

A Case-Based Interprofessional Education Forum Increases Health Students' Perceptions of Collaboration

Chad Lairamore, Lorrie George-Paschal, Kim McCullough, Myra Grantham & Debra Head

University of Central Arkansas, Conway, AR, USA

Abstract

Introduction: The Interprofessional Education Collaborative (IPEC) expert panel advocates for health profession students to learn to work together.¹ This study examined the impact of a single interprofessional experience on three cohorts of health profession students' readiness, knowledge, and perceptions of working as a team. **Method:** Interprofessional student teams were randomly formed (n=594) representing dietetics, nursing, occupational therapy, physical therapy, and speech language pathology. A video-case was presented and students participated in a guided discussion related to roles and team goals. Interprofessional faculty members facilitated discussions and answered questions. A pre-post design was employed using mixed methodologies. Quantitative measures were the Readiness for Interprofessional Learning Scale (RIPLS) and the Interprofessional Education Perception Scale (IEPS). **Results:** Pre and post data were evaluated using paired sample t-tests (PAWS 17.0). Statistically significant improvements were seen from pre to post testing on the RIPLS (p=.000) and IEPS (p=.000). A semi-structured interview guide generated focus group qualitative data. Analysis of focus group transcripts revealed three themes: knowledge and respect, communication, and teamwork. **Conclusion:** The IPE forum had a positive influence on students' attitudes towards working as a team and enhanced professional identity and perceived competency. Qualitative themes were consistent with the IPEC core competency outcomes.¹

Introduction

Interprofessional education (IPE) focusing on patient centered care is an emerging trend in health care education. As U.S. healthcare is undergoing significant change, it is imperative that all health professions' students learn to work together to ensure a safer and improved patient centered healthcare system.¹

The World Health Organization (WHO) describes IPE as a process in which students from two or more professions work together with the goal of improving health outcomes for the patients they will serve.² Initially created to expose students to collaboration among different health profession groups, IPE has gained popularity among educators and professional organizations. During IPE, students are taught how to function as a member of

a healthcare team and how to provide patient care in a collaborative manner.^{3,4} The exposure to functioning as part of a multi-disciplinary team with mutual respect for other healthcare professions has been shown to positively carry over into students' professional careers.⁴

While not a new concept, IPE is gaining popularity in higher education settings. However, barriers to the incorporation of IPE experiences do exist. These limitations include lack of college or department resources (both money and faculty time), logistical issues, or an insufficient understanding of IPE and the student success it promotes.⁴ Along with confidence building, students participating in IPE experiences report increased awareness of the role of other health professionals in patient care.^{5,6} From a pedagogical perspective, IPE experiences provide opportunities to master competencies in leadership, teamwork, and identify patient care goals.⁴ From a clinical perspective, IPE experiences serve as a valuable tool for bridging classroom learning to the

Corresponding author: Chad Lairamore PhD, PT, NCS1,
University of Central Arkansas, Conway, AR, USA;
Tel: +1-501-450-5597; Fax: +1-501-450-5822; email:
chadl@uca.edu

patient care setting, building confidence in clinical skills and knowledge, and increasing awareness of the need for collaborative skills.^{7,8}

The concept of incorporating IPE experiences into the educational process has evolved resulting in variability across studies in the IPE models, criteria for outcome measures, and limited descriptions of learning objectives, leaving many important questions unanswered.⁹

The objectives of the study were to develop a replicable IPE training forum and to investigate the impact of this single IPE forum on health students' readiness, knowledge, and perceptions of working as a team using two standardized surveys of interprofessional education. Additionally, directed content analysis was used to quantify the student's experiences and link student experiences to interprofessional collaborative practice domains established by the Interprofessional Education Collaborative (IPEC).¹ The forum method was employed as it is straightforward and easily applied.

Materials and Methods

Methods

This research employed a pre-post design using mixed-methodologies where an IPE forum was replicated with three cohorts of interprofessional students across three years. The University's Institutional Review Board determined the study was exempt from review.

