

Qualitative Analysis of Student Reflections On Interprofessional Collaboration Education

Julie Peters & Jacqueline Smith

Supervisor: Dr. Teresa Paslawski; Reader: Dr. Mark Hall

Abstract

Qualitative analysis was conducted on 30 written reflections completed by pre-service health science students enrolled in Interdisciplinary Team Development 410 at the University of Alberta. Five themes emerged from the analysis: (1) experience of cohesiveness, collaboration and communication of team; (2) learning about or appreciation of team roles; (3) importance of gaining knowledge about other professions; (4) importance of client or family centered care; (5) positive educational experience. In addition, autoethnographic analysis was conducted on reflections written by the researchers, who were also enrolled in the course. Student reflections were compared to researcher reflections and commonalities and differences were discussed.

Student Reflection On Interprofessional Collaboration Education

This paper reports on a qualitative analysis of pre-service health science students' final written reflections of their experiences during a course in interprofessional health team development. In this study, pre-service students were required to write a reflection on their perspectives of both their individual and team progress throughout the course of the term. A retrospective thematic qualitative analysis was conducted on approximately three percent of these reflections. Prior to conducting this analysis, we the researchers, rewrote our final reflections from the course in order to provide us with a comparison point for themes later identified in the analyzed reflections. The intent of the reflections done by students was to increase students' learning about themselves and interprofessional collaboration (IPC). The purpose of this study was to identify common themes within the reflections that would contribute to improving the design of the course, and subsequently, the inter-professional experiences of future pre-service health science students. Five main themes emerged from the analysis of these student reflections: (1) experience of cohesiveness, collaboration and communication of team; (2) learning about or appreciation of team roles; (3) importance of gaining knowledge about other professions; (4) importance of client or family centered care; (5) positive educational experience.

Background

Students enrolled in a health science discipline at the University of Alberta are required to take Interprofessional Health Team Development (IntD 410) as part of the curriculum of their respective disciplines. IntD 410 is intended to provide knowledge, skills and experience in building interprofessional (IP) healthcare teams to increase knowledge and skills in four core IP competency areas of communication, collaboration, role clarification and reflection. These

competencies have been identified by Health Sciences Education and Research Commons (HSERC) as critical to IP practice. They serve as the foundation for HSERC's Interprofessional Learning Pathway Competency Framework, which is used to track health sciences student progress in these key areas of IP teamwork. Within these four competencies, patient-centered care is emphasized (Interprofessional Learning Pathway). Within the course, emphasis was placed on team processes and tasks, and on educating students on the unique contribution of patients, families and other professionals to patient health within a collaborative model (IntD 410 Syllabus, 2014).

The 2013/2014 IntD 410 course took place for three hours, once per week for ten weeks. Pre-service health science students from a variety of disciplines were placed in interdisciplinary teams for the entirety of the course. During class time students interacted with the members of their team to discuss scenarios involving themes such as treatment and care plans for simulated patients, ethics and patient centered care. Throughout the course, students were also required to write personal reflections regarding their initial thoughts on the course, patient-centered care, personal value systems and team conflict. In addition, students completed a two to three page final reflection on their perspective of their individual and team progress in IntD 410 over the course of the term.

Methods

Participants

Participants of this study were males and female students enrolled in health sciences disciplines at the University of Alberta. This includes the faculties of Agricultural, Life and Environmental Sciences; Medicine and Dentistry; Nursing; Pharmacy and Pharmaceutical

Sciences; Physical Education; and Rehabilitation Medicine. Over 1000 students, ranging from first year undergraduates to masters level students, were enrolled in IntD 410.

Final Written Reflection Assignment

As a final assignment, students were required to write a two to three page reflection on their perspectives of both their individual and team progress throughout the course of the term. These reflections were submitted electronically. The instructions given to students regarding the final reflection are as follows (IntD 410 Syllabus, 2014):

Write a 2-3 page written reflection on your perspectives of your individual and team progress during the term in IntD 410. Suggested areas to explore:

- What have been your key learnings about interprofessional care?
- Have your thoughts about the course changed from those indicated in your initial reflection at the beginning of the term?
- How did the functionality of your team progress throughout the term?
- Comment on your development as an individual and as a team in the various team activities, such as team discussions, role-plays, assignments, SP interviews, TOSCE, and team presentation project.
- You may use the Interprofessional (IP) Competencies Self-Assessment document as a guide.

