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Cover Page Footnote

We would like to thank the students who participated in this geriatric educational workshop, the students who participated in the focus group, and Augusta University's Medical College of Georgia and College of Allied Health Sciences for providing the needed facilities and equipment.

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A Geriatric Interprofessional Educational Workshop: A Mixed-Method Study

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Abstract

Interprofessional healthcare teams are essential for meeting the needs of our older population. To prepare for interprofessional collaboration, educational programs should offer opportunities for interprofessional education. We created a four-hour geriatric interprofessional workshop addressing cognition, macular degeneration, dysphagia, home safety, fall risk, and pharmacotherapy to examine student perceptions of working in interprofessional teams and their attitudes toward geriatric patients. Participants included 189 second-year medical (MD) students, 41 first-year occupational therapy (OT) students, and 36 second-year physical therapy (PT) students. We utilized a sequential explanatory mixed-method approach. Data analysis comprised descriptive statistics, paired t-tests for the pre/post surveys, and inductive content analysis to examine the focus group transcript. One hundred twenty students completed the pre/post surveys. Results demonstrated significant increases in students' perceptions of the value of interprofessional teams ($p < .001$). OT students were significantly different from MD students for pre-survey data ($p = .013$) and post-hoc analysis ($p = .016$). The themes expressed by participants during the focus group included *collaboration*, *team roles, the value of IPE,* and *recommendations for future IPE activities*. Our findings demonstrate that our geriatric educational workshop significantly improved students' perception of the value of interprofessional teams.

Keywords: geriatric, interprofessional, medical, allied health sciences

Statement and Declarations

The authors report no competing or conflicts of interest. The authors alone are responsible for the context and writing of this article.

A Geriatric Interprofessional Educational Program: A Mixed-Method Study

Introduction

The value of interprofessional education (IPE) to address the increasingly complex United States healthcare system is immense. Research has demonstrated that students have improved attitudes toward healthcare collaboration following an IPE experience (Dockter, et. al., 2020). Through IPE, students see the benefits of collaboration and communication for optimal patient outcomes that accompany working in interprofessional teams (Karpa, et. al., 2019). The accrediting bodies of the healthcare professions recognize this value: accreditation standards for physical therapy, occupational therapy, pharmacy, and medical education programs all mandate the inclusion of interprofessional learning opportunities (ACCM, 2021; ACOTE, 2018; ACPE, 2015; CAPTE, 2017; LCME, 2021).

Interprofessional teams are essential for meeting the needs and concerns of the older adult population. Home healthcare needs, referrals to occupational therapy and physical therapy, and complex medication regimens in older adults have compelled health professionals to work collaboratively (Jirau-Rosaly et al., 2020). In addition, educators have recommended expanding interprofessional opportunities with an emphasis on geriatric care to engage the next generation of healthcare providers (Flaherty & Bartles, 2019). Thus, introducing healthcare students early and often to the practice and value of an interprofessional approach to geriatric care is imperative to meet the needs of the growing older adult population.

Background

Prior to the development and implementation of the discussed IPE experience in February 2020, little collaborative learning existed at Augusta University. For many years, occupational

therapy and physical therapy programs did not participate in collaborative learning within their own college. In addition, there were no learning activities within the medical school curriculum that included allied health professional students (Jirau-Rosaly et al., 2020). Due to the importance of incorporating IPE and the rising healthcare needs of the geriatric patient, Medical College of Georgia (MCG) faculty designed and implemented a geriatric active learning workshop for their undergraduate medical students (Flaherty & Bartles, 2019; Jirau-Rosaly et al., 2020). The workshop included medical and pharmacy students and introduced the roles and primary responsibilities of the healthcare team members. Students rotated through geriatric-themed stations led by medical school faculty (Jirau-Rosaly et al., 2020). Analysis of pre- and post-surveys completed by workshop participants showed positive outcomes in knowledge and attitude toward IPE. However, including only two professions in the workshop was identified as a limitation. As a result, the medical school faculty recruited an interprofessional faculty team and conceptualized an expanded workshop for the Spring of 2020.

