

## Guide to American Medical Association (AMA) Manual of Style, 11<sup>th</sup> Edition

### General Notes about References<sup>1</sup>

- Purpose of references: documentation, acknowledgement, & directing/linking the reader to more information
- ALL authors are responsible for ALL reference citations
- Always consult primary source and never cite a reference you yourself have not read
- Whatever reference style is used (eg, AMA, NLM), consistency is imperative

### Formatting Citations<sup>1-3</sup>

- Each reference is separated into bibliographic groups by a period. Within each group, commas, semi-colons, or colons are used.
- Include as much information as you have. If the information is not available, leave it out.
- **Authors:** Use authors' surname followed by their initials without periods. If there are **≤ 6 authors, all should be named**. If there are **> 6 authors, list the first 3 followed by "et al."** Roman numerals and "Jr/Sr" follow the initials. Original spelling and capitalization of surnames with prefixes or particles (eg, von, de, La, van) are retained. **Only use commas between names, not "and"**. Author groups may be named instead of or in addition to individuals. Do not include articles (ie, "the"). If individuals listed first, use semicolon before group name.
- **Titles:** Retain the spelling, abbreviations, style (eg, capitalization) of the original title (including numbers). Exception: numbers at the beginning of the title should be spelled out (except specific years (eg, 1948)).
- **Journal:** Use **NLM-abbreviated titles in italics** (eg, *N Engl J Med*). Search titles here: <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>. Information about abbreviated titles: <https://www.nlm.nih.gov/tsd/cataloging/constructitleabre.html>. If title not found in search, use full journal name.
- AMA does not provide official guidance for formatting citations on curriculum vitae (CVs). Presentations and posters that are part of academic coursework may be appropriate for pharmacy students to include on their CV. For consistency, Concordia University Wisconsin School of Pharmacy (CUW SOP) students should follow the recommended formats below on their CV.
- **NOTABLE CHANGES WITH 11<sup>th</sup> EDITION:**
  - URLs and DOIs at end of citations with no periods; DOIs preferred over URLs
  - *Place* of publication no longer required
  - Do not state "published" in front of published date except when "published online" ahead of print
  - Use "forthcoming" instead of "in press" for books or other media accepted but not yet published
  - New guidance for more current media (eg, podcasts, social media; see AMA Manual of Style, 11<sup>th</sup> edition for details)

Citation Type	Format	Example(s)
<b>Journal article (print)</b>	Author(s). Title. <i>Journal</i> . Year;Volume(Issue):Page number(s).	Rainer S, Thomas D, Tokarz D, et al. Myofibrillogenesis regulator 1 gene mutations cause paroxysmal dystonic choreoathetosis. <i>Arch Neurol</i> . 2004;61(7):1025-1029.
<b>Journal article (online)</b>	Author(s). Title. <i>Journal</i> . Year;Volume(Issue):Page number(s). DOI	Tamburini S, Shen N, Chih Wu H, Clemente JC. The microbiome in early life: implications for health outcomes. <i>Nat Med</i> . 2016;22(7):713-722. doi:10.1038/nm.4142
1. With DOI (preferred)	Author(s). Title. <i>Journal</i> . Year;Volume(Issue):Page number(s). [Date Published]. Accessed [date]. URL*	Tamburini S, Shen N, Chih Wu H, Clemente JC. The microbiome in early life: implications for health outcomes. <i>Nat Med</i> . 2016;22(7):713-722. July 7, 2016. Accessed August 14, 2020. <a href="https://www.nature.com/articles/nm.4142">https://www.nature.com/articles/nm.4142</a>
2. With URL	Author(s). Title. <i>Journal</i> . Published online [date]. DOI	Tamburini S, Shen N, Chih Wu H, Clemente JC. The microbiome in early life: implications for health outcomes. <i>Nat Med</i> . Published online July 7, 2016. doi:10.1038/nm.4142
3. Published online ahead of print	<i>*Use a URL that takes reader directly to citation. Do not use long search string or short general URL.</i>	
<b>Journal supplement (print/online same as above)</b>	Author(s). Title. <i>Journal</i> . Year;Volume(Issue)(suppl*):Page number(s).  <i>*Supplement format: "suppl" in parentheses with name or number given by author</i>	Cao Y, Steffey S, He J, et al. Medical image retrieval: a multimodal approach. <i>Cancer Inform</i> . 2015;13(suppl 3):125-136. Doi:10.4137/CIN.S14053