Participants

For quantitative data, the sample of convenience included a total of 594 students from the University of Central Arkansas' College of Health and Behavioral Sciences. From the sample, 479 students returned both pre and post-test surveys. Students represented the health fields of occupational therapy (n=124), nursing (n=161), physical therapy (n=136), speech language pathology (n=34), and dietetics (n=24). Demographic data are presented in Table 1. Students in the dietetics program only participated in the second and third years of the IPE forum. With the exception of the speech language pathology students (n=34) and the third year cohort of dietetics students (n=10) who volunteered, all other students were required to complete the forum as part of their course requirements.

Procedures

After receiving an informed consent cover letter and prior to participating in the IPE forum, demographic data and student perceptions were obtained using the Readiness for Interprofessional

Learning Scale (RIPLS) and the Interdisciplinary Education Perception Scale (IEPS).¹⁰⁻¹² To maintain participant anonymity, respondents each created a unique 4-digit code that was used for matching pre and post-test results. After the surveys were completed, students were prepared for the IPE forum and provided with a simulated medical record to review in advance of the IPE forum.¹³ Guided by faculty, the students were instructed to determine their role in treating the simulated patient. Specifically, the students were asked to highlight areas in the case that were within the scope of practice for their profession and to determine whether additional information was needed for their profession to treat the simulated patient.

The IPE forum was conducted during a one-time four-hour session in which students were randomly divided into interprofessional groups of 8-12 to discuss roles, team goals, and outcomes for a video-based case study. The video case was from the International Clinical Educators *Stroke Help* video series (International Clinical Educators Inc., Port Townsend WA), and was representative of a patient with an acute neurological injury in an intensive care unit. Students were provided with written questions to help guide their discussion (Appendix A). Faculty from each profession circulated throughout the room, answered questions, and facilitated discussion among students. After students discussed the case study among themselves, a faculty panel question and answer period was conducted. Directly after participation in the IPE forum, student perceptions were again measured using the RIPLS and the IEPS.¹⁰⁻¹²

Three weeks after the IPE forum, in years two and three, focus groups met and a semi-structured interview was used to collect qualitative data about the experience. A total of 18 students contributed. Student participants provided a fair representation of each profession: dietetics (n=4), nursing (n=4), occupational therapy (n=3), physical therapy (n=3) and speech language pathology (n=4). Due to the difficulty in coordinating student schedules across professions, three interprofessional focus groups were held in year two (n=5 students, n=4 students, and n=2 students). One focus group was held in year three (n= 7 students). Each focus group had representation from more than one profession and all professions had equal representation across the two years.

Instrumentation

Instruments administered to measure students' readiness, knowledge, and perceptions before and after the intervention included the Readiness of Inter-professional Learning Scale (RIPLS)^{10, 11} and the Interdisciplinary Education Perception Scale (IEPS)¹². A semi-structured interview guide was used to collect qualitative data through a focus group.

Readiness of Inter-professional Learning Scale (RIPLS)

The RIPLS is a 19 item measure of students' readiness for interprofessional learning. Each item is rated on a five point scale. The instrument has good internal consistency (0.84-0.9) Four subscales have been identified within this measure.^{10,14} Two have good internal consistency: teamwork and collaboration (0.80-0.88) and positive professional identity (0.76-0.81) and two have fair to poor internal consistency: negative professional identity (0.6-0.76), and roles and responsibility (0.4-0.43).^{10,14} McFayden et al. (2005) added that use of negative professional identity may not be an appropriate subscale to use early in the education process.¹⁰

Example questions from the RIPLS include: 1) Patients would ultimately benefit if health-care students work together to solve patient problems 2) Shared learning with other health-care students will help me to communicate better with patients and other professionals.

