

A SURVEY OF CYBERCIVILITY LEARNING IN INTERPROFESSIONAL EDUCATION

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Background: According to the most recent study aiming to integrate 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: The 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 featured 75 items with four sections (demographics, knowledge about cyberincivility, experience/perceptions of cyberincivility, benefits of IPE cybercivility learning) was developed and administered using Qualtrics. Data were analyzed using SPSS 22.0 for Windows. Descriptive statistics were used to characterize the sample and to determine the level of cyberincivility knowledge, experience/perceptions (frequency/acceptability), and learning needs of cybercivility.

Results/Outcomes/Improvements: A total of 205 students completed the survey, with an overall response rate of 10.9% of all eligible potential participants. Students in the DPT program had the highest rate of participation (23.8%), while nursing students in the second-degree bachelor's, master's, and doctoral programs showed the lowest participation rate at 7.9%. Students' mean age was 29.7 (SD = 7.0), with a range of 22 – 55 years. Most students were nursing majors (42.4%), followed by DPT (23.9%), MD (20.5%), and PA (13.2%) students. With regard to the use of SNS and email, most participants were members of one to five SNS (81.5%), had a personal profile on Facebook (96.6%), spent 1-3 hours per day on SNS (60.6%), and had more than 500 contacts or friends on SNS (51.7%). Most students responded that cyberincivility is a moderate (42.9%) or serious (39%) problem. Participants reported a wide range of knowledge about cybercivility. The mean frequency score of respondents' experience was 2.35 (SD±0.65, range 1-5). The mean score of respondents' perceived benefits of IPE cybercivility learning was 4.11 (SD±0.81, range 1-5). Students' cybercivility learning needs were high across the four dimensions, including values/ethics (4.15±0.86), roles/responsibilities (4.06±0.87), interprofessional communication (4.12±0.81), and team and teamwork (4.03±0.97).

Significance/Implications/Relevance: Our study showed that health professions students experienced cyberincivility and perceived incivility as a growing problem. They also recognized the need for IPE cybercivility learning. Students need to be educated on ethical and professional standards, including those that apply in cyberspace. Given that students have diverse learning styles, sensitivity to their preferred learning methods is essential in designing an effective curriculum and maximizing the students' learning experience.

References

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