to a wider breadth of for students in social work programs across the U.S.

Effectiveness of delivery of the UPPB

The results on the effectiveness of delivery scale indicate that most of the participants agreed or strongly agreed with each item on the effectiveness of delivery scale. These results suggest that the delivery of and the components of the UPPB were well received by the participants and positively affected students' experience. The quantitative analysis showed that the components students found most valuable were that the instructor was prepared and presented the information in a clear and comprehensive manner, modeled the value of social work students' participation in ICPL and adequately addressed students' questions and concerns.

While students reported lower scores on the other three items of the effectiveness of delivery scale, these scores also had a mean above 4 and a mode of 5. The lowest score was on the value of the audio-visual materials was supported by students' qualitative responses to the question on the survey about what was least helpful. Students reported that slides in the presentation were too dense, contained too many words and that handouts of the slides (notes) were not provided to the students during the presentation.

Students reported the second lowest score on the value of interactive discussions to their learning. It is interesting to note that while this received one of the lowest scores, students' qualitative responses to what was most helpful clearly illuminated that the interactive discussions were most helpful to over 60% of the students. One possibility is that this item was scored lower by students who did not participate in the conversations. Another possibility is that the method of

delivery, virtual or in person, may have affected a student's willingness or comfort to participate in the conversation. This could be explored further by including this variable in a future analysis to see if there is a difference in how the UPPB workshop is received by participants who attend in person and those who attend virtually.

Correlational analysis of the effectiveness of delivery and learning outcomes

The results of the correlational analysis when comparing the full scales with all items revealed a significant positive correlation between the students' learning outcomes on the post-test and the scores on the effectiveness of delivery scale. This suggests that students' learning outcomes were improved when the UPPB workshop and all the components are delivered in an effective manner.

To further illuminate and understand the correlation, an analysis of each item on the learning outcomes and effectiveness of delivery scale were analyzed. Learning outcome 1, understands the importance of IPCL in the social work curriculum, was positively correlated with items 1, 2, 3 and 4 on the effectiveness of delivery scale. The strongest correlations with learning outcome 1 were related to item 3 (instructor adequately addressed questions and concerns) and item 4 (instructor communicated and modeled the value of social work students' participation in IPCL activities). Effectiveness of delivery scale items that showed the most significant correlations with learning outcomes were items 2 and 3. This suggests that students' learning was particularly affected by relational aspects of the delivery and the instructor's ability to create a psychologically safe learning environment. One of the guiding principles in the delivery of the UPPB intervention is relational theory. Working from this pedagogy, the researcher delivered the workshop through engaging students in ways that created safe, accepting, and nonjudgmental space for students to explore and enhance critical thinking skills through conversations to provide context. Relational learning engages students in activities that

promote critical thinking and reflexive practice skills, which requires instructors to be attentive to environmental, interpersonal, and pedagogical factors and create learning spaces that are safe, accepting, and nonjudgmental (Cohen Konrad & Browning, 2012; Edwards & Richards 2012). The intent in this method of delivery is to lay the foundation for student's development of an interprofessional identity through encouraging students' curiosity, questions and concerns related to interprofessional collaborative learning activities. Qualitative responses to the question about what was most helpful provide further support regarding the importance of relationship, presence, and engagement by the faculty for enhancing students' experience and learning outcomes.

Learning outcome 3 (confidence responding to hierarchy and power dynamics) was not correlated with any of the effectiveness of delivery items. While hard to pinpoint the exact reason why this learning outcome cannot be correlated with any of the effectiveness of delivery items, students' qualitative responses suggest that many students felt greater confidence and self-efficacy for participating in IPCL and had gained knowledge about these concepts. This increased confidence and self-efficacy for participating in IPCL, however, may not be specifically related to students' confidence in addressing these issues. One way to address this would be to infuse more interactive learning activities during the UPPB to more improve students' sense of confidence and self-efficacy to respond to power dynamic in interprofessional collaboration.

It is interesting to note that items 5 (audio-visual materials enhanced students' learning) and 6 (interactive discussion and activities enhanced students' learning) on the effectiveness of delivery scale were not significantly correlated with any learning outcomes. While not statistically significant, it is of note that items 5 and 6 were negatively correlated with learning outcomes 2 (confidence responding to bias and stereotypes) and 4 (confidence in understanding

social work's role on the interprofessional team). The absence of correlation between learning outcomes and the audio-visual material used in the workshop is supported by students' response to what was least helpful to their learning. The researcher may wish to improve the slide presentation by reducing the number of words on the slides and providing handouts and notes for UPPB workshop participants.

When comparing the correlational analysis for item 6 (interactive discussion and activities enhanced students' learning) on the effectiveness of delivery scale with students' qualitative responses regarding what was most helpful in the workshop, it is unclear why seven students of eleven commented that the interactive nature of the presentation was most helpful. It is possible that the way this item is worded on the survey may not be clear enough for students to discern the concept that it is attempting to measure. Future iterations of the survey tool may need to explore other possible ways to ask this question.

Qualitative analysis

When triangulated with the quantitative data analysis, much of the qualitative responses provided by students support the findings. Qualitative data suggests that most students found the UPPB workshop helpful, informative and about half noted that it enhanced their sense of confidence and self-efficacy for participating in IPCL activities.

Discussion and implications for future exploration

Social workers are integral to the health care landscape bringing a unique perspective and skill set to the interprofessional care team. Current trends in health care highlight the need for social workers, as well as other health care professionals, to be workforce ready upon graduation to engage in interprofessional team-based practice. As such, social workers need to be adequately prepared with interprofessional team competencies to contribute to patient care in an effective way (de Saxe Zerden et al., 2018; Kobayashi & Fitzgerald, 2017). Social work

educators then must work across disciplines to create opportunities for students to develop these competencies through participation in interprofessional collaborative learning.

Interprofessional collaborative learning opportunities reinforce the role social workers have on health care teams and provide social work students with opportunities to find their voice, place, and value as part of the team. Team-based learning experiences provide social work students with opportunities to develop and/or enhance their sense of self-efficacy and self-confidence as a social worker and interprofessional practitioner. Other health profession students also benefit from participation of social work students in IPCL by bringing understanding of social determinants of health, recognizing barriers to access to care, and modeling patient-centered, collaborative team practice.

Several barriers have been identified that impede social work students' preparedness to participate in ICPL activities. The barriers identified for this study were professional centrism, lack of clarity of the role of social work on a health care team, and lack of confidence to address issues of bias, stereotyping and power dynamics. The purpose of this study was to evaluate the efficacy and effectiveness of an intervention developed to enhance social work students' preparedness to engage in IPCL.

Despite the small sample, the results of the efficacy testing phase for this intervention research demonstrate some successes. The current results demonstrate that this intervention enhanced students' confidence and preparedness to engage in interprofessional collaborative learning with students across healthcare disciplines. When students feel confident in their ability to fully engage in the experience, it is expected that this will increase student self-efficacy, confidence, and their identity as both a social work and interprofessional professional. Additionally, based on these results, it would be expected that social work students would be able to articulate the skills, values, and contributions they bring to the interprofessional

collaborative team. It is beyond this study's scope to evaluate how much students could engage these skills while participating in an IPCL activity. To explore this, future research might include a survey post IPCL activity to evaluate students' actual experience of engagement, confidence, self-efficacy, and the ability to employ these skills.

In addition to the limitations of the sample size, there were two other considerations that may impose threats to the validity and reliability of the results. First, the researcher teaches at one of the institutions where the research was conducted and thus all the students who participated in the study know the researcher. This may contribute to favorable outcomes as well as the number of students who participated in completing the survey. Second, a secondary reviewer for the qualitative data was not utilized, thus, the analysis of the themes was done solely by the researcher and may be viewed as biased.