Interdisciplinary Education Perception Scale (IEPS)

The IEPS is an 18 item measure of students' perceptions of their own profession and of other professions. Each item is rated on a six point scale. The instrument has good internal consistency (0.87-0.88).^{12,15} Again four subscales have been identified within this measure. Two subscales have demonstrated good internal consistency: competency and autonomy (0.78-0.83)^{12, 15} and perception of actual cooperation (0.83-0.84)¹² and two subscales have poor internal consistency: perceived need for cooperation (0.38 – 0.563)^{10, 12, 15} and understanding of others' values (0.58).¹⁵ Example questions from the IEPS include: 1) Individuals in my profession must depend upon the work of people in other professions 2) Individuals in my profession are willing to share information and resources with other professions.

Semi-Structured Interview Guide

The interview guide was developed for the purpose of this study (Appendix B). Example questions from

the focus group include: 1) What do you view as the purpose or goal of the interprofessional education collaboration? 2) In what way, if any, has this experience changed your view of other professions and their roles? 3) Tell me the challenges or problems, if any, that you encountered during your initial interprofessional collaboration.

Data Analysis

Quantitative data were analyzed using the Predictive Analytic Software (PASW) (Version 17.0). Data for participants were included only when matching pre and post data were available and all survey questions were answered. Therefore, the RIPLS analysis included data for 468 students and the analysis for the IEPS included 450 students. Inspection of histograms for pre and post-data indicated that the data did not violate the assumption of normality. Assuming equal-distances between ratings on each measure, a paired sample t-test was employed to determine whether significant differences existed between pre and post RIPLS and IEPS ratings ($p < 0.05$). Post-hoc analyses included paired sample t-tests for comparison of scores according to subscales with good internal consistency [RIPLS subscales: teamwork and collaboration (items 1-9) and positive professional identity (items 14-16); IEPS subscales: competency and autonomy (items 1,5,7,10,13) and perception of actual cooperation (items 2,14-17)].¹⁰⁻¹² To decrease the likelihood of a type I error a Bonferonni correction was used for post-hoc testing and the alpha was set at 0.0125 for each subscale. Additionally, post-hoc analyses were conducted using paired sample t-tests to determine if a significant difference existed between pre and post RIPLS and IEPS scores for each profession. Again, a Bonferonni correction of alpha was employed, and a p value of < 0.01 was considered a significant change for each profession.

Analyst triangulation procedures were followed to assure the quality and credibility of qualitative research results.¹⁶ Methods triangulation was achieved through the generation of qualitative data through the transcription of audio-taped focus group transcripts. Analyst triangulation was achieved by having two raters separately code the transcripts from focus group data.¹⁶ Following the determination of themes, the investigators compared their results to the four Interprofessional Collaborative Practice Domains outlined in the Core Competencies for Interprofessional Education Collaborative.¹

Results

Quantitative Results

Readiness of Inter-professional Learning Scale (RIPLS)

Results revealed statistically significant differences between pre and post-measures on the RIPLS. Analysis of the RIPLS subscales revealed statistically significant differences for pre and post measures on teamwork and collaboration and positive professional identity (Table 2). Additionally, each individual profession exhibited a significant positive change on the RIPLS after completing the IPE forum ($p < 0.008$) (Figure 1).

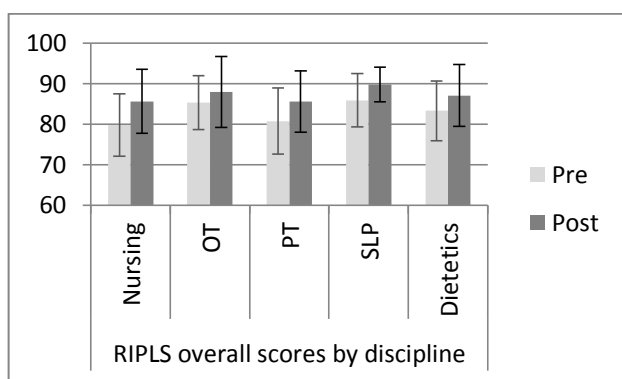


Figure 1: Readiness for interprofessional learning scale overall pre and post scores for each profession. All professions exhibited a significant positive change. Abbreviations: Occupational therapy (OT), Physical therapy (PT) Speech language pathology (SLP).

