Health Leadership and Quality of Life. 2024; 3:.402
doi: 10.56294/hl2024.402

ORIGINAL

Examining the Dynamics of Interprofessional Collaboration and Attitudes in Health Science Librarianship

Examinar la dinámica de la colaboración interprofesional y las actitudes en la biblioteconomía de ciencias de la salud

Tanvi Dayanand[1], Priyadarshini Behera[2], Nipun Setia[3], Yuvraj Parmar[4], Pallavi Prakash Chandra[6], Shekhar M. Kumbhar[6]

[1]Parul Institute of Ayurved and Research, Parul University, Department of Rasashastra. Vadodara, Gujarat, India.
[2]IMS and SUM Hospital, Siksha 'O' Anusandhan (Deemed to be University), Department of Respiratory Medicine. Bhubaneswar, Odisha, India.
[3]Centre of Research Impact and Outcome, Chitkara University. Rajpura, Punjab, India.
[4]Chitkara Centre for Research and Development, Chitkara University. Himachal Pradesh, India.
[5]School of Allied Health Sciences, Noida International University. Greater Noida, Uttar Pradesh, India.
[6]Department of Community Medicine,Krishna Institute of Medical Sciences, Krishna Vishwa Vidyapeeth "Deemed to be University". Taluka-Karad, Dist-Satara, Maharashtra, India.

Cite as: Dayanand T, Setia N, Parmar Y, Prakash Chandra P, Kumbhar SM. Examining the Dynamics of Interprofessional Collaboration and Attitudes in Health Science Librarianship. Health Leadership and Quality of Life. 2024; 3:.402. https://doi.org/10.56294/hl2024.402

Submitted: 14-03-2024 **Revised:** 02-08-2024 **Accepted:** 10-11-2024 **Published:** 11-11-2024

Editor: PhD. Prof. Neela Satheesh

ABSTRACT

The Interdiscipline Education Perception Scale (IEPS) was used in this research to gauge health science librarians' views toward interprofessional cooperation and to learn more about their participation in such activities. The IEPS and questions regarding respondents' past and recent experience with IPE were addressed to librarians in the interprofessional education special interest group (IPE-SIG) and research section (RS) of the medical library association (MLA). To evaluate attitudes, the research compared the mean IEPS scores of each MLA group with several other demographic variables. The IEPS results for health science librarians showed favourable sentiments regarding IPE. There is no group differences were significantly varies from the others. The mean IEPS score of health science librarians was comparable to the mean score of health profession students commencing previous research. Fewer people worked on group or participated in extracurricular activities like reading clubs and grand rounds; the majority often reported interprofessional engagement was instructing or facilitating learning behaviour for students in the health profession. Health science librarians in this research had favourable sentiments regarding IPE, which is consistent with the common among other health professionals and subsequently the subject of research. The replies to the poll were not significantly influenced by the existence of an experience, prior professions as a health expert, or past work supporting IPE as a librarian. This implies that health science librarians are supportive of IPE, whether or not librarian actively promote IPE initiatives or engage in interprofessional activities.

Keywords: Interprofessional Cooperation; Interdiscipline Education Perception Scale (IEPS); Health Science Librarianship; Interprofessional Education; Interprofessional Collaboration.

RESUMEN

En esta investigación se utilizó la Escala de Percepción de la Educación Interdisciplinaria (IEPS) para medir las opiniones de los bibliotecarios de ciencias de la salud sobre la cooperación interprofesional y conocer mejor su participación en dichas actividades. La IEPS y las preguntas relativas a la experiencia pasada y reciente de los encuestados con la EIP se dirigieron a bibliotecarios del grupo de interés especial en educación

interprofesional (IPE-SIG) y de la sección de investigación (RS) de la asociación de bibliotecas médicas (MLA). Para evaluar las actitudes, la investigación comparó las puntuaciones medias del IEPS de cada grupo de la MLA con otras variables demográficas. Los resultados del IEPS para los bibliotecarios de ciencias de la salud mostraron sentimientos favorables hacia la IPE. No se observaron diferencias significativas entre los grupos. La puntuación media del IEPS de los bibliotecarios de ciencias de la salud era comparable a la puntuación media de los estudiantes de profesiones sanitarias que iniciaban investigaciones previas. Menos personas trabajaron en grupo o participaron en actividades extracurriculares como clubes de lectura y grandes rondas; la mayoría informó que el compromiso interprofesional era instruir o facilitar el comportamiento de aprendizaje de los estudiantes de la profesión sanitaria. Los bibliotecarios de ciencias de la salud de esta investigación tenían sentimientos favorables respecto a la IPE, lo que coincide con lo común entre otros profesionales de la salud y, por tanto, con el tema de la investigación. Las respuestas a la encuesta no se vieron influidas significativamente por la existencia de una experiencia, profesiones anteriores como experto en salud o trabajos anteriores de apoyo a la IPE como bibliotecario. Esto implica que los bibliotecarios especializados en ciencias de la salud apoyan la IPE, independientemente de que promuevan activamente iniciativas de IPE o participen en actividades interprofesionales.

