# Assessing Readiness For Interprofessional Learning About Sepsis Among Registered Nurses, Physicians, and Respiratory Therapists in a Community Hospital

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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.
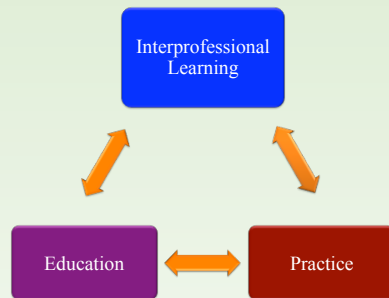
PURPOSE

- 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
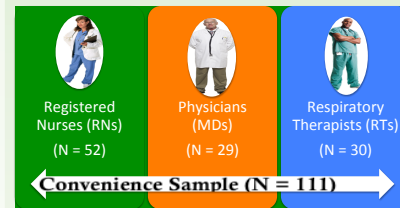
Instrument

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

RIPL Subscale	Nurses (n=52) Median (Range)	Physicians (n=29) Median (Range)	RT (n=30) Median (Range)	p-value
Teamwork/Collaboration	36 (28-38)	35 (24-39)	34 (28-39)	0.33
Negative Professional Identity	11 (7-15)	11 (5-13)	11 (7-13)	0.96
Positive Professional Identity	16 (12-19)	16 (8-18)	16 (12-18)	0.48
Roles/Responsibilities	11 (8-15)	11 (7-14)	11 (8-15)	0.53
RIPLS Total Score	73 (62-81)	71 (58-78)	71.5 (63-80)	0.26

*Test for significance: Kruskal Wallis

		Nurses (n=52) % (n)	Physicians (n=29) % (n)	RT (n=30) % (n)	p-value
Gender	Female	67.3% (35)	58.6% (17)	60% (18)	0.68
	Male	32.7% (17)	41.4% (12)	40% (12)	
Age	20-29	5.8% (3)	0%	10% (3)	0.21
	30-39	26.9% (14)	34.5% (10)	26.7% (8)	
	40-49	25% (13)	17.2% (5)	36.7% (11)	
	50-59	28.9% (15)	31.0% (9)	26.7% (8)	
	60+	13.5% (7)	13.8% (4)	0%	
	Missing	0%	3.5% (1)	0%	
Years of Experience	0-5	15.4% (8)	13.8% (4)	20% (6)	0.45
	6-10 yrs	13.5% (7)	24.1% (7)	30% (9)	
	11-20 yrs	28.9% (15)	17.2% (5)	20% (6)	
	21-30 yrs	17.3% (9)	27.6% (8)	20% (6)	
	31-40 yrs	17.3% (9)	10.3% (3)	10% (3)	
	41+ yrs	7.7% (4)	3.5% (1)	0%	
	Missing	0%	3.5% (1)	0%	

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

		Teamwork/ Collaboration Median (Range)	Negative Identity Median (Range)	Positive Identity Median (Range)	Roles/ Responsibilities Median (Range)	RIPLS Total Score Median (Range)
Gender	Female	35 (28-39)	11 (5-14)	16 (12-19)	11 (7-15)	72 (62-81)
	Male	36 (24-39)	11 (7-15)	16 (8-19)	11 (8-15)	73 (58-80)
Age	20-29	35.5 (31-39)	10 (7-11)	16 (15-16)	11.5 (9-14)	71 (67-77)
	30-39	36 (31-38)	11 (8-15)	16 (10-19)	11 (8-15)	74 (59-81)
	40-49	34 (28-36)	10 (7-15)	16 (12-18)	11 (8-15)	69 (62-80)
	50-59	36 (24-39)	11 (5-14)	16 (12-18)	11.5 (8-15)	73 (58-79)
	60+	36 (30-36)	11 (7-12)	16 (14-17)	11 (7-13)	72 (65-76)
Years of Experience	0-5	36 (30-39)	10.5 (7-15)	16 (10-19)	11 (8-15)	73 (59-80)
	6-10 yrs	35 (30-36)	11 (7-12)	16 (14-18)	11 (8-15)	73 (65-78)
	11-20 yrs	35.5 (30-36)	10.5 (5-15)	16 (13-19)	11 (8-15)	72.5 (62-81)
	21-30 yrs	35 (24-39)	11 (7-13)	16 (12-16)	11 (8-15)	73 (58-79)
	31-40 yrs	35 (30-36)	11 (7-14)	16 (12-17)	11 (7-14)	70 (65-78)
	41+ yrs	36 (35-36)	11 (10-11)	16 (14-17)	11 (8-13)	73 (69-76)

*Test for significance: Kruskal Wallis

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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