The intervention research process offers multiple opportunities to evaluate, change, and improve the program being implemented. Feminist evaluation research is a process that culminates in conclusions about the value, merit, worth, significance or quality of a program, intervention, policy, proposal, or plan (Leavy & Harris, 2019; Mertens & Stewart, 2014). Evaluation research from this lens views the value-based, judgment aspect of research as an essential component, (Leavy & Harris, 2019; Mertens & Stewart, 2014).

The purpose of evaluation research then centers on studying a program or intervention to adjust and refine components and/or delivery of the program or intervention before proceeding further. The results of this intervention, while primarily positive, could benefit from some adjustments and refinement in the content and delivery of the UPPB. Students noted that the presentation slides were too dense and wordy, thus it would be beneficial for the researcher to edit the slides and to provide handouts and notes to participants before or during the workshop.

Another area noted for refinement is the way the effectiveness of delivery was

conceptualized as two subscales. The results of this intervention research suggest that the effectiveness of delivery scale might benefit from being viewed as one 6-item scale or to redefine the subscales. Three items on a subscale may not provide enough breadth to accurately measure the intended concept.

Adoption and implementation of the UPPB intervention

The evaluation of the UPPB intervention suggests that it achieved the intended goal of increasing social work students' preparedness to participate in IPCL. As noted previously, the Council on Social Work Education requires that accredited programs provide opportunities for students to develop interprofessional collaborative practice skills. Well planned and delivered ICPL is an effective way for students to gain these skills as part of the program's curriculum or co-curriculum. The UPPB is one effective way to prepare social work students to engage in IPCL to gain the most from the experience.

There are multiple ways to provide IPCL in CSWE accredited social work programs. In 2016 the social work program at the researcher's institution developed and implemented a curriculum model to address the interprofessional competencies which requires all BSW and MSW students in field practicum to participate in interprofessional collaborative learning. The academic institution has an active and thriving interprofessional culture among faculty as well as a center of excellence in collaborative education that provide multiple opportunities for students to be exposed to interprofessional practice and to engage in collaborative case-based learning and simulation.

In the generalist year (BSW and MSW) students are required to attend a minimum of two seminars or workshops that are intentionally planned and delivered by, for and about interprofessional collaborative practice sponsored by the university or through community or agency professional workforce development training. Students submit written reflections of their

experience post attendance as a graded assignment for the course. This level of engagement provides students with exposure to the concepts of interprofessional collaborative practice in practical and applicable practice arenas. Specialization year students are expected to engage in collaborative practice in their field practicum through attending grand rounds, group case consultation or multi-disciplinary team meetings (if possible), or by participating in a collaborative case-based learning or simulation.

Most health profession students at the researcher's university must participate in a uni-professional meeting before engaging in IPCL activities. The UPPB was developed as an intervention specifically for social work students who often struggled with finding their place and voice on the student team. To more effectively prepare all social work students to engage in interprofessional collaborative learning and practice, in fall 2022 the program at the researcher's institution introduced the UPPB as part of the generalist year field practicum seminar to contextualize IPCL as part of the curriculum and culture of the university and program. This implementation may not work for all programs, however, use of this UPPB intervention, when delivered well, not only prepares students for interprofessional collaborative learning and practice but also has the potential to enhance students' confidence and identity as a social work professional.

Adoption and implementation of the UPPB in social work programs or adaptation for other disciplines will require future evaluation to explore fidelity to the model and delivery of the program and replication of results. The intervention has components relevant to social work education and practice, however there are areas, such as the IPCL culture specific to the academic institution, that can be adapted. Social work students are not the only ones who experience barriers to interprofessional collaborative learning and practice.

Many social work educators are also unprepared to engage with faculty from other disciplines to develop and implement IPCL opportunities. Social work faculty may experience barriers to interprofessional collaboration in their institutions, which may interfere with finding educational value in this experience or knowing how to prepare students to find their place, voice and role on the team as well as managing bias, stereotyping and power dynamics that are an outgrowth of professional centrism. The model may be able to be adapted for social work or other faculty to address potential barriers to working across faculty lines and disciplines to create IPCL experiences for students.

A train the trainer model for adoption and implementation of the UPPB by other social work programs could ensure fidelity to the model of the intervention. This model could also address sustainability for programs to prepare students for IPCL at other institutions.

Conclusion

Interprofessional collaborative learning prepares health profession students to be workforce ready to engage in a fast-paced, dynamic, and interprofessional team-based care environment. (Centre for the Advancement of Interprofessional Education [CAIPE], 2002; World Health Organization [WHO], 2009). The goal of interprofessional collaborative learning (IPCL) is for students to develop skills to work effectively across disciplines. Professional centrism creates barriers for social work students to fully engage in IPCL. As such, educators must find ways to address issues of professional centrism such as bias, hierarchy, elitism, and stereotyping to support social work students' engagement and experience with participating in IPCL (Pecukonis, 2014). Effective collaborative learning then, begins with minimizing professional centrism through developing a set of consistent behaviors and clear expectations, fostering positive attitudes toward the learning experience for students and faculty, and providing students with opportunities to engage in conflict resolution (Cohen Konrad et al., 2022, in

personal communication). The implementation of the UPPB intervention was to prepare social work students to engage in IPCL more fully by addressing professional centrism and the role of social work on the interprofessional team. The results of the efficacy testing phase for this intervention research demonstrate some successes, despite the sample size and the researcher being known to the students in their institution being limitations to the outcomes. This initial research demonstrates that the UPPB intervention enhanced students' confidence and preparedness to engage in interprofessional collaborative learning with students across healthcare disciplines in Master of Social Work programs in two different academic institutions. If students feel confident in their ability to fully engage in IPCL, it is expected that this will increase student self-efficacy, confidence, and their identity as both a social work and interprofessional professional.

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Appendix A

Participant Recruitment Email

Date:

Hello Students,

I am completing a research study to evaluate the effectiveness and efficacy of a uni-professional pre-briefing (UPPB) for social work students prior to participation in and interprofessional collaborative learning (IPCL) activity, such as the Interprofessional Team Immersion (IPTI). As a student who attended the UPPB in _____ semester 2022, I am hoping that you will be willing to participate by completing the online survey.

Title of the project: *Evaluation of an intervention to enhance social work student readiness for interprofessional collaborative learning*

Description of the Project: This research study will evaluate the effectiveness and efficacy of a uni-professional pre-briefing (UPPB) for social work students. The UPPB focuses on strengthen students understanding of the role of the social work on an interprofessional healthcare team, the context for IPCL as a component of social work education, increasing self-efficacy to actively participate in the experience, and to prepare students to respond if they encounter implicit or explicit bias, stereotyping and power dynamics from students or faculty facilitators.

To participate in the is survey, please follow this link or copy and paste the link below you're your web browser: <https://redcap.une.edu/redcap/surveys/?s=H3YXECLHPA>

Name and Contact Information of Principal Investigator: Kelli S. Fox, LCSW, LADC, CCS, DSW candidate 2023 at Millersville University
Email: kfox2@une.edu; Telephone: (207)-221-4223

IRB Information: University of New England IRB Protocol Approval Number: 0422-01
Millersville University IRB Protocol Number: 970313975

If you choose to participate in this research study and believe you may have suffered a research related injury, please contact:

Rene Munoz, *Administrative Chair, Millersville IRB*
Email: rene.munoz@millersville.edu; Telephone: (717) 871-4457

or

Bob Kennedy, *MS, UNE Director of Research Integrity*
Email: rkennedy1@une.edu; Telephone: (207) 602-2244

If you have any questions or concerns about your rights as a research subject, you may contact: Rene Munoz, *Administrative Chair, Millersville IRB*,
Email: rene.munoz@millersville.edu; Telephone: (717) 871-4457

or

Bob Kennedy, MS, UNE Director of Research Integrity,
Email: rkennedy1@une.edu; Telephone: (207) 602-2244

You may keep a copy of this consent for your records by printing or saving the file to your device.