Data Analysis

A retrospective qualitative analysis was conducted on 30 of the final written reflections. These 30 reflections were randomly selected for analysis and anonymized by the course coordinator. It is important to note that reflections written by Speech-Language Pathology students were excluded from the pool as we are members of this discipline. These reflections

were excluded to control for researcher bias and to protect participant confidentiality. We were instructed to qualitatively analyze the final reflections according to Kwan's Interprofessional Clinical Learning Units (IPCLU) project (Garcia & Roblin, 2008; Reeves & Freeth, 2006) guidelines. With these guidelines in mind, the reflections were analyzed as follows:

1. We independently read through 15 reflections, making notes regarding developing themes.
2. Approximately two weeks after the initial reading, we independently read the reflections again. During this reading we began to categorize expressed opinions and experiences into themes. In order to group similar ideas together, we assigned numbers to a brief theme descriptor. At this time, one of us had recorded 22 developing themes, and the other had recorded 11.
3. Approximately one week later, we compared the themes we had identified, highlighting exemplar sentences and/or paragraphs in order to provide a rationale for their categorization. Identical or similar themes were then amalgamated. This amalgamation required theme descriptors to be updated so that they encompassed the ideas identified in both sets of 15 reflections. This process reduced the 37 themes identified to 14.
4. We then conducted a tally in order to determine which themes were mentioned most frequently. From this, five main themes were identified. These five themes are discussed in the *findings* section below.
5. Exemplar quotations were then selected to represent each theme.

Position of the Researchers

Autoethnography was a key component of this study. We are both students of the Speech-Language Pathology department of the Faculty of Rehabilitation Medicine at the

University of Alberta and were required to participate in IntD 410 at the same time as the students whose reflections we analyzed. Therefore, along with our classmates we wrote reflections as part of our IntD 410 coursework. Prior to commencing analysis of the reflections for this study, we completed the reflection assignment a second time. This exercise served to put us back in the frame of mind required in order to conduct our analysis and also allowed us to compare the findings from the thematic analysis to our own experiences. Furthermore, it allowed us to compare our reflections written as part of the IntD 410 course with the reflections written after having opportunities to apply some of the skills gained in IntD 410.

Results

Themes

Thematic analysis of the reflections revealed five major themes: (1) experience of cohesiveness, collaboration and communication of team; (2) learning about or appreciation of team roles; (3) importance of gaining knowledge about other professions; (4) importance of client or family centered care; and (5) positive educational experience. Exemplar quotes of each theme appear in italics in the paragraphs below. In order to improve readability, quotes were corrected for spelling errors; aside from these minor adjustments, they were untouched.

1. Cohesiveness, Collaboration and Communication. This theme was identified in 27 of the 30 reflections. Students either expressed that they understood the importance of team cohesion, collaboration and communication, “*How team members collaborate before the conference has proved to be key in setting an appropriate direction for the meeting to go smoothly*” or indicated that they experienced an increase in team cohesion, collaboration and communication, “*As our team began to work with each other more and develop our team dynamics, we became increasingly more efficient and effective.*” It is encouraging that after only

a short amount of time of working together, nearly every writer felt that their team had improved in some way: shared goals, communication, efficiency, etc. The fact that this theme was experienced by such a high number of students demonstrates that the activities within IntD 410 are successful in improving IP working relationships.