Interdisciplinary Education Perception Scale (IEPS)

Results revealed statistically significant differences between pre and post-measures on the IEPS. Post-hoc analysis of the IEPS subscales revealed statistically significant differences for pre and post-measures on competency and autonomy and perception of actual cooperation subscales (Table 3). Each individual profession, excluding dietetics ($p = 0.022$), exhibited a significant positive change on the IEPS after completing the IPE forum ($p < 0.001$). (Figure 2)

Qualitative Results

Three main themes emerged from the qualitative data: knowledge and respect, communication, and teamwork. The first theme was knowledge and respect of the role of other professions. The second theme was the need for interprofessional communication. A third theme was students' increased awareness of the benefits of interdependency, teamwork, and the positive

impact on patient centered care. The following are representative quotes from each of these themes.

The first theme “*knowledge and respect of the role of other professions*” was supported by numerous student reflections. Student comments demonstrated their reflections about the roles of each profession including similarities, differences, and specialized training each profession bring to a case. Students acknowledged an increased awareness regarding the need to exchange information about the responsibilities and skills of each profession. Students also had an increased appreciation for the ways in which the overlap of roles for each profession can positively influence patient centered care. Through the interprofessional forum, students also experienced a greater respect for their own and other professions.

- One physical therapy (PT) student stated: “... I already had a respect for nursing, but I really feel like they are superman and super woman because they learn about everything and because they know about every person that is coming in and out (of a facility) and what they are working on. I feel that they have a very tough job and are really working hard.... (PT)”
- These sentiments were supported by a Speech Language Pathology (SLP) student who expressed, “I think it made us have more respect for others in different professions. (SLP)”
- Another student stated, “I feel like this is going to help us respect others and provide a more positive work environment in the future and just make communication easier with other professions. (PT)”

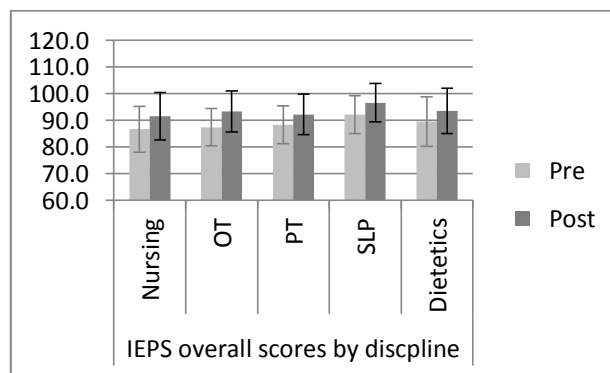


Figure 2: Interdisciplinary Education Perception Scale (IEPS) overall pre and post scores for each profession. All professions, excluding dietetics, exhibited a significant positive change. Abbreviations: Occupational therapy (OT), Physical therapy (PT) Speech language pathology (SLP).

The second theme was *“the need for interprofessional communication”*. Student reflections focused on the value of open communication for the benefit of their future clients.

