

## Chapter 6

# Critical Diversity Education to Promote Interprofessional Understanding: A Comparison of Student Experiences Between Face-to-Face and Online Delivery

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### ABSTRACT

*The chapter begins with an overview of the current momentum toward interprofessional education and practice, citing specific trends in Canada as reflections of a global emerging consciousness. Initiatives undertaken at Dalhousie University are discussed in setting the context for this pilot study. Next, the pedagogy of critical diversity education is introduced and explained, with particular relevance for interprofessional education and practice. Comparison of face-to-face and online delivery of an interprofessional module based upon critical diversity education principles is then detailed, including research design and findings. The chapter concludes with a discussion of implications from this study.*

### INTRODUCTION

This chapter reports on results from a pilot study which explored student experiences of an introductory level interprofessional (IP) learning module on critical diversity, wherein module content and facilitation of IP group reflection were delivered both on campus and via a virtual learning environment (VLE). Data collected regarding student experience occurred through focus groups, both

onsite and online, following participation in the module.

### Interprofessional Education and Practice

There is growing evidence that IP education and practice are required to ensure the optimal health of citizens the world over (Kohn, Corrigan & Donaldson, 2005). The literature both supports the successes of IP collaboration and decries

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the actual and anticipated losses that result from inadequate communication, competing interests, partializing of patient need and territorial control over resources. Consequently, national health departments across the globe are committed to working with educational institutions to prioritize pre-licensure education as the ideal point of entry for learning “with, from and about” each other across the health care professions (CAIPE, 2002).

In 2003, Canadian federal and provincial health departments highlighted collaborative patient centred care as one of the cornerstones for optimal health care outcomes. Initiatives in Health Authorities across Canada have continued to prioritize opportunities for IP education to prepare for this collaboration once in professional practice. At Dalhousie University, the Faculties of Health Professions, Dentistry and Medicine formed the Tri-Faculty Interprofessional Academic Advising Committee (Tri-IPAAC) in 1997, with the responsibility to implement IP learning modules for students. For 12 years, over 3900 students annually, across 22 health professions, attended IP learning modules focussed on contemporary health care issues. While this programming served an important purpose, to date there has been no uniform means of providing IP experiences to students via an online forum. Given that one half of the professional schools within the Faculty of Health Professions at Dalhousie offer partial or whole degrees online, this gap was a key prompt in the development of the research project discussed below. The module ‘*Diversity Awareness within Interprofessional Teams*’ (Baikie & Campbell, 2008b) became the first IP module to be delivered online.

## **The Rise of Online Learning**

The use of electronic media in Canadian health care education has been in place for twenty years, driven by the need to develop the capacity of health care providers in rural and remote areas (Roberts,

O’Sullivan & Howard, 2005). In addition, patterns of out-migration have long been a threat to rural communities, with former residents, including student graduates, not returning to provide a range of helping services back at home. The required outcome – more educated health care professionals – forced greater creativity in delivery methods, given that onsite education housed the resources and relied on traditional pedagogical processes. Early electronic developments featured the use of teleconferencing, audio and videotapes, interactive television and video teleconferencing, often in clustered sites. But the Internet advanced distance learning technologies in unprecedented fashion, with unique opportunity, incredible speed and enormous capacity for the exchange of academic material (Allen, Bourhis, Burrell & Mabry, 2002).

Although Internet based technologies have significant contemporary appeal among students and many faculty, its welcome has not been unanimous. For some professions, such as social work, there is skepticism that online methods can meet the pedagogical demands, citing in particular the need for face to face instruction and evaluation of the person’s attributes and attitudes alongside professional skills. On the other hand, online education meets the need for a broader geographic reach than available solely through onsite instruction and, importantly, can address educational access inequities that exist as a result of student experiences with disabilities, logistic and economic constraints, accommodation, and tuition fee strains, and the difficult balance of personal needs, study and work (Pigiapoco & Bogliolo, 2005). Moreover, as the results of the current research suggest, there are unique pedagogical benefits available through online methods.

Empirical evidence of the efficacy of online teaching and learning is growing. Chumley-Jones, Dobbie & Alford (2002) reviewed 206 articles detailing research on web-based learning in dentistry, medicine and nursing, with results suggesting that the outcomes are comparable to onsite educational

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