Thank you for considering this request. Have a wonderful day!

Appendix B

Participant Informed Consent

Research Participant Consent Form
 University of New England, School of Social Work
 Millersville University, School of Social Work

Title of the Study: Evaluating an intervention to improve social work students' preparedness for interprofessional collaboration

Researcher Name(s):

- Kelli Fox – Principal Researcher (kfox2@une.edu or ksfox1@millersville.edu)
- Karen Rice, PhD – Dissertation committee chair and faculty at Millersville University (krice@millersville.edu)
- Shelley Cohen Konrad, PhD, LCSW, FNAP – Director of UNE's Center for Excellence in Collaborative Education and dissertation committee member (scohenkonrad@une.edu)
- Cayleigh Minter, DNP, CRNP, CWCN-AP - Assistant Professor, Department of Nursing. Graduate Coordinator at Millersville University and Central Penn College Campuses and dissertation committee member(cayleigh.minter@millersville.edu)

Study Background

The general purpose of this research is to pilot and assess the effectiveness and efficacy of an intervention called the Uni-professional Pre-briefing (UPPB), to be delivered prior to social work students' participation in an interprofessional collaborative learning activities. Outcome goals of the pre-briefing to be evaluated include achievement of learning objectives, efficacy of the multimodal components of the session, delivery and facilitation by the instructor(s), and qualitative experience of student participants.

Post completion of the UPPB and an interprofessional collaborative learning activity, students will be asked to complete a brief survey. Completion of the survey is confidential and anonymous. The 17-item survey will be available via SurveyMonkey.

The aggregate results of this research project will be published as an academic dissertation in fulfillment of the requirements for a doctorate in social work. In addition, aggregate results may be shown at meetings or published in journals to inform other professionals. If any papers or talks are given about this research, your name will not be used. We may use data from this research project that has been permanently stripped of personal identifiers in future research without obtaining your consent.

Possible Risks and Benefits of Taking Part in this Study

The probability and magnitude of harm/discomfort anticipated as a result of participating in this study are not greater than those ordinarily encountered in daily life.

The risks involved with participation in this research project are minimal and may include:

- Screen fatigue
 - Student may exit the survey at anytime

- Completing the survey is voluntary
- Survey is available 24/7 and will be open for student's participation for 14 days, thus can be completed at the student's convenience
- Concerns about confidentiality
 - Email solicitation for participation in the survey will be sent to recipients via blind copies.
 - Participant recruitment email will be deleted within 60 days after sending.
 - Participants names and email addresses will be kept confidential by the researcher.
 - All email is stored on a password protected computer in an online application that is also password protected.
- Concerns about anonymity
 - Survey will not collect any personally identifying information from participants.
 - Participants will have the option of "Choose not to answer" for the age and gender questions.
 - Names, email addresses or other personally identifiable information will not be collected or recorded at any time or for any purpose.
 - Survey results will be reported in an aggregate way.
 - Qualitative comments will be reported using only information about the participant's university and year in the social work program.
 - Participants will not be asked for follow up interviews or focus group participation.
- Your participation is voluntary, and you may exit the survey at any time. You may choose not to answer or skip questions on the survey including the final three open ended questions.
- Your decision to engage/not engage in this research project will have no effect on your grades or academic status in the social work program at your university.

The potential benefits you may experience from being in this research project include:

- Reflecting on and recognition of what you gained from your interprofessional collaborative learning experience.

Other benefits from your participation in this research project include:

- Providing feedback about the effectiveness of the Uni-professional Pre-briefing in meeting the outcome goals to improve the quality and value of this pre-briefing meeting.
- Provide feedback about the facilitation and delivery of the material by the faculty facilitator to improve and enhance facilitation skills

Your Rights as a Study Participant

I understand that:

- My participation in this study will take approximately 10-15 minutes.
- I will not be compensated for completing this survey

- My participation is voluntary, and I may discontinue participation in the study at any time by closing the survey. My refusal to participate will not affect my academic standing or grades in my program.
- My responses will be recorded anonymously, and I cannot be identified by my responses.

IRB Information: University of New England IRB Protocol Approval Number: 0422-01
Millersville University IRB Protocol Number: 970313975

If you choose to participate in this research study and believe you may have suffered a research related injury, please contact:

Rene Munoz, *Administrative Chair, Millersville IRB*, Email:
rene.munoz@millersville.edu; Telephone: (717) 871-4457

or

Bob Kennedy, *MS, UNE Director of Research Integrity*, Email:rkennedy1@une.edu;
Telephone: (207) 602-2244

If you have any questions or concerns about your rights as a research subject, you may contact: Rene Munoz, *Administrative Chair, Millersville IRB*, Email:
rene.munoz@millersville.edu; Telephone: (717) 871-4457

or

Bob Kennedy, *MS, UNE Director of Research Integrity*, Email:rkennedy1@une.edu;
Telephone: (207) 602-2244

You may keep a copy of this consent for your records by printing or saving the file to your device.

By completing this survey, I acknowledge that I am 18 years of age or older, have read and understand my rights as a research participant, and that I consent to participate in this online research study.

[Uni-professional Pre-briefing survey](#)

Thank you for your participation.

Appendix C

Uni-professional Pre-Briefing Survey

You are being asked to participate in this research project because you are a social work student who has participated in the Uni-professional Pre-briefing prior to engaging in interprofessional collaborative team-based learning (IPCL).

Introduction: The general purpose of this research is to assess the effectiveness and efficacy of the Uni-professional Pre-briefing (UPPB). The UPPB is designed to prepare social work students to fully engage in an interprofessional collaborative team-based learning (IPCL) activity.

Outcome goals of this intervention to be assessed include achievement of learning objectives, efficacy of the delivery and components of the pre-briefing, and narrative feedback about your experience of the pre-briefing. Your participation in this survey is completely voluntary. You may choose not to answer questions in the survey or exit at any time while completing the survey. Your participation and answers are anonymous. All data collected is for the sole purpose of academic research. Data analysis and results will be included in a doctoral dissertation completed by Kelli S. Fox, a 2023 doctoral candidate at Millersville University in Pennsylvania. For more information, please review the IRB approved Participant Info Sheet.

For questions or concerns, please contact:

Kelli S. Fox at kfox2@une.edu or ksfox1@millersville.edu.

[Attachment: "IRB approved online consent form KSF 6.6.22.docx"]

I attest that I am at least 18 years of age and have read and understood the IRB Participant Info Sheet above. Yes No

Which university do you attend?

University of New England Millersville University

What year of the MSW program are you currently in?

Generalist year Advanced Specialization year

What is your age? _____

What is your preferred gender identification?

1. Female
2. Male
3. Non-binary
4. Transgendered
5. Prefer not to answer

For each of the following statements, please indicate your agreement considering your skills BEFORE participating in the Uni-professional pre-briefing and IPCL activity and then NOW, AFTER participation.

Learning Objectives	Before participating in the Uni-professional pre-briefing and IPCL activity	After participating in the Uni-professional pre-briefing and IPCL activity
I understand the importance of interprofessional collaborative learning (IPCL) as part of the social work program curriculum	1 Strongly Disagree 2 Agree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree	1 Strongly Disagree 2 Agree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree
I feel confident to respond to biases and stereotyping from other students and faculty about the social work profession that might arise during the ICPL experience.	1 Strongly Disagree 2 Agree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree	1 Strongly Disagree 2 Agree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree
I feel confident to respond to implicit or explicit hierarchical attitudes and power dynamics that might arise with students or faculty during the ICPL experience.	1 Strongly Disagree 2 Agree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree	1 Strongly Disagree 2 Agree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree
I feel confident in my understanding of and ability to describe social work's role and scope of practice to members of an interprofessional team.	1 Strongly Disagree 2 Agree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree	1 Strongly Disagree 2 Agree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree

For each of the following statements, please indicate how much you agree or disagree

Components and Delivery	
I believe that the learning objectives of the Uni-professional Pre-briefing were met.	1 Strongly Disagree 2 Agree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree
Instructor(s) were prepared and presented the information in a comprehensive, clear, and understandable manner.	1 Strongly Disagree 2 Agree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree

Instructor(s) adequately addressed questions and concerns from participants.	1 Strongly Disagree 2 Agree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree
Instructor(s) effectively communicated and modeled the value of social work students' participation in interprofessional collaborative learning activities.	1 Strongly Disagree 2 Agree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree
Audiovisual and other materials enhanced my learning.	1 Strongly Disagree 2 Agree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree
Interactive discussions and activities during the session enhanced my learning.	1 Strongly Disagree 2 Agree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree

We are interested in your feedback. Please respond to the following questions. Remember, do not include any personal identifying information.