- One occupational therapy (OT) student stated, “I took away that a positive thing was to learn to communicate with each other. (OT)”
- A nursing (NSG) student stated, “To not think your way is the right way. There may be several ways that are the correct way. And I thought that negotiation and focusing solely on the patient’s care, quality, and outcome should be the focus of the group.”
- “... it allowed all of the students of the different departments to come together and to understand that communication is key and how to begin that communication (SLP)”
- “I agree that it has definitely had a positive impact. I have been in situations where there were not open lines of communication for collaboration between different professions and I see how that can be detrimental to the patient (PT)”
- “It helps because I know that when I get to the clinical setting in my professional practice and I come to a road block, I am more comfortable now in knowing that I can go to get that information (NSG)”
- “I learned more information about each profession and how we will all work together. (SLP)”
- “...it was a really good opportunity to see that doing the interdisciplinary forum, this is what we are going to be doing in real life” was stated by a dietetics student (RD)
- A third theme was students’ increased “awareness of the benefits of interdependency, teamwork, and the positive impact on patient centered care”.
- “I realize now that you have to work around each other now. So if you’re going to work in the hospital environment, to work together. (PT)”
- “The positive is just being able to work as a team (SLP)”
- “We talk about patient centered care in our own classroom, but we don’t get to talk about other professions when we talk about it. It’s nice to know that when we are talking about patient centered care that we are not just talking about our profession but that everyone has the common goal of patient centered care (PT)”
- “One of us can’t pull all of the weight. We must all be a collaborative team (SLP)”
- “I found that it was useful to open up your mind about the other programs because you get stuck

in such an intensive program and that you’re so focused on what you will be doing that you don’t realize the other aspects that other professions have to offer the patients. (PT)”

Discussion

A number of key findings were identified as important. Significant changes in all four Readiness of Inter-professional Learning Scale (RIPLS) subscales across all professions provide evidence that a single IPE forum can positively impact students’ readiness, knowledge, and perceptions of working as a team. Students exhibited positive changes in their perception of the need for teamwork and collaboration as demonstrated through increased RIPLS subscale score, teamwork and collaboration. This positive change in perception was also communicated in the focus groups. Students reported they were more confident in their ability to communicate professional knowledge effectively in a team based environment to assure holistic patient care. This finding supports the work of Parsell and Bligh who developed the RIPLS teamwork and collaboration subscale to assess the adoption of a team based approach for patient care.¹⁴ Students also increased their perception of the need for cooperation between other healthcare team members and their own professions, as identified through an increase in Interdisciplinary Education Perception Scale (IEPS) subscale scores for perception of actual cooperation. Additionally, the three themes identified during the focus groups align with the IPEC Practice Domains outlined in the Core Competencies for Interprofessional Education Collaborative providing support for the outcomes (Figure 3).¹

While the study does not compare an IPE forum to other forms of IPE, it does demonstrate that a single IPE forum can have a positive effect on students’ perceptions of shared learning and team based patient centered care.

Teaching team based health care through an IPE forum helped students develop a strong professional identity. Students demonstrated an increase in their positive professional identities and autonomy and competence within their own profession while sharing their expertise with other students. This outcome was observed for all professions by increased scores on the RIPLS subscale: positive professional identity and increased scores in the IEPS subscale: competency and autonomy. In the current study, all students were either upper classmen or graduate level and had experienced at least one clinical rotation. Students being in the

latter phases of their professional educational process may have contributed to the observed positive effect on professional identity. It is currently unclear if multi-professional learning should be initiated early or late in the education process. Harden suggests IPE should be appropriate for the students' stage of learning.¹⁷ The current study indicates an IPE forum is beneficial for students in the latter phases of the educational process who have already developed a sense of professional identity. Caution should be taken when implementing a case based IPE forum for students who are early in the educational process as this initiative will likely not result in the same outcomes.

Linking use of an IPE forum with positive outcomes should be limited to the population studied. The current study investigated the influence of an IPE forum on allied health and nursing students. One should use caution in assuming a case based IPE forum will have the same effect on different health professions especially in professions that have historically taken prominence over other health professionals. However, any healthcare provider could potentially be incorporated into a case based IPE forum with the potential for a positive experience.

Limitations

There were a number of limitations in the design of this study. The primary limitation is the inability to determine whether or not the positive effect of participation in the IPE forum was sustained over time. Although positive changes in attitude and perception were observed they should be longitudinally tracked to determine if they influenced interprofessional clinical practice.