<b>Drug Information Database Monograph/Entry</b>	Author(s). Title of Monograph/Entry. In: Title of database. Publisher/Host; Year. [Date Published]. Updated date. Accessed [date]. URL	Carvedilol. In: Lexi-Drugs, Lexicomp. Wolters Kluwer Health, Inc.; 2020. Updated August 7, 2020. Accessed August 14, 2020. <a href="http://online.lexi.com.cuw.ezproxy.switchinc.org/lco/action/doc/retrieve/docid/patch_f/6545?cesid=0EclgmU0uIN&amp;searchUrl=%2Ffco%2Faction%2Fsearch%3Fq%3Dcarvedilol%26t%3Dname%26va%3Dcarvedilol">http://online.lexi.com.cuw.ezproxy.switchinc.org/lco/action/doc/retrieve/docid/patch_f/6545?cesid=0EclgmU0uIN&amp;searchUrl=%2Ffco%2Faction%2Fsearch%3Fq%3Dcarvedilol%26t%3Dname%26va%3Dcarvedilol</a>
<b>Package inserts, Prescribing information, Patient information</b>	Drug. Package insert*. Manufacturer; Year. Accessed [date]. URL  <i>*Options: Package insert, Prescribing information, Patient information</i>	Azithromycin. Package insert. Greenstone; 2020. Accessed August 14, 2020. <a href="https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?tid=f5b6daad-b5a9-462d-8e10-db22a7af1c72&amp;type=display">https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?tid=f5b6daad-b5a9-462d-8e10-db22a7af1c72&amp;type=display</a>
<b>Website</b>	Author(s). Title of item cited. Name of Web site. [Date Published]. Updated [date]. Accessed [date]. URL	Symptoms of Coronavirus. Centers for Disease Control and Prevention. Updated May 13, 2020. Accessed August 14, 2020. <a href="https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html">https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html</a>
<b>Book chapter (print or online)</b>	Chapter author(s). Chapter title. In: Book author(s) or editor(s)*. <i>Book title</i> . Volume number and title. Edition number (do not indicate 1 <sup>st</sup> edition). Publisher; Year:Page number(s). Accessed [date]. URL or DOI  <i>*If using editor names, end with "..., ed(s)"</i>	Boushey CJ. Application of research paradigms to nutrition practice. In: Coulston AM, Boushey CJ, Ferruzzi MG, eds. <i>Nutrition in the Prevention and Treatment of Disease</i> . 3rd ed. Academic Press; 2013:99-105.
<b>Book (audio &amp; e-books)</b>	Book author(s) or editor(s)*. <i>Book title</i> . Format. Publisher; Year:chap*  <i>*Chapter format: "chap #"</i>	Skloot R. <i>The Immortal Life of Henrietta Lacks</i> . Audiobook. Random House Audio; 2010:chap 31.  Skloot R. <i>The Immortal Life of Henrietta Lacks</i> . Kindle e-Book. Random House; 2010:chap 31.