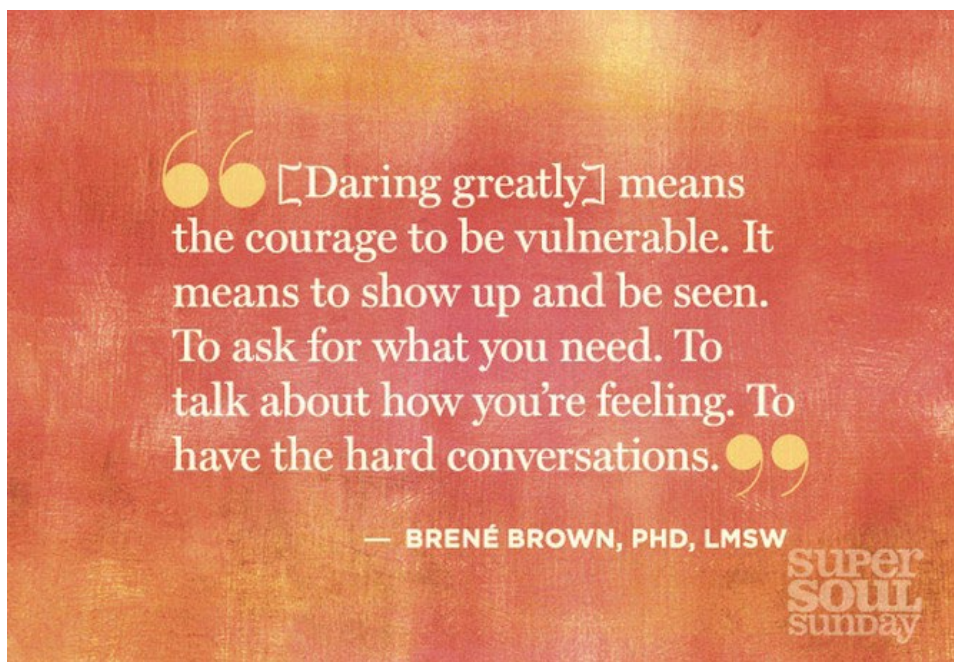
What components or concepts from the Uni-professional Pre-briefing were most helpful in preparing you for participation in an interprofessional collaborative learning activity?

What was least helpful to you in the Uni-professional Pre-briefing or could have gone better?

Is there anything else you would like to say about your experience?

Appendix D

UPPB Intervention Manual

*Enhancing Social Work Students' Preparedness for
Interprofessional Education
Intervention Manual**Uni-professional Pre-Briefing Meeting for
Social Work Students*

Written and Prepared by:
Kelli S. Fox, LCSW, LADC, CCS
DSW Candidate 2023
Millersville University, PA

Nature and Scope of the Phenomenon

Definition of the Phenomenon

Current trends in health care have highlighted the need for health professions educators to teach skills for team-based and collaborative practice while students are still learning on campus (Thistlethwaite et al., 2014; WHO, 2010). The complex healthcare needs of patients and how care is delivered have shifted focus from individual and fragmented care to comprehensive team-based care. Delivering high quality team-based healthcare necessitates providers to have the ability to function within a care team framework. Upon graduation, health profession students, including social workers, were expected to be workforce ready for a complex, interprofessional, and fast-paced work environment (Adamson, 2020; Rubin et al., 2018). One of the Affordable Care Act's quadruple aims includes reform of healthcare to deliver more coordinated and interprofessional care (Strategies for Quality Care, 2020).

In response to trends in healthcare, the Council on Social Work Education (CSWE) committed to interprofessional collaborative education by becoming a supporting organization of the Interprofessional Education Collaborative (IPEC). Since 2016, with the adoption and implementation of Council on Social Work Education, Educational Program Accreditation Standards, and competencies for 2015 (CSWE EPAS), social work students in accredited programs are expected to gain competencies in interprofessional collaborative practice. The most recently released CSWE competencies for 2022 includes various aspects of interprofessional collaborative practice in six of the nine competencies (CSWE, 2022). Social work educators are charged with providing opportunities for students to develop these competencies within the curriculum through field education, simulation, service learning, or other planned IPE experiences.

Given the landscape, educators across health professions have recognized the importance of providing opportunities to immerse students in curricular, service learning, and other activities that promote critical thinking, shared decision-making, and capacity for interprofessional, person-centered collaboration and teamwork. (Cohen Konrad & Browning, 2012) Delivering planned interprofessional education and collaborative learning opportunities for students across health professions to learn with, from and about each other through team-based case collaboration, activities and simulation prepares them to be more effective in providing services, solving problems, and improving future job satisfaction. In addition, interprofessional education (IPE) provides an opportunity for health profession students from one or more disciplines to learn with, from, and about one another to improve team collaboration and enhance the quality of health care provision (Centre for the Advancement of Interprofessional Education [CAIPE], 2002; World Health Organization [WHO], 2009).

Although interprofessional collaborative activities for health professions students have demonstrated increased knowledge of professional roles, interprofessional attitudes and confidence, and team skills (Reilly et al., 2014, Vari et al., 2013), traditional professional role

patterns and lack of professional role understanding are still prevalent among health professions students (Aase, Hansen, & Aase, 2014). Interprofessional collaborative learning creates opportunities for students to develop mutual awareness and respect of each other's profession with a goal to enhance students' comfort with working across disciplines in the classroom environment, which hopefully transfers to seamless collaboration in a clinical environment (Dow et al., 2013).

Meleis (2016) summarized the historical growth of interprofessional education and discussed barriers to move from interprofessional education to practice. The most challenging barrier that rises above administrative constraints of IPE may be professional culture. Pecukonis et al., (2008) suggests that each health profession possesses its own "cultural frame" that must be identified, understood, and addressed for successful IPE implementation across colleges and universities that train health professionals. Health professions, including social work, possess a professional culture that shapes the educational experience for their members.

Traditionally, the approach to teaching healthcare professionals is within their discipline-specific environment (Ryland et al., 2017). While this approach allows students to learn about their profession and develop strong clinical skills, it also decreases the students' ability to learn with, from and about other healthcare professions, the value other associated healthcare professional disciplines bring to the interprofessional healthcare team and contributes to misinformation and stereotypes. (Ryland et al., 2017; Stashefsky-Margalit et al., 2009; Tran, et.al., 2018). When students learn only within their professional silo there is the potential for creating interprofessional relationships that are viewed as hierarchical or competitive instead of collaborative (Stashefsky-Margalit et al., 2009). Profession-centrism develops when a profession's identity is developed in a silo, promoting exclusivity, and undervaluing other professions.

A barrier for social work students engaging in IPE is the general lack of knowledge other health profession students have about the social work profession. Social work students engaged in IPE team-based learning activities frequently encounter other healthcare profession students that are unfamiliar with or have media-driven, stereotypical ideas of what the profession and scope of practice of social work is. Social work students are often unprepared for the perceived negative stereotypes they encounter in interprofessional collaborative educational opportunities.

