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DEVELOPMENT AND ASSESSMENT OF A
PATIENT-CENTERED CARE CURRICULUM

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Abstract: The purpose of this paper is to chronicle the development and implementation of a pilot offering of the patient-centered care (PCC) curriculum sponsored by a partnership of schools of allied health and nursing and a local health care system. The objective of this interdisciplinary track is to increase the

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competency of allied health and nursing graduates to function in health care teams in both PCC and **non-PCC** hospital environments, thus improving the effectiveness of patient care. The elective track consists of two courses; a third course is under consideration. Students and faculty participating in the elective track were surveyed to assess their attitudes toward change and patient-centered care. Generally, participants believed that they could work well together but were not convinced of the viability of the PCC. Although the curriculum is still in its implementation stage and the nursing participation became minimal, this study aids in understanding opinions of nursing and allied health faculty and students regarding a new PCC curriculum.

Introduction

Changes in health care delivery over the past several years include an increase in health care costs, a shift toward point-of-care testing, and the development of **patient-centered care** (Lathrop, 1991; Weber & Weber, 1994; Jacob & Laudin, 1995). As a result, health professions educators have had to consider how to prepare students to work in a changed health care environment. Although curricula can be designed to train students in skills outside of the traditional scope of a particular discipline, neither

educators nor students may see the blurring of professional boundaries as a positive change (Bridger, 1992).

Health Care Costs

The rising cost of health care has proven a rich source of debate. According to Kovner (1995), the aging of the U.S. population, along with a concurrent rise in chronic diseases, has increased the need for hospital care. Increased demand for hospital services has resulted in a corresponding rise in federal spending for hospital care through Medicare and Medicaid. In its role as financier of health care services, the federal government has put forth considerable effort to contain the spiraling cost of hospital care. In the early 1980s, as the federal government restructured its hospital payment mechanism, the cost-based reimbursement system became a prospective payment system. This type of reimbursement system had a direct and immediate impact on the bottom line of hospital finances. With financial viability at stake, hospitals have sought ways to improve efficiency without sacrificing the quality of care. Such attempts have included eliminating cost centers, monitoring numbers of physician-ordered tests, shifting patient care to ambulatory settings, decreasing personnel, increasing workloads, streamlining administration, and changing the patient mix.

The manner in which they operate has been identified as a contributing factor to the financial struggles hospitals experience. Although 60% of inpatient services rendered are routine in nature, hospitals are generally staffed and equipped to meet the needs of a much more demanding acute care patient population (Lathrop, 1991). High tech services available include computed tomography, magnetic resonance imaging, electron microscopy, DNA testing, organ and tissue transplantation, and various other sophisticated surgical procedures (Farley, 1994; Weber & Weber, 1995).

According to Lathrop (1991), research estimates revealed that only 16 cents out of every dollar spent on salaries go toward providing direct health care services; 43 cents toward scheduling, coordinating, and documenting medical care; and 20 cents for personnel down time (waiting for something to do). It is believed that simplifying the hospital operational structure by moving services closer to the patient and utilizing health care teams will increase hospital efficiency as evidenced by reduced costs and shorter length of stays (Lathrop, 1991; Wermers, Dagnillo, Glenn, McFarlane, St. Clair & Scott, 1996).

Point of Care Testing

Growing pressure for reduced turnaround time for diagnostic results has led to a shift from performing tests in centralized departments to performing procedures closer to

the point of care (Jacobs & Laudin, 1995). The faster information is obtained, the faster care can be given, which results in quicker patient recovery. For example, assigning phlebotomy tasks to unit nurses eliminates the need to send a request to the lab to have the patient's blood drawn and the time required for the **phlebotomist** to travel from the laboratory to the patient care unit. In the case of certain laboratory testing, the advent of easy-to-operate tabletop and handheld analyzers has increased the demand for immediate results and affected what procedures are performed in laboratory departments. Handheld analyzers such as **the Glucometer®** have become very popular for bedside blood glucose monitoring.

Moving laboratory testing closer to the bedside has been accompanied by a change in the type of health care practitioner performing the procedures. Bedside glucose monitoring generally involves nurses rather than clinical laboratory scientists. Thus, nurses have an expanded role which includes limited laboratory testing. In concert, the laboratory has an increased responsibility which encompasses training nurses in phlebotomy, bedside testing, and laboratory quality control.