Another limitation was the IPE forum was a required event for some students whereas others volunteered to participate. The majority of students were required to participate as part of a class. However, a small number of dietetic and speech language pathology students (n=44) were all volunteer due to a curriculum sequencing issue. Evaluation of the data did not reveal a quantitative or qualitative bias toward student volunteers. In order to address this limitation, the college has placed special emphasis on the importance of the IPE forum, and faculty members have agreed to excuse students from their classes to attend future forums. Another limitation is that participants from all professions were not equally represented and while all were enrolled in a professional program, some were at a graduate level and some an undergraduate level. Additionally, to improve the confidence of qualitative results, future research

should incorporate member checking following the focus group.¹⁶

Conclusion

This study provides evidence that a short educational intervention can influence attitudes towards interprofessional collaboration. This case based forum had an immediate positive effect on health science students' perception of the need for teamwork, collaboration, and cooperation to provide optimal patient care. Students' perceptions of their own professional identity and competency were enhanced. Additionally, qualitative results from students' learning experiences from the IPE forum aligned with the IPEC core competencies. The convergence of the quantitative and qualitative data led the authors to increased confidence in the results.

Keywords

Cases, forum, collaboration

Notes on Contributors

CHAD LAIRAMORE, PhD, PT, NCS, is Assistant Professor, University of Central Arkansas, AR, USA.

LORRIE GEORGE-PASCHAL, PhD, OTR/L, ATP, is Associate Professor, University of Central Arkansas, Arkansas, USA.

KIM McCULLOUGH, PhD, CCC/SLP, is Associate Professor, University of Central Arkansas, AR, USA.

MYRA GRANTHAM, MS, RN, RD, is Clinical Instructor, University of Central Arkansas, Arkansas, USA.

DEBRA HEAD, MSE, RD, LD, CDE, is Dietetic Internship Director and Clinical Instructor, University of Central Arkansas, AR, USA.

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Appendix

Profession	N	Sex Female /Male	Age Mean (sd)	Graduate	Under- graduate	Years in college Mean (sd)
Dietetics	24	18/6	25.5 (3.9)	14	10	4.8(1.4)
Nursing	161	104/57	24.9 (5.2)	0	161	4.1(1.7)
OT	124	81/43	24.1 (4.1)	5	119	4.6(1.6)
PT	136	78/58	24.3 (3.1)	136	0	5.3(1.1)
SLP	34	24/10	23 (2.6)	34	0	4.4(1.3)

Table 1: Demographic data for participants based upon profession
Abbreviations: sd = standard deviation, OT = occupational therapy, PT = physical therapy, SLP = speech language pathology

RIPLS	N	Pre	Post	t	df	p value
Overall	468	82.2(SD 7.9)	86.6 (SD 7.9)	-11.15	467	.000*
Teamwork and collaboration	468	40.5 (SD 3.8)	42.7 (SD 3.7)	-10.55	467	.000*
Positive professional identity	468	12.6 (SD 2)	13.7 (SD 1.8)	-10.19	467	.000*

Table 2: Comparison of Pre – Post tests for the Readiness for Inter-Professional Learning Scale (RIPLS) and subscales for all professions.

*Indicates statistically significant difference

IEPS	N	Pre	Post	t	df	p value
Overall	450	87.8 (SD 7.8)	92.7(SD 8.2)	-12.4	449	0.000*
Competency and autonomy	450	25.7(SD 2.7)	26.1(SD 2.9)	-3.0	449	0.003*
Perception of actual cooperation	450	25.5(SD 2.7)	26.9(SD 2.8)	-10.2	449	0.000*

Table 3: Comparison of Pre – Post tests for the Interdisciplinary Education Perception Scale (IEPS) and subscales for all professions.