The goals of the newly designed interprofessional workshop were to increase awareness of professional roles through engagement with students and faculty of other healthcare professions, to engage in client-centered learning experiences with students of other healthcare professions, and to measure changes in attitudes toward older adults following the IPE experience. Based on these goals, this study aimed to answer the following research questions:

(1) How do student attitudes change toward interprofessional care teams following the interprofessional geriatric workshop?
(2) How do student perceptions change toward older adult patients following the interprofessional geriatric workshop?

Method

Study Design

This study used a sequential explanatory mixed-method approach to examine students' perceptions of working in interprofessional groups and changes in attitudes towards older adults after participating in geriatric simulation activities. This sequential explanatory mixed-method study was conducted by first implementing the quantitative phase, then executing the qualitative phase which helped to explain and build on the initial quantitative data (Ivankova, et al., 2006). Data for the quantitative phase was collected through survey instruments and data for the qualitative phase was gathered via a participant focus group.

Setting

The interprofessional geriatric workshop took place over four days at the Augusta University (AU) Interdisciplinary Simulation Center in Augusta, Georgia, during the Spring 2020 semester. All students were oriented to upcoming sessions using a flipped classroom method, in which they had access to online material before each session to adequately prepare to apply acquired knowledge and skills in a simulated environment.

Participants and Eligibility Criteria

Students from AU who participated in this interprofessional geriatric workshop included second-year medical students (M2) from the MCG (n = 189), first-year OT master's students (n = 41), and second-year PT doctoral students (n = 36) from the College of Allied Health Sciences. All students completed pre- and post-session surveys voluntarily. Five M2 students, 2 OT students, and 2 PT students volunteered for the focus group.

Procedure

Each student was assigned to attend one of the days of the workshop. Students were divided into six interprofessional groups each day, named after one of the Activities of Daily Living (ADLs). On average, there were 16 students per group, with approximately 12 M2, 2 OT, and 2 PT students in each respective group. Groups were predetermined by faculty, and assignments to groups were emailed to students prior to the workshop.

Intervention

Students were given access to pre-workshop materials one week prior to the activity. The preparation materials included four videos demonstrating the Timed Up & Go (TUG) test (Centers for Disease Control, 2017), gait disorders, a general mental status exam (Samuels, 2014), an instructional video for end-of-life discussion (Veterans Health Administration, 2018), and a homegrown geriatric assessment video. Additionally, handouts explaining the Montreal Cognitive Assessment (MoCA) (Nasreddine, 2004), the Mini-Mental State Examination (MMSE) (Tombaugh & McIntyre, 1992), Beers Criteria® (American Geriatric Society, 2019), the Fall Prevention Booklet (CDC, 2005), the Dysphagia Fact Sheet (Avery, 2011), and Senior Safety in the Home (American Trauma Society, 2016) were available for students.

At the beginning of each session, students sat according to their six assigned interprofessional groups. In the large group, the faculty introduced students to the threaded patient case study and provided an overview of the six stations. Following the 20-minute introduction, students rotated through the six stations every 20 minutes. See Table 1 for the details for each of the six stations.

Table 1

Descriptions of Stations, Activities and Learning Objectives

Station	**Faculty**	**Learning Objectives** *"Students will…"*
1. Mental Exam	Physician	• Perform and interpret MoCA evaluation
2. Macular Degeneration	Physician	• Perform a self-medication task from the perspective of a patient with a visual deficit.
3. Dysphagia	Occupational Therapist	• Identify risk factors, warning signs, and types of dysphagia most common in the older adult population using case studies • Employ intervention methods for dysphagia to include swallowing maneuvers and thickening of liquids
4. Home evaluation	Occupational Therapist	• Complete a home evaluation to locate safety hazards in a patient's simulated apartment. • Discuss how each member of the IPE team can contribute to the patient's safety.
5. Fall Risk	Physical Therapist	• Perform a fall risk assessment utilizing the STEADI algorithm. • Discuss the collaborative approach required to reduce risk of falls in older adults.
6. Pharmacotherapy	Pharmacist	• Identify inappropriate medications for geriatric patients • Create a plan regarding an alternative or discontinue use

