Interprofessional learning for pre-qualification health care students: An outcomes-based evaluation

GILLIAN NISBET¹, GRAHAM D. HENDRY², GARY ROLLS³, & MICHAEL J. FIELD⁴

¹Faculty of Health Sciences, The University of Sydney, ²Centre for Innovation in Professional Health Education and Research, Faculty of Medicine, The University of Sydney, ³Department of Physiotherapy, Royal North Shore Hospital, Sydney, and ⁴Northern Clinical School, Faculty of Medicine, The University of Sydney, New South Wales, Australia

Abstract
Within health, it is widely acknowledged that a collaborative, team-oriented approach to care is required to ensure patient safety and quality of service delivery. A pre-qualification interprofessional learning experience should provide an ideal opportunity for students to gain the necessary knowledge, skills and attitudes to enable them to work as part of a patient-centred interprofessional team. In this article we report a multidimensional evaluation of a pre-qualification interprofessional learning (IPL) program. The program brings together senior year students from various health care professions on clinical placement in the same service area of a hospital to take part in shared, structured learning experiences centred on interprofessional teamwork. We used a combination of qualitative and quantitative methods to evaluate the IPL program. Results indicate that students’ understanding of the roles of other team members was enhanced, and students and supervisors perceived the program to be of value for student learning. Measured changes in attitude were limited. Unexpected findings emerged in relation to role responsibilities within teams and attitudes towards doctors. We conclude that such programs have the potential to expand students’ understanding of the contributions made by other professionals/colleagues to effective patient care, although challenges persist in overcoming pre-existing role stereotypes.

Keywords: Interprofessional learning, pre-qualification, health professions education, outcomes-based evaluation

Introduction
With advances in knowledge and technology, patient care has become more complex. To ensure patient safety and quality of service delivery, effective collaboration and teamwork between health care professionals is essential. Today, patients are also generally more informed and wishing to be involved in their treatment plans. An effective patient-centred approach also requires interprofessional teamwork (Gerteis et al., 2002).

To better prepare health care students for interprofessional practice, there is a global interest and drive to incorporate interprofessional learning into health care education. The purpose of this study is to evaluate a pre-qualification clinical education program, called the
Interprofessional Learning (IPL) program, implemented across allied health, nursing and medical professional degree programs within the Australian system of higher education.

Evaluation of interprofessional learning initiatives has attracted much interest over recent years, with a number of systematic reviews undertaken (e.g., Zwarenstein et al., 2001; Freeth et al., 2002; Hammick et al., 2007). These reviews suggest that the clinical practice setting offers an effective learning environment for pre-qualification interprofessional education. Not surprisingly, evaluation in this setting has mainly focused on students’ satisfaction with a program; knowledge and skill development; and attitude changes. Evaluations of the transfer of learning into practice and/or effects on patient care are more difficult to conduct due to the time lag between the interprofessional learning experience and qualification (Hammick et al., 2007).

Students’ development of interprofessional knowledge and skills has been evaluated mainly through self-reported changes in understanding and performance (e.g., Parsell et al., 1998; Ker et al., 2003; Wakefield et al., 2003; Kilminster et al., 2004). As the outcomes of interprofessional education are multidimensional, ideally evaluation should incorporate a variety of methods and analysis of possible program effects. Ellery (2006) has demonstrated the importance of using a multi-method approach as a means of obtaining reliable and valid evaluation evidence. In this article we report a multi-method evaluation of the IPL program that includes qualitative and quantitative analysis of participants’ satisfaction, self reported changes in understanding, and observed learning outcomes or what students are able to do (Biggs, 2003) by the end of the program.

Context of the IPL program

Design

Initially piloted in 2003 at a large metropolitan teaching hospital, the IPL program was expanded and implemented at three comparable hospitals in 2005. The program consisted of structured learning activities focussed on interprofessional teamwork and grounded in concepts of adult and experiential learning (Kolb, 1984; Knowles & Associates, 1984; Ramsden, 2003). At the beginning of the program an interactive team building workshop introduced students to concepts of effective teamwork and its relevance to the health care setting. Other learning activities included facilitated patient case discussions; structured participation in ward meetings; observation and participation in other professions’ assessment/treatment procedures; and opportunities for reflection on team performance. The program ran for four weeks, with activities comprising approximately 2.5 hours per week structured learning time (total 10 hours).