Palabras clave: Cooperación Interprofesional; Escala de Percepción de la Educación Interdisciplinar (IEPS); Biblioteconomía de Ciencias de la Salud; Educación Interprofesional; Colaboración Interprofesional.

INTRODUCTION

Information assessment and information retrieval are specialties of librarians. It can help the researches to use complicated databases, find relevant information, and improve search techniques. To assist researcher, enhance the quality and integrity of the work, librarians often provide advice on citation management, compliance, and data management. Repositories that act as platforms for the preservation and dissemination of intellectual products are often managed by librarians. Repositories can assist with depositing the work by providing assurance to copyright regulations, and increasing exposure and effect via open-access publication. The librarians can provide suggestion on the rights and the use of creative common permission.[1] The field of medicine is continually evolving, and new technologies are developing quickly. The newest evidence-based procedures, diagnostic equipment, therapeutic alternatives, and technological developments can be included in health professions education. It presents that the medical staff members are giving patients the greatest treatment by keeping them up to date. The delivery of healthcare is changing, moving more toward patient-centered, team-based, and community-oriented care. Healthcare workers need the knowledge and abilities required by health professions education for them to succeed in these new models. Form this, participants get instruction in multidisciplinary teamwork, communication, leadership, and cultural sensitivity.[2] Healthcare teams are made up of experts from a variety of fields, including physicians, nurses, pharmacists, therapists, and technicians. They can combine their expertise and abilities to deliver holistic treatment by cooperating. Important information is exchanged, choices are taken collaboratively, and the care delivered is well-coordinated with the effective communication and teamwork between team members. When healthcare professionals work together as a team, they could create thorough treatment plans and provide patients individualized care. With the use of this interdisciplinary approach, numerous facets of a patient's health have been identified and treated, improving both patient satisfaction and health results.[3] Patient safety depends on effective communication. It open and transparent communication between team members, ensuring that crucial information is provided properly and quickly. Sharing the patient's medical record, test outcome, treatment information, and other crucial information are all included. Interprofessional teams lower the chance of misunderstandings and poor communication, which can result in mistakes by developing a culture of communication. The coordinated care planning process involves interprofessional categories working together to design complete treatments that considers all elements of the patient's health and well-being. These categories depend on the varieties of perspectives and experiences from healthcare professionals. By providing transparency, careful listening and knowledge exchange among the healthcare professionals from different specialities, it improves the delivery of healthcare and at last, it improves the outcomes of the patients.[4] An improved patient information flow, less misconceptions and collaborative decision-making are all made possible through IPE. It facilitates the collaboration of healthcare professionals, utilizing the distinct abilities and perceptions to produce an integrated approach to patient care that improves medical outcomes and satisfaction among patients.[5] Institutions could work together earlier to coordinate their courses and find possible venues for shared IPE activities. Educators could anticipate scheduling issues and collaborate to discover feasible solutions by making advance plans. Geographical boundaries can be avoided by using

