

## Nursing Education Research Conference 2018 (NERC18)

### Establishing Evidence-Based Faculty Development Strategies to Enhance Implementation of IPE in Nursing

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Background: Over the past 15 years, the literature on interprofessional education (IPE) has exploded in the field of healthcare disciplines. The rise of interest in interprofessional practice and education is shared by health educators in Canada, the United Kingdom, the United States and countries of the European Union (Lewy, 2010). This drive towards interprofessional education cannot be isolated from political and financial factors that affect Western economies (Barr et al., 2011). Literature Review: The needs to address health issues arising from globalization, demographic aging, higher prevalence of chronic illnesses, and rising healthcare costs may create the needs for interprofessional education (Barr et al., 2011; Lewy, 2010). In their article Pfaff et al. (2013) underline the intersecting influences of organizational and individual factors in shaping interprofessional education in higher education organizations. Despite inconclusive evidence between the main elements of interprofessional education and its effectiveness (Reeves et al., 2013), IPE is seen increasingly as an effective way to prepare students of health discipline for future practice in collaborative health care settings. For instance, some authors report that IPE can help collaboration and clinical decision making (Lapkin et al., 2013), enhance quality of care (Wilcock et al., 2009), and increased patient safety (Anderson et al., 2009; Kyrkjebø et al., 2006). IPE seems to be desirable in health programs, yet some individual and organizational barriers may impede its implementation. Interprofessional education implies a reorganization of the structures within curricula and courses delivery. In alignment with previous studies describing the benefits of IPE (D'Amour & Oandasan, 2005; Barrett et al., 2007; Lash et al., 2014; Lawlis et al., 2014; Lapkin et al., 2013; Paul et al., 2014; Robben et al., 2012), Pfaff et al. (2013) recommend that facilitators and barriers to IPE be addressed at the individual, and organizational levels as these systems must work in synergy rather than in opposition to one another. Although IPE is promoted in higher education strategic plans, the translation of these institutional objectives into faculty's active engagement deserves further examination. Objectives of the study: The objectives of the study were to explore and understand faculty members' perceptions of knowledge, beliefs, barriers, and needs related to interprofessional education. Research Questions: A cross-sectional survey incorporating closed and a few open-ended qualitative questions was our choice to explore 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? Methodology: With ethics approval, an online survey (National Interprofessional Competency Framework of the Canadian Interprofessional Health Collaborative, 2010; McFayden, Maclaren, & Webster, 2007) was administered to a sample of convenience across four geographical sites. The survey was conducted from June to August 2013 with a recall two 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%. The survey was composed of 68 items derived from validated and reliable instruments such as the National Competency Framework and the Interdisciplinary Education Perception Scale (IEPS). Data Analysis: Descriptive statistics, Chi-square, and non-parametric correlation analyses were used to explore correlations between age, years of practice, the level of education, years of teaching, and knowledge and readiness for IPE. Results: Results indicates a willingness of implementing IPE within teaching and learning activities. However, the readiness to implement IPE is slowed due to lack of time, lack of knowledge, low self-esteem among faculty members, and teaching workload. Conceptual confusion on IPE, time, and logistics were seen as major barriers. Implications for nursing education: Results also suggest that lack of knowledge about the pedagogical underpinnings of IPE and collaborative teaching affect faculty's level of readiness. Results indicate that individual and organizational challenges remain critical issues to address if nursing is to fully implement IPE in nursing and allied health sciences. Conclusion: A successful and sustainable implementation of IPE

requires addressing the lack of knowledge and skills through evidence-based faculty development educational activities.

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**Title:**

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**Keywords:**

Faculty Development, Interprofessional Education and Readiness

**References:**

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#### **Abstract Summary:**

The purpose of this educational activity is to discuss the results of a study aimed at understanding nursing faculty members' perceptions of knowledge, beliefs, barriers, and needs related to the implementation of interprofessional education in their teaching and learning activities.

#### **Content Outline:**

This presentation focuses on the need to further explore and address the lack of interprofessional faculty development programs in nursing education. The current literature on interprofessional education (IPE) in nursing and health sciences abounds with studies related to the benefits and challenges of IEP, yet issues related to faculty development remain less discussed. This presentation will provide with an overview of the existing literature and the context of IPE in nursing. We will also provide a review of faculty development programs and the needs to equip faculty with the knowledge, skills, and attitudes to teach within interprofessional health programs. Second, we will discuss the development of our survey based on the National Interprofessional Competency Framework (2010), and the McFayden, MacLaren, and Webster's Interdisciplinary Education Perception Scale (IEPS) (2060). The IEPS is a highly reliable as demonstrated by a Cronbach's alpha of greater than 0.80. Our survey included a total number of 68 items on a 6-point Likert-type scale. Face and content validity were assessed by a group of expert in IPE, nursing, and health education. Finally, we will share the findings of our study with the audience. Results indicate that IPE remains sensitive to professional turf wars among healthcare disciplines. Results suggest that lack of knowledge about the pedagogical underpinnings of IPE and collaborative teaching affect faculty's level of readiness. Results indicate that individual and organizational challenges remain critical issues to address to fully implement IPE in nursing and allied health sciences. This is why this is fundamental to design and implement faculty development programs to prepare nursing and health sciences faculty to teach within an IPE academic context.

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**Professional Experience:** Dr. Racine's research interest is in the area of immigrant and refugee health. She is also interested in cultural nursing research applied to the context of family caregiving among non-Western immigrants and refugees and francophone communities living in the Prairie Provinces. Her program of research also focuses on the delivery of culturally safe nursing care to racialized populations. Dr. Racine is keenly interested in the philosophy of nursing, the application of feminist and postcolonial theories to nursing research and practice. Because of her interest on how racialization can affect the delivery of nursing and health care, Dr. Racine is interested in applying concepts drawn from the works of postcolonial scholars like Bakhtin, Bhahbha, Gramsci, Hall, Hill Collins, and bell hooks in nursing scholarship.

**Author Summary:** Dr. Racine's research areas of expertise are: Immigrant and refugee health across the lifespan; cultural safety and marginalized populations, nursing education, health care services, nursing philosophy, and qualitative research.

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**Professional Experience:** Dr. Bilinski comes from an extensive clinical practice in rural settings working in acute care, long term care, and home care. Since 1998 she has been working in various capacities with the College of Nursing. She is a member of the University of Saskatchewan Education Advisory Committee that is exploring IPE for health sciences students. Previous experience in IPE include completion of the Tutor Training Workshop for problem based learning sessions conducted with six health disciplines at the University of Saskatchewan. She has also been involved in the planning and implementation of the first interprofessional learning experience in theoretical courses on community health between the College of Nursing and the College of Medicine. She is currently working on a model to develop IPE for senior health sciences students in rural settings and is creating an IPE framework for the new BSN program at the College of Nursing.

**Author Summary:** Dr. Bilinski is the Associate Dean Undergraduate Programs in the College of Nursing at the University of Saskatchewan. Her areas of expertise includes Interprofessional Education. She is involved in research teams to provide an evidence-informed framework to guide IPE in Health Sciences at the University of Saskatchewan.