Program sessions were facilitated by the program co-ordinator (University funded position) and a small number of practitioners and University academics who had experience in clinical education, interest in IPL, and experience in interprofessional teamwork in the clinical setting. The professional backgrounds of these facilitators included medical psychology, nutrition, physiotherapy, and social work.

Participants

Participants in the program were senior year students from health care profession courses who were on their clinical placement in the same service area (clinical specialty) of the hospital. For medical students placements occurred in their third year of a four-year graduate-entry medical program. Nursing students were in their final year of a three-year
nursing degree program. Allied Health students were in either their third or final year of a degree program, or final year of a professional masters program. Students from nutrition and dietetics; occupational therapy; physiotherapy; social work; and speech pathology.

In 2005 there were several iterations of the program implemented at the same hospital and across hospitals as students attended their placements at different times of the year. The program was a component of a student’s profession-specific placement: designed to enhance the placement experience, with the IPL activities integrated into discipline-specific timetables. Table I outlines a typical IPL program timetable.

The composition of students in each iteration of the IPL program varied within and across hospitals, depending on availability of students. However, we set a minimum of three participating professions, and aimed for between four and eight students per program. This upper limit was set to take into account limited space in hospital service areas. All programs in 2005 included at least one medical student and students from two or more other professions.

Although participation in the IPL program was not a mandatory requirement of students’ professional degree programs, students assigned to a service area running the program were expected to participate. Students’ participation and the learning outcomes that they achieved were not formally assessed, and their completion of the IPL program did not count toward the award of their professional degree.

Table I. Timetabled IPL activities.

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<th>Monday</th>
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<th>Wednesday</th>
<th>Thursday</th>
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<td><strong>Week 1</strong></td>
<td>10.00 am – 11.00 am</td>
<td>Ward meeting</td>
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<td>11.30 am – 12.30 pm</td>
<td>Patient journey mapping</td>
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<td>12 noon – 12.30 pm</td>
<td>Ward meeting</td>
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<td>2.30 pm – 4.30 pm</td>
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<td>Briefing meeting</td>
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<td>Team building workshop</td>
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<td><strong>Week 2</strong></td>
<td>10.00 am – 11.00 am</td>
<td>Ward meeting</td>
<td>11.30 am – 12.30 pm</td>
<td>Student run case</td>
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<td><strong>Week 3</strong></td>
<td>10.00 am – 11.00 am</td>
<td>Ward meeting</td>
<td>11.30 am – 12.30 pm</td>
<td>Student run case</td>
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<td><strong>Week 4</strong></td>
<td>10.00 am – 11.00 am</td>
<td>Ward meeting –students lead</td>
<td>3.30 pm – 4.30 pm</td>
<td>Program evaluation</td>
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<td>discussion</td>
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<td>and reflection meeting</td>
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Aim and outcomes of the IPL program

The aim of the IPL program was to provide students with opportunities to develop knowledge and skills that enable them to work as part of a patient-centred interprofessional team on graduation. The learning outcomes of the program were for students to be able to:

- Explain the roles of other health care workers within the patient care team.
- Value and respect the contributions and expertise of other health professionals.
- Show positive attitudes to patient-centred collaborative care.
- Effectively communicate and collaborate within an interprofessional team.

These learning outcomes were designed to reflect key aspects of interprofessional learning. They incorporate knowledge and skill development, as well as attitudinal outcomes. Understanding of each profession’s role is considered a key characteristic of effective teamwork (Mickan & Rodger, 2005), however during a standard clinical placement, student exposure to other health professions is variable and often dependent on the site placement. So we deliberately set our learning outcomes at an “understand” and “apply” level of complexity in Bloom’s revised taxonomy of learning outcomes (Krathwohl, 2002), because it was anticipated that, for most participants, this would be their first structured IPL experience within their training. Table II shows learning outcomes matched to an example of learning activities.

Method

Students’ participation in the study was voluntary. A combination of methods in a pre and post test study design was used to determine whether the program helped students achieve the first three learning outcomes (above). The fourth learning outcome above was not evaluated in this study.

