

# Interprofessional Education in Psychology Doctoral Programs, Internships, and Postdoctoral Training: A Survey of Training Directors

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## Introduction

Interprofessional education (IPE) is crucial for health professions' trainees as collaborative care models become more prevalent in healthcare. Despite its longstanding importance, IPE is receiving increasing attention, necessitating exploration of its current status and implementation in psychology training, which this study aims to address through a preliminary survey of psychology doctoral programs, internships, and postdoctoral fellowships.

## Methods

Psychology training directors from U.S. and Canadian programs were recruited via direct emails and listserv postings. Emails were sent to 1452 APPIC member programs (i.e., 420 doctoral programs, 802 internships, and 205 postdoctoral programs). A 39-item online survey, developed by an APAHC workgroup, assessed current Interprofessional Education (IPE) activities, challenges, and resource needs. The survey covered demographics, IPE training activities, perceived barriers, desired training modalities, effectiveness of trainees' competencies, and collected data from November 2018 to March 2019, with responses analyzed using IBM® SPSS® Statistics Version 24.

# Training directors need leadership engagement and support, protected time, and administrative support as well as faculty development for event design and facilitation skills.

**Table 1** Respondent characteristics

Characteristic	n (%)
<b>Gender</b>	
Female	177 (68)
Male	85 (32)
<b>Age (years)</b>	Mean Age = 49 (+10.3), Range 26–76
≤ 29	1 (0.4)
30–39	71 (27.6)
40–49	66 (25.7)
50–59	71 (27.6)
≥ 60	3 (1.2)
<b>Degree</b>	
Ph.D	214 (81.7)
Psy.D	47 (17.9)
Ed.D	1 (0.40)
<b>Role in training program</b>	
Graduate program training director or chair	92 (35)
Internship director or co-director	105 (40)
Postdoctoral director or co-director	29 (11)
Other	36 (14)

**Table 4** Health professional students involved in IPE with psychology trainees

Type of student	Graduate Programs n = 140 (%)	Internships n = 143 (%)	Postdoctoral Programs n = 77 (%)
Social Work—MSW	28	41	43
Medical residents	20	31	44
Psychology trainees from other programs	24	31	39
Mental Health Program—Masters Degrees	34	28	29
Medical students	23	26	39
Nursing—graduate (MSN, APRN, DNP)	21	24	27
Occupational therapy	17	15	17
Physical therapy	19	15	17
Nursing—BSN (undergraduate)	13	11	13
Pharmacy	11	10	17
Social work—BSW	9	13	16
Dietetics	8	10	17
Health Administration	6	6	8
Physician assistant	10	12	17
Public health	8	3	4
Other	11	8	10
Respiratory therapy	1	4	6
Dental students	4	4	5
Dental assistant/hygiene	4	3	1

Respondents could check all that apply

**Table 3** Psychology trainees' IPE activities

Type of learner	Graduate programs n = 140 (%)	Internships n = 143 (%)	Post-doctoral programs n = 77 (%)
Classroom didactic—IP	43	45	49
Participation in IP clinical teams	36	41	52
Seminars/workshops	35	41	45
Grand rounds	29	43	53
Case study discussions	29	43	51
Classroom didactic—not IP	20	24	31
Journal club discussions	11	21	31
Clinical simulations	13	12	22
QI projects	4	10	16
Service learning projects	8	5	8
Ethics rounds	6	12	19
Schwartz/Balint rounds	3	7	17
Documentary/movie discussions	4	4	5
Other	4	1	3
Reflective writing	4	<1	3
Reflection rounds	1	2	5
Carion team case competitions	0	<1	0

Respondents could check all that apply  
IP Interprofessional

QR code to full paper:



**Table 5** Training directors ratings of barriers to engagement in IPE

Barrier	Graduate Programs n = 94 Mean (SD)	Internships n = 98 Mean (SD)	Postdoctoral Programs n = 58 Mean (SD)
Conflicting student schedules	6.17 (2.7)	6.30 (2.8)	6.42 (2.7)
Conflicting student curricula	5.26 (2.6)	4.32 (2.8)	4.26 (2.9)
Limited experience in IPE	4.76 (2.8)	3.99 (2.8)	3.79 (2.78)
Limited training/skills in IPE facilitation	4.59 (2.8)	3.93 (2.8)	3.74 (2.8)
Limited training/Skills in event design	4.17 (2.7)	3.78 (2.6)	3.52 (2.6)
Limited protected time	6.74 (2.9)	6.41 (2.8)	6.28 (2.95)
Limited funding	6.62 (3.2)	5.66 (3.3)	5.25 (3.3)
Faculty has limited interest in IPE	4.37 (2.8)	3.15 (2.44)	2.89 (2.4)
Students have limited interest in IPE	3.18 (2.1)	2.28 (1.8)	2.19 (1.8)
Program does not value IPE scholarship	3.16 (2.5)	2.34 (2.1)	2.14 (2)
Lack of physical space	3.59 (2.8)	3.56 (2.8)	3.29 (2.9)
Poor relationships with other programs	3.39 (2.5)	2.66 (2.2)	2.41 (2.2)
Proximity to other training programs	3.47 (2.74)	3.08 (2.78)	2.83 (2.7)
Other	3.25 (4.5)	3.33 (3.6)	4.83 (4.2)

Rated on scale with 1 = No Barrier and 10 = Significant Barrier

## Results

Out of 290 survey responses, 263 were analyzed, with respondents mostly female (68%) and having diverse roles in training programs. A significant portion (61%) of doctoral programs were clinical, while internships (72%) and postdoctoral fellowships (33%) showed similar trends. Approximately half of the respondents reported organized IPE efforts, with varied trainee involvement levels across different learning stages. Challenges included time constraints and limited funding, while competencies in values/ethics were rated highest. Respondents expressed interest in diverse training resources and topics to enhance IPE activities.

## Discussion

The survey reveals that psychology trainees have diverse opportunities for involvement in Interprofessional Education (IPE), with competencies showing higher values in Values/Ethics and lower in Team/Teamwork, signaling the need for enhanced training in collaborative care. While many training directors reported offering IPE activities, the overall quality and quantity remain unassessed, and a proportion of programs are yet to implement IPE. The study highlights potential barriers, including conflicting schedules and limited institutional support, emphasizing the need for faculty development and communication to align attitudes and priorities between training programs and institutional leaders for effective IPE implementation.

