

Faculty Attitudes about and Barriers to Participating in Interprofessional Education

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BACKGROUND

- Mounting research indicates interprofessional teams result in better patient outcomes (Schmitt, Gilbert, Brandt, & Weinstein, 2013).
- Interprofessional education has become a pervasive component in the dialogue of competent and quality health care education (Hammik, Freeth, Koppel, Reeves, & Barr, 2007; IOM, 2001).
- There remains a lack of research about faculty attitudes regarding interprofessional education.
- In order to manage the faculty attitudes and perceived barriers, universities, administrators and educators must understand the attitudes of faculties and identify the barriers that exist.

OBJECTIVES

- Describe faculty attitudes toward interprofessional education
- Compare faculty and student attitudes toward interprofessional education
- Identify barriers to faculty participation in interprofessional education

METHODS

- The Nebraska Interprofessional Education Attitudes Scale (NIPEAS) is a 19-item questionnaire assessing attitudes related to Interprofessional collaboration. The items are rated from 1=Strongly Agree to 5=Strongly Disagree.
- Institutional Review Board approval was obtained for this study.
- Full-time faculty were sent a link to the NIPEAS questionnaire and questions about perceived barriers to participating in interprofessional education activities.
- Statistical Analysis:
 - Descriptive statistics were used to identify barriers to participation
 - Descriptive statistics were used to identify differences in attitudes between faculty and students
- Qualitative Analysis: Crystallization/immersion methods were used to identify themes related to barriers to participation and suggestions for improvement.

RESULTS

- 280 faculty representing all colleges on campus completed the survey (52.8% from the College of Medicine)
- Attitude Differences
 - Faculty and students were in agreement on nearly every item of the NIPEAS (See attached table)
 - More students disagreed with statements related to heeding the opinions of and critique by other professionals (Figure 1)

Figure 1. Percent of Student and Faculty Responses to NIPEAS Items Student Response

30

Faculty Response

16. It is more important to listen to the opinions of other health care team members than to state my own viewpoint.

18.Receptive to critique of performance from a person in a different profession than mine.

ny 60 30 11 Student Response 63 28 9 Faculty Response 77 16 7

52

18

0% 20% 40% 60% 80% 100% Strongly Agree/Agree Neutral Disagree/Strongly Disagree

- Barriers to Participation:
 - Figure 2 shows the most frequent reasons for not participating in IPE activities.
 - Further analysis of free text responses indicated 4 themes: priorities, relevance, location, and negative experience.
 Exemplar quotes are presented in Figure 3.





CONCLUSIONS

- Faculty and student responses to the NIPEAS are primarily congruent.
 - Differences in NIPEAS responses included:
 Albeit small, a higher percentage of students felt it unnecessary to solicit opinions of other health care professionals
 - Similarly, a higher percentage of students disagreed with receiving feedback from other health care professionals.
- Competing priorities, relevance to career, prior negative experiences, and logistics are common barriers to participation
- In order to model interprofessional behaviors, faculty need to have time allocated to participate in IPE activities.
- Thoughtful consideration must be given to barriers to participation to further enhance and promote IPE and thereby enhance interprofessional collaboration.

References

- Hammick, M., Freeth, D., Koppel, I., Reeves, S., and Barr, H. (2007). A Best Evidence Systematic Review of Interprofessional Education: BEME Guide No. 9. Medical Teacher 29 (6): 735–51. doi:10.1080/14/2150071682576. Institute of Medicine (US) Committee on Quality of Health Care in America. (2001). Crossing the Quality Charsm: A New Health System for the 21st Century. Washington (DC): National Academies Press (US). http://lawarub.id.ne/hbs/197371.
- Washington (DC): National Academies Press (US). <u>http://www.ncbi.nlm.nih.gov/book/NRK222274</u>, Schmitt, M. H., Gilbert, J. H. V., Brandt, B. F., and Weinstein, R. S. (2013). The Coming
- of Age for Interprotessional Education and Practices. The American Journal of Medicine 126 (4): 284–88. doi:10.1016/j.amjmed.2012.10.015.

