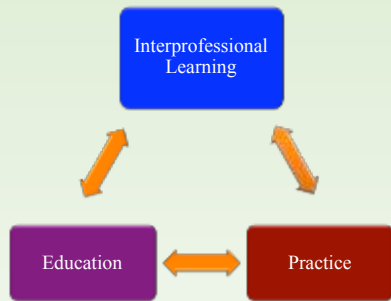


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INTRODUCTION

- Interprofessional teamwork and education have been advanced as methods to address the complexities of patient care (National Academy of Medicine, 2015).
- One area needing further exploration is health care professionals' readiness to learn together in the acute care setting.
- The application of interprofessional learning (IPL) focused on sepsis education and improvement in sepsis outcomes in a community hospital has not been fully assessed.



PURPOSE

- This descriptive, quantitative study explored interprofessional readiness to learn, perceptions of professional identity, and understanding of roles and responsibilities, by examining three subgroups.

REVIEW OF THE LITERATURE

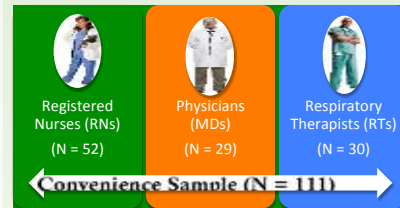
- Current state of interprofessional learning
- Interprofessional team approach
- Sepsis education

Study Questions:

- What is the **readiness level** of registered nurses, physicians, and respiratory therapists for interprofessional education?
- Is there a statistically significant **difference** in readiness for interprofessional education between registered nurses, physicians, and respiratory therapist?
- Is there a **relationship** between age, gender, years of experience, and readiness level for each discipline and overall?

METHODS

Sample



Instrument

Readiness for Interprofessional Learning Scale (RIPLS)

◊ 19-item questions using a 5-point Likert scale (1 = strongly disagree and 5 = strongly agree)

◊ 4 Subscales:

- Teamwork and Collaboration
- Positive Professional Identity
- Negative Professional Identity
- Roles and Responsibilities

RESULTS

RIPLS Subscale	Nurses (n=52)	Physicians (n=29)	RT (n=30)	p-value
Teamwork/Collaboration	48 (92.3%)	25 (86.2%)	26 (86.7%)	0.82
Negative Professional Identity	11 (21.2%)	11 (37.9%)	11 (36.7%)	0.49
Positive Professional Identity	41 (78.8%)	18 (62.1%)	19 (63.3%)	0.42
Roles/Responsibilities	11 (21.2%)	11 (37.9%)	11 (36.7%)	0.81
RIPLS Total Score	71 (67.8%)	71 (58.7%)	71 (53.8%)	0.37

*Test for significance: ANOVA F(2,111)

	Nurses (n=52)	Physicians (n=29)	RT (n=30)	p-value
Gender				
Male	32 (78.1%)	41 (82.8%)	40 (80.0%)	0.82
Female	20 (38.5%)	8 (27.6%)	10 (33.3%)	
Age				
18-39	27 (51.9%)	24 (82.8%)	27 (86.7%)	0.23
40-49	25 (48.1%)	5 (17.2%)	3 (9.7%)	
50-59	2 (3.8%)	0 (0%)	0 (0%)	
60+	1 (1.9%)	0 (0%)	0 (0%)	
Years of Experience				
0-9	17 (32.7%)	13 (44.8%)	2 (6.7%)	0.42
10-19	11 (21.2%)	11 (37.9%)	11 (36.7%)	
20-29	11 (21.2%)	11 (37.9%)	11 (36.7%)	
30-39	11 (21.2%)	11 (37.9%)	11 (36.7%)	
40-49	11 (21.2%)	11 (37.9%)	11 (36.7%)	
50+	0 (0%)	0 (0%)	0 (0%)	

*Test for significance: Chi-Square test and Fisher's Exact

	Teamwork/Collaboration	Negative Professional Identity	Positive Professional Identity	Roles/Responsibilities	RIPLS Total Score
Gender					
Male	32 (61.5%)	11 (21.2%)	18 (34.6%)	11 (21.2%)	71 (67.8%)
Female	20 (38.5%)	11 (21.2%)	18 (34.6%)	11 (21.2%)	71 (67.8%)
Age					
18-39	27 (51.9%)	11 (21.2%)	18 (34.6%)	11 (21.2%)	71 (67.8%)
40-49	25 (48.1%)	11 (21.2%)	18 (34.6%)	11 (21.2%)	71 (67.8%)
50-59	2 (3.8%)	11 (21.2%)	18 (34.6%)	11 (21.2%)	71 (67.8%)
60+	1 (1.9%)	11 (21.2%)	18 (34.6%)	11 (21.2%)	71 (67.8%)
Years of Experience					
0-9	17 (32.7%)	11 (21.2%)	18 (34.6%)	11 (21.2%)	71 (67.8%)
10-19	11 (21.2%)	11 (21.2%)	18 (34.6%)	11 (21.2%)	71 (67.8%)
20-29	11 (21.2%)	11 (21.2%)	18 (34.6%)	11 (21.2%)	71 (67.8%)
30-39	11 (21.2%)	11 (21.2%)	18 (34.6%)	11 (21.2%)	71 (67.8%)
40-49	11 (21.2%)	11 (21.2%)	18 (34.6%)	11 (21.2%)	71 (67.8%)
50+	0 (0%)	11 (21.2%)	18 (34.6%)	11 (21.2%)	71 (67.8%)

*Test for significance: ANOVA F(2,111)

DISCUSSION

Implications for Practice

- No statistically significant difference was observed in readiness level for IPL among the three subgroups.
- There was no relationship between age, gender, years of experience, and readiness level.
- This study provided a foundation that the subgroups studied were ready for IPL, therefore making IPL a viable option for curriculum development such as sepsis education.



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