The first station, led by a physician, introduced students to the MoCA (Nasreddine, 2004) and the MMSE (Tombaugh & McIntyre, 1992). After the physician explained each assessment, participants conducted the cognitive exams on each other and came together to discuss the process, any challenges they may have faced, and how cognition would be assessed among

different professions. During Station 2, students participated in a virtual reality (VR) simulation of macular degeneration using HTC Vive Pro VR headset goggles (HTC, 2018). Students located and opened a medication bottle while experiencing the visual deficits of macular degeneration. At Station 3, students used a case study to determine risk factors and warning signs of dysphagia. Students mixed and trialed thickened liquids, practiced swallowing maneuvers used in dysphagia interventions, and discussed how different professions would address dysphagia. At Station 4, students entered a simulated apartment with a living room and bedroom staged with many safety hazards commonly found in homes (cluttered areas, cords running across rooms, area rugs, etc.) which would be a hazard to the geriatric population. Students identified each hazard, discussed explanations for the hazard, and identified the role of each profession in the group to ensure patient safety within the home environment. Station 5 addressed fall risk assessment. Students utilized walkers to simulate the gait of the patient in the case study and performed three functional assessments included in the Stopping Elderly Accidents, Deaths & Injuries (STEADI) (CDC, 2017). As a group, the students collaborated to identify fall risk factors, reviewed the STEADI interventions, and discussed each profession's role in fall prevention. Station 6 addressed pharmacotherapy with geriatric patients. Students reviewed and discussed drug-related problems based on the Beers Criteria® (American Geriatric Society, 2019) and delineated each profession's role in medication management. In order to discuss issues and recommendations for the geriatric patient, students were given access to a mock electronic medical record with details regarding the case study patient's current medication list.

Measures

Attitudes Towards Health Care Teams Scale (ATHCT)

Attitudes Towards Health Care Teams Scale (ATHCT) is a 20-item measure that examines the perceptions of the quality of care delivered by healthcare teams and the perceived quality of the teamwork needed to deliver that care (Hyer et al., 2000). The ATHCT is scored on a 6-point Likert scale ranging from strongly disagree (1) to strongly agree (6) and is used to determine the impact of educational interventions and teams. Reliability and validity of the tool have been established (Hyer et al., 2000).

UCLA Geriatric Attitudes Scale

UCLA Geriatrics Attitudes Scale is a 14-item measure used to determine healthcare providers' attitudes toward older adults and about caring for older adults (van Zuilen, 2015). The items are rated on a 5-point Likert scale from strongly disagree (1) to strongly agree (5), with 3 representing a neutral rating. The UCLA Geriatrics Attitudes Scale is valid, reliable, and sensitive to change (van Zuilen, 2015).

Focus Group Questions

Researchers designed the questions in the focus group to elicit students' thoughts about their experiences related to the interprofessional geriatric workshop based on preliminary quantitative and qualitative data collected from the pre-and post-surveys. The questions allowed researchers to elicit more detailed information related to roles, communication, the timing of IPE, and the value of each workshop station. The focus group utilized a protocol developed by the researchers. The protocol included the purpose of the focus group, anonymity and confidentiality, and ground rules for the group. The protocol, including specific questions in the focus group, can be found in the Appendix.

Data Collection

The pre-and post-workshop survey responses were captured using the Qualtrics platform (Qualtrics, 2020). Links to the surveys were emailed to students four days prior to the workshop for the pre-test and immediately following the workshop for the post-test. Focus group data were collected by two voice recorders. Data were then transcribed verbatim by Rev (2024).

Data Analysis

Descriptive statistics described the mean and respective standard deviations for primary and secondary measures. Statistical analysis of the ATHCT and the UCLA Geriatric Attitudes Scale included paired samples t-test to examine pre-and post-test scores, the Analysis of Variance (ANOVA) test to identify differences between the groups of students, and a post-hoc Scheffe's test to identify which means differed. Statistical significance was set at $p < .05$. Data analysis was conducted using IBM SPSS Statistics (Version 28) predictive analytics software.

