Students' Perceptions of Roles on a Health Care Team

Jennifer Young, Pamela Grudzinski, and Joanna Ueng

Methods

Participants: The researchers had intended to recruit two final year students in each of Medicine, Nursing, Occupational Therapy (OT), and Physical Therapy (PT). Recruitment challenges resulted in fewer participants than was ideal. Participants were divided into two groups, as described in Table 1.

Table 1. Inter-Professional Team Composition

	Medicine	Nursing	OT	PT
Group 1	not represented	year 4/4	year 2/2	year 2/2
Group 2	year 2/4	year 3/4	year 2/2	not represented

Learning Activity: Both inter-professional learning sessions were held in the Glaxo Wellcome Clinical Education Centre at Queen's University. Group 1 attended in the morning, while Group 2 participated in the afternoon. Both groups received lunch, although Group 2 ate lunch before beginning the learning activity. A rapport developed among the members of the second group during this informal discussion period, which was not observed in Group 1. A summary of the learning activity and data collection methods can be found in Table 2.

Table 2. Outline of the Inter-Professional Learning Activity and Data Collection Methods

Learning Activity Component	Task	Rationale for the Task	Method of Data Collection
questionnaire	- complete pre-learning activity questionnaire	- establish participants' baseline understanding of roles	- questionnaire (paper)
team-based learning activity	- read case scenario	- individuals become familiar with the case scenario	- videotape - audiotape
	- discuss scenario with team	- team determines issues to address with the SP - team plans their approach to the SP interaction	
	- team interaction with the SP	- team and SP address health issues of concern	
questionnaire	- complete post-activity questionnaire	- record changes in participants' understanding of roles	- questionnaire (paper)
focus group	- participate in the post-activity focus group	- gain insight into participants' learning and perception of roles - exchange feedback about the learning activity	- videotape - audiotape

Data Analysis: Each focus group and learning activity was transcribed verbatim from the audiotapes. Transcripts were individually hand-coded by the three researchers. The codes were grouped into themes and sub-themes according to the relationships between them, following agreement of the researchers.

Background Information

When working with patients with complex health problems, the skills and knowledge of several professionals are frequently required to address issues that surpass the scope of any single profession.[1,2] Members of effective inter-professional teams typically demonstrate clear understanding of their colleagues' professional roles, and appreciate the skills and knowledge that members of other disciplines contribute to patient care.[3]

Since graduates of professional programs are expected to be able to function effectively within a team-based health care environment, inter-professional education (IPE) initiatives are being developed at a pre-licensure level. Problem-based inter-professional learning methods facilitate the development of effective team skills while integrating the knowledge base of multiple health care disciplines into the learning activity.[3]

Adult learners respond most positively to IPE when they perceive a direct relevance between the learning activity and their current or future practice.[1] The realism of an IPE experience can be enhanced by using a simulated clinical environment and/or a SP.[1,4] Working through a case scenario that mirrors a real-life situation has the potential to improve communication in student health care teams, allowing members to share knowledge with one another about professional roles.[4,5]

Research Question

Does a single inter-professional learning activity with a standardized patient (SP) enhance health science students' understanding of roles on a health care team?

Preliminary Results

Three main themes emerged from the focus group data. These themes, and the relationships between them, are shown in Figure 1.

Value of the Standardized Patient

All participants were enthusiastic about the team interaction with the SP. It was expressed that involvement with a SP made the activity more meaningful: *"I definitely don't get the same thing out of reading a case study..."* Three sub-themes were identified.

Realism: *"I love doing stuff that's real!"*
Participants felt that the interaction with the SP increased the applicability of the learning activity to their future practice and made the situation feel clinically relevant. One participant also said that talking to the SP as a team was important because it provided an opportunity to differentiate between personality traits and professional roles.

Patient Leadership: *"the patient was the one that was guiding us..."*
Group 2 applied prior learning about patient-centred care to the organization of their interaction with the SP. Asking the SP to identify her issues of concern focused the team's discussion, helping to clarify discipline-specific roles.

Communication Skills: *"if you have a SP, then we learn how to communicate with the patient as well."*
One participant said that she will be able to apply what she learned in terms of *"what [other professions] have to say and their ideas..."* She added that interaction with the SP promoted learning of communication skills with patients as well as team members.
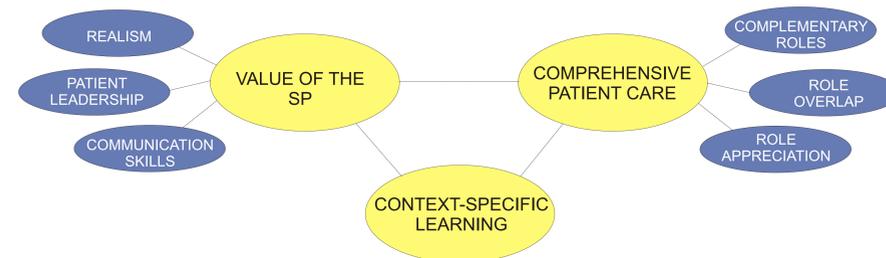

Figure 1. Interconnected themes and sub-themes that emerged from data collected during the focus groups.