technological platforms and online collaboration tools. Online platforms provide the students from various professions communicate and work together synchronously or asynchronously, allowing them to participate in IPE activities from a distance. IPE have been conducted in a controlled setting using simulation-based learning experiences, which dispense with the necessity for close physical closeness and enable participation by students from other professions. These simulations were performed within the training facilities specific to each profession, solving location-related logistical issues.[6] Collaboration among medical professionals promotes a more thorough approach to patient treatment. Each profession contributes special knowledge and viewpoints to the table. Doctors give medical diagnoses, create treatment plans, and write prescriptions for drugs, while nurses provide their clinical expertise, conduct evaluations, deliver treatments, and educate patients. Doctors and nurses may provide patients with a holistic treatment that meets the patient's physical, emotional, and psychological needs by merging their respective talents. The coordination of care is improved and continuity is encouraged through effective doctor-nurse teamwork. In many cases, nurses are the patients' first point of contact, continuously monitoring their health and informing physicians of any changes or issues. This constant partnership ensures that treatment plans are carried out without hiccups, interventions are done effectively, and any essential revisions are made as soon as treatment plans become necessary. Patients are safer and more satisfied when care transitions are seamless and physicians and nurses share responsibilities.[7] Multimedia components including films, pictures, animations, and interactive simulations may now be included in instructional materials thanks to technology. By letting students envision challenging ideas, perceive medical procedures in action, and engage with simulated patient situations, these multimedia capabilities make learning more dynamic and interesting. Health professional education has been transformed by learning management systems and online platforms. These platforms provide users with a single location to obtain course materials, take part in conversations, turn in assignments, and carry out teamwork tasks. The online learning environments permit the integration of multimedia information, enable remote learning, and provide chances for asynchronous learning, allowing for the flexibility needed to meet the various demands and schedules of students.[8] Patient safety may be directly impacted by a professional crisis event management team's failure to communicate. To guarantee a coordinated and effective reaction in high-stress circumstances, such as during crisis occurrences, effective communication is essential. Miscommunication can result in mistakes, hold-up procedures, and poor decision-making, all of it could risk patient safety. During crisis event management, communication is essential for relaying patient status, requirements, and changes. The delivery of appropriate and timely care can be hampered by a failure to adequately express important patient information, such as medical history, allergies, vital signs, and treatment recommendations.[9] During crises, successful decision-making and problem-solving depend on precise and clear communication. Miscommunication may result in misconceptions, incorrect interpretations, and misaligned objectives, which makes it difficult to make prompt and informed choices. Critical interventions may be postponed, the chance of mistakes rises, and patient safety is risked. Clear communication lines, a common understanding, and coordinated actions are necessary for effective cooperation. This cooperation may be hampered by misunderstandings, which may result in a breakdown in teamwork, disjointed decision-making, and competing activities.[10]

To investigated the interprofessional cooperation between finish social, health, and law enforcement personnel, concentrating on the methods and ideas of household violence intervention. The information comes from sixteen focus cluster interviews with a total of sixty-seven participants from the societal and fitness care fields. The findings suggested that for interprofessional cooperation to be effective there could be the thorough perception of domestic violence as a reality, a thorough consideration of the role and responsibilities of various professions, and tolerance and flexibility in their collaborative efforts.[11] Evaluated the current exploratory cross-sectional research that was created, organized, and executed on students enrolled in strength science and non-health scientific course at one of Malaysia's municipal institutions. The information was gathered using a research instrument that had been developed, validate, and submitted to consistency test. Descriptive and inferential statistics were then utilized to evaluate the data. A reaction rate of 81,5 % (n = 202) was recorded; the bulk of respondents (n = 161, or 79,7 %) were females and had previously had vaccinations (n = 190, or 97,5 %); presently 2 %, disagreed with vaccination due to safety concerns. Based on the present research, the participants were aware of vaccinations, and participants had generally favourable opinions and religious beliefs about immunization. Interprofessional cooperation amongst professionals with various expert backgrounds is necessary for inclusive early childhood education and care (ECEC).[12] To determines the interprofessional team in community-based circumstances for young children are becoming more popular as a result of advancements in human services. Examined interprofessional cooperation (IPC) amongst personnel from childcare, education, and youth care in a three-year longitudinal research. IPC competencies were analysed at the individual level using a survey. Individual staff members' processes were examined, and the perceived advancement of team performance was examined. More favourable evaluations of inclusive ECEC were predicted with smaller networks with greater density and professionals' centrality. To investigate the power relationship between neighbourhood pharmacists and general practitioners in Norway. In six focus

groups, utilized the ideas of reflexive and interactive positioning to understand how general practitioners positioned themselves and how pharmacists positioned them. Systematic text condensation was used to examine the data. Systematic text discovered that positioning theory served as an effective lens for examining power relations in the context of cooperation between community pharmacists and general practitioners. The data suggest that even in an egalitarian Norwegian society, the existence of medical authority presents difficulties.[13] To investigated 36 medical specialists from a hospital that was linked with a university. Opposite in-depth interviews were used to gather data, which was then analysed using a framework for these networks. A culture of compassion and interpersonal ties among interprofessional team members was shown to be the fundamental facilitator of IPC, according to the results. Structure-concerned connections, adopting a possession attitude, giving productive criticism, implementing strength-based practices, and portion as the initial and final line of defence are 5 strategies that may help encourage a culture of care, and it made a suggestion for an interprofessional caring model. To takes the combined efforts of the whole team to establish a caring culture.[14]

Health science librarians are successfully assisting healthcare teams, evidence-based practice (EBP), information access, and knowledge dissemination by understanding interprofessional teamwork and encouraging favorable attitudes. Interprofessional cooperation in health science librarianship succeeds on collaboration, teaching, and assessment.