<b>Book (print or online)</b>	Book author(s) or editor(s)*. <i>Book title</i> . Volume number and title. Edition number (do not indicate 1 <sup>st</sup> edition). Publisher; Year. Accessed [date]. URL or DOI  <i>*If using editor names, end with "..., ed(s)"</i>	Adkinson NF Jr, Bochner BS, Burks W, et al, eds. <i>Middleton's Allergy: Principles and Practice</i> . 8 <sup>th</sup> ed. Saunders; 2014.  Guyatt G, Rennie D, Meade MO, Cook DJ. User's Guide to the Medical Literature: A Manual for Evidence-Based Clinical Practice. 3 <sup>rd</sup> ed. McGraw-Hill Education; 2015. Accessed August 13, 2020. <a href="https://jamaevidence.mhmedical.com/book.aspx?bookId=847">https://jamaevidence.mhmedical.com/book.aspx?bookId=847</a>
<b>Government/ Organization Reports (print or online)</b>	Author(s). Title. Name of issuing bureau, agency, department*, or other governmental division; Year. Page(s)/ publication/ series numbers. Accessed [date]. URL  <i>*Department should be abbreviated "Dept"</i>	US Department of Health and Human Services. Protection of human subjects. 45 CFR 46. Revised July 19, 2018. Accessed August 14, 2020. <a href="https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html">https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html</a>
<b>Unpublished Material (accepted for publication)</b>	Author(s). <i>Title</i> . Publisher. Forthcoming [date].  <i>This reference type no longer recommended for journal articles as formal references. See "in-text citations" section below for unpublished material submitted and not yet accepted.</i>	Carrau RL, Khidr A, Crawley JA, Hillson EM, Davis JK, Pashos CL. <i>The impact of laryngopharyngeal reflux on patient-reported quality of life</i> . John Wiley & Sons, Inc. Forthcoming 2021.
<b>Conference Presentations (including online videos, webinars, transcripts, etc.)</b>	Author(s). Title. Poster/Paper presented at: Meeting name; Date(s); Location. Accessed [date]. URL  <i>(if eventually published, can cite as journal article)</i>  Author(s). Presentation Title. Webinar Title. Date(s) Accessed [date]. URL	Weber KJ, Lee J, Decresce R, Subjasis M, Prinz R. Intraoperative PTH monitoring in parathyroid hyperplasia requires stricter criteria for success. Paper presented at: 25 <sup>th</sup> Annual American Association of Endocrine Surgeons Meeting; April 6, 2004; Charlottesville, VA.
<b>Presentations in an Academic Course (eg, posters, oral presentations) [FOR CV USE ONLY]</b>	Author(s)*. Title. Poster/Paper presented to Audience for Course Number and Course Title; Date(s); Location.  <i>*bold your own name</i>	Smith J, <b>Jones T</b> , Peterson G, Johnson C, Martin M, Carlson P. Great Plantain and Helichrysum Italicum: Bosnian Alternative Therapies. Presentation to faculty and students in CUW SOP Phar 382 IPPE-2 course; April 2016; Mequon, WI.

