Leading through Evidence: Strategies to Implement Interprofessional Education (IPE) in Nursing

Louise Racine RN PhD, Professor
Hope Bilinski RH PhD, Associate Professor
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Pilot Study’s Objectives

- Explore and understand faculty members’ knowledge, skills, perceptions, and needs related to interprofessional education.
Research Questions

1. What are the needs of nursing faculty in regard to IPE?
2. How do nurse educators develop and implement interprofessional activities?
3. What could be the facilitators and barriers to implement IPE?
Background to the Problem

- Interprofessional education (IPE) is becoming more popular in nursing as the demands to provide efficient nursing and health care services increase.
- D’Amour and Oandasan (2005) described the lack of conceptual clarity between interprofessionality and interdisciplinarity.
- Need to understand how to facilitate IPE in undergraduate nursing education.
Power relations, control, and reluctance to share power between members of interprofessional teams have also been reported as inhibiting factors to sustainable IPE (Suchman, 2006).

Some researchers found that individual resistance to IPE lies in strong professional cultures that opposed different and sometimes conflicting paradigms of health and illness (Ginsburg & Tregunno, 2005).

Slow rates of change at the institutional and organizational level, including academic institutions and health care settings, influence the extent to which interprofessional education is successfully delivered (Ginsburg & Tregunno, 2005).
Gaps in Knowledge

- A growing evidence outlines the benefits of IPE in health education, however, persistent barriers continue to impede the implementation of IPE into health sciences curricula. Few studies have focused on the operationalization of IPE curriculum activities. Inherent in this process is the need to develop an understanding of the faculty’s experiences with, perspectives of, and readiness for implementing IPE.
Interprofessional collaboration “is the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/clients, families, and communities to enable optimal health outcomes” (Canadian Interprofessional Health Collaborative, [CIHC], 2010, p. 8).

1) Interprofessional communication
2) Patient/client/family/community-based care
3) Role clarification
4) Team functioning
5) Collaborative leadership
6) Interprofessional conflict resolution
The study was approved and found ethically sound by the University of Saskatchewan Behavioral Ethics Review Board.

Confidentiality was insured.
Methodology

- Development of the in-house survey (items) based on the 6 competency domains of the CIHC (2010)
- Criteria of inclusion
- Recruitment of participants
- Sample of convenience
Survey Development (1)

- Survey items were sampled and generated from the Canadian National Interprofessional Competency Framework (CIHC, 2010) and the Interdisciplinary Education Perception Scale (McFayden, Maclaren, & Webster, 2007).

- Content validity was assessed and confirmed by a group of three independent experts in health and IPE. Internal consistency Cronbach`s alpha: 0.943.
Survey Development (2)

- The final survey was pre-tested by three faculty members from a different College who did not participate in the research.

- Sixty-eight items assessed demographics, IPE knowledge, IPE-related perceptions, IPE-related beliefs, and barriers to IPE.
Description of the Sample (n = 20)

- All female
- Convenience sample (n = 20)
  - Majority of participants (70%) ranged from age 41-60 years
  - Fifty-five percent (55%) were either tenured or in a tenure track position
- Majority of participants (65%) had less than 15 years experience
Data Collection

An online survey was administered to a sample of convenience across 5 geographical sites. The survey was conducted from June to August 2013 with a recall 2 weeks after sending the online invitation. Issues of anonymity and confidentiality were addressed. Twenty faculty out of 53 participated in the survey for a response rate of 35%.
Data Analysis

- Qualitative: Content analysis

- Quantitative: SPSS 20 (Non-parametric statistics, Spearman’s Rho due to a small n and non-linearity of the distribution)
Results: Demographic Data (n = 20)

- Age showed no significant correlation with any item of the scale.

- The number of years at university was SS correlated with the following statements:
  - “Shared teaching will help me to understand my limitations” (.583; p < 0.01)
  - “Individuals in my college are very positive about their contributions toward IPE” (.635; p < 0.01)
Results: Knowledge of IPE

- 70% of the participants indicated that they felt prepared to incorporate IPE into teaching.
- Only 50% believed their skill level in integrating IPE was good or excellent (5%);
- 35% of the participants assessed their skill level as “average” while 5% saw it as fair or poor (10%); 
- Courses with clinical content were seen as the most suitable for IPE at 52.8%.
Results: Perceptions and Beliefs

- 95% agreed that “IPE is essential for team-working skills”
- 80% disagreed that “clinical problem-solving skills can only be taught by faculty from my discipline”
- 80% disagreed that “individuals in my college have a higher status than individuals in other colleges”
Results: Perceptions and Beliefs (2)

- I believe that “IPE is the basis for quality improvement” was SS at .829, p< 0.01

- I believe that “individuals in my college can work closely with individuals in other professions” was SS at .807 p< 0.01

- I believe the “College of Nursing is making an adequate effort to promote IPE” was SS at .742 , p< 0.01
## Results

### Perceived Barriers to Interprofessional Education

<table>
<thead>
<tr>
<th>Type of Barrier</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of leadership</td>
<td>5.7%</td>
</tr>
<tr>
<td>Political tension</td>
<td>3.8%</td>
</tr>
<tr>
<td>Resistance to change</td>
<td>7.5%</td>
</tr>
<tr>
<td>Timetable</td>
<td>11.3%</td>
</tr>
<tr>
<td>Class sizes</td>
<td>5.7%</td>
</tr>
<tr>
<td>Curriculum</td>
<td>5.7%</td>
</tr>
<tr>
<td>Accreditation</td>
<td>0.9%</td>
</tr>
<tr>
<td>Workload</td>
<td>10.4%</td>
</tr>
<tr>
<td>Lack of knowledge</td>
<td>8.5%</td>
</tr>
<tr>
<td>Lack of time with existing IPE activities</td>
<td>8.5%</td>
</tr>
<tr>
<td>Lack of time to develop new IPE activities</td>
<td>8.5%</td>
</tr>
<tr>
<td>Lack of pedagogical support</td>
<td>3.8%</td>
</tr>
<tr>
<td>Lack of technological support</td>
<td>4.7%</td>
</tr>
<tr>
<td>Consuming logistics to coordinate</td>
<td>10.4%</td>
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</tbody>
</table>
Results: Qualitative Categories

1) Lack of time and schedule conflicts
2) Confusion about the nature of IPE
3) Lack of perceived skills (few perceive their skill level in IPE above the average)
4) Lack of readiness (confusion about IPE and lack of pedagogical methodologies)
“It is a worthy goal, but one difficult to implement because of the lack of administrative support in aligning appropriate courses for IPE among relevant colleges”

“I feel as it is another thing to do requiring a lot of time with minimal rewards for faculty”

“A clear definition is lacking [about] what interprofessional education really means and what teaching methodologies encompass this philosophy.”
Discussion of the Results

• This study emphasized the relevance and importance of professional development about IPE pedagogy.
• There were clear faculty needs related to faculty readiness, knowledge, and skills associated with the delivery of high quality IPE.
• It is critical to address the logistical issues related to the implementation of IPE in practice.
• Nursing faculty believe that nurses are not well perceived by colleagues from other health colleges.
Limitations of the Pilot Study

The generalizability of results is limited by the use of a small sample size and by conducting the survey in one college in the University.

Data collected in one nursing college.

Bias of selection: Respondents may have been among the most interested in IPE.
Recommendations to Implement IPE

- Increased professional development about IPE pedagogy.
- Increased opportunities to work with other colleges on IPE.
- Facilitation of mentorship between faculty.
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