Conceptual model and objectives

Cross-sectional survey methodology was employed in this pilot project to examine health science librarians' attitudes toward the direction of interprofessional cooperation and to compile data on the interprofessional behaviour in which librarians were involved.

Participation and Selection Criteria

The IPE-SIG was the main research group because of its potential for engagement in and interest in IPE. Since there weren't many librarians in the IPE-SIG and are not sure if they could differ significantly from other kinds of health science librarians, research extra the superior research sample an evaluation group of physical condition science librarians in various professional roles to test this hypothesis. It was intended that a comparison of these two groups would show if IPE-SIG members' views on interprofessional cooperation were different from those of health science librarians universally. To invite members to take part in an online, unidentified investigation regarding IPE through recruiting emails and IPE-SIG email lists. No email addresses or other personally identifiable information was asked during the survey was created through the safe data-gathering application Qualtrics. For a month, the survey was available.

Resource Utilization

The standard measurement for perceptions of interprofessional cooperation is the IEPS, created generation. The research discovered that the IEPS was more suited for difficult students had more exposure to their profession. Although the cohort was made up of professionals rather than advanced students, it found that it was the greatest match for the tools that were available to measure interprofessional cooperation. Students in various academic fields, together with medicine, occupational treatment, corporal healing, pharmacy, societal work, and dietetics, have employed in IEPS that has been established as applicable and consistent. Then inquired about health qualified in a certain health science librarian, if they had previously worked can have special experience with IPE as a result of prior professions. Then open-ended questions required information on the responded methods of teaching IPE and any potential effects.

Statistical assessments

The IPE-SIG and membership questions from the quantitative data were collected to observe the overlap between the groups. To ensure reciprocal exclusivity between the groups, place the individuals who fall into both categories in the IPE-SIG group. Respondents who did not fit into any of the aforementioned categories were placed in the "non-IPE-SIG" category. Subscales and weights were applied to IEPS responses in line with the work of Hawk and colleagues. Differences in IEPS scale and subscale scores were analysed using one-way analysis of variance (ANOVA) to obtain the factors including section and SIG participation, prior work experience as a fitness practice, and the number of years as a librarian. The IEPS results of librarians were compared with those of students in the health professions results had been released. All of the research's topic lists were combined into one by discussing and narrowing them down. All of the replies were re-coded by the two writers based on these criteria, yielding the final collection of themes. Each topic was assigned a set of representative quotations.

RESULTS

There are 70 total participants began the survey and 67 answered at least one item. There were 67 replies, with 20 members responding entirely from the survey, 16 members responding exclusively from the IPE-SIG, and 10 members responding from both groups (14,92 %). Ten people who fit into both categories were labelled as IPE participants. Eight respondents did not specify which IPE-SIG belonged to thus the participants were included in the "other" category. These replies are not members of any of these organizations and being on their respective email lists explained as demographic data in table 1.

Table 1. Participants details

Demographic Information		Percentage
Years of Experience		
5	16	23,88
6-10	18	26,86
11-15	13	19,40
16-25	11	16,41
25	9	13,43
Librarian Jobs		
Pharmacy	36	53,73
Public health	33	49,25
Physician Assistant	26	38,80
Occupational therapy	24	35,82
Dietetics	19	28,35
Social work	18	26,86
Dentistry	16	23,88
Kinesiology	13	19,40
Veterinary medicine	8	11,94
Optometry	7	10,44
Participation		
IPE group	26	38,80
Non-IPE group	41	61,19
Prior Instruction in IPE/Assistance With IPE**		
No	32	47,76
Yes	35	52,23

Additionally, those responding mentioned working with bio-medical engineers, pastors, and others clinical appointments lab scientists, interpersonal disorders and spoken language pathologists in particular, healthcare professionals of the healthcare field, emergency medical workers, a genetic counselor, gerontologists, psychological well-being providers, nuclear medicine staff members, radiography staff members, respiratory psychologists, ultrasound technicians, quality control specialists, and learners majoring in associated with health fields.