Understanding of roles

Students’ levels of understanding of other health care workers’ roles were evaluated using Biggs’ SOLO (Structure of the Observed Learning Outcomes) taxonomy (Biggs, 2003). The SOLO taxonomy has been used widely in higher education (e.g., Boulton-Lewis, 1998) and

<table>
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<th>Learning outcome</th>
<th>Learning activity</th>
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<td>Explain the roles of other health care workers within the patient care team.</td>
<td>Observations of other professions’ roles  Patient journey mapping with clinicians from health care team  Student run case discussions focussing on the roles of each profession</td>
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<tr>
<td>Value and respect the contributions and expertise of other health professionals.</td>
<td>Observations of other professions’ practice in their role  Patient journey mapping with clinicians from health care team  Reflection on successful team performance</td>
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<tr>
<td>Show positive attitudes to patient centred collaborative care.</td>
<td>Student run case discussions focussing on the roles of each profession  Patient journey mapping with clinicians from health care team</td>
</tr>
<tr>
<td>Effectively communicate and collaborate within an interprofessional team.</td>
<td>Observation of other professions’ practice and ward meetings  Participation in ward meetings</td>
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focuses on the structure of students’ understanding in describing the quality of their learning outcomes:

- Pre-structural (no understanding demonstrated).
- Uni-structural (minimal understanding/general definitions).
- Multi-structural (increased detail/descriptions).
- Relational (understanding of several components/application of knowledge).
- Extended abstract (reflect/theorize).

Prior to participating in the IPL program participants were asked to complete a written case scenario exercise (Appendix 1). This task asked students to list each individual who they expected to be on a clinical specialty team, explain their role, and indicate occasions when they may need to interact with that healthcare professional. After completion of the IPL program participants were asked to complete the same written case scenario. Students’ responses were given an overall rank or “score” for the level of understanding demonstrated, for example, a uni-structural response received a score of 2 and relational response received a score of 4. Students’ pre and post scores were compared using the Wilcoxon Signed Ranks Test.

**Attitudes**

Audio-taped semi-structured individual student interviews were also conducted before and after the program to determine changes in each student’s attitudes towards teamwork and patient-centred collaborative care (Appendix 2). A grounded research approach was adopted, allowing for data collection and analysis to occur during the course of the study, rather than being treated as separate processes. In this approach, new data is constantly compared with previously collected data to determine similarities and differences, and conceptually categorized to assist with the development and verification of theory (DePoy & Gitlin, 1994). Interviews were transcribed and analysed for themes following methodology described by Miles and Huberman (1994).

**Perceptions**

We developed post program written evaluation questionnaires to determine student and supervisors’ perceptions of and satisfaction with the quality of the program. We used a mix of rating-type and open-ended items, e.g., students were asked to rate the relevance of the program to their future practice and comment on gains from participating in the program. Questionnaire data from all hospital sites were combined and quantitatively analysed where appropriate. Qualitative comments were thematically analysed.

We analysed quantitative data using Statistical Package for the Social Sciences, version 13.0 for Windows. Ethics approval for this study was obtained from the University of Sydney Human Research Ethics Committee.

**Results**

In 2005, 41 students and 1 new graduate nurse took part in IPL programs across 4 sites. Due to resource constraints, students from only two hospital sites were recruited for the written case scenario and taped interview components of the program evaluation. All 28 students from these sites were invited to take part. Eighteen students agreed to participate.
One student was lost to follow up, and another set of data was lost due to technical difficulties. Therefore, data is presented on 16 students.

Thirty-five student post program evaluation forms were returned (83% response rate). Supervisor feedback via questionnaires was collected from 21 supervisors (86% response rate).

Understanding of health professional roles

Results from the analysis of written case scenarios (Figure 1) showed an overall increase in the level of students’ understanding of health professional roles \( (p < 0.01) \). For 11 of the 16 students there was an increased level of detail in their explanations of the roles of other professions or application of that understanding (i.e., a shift to multistructural and/or relational levels of understanding). Responses from two students appeared to remain at a relatively low level of detail, suggesting no change in level of understanding. For one student, this was consistent with other feedback received from this particular student; the program had “enhanced but not changed” their understanding. For the other student, there was disparity between results of the written case scenario and questionnaire data.