Encountering negative stereotypes about social work can make it difficult for students to find their place and voice within the interprofessional team during experiential case-based learning activities. Faculty support, contextualizing the experience, and answering students' questions and concerns in a uni-professional pre-briefing meeting facilitated by experienced IPE faculty mentors may be an effective way to prepare students for the experience.

Prevalence of the Phenomenon

According to the US Bureau of Labor Statistics (US BLS), employment of healthcare social workers is projected to grow 14 percent from 2019 to 2029. Healthcare social workers will continue to be needed to help aging populations and their families adjust to new treatments, medications, and lifestyles. Additionally, employment of mental health and substance abuse social workers is projected to grow 17 percent from 2019 to 2029. US BLS reports that employment will grow as more people seek mental health and behavioral health treatment,

including drug offenders who are increasingly being sent to treatment programs which are staffed by these social workers, rather than being incarcerated (US BLS, 2021). Thus, it will be necessary to have social work graduates who are prepared to work in these interprofessional health and behavioral healthcare environments.

While there are many advantages to IPE, there are also challenges. IPE may be stressful for students adjusting to their role and responsibilities, shared leadership, and finding common language while engaging in case-based learning with a team of other healthcare students (Dean et al., 2014; Reeves et al., 2002). Furthermore, IPE may lead to interprofessional conflict between students who are unprepared to address power dynamics or lacking the skills to manage and address personal or professional differences (Friend et al., 2016). These challenges emphasize the importance of faculty support for students and institutional support for faculty facilitating IPE in clinical settings.

The primary focus of IPE programs should be on learning to provide quality care for patients or clients through the integration and collaboration of multiple clinical perspectives. Preparing students in the health professions requires a strong commitment to creating a culture that values teamwork and cultivating a learning environment for students to learn and grow from each other. To prepare students for interprofessional collaborative learning, it is important to recognize what students' need to be successful. Wise et al. (2015) identified student support as being important to the success of IPE programs. Effective interprofessional collaboration does not spontaneously emerge when students from different disciplines are merely grouped together (Oza & Nesbit, 2018).

Ensuring readiness of students participating in IPE prior to immersing them in case-based learning or team simulation with other healthcare professionals has also been found to enhance students' experience, ability to participate effectively and learn from the experience (Medves et al. 2013; Keshtkaran et al. 2014). Identifying factors that influence readiness for IPE can inform the development of learning strategies aimed at improving teamwork and learning outcomes (Oza & Nesbit, 2018). Judge et al. (2015) found that one's professional field influenced readiness for interdisciplinary learning. Oza & Nesbit (2018) point out that exposure to interprofessional interactions prior to admission into graduate professional education may influence a students' engagement in IPE. Oza and Nesbit (2018) studied the influence of previous coursework or exposure to interprofessional interactions in diverse clinical observations settings on graduate students in healthcare professional and found that this type of prior exposure to IPE was not conclusively associated with the students' attitudes toward IPE. Neither exposure to IPE clinical exposure nor prior coursework had significant influence on students' readiness for IPE it is important than to explore other ways to effectively enhance students' learning experience in the academic setting.

Target Population

This intervention is targeted for undergraduate and graduate level social work students in CSWE accredited programs across the US who will participate in interprofessional collaborative learning activities. This pre-briefing intervention is appropriate for social work student prior to participation in any type of interprofessional collaborative learning activity.

Theoretical Framework

A theoretical framework provides context to understand the nature of the problem or phenomenon being addressed. To understand and address social work students' preparedness to engage in interprofessional collaborative learning, this research will view the problem through the theoretical lens of professional centrism.

Problem Theory: Professional-Centrism

Despite the mandate in the Affordable Care Act for interprofessional collaboration in patient care as well as contemporary research that demonstrates enhanced patient outcomes, when care is not delivered by a functioning interprofessional team, physical and mental health care continue to be delivered in silos (Li et al., 2018). As such, each profession can generally only see their own virtues and will attempt to distinguish its methods of assessment and intervention as being superior or more essential to patient care than other professions (Pecukonis, 2014).

Similar to the concept of ethnocentrism, professional centrism describes how health professionals are members of a cultural group with beliefs about patient and client care that guide and direct their behavior (Pecukonis, 2014, 2020; Sumner, 1906). Sumner (1906) argued that homogeneous social groups go to great lengths to differentiate between members of the group and non-members, and that strong group affiliation is simultaneously associated with holding negative attitudes towards outside members (Pecukonis, 2014; Sumner, 1906). Health care disciplines, like cultural groups, possess a professional culture that shape the educational experience of its members as well as determines curriculum content, core values, customs, dress, and professional symbols. One's professional culture determines the meaning and etiology ascribed to symptoms, attributes of health and wellness, the approach to care, and what constitutes treatment success (Pecukonis, 2014, 2020).

Most important for exploring the impact of professional centrism on interprofessional collaborative learning and practice is to examine the ways in which professional culture defines the distribution of power and hierarchy within the work environment, how decisions are made, how conflict is resolved, how reality is constructed, the nature of interprofessional communication, how conflicts are mitigated, and the management of relationships among team members (Pecukonis, 2014; Pecukonis et al., 2008). These beliefs, cognitions, and behaviors are seen as evidence of their professionalism and professional identity and may also create barriers to collaboration with other healthcare professions. Efforts to protect one's professional identity by viewing it as superior to others may also promote isolation, elitism, and professional turf issues (Pecukonis, 2020).

If the goal of interprofessional collaborative learning is for students to effectively work across disciplines, then it is imperative to address issues of professional centrism such as bias, hierarchy, elitism, and stereotyping (Pecukonis, 2014). As such, effective collaborative learning begins with minimizing professional centrism through developing a set of consistent behaviors and clear expectations, fostering positive attitudes toward the learning experience for students and faculty, and providing students with opportunities to engage in conflict resolution (Cohen konrad et al., 2022, in personal communication). The lens of professional centrism highlights challenges and barriers for social work students engaging in interprofessional collaborative learning in two ways. First, as noted in the introduction, social work as well as other health profession students often have difficulty understanding the role of the social worker on a

healthcare team. Secondly, social work students often come into bachelor or Master of Social Work programs with little experience working as part of an interprofessional team, particularly in healthcare settings (Ambrose-Miller & Ashcroft, 2016).

Program Theory: Relational Cultural Theory

Relational Cultural Theory (RCT), with deep feminist theoretical roots, explores the effects of disconnection at a societal and cultural level, and the ways in which power differentials, forces of stratification, privilege, and marginalization can disconnect and disempower individuals and groups of people (Jordan, 1997; Jordan et al., 1991; Miller, 1987; Miller & Stiver, 1997).

Relational Cultural theorist see this lens as essential to understanding well-being on both an individual and societal level. RCT researchers believe that the exercise of power over others, unilateral influence, and/or coercive control are primary deterrents to mutuality (Jordan, 1997; Jordan et al., 1991; Miller, 1987).

Mutuality, from the RCT perspective, involves profound mutual respect, openness to change, and responsiveness. It does not, however, always mean equality, particularly in a helping or student-teacher relationship. Jean Baker Miller (1987) and colleagues believed that the simultaneous growth of each person in the relationship is essential to individual growth, which requires openness and vulnerability for both participants and may be different depending on the nature of each participant's role in the relationship. Building authentic connection in the context of the teacher-student relationship and the ability to establish safe, growth-fostering relationships is dependent upon each participant's ability to tolerate uncertainty, complexity, and the inevitable vulnerability involved in real change (Jordan, 1997; Jordan et al., 1991; Miller, 1987).

Relational Cultural Theory (RCT) recognizes the significance of cultural context to human development and the impact of culture on daily life. RCT is not value neutral and contends that to uphold the value of neutrality would be to perpetuate the distortions of the stratified culture in predictable ways (Jordan, 1997; Jordan et al., 1991; Miller, 1987). In addition, RCT acknowledges that social and political values inform theories of human psychology, including those that glorify separation and autonomy as the standard of mature adulthood. RCT sets out to make visible the multi-layered connection by placing culture and patriarchy at the center of the model (Miller & Stiver, 1997).

