DIETETIC STUDENT PERCEPTIONS OF INTERDISCIPLINARY TEAMS

McKenna Voorhees, RD | Faculty Mentor: Heidi Wengreen, RD, PhD

INTRODUCTION

Interdisciplinary collaboration (IDC) supports the complex and diverse needs of patients/clients(1).Interprofessional education (IPE) is thought to aid in the acquisition of skills required for IDC (2,3). Registered Dietitians (RDNs) play important roles in IDC (4,5). Accordingly, dietetic program accreditation standards recently mandated IPE in dietetic program curricula to prepare emerging RDNs for collaborative practice (6,7). As predictors of behavior (8), a broad analysis of student IDC attitudes is needed to identify potential deficits in IPE-related program curricula to better position students for IDC.

Objectives

- 1. To examine overall attitudes of interdisciplinary healthcare teams across the United States
- To investigate differences in attitudes in relation to area of career interest; location; program type, level (undergraduate versus graduate), and year

METHODS

- Participants: Dietetic students; recruited through dietetic program directors (60 Coordinated Program in Dietetics=CPD; 116 Didactic Program in Dietetics=DPD; 112 Dietetic Internship=DI) in the U.S. using a snowball approach
- Instrument: An anonymous online Qualtrics survey which included the Attitudes Toward Interdisciplinary Healthcare Teams Scale (ATIHCT; efficiency of teambased care subscale = 4 items; outcomes of team-based care subscale = 9 items) and demographic questions
- Data analysis:
 - <u>Obj #1</u>--Descriptive statistics (Mean, SD) conveyed overall attitudes of ID teams for both ATIHCT subscales
 - <u>Obj #2</u>—analysis of variance (ANOVA) explored differences in ATIHCT subscale scores by characteristics of interest

RESULTS

Participants: 137 dietetic students participated--35% were enrolled in CPD programs; 40% were first-year students;), and 73% were in undergraduate programs. The sample was predominantly female (93%) and endorsed clinical nutrition (area of interest) most prominently (48%).

Obj #1: Average Subscale Scores

Mean subscale scores (outcomes of team-based care and efficiency of team-based care) were 80% (M=45.67) and 75% (M=18.00), respectively, of maximum possible scores. Higher scores denote more positive perceptions of team-based care.

Outcomes of Team-based Care Subscale (Max Score Possible=54)

80% of total possible score Mean (SD) = 45.67 (4.52)

Efficiency of Team-based Care Subscale (Max Score Possible=24)

N	/lean (SD) = 1	8.00 (2.75)		
0% 20	% 40	0% 60	0% 80	0% 100%

Obj #2: Differences in Subscale Scores by Characteristic

No significant differences were observed in either ATIHCT subscale score for area of career interest, location, program type, program level, or program year.

RESULTS CONTINUED

Obj #2: One-way ANOVA results for ATIHCT efficiency and outcomes subscales by student characteristics

Characteristic	Efficiency subscale <i>F</i> statistic (p value)	Outcomes subscale F statistic (p value)
Career Interest	0.50 (.68)	1.40 (.25)
Location	1.47 (.22)	0.78 (.54)
Program Type	0.02 (.90)	0.24 (.63)
Program Level	1.60 (.21)	0.03 (.87)
Program Year	0.51 (.67)	0.77 (.98)

IMPLICATIONS

Dietetic students perceive interdisciplinary healthcare teams favorably, with no individual differences in attitudes with respect to area of interest, location, or program type/level/year. Future research should explore the combined impact of these variables on student attitudes to guide future IPE efforts.

REFERENCES

- D'Amour D, Ferrada-Videla M, San Martin Rodriguez L, Beaulieu M-D. The conceptual basis for interprofessional collaboration: Core concepts and theoretical frameworks. Journal of Interprofessional Care. 2005;19:116-131. doi:10.1080/13561820500082529
- Eliot KA, Kolasa KM. The Value in Interprofessional, Collaborative-Ready Nutrition and Dietetics Practitioners. Journal of the Academy of Nutrition and Dietetics. 2015;115(10):1580. doi:10.1016/j.iand.2015.03.025
- McKenna L, Boyle M, Palermo C, Molloy E, Williams B, Brown T. Promoting interprofessional understandings through online learning: A qualitative examination. Nursing & Health Sciences. 2014;16(3):321-326. doi:10.1111/mis.12105
- Andersen D, Baird S, Bates T, et al. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist. Journal of the Academy of Nutrition and Dietetics. 2018;118(1):141-165. doi:10.1016/j.iand.2017.10.002
- Beckingsale L, Fairbaim K, Morris C. Integrating dielitians into primary health care: benefits for patients, dielitians and the general practice team. J Prim Health Care. 2016;8(4):372-380. doi:10.1071/HC16018
- 2017 Standards and Templates <u>https://www.eatriohtoro.org/acend/accreditation-standards-fees-and-policies/2017-standards</u>. Accessed December 1, 2019.
- 2022 Standards and Templates. Accessed October 29, 2021. <u>https://www.eatriphipo.org/acend/accreditation.standards-fees.and noises.2022-standards</u>
- 8. Heinemann GD, Schmitt MH, Farrell MP, Braller SA. Development of an Atiliades toward Health Gave Teams Scale. Eval Health Prof. 1999;22(1):123-142. doi:10.1177/0103270922032