



Social Science of Interprofessional Practice, Collaboration, and Education Track

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An overarching goal of social science is to *make the familiar strange* – to expose what we often take for granted. Utilizing established theories, concepts, and constructs as maps, and particular quantitative and qualitative methodologies as a compass, social scientists shed valuable light on not only the *if* and the *what*, but more importantly the *why* and the *how* of the social world around us.

The crux of the work presented within this track focuses on various social-psychological elements and processes, and how particular IPE programs may impact students' identity, attitudes, perceptions, and biases. How learners learn about interprofessional values, behaviors and practices and how interprofessionalism is cultivated is of keen interest - but it is just the beginning. In this sense, and within this track, we are merely scratching the surface as to what is meant by the "Social Science of IPE".

The encompassing nature of the title of the track should be seen as a gift – not only in regards to providing broad parameters on how we, as a cohort of scholars, explore the tenets of the featured lightning talks and seminar, but in framing our next steps forward and thinking beyond micro-level phenomenon, and more into the meso- and even macro-levels. It is crucial that social science constructs, concepts, theories, and methodologies be employed to connect perceptions, values, and practices to the broader social context. much of learning in the formal, informal, and hidden curricula of health professions education occurs within a social milieu. As such, it is important to understand and potentially mold these interactions. The social sciences, broadly, inform our exploration of the social nature of learning and provide helpful roadmaps for enhancing the learning process. Put simply, IPE and IPCP do not exist in a vacuum.

From Dr. Cahn's (2020) recent [article](#), to Dr. Rodgers' Summit [plenary](#) in August, we challenge the IPE and IPCP community to authentically examine structural and systems level processes and mechanisms that not only impact the cultivation of interprofessionalism and the development of team-based, collaborative care, but that negatively impact the health, well-being, and fundamental rights and liberties of our patients, colleagues, and students from minoritized, disenfranchised, or hierarchically prescribed groups and backgrounds. Therefore, beyond the Summit, let us utilize this track as a vehicle to actively and purposely address interprofessional approaches to equity, belonging, and social justice within health, healthcare, and within the health and social care professions.

Learning Objectives

By Participating in the Social Science Track, you will be able to:



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- 1.) Explore key social science theories paramount to cultivating interprofessionalism among student groups
- 2.) Understand the fundamentals of particular methodologies frequently utilized in social science research
- 3.) Describe tenets of social-psychological constructs related to bias, identity, and intergroup processes
- 4.) Identify program- and institutional-specific mechanisms and processes that may impact students' internalization of key interprofessional values, practices, and behaviors

Reflective Questions for the Social Science Track

- 1.) Historically, the occupational status hierarchy within/among the health professions has remained rigid – has interprofessional education made a dent through consistent programming aimed at reducing out-group prejudice/stereotypes and enhancing respect among the professional groups? Why or why not?
- 2.) Is the Hidden Curriculum nested within health professions education and training really that “hidden” – and why haven't we been able to dilute the deleterious elements of the hidden curriculum? Thinking differently, can we take an appreciative inquiry approach with Hidden Curriculum theory in exploring its various impact within health professions education – in other words, how might the Hidden Curriculum *promote* interprofessionalism?
- 3.) What permeates the dearth of social science theory within interprofessional education and practice research? Why is this? To what extent do you think the pendulum has changed? How important do you think it is for IPE?
- 4.) It should not be ignored that Gordon Allport's “Contact Hypothesis”, a model extensively featured within interprofessional education research, was developed within the broader discussion of racial diversity and desegregation, and was primarily utilized to examine how particular intergroup contact conditions could effectively reduce prejudice, stereotyping, and discriminatory behaviors. How can the scholars within this track (and beyond) promote interprofessional approaches to equity, belonging and social justice in health and healthcare? If we agree that intergroup contact conditions are important for IPE, at what point in the educational continuum should we focus efforts to enhance or mitigate?

RESOURCES:

Allport, G. W. (1955). *The nature of prejudice*. Cambridge, Mass: Addison-Wesley Pub. Co. Cahn, Peter S. 2020. How interprofessional collaborative practice can help dismantle systemic racism. *Journal of Inteprofessional Care*. 34(4): 431-434.

Rodgers, Denise. 2020. Diversity, Disparity and Health Care Teams. Plenary Presentation. NEXUS Summit 2020. <https://summit2020.nexusipe.org/sessions/diversity-disparity-and-health-care-teams>