Using the lens of relational cultural theory, the intervention proposed, uni-professional pre-briefing meetings with social work students prior to engagement in interprofessional collaborative learning, will address the issue of professional centrism. Students will have an opportunity to engage in semi-formal, structured conversations with faculty mentors who are trained and have experience as interprofessional team facilitators and can contextualize concerns about hierarchy, misunderstandings, bias, elitism, and other symptoms of professional centrism. In addition, the process of engaging in mutuality in the learning process simultaneously provides growth and development opportunities for faculty facilitating the uni-professional pre-briefing.

Program Theory: Relational Learning Theory

The basic tenet of the relational learning model is that all meaningful learning occurs in the context of relationship. This approach to education embraces the complex identities, biographies, and narratives of educators and students, which humanizes the material, regardless of the specific subject matter (Cohen Konrad & Browning, 2012; Edwards & Richards, 2002). Relational

learning theory offers an important and informative framework for looking at the importance of human connection in the context of education. As in relational cultural theory, it starts from the premise that the human self is fundamentally relational (Browning & Solomon, 2006). Contemporary educator, Fox (2011) describes the learning process in professional education as a process of action and interaction, between the teacher and student. Thus, the exchange of knowledge is predicated on developing a strong student/teacher relationship.

Relational learning recognizes that human beings not only enter into and live in a range of relationships that influence and shape the course of their lives directly or through socialization, but also that relationship and connection with others is essential to the self (Browning & Solomon, 2006; Cohen Konrad, 2010). Relational theory sees the intrinsically relational nature of the self without denying the meaningful existence of individuals and self-determination. Additionally, relational theory stresses the importance of understanding the role of relationship in the growth and development of humans. Thus, the basic premise of the relational learning model is that learning occurs within the context of relationships.

Browning and Solomon (2006) propose that clinical knowledge and skills are most competently developed in the context of interpersonal connections that are “grounded in the charged existential space of relationships” (Browning & Solomon, 2006, p. 797). Relational learning then, first and foremost, focuses on creating a safe environment for students to build capacity and tolerance for managing difficult emotions, circumstances, and conversations (Cohen Konrad, 2012). This approach to learning typically emphasizes the importance of empathic and communicative connection. Relational learning engages students in learning activities that promote critical thinking and reflexive practice skills, which requires instructors to be attentive to environmental, interpersonal, and pedagogical factors and create learning spaces that are safe, accepting, and nonjudgmental (Cohen Konrad & Browning, 2012; Edwards & Richards 2012).

Using the lens of relational learning theory, the proposed intervention will provide the guiding principles for how faculty engage with students and create safe, accepting, and nonjudgmental space for students to explore and enhance critical thinking skills through conversations to provide context. This begins the development of an interprofessional identity as a social work student and allow students to ask questions and voice concerns related to interprofessional educational experiential activities.

Outcomes of the Intervention

The proximal, or immediate outcomes, of the intervention are identified as: 1) social work students’ reduced anxiety and increased confidence in their role on the healthcare team; 2) social work students’ readiness to respond and not react to misunderstanding, stereotyping and bias they may experience from other healthcare profession students about the profession of social work; 3) social work students will understand how IPE fits into the CSWE competencies for their educational process; and 4) social work IPE faculty mentors will establish positive relationships with students to enhance their willingness to engage in an unfamiliar educational opportunity.

The primary, or short-term outcomes, are identified as: 1) social work students will actively engage in the student team IPE experiential case-based learning activity; 2) social work students will recognize the value and contributions they bring to the IPE team experience, such as being

as the only profession on the team that is trained and skilled in group facilitation, dynamics, and processes; and 3) during the IPE experience, social work students will be able to clearly articulate their role, value and contribute to the collaborative learning experience.

The distal, or impact outcome, of the intervention is for social work students to 1) develop and sustain an identity as an interprofessional collaborative team member; 2) recognize the inherent value of social work's role on the healthcare team; and 3) to develop skills in the art of shared leadership.

Expected Effect Size

The expected effect size of the intervention can be classified as small. The target population for the initial testing of the intervention are students from a small private university in the northeast US and a public university in Central Pennsylvania. This is a subset of generalist and advanced year Master of Social Work students. If the intervention is adapted and applied in other social work programs with students engaged in intentional and planned interprofessional, case-based experiential learning activities, there is an opportunity for larger and more influential effect size.

Logic Model

Enhancing Social Work Students' Preparedness for IPE

Problem Statement: Current trends in health care have been the driving force urging health professions educators to teach skills for team-based and collaborative practice while students are still learning on campus (Thistlethwaite et al., 2014; WHO, 2010). Delivering planned interprofessional educational (IPE) opportunities for students across health professions to learn with, from and about each other through team-based case collaboration, activities and simulation prepares them to be more effective in providing services, solving problems, and improving future job satisfaction. Traditionally, the approach to teaching healthcare professionals is in a discipline-specific environment which allows to learn about their profession and develop strong clinical skills. This siloed approach decreases the students' ability to learn with, from and about each other, to value other professional disciplines contributions to healthcare team, leads to misinformation and stereotypes about other professions, and potentially promotes competitive and hierarchical relationships instead of collaboration (Ryland et al., 2017; Stashefsky-Margalit et al., 2009; Tran et al., 2018). In addition to administrative barriers to IPE at academic institutions, social work students and educators often encounter other health profession students and faculty that are unfamiliar with or have media-driven, stereotypical ideas of the profession and scope of practice of social work. Profession-centrism, develops when a profession's identity is developed in a silo, promoting exclusivity. Social work students are often unprepared for the perceived negative stereotypes they encounter in these interprofessional collaborative educational opportunities. Social work students benefit from support and preparation with IPE social work faculty mentors to develop effective ways to explain their

profession as well as to find their place and voice within the interprofessional team during these experiential case-based learning activities.

Assumptions/Theories of Change: Building authentic connection in the context of the teacher – student relationship and the ability to establish safe, growth fostering relationships is dependent upon each participant’s ability to tolerate uncertainty, complexity, and the inevitable vulnerability involved in real change (Fox, 2021, 4). Using the lenses of relational cultural theory and relational learning theory, the proposed intervention, planned pre-briefing meetings with social work students prior to engagement in interprofessional educational experiential activities, will address the issue of profession centrism, social work identity development and the context of interprofessional education in the social work curriculum. Students will have an opportunity to engage in semi-formal conversations with faculty mentors who have experience with IPE and can contextualize concerns about and tradition that historically put medical professionals (including medical and physician assistant students) “in charge” of directing patient care. In addition, this process of engaging in mutuality in the learning process simultaneously provides growth and development opportunities for faculty facilitating these conversations with students. Relational learning theory will provide the guiding principles for how faculty engage with students, create safe, accepting, and nonjudgmental space for students to explore and enhance critical thinking skills through conversations to provide context, beginning the development of an interprofessional identity as a social work student and allow students to ask questions and voice concerns related to interprofessional educational experiential activities.