2. Team Roles. It is common practice in IPC to assign specific roles such as initiator, process observer, and timekeeper to team members. Each role has specific responsibilities that are carried out by the team member assigned to that role. For instance, the initiator is the member of the team who leads team interactions, ensures that all team members are participating in discussion and oversees decision-making. Another role commonly assigned in IPC is the process observer, who observes and reviews the team's processes, provides feedback and evaluates team approaches to conflict. In the reflections analyzed, 21 students indicated that they learned about team roles and/or gained an appreciation for how team roles are beneficial. For example, *"In the future, when meeting and working with different individuals from different fields, they will have their overt professional role and they will also have an inherent group role and dynamic that comes along with them. Both will be equally important when making decisions and at making collective progress towards better patient care, a consistently common goal."* One student indicated that her improvement as a team member, and her future growth as a nurse, was facilitated by her assigned team role, *"As a member of the team, the way that I improved most was through my role growth. In our nursing courses we had been introduced to the group roles but this course has really improved my efficiency at these roles; I know that this aspect of growth will not only affect my future nursing career, but also the rest of my undergraduate in nursing studies."*

3. Knowledge of Other Professions is Important. This theme was discussed in 20 of the reflections. Some students expressed that they were happy they learned about other professions. *“I now have a much better appreciation for how much nurses do, the role that pharmacists play in patient centered care, and the difference between physical therapists and occupational therapists.”* Other students expressed that they had hoped to learn more about other professions during the course or indicated disappointment with the fact that this was not a focus of the course, *“An area of the course that I was most disappointed in was that I feel that I have not learnt enough about other professions. I feel that it was inappropriate to have students, who the majority are in the first year of their program, present on their profession and its role in an interdisciplinary team when most of these students have little or no experience...”*

4. Client-Centered Care. The theme of client-centered care was identified 20 times in the analysis of student reflections. Students often wrote about the idea that the client or patient is a key member of the health care team or that addressing the client’s concerns is just as essential as the healthcare team’s goals for the client. One student wrote about an instance of realizing the importance of client centred care during the Team Observed Structured Clinical Encounter (TOSCE) exam, *“During my team’s final TOSCE, our simulation patient’s priority was planning for the care of his dog when he became too frail to look after him. By listening to his concern and addressing it right away, our team was able to establish some initial trust towards a good therapeutic relationship. As well, once we had addressed the dog, we were able to talk productively about other issues, knowing that he wasn’t pre-occupied worrying about his dog.”* Another student also reflected on the significance of patient or client-centered care and its importance in healthcare, *“As I have learned repeatedly in nursing, I found that it was vital to have a patient-centered care where the patient played an active part in their own care. Not only*

did this ensure that the care goals were actual goals that the patient wanted achieved, it also made sure that the interventions we planned were plans that were realistic.”

5. Positive Educational Experience. Eighteen of thirty students explicitly indicated that their experiences in IntD 410 were positive, as supported by this quote, *“Overall, I have found this course to be an enriching experience as I have gained valuable knowledge regarding health care team functioning.”* In addition to these explicit statements, there were another 18 instances of students mentioning that that they had experienced a ‘gain in skills’ or that they had learned something valuable to their future career in health sciences. While some students wrote that the skills taught in IntD 410 reinforced knowledge previously gained in other courses, these 18 students felt that IntD 410 taught them new concepts about interdisciplinary team development and the implications of it in healthcare. The concepts and skills attained varied from learning about oneself, *“This was something that I had to learn about myself: I like to be in control... I realize that when I go into practice, I need to put more faith into the competency of my colleagues”* to learning information specific to specialized streams of IntD 410, *“From IntD I have gained a better appreciation for obesity as a disease and just how complex an impact it has on the lives of patients and their families. I have also improved my understanding of how much stigma exists about obesity in the healthcare system and what kind of impact that stigma may have on the patient.”*

Autoethnography

The following sections discuss the similarities between our own reflections and those of our classmates in IntD 410.

1. Cohesiveness, Collaboration and Communication. Consistent with our peers, we both wrote about experiencing an increase in cohesiveness and efficiency of teamwork as the

term progressed. One of us wrote, *“When we first began we were all very respectful of one another, allowing each person the chance to give their opinions, but we weren’t efficient in terms of achieving our team goals, nor were we skilled at adhering to our assigned roles. For example, toward the beginning of the course, we struggled to identify a main focus for SP interviews and instead tried to demonstrate our knowledge of our respective disciplines. Toward the end of the course, we learned that it was more important that we have a main focus as a team (for example compassion for our patient), adhere to our team roles and support one another if necessary.”*

This quote demonstrates that through experience, a shift in team focus occurred that resulted in better outcomes. Another quote we felt represented this theme in our reflections was, *“I had a team member who constantly took over whenever we worked on anything as a group. We had to find diplomatic ways of telling him that it wasn’t okay to run the show all the time, and that although we appreciated his leadership skills, there were other people who had things to contribute too. This was a huge learning curve for some people in our group, but I think it was a really valuable skill to learn.”* This quote demonstrates that although not all collaboration was positive, growth in this area was experienced throughout the course.