Attitudes towards other professionals’ contributions

From analysis of pre and post program taped interviews, the prominent theme to emerge was attitudes towards and expectations of doctors and their role within teams. Some students saw doctors as the leaders of the team with higher status. They were generally accepting of this role, based on the need for someone with a broad understanding of the patient’s condition and overall patient care responsibility. Other students described a shared leadership model of equal status amongst team members.

A small number of students expressed feeling intimidated by some doctors, and were therefore less likely to discuss patient care issues with the doctor in such situations, particularly if it could result in conflicting opinions. By the end of the program, some
students recognized the responsibility that they had for speaking up as a member of the health care team:

I think it’s just because they [doctors] are extremely busy all the time, that if you need to ask something, you feel like you’re taking too much of their time, or that they have no time to answer one simple question. Maybe it’s just a case of learning to find the right time, or gaining confidence.

**Attitudes towards interprofessional teamwork and patient-centred care**

Analysis of attitudes towards teamwork and patient-centred care detected very few consistent changes between pre and post program taped interviews. In both sets of interviews, students expressed a positive attitude towards interprofessional teamwork. This was closely linked to the view that effective teamwork had a positive impact on patient care. Students spoke of working together towards a common patient care goal, the importance of respecting and valuing each others’ opinions, and providing a holistic approach to care. The following quotes are typical of views expressed:

[Intertprofessional teamwork] It’s about client-focused therapy, working with other disciplines to ensure the patient or client receives the best therapy and that each discipline’s goals are incorporated into the overall goals for the patient . . .

I think with everyone discussing their opinions of what they’ve found with the patient, each individual is given a broader view of where the patient’s at and so they can adjust their intervention strategies accordingly . . . you can get the best out of it, also as an individual you feel part of something and that your opinion is valued and respected.

There was a strong opinion that patients should be included as part of a health care team’s decision making. Discussion with the patient regarding their care and treatment was a key component to involving the patient. Students spoke of “working for the patient”, the patient being part of the team, and the role the team had in educating the patient about appropriate treatment options.

Two key themes to emerge in the post-program interviews were (i) recognition of barriers to effective health care teams and (ii) models of teamwork. The role of communication in teamwork became more apparent for many students. For some students, poor communication was linked with compromised patient safety. For others, it was linked to the environment, i.e., is the workplace environment conducive to effective communication? Other barriers identified post-program included conflict between professions in how to manage patient care and not valuing others’ opinions:

. . . power struggles and respect between the different disciplines or feelings of resentment, if people feel that their opinion is disrespected . . .

I guess there’s more potential to perhaps be gaps – if the communication is not effective and clear . . . Potential for disharmony in the fact that you’ve got people from all different disciplines that don’t understand fully what others do . . .

In the pre-program interviews some individual students spoke of being a specialist in their own field, taking care of their own aspect of patient management, “. . . just everyone having
their roles and filling that role in”. The patient was still at the centre of care, but there was less emphasis on relationships between professionals. In the post-program interviews, a more collaborative model of teamwork was described. Students spoke of the sharing of information, interaction between team members, two-way communication, considering others’ point of views, and shared patient care:

... sharing information that you think is relevant to other team members and vice versa, so they would provide you with information about a patient that you might not necessarily receive in your own contact with a patient...Your understanding of the patient's situation improves vastly by having those other resources to call upon, the other healthcare professionals...I think the healthcare itself will improve over time, as everyone's collective knowledge grows.

Student perceptions of the IPL program

Student perceptions of the IPL program were consistent across hospital sites and across IPL programs within a site. Overall, students’ perceptions of the program were also consistent with our analysis of their observed learning outcomes.

Structured learning activities were rated highly by students in terms of their usefulness for learning. Almost all students (94%) rated the IPL program relevant to their future practice, with the great majority (91%) stating they would recommend it to other students.

When students were asked “what did you gain, if anything, from participating in the program?” three themes were identified:

- Understanding of other professionals’ roles. Most students listed this as a benefit of the program.
- Knowledge of teamwork. This included barriers to effective teamwork; roles within teams and team dynamics; and the relevance of teamwork within the health care setting.
- Improved communication skills. For some students, this was linked with having greater confidence, both in terms of asking questions, and in speaking up in an interprofessional team situation. The importance of effective communication for improved quality of care was also highlighted, as indicated by the following quotes:

  I have learnt that you can learn a lot more about your patient by sharing information with other team members.

  realising the need for a ‘whole’ approach and importance of discussion – so much more becomes relevant than first meets the eye.