Quantitative Results

There were no statistically significant associations discovered between IEPS scores and factors like the existence of understanding, prior work because a non-librarian physical condition professional, prior experience teaching or assisting IPE, or participation in a particular section or special interest group. There was only one statistically significant relationship found between these variables and subscale scores described in table 2 and figures 1 and 2. Librarians who reported prior occurrences as non-librarian health professionals had inferior scores on the supposed need for cooperation subscale.

https://doi.org/10.56294/hl2024.402

Table 2. Numerical outcomes of IEPS mean scores

Demographic information	N	Overall IEPS Value (max=330)			Capability and control (max=90)			Professional requirement for assistance (max=72)			Awareness of cooperation (max=90)			Other value Concerns (max=90)		
		Mean score	(SD)	p-value	Mean score	(SD)	p-value	Mean score	(SD)	p-value	Mean score	(SD)	p-value	Mean score	(SD)	p-value
Prior instruction in or assistance with IPE																
Yes	32	267,7	23,4	0,17	74,6	10,1	0,21	64,8	8,3	0,83	80,1	6,7	0,54	49,3	7,4	0,65
No	35	258,7	29,8	-	72,1	10,9	-	65,8	10,6	-	76	9,2	-	46,6	9,2	-
Participation																
Non-IPE group	41	263,6	28,0	0,56	72,8	11,6	0,60	63,9	9,0	0,94	78,5	9,2	0,72	47,5	8,9	0,29
IPE group	26	267,0	24,2	-	74,3	7,9	-	64,7	9,8	-	79,4	7,1	-	49,9	5,5	-
Years of Experience																
5	16	264,7	28,1	0,83	74,8	4,9	0,81	61,4	13,7	0,46	79,2	5,9	0,67	50,10	5,1	0,38
6-10	18	259,6	35,0	-	70,6	14,3	-	64,6	7,7	-	77,7	12,1	-	47,6	11,9	-
11-15	13	262,1	25,5	-	73,4	10,7	-	62,5	9,3	-	77,9	8,4	-	46,5	9,2	-
16-25	11	265,3	29,6	-	73,8	12,6	-	67,0	5,2	-	79,4	7,2	-	45,4	9,5	-
25	9	274,0	13,8	-	75,1	6,8	-	66,1	5,1	-	82,8	5,3	-	50,4	5,2	-

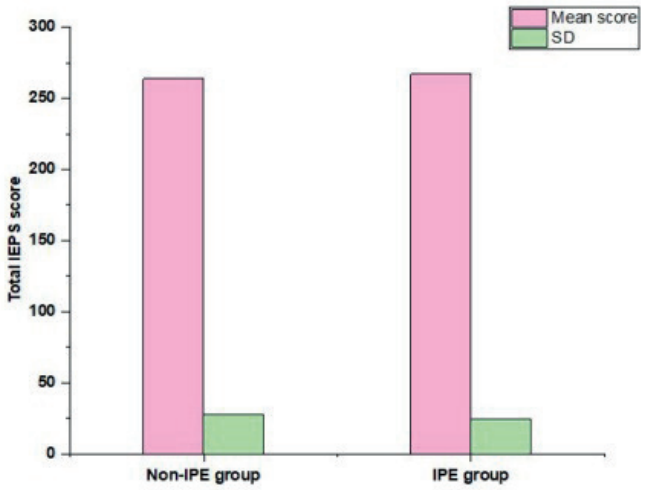

Figure 1. Comparison of IEPS scores

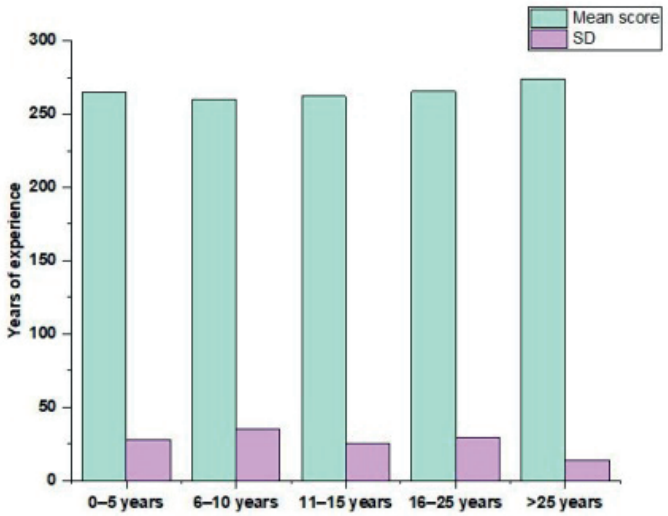

Figure 2. Comparison of experience in years

https://doi.org/10.56294/hl2024.402

Health science librarians scored in the middle of the student range on the IEPS with a mean based on data collected by Hawk and colleagues after administering the test to several students in the health professions. The average score on the perceived need for collaboration among health science librarians was low, whereas the average score on the perceived actual cooperation among health science librarians was high and it's shown in table 3 and figure 3.