Patient-Centered Care Model

The patient-centered care model has become an attractive model for hospital redesign (Weber & Weber, 1994). The fundamental principles of patient-centered care

entail changing the way in which work gets done by reorganizing services. Departments are decentralized and ancillary personnel reassigned to patient care units. Nursing and allied health practitioners work in teams to provide routine services at the bedside. Moving services to the point of care requires less scheduling and coordinating than when centralized departments are involved. Patients come in contact with fewer hospital personnel when care is rendered by members of a team assigned to a set of patients grouped by medical needs. Patients spend less time traveling from one department to the next for routine diagnostic procedures. The goal is not only increased hospital efficiency, but increased patient satisfaction as well (Henderson & Williams, 1991; Lathrop, 1991; Routh & Stafford, 1996; Wermers et al., 1996).

The central premise of the health care team involves cross-training nursing and allied health practitioners to share tasks. The greatest challenge is to develop functioning interdisciplinary teams as opposed to multidisciplinary teams wherein practitioners perform solely within their professional boundaries. The extent to which allied health practitioners are redeployed varies with the institution and depends upon patient needs (Bridger, 1992; Henderson & Williams, 1991; Pischke-Winn & Minnick, 1996; Routh & Stafford, 1996; Wermers et al., 1996; Yablonsky, 1996). As hospitals set out to redesign the delivery of patient care, colleges and universities engaged in educating health professionals must decide whether to incorporate cross-training into the curriculum..

Exploratory Study

The impetus for this exploratory study involves redesign efforts on the part of a health care system and its **affiliated** university. A patient-centered care model seemed to be a promising approach to streamline costs and enhance the quality of patient care. In this particular model, teams of health care practitioners would work together to provide care for smaller groups of patients. An important feature of this model would be that the health professionals would assume blended team roles while retaining the more complex and essential functions of their profession.

An operational design consistent with current professional standards, while adhering to other professional, legal, and patient requirements, was a necessary and vital component of this effort. Additionally, the hospital system expressed interest in a future source of practitioners who were already aware of the patient-centered care model, had an introduction to working in teams, and were multi-skilled. University faculty and hospital staff would work together to develop a curriculum to address the future needs of the hospital and any other clinical facility implementing similar models.

Questions of the Study

The questions that guided this study were:

1. Can enhancing the curricula of the schools of allied health and nursing by incorporating interdisciplinary educational modules increase students' cognitive and affective skills in interpersonal relations, core clinical competencies, and interdisciplinary team building?
2. Can such a course of study increase allied health and nursing students ability to function as members of interdisciplinary health care teams?
3. Can the university meet the health care system's need for graduate allied health and nursing personnel cross-trained in core clinical **competencies** by offering this PCC curriculum?
4. Can allied health and nursing **students** involved in this curriculum develop positive attitudes toward participation in health care teams in practicum experiences and on the job?
5. Can offering the PCC courses as faculty development to the school of allied health and nursing school have a positive impact upon faculty attitudes toward PCC?

Method

The local university schools of allied health and nursing, along with selected

hospital staff of a major health system, were asked to participate in the planning process. Faculty from several allied health disciplines participated in the discussion. These disciplines included clinical **laboratory** science, **radiologic** technology, and respiratory therapy. The nursing and allied health faculty formed a committee to discuss the objectives of the project. These committee members also delineated the types of tasks and associated clinical skills related to practicing **their** profession. Through these discussions, skills were identified that could be shared with other health care practitioners. A curriculum was designed for instructing cross-trainable tasks.

Two courses were immediately developed for the curriculum, Interdisciplinary Team Building and Team Approach to Clinical Skills. A third course, Patient-Centered Care Practicum, was under consideration. The two-course track, although optional, was available to all students enrolled in the school of allied health and the nursing school.

Curriculum

Interdisciplinary Team Building

The Interdisciplinary Team Building course is a co-requisite for the clinical skill modules in the patient-centered care track. The course is one credit (16 contact hours) and presents basic and advanced organizational management. The content, considered essential to any health practitioner who will work on a multidisciplinary **caregiver** team,

includes communication skills, change, empowerment, conflict management, team building, environment, and an introduction to the patient-centered care concept. Appropriately, the team building course is taught by a team of faculty. A clinical laboratory scientist, a radiographer, and an expressive therapist cooperate in relating how the content factors impact teams and influence their effectiveness.

