Social Science of Interprofessional Practice and Education (IPE)

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 (sociologists, psychologists, educators, economists, anthropologists) 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.

This Track consists of 3 parts: a.) seminar, b.) conversation café, and c.) a series of lightning talks. The goals of which are to outline and discuss ways in which we can more explicitly engage social scientists into the IPE field, further activate current social scientists in the field, and encourage and support deeper dives into social science theory, concepts, and prominent methodology.

In the Seminar, a clinician and social scientist dyad share their experience partnering together to co-create new models of curriculum evaluation and improvement. Using the Jefferson Health Mentors Program as an example, they will share practical steps taken, address challenges, and explore the beneficial outcomes for learners, patient educators, and faculty.   The Seminar will be followed by a Conversation Café, where the hosts will utilize key questions as particular prompts but truly serve as facilitators and note-takers, eager to follow the path paved by the audience/participants.

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.

Learning Objectives:

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

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:

1. What is the "reach" of Social Science as it relates to advancing interprofessionalism? Is it primarily Sociology, Psychology, Anthropology, Economics, and Political Science - should more Humanities-based disciplines such as History and Philosophy be included in this Social Science domain – similar to the breadth of Education Sciences?

2. What would be helpful vehicles by which to guide those interested in working more authentically within the social sciences in/of IPE – workshops, seminars, and/or eLearning modules untangling prominent theories, concepts, constructs, and methodological approaches?

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. 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?

5. 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?