Table 3. The mean IEPS score of health science librarians

Jobs	N	Overall IEPS Value (max=330)		Capability and control (max=90)		Professional requirement for assistance (max=72)		Awareness of cooperation (max=90)		Other value Concerns (max=90)	
		Mean	(SD)	Mean	(SD)	Mean	(SD)	Mean	(SD)	Mean	(SD)
Osteopathy	141	277,8	(27,4)	80,9	(9,4)	65,4	(9,7)	77,0	(11,2)	54,5	(8,9)
Medicine	120	270,9	(24,5)	80,4	(8,8)	66,8	(7,7)	70,9	(10,7)	52,8	(7,9)
Chiropractic	75	238,9	(29,1)	73,4	(9,5)	55,7	(9,1)	66,0	(12,2)	43,9	(10,5)
Physician Assistant	30	291,9	(18,7)	82,8	(6,5)	67,8	(5,5)	82,8	(7,4)	58,5	(6,4)
Podiatry	37	257,6	(31,7)	72,0	(10,6)	65,8	(7,1)	72,4	(11,9)	47,4	(9,5)
Physical therapy	37	272,0	(21,9)	79,3	(6,5)	66,0	(6,3)	78,4	(7,5)	48,3	(8,0)
Societal work	37	256,8	(19,6)	69,4	(9,0)	65,2	(6,7)	76,1	(6,2)	46,2	(7,0)
Nursing	111	260,6	(28,7)	72,7	(10,2)	64,2	(8,6)	74,2	(9,1)	49,5	(9,4)
Librarians	62	263,0	(25,7)	73,2	(9,7)	62,8	(8,2)	78,7	(8,4)	48,1	(8,0)

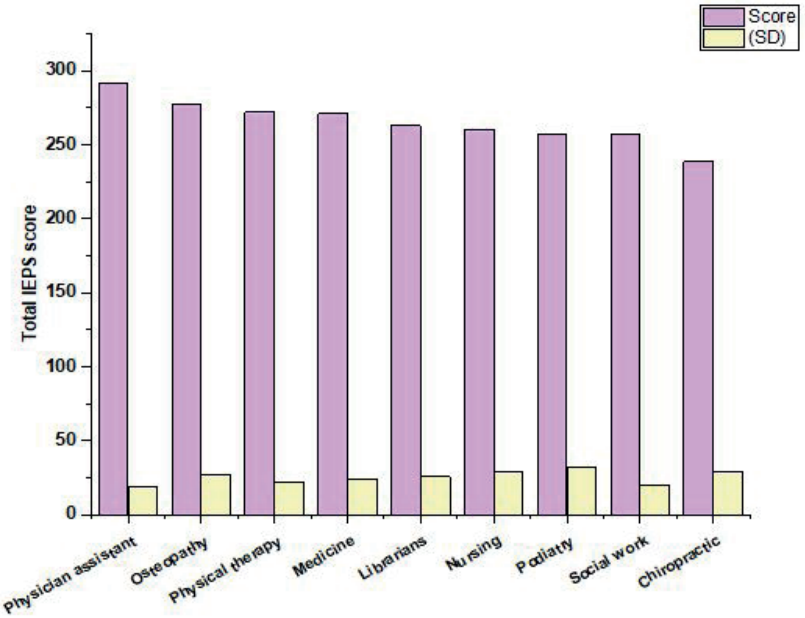

Figure 3. Comparison of Health sciences librarians' IEPS scores

Performance Analysis

Thirty-three people answered at least one of the two qualitative questions. The query was If you answered yes, kindly explain what is IPE learning and what effect it can have" generated 67 various responses. Nursing was the most often listed major among responders, while most health science programs offered a wide range of courses. Several respondents said that were involved in instructing an interdisciplinary group of professionals in EBP via librarian-led searches or EBP training, such as teaching EBP principles to residents and nursing students. Some librarians have more to be the course director of the first-year pharmaceutical materials student course that is focused on evidence-based medicine. Not more people answered the part of the survey that asked about the influence of these jobs. Simply 5/16 replies directly addressed the issue of effect. There was a wide variety of opinions on the effectiveness of the workshop from an impact could be minimal to impact is still being identified to It has an impact on students' skills and attitudes. It was necessary to observe that the IPE was increasing at the institution and it was an intentional goal on the part of the librarian that the discussions about

https://doi.org/10.56294/hl2024.402

the significance of IPE training and IPE-associated courses. Two respondents cited administrative assistance as a major factor in their positive IPE experiences and said that this support penetrated all aspects of the program. Some responses emphasized collaboration with other teachers, and one highlighted the changes in the student body that the students screened for their attention to make them working on the professions like librarians. There were two approaches recommended for being ready for IPE are attending a course teaches by the professor on the topic, and having previous experience working on a healthcare team. Working at a hospital before has given me valuable experience collaborating with other professionals in the medical field.