Team Approach to Clinical Skills

Eight modules comprise the clinical skills course. For each module, the skills that could be cross-trained were carefully considered with regard to the quality of patient care. Selected procedures were packaged in courses designed for students who had health care backgrounds but lacked a foundation in the course-specific discipline. Particular attention was given to quality assurance and skill limitations, the latter focusing on situations requiring the attention and expertise of a more **qualified** health care practitioner. Syllabi, evaluation instruments, manuals, and, for selected modules, interactive software were tailored specifically for the interdisciplinary students. Students may take up to four credit hours outside their chosen discipline.

Assessment module. The assessment module is one credit hour (16 contact hours) and includes selected basic and advanced skills pertaining to physical assessment. Some students learn the basic skills in their clinical program but benefit from the

additional skills included in this module. Basic vital signs, pulse oximetry, neurological observations, oxygen therapy, EKGs and Helter monitor skills are taught by two nursing faculty.

Infusion module. Nursing faculty also teach the one-half **credit** infusion module. Lecture and laboratory formats are used to teach signs of IV filtration, infusion pump troubleshooting, IV pump problem management, resetting pump alarms, and reestablishment of fluid flow.

Fluid management module. The one **credit** hour module consists of several disparate skills taught by two nursing faculty. These skills include wound care, simple Foley catheter care, incontinence care, and **colostomy/ileostomy** bag changes.

Respiratory care module. The one credit hour respiratory care module, taught by respiratory therapy faculty, introduces students to deep breathing procedures, oral suctioning, monitoring and maintaining nonmedicated aerosol therapy and basic oxygen delivery systems, and maintaining incentive **spirometry** therapy. Specific content includes evaluating cough effectiveness in the bed-bound patient, teaching **diaphragmatic breathing**, teaching someone to cough, monitoring operation of humidified and **nebulized** oxygen delivery systems, replacing equipment, performing and charting results of incentive **spirometry**, and identifying critical values or situations requiring further

evaluation by a nurse or respiratory therapist. Basic cardiopulmonary resuscitation is taught, and students become certified in adult CPR.

Radiologic technology module. The one credit hour radiography module, taught by radiography faculty, covers equipment warm-up procedures, equipment manipulation such as correct exposure factors and proper radiation protection procedures, and darkroom techniques. Due to licensure, the operation of radiographic equipment is restricted to graduates of an accredited radiologic technology program. Thus, the interdisciplinary module focuses only on supportive skills.

Specimen collection module. This one credit hour module, taught by clinical laboratory science clinical faculty, introduces students to collection of blood, urine, and stool specimens with a focus on phlebotomy. Lecture and laboratory provide students with a basic knowledge and practical skills in specimen collection techniques. Topics include anticoagulants, preservatives and additives, patient preparation, collection techniques, specimen handling and processing, and quality assurance.

Interactive software was developed for this module to reinforce phlebotomy concepts and introduce problem solving. The software program includes a video that demonstrates correct and incorrect collection procedures. Students identify errors as they occur on the video before they can proceed in the exercise. In addition, students

successfully complete eight **venipunctures** on patients at nearby hospital **affiliates** of the clinical laboratory science program.

Simple laboratory procedures module. Students learn how to perform the simple laboratory procedures categorized as waived tests according to the Clinical Laboratory Improvement Act of 1988 (**CLIA**, 1988) regulations. The two credit hour lecture and laboratory, taught by clinical laboratory science faculty, cover the principles of procedures. Urine chemical analyses, **luteinizing** hormone **ovulation** tests, pregnancy tests, erythrocyte sedimentation rate, centrifuged **hematocrit**, glucose hemoglobin using the **HemoCue**[®] analyzer, and fecal occult blood procedures are taught by clinical laboratory science faculty. Interactive software developed specifically for this project is used to reinforce principles, to introduce students to the step-by-step procedures before they perform them in the laboratory, and to assist in problem solving.