Students were divided as to whether the program impinged on their discipline-specific training requirements. Where the IPL program was perceived to impinge on their specific requirements (40%), this perception was related to closeness to exams, having a high caseload of patients to treat, and having patient care responsibilities on other wards.

Supervisor perceptions of IPL program

Feedback from supervisors was generally consistent with that received from students. The majority (81%) of clinical supervisors thought the IPL program to be worthwhile for student learning and felt that each of the first three student learning outcomes had been achieved.
They thought the IPL program encouraged a team approach and collaboration through real experience, and that it improved student confidence in communicating within a multidisciplinary team.

Some supervisors commented that while the IPL program was a good idea in theory, they felt that practical organizational issues needed to be addressed for the program to realize its full potential as a worthwhile learning experience.

As was the case with students, supervisors were fairly evenly divided as to whether the program impinged on profession-specific training requirements. Comments related to past placement experiences of the student, their patient caseload, and timetable issues.

A number of supervisors expressed concern that it was often difficult to coordinate students to be involved in the care of the same patients, due to patients not necessarily requiring all services (e.g., a patient may not require physiotherapy) and variation in allocation of patients to students by each profession. This finding is consistent with the student feedback.

Despite limitations mentioned by the supervisors, the great majority (95%) of supervisors were willing to participate in future IPL programs.

**Discussion**

This study used a multi-dimensional design to evaluate a pre-qualification interprofessional learning program. The design included analysis of students’ observed learning outcomes and students’ and supervisors’ perceptions of the quality of learning experiences. Results suggest that students’ understanding of the roles of other health care team members is enhanced, and students and supervisors perceive the program to be of value for student learning. Within the IPL literature, there has been a call for more rigorous evaluation of IPL programs, incorporating qualitative methodology (Freeth et al., 2002). The use of semi-structured interviews in this study enabled in-depth exploration of the complexities of participants’ experiences and attitudes.

Although other studies have demonstrated an increased perception of role understanding (e.g., McNair, Stone, Sims, & Curtis, 2005; Parsell, Spalding & Bligh, 1998), this study is unique in its use of the SOLO taxonomy (Biggs, 2003) to analyse changes in student understanding. The written case scenario exercise required students to apply knowledge of various professions’ roles, thereby demonstrating understanding. From the data collected, most participants demonstrated an increase in understanding of the roles of other professions, suggesting that the IPL program was effective in helping these particular students achieve the first learning outcome of the program. Most, but not all students, were able to demonstrate an application of knowledge (relational level of understanding) following completion of the program. Ideally, this is what we might expect from all students close to graduation. However, as indicated earlier, many of the students in this study had minimal practical exposure to other professions prior to the IPL program so their application of knowledge may only come with further IPL experiences. This finding lends weight to the argument for early integration of IPL into curricula if we are to graduate health care professionals capable of working effectively within the health care team environment.

Participation in the IPL program may be the first time students have the opportunity to interact with other students in learning about the roles of other professions. Students indicated that they enjoyed this aspect of the program and found it beneficial to their learning. Through a greater understanding of each other’s contribution to patient care, it has been suggested that attitudes can be changed (Parsell et al., 1998).

Measured changes in attitudes in this study were, however, limited. A dominant theme to emerge was attitudes towards doctors and their roles and contributions within teams.
Somewhat disturbing were negative attitudes expressed by some students towards doctors. These were not always reversed by the end of the program, and in some cases, were reinforced. This is in contrast to work by Carpenter (1995), involving medical and nursing students. As an underlying aim of interprofessional learning programs is to break down negative stereotypes, the IPL program was not entirely successful in addressing this aim. We need to ensure that the IPL program itself is not reinforcing negative stereotypes. Comments regarding doctors were generally directed at practising medical staff rather than students, suggesting that role models within the workplace have a significant influence. This warrants further exploration.

Leadership views expressed by some students in this study may reflect the clinical environment in which the study was based. A model of health care with the doctor as the leader of the clinical team is the most common model within Australian hospital clinical settings. However, as leadership skills are not confined to any one particular profession, it seems reasonable to consider how leadership skills of other health professionals can be better utilized within the interprofessional team. Despite students being exposed to a range of patient care discussions, covering physical, social, and emotional needs of the patient, with input from a range of health professions, the role of distributed or situational leadership was not necessarily recognized. Again, this may reflect the role modelling occurring.