DISCUSSION

This is the initial research sensitive to use a standardized measure to examine health science librarians' participation and perception on interprofessional activities and cooperation.[15] It found that librarians like other members of the health science faculty and student body, value interdisciplinary cooperation.[16] The data from co-workers prevented a direct comparison between librarians and medical or health science professors and even though such a comparison could be more appropriate.[17] The purpose was to compare the findings to those of a research conducted on students majoring in the health sciences. The indicated IEPS score for librarians in the sample, placing them in the center of the range between assessed health professions students.[18] The statistically significant changes amongst scores might indicate a change in mental state, Falcon and companions stressed for this is not identified .It considers the fact that there was not a major difference in ratings between librarians who eligible for IPE and not eligible IPE. Furthermore, there were no variations in ratings between librarians who were members of the IPE-SIG, librarians with more years of experience, or health professionals who were not librarians. The suggested health science librarians, on the whole, had optimistic views about IPE and were exceptionally collaborative, despite several potential barriers.[19] The minority of respondents agreed that librarians should be more actively involved in IPE initiatives. There are a few information that prevent these findings from being applied globally.[20] The purpose of the research was to guide the questionnaire with small with representative samples of librarians to determine response rates. Previous RS survey response rates served as a basis for the prediction that at least 15 % of distinct librarians from both categories could take part in the survey. The fact that the IEPS wasn't created with working professionals in mind and it was created by the advanced students with little job experience was another drawback. It had any impact on the results, but it is conceivable that a tool designed for specialists in the field can provide different findings.

CONCLUSIONS

The librarians in health science were found to share the optimistic view of the vast majority of health professions students. The replies to the poll were unaffected by respondents' years of experience, past health professional occupations or IPE support experience as a librarian. Participation in IPE was recorded by librarians who taught, led extracurricular, served with the group, and hosted group projects. To what extent the librarians of non-health science and students of library science had a distinct perspectives on interprofessional cooperation is a question that could be explored in future research. Future research could examine the viewpoints and themes of a larger sample of health science librarians, together with those who are not members of MLA and be not even on the domain of participating in interdisciplinary education and practice.

BIBLIOGRAPHIC REFERENCES

1. Bloss JE, Sewell K, Schellinger J, Haberstroh A. Health sciences and medical librarians conducting research and their experiences asking for co-authorship. Journal of the Medical Library Association: JMLA. 2022 Oct 10;110(4):449. https://doi.org/10.5195%2Fjmla.2022.1485

2. Reitsma G, Scrooby B, Rabie T, Viljoen M, Smit K, Du Preez A, Pretorius R, Van Oort A, Swanepoel M, Naudé A, Dolman R. Health students' experiences of the process of interprofessional education: A pilot project. Journal of interprofessional care. 2019 Feb 19. https://doi.org/10.1080/13561820.2019.1572600

3. Ehilawa PI, Woodier N, Dinning A, O'Neil V, Poyner F, Yates L, Baxendale B, Madan C, Patel R. Using simulation-based interprofessional education to change attitudes towards collaboration among higher specialty trainee physicians and registered nurses: a mixed methods pilot study. Journal of Interprofessional Care. 2023 Jul 4;37(4):595-604. https://doi.org/10.1080/13561820.2022.2137481

4. Okpala P. Addressing power dynamics in interprofessional health care teams. International Journal of Healthcare Management. 2021 Oct 2;14(4):1326-32. https://doi.org/10.1080/20479700.2020.1758894

5. Vatn L, Dahl BM. Interprofessional collaboration between nurses and doctors for treating patients in surgical wards. Journal of Interprofessional Care. 2022 Mar 4;36(2):186-94. https://doi.org/10.1080/13561820.2021.1890703

6. Itzhaki M, Katz Leurer M, Warshawski S, Avrech Bar M. Preparedness of health professions students for interprofessional collaboration: a mixed method study. Teaching in Higher Education. 2023 Jan 2;28(1):66-84. https://doi.org/10.1080/13562517.2020.1769057

7. Lee AL, DeBest M, Koeniger-Donohue R, Strowman SR, Mitchell SE. The feasibility and acceptability of using virtual world technology for interprofessional education in palliative care: a mixed methods study. Journal of interprofessional care. 2020 Jul 3;34(4):461-71. https://doi.org/10.1080/13561820.2019.1643832

8. Schot E, Tummers L, Noordegraaf M. Working on working together. A systematic review on how healthcare professionals contribute to interprofessional collaboration. Journal of interprofessional care. 2020 May 3;34(3):332-42. https://doi.org/10.1080/13561820.2019.1636007