Environmental and **personal safety** and isolation module. This one-half hour module, taught by allied health core and clinical laboratory science faculty, is designed to give students a fundamental understanding of risk of exposure to **bloodborne** pathogens through the handling of blood and other potentially infectious materials, the use of universal precautions and **guidelines** for patient isolation, biohazardous exposure control and waste disposal, the handling of infectious materials, and the OSHA **Bloodborne**

Pathogen Standard. This module also includes an introduction to back safety, TB education, and confidentiality standards.

Patient Centered Care Practicum

The course in which interdisciplinary skills are applied is under consideration. The proposed course work will consist of a supervised experience in a patient-centered health care environment.

Participation

For the current exploratory study, faculty and student participation in the team building course and the assessment and infusion modules of the Team Approach to Clinical Skills course were noted. A total of 36 faculty and students participated during this first year (this number does not include faculty whose involvement was solely teaching). Allied health faculty from programs with interdisciplinary modules were required to attend the faculty team building sessions. Nursing faculty were not required, but were encouraged to attend the training. Although the nursing faculty had made a greater initial response to the PCC proposal, their actual participation was less than that of the allied health faculty. Table 1 summarizes the participation of faculty and students in the total curriculum and in the team building and clinical skills courses, respectively.

Table 1

Participation in Interdisciplinary Patient Care Courses

Participants	Team Building	Assessment	Infusion
Allied health faculty	12	1	4
Nursing faculty	2	0	0
Students			
AHS-CLS	5	4	4
-NMT	7	6	6
-RAD	4	0	0
-RTH	5	0	0
-NUR	1	0	0

Note. AHS = allied health; CLS = clinical laboratory science; NMT = nuclear medicine technology; RAD = radiologic technology; RTH = respiratory therapy; NUR = nursing.

Evaluation

Three evaluation methods were used: (a) identical pre- and post-opinion surveys (see Appendices A and B), (b) standard school of allied health sciences course evaluations (see Appendix C), and (c) skill evaluations.

Identical pre- and post-opinion surveys were administered in two versions, one for students and one for faculty (see Appendices A and B). Each survey consisted of 25 items using a 4-point Likert scale with responses ranging from strongly agree to strongly

disagree. Course evaluation was administered at the completion of the semester (see Appendix C). Written comments were also solicited. For the **skill** evaluations, participants were challenged with competency-based evaluations at the end of each module.

Results

Faculty were surveyed prior to implementation of the interdisciplinary **track** (*pre-opinion* survey). The questionnaire was distributed to both schools with a published due date for reply. Of the 25 faculty responding to the initial survey, eight were from **allied** health and 17 from nursing. Of the 22 faculty responding to the *final survey*, 20 were from allied health and two from nursing. In general, both allied health sciences and **nursing** faculty increased in their agreement with the statement, "The people in our program work well together."

Results of the initial faculty survey indicated that allied health faculty agreed more than nursing faculty with the following four items:

- Our faculty is always willing to do things differently to make our program better.
- I prefer working on a team.

- The people in our program work well together.
- The more psychomotor skills I learn, the better I can serve my patients/students.

Although the number of nursing faculty had decreased substantially, the results of the final survey administered on the last day of training indicate that nursing faculty were more likely than allied health sciences faculty to agree with the statement, “We’ re encouraged to try new approaches,” but less likely than allied health sciences faculty to agree with the statement, “There’s no future in interdisciplinary patient care education.”

Results of the final student survey (n = 23) revealed that there was a decrease in student agreement with the statement, “Interdisciplinary patient care will improve the quality of patient care.”

Compared to results from the initial faculty survey, results of the survey administered to students on the first day of the team building course indicate that students (n = 23) agreed more with the following items than did faculty (n = 25):

- I prefer working on a team.
- Interdisciplinary teams are a thing of the past.
- Cross-training does not allow you to become proficient in anything.

Course evaluations were positive. Informal written comments by students indicated that they liked learning other skills, enjoyed learning about other areas, and were at times surprised at the similarities brought out in the team building course. All participants in the various modules successfully completed their skills evaluations. Faculty comments regarding the best feature of interdisciplinary patient care included the following:

- expands the knowledge base
- draws on the strength of others
- provides comprehensive health care-more holistic

Faculty comments on the worst feature of interdisciplinary patient care included the following:

- Care *is* fragmented-no one takes ultimate responsibility.
- It is considered “cross-training” rather than working together to improve patient care.
- People receive enough training to be dangerous.