## Reference List<sup>1,4</sup>

List references in numerical order (ie, consecutively as they appear in the document/presentation; NOT alphabetical order)

1. Hall JE, Brands MW. Intrarenal and circulating angiotensin II and renal function. In: Robertson JIS, Nicholls MG, eds. *The Renin-Angiotensin System*. London: Gower Medical, 1993.
2. Weber KT, Brilla CG. Pathological hypertrophy and cardiac interstitium: fibrosis and renin-angiotensin-aldosterone system. *Circulation*. 1991;83:1849-1865.
3. Weber KT, Villarreal D. Aldosterone and antialdosterone therapy in congestive heart failure. *Am J Cardiol*. 1993;71:3A-11A
4. Barr CS, Lang CC, Hanson J, Arnott M, Kennedy N, Struthers AD. Effects of adding spironolactone to an angiotensin-converting enzyme inhibitor in chronic congestive heart failure secondary to coronary artery disease. *Am J Cardiol*. 1995;76:1259-1265.
5. Staessen J, Lijnen P, Fagard R, Verschueren LJ, Amery A. Rise in plasma concentration of aldosterone during long-term angiotensin II suppression. *J Endocrinol*. 1981;91:457-465.

During the draft phase of your document, it is often easiest to use parenthetical citations with the author's last name as place-holders until the document/presentation is complete; then put the citations in numerical order on the final version

*DRAFT*

Aldosterone is known to be important in the pathophysiology of heart failure.(Hall; Weber (1991); Weber (1993); Barr) Many clinicians have assumed that angiotensin-converting enzyme (ACE) inhibitors, by inhibiting the conversion of angiotensin I to angiotensin II, inhibit the production of aldosterone. Increasing evidence, however, suggests that currently recommended and usual doses of ACE inhibitors do not completely suppress aldosterone production.(Staessen)



*FINAL*

Aldosterone is known to be important in the pathophysiology of heart failure.<sup>1-4</sup> Many clinicians have assumed that angiotensin-converting enzyme (ACE) inhibitors, by inhibiting the conversion of angiotensin I to angiotensin II, inhibit the production of aldosterone. Increasing evidence, however, suggests that currently recommended and usual doses of ACE inhibitors do not completely suppress aldosterone production.<sup>5</sup>

Another helpful option to stay organized during the draft phase of your document is to use a reference management software program, which allows you to manage references by helping you to enter/import, retrieve, format, and export citations. Some programs are available for free and others require a subscription. The most common examples of reference management software programs used in pharmacy are: Mendeley, Zotero, EndNote, and Refworks.

## Superscripts<sup>1,4</sup>

Number references consecutively with superscript Arabic numerals, including text, tables, or figures

Citation<sup>1,3,5-7,10-13,15,18,19,21</sup> → Citation\*

Aldosterone is known to be important in the pathophysiology of heart failure.<sup>1-3</sup> Many clinicians have assumed that angiotensin-converting enzyme (ACE) inhibitors, by inhibiting the conversion of angiotensin I to angiotensin II, inhibit the production of aldosterone. Increasing evidence, however, suggests that currently recommended and usual doses of ACE inhibitors do not completely suppress aldosterone production.<sup>5</sup>

Place superscript numerals **outside periods and commas, inside colons and semicolons**

Citation.<sup>1,2</sup>

Citation,<sup>1,2</sup>

Citation<sup>1,2</sup>:

Citation<sup>1,2</sup>;

Do NOT place a superscript reference immediately after a number or abbreviated unit of measure

Table 1<sup>3</sup>; 50 m<sup>2</sup>

You may cite page numbers within superscript reference

Citation<sup>2(p67),3</sup>

For 2 or more references cited at a given place:

- Use **hyphens** to join the first and last numbers of a closed series

Citation<sup>1-4</sup>

- Use **commas** without a space to separate other parts of a multiple citation

Citation<sup>1-2,4</sup>

- If a multiple citation involves many references and creates the appearance of a hole (usually 20-25 characters or more), use an **asterisk** in the text and give the citation in a footnote

Be sure to cite often enough throughout the document/presentation so that the reader can know where you got the information, but be careful not to cite too often (ie, do not only include your list of references and not cite throughout; if several *consecutive* sentences are from the same reference, you may only cite the first sentence)

### In-Text Citations<sup>1</sup>

Citations for references not yet accepted for publication or personal communications (oral, written, and electronic) should NOT be included in the reference list, but should be included parenthetically in the text

- As described in recent literature (H. E. Marman, MD, unpublished data, July 2019)...
- In a conversation with Dr. Smith (March 2019)...
- According to Dr. Kostrzewa (Introduction to Tertiary References lecture, September 2018, Concordia University Wisconsin, School of Pharmacy)...

Other in-text citations for references that should be included in a reference list are not common in most professional documents (except presentations, see below) and should be reserved for circumstances where reference lists are not used (eg, news articles)

### PowerPoint Presentations<sup>1,5</sup>

AMA does not provide official guidance on PowerPoint presentations. However, just like any other piece of work, it is important to give credit to your sources.

At a minimum, all presentations should include a reference slide at the end with AMA formatted citations.