9. Liaw SY, Tan KK, Wu LT, Tan SC, Choo H, Yap J, Lim SM, Wong L, Ignacio J. Finding the right blend of technologically enhanced learning environments: randomized controlled study of the effect of instructional sequences on interprofessional learning. Journal of medical Internet research. 2019 May 28;21(5):e12537. https://doi.org/10.2196/12537

10. Villemure C, Georgescu LM, Tanoubi I, Dubé JN, Chiocchio F, Houle J. Examining perceptions from in situ simulation-based training on interprofessional collaboration during crisis event management in post-anesthesia care. Journal of interprofessional care. 2019 Mar 4;33(2):182-9. https://doi.org/10.1080/13561820.2018.1538103

11. Notko M, Husso M, Piippo S, Fagerlund M, Houtsonen J. Intervening in domestic violence: interprofessional collaboration among social and health care professionals and the police. Journal of interprofessional care. 2022 Jan 2;36(1):15-23. https://doi.org/10.1080/13561820.2021.1876645

12. Elkalmi RM, Dyab E, Mohd Suhaimi A, Blebil AQ, Elnaem MH, Jamshed S, Gajdács M. Attitude, familiarity and religious beliefs about vaccination among health science and non-health science students in a malaysian public university. European journal of investigation in health, psychology and education. 2021 Nov 18;11(4):1462-73. https://doi.org/10.3390/ejihpe11040104

13. Rakvaag H, Kjome RL, Elisabeth Søreide G. Power dynamics and interprofessional collaboration: how do community pharmacists position general practitioners, and how do general practitioners position themselves?. Journal of Interprofessional Care. 2022 Dec 31:1-8. https://doi.org/10.1080/13561820.2022.2148637

14. Wei H, Corbett RW, Ray J, Wei TL. A culture of caring: the essence of healthcare interprofessional collaboration. Journal of interprofessional care. 2020 May 3;34(3):324-31. https://doi.org/10.1080/13561820.2019.1641476

15. Haley J, McCall RC, Zomorodi M, de Saxe Zerdan L, Moreton B, Richardson L. Interprofessional collaboration between health sciences librarians and health professions faculty to implement a book club discussion for incoming students. Journal of the Medical Library Association: JMLA. 2019 Jul;107(3):403. https://doi.org/10.5195%2Fjmla.2019.563

16. Sistermans IJ. Integrating competency-based education with a case-based or problem-based learning approach in online health sciences. Asia Pacific Education Review. 2020 Dec;21(4):683-96.

17. Azizi SM, Soroush A, Khatony A. The relationship between social networking addiction and academic performance in Iranian students of medical sciences: a cross-sectional study. BMC psychology. 2019 Dec;7:1-8.

18. Kyaw BM, Saxena N, Posadzki P, Vseteckova J, Nikolaou CK, George PP, Divakar U, Masiello I, Kononowicz AA, Zary N, Tudor Car L. Virtual reality for health professions education: systematic review and meta-analysis by the digital health education collaboration. Journal of medical Internet research. 2019 Jan 22;21(1):e12959. https://doi.org/10.2196/12959

19. Alotaibi FZ, Agha S, Masuadi E. Orientation of Healthcare Educators Towards Using an Effective Medical Simulation-Based Learning: A Q-Methodology Study. Advances in Medical Education and Practice. 2022 May 13:507-19.

20. Paganelli C, Meschini G, Molinelli S, Riboldi M, Baroni G. Patient-specific validation of deformable image registration in radiation therapy: overview and caveats. Medical physics. 2018 Oct;45(10):e908-22. https://doi.org/10.1002/mp.13162

FINANCING

No financing.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHORSHIP CONTRIBUTION

Data curation: Tanvi D, Priyadarshini Behera, Nipun Setia, Yuvraj Parmar, Pallavi Prakash Chandra, Shekhar M. Kumbhar.

Methodology: Tanvi D, Priyadarshini Behera, Nipun Setia, Yuvraj Parmar, Pallavi Prakash Chandra, Shekhar M. Kumbhar.

Software: Tanvi D, Priyadarshini Behera, Nipun Setia, Yuvraj Parmar, Pallavi Prakash Chandra, Shekhar M. Kumbhar.

Drafting - original draft: Tanvi D, Priyadarshini Behera, Nipun Setia, Yuvraj Parmar, Pallavi Prakash Chandra, Shekhar M. Kumbhar.

Writing - proofreading and editing: Tanvi D, Priyadarshini Behera, Nipun Setia, Yuvraj Parmar, Pallavi Prakash Chandra, Shekhar M. Kumbhar.