An outside company utilized focus group recordings to transcribe qualitative data verbatim. Investigators separately analyzed the transcript using inductive content analysis (Elo & Kyngäs, 2008). This analysis method occurred by investigators first immersing themselves in the content and reading through the data several times to understand the total transcript. They then used open coding to create codes and group them into categories, themes, and sub-themes. After peer review, the investigators discussed any differences in coding and reached a consensus concerning the final themes and sub-themes (Elo & Kyngäs, 2008). Researchers then matched themes and subthemes to the Interprofessional Education Collaborative (IPEC) four core competencies to ensure adherence to established curricular standards for IPE.

To further establish trustworthiness during the qualitative data analysis, investigators used member checking, sharing the qualitative analysis with several focus group participants. Participants agreed with the results, suggesting no changes to the qualitative findings. Also, the

primary investigator kept a detailed audit trail to provide insight into each step followed during the qualitative analysis. Methodological triangulation was employed, comparing the quantitative and qualitative data to ensure validity of the findings. Lastly, the first investigator kept an electronic journal to allow for reflexivity and to reveal any personal bias during the analysis (Curtin & Fossey, 2007).

Ethical considerations

The Augusta University Institutional Review Board declared this study to be exempt. The data collected for this study occurred during regular curriculum evaluations and all data submitted from participants was voluntary.

Results

Quantitative

In total, 189 medical students, 41 OT students, and 36 PT students participated in the workshop. Out of 266 participants, 120 students completed the pre/post surveys (ATHCT and UCLA Geriatrics Attitudes Scale). Results for the ATHCT scale (Table 2) demonstrated significant increases in students' perceptions of the value of interprofessional teams (pre-session, mean = 4.4; post-session, mean = 4.8, $p < .001$). Significant differences among professions (p = .013) for pre-survey data and post-hoc analysis indicated that pre-survey results for OT students were significantly different from medical students (p = .016).

No significant differences were identified for the latter survey (Table 3). Mean differences for the UCLA Geriatrics Attitudes Survey were 3.79 and 3.84 for the pre-session and post-session results, respectively (p = .543). Pre-survey data demonstrated significant differences between groups; OT students scored significantly different from medical students.

Table 2

ATHCT Survey Results and Statistical Analyses

Participants	Pre-Survey Mean (SD)	Post-Survey Mean (SD)
Overall	4.4 (0.4)	4.8 (0.5)*
Medical (*n* = 64)	4.3 (0.4)*	4.7 (0.5)
Occupational Therapy (*n*= 32)	4.6 (0.3)*	5.0 (0.4)
Physical Therapy (*n* = 24)	4.5 (0.4)	4.7 (0.4)

Note. N = 120; ATHCT = Attitudes Toward Health Care Teams Scale; SD = standard deviation.

*$p < .05$

Table 3

UCLA Geriatrics Attitudes Survey Results and Statistical Analyses

Participants	Pre-Survey Mean (SD)	Post-Survey Mean (SD)
Overall	3.79 (0.5)	3.82 (0.2)
Medical (*n* = 64)	3.89 (0.1)*	3.88 (0.1)
Occupational Therapy (*n* = 32)	3.61 (0.2)*	3.77 (0.2)
Physical Therapy (*n* = 24)	3.77 (0.1)	3.86 (0.2)

Note. N = 120; SD = standard deviation.

*$p < .05$

Qualitative

Inductive content analysis of the Focus Group transcript revealed four themes, each with two to four subthemes (Figure 1). In addition, all four core Interprofessional Education Collaborative (IPEC) competencies (2016) matched the themes/ subthemes, which indicated that this learning workshop met all of the educational standards for IPE (Table 4). The first theme

expressed by participants was *collaboration* with two subthemes: communication and respect. The second theme identified was *team roles* with embedded subthemes of awareness and responsibility. *Value of IPE* was a third theme identified by research, including subthemes of advocacy, different perspectives, experiential, and relationships. The fourth theme determined during qualitative analysis was *recommendations for future IPE activities*. Subthemes identified included critical decision-making, preparation, and timing in the curriculum.