Inputs	Activities	Outputs	Quality Outputs	Outcomes: Proximal	Outcomes: Primary	Outcomes: Distal
Pre and post assessment tools	Meet with key stakeholders to gain insight on information to be included in uni-professional pre-brief meetings	Number of students who attended and completed the intervention	Level of quality of Intervention – Presented in a professional clear, logical, manner	Reduced anxiety and increased confidence in their role as social work students on the healthcare team.	Social work students will actively engage in the student team IPE experiential case-based learning activity	Social work students will develop and sustain an identity as an interprofessional collaborative team member
Trained IPE social work faculty mentors, facilitators	Create program manual	Number of completed pre and post assessments	Level of satisfaction with intervention – Information and support received was useful to students when engaging in IPE activity	Increase social work students’ readiness to respond and not react to misunderstanding, stereotyping and bias they may experience from other healthcare profession students about the profession of social work.	Social work students will recognize the value and contributions they bring to the IPE team experience, such being as the only profession on the team that is trained and skilled in group facilitation,	Social work students will recognize the inherent value of social work’s role on the healthcare team
Training manual	Create slide presentation	Number of students interested in consenting to participate in uni-professional debrief meetings post IPE activity experience	Pre and post assessment results			Social work students will develop skills in the art of shared leadership.
Training materials, PPT slides supplies, handouts	Create and/or modify pre and post assessment tools (such as IPAs) to be administered by IPE trained social work faculty mentors/facilitators		Information from uni-professional			
Technology						
Equipment	Provide students with PEC Core Competencies (2016) document	Number of social work faculty facilitators consenting to participate in				
Location and dates for pre-briefing						

meetings at the beginning of fall and spring semesters Interview guide for uni-professional debrief meetings post IPE activity experience for students and post-intervention for social work faculty facilitators	Determine best electronic survey tool works best to administer assessments Solidify dates to administer pre-assessments, dates for pre-briefing meetings to deliver intervention and dates for post-assessments Implement intervention (90-minute uni-professional pre-briefing meeting) Collect follow up data through uni-professional debrief meetings post IPE activity experience for students and post-intervention debrief for social work faculty facilitators	post-intervention debrief	debrief meetings post IPE activity experience for students and post-intervention debrief for social work faculty facilitators	Social work students will understand how IPE fits into the CSWE competencies for their educational process as well as the IPE culture at their university Social work IPE faculty mentors will establish positive relationships with students to enhance their willingness to engage in an unfamiliar educational opportunity.	dynamics, and processes Social work students will be able to clearly articulate their role, value and contribute to the collaborative learning experience.	
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Facilitator and Participant Qualifications

Enhancing Social Work Students' Preparedness for IPE

Facilitator Qualifications:

The facilitator is/has:

- A social work faculty or adjunct who has completed the IPE facilitator training
- Served as IPE faculty facilitator/mentor to a student team in a case-based experiential activity for at least one (1) semester
- Previously co-led or participated in the *Uni-professional Pre-briefing workshop*.

Participant Qualifications:

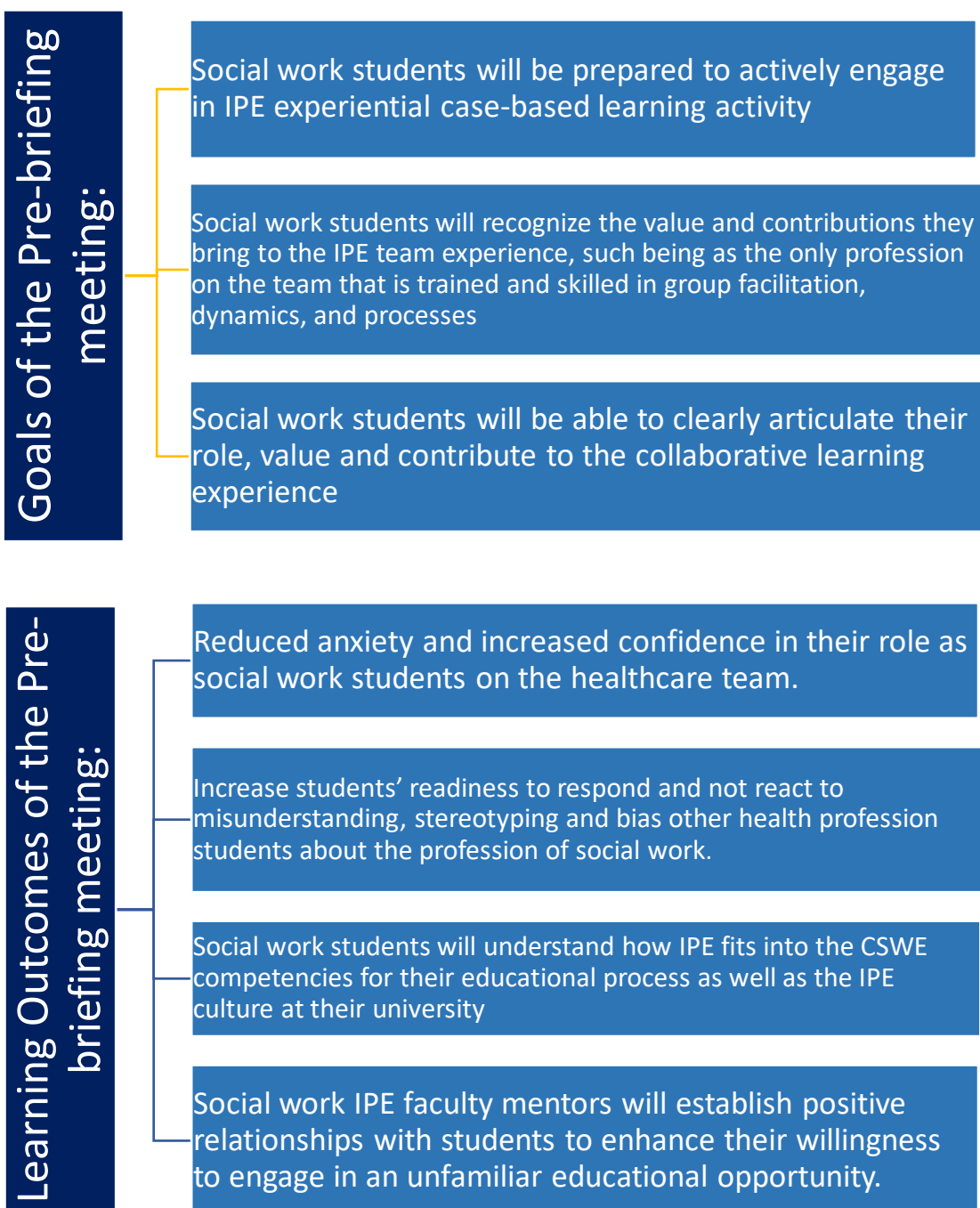
Participants are:

- Current MSW or senior BSW students at University of New England

- Planning to participate in an IPE experiential program.

Goals and Learning Outcomes

Enhancing Social Work Students' Preparedness for IPE



Session Activities

Enhancing Social Work Students' Preparedness for IPE

Activity	Time spent (minutes)
Welcome and Overview (Context) of Pre-Briefing Meeting History of IPE at the institution Review Retro Pre-test and Post-test assessment Program Evaluation	10
Introductions <ul style="list-style-type: none"> • Name, MSW or BSW • Prior experience with IP collaboration • Hopes and fears about IPE • What do you hope to learn for this meeting? • Anything else? 	10 - 12 (depends on size of group)
IPEC and CSWE Competencies <ul style="list-style-type: none"> • Context of IPE in Social Work • Review IPEC 2016 Competencies • Review CSWE 2015 and 2022 Competencies • Q & A 	10
Unique Role of Social Work in IPE Students will work in dyads to brainstorm on the following: <ul style="list-style-type: none"> • What are the skills social workers bring to the healthcare team? • What is the role of the social worker on a healthcare team? • What does the social work lens offer that other professions may not? 	10
Debrief	5
Profession Centrist: Siloed, discipline specific learning environments	10

<p>How do you think other health professions see the role of social work in IPE? Students will work in dyads to brainstorm on the following:</p> <ul style="list-style-type: none"> • What are some misperceptions and incorrect assumptions of social work? • How is social work viewed in social media, news, and entertainment? • What have you heard other professions say about social work? 	
Debrief	10
<p>“Owning” our profession: Finding your voice at the table Students will work in dyads:</p> <ul style="list-style-type: none"> • Students begin to develop their “elevator speech” about the role, skills, and scope of practice of social workers • Students will practice with each other providing an overview of the profession of social work and our role on a healthcare team. 	10
Debrief	5
Wrap up, Q & A, Assessment Survey	5