**REFERENCES**

1. American Geriatrics Society. *Five Things Physicians and Patients Should Question. Choosing Wisely: An Initiative of the ABIM Foundation*. 2013.
2. Chapter 1. Clinical implications of the Aging Process. In: Kane RL, Ouslander JG, Abrass IB, Resnick B, Kane R.L., Ouslander J.G., Abrass I.B., Resnick B eds. *Essentials of Clinical Geriatrics, 7e*. New York, NY: McGraw-Hill; 2013. <http://accessmedicine.mhmedical.com/content.aspx?bookId=678&SectionId=44833878>. Accessed April 23, 2014.
3. Cauffman J. Chapter 9. General Psychiatry. In: Dugan J, El-Ibiary S, Foote EF, et al. *Updates in Therapeutics 2014: Pharmacotherapy Preparatory Review and Recertification Course*, 2014 ed. Lenexa, KS: American College of Clinical Pharmacy, 2014.1-39-78.
4. Cremens MC. Chapter 70. Geriatric Psychiatry. In: Stern TA, Rosenbaum JF, Fava M et al. *Massachusetts General Hospital Comprehensive Clinical Psychiatry*. 1<sup>st</sup> ed. Maryland Heights, MO: Mosby, Inc.; 2008.
5. Downing LJ, Caprio TV, Lyness JM. Geriatric Psychiatry Review: Differential Diagnosis and Treatment of the 3 D's - Delirium, Dementia, and Depression. *Current Psychiatry Reports*. 2013;15:365.

**REFERENCES**

6. Hutchison LC, Sleeper RB. *Fundamentals of Geriatric Pharmacotherapy: An Evidence-Based Approach*. Bethesda, MD: American Society of Health-System Pharmacists, Inc.; 2010.
7. Madhusoodanan S, Ibrahim FA, Malik A. Primary prevention in geriatric psychiatry. *Annals of Clinical Psychiatry*. 2010;22(4): 249-61.
8. Singer CM, Luxenberg J, Eekstrom E. Chapter 11. Older Patients. In: Feldman MD, Christensen JF, eds. *Behavioral Medicine: A Guide for Clinical Practice*, 3rd ed. New York: McGraw-Hill; 2008. <http://www.accessmedicine.com/content.aspx?aID=6440096>. Accessed December 20, 2013.
9. Trombetta DP. Chapter 2. Geriatrics. In: Dugan J, El-Ibiary S, Foote EF, et al. *Updates in Therapeutics 2014: Pharmacotherapy Preparatory Review and Recertification Course*, 2014 ed. Lenexa, KS: American College of Clinical Pharmacy, 2014.1-39-78.
10. Williams K. *The Influence of Communication on Older Adults with Dementia*. [PowerPoint]. Iowa City, IA: University of Iowa College of Nursing; 2014.

*(Kostrzewa, Geriatric Psychiatry, April 2014, Concordia University Wisconsin, School of Pharmacy)*

Ideally, you should also cite individual slides. There are several ways to do this. Make sure to ask your instructor what they prefer before formatting your citations. Two possible examples are given here:

**Superscript**

(in numerical order; much correspond with reference list)

**In-text**

(Bottom of slide; in parentheses; may be smaller font)

**AGE-RELATED PSYCHOLOGICAL CHANGES<sup>6,8</sup>**

Consistent/Improves with Age	Worsens/Declines with Age
■ Temperament	■ Memory
■ Personality	■ Processing speed
■ Judgment	■ Problem solving
■ Knowledge	■ Efficiency of sleep
■ Verbal skills	

**AGE-RELATED PSYCHOLOGICAL CHANGES**

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■ Verbal skills	

(Hutchison and Sleeper, 2010; Singer et al, 2008)


**Book:** (Author\*, Year, Page(s))

\*Surname only; if 2, list both; if > 2, list first + "et al"


**Journal:** (Journal [abbreviated]. Year;Volume(Issue):Page(s))

**Professional Posters<sup>1,5</sup>**

Follow AMA rules above. Typically, there is a reference section in the bottom left or right corner of the poster and the font size is often smaller than the rest of the poster text.



**Effect of an inter-professional project on pharmacy and physical therapy student's readiness for inter-professional learning**  
Katie Valdovinos, PharmD, BCPS; Audrey Kostrzewa, PharmD, MPH, Lois Harrison, PT, DPT, MS; Elizabeth Paly, PT, DPT, GCS



**Background**

There is an increasing need in healthcare to provide collaborative, coordinated care among healthcare professionals to optimize patient care. It is imperative that we train our workforce for this inter-professional world and have a method for assessing the effectiveness of inter-professional learning (IPL) activities in our curricula.