Comprehensive Patient Care

Participants believed that engaging in a clinical scenario as an inter-professional team allowed them to *"really see how it all fits together..."* Three sub-themes were identified.

Complementary Roles: *"if you don't have an answer, somebody else will... you're supporting each other..."*
Participants agreed that working as a team with the SP enabled them to find multiple solutions to common issues of concern. They reported interest in learning about treatment approaches used by members of different disciplines.

Role Overlap: *"[others' roles] don't just get forgotten, but other people will absorb them..."*
All participants noted the effect of team composition on professional roles within a health care team. Some participants reported new learning about roles that can be filled by multiple disciplines, while others increased their understanding of the nuances associated with shared professional roles.

Role Appreciation: *"the OT sees something completely different from what I saw..."*
One participant expressed that an intra-professional approach hinders patient care by de-emphasizing the knowledge, skills, and perspectives that professionals from other disciplines can provide. Participants recognized that each discipline offers a unique perspective on a patient's situation.

Context-Specific Learning

In terms of discipline-specific roles on a health care team, many participants expressed that the learning activity *"just reiterated what I had seen..."* during other IPE opportunities. Participants felt that their learning was specific to the scenario: *"my thoughts that were different were just basically related to the situation..."* Several participants reported learning about new strategies, techniques, or resources specific to the clinical scenario from their colleagues.

Discussion

Preliminary results, based on focus group data, indicate that the participants' understanding of roles on a health care team was enhanced through a single inter-professional learning activity with a SP. Yet, upon completion of the team learning activity, most participants reported that they *"didn't really have much new learning"* about professional roles. This contrast may be related to a number of factors including limited time for reflection prior to the focus group, the participants' backgrounds in IPE, and the participants' assumptions that increased role knowledge should be general rather than scenario-specific.

To enhance general understanding of professional roles, the participants suggested that they would benefit from a series of inter-professional team activities focusing on different case scenarios. Although there is debate in the literature regarding the optimal timing for IPE, all participants in this study arrived at a common conclusion. They felt that IPE aiming to enhance students' understanding of professional roles should occur during the later years of professional training. As articulated by one participant in her final year of study, *"if this had been much earlier, I would have been a bit more nervous about my part... I wouldn't want to expose that I don't know a lot..."* Participants' knowledge of and confidence in their own role may be integral to the success of an initiative that aims to increase students' understanding of professional roles.

Team-based interaction with a SP was a highly valued, novel learning experience for all of the participants. The preliminary results suggest that enthusiasm for the learning activity was generated primarily through the interaction with the SP. Participants believed that the SP contributed to a more realistic learning environment, increased the challenge and complexity of the learning activity, and allowed them to create meaning from the case scenario. Clinical relevance was also enhanced through interaction with the SP as a result of her responsiveness to each team's approach. Teams were able to organize and carry out the learning activity in a way that incorporated the patient's voice. A patient-centred approach may be difficult to apply to a non-interactive case scenario. Interaction with the SP facilitated a deeper exploration of the issues raised in the case scenario, which contributed to participants' insights into the complexity of roles in an inter-professional health care team.

References

1. Parsell, G, Spalding, R., & Bligh, J. (1998). Shared goals, shared learning: Evaluation of a multiprofessional course for undergraduate students. *Medical Education, 32*, 304-311.

2. Lumague, M., Morgan, A., Mak, D., Hanna, M., Kwong, J., Cameron, C., Zener, D., & Sinclair, L. (2006). Interprofessional education: The student perspective. *Journal of Interprofessional Care, 20*(3), 246-253.

3. Curran, V. R., Mugford, J. G., Law, R. M. T., & MacDonald, S. (2005). Influence of an interprofessional HIV/AIDS education program on role perception, attitudes and teamwork skills of undergraduate health science students. *Education for Health, 18*(1), 32-44.

4. Westberg, S. M., Adams, J., Thiede, K., Stratton, T. P., & Bumgardner, M. A. (2006). Innovations in teaching: An interprofessional activity using standardized patients. *American Journal of Pharmaceutical Education, 70*(2), Article 34.

5. Oandasan, I. & Reeves, S. (2005). Key elements for interprofessional education. Part 1: The learner, the educator and the learning context. *Journal of Interprofessional Care, Supplement 1*, 21-38.