Session Materials

Enhancing Social Work Students’ Preparedness for IPE

Materials for the Session:

- Power Point Slide Presentation
- IPEC 2016 Competencies handout or electronic document
- CSWE 2015 and 2022 Competencies handout or electronic document
- White Board or flip chart with easel and markers or whiteboard feature on Zoom if delivered virtually
- Link for survey

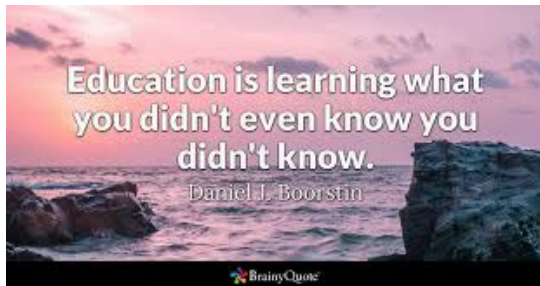
Learning Outcome Assessments

Enhancing Social Work Students' Preparedness for IPE

Retrospective Pre- and Post-Assessments:

Assessment tools will be used to measure student learning outcomes. These will be administered and completed electronically by student participants at the end of the session or within a week following the session. Participation in the survey is encouraged, however, it is not mandatory.

Assessment Link: <https://redcap.une.edu/redcap/surveys/?s=H3YXECLHPA>



Session and Facilitator Evaluation

Enhancing Social Work Students' Preparedness for IPE

Session and Facilitator Evaluation:

Using the same survey link above, students will be asked to complete a brief program evaluation survey. The program evaluation survey will ask about the organization of the session, usefulness of information provided and delivery of the Pre-briefing workshop.

Assessment Link: <https://redcap.une.edu/redcap/surveys/?s=H3YXECLHPA>

This assessment will ask participants to rate items such as:

- Information was presented in a clear, organized, and effective way.
- Interactive activities, slides and handouts enhanced my learning.
- Facilitator(s) attended to questions and concerns of the participants.
- Facilitator was knowledgeable and was able to contextualize IPE in social work curriculum.

Students will also be asked to respond to 3 narrative questions:

- What went well or was most helpful during the session?
- What could have gone better or was least helpful?
- How can we improve this Pre-briefing meeting to better prepare social work students for IPE?



Session Details

Enhancing Social Work Students' Preparedness for IPE

Welcome and Overview (Context) of Pre-Briefing Meeting

History of IPE at the university or institution

Student Learning Outcome Assessment and Program Evaluation

Goals:

- Build group cohesion, provide students with a mutual understanding of context for the meeting and establish a sense of community among student participants and facilitator(s)
- Provide context for the meeting and IPE at the university/institution
- Introduce and explain assessment and evaluation tools and process for accessing and completing these.

Objectives:

1. Students will be able to contextualize the pre-briefing meeting as part of their IPE experience.
2. Students will be able to articulate the culture IPE as an integral part of the university community.
3. Students will understand that one assessment tool measures student outcomes and the other is an evaluation of the effectiveness and delivery of the pre-briefing meeting and will know how to access these.

Flow:

1. Welcome students to the room and thank them for coming
2. Brief history of the development of the Uni-professional Pre-briefing meeting
3. Brief history and culture of IPE at the university
4. Introduce assessment and evaluation measures

Activities:

- Presentation by faculty facilitator
- Start PowerPoint Presentation.

Time: 10 Minutes

Introductions

Goals:

- Continue to build group cohesion, sense of community and social work identity among student participants and facilitator(s)
- Deepen the connection between social work students as they share initial thoughts about IPE and working with other health profession students.

Objectives:

1. Student will be able to identify positive and challenging experiences in interprofessional collaboration.

Flow:

Students will be asked to share:

1. Name, SW program level and year
2. Prior experience with IP collaboration
3. Hopes and fears about IPE
4. What do you hope to learn for this meeting?
5. Anything else?

Activities:

- Facilitated discussion
- PowerPoint Slides

Time: 10 - 12 Minutes (based on group size)

IPEC and CSWE Competencies

Goals:

- Introduce Interprofessional Education Collaborative (IPEC) Competencies (2016).
- Provide context for 2015 and 2022 CSWE EPAS competency for interprofessional collaboration and connection with IPEC

Objectives:

1. Student will be able to identify the 4 practice areas of the IPEC competencies
2. Student will be able to identify how CSWE EPAS competency on interprofessional collaboration fits into the social work curriculum

Flow:

- Introduce topic
- Provide IPEC competencies handout
- Provide CSWE Competency 8 handout
- Presentation by faculty facilitator(s)
- PowerPoint slides

Activities:

- Facilitated discussion
- Open floor for questions and answers

Time: 10 Minutes

Unique Role of Social Work in IPE

Goals:

- Provide students with context for social workers on an interprofessional healthcare team
- Introduce students to the unique skills, and value social worker bring to the IPE experience.

Objectives:

1. Student will be able to articulate the unique skills and value social workers bring to the IP collaborative practice
2. Student will be able to identify the strengths that social work students bring to the IPE experience.

Flow:

Students will be asked to work in dyads to brainstorm on the following:

1. What are the skills social workers bring to the healthcare team?
2. What is the role of the social worker on a healthcare team?
3. What does the social work lens offer that other professions may not?

Activities:

- Introduce topic
- Ask students to break into dyad groups
- Facilitated discussion
- Debrief dyad discussion

Time: 15 Minutes (10 min for dyad work, 5 min for debrief)

Profession Centrism: Siloed, discipline specific learning environments

Goals:

- Introduce profession centrism, siloed learning environments and how this contributes to misinformation, misunderstanding and devaluing of other health professions
- Discuss how profession centrism affects IP collaboration
- Prepare students to manage difficult conversations, comments, and assumptions from other health profession students about social work

Objectives:

1. Student will be able to articulate the ways in which profession centrism can impact IP collaboration and the IPE experience for students.
2. Student will feel prepared to manage and respond to media and entertainment driven assumptions and biases about the role, scope of practice, lens, and value of social workers on an IPE healthcare team.

Flow:

Presentation on profession centrism and siloed learning.

Students will be asked to work in dyads to brainstorm on the following:

- What are some misperceptions and incorrect assumptions of social work?
- How is social work viewed in social media, news, and entertainment?
- What have you heard other professions say about social work?

Activities:

- Introduce topic
- Ask students to break into dyad groups
- Facilitated discussion
- Debrief dyad discussion

Time: 20 Minutes (10 min for dyad work, 10 min for debrief)

“Owning” our profession: Finding your voice at the table**Goals:**

- Empower students to respond to professional bias and misunderstanding about the social work profession.
- Empower students to “own” what they know about the unique skills, lens, and scope of practice of social work

Objectives:

1. Student will be able to clearly and concisely describe the role, scope of practice, and lens of social workers on a healthcare team.

Flow:

Students will work in dyads:

- Students begin to develop their “elevator speech” about the role, skills, and scope of practice of social workers
- Students will practice in dyads providing an overview of the profession of social work and our role on a healthcare team.

Activities:

- Introduce topic
- Ask students to break into dyad groups
- Facilitated discussion
- Debrief dyad discussion

Time: 15 Minutes (10 min for dyad work, 5 min for debrief)

*Wrap up, Q & A, Assessment and Evaluation***Goals:**

- Brief review of session and check back for understanding
- Answer any final questions
- Review assessment and evaluation participation

Objectives:

1. Student is prepared to actively engage in IPE activity.
2. Student understands the role of IPE in social work education

Flow:

- Review session topics and student takeaways
- Thank students for attending and participating

Activities:

- Facilitated Discussion

Time: 5 Minutes

References

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