Figure 1

Primary Themes and Subthemes from Focus Group

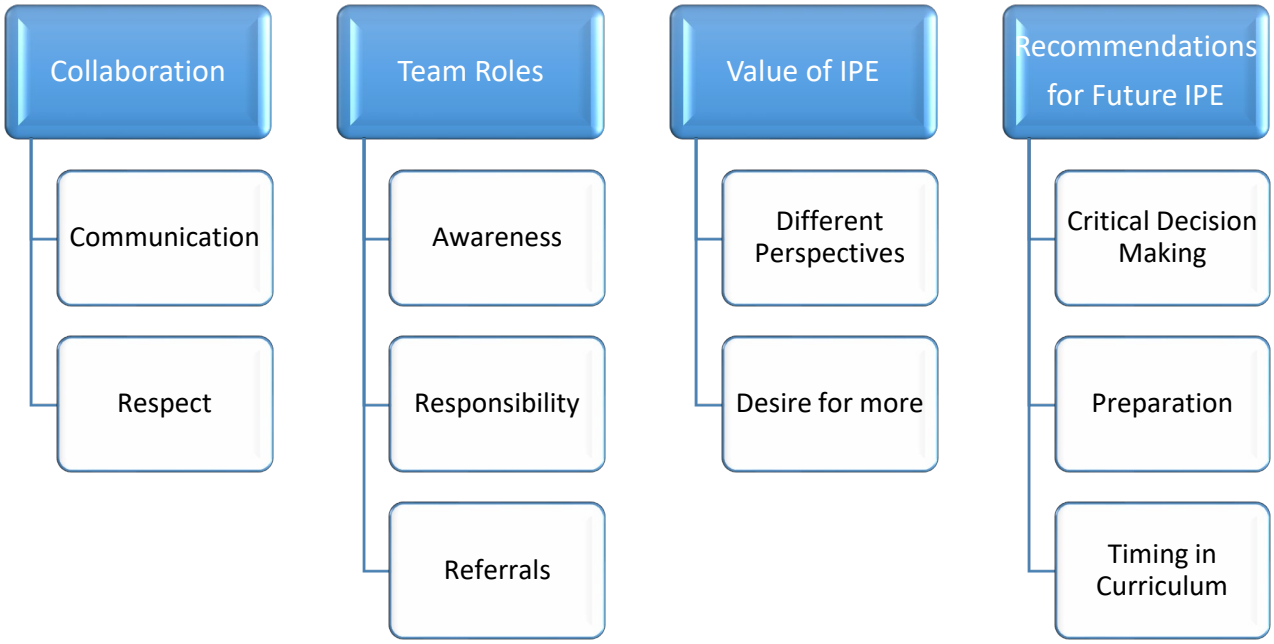

Table 4

IPEC Core Competencies Addressed in Qualitative Findings

Primary Theme	Subthemes	Quotes	IPEC Core Competency
Collaboration	Communication	"… making sure we respect others' positions because we all do have	VE, RR, IC, TT

	Respect	different expertise in different areas, but collaboration pulls that out…"	
Team Roles	Awareness Responsibility	"… just working with the team is valuable because you are able to see PTs are the specialist in this area, MDs of course are specialists here, pharmacists here, OTs here…"	VE, RR, IC, TT
Value of IPE	Different Perspectives Desire for more	"… I think everybody really enjoyed it and if there was ever a future opportunity to maybe have a course like an IPE class, that would be really cool."	VE, RR, IC, TT
Recommendations for Future IPE	Critical Decision Making Preparation Recommendations Timing in Curriculum	"I'm sure working with all of these different schools, scheduling it is really difficult, but I think at least from the medical student side, really trying to carve it out in a time where it would be really beneficial and really sink in …would probably go a lot better..."	VE, RR, IC, TT

Note: IPEC = Interprofessional Education Collaborative; Core Competencies: VE = Values/Ethics; RR = Roles and Responsibilities; IC = Interprofessional Communication; TT = Teams and Teamwork.

