

BRIEF COMMUNICATION

## **An Interprofessional Communication Skills Lab: A Pilot Project**

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### **Background**

An innovative mandatory interprofessional education (IPE) curriculum for all students in health professional programs (midwifery, medicine, nursing, occupational therapy, physiotherapy) at McMaster University in Hamilton, Ontario, Canada, will be introduced in the fall of 2006. Students will learn about the complexities of working in a multi-professional health care environment and will develop skills and attitudes required for interprofessional collaboration (Parsell & Bligh, 1999). It has been suggested by Zwarenstein *et al.* (2002) that IPE “occurs when members of more than one health and/or social care profession learn interactively together for the explicit purpose of improving interprofessional collaboration and/or the health and well-being of patients/clients” (p. 3). The IPE process thus entails learning with each other, from each other, and about each other.

The new IPE curriculum at McMaster is based on pedagogical principles of competency-based education and small group, problem-based learning (Solomon *et al.*, 2003; D’Eon, 2004). Based on the work of Barr (2001) four core collaborative IPE competencies were identified as learning outcomes in the new curriculum:

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- (1) Describe to colleagues and patients/clients one's own professional role, responsibilities and the general scope of practice of other health professionals.
- (2) Know how to involve other professionals in patient care that is appropriate to their roles, responsibilities and competence.
- (3) Collaborate with other professions to establish common goals, provide care for individuals and caregivers, and facilitate shared decision-making, problem-solving and conflict resolution.
- (4) Contribute to team effectiveness by sharing information, listening attentively, respecting others' opinions, demonstrating flexibility, using a common language, providing feedback to others and responding to feedback from others.

The new curriculum will offer a menu of learning experiences. Students will select activities from each of three categories which are which are differentiated on the basis of duration and extent of student interaction. Level A activities include job shadowing, journal clubs, and special event seminars. Level B activities include e-learning modules (e.g. ethics), tutorials on special topics (e.g. aboriginal health) and communication skills labs. Level C requires an interprofessional team placement in a clinical environment. This paper describes the development, implementation and evaluation of the pilot project related to the interprofessional communication skills lab.

## **Development and Implementation**

The communication skills lab experience was developed in the 2004/05 academic year and was designed to address all four IPE competencies listed above. A small inter-professional group of students would be required to conduct a group interview of a standardized patient. Specific learning objectives were identified and a corresponding communication skills observation guide was adapted from the Calgary-Cambridge framework (Silverman & Kurtz, 1996) for feedback purposes. Students were expected to: (1) learn about each other's roles and skill set, (2) negotiate the agenda for the interview, (3) conduct a group interview, (4) establish common goals, (5) demonstrate respect for each other, (6) demonstrate a client-centered focus, and (7) make team decisions.

Two patient scenarios were created and standardized patients were trained for the simulations. Barrows and Tamblyn (1980) have described simulated patients as "normal people who are specially trained, by a specific yet not complex method similar to 'method acting' to simulate an actual patient in every detail" (1980, p. 63). The two simulations were designed to reflect a typical inpatient and outpatient scenario that required interaction of at least three different health professionals. The communication challenges involved dealing with cultural issues, a difficult patient, and family conflict.

Email communication was used to advertise the skills lab to all health sciences students. Four groups of students were recruited for a total of 20 participants. All five health professions were represented in at least one of the four groups. Faculty were recruited (at least two per lab) from the Faculty of Health Sciences to observe each group of students from behind a one way mirror and provide feedback using the observation guide.

Two skills labs were offered in the fall semester (using an initial interview scenario) and another two were offered in the winter term (using a discharge planning scenario). For each lab, the group of student participants were provided with the case scenario (upon arrival) and required to interact with a standardized patient (SP) on two occasions.

The format of the skills lab sessions was as follows:

15 min – introductions and orientation

25 min – team meeting to review case scenario and plan their first interview with the SP

20 min – initial interview with SP(s)

25 min – team meeting to discuss findings and decide on a treatment or discharge plan

20 min – follow-up interview to discuss plan with SP(s)

60 min – debriefing/feedback session with students, SP(s) and faculty observers.

## **Evaluation**

In addition to the debriefing sessions after the lab experience, student participants were invited to attend a focus group up to 4 months post-experience to further explore the impact of the lab experience on their learning. Fourteen of the 20 participants volunteered for the focus groups or follow-up interviews. These sessions were audio-taped and transcribed for analysis purposes. Transcriptions were analyzed for themes by the student researcher and confirmed with the primary investigator and student participants.

Findings suggest that all students valued their experience in the communication skills lab. From a social perspective, they enjoyed meeting and interacting with students from other programs. From an educational perspective, students reported increased awareness of others' professional roles. Students unanimously agreed that feedback on their individual performance related to communication skills and overall group performance was useful. Students recommended that a copy of the session objectives and observation checklist be distributed in advance of the learning event. It was also clear that students preferred to have a specific role to play (as an OT, MD, PT etc.) as outlined in the second patient scenario since that provided a realistic

clinical context for them being a member of a health care team. Additional findings were: (1) the students liked the format, and (2) they appreciated the more complex scenarios because they added to the communication skills learning experiences offered in their respective programs.

Some additional lessons were learned from the faculty participant perspective. From approximately 1200 students, only 20 volunteered. We agreed, as is suggested in the literature that if IPE is important, then it should be mandatory (Banks & Janke, 1998; Pringle *et al.*, 2000). In terms of the inter-professional mixing of students, our experience suggests a minimum of three professions that should be represented in every small group of student learners. Finally, the complexity of patient scenarios needs to be adapted to the level of student learners (junior vs. senior) and/or to the level of communication skills required (beginning or advanced).

## Conclusion

The inter-professional skills lab during this initial pilot phase was a positive experience for all participants and was effective in providing student exposure to collaborating with other health professional students. In the subsequent 2005/06 academic year, six more communication skills labs were offered. An additional 25 students participated and evaluated the experience positively. When the new mandatory IPE curriculum is introduced at McMaster in the fall of 2006, the communication skills labs will continue to be offered as an option for students to choose on the menu of IPE learning experiences.

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