The Readiness for Interprofessional Learning Scale (RIPLS) is a 19-item questionnaire developed in 1999 by H. B. McFadyen et al. to assess the readiness of health professionals for shared learning activities<sup>1,4</sup>. For each respondent is asked to identify their degree of agreement using a 5-point Likert scale ranging from "strongly agree" to "strongly disagree"<sup>1,4</sup>. Since its development, RIPLS has been used extensively and modified for use in many organizations and disciplines.

The 19 items were originally categorized into three sub-scales<sup>1</sup>, which were criticized as having low reliability<sup>4</sup>. McFadyen et al. tested and retested a modified four sub-scale model (three of four with demonstrated satisfactory reliability)<sup>1,5</sup>, which is used in this study.

**Objective**

To assess third year student pharmacists' (SIPh) and second and third year student physical therapists' (SPT) readiness for IPL using a modified RIPLS questionnaire before and after an IPL experience.

**References**

1. Fischer L, Frank P. References. In: Christiansen SL, Iverson C, Flanagan A, et al. *AMA Manual of Style: A Guide for Authors and Editors*. 11<sup>th</sup> ed. Oxford University Press; 2020:59-111.
2. NLM Catalog: Journals referenced in the NCBI Databases. National Center for Biotechnology Information, U.S. National Library of Medicine. <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>. Accessed August 12, 2020.
3. Construction of the National Library of Medicine Title Abbreviations. National Library of Medicine. <https://www.nlm.nih.gov/tsd/cataloging/constructtitleabbr.html>. Updated April 24, 2019. Accessed August 12, 2020.
4. Pitt B, Pierard LA, Bilge A, et al. Effectiveness of *Spironolactone* Added to an Angiotensin-Converting Enzyme Inhibitor and a Loop Diuretic for Severe Chronic Congestive Heart Failure (The Randomized Aldactone Evaluation Study [RALES]). *Am J Cardiol*. 1996;78:902-907.
5. Valdovinos K, Kostrzewa A, Harrison L, Paly E. Effect of an inter-professional project on pharmacy and physical therapy student's readiness for inter-professional learning. Poster presented at: AACP Annual Meeting; July 26-30, 2014. Grapevine, TX.

**Methods**

All students complete a modified RIPLS questionnaire

All students participate in a 60 minute inter-professional workshop to prepare for the activity

**Pre-Interaction**

SIPh teams complete a pharmaceutical care assessment with a community dwelling senior

Verbal and written communication of findings to SPT teams

SIPh's share their case presentation with pharmacy peers and faculty

**Senior Interaction #1**

SPT teams complete a fall risk assessment with the senior using the four square step test and educate the senior on an appropriate exercise based on test results

Written communication of findings to SIPh teams

**Senior Interaction #2**

SIPh teams follow up with the senior to deliver a senior friendly medication list and discuss any medication resistance

**Senior Interaction #3**

All students participate in a 60 minute inter-professional workshop to debrief on the activity

All students complete a modified RIPLS questionnaire

**Post-Interaction**

**Results**

97% of students (198/204) completed surveys both pre- and post- interaction. Individual cohorts are as follows:

Year	Pharmacy	Physical Therapy
1	P1: 98/98 (100.00%)	PT1: 26/26 (100.00%)
2	P2: 24/26 (92.31%)	PT2: 24/26 (92.31%)
3	P3: 28/32 (87.50%)	PT3: 22/22 (100.00%)

Four analyses were completed using IBM® SPSS® Statistics, version 21:

**Category**      **Description**      **Statistically Significant Findings**

P3, PT2&3      Changes in responses (pre to post) among upperclassmen (P3, PT2&3) (paired sample t-test)

P3 vs. PT2&3      Changes in responses (pre to post) between upperclassmen SIPh & SPT (independent sample t-test)