Collaboration

The majority of the comments from the focus group addressed *collaboration* between the different disciplines. An OT student stated, "… I just think striving for that positive collaboration between team members… is a huge component… because we all do have different expertise in different areas, but collaboration pulls that out…" One subtheme found within this theme was *communication* with other disciplines. One M2 student shared, "…if there is PT and OT involved, make sure that if there is anything that affects the patient's care, call them, and let them know this is going to be changed. For PT/OT, if you see things changing at home, calling us and letting us know there might be problems that need to be checked out at the next

appointment." Another subtheme discovered in the participants' responses included *respect* for other professionals. When prompted to discuss how to support effective communication, an OT student explained, "… making sure we respect others' positions because we all do have different expertise in different areas, but collaboration pulls that out…" Taken together, students highlighted how the workshop emphasized how collaboration combined with communication and respect is critical to working on a healthcare team

Team Roles

The next identified theme was the importance of *team roles.* A PT student stated, "… just working with the team is valuable because you are able to see PTs are the specialist in this area, MDs of course are specialists here, pharmacists here, OTs here… because we have to know our own stuff, and we actually have to know the other stuff of other fields as well." The first subtheme addressed *awareness* of those team roles. An OT student explained, "…it was very beneficial to be able to provide education, like here's what we do, because to be quite honest, sometimes it can be hard to verbalize in each setting what a profession can do and what specific roles you play…" A second subtheme discussed the *responsibility* of each of the professions. After learning that physicians are responsible for writing prescriptions for patients who need therapy services, an M2 student shared, "…it was at least to me, a shock to learn that we are responsible for ordering all this stuff and if we don't, it doesn't happen." A third subtheme identified was making *referrals* to team members. An OT student describes the importance of referrals, "Then, … being able to at least recognize when it is important to refer to a physician or another professional…, because I might not have been able to ask questions or answer questions specifically the way med students could... Just knowing when it's time to refer to another professional."

Thus, delineating the roles and responsibilities of each profession during the workshop assisted participants in understanding how their expertise supports the infrastructure of team-based care.

Value of IPE

An additional theme uncovered during analysis of the data expressed by all of the disciplines was the *value of IPE* activities. One M2 student offered, "I loved it. I really loved it. I wish that we worked together more. I'm sad this it's only this one time and late (in the curriculum)." One related subtheme was the *different perspectives* IPE offered to students. One PT student elaborated, "…you could carry away each team has a different aspect of how to help this patient and working together is just going to be able to help them…" A PT student shared, "I feel like that was one of the things that I liked about the most was hearing the different perspectives, whether you know it, you did, or if it was frustration…" The next subtheme targeted the *desire for more* IPE activities within the different curricula. An OT student explained, "… I think everybody really enjoyed it and if there was ever a future opportunity to maybe have a course like an IPE class, that would be really cool." As such, participants recognized the value and opportunity of IPE experiences and advocated for more activities for rising healthcare students.

Recommendations for Future IPE

A final theme in the qualitative analysis addressed *recommendations for future IPE* activities. A PT student offered, "… maybe restructuring it so you're having the case, everybody has the case at the beginning, and having a tangible view. … Just following the patient almost along like this is the patient, this is his medications, this is his cognition, and this is how he's testing, so this is what's going to be happening, or he had a surgery, let's follow him into his

home. What's going to be?" A subtheme embedded in this theme discussed the importance of *critical decision-making.* An M2 student explained, "…would be beneficial to have each station be a case… You'd have a medical student, an OT, PT, pharmacy. …here's a patient, and how they presented. Who works up which part? When do each of us come in?" An additional subtheme expressed *preparation* recommendations for future IPE activities. An OT student verbalized, "I think this experience is valuable enough to warrant a little bit more preparation on the students' part…" A third subtheme related to the best *timing for IPE in the curriculum*. A medical student gave their point of view, "I'm sure working with all of these different schools, scheduling it is really difficult, but I think at least from the medical student side, really trying to carve it out in a time where it would be really beneficial and really sink in … would probably go a lot better because I think the fact that we are like a week away from the end of cardio pulm, I would say that most of my classmates were very focused on that and it was hard to switch out of that."

Discussion

With an expanding emphasis on interprofessional, team-based healthcare, this workshop and results add to the growing body of literature that supports the incorporation of IPE into health professions curricula. This workshop and study is unique in that it builds upon our previous work on exposure to geriatric care with the introduction of medicine, OT, and PT students into a six-station workshop. The results demonstrate statistically significant changes in attitude towards interprofessional care teams. However, the numeric change was .4 (average) which suggests a fairly small change. In addition, although increased perceptions of older adults towards patients were appreciated, statistical significance was not achieved.