2. Team Roles. Both of us mentioned team roles contributing to the function of our team as a whole. For example in one reflection it was mentioned that, *“My group first approached the team meetings with the actors in our professional roles, but found that sometimes it was better to play your team role and add your professional knowledge where (if) applicable.”* Similar to the experiences our peers described, we both mentioned that the team roles provided us with the structure that allowed our team to make progress and experience increased cohesiveness, collaboration and communication (theme 1). In the reflections analyzed and in our own reflections, team roles were often mentioned as part of the reason that positive outcomes

occurred. It is clear from both our peers' reflections and our own that learning about, and adhering to, team roles allowed us to experience enhanced teamwork; theme 1 and 2 were closely related to one another.

3. Knowledge of Other Professions is Important. The importance of knowing about other professions and their scope of practice was also mentioned in our reflections, and we noted that both of us were disappointed that we did not spend more time on this topic, *"I had hoped and expected to learn more about the other professions and their scopes of practice. The one class in which we had presentations on this topic was by far my favourite. After that however, we did not explicitly learn anything more on the roles and responsibilities of the other disciplines. I feel the course should have touched on this more so that we could all appreciate the expertise of our future co-workers and better understand the myriad ways in which the various professions could support our future clients."* Not only would we have liked to have learned more about the roles of other professionals for scope of practice clarification, we felt that this information would be helpful to our future roles as professionals, *"As much as learning about the team roles was important, I feel now that spending a bit more time talking about the professions themselves and how we might all interact when we're finished our programs would have been helpful."*

4. Client-Centered Care. In addition, we reflected on the importance of client-centered care, which was a common theme in the reflections that we analyzed. *"I learned that the patient has a huge role to play in his or her own care. I knew before taking the IntD 410 course that I appreciated when I was involved in my own medical care, but I had never explicitly learned about the extent to which the patient should be involved."* We learned from IntD 410 that often client centered care means first seeking to understand rather than seeking to be understood,

“...group meetings are not always information giving sessions but instead are often about building rapport with the client and finding out more about their wants and needs.”

5. Positive Educational Experience. Similar to our peers, we also mentioned in our reflections that we had positive learning experiences in IntD 410. One aspect of the course that we mentioned in our reflections as a positive learning opportunity was the TOSCE and how much we appreciated the hands-on practice, *“The TOSCE and the simulations with the actors were tough, but a really great way to practice talking in front of other people, particularly about sensitive topics. It’s not the same thing as talking to peers, or within your group practicing a scenario. Real people are difficult to predict sometimes, and change the group’s plan. It was a challenge for me and a great learning opportunity to be able to interact with patients.”* We did not learn information specific to a specialized stream of IntD 410 as we were both enrolled in the regular stream course, however like some of our peers, we did learn about ourselves, *“I learned that I can be intimidating to others, which is certainly not a way that I want to come off in my practice! I don’t think I would ever intimidate a patient because I’m extremely cognizant of the way I interact with those I am caring for, but I can understand how I could be intimidating to other teammates in trying to appear confident and decisive. This is definitely something I need to be careful of in my future profession. I need to remember that first impressions aren’t always about appearing confident and knowledgeable; that instead it may be more important for me to convey myself as someone who values the input of her team members.”*

Discussion

Key Findings

Five main themes were identified from the analysis of 30 pre-service health science student reflections on their experiences in IntD 410: (1) experience of cohesiveness,

collaboration and communication of team; (2) learning about or appreciation of team roles; (3) importance of gaining knowledge about other professions; (4) importance of client or family centered care; (5) positive educational experience. In addition to the analysis of 30 anonymous reflections, we analyzed our own reflections that were written at the completion of the IntD 410 course, as well as a reflection completed at a later date and compared them both to the major themes identified during this study.