Clear and open communication amongst team members is an important component of effective teamwork (Mickan & Rodger, 2005). It is therefore of concern that some students felt intimidated by doctors, inhibiting open communication. This is of particular concern if this continues into the workplace as it could affect patient safety and quality of care.

Participants indicated that some lecturers and tutors had negatively influenced their perceptions of other professions. Leavis (2000), in a follow-up study of students participating in a two day interprofessional workshop, noted similar findings. This requires further investigation since, if we wish to break down some of the stereotypical views of health professions and promote the notion of collaborative practice, we need to ensure our teachers and facilitators are supporting and modelling this type of practice in their teaching.

Attitudes towards other aspects of teamwork and its relation to patient-centred care were generally positive, with key features of effective teamwork raised during interviews. This finding is in contrast to that of Pollard and colleagues who found that students on entry to their health care program were less positive towards interprofessional interactions (Pollard, Miers, & Gilchrist, 2004).

Organizational issues in delivering an educational experience such as the IPL program cannot be underestimated. This program was not an embedded part of professional curricula, raising many challenges to its implementation. These included aligning clinical placement timetables to enable a range of professions to participate; convincing students of the program’s relevance and hence importance despite there being no formal assessment of their learning outcomes; incorporating IPL activities into an already crowded clinical placement curriculum; and ensuring that key stakeholders were involved in development and implementation of the program. These issues need to be addressed for sustainability and scalability of the program.

The above challenges highlight the urgent need for universities to embed IPL into mainstream curricula as a part of all health care programs. Unless this approach is taken, IPL will remain an “add-on” optional component to a student’s preparation for future practice. It is also recognised that long-term sustainability of programs such as the one described in this paper require dedicated resources and strong partnerships with the health sector to develop placement opportunities for the increasing number of health care students being trained.
Limitations of the design of this study include the relatively small sample size and voluntary participation of students. It may be that students with an interest in teamwork volunteered to take part in the study, although this does not necessarily imply that they shared particular attitudes towards teamwork. Some students may have resented the imposition on them to take part and therefore not volunteered, which may have positively biased student perceptions of the program.

Further research is required to develop an assessment tool to measure more finely drawn attitudinal changes related to participation in educational experiences involving interprofessional teamwork. In particular, exploration of students’ attitudes towards leadership within health care teams is warranted. Further research is also required to determine whether any of the changes in knowledge and attitudes found in this study impact on future practice, and which, if any, can be attributed to the IPL program. Overall this study adds to our knowledge of positive changes in students understanding of and attitudes towards teamwork following completion of structured pre-qualification program of interprofessional learning.

Acknowledgements

We are grateful to those students who participated in this study, and to the clinical educators, supervisors, and practitioners for their support of, and input into the design and delivery of the IPL program.

References


Appendix 1

Written case scenario exercise

As part of the IPL program evaluation, please read the following case scenario and complete the attached table.

Please take as much space as you wish. However, the activity should take no longer than 15 minutes to complete.

Typical case scenario: Mr H, a 75-year-old male was brought into hospital by ambulance with difficulty speaking and slightly confused. He has a past history of diabetes and high blood pressure, which to date, have been managed predominantly by his local doctor. Daily activities have become increasingly difficult over recent months, made more difficult by the need to also care for his wife.

Who will be/is part of the patient care team in the (Clinical Speciality) ward?

Briefly describe the role of the team member.

Describe a time where you may consult with or refer to that team member.

Appendix 2

Semi-structured interview prompt questions

1. What do you think interprofessional/multidisciplinary teamwork is about?
2. What do you see as the advantages (if any), of working within a multidisciplinary team?
3. What do you see as the disadvantages (if any) of working within a multidisciplinary team?
4. How well do you see doctors contributing to multidisciplinary teamwork?
5. What about Nurses? What about other health care professionals?
6. Nurses are the most important people on the health care team. Tell me about your views on that statement. Is any one profession more important to the team? What about to patient care?
7. Hierarchy – Is there a hierarchy? Does it matter?
8. Leadership – Is there leader?