*Indicates statistically significant difference

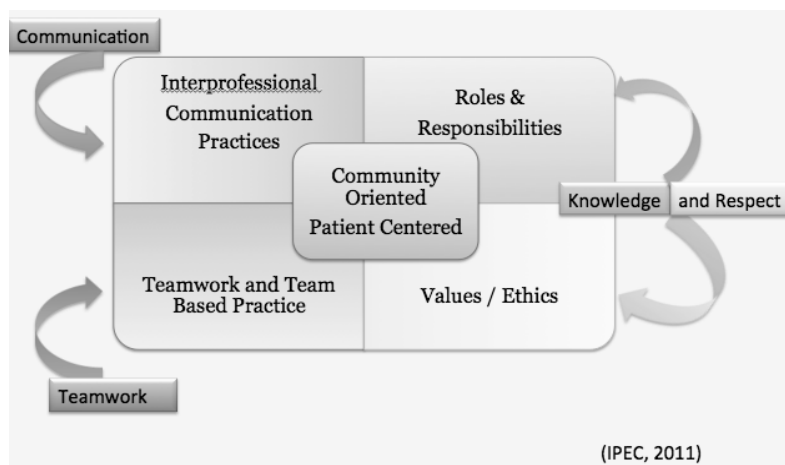


Figure 3: Comparison of qualitative themes to the Interprofessional Education Collaborative core competencies

Appendix A

Interprofessional Education Forum Guiding Questions

General Discussions:

Prior to starting the case study please complete the general discussion questions listed below

1. Please take a moment to introduce yourself to your teammates!
2. Ice breaker activity: common threads
3. Discuss your professions roles in patient care. (What does your profession do?)
4. Discuss multiple areas where your profession practices (e.g. acute care hospital).

Case Study

1. Show your teammates the highlighted areas on your case study that you considered most pertinent to your profession.
 - a. Discuss similarities and differences among different professions.
2. Team goals for this client have been identified as:
 - a. Improve the patient's ability to acquire adequate nutrition / eat.
 - b. Improve the patient's ability to use the bathroom.
3. Discuss the roles of your specific profession with this client for each team goal.
4. Do you see other significant goals for this patient?
5. What assessments and interventions would your profession perform?
6. What important information / interventions would other professions contribute to the patient's care?
What can other professions do to support each other?
 - a. OT
 - b. PT
 - c. Nursing
 - d. SLP
 - e. Dietetics (If a representative of Dietetics or Speech is not at your table, please discuss how you think they would contribute to the patient's care)
7. Who else is part of the team taking care of this patient (e.g. Physician)?
8. Based on this limited experience, how do you think working as a team would impact your clients' outcomes?
9. Discuss ways each profession can support the others to optimize patient care.
10. As a group, identify ONE question for the faculty panel discussion related to how teams work together in different clinical settings.
11. Reflect upon how each team member should contribute in the treatment of:
 - a. The patient's ability to eat
 - b. The patient's ability to communicate
 - c. The patient's cognition
 - d. The patient's motor control

Appendix B

Focus Group Semi-Structured Interview Guide

The first several questions that I have for you relate to what you have learned as a result of your participation in the IPE experience with all five professions!

1. What do you view as the purpose or goal of the interprofessional education collaboration?
2. How did it feel to be representing your own profession on a team of health professionals?
3. Sometimes we see ourselves/ our professions differently as we share it with others. What if any, new insights did you gain about your own profession?
4. What have you learned about the roles and responsibilities of other professions?
5. In what way, if any, has this experience changed your view of other professions and their roles and responsibilities?
6. Would you say that your group activity went smoothly? Why or why not.
7. For those of you whose group activity went smoothly, what do you think influenced this positive outcome?
8. For those of you whose group did not go smoothly, what do you think influenced this outcome?
9. Do you think participating in the IP collaboration will have an effect on how you practice once you graduate?
10. What can you learn from any of the positive or negative experiences in this semester's IPE that may facilitate team work in your future clinical practice?
11. In your opinion did participating in the IP collaboration help you understand client-centered care?

The following questions are about the practical aspects of how IPE was organized and conducted.

12. Tell me about any of the challenges or problems, if any, that you encountered during your interprofessional collaboration.
13. What did you find most useful about the IP collaboration experience?
14. What did you find least useful about the IP collaboration experience?
15. What suggestions would you have for future collaboration experiences?