Analyzed Reflections Compared With Researcher Reflections

Based on the IntD 410 course content and objectives and the topics identified in our own initial reflections, the majority of the themes identified in the analyzed reflections were not surprising to us. Themes 1, 2 and 3 were related to three of the core IP competency areas mentioned as the IntD 410 course description (communication, collaboration and role clarification) and themes 3 and 4 were related to the focus of the course, “Emphasis is placed on team processes and tasks while recognizing the unique contributions of patients, families and professionals in working collaboratively to maintain health” (IntD 410 Syllabus, 2014). Furthermore, themes 1 and 2 were related to the suggested areas to explore in the reflection assignment description (how the functionality of the team progressed throughout the term, and development as an individual and as a team). The set of analyzed reflections and our own reflections discussed all five of these themes.

The emergence of theme 3, *knowledge of other professions is important*, is interesting because learning about the scope of practice of other professionals was not actually listed as a class topic, yet this theme is linked to all four core competences (the three competencies mentioned above plus the additional competency of reflection). People were able to reflect upon how their preconceived notions of other professions affected their communication and

collaboration and how throughout the course of the term they learned that team roles were more important to positive outcomes for the patient than professional roles. The class during which professional roles were discussed was either highlighted as a specific experience that people enjoyed and saw as valuable or this information was identified as something people craved more of. It is noteworthy that this came forward as a theme despite not being an objective of the course; it is possible that knowledge of other professions contributed to the development of the other themes identified as it was interlaced throughout the reflections as reasons for why things like team cohesiveness and positive patient-centered outcomes occurred.

While the first four themes came as no surprise to us based on the fact that we also discussed similar topics, the fifth one, *positive educational experience*, was not expected. We were surprised by the pervasiveness of this theme throughout the reflections. Both of us mentioned specific positive learning experiences in our initial and final reflections, however we did not expect other students to have explicitly stated that their overall experience was positive as often as they did, as both of our experiences were predominantly negative. In part, our negative experiences were due to the fact that as Speech-Language Pathology students, we felt that the course did not include our profession in the scenarios as much as it could have. From memory there was only one simulated patient scenario in which Speech-Language Pathology was relevant and in this case, the contribution of our field was minor and could have easily been overlooked had we not been searching for involvement. In addition, each of us had a particularly bad experience with an individual in the course: one of us with a team member, and the other with one of the facilitators. One of us wrote extensively about a team member who did not appear to want to learn about team roles or participate in interdisciplinary collaboration. The other wrote about how receipt of a personal insult from a less than effective facilitator affected

her experience by causing her to participate less than she would have liked to. We are aware that these interactions were not representative of the breadth of our experiences in IntD 410, however we felt that they were potent enough to overshadow many of the positive ones, which is likely the reason we were surprised by the final identified theme.

Overall, there was congruence between our reflections and the analyzed reflections, with the differences being attributable to different team dynamics, facilitator characteristics, or level of discipline involvement.

Initial Reflections Compared With Final Reflections

When we compared our first and second reflections, one of us found them to be very similar to one another while the other of us found them to be quite different. We believe this discrepancy is due to the fact that one of us re-read the reflection assignment description prior to writing her second reflection, and the other of us did not. The researcher who read the assignment description found her two reflections to be quite alike. She mentioned the objectives of the course such as increasing IP team communication, role clarification and collaboration, in both her first and second reflections. We believe this is due to the fact that the reflections were a structured assignment with suggested areas for exploration. The researcher that did not refamiliarize herself with the assignment description beforehand, wrote a more free form reflection the second time around, expressing her frustration with one of the facilitator's attitudes and behaviours. When given the freedom from both evaluation and the structure of the assignment, a topic that had a huge impact on her experience in IntD 410 was discussed in detail. We believe the differences that emerged are due to the fact that the second reflections were written for the purpose of this study and not for the purpose of a graded assignment that would be read by our class facilitator; we felt more open to expressing our true opinions about the class,

rather than simply following the assignment requirements. The disparity between the second researcher's reflections contrasted with the similarities of the first researcher's reflections, strongly suggests that a less structured assignment (without suggested areas for exploration) that was not handed in directly to our facilitators may have resulted in different final reflections from our peers.

