Over the past 15 years, the literature on interprofessional education has exploded in nursing and allied health care. This rise of interest in interprofessional education (IPE) is shared by health educators in Canada, USA, the UK, and countries of the European Union. Interprofessional education cannot be isolated from political and financial factors that affect health expenditures in Western economies. Underlining the intersecting influences of organizational and individual factors in shaping interprofessional education in higher education. Despite inconclusive evidence about its effectiveness, IPE is increasingly seen as an effective way to prepare students for future practice in collaborative healthcare settings. Although IPE is promoted in higher education strategic plans, the translation of these institutional objectives into faculty’s active engagement deserves further examination.

The objectives of this pilot study were to explore and understand faculty members’ perceptions of knowledge, beliefs, and needs related to interprofessional education (IPE).

Our study explored the following research questions:
1) What are the needs of faculty about implementing interprofessional education in their teaching?
2) What are the facilitators and barriers to implementing IPE?
3) What is the level of readiness of faculty members to implement IPE in their teaching?

The National Interprofessional Competency Framework of the Canadian Interprofessional Health Collaborative was used to guide the development of the survey and facilitate data analysis. The framework includes the following IPE competencies:
1) Interprofessional communication
2) Patient/Family/Community-centered care
3) Role clarification
4) Team functioning
5) Collaborative leadership
6) Interprofessional conflict resolution

Faculty development refers to “activities designed to help education in all settings to teach in a more efficient manner and promote organizational change.”

The Theoretical Approach
The National Interprofessional Competency Framework of the Canadian Interprofessional Health Collaborative was used to guide the development of the survey and facilitate data analysis. The framework includes the following IPE competencies:

Cross-Sectional Survey
A 6-point Likert-type scale composed of 68 items derived from validated and reliable instruments like the National Competency Framework and the McFayden et al. Interdisciplinary Education Perception Scale (IPES) with Cronbach’s α ≥ 0.80 for the whole scale and α of 0.60 for sub-scale test-retest reliability.

Survey Development
• Demographic information (5 items)
• Knowledge of IPE (28 items)
• Perceptions of IPE (22 items)
• Beliefs related to IPE (10 items)
• Barriers to IPE (3 items)

Psychometric Properties
Face validity, content validity, and reliability (internal consistency) were tested (Cronbach’s α= 0.943).

Recruitment
A sample of convenience composed of faculty members were recruited among 3 geographic sites in a Western Canadian College of Nursing.

Demographic of the Sample (n=20)
• All participants were female
• 70% of participants were 41 to 60 years of age
• 55% were either tenured or in tenure-track position

Data Collection
• Ethics approval from the Behavioural Ethics Board
• Online survey administered from June to August 2013
• Anonymity and confidentiality respected
• Recall 2 weeks after sending the online invitation
• Response rate: 35% (20 out of 53 participants)

Data Analysis
Quantitative data (descriptive statistics) were analyzed using SPSS Version 20. Spearman’s rho was used to identify correlations among ordinal items. A level of significance of .05 was set.

Qualitative data were collected from survey’s comments boxed and analyzed manually using Thorne’s interpretive description approach to data coding and analysis.

Demographic Data
Number of years at the university was SS with “Shared teaching will help me understand my limitations” (.583; p<0.01) and “individuals in my college are very positive about their contribution toward IPE” (.635;p<0.01).

Knowledge of IPE
70% (14) indicated they felt prepared to incorporate IPE into their teaching. 50% believed their skill level in integrating IPE was good or excellent. The rest rated their skill level as average or poor.

Perceptions and Beliefs about IPE
95% agreed that “IPE is essential for team-working skills” and “I believe that IPE is the basis for quality improvement” was SS (.829; p<0.01).

“I would welcome opportunity to work on curricula with faculty from other colleges” was SS (.631;p<0.01).

“35% agreed that “Other colleges often seek the advice of people in my college.”

Perceived Barriers to Implementing IPE
Timetable (75%) and heavy workload (67%) are the most significant barriers to implementing IPE. Consuming logistics to coordinate (10.4%) and Resistance to change (7.5%) are the least significant factors to implementing IPE.

“70% (14) of participants indicated that IPE is valuable because it increases confidence among faculty members. Resistance to implementing IPE, especially time constraints and logistical problems are still present. Persistence of professional turf wars among healthcare disciplines (low self-esteem and devaluation of nursing) is a real issue.”

REFERENCES

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