

Evaluating Interprofessional Education Readiness and Perceptions Among Health Professions Students [Letter]

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Dear editor

I commend the authors for the study on “Evaluating interprofessional education readiness and perceptions among the health professions students”. Their focus on measuring students’ preparedness for interprofessional learning (IPL) is timely (as interprofessional education (IPE) is crucial for improving teamwork and patient-centered care in healthcare settings).¹

The study efficiently highlighted that many students exhibit high readiness for IPE, in particular areas of collaboration and teamwork, with a mean score of 39.73.¹ This finding corresponds with the literature, which shows that IPE encourages teamwork and collaboration crucial for interdisciplinary teams. Buring et al emphasize that IPE helps foster competencies such as communication and teamwork, which directly improve patient care outcomes.²

Moreover, the study’s use of the Readiness for Interprofessional Learning Scale (RIPLS) was a strong methodological choice, as RIPLS is widely used in IPE research for assessing students’ preparedness across different health professions.¹

However, some limitations were noted. First, the study’s exclusion of the “roles and responsibilities” subscale due to low reliability (Cronbach’s alpha of 0.41) weakened the analysis.¹ As noted by Yu et al, improving the psychometric properties of the RIPLS tool through confirmatory factor analyses could enhance the reliability of such measures in future studies.³

Furthermore, the study revealed significant differences in negative professional identity between colleges, with applied medical sciences students showing more negative perceptions compared to medical students.¹ The formation of professional identity is complex, and qualitative methods such as interviews or focus groups can provide a more inclusive insight into these variations, as noted by Crossley and Vivekananda-Schmidt.⁴

Introducing IPE earlier in the curriculum might also enhance student preparedness. While this study assessed readiness just before IPE activities were formally introduced, Wood argues that integrating IPE earlier in the educational process could give students more time to develop collaborative skills, thus enhancing their professional identity and interprofessional competencies.⁵ This approach would also align with the UBC model, which highlights the importance of early exposure to interprofessional concepts.¹

Overall, the study offers valuable insights into IPE readiness among Saudi healthcare students. Addressing its limitations through improved measurement tools and earlier IPE introduction would further strengthen future research. As Buring et al highlights, fostering teamwork and communication through IPE is crucial for preparing students to succeed in today’s complex healthcare environment.²

Disclosure

The authors report no conflicts of interest in this communication.

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