An additional theme that only emerged in our second reflections was that we highlighted the practical application of the skills learned in IntD 410 rather than simply identifying the skills as having been learned. Since taking IntD 410 in the fall term of 2013, we have experienced our first hands-on clinical practicum as part of the Speech-Language Pathology program, which called upon many of the skills learned in IntD 410. Both researchers commented on having felt prepared by IntD 410 when talking with clients and families about difficult topics during our clinical practicum. The hands-on TOSCE experience working with simulated patients was noted in both of our reflections as extremely helpful. One of our reflections explained that it helped us to *"become comfortable with being uncomfortable."* Working with patients and families in a healthcare setting requires the ability to competently discuss challenging topics, such as disclosure of wrong-doing or the discussion of a new diagnosis. Although not mentioned in our first reflections, once we experienced interacting with real clients in our clinical practicums, we found that the practical skills learned in IntD 410 were extremely valuable.

Limitations

One limitation of this study is that only a small number of student reflections were made available for analysis, limiting the conclusions that can be drawn from the reflections. In addition, the sample analyzed for this study did not include reflections from students in Speech-Language Pathology. While excluding these reflections was done to protect anonymity, we may

have also excluded potential themes by not including this discipline in any of the analyzed reflections.

Another limitation of this study is researcher bias, as our personal experiences within the IntD 410 course may have influenced our interpretations of the opinions and experiences described within the reflections. We attempted to mediate this condition by including the autoethnographic component of this study, however there is still a chance that our own biases affected what we felt to be salient during our analysis.

Another limitation of this study is that student reflections were written as an assignment that was submitted and evaluated as part of students' final grade. It is possible that concern about receiving a passing grade could have affected the content of reflections. Furthermore, they were submitted directly to, and read by, the students' course facilitators. This lack of anonymity may have resulted in further censorship of experiences. This limitation was demonstrated in the autoethnographic comparison of our own first and second reflections, as we revealed more of our true thoughts when the reflection was not submitted for marking. As with any research of this nature, we cannot know for sure if the analyzed reflections were true representations of student experiences.

Lastly, there were differences within the structure of IntD 410 that resulted in different experiences for everyone. First, students were given the option to register in different streams of the course, such as the bariatric stream. Those who attended these specialized streams experienced a different course than those enrolled in the regular stream IntD 410. Second, within both the regular stream course and the specialized streams, there were different group facilitators assigned to each classroom; again, resulting in different experiences. While our analysis of reflections from various streams of the course allowed for a larger representation of opinions, it

is difficult to ignore the fact that students in different streams were reporting on completely different experiences from one another.

Implications

Future research in this area could potentially dig deeper into the themes identified to determine specifically which aspects of the course resulted in the five themes. For example, future studies may seek to determine aspects of the course that contributed to a positive educational experience for students so that efforts can be made to ensure future IPC learning experiences are both positive and beneficial. It is important to note there were ideas mentioned in some of the reflections that were not included in our analysis because they were not mentioned as frequently as others. Although they were not included in this study, these ideas and opinions may be valuable in improving IntD 410. Overall, the themes identified as most commonly mentioned in the reflections analyzed coincided with the learning objectives of the IntD 410 course and our own reflections. However, theme 3, *knowledge of other professions*, was not a direct objective of the course, yet it emerged as a significant theme in our analysis. Students enjoy and want to learn more about the other professionals that they will be working with, which could potentially be more of an integral part of courses like IntD 410, or may lead to an increase in positive educational experiences. This is an area that would benefit from further investigation.