P3&PT3 vs. P1&PT1      Individual items (each question pre and post) between first-year SIPh/SPT and first-year SIPh/SPT (independent sample t-test)

P3 vs. PT2&3      Number of favorable responses (agree or strongly agree) to positive questions (Q1-Q4) for each sub-scale among upperclassmen SIPh (P3)

P3 vs. PT2&3      Number of favorable responses (agree or strongly agree) to positive questions (Q1-Q4) for each sub-scale among upperclassmen SPT (P3)

\*Statistically significant = p-value < 0.05, Q = question

The fourth analysis was then put into the tested four sub-scale model proposed by McFadyen et al. Due to the modified RIPLS questionnaire used in this study, slight adjustments have been made to which questions were included in each sub-scale.

**Favorable RIPLS Responses for Upper-Classmen (P3, PT2, PT3)**

	SIPh (Pre)	SIPh (Post)	SPT (Pre)	SPT (Post)
■ Teamwork & Collaboration (#1-9)	96.82%	97.21%	95.83%	96.36%
■ Negative Professional Identity (#10-12)	92.87%	88.10%	86.90%	90.47%
■ Positive Professional Identity (#13-14,16-17)	91.90%	90.13%	92.40%	94.58%
■ Roles & Responsibilities (#18)	82.10%	79.60%	77.86%	87.00%

**Discussion**

Some statistically significant differences in responses were noted between SIPh and SPT as well as between the upper class and lower class students on specific questions on the RIPLS. The lack of more significant differences may be related to:

- All SIPh and SPT at Concordia University are already at a high level of readiness for IPL
- RIPLS may not be as useful for graduate professional students<sup>7</sup>
- RIPLS may have a ceiling effect in this population
- The modification of the RIPLS used in this study may have altered reliability compared to the version that has undergone reliability testing

Strengths and limitations include:

- Strengths: relatively large sample size (204) compared to previous studies<sup>1,5</sup>; high response rate (97%); varied levels of students and multiple disciplines
- Limitations: use of an untested modified version of the questionnaire; application of the tool originally developed for undergraduate students on a graduate student population

Results indicate that the RIPLS may not be the appropriate assessment tool to measure change as a result of participation in an IPL experience.

IPL should be incorporated into healthcare curricula to prepare graduates for collaborative, coordinated care and meet accreditation standards.

Future studies should continue to determine the most effective assessment method for IPL in health care professional education.

**Reference list**

**References**

1. Fischer L, Frank P. References. In: Christiansen SL, Iverson C, Flanagan A, et al. *AMA Manual of Style: A Guide for Authors and Editors*. 11<sup>th</sup> ed. Oxford University Press; 2020:59-111.
2. NLM Catalog: Journals referenced in the NCBI Databases. National Center for Biotechnology Information, U.S. National Library of Medicine. <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>. Accessed August 12, 2020.
3. Construction of the National Library of Medicine Title Abbreviations. National Library of Medicine. <https://www.nlm.nih.gov/tsd/cataloging/constructtitleabbr.html>. Updated April 24, 2019. Accessed August 12, 2020.
4. Pitt B, Pierard LA, Bilge A, et al. Effectiveness of *Spironolactone* Added to an Angiotensin-Converting Enzyme Inhibitor and a Loop Diuretic for Severe Chronic Congestive Heart Failure (The Randomized Aldactone Evaluation Study [RALES]). *Am J Cardiol*. 1996;78:902-907.
5. Valdovinos K, Kostrzewa A, Harrison L, Paly E. Effect of an inter-professional project on pharmacy and physical therapy student's readiness for inter-professional learning. Poster presented at: AACP Annual Meeting; July 26-30, 2014. Grapevine, TX.

If you have any questions about referencing or the AMA format, please contact your course coordinator or Audrey Kostrzewa, PharmD, MPH, BCPS at [audrey.kostrzewa@cuw.edu](mailto:audrey.kostrzewa@cuw.edu) or 262-243-2750