A SURVEY OF CYBERCIVILITY LEARNING IN INTERPROFESSIONAL EDUCATION Jennie C. De Gagne, PhD, DNP, RN-BC, CNE, ANEF, FAAN, School of Nursing Ankeet Udani, MD, MSEd, School of Medicine

BACKGROUND

According to the most recent study integrating literature on cybercivility in health professional education, strong evidence exists that health professional students may share uncivil content in cyberspace.¹ Compounding this issue, the consensus is that students in health professions have little understanding of what is unethical, unprofessional, or illegal regarding posting in cyberspace.^{2,3}

Equally important, there is a growing need for health profession students to develop and enhance their interprofessional education (IPE) core competencies, some of which closely relate to cybercivility. However, little is known about cyberincivility in relation to IPE among health professions students.

OBJECTIVES

This study was to identify what health professions students know about cybercivility and to explore their experiences with unprofessional or inappropriate behavior in cyberspace as well as their thoughts about IPE cybercivility learning and preferred learning formats.

METHODS

This study employed a descriptive cross-sectional design with a purposive sample of health professions students at Duke University.

The participant pool was 2,048 (MD = 458; Nursing = 1,188; PA = 179; DPT = 223).

A survey that included 75 items with four sections (demographics, knowledge about cyberincivility, experience/perceptions of cyberincivility, benefits of IPE cybercivility learning) was developed and administered using Qualtrics.

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- 1 Sending time-sensitive information and expecting an immediate response
- 2 Becoming offended easily by opposing ideas posted online
- 3 Not responding to emails as expected
- 4 Blaming technology for failure of communication, assignment completion or submissions
- 5 Sending an email without a meaningful subject

3.27 0.93 3.22 0.99 3.21 0.95 3.0 0.93 2.94 1.01 jennie.degagne@duke.edu



Cybercivility Learning Needs (4.11±0.81, range 1-5)

Values/Ethics (4.15 ± 0.86)

Roles/Responsibilities (4.06±0.87)

Interprofessional Communication (4.12±0.81)

Team and Teamwork (4.03±0.97)

CONCLUSIONS

Our study showed that health professions students experienced cyberincivility and perceived incivility as a

They also recognized the need for IPE cybercivility learning. Students need to be educated on ethical and professional standards, including those that apply in

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