The quantitative findings confirm previous studies that participation in interprofessional activities significantly increase students' perceptions of the value of interprofessional teams (Dockter et al., 2020; Jirau-Rosaly, et al., 2020; Karpa et al., 2019; Liaw et al., 2019). For the second research question (e.g. attitudes towards older adults), pre-survey results were higher than previously reported averages (Meral, et al., 2017) and similar to non-significant results regarding attitudes towards older adults in other studies (Haque et al., 2013). Qualitative themes analyzed from the focus group echoed outcomes from similar IPE studies emphasizing the importance of collaboration and communication among healthcare professionals (Eggenberger et al., 2017; Michalec et al., 2017; Well et al., 2019); having a better understanding of team members roles (Braisden & Gray, 2020; Eggenberger et al., 2017; Michalec et al., 2017; Well et al., 2019); and the value of IPE (Michalec et al., 2017; Well et al., 2019).

Based on these results, the research team has instituted several changes in the most recent iteration of this workshop. First, the patient case was redesigned to utilize a standardized patient at the beginning of the workshop and during one of the stations, allowing the students to observe the patient. Next, the time at each station was increased to 25 minutes to allow learners to participate fully in each activity and reflect on its significance to geriatric care. Finally, the debrief focused on the IPEC competencies to reinforce the value of IPE and practice.

As the research team continues to modify and improve this workshop, the plan is to include nursing, physician assistant, and pharmacy students in the geriatric activity and the outcomes testing. Physicians, OTs, and PTs all interact with nurses, physician assistants, and pharmacists on a daily basis and these disciplines are an integral part of the healthcare system in almost all medical settings. Including students from these professions would be invaluable from a comprehensive interdisciplinary perspective.

Limitations

The findings of this study should be interpreted with caution, as the study had several limitations. One limitation is that M2 students comprised a disproportionately large percentage of the total students (186/226; 71%) due to the enrollment numbers in each participating program. In addition, the substantial number of M2 students (186) caused the average student group size (16) to be larger than the size of other IPE groups. Another limitation of this study is that only 120/266 (45%) students completed post-testing surveys. This increases the likelihood of response bias, as students with positive reactions to the workshop may have been more inclined to complete the post-test surveys. The response rate could be increased by making it mandatory for all students. Lastly, this IPE activity only included students from one program cohort. Including students from multiple cohorts could increase the richness of the experience for all students.

Future research should be conducted to evaluate the experiences of health profession students' experiences in IPE activities. These studies could include additional health professions such as nursing and physician assistants and should take measures to increase the response rate of the post-test surveys.

Conclusion

Our findings demonstrate that this geriatric educational workshop resulted in significant improvements in students' perception of the value of interprofessional teams. Specifically, students appreciated the opportunity for collaboration, and the ability to learn more about other disciplines' team roles and recognized the overall value of IPE in a healthcare program. Faculty involved in the education of medical professionals should plan these types of interactive sessions

to increase student competency in interprofessional activities and better prepare them for the multidisciplinary clinical workplace.

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Appendix

Focus Group Protocol

Facilitators' Welcome, Introduction and Instructions to Participants

Welcome and thank you for participating in this focus group. My name is Nicole Winston and I am your facilitator. We have other faculty present who will be observing, Colleen Hergott, Patty Watford, Meghan Hall, and Wanda Jirau-Rosaly, and Shilpa Brown. I am from UGA's Department of Pharmacology and Toxicology located here at Augusta University, Colleen is from the Department of Physical Therapy, Patty and Meghan are from the Department of Occupational Therapy, and Wanda and Shilpa are from the Medical College of Georgia at Augusta University. **(Note to faculty- We are purposely not including Dr. before our names to create a sense of equality for the students in the focus group.)**

Introduction

- This focus group discussion is designed to capture students' insights and feedback on the various elements of the Interprofessional Education Activity that took place from February 4th -7th here at Augusta University.
- From this point forward we will refer to the activity as the IPE Activity.
- Information collected will provide important insights on what worked well, as well as challenges and feedback you have for us to inform future IPE activities at Augusta University.
- This information will be of value to academic and administrative staff at Augusta University involved in planning and implementing future IPE activities.