It would also be interesting to further explore whether there is a difference between the experiences reported in structured written reflections submitted for evaluation and the experiences reported in the anonymous surveys submitted post course completion. Students in IntD 410 were given the opportunity at the end of the term to submit an anonymous survey in which they rated the course, the instructor and their overall experience. In addition to a rating scale, the survey allowed students to write comments about the course in a very unstructured

manner. Based on the type of information we included in the written reflections that were submitted to our facilitator and the experiences we personally reported in the anonymous survey, we would expect to see differences in the tone of identified themes. This could be due to the fact that people tend to view reflections as an opportunity to report on personal growth while surveys issued once a class is over are typically viewed as a way to collect information to improve a course. The differences in our reported experience may also be due to the structured nature of the reflection assignment and the fact that it is evaluated as a part of the course, compared with the less structured anonymous surveys. The idea of being freer to express true opinion was also echoed in the differences between our first and second reflections.

The analysis and comparison of our first and second reflections revealed noteworthy information. Several of the main themes that were mentioned in the first reflections, were also mentioned in the second reflections. However, there were two main differences between the two sets of reflections. First, since the second reflection was done only for the purpose of this study and was not evaluated for marks and more negative experiences in IntD 410 were revealed, illuminating a more realistic representation of this student's experience in this class. Second, we wrote more regarding the application of skills learned in IntD 410 in our second reflection after having the opportunity to use these skills during clinical practicum. It seems as though some experiences may not have been mentioned in the 30 analyzed reflections due to the fact that it was handed in to our group facilitators for a grade. Overall it appears that allowing students to reflect on their experience in a less structured and more anonymous forum results in a wider range of reported experiences and opinions. In addition, it seems as if time and experience were necessary in order to appreciate the skills learned in IntD 410.

Conclusion

This paper explored the experiences of pre-service health science students registered in IntD 410 with the hope of improving the quality of the course and the education of students in interprofessional collaboration. In summary, the qualitative analysis of 30 reflections written by students registered in IntD 410 at the University of Alberta revealed five major themes: (1) experience of cohesiveness, collaboration and communication of team; (2) learning about or appreciation of team roles; (3) importance of gaining knowledge about other professions; (4) importance of client or family centered care; (5) positive educational experience. We felt that theme 3 was inextricably linked to the other themes and therefore, we posit that learning about the roles of other professionals has an influence on IP education experiences; when people appreciated learning about other professions their learning and experiences appeared to be enhanced, and when people wished they had learned more about other professions, their experiences appeared to be negatively impacted. All five of the themes identified in the 30 analyzed reflections were also evident in our own reflections, which was not surprising given the structured nature of the reflection assignment. One notable difference between the reflections our peers wrote and the reflections we wrote was the pervasiveness of theme 5. While we both noted positive experiences in our reflections, a few bad ones effectively reduced the overall quality of our involvement in IntD 410. We believe the differences in the quality of our experiences when compared with those of our peers were the result of the dynamics of our teams, the characteristics of our facilitators and the amount of attention our respective disciplines were given within the course. When we compared the reflections we wrote when enrolled in IntD 410 and the reflections we wrote prior to conducting our analysis, we found that the second reflections were less structured and more critical of the course. In addition, we both mentioned

that we felt the simulated patient scenarios helped to prepare us in discussing sensitive topics with our clients in our clinical practicums. The differences between our first and second reflections seem to indicate that a structured assignment submitted directly to facilitators for a grade may restrict the diversity and honesty of student reflections. In addition, students view skills gained in IntD 410 as useful, but the true value of these skills may not be fully realized until utilized at a later date.

References

- Garcia, L. M. & Roblin, N. P. (2008). Innovation, research and professional development in higher education: learning from our own experience. *Teaching and Teacher Education*, 24, 104-116.
- Interprofessional Health Team Development (IntD) 410 Syllabus (2014).
- Interprofessional Learning Pathway. Retrieved from <http://www.hserc.ualberta.ca/en/TeachingandLearning/Curriculum/InterprofessionalLearningPathway.aspx>
- Reeves, S., & Freeth, D. (2006). Re-examining the evaluation of interprofessional education for community mental health teams with a different lens: understanding presage, process and product factors. *Journal of Psychiatric and Mental Health Nursing*, 13, 765-770.