Discussion

Given the preliminary nature of this study, any interpretations are tentative. For example, comparing the initial and final faculty surveys is problematic because the same individuals were not necessarily involved. Seventeen nursing faculty completed the first survey, but only two faculty members attended the team building workshop and completed the final opinion survey. However, this largely descriptive study aids in defining or lending form to the prevailing opinions of nursing and allied health faculty and students and the possible changes that come with the educational process.

The interdisciplinary courses have served to enhance the curriculum through their direct application to the changes in the local delivery of health care services. However, integrating cross-training into the curriculum goes beyond course development. Integrating cross-training requires strong leadership skills and stamina to garner faculty support. The effort to develop the interdisciplinary track was often seen as someone else's project. Nursing considered the effort as an allied health project. Allied health programs saw it as an allied health core project. Recruiting students and scheduling modules required a tremendous amount of special effort because integrating the cross-training courses had not occurred completely at the program level and it should. The positive evaluation of the pilot offering is tempered by the lack of nursing student

involvement. The nursing student perspective was truly missed in the team building course. This is especially true in light of nursing being affected by patient-centered care regardless of the degree of hospital implementation. The team building course provided the opportunity **for** students to learn **about** disciplines other than their own. Much more work is required to increase nursing support and the participation of nursing students. It should **be** noted that **all** students participating in the pilot course offering successfully completed the team building and clinical skill modules.

Although the team building course had a positive impact upon faculty attitudes with regard to working well together, this did not translate into a belief that health care teams could work in the clinical environment. Undoubtedly, concerns remain as to whether cross-training erodes the scope of practice, which, in turn, provides the response of turf guarding. Faculty apprehensions **regarding** implementation of health care teams and their impact upon the quality of care have been reinforced by the local response of hospital-based colleagues: “We can work well together, but don’t force this as a large scale issue.”

According to student survey results, as students became more familiar with traditional hospital departmental work flow over time, they had **difficulty** visualizing how teams work. They merely saw more work being added to current responsibilities rather

than the opportunity to share responsibilities. This is evidenced by a decrease in student agreement with the statement, “Interdisciplinary patient care will improve the quality of care.” As with faculty, there appeared to be a desire among students to protect their turf.

Part of the educational experience in **allied health** and nursing programs includes contact with faculty and clinical practitioners with the expectation that such contact will impact the student’s affective domain by influencing them to adopt an ethical and professional attitude. Perhaps an unintended consequence in this case is student adoption of a negative stance against cross-training. The extent to which students view health care teams in a negative light maybe influenced by a perception that their profession is at risk. It would be difficult for students to embrace the change when there appears to be no positive gain in patient care, only potential cost savings.

Cross-training, a concept from industry, is now a reality in patient care. Educating practitioners to function as members of interdisciplinary health care teams warrants serious consideration, although in its first year this program fell short of its goals. The interdisciplinary track described herein deserves support and further development. Allied health and nursing practitioners are an integral part of patient care and therefore have been a part of the patient’s care team long before interdisciplinary health care teams became an attractive cost saving measure.

APPENDIX A
STUDENT OPINION SURVEY

PLEASE CHECK THE BOX THAT BEST MEASURES YOUR RESPONSE TO EACH STATEMENT.

	<u>Strongly</u> <u>Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly</u> <u>Agree</u>
I like to try new approaches	<input type="checkbox"/>	<input type="checkbox"/>	<i>c!</i>	<input type="checkbox"/>
The health care field is changing too fast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like things the way they are	<input type="checkbox"/>	•1	<input type="checkbox"/>	<input type="checkbox"/>
I prefer working on a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•1
Teams work better than individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The more psychomotor skills I learn, the better I can serve my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interdisciplinary patient care is a thing of the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no future to interdisciplinary patient care education	<input type="checkbox"/>	<input type="checkbox"/>	•1	<input type="checkbox"/>
Interdisciplinary patient care will improve the quality of patient care..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interdisciplinary patient care will make me more employable	•1	<input type="checkbox"/>	<input type="checkbox"/>	•1
Interdisciplinary education is the wave of the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly <u>Disagree</u>	<u>Disagree</u>	<u>Agree</u>	Strongly <u>Agree</u>
We should all stick to what we do best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interdisciplinary patient care is here to stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specializing allows me to provide better patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-skilled health care workers are a thing of the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross training does