As a reminder, we will be recording the discussion to facilitate its recollection.

(Switch on the recorders)

Anonymity, Confidentiality & Data Security

Despite being recorded, the data will be anonymized during analysis. All data collected are strictly confidential and the names of participants will not be used in any reporting of this study. We will be transcribing this session and deleting the audio-recordings afterwards. The transcribed notes of the focus group will contain no information that would allow individual subjects to be linked to specific statements. Names will not be transcribed.

I encourage you to answer and comment as accurately and truthfully as possible. For the purpose of anonymity and confidentiality we would appreciate it if you would not discuss other group members' comments outside the focus group. If there are any questions or discussions that you do not wish to answer or participate in, you do not have to do so; however your perspective is highly valued and we would appreciate it if you did.

Ground Rules

- The most important rule is that only one person speaks at a time. There may be a temptation to jump in when someone is talking but please wait until they have finished, because it is difficult for the recorders to pick up what is being said.
- There are no right or wrong answers, just experiences and perspectives.
- You do not have to speak in any particular order, nor does each person need to respond to every question.
- Be mindful of allowing all participants to speak.
- When you do have something to say, please do so by raising your hand. There are many of you in the group and it is important that we obtain the views of each of you.

- You do not have to agree with the views of others in the group and we want to encourage an open discussion.
- We have 8 broad questions. I am hoping we will get to all of them, so I may need to move us along at times.
- Does anyone have any questions before we begin? (answers).
- OK, let's begin!

Warm Up

- First, I'd like everyone to briefly introduce themselves.
- Start by telling us your first and last name and academic discipline?

Questions

NOTE TO FACILITATOR:

- **ROUGHLY 5 MINUTES/QUESTION — monitor time accordingly**
- **Generally speaking, the intention of the probes is that these are used in the case where no one says anything or to provide natural follow up to something that was said. There is one instance, Q#6 where we do want each probe to be asked.**

I am just going to give you a minute or so to think about your experience with the IPE Activity.

(Give them a minute then read Q#1 below)

1. Do you agree that the physician is the leader of the medical team? Why or why not?

Probes:

a. Do you agree that there should be a designated leader of them medical team?

b. If you do not agree that the physician is the appropriate leader of the medical team, who should be the leader?

2. How can each member of the medical team support effective communication?

a. How can allied health support effective communication within the team?

c. How can the pharmacist support effective communication with the team?

d. How can the physician support effective communication with the team?

3. Many students commented that they would prefer an even number of participants from each of the professions in the groups. Is there a better way to accommodate the larger number of medical students?

Probes:

a. OT, PT & Pharm, would you be willing to attend more than one session to accommodate the additional medical students?

4. Is it effective to have one profession teaching or learning from another?

Probe:

a. Did you learn important concepts from the faculty of other disciplines?

b. Did you enjoy working with the faculty from other disciplines?

c. Would you like to learn more from the faculty of other disciplines?

5. At what point in your education is it most effective to start IPE activities?

Probes:

a. Is it better to do IPE toward the end of a program or at the beginning?

b. Would you have preferred to have this specific IPE Activity sooner in your education or later?

c. Is it important that all disciplines are at similar level of education?

6. What value did each of the individual IPE Activity stations provide?

(Note Facilitators- Probe each sub-part.)

Probes:

a. Virtual Reality

b. Pharmacy

c. Mental Status/Cognitive Assessment

d. Dysphagia Assessment

e. Gait and Fall Risk Assessment

f. Home Risk Assessment

7. Please comment on the value of the IPE Activity as a whole.

Concluding Question

- We have discussed a lot of things today. What is the most important thing you think we should know about your experience in the IPE Activity?

Conclusion

- Thank you for participating.
- Your opinions will be a valuable asset to future IPE activities.

- We hope you have found the discussion interesting.
- If there are any follow-up questions you have please contact your department's faculty member or email me.
- I would like to remind you that comments will be anonymized and the discussion we have had should be kept confidential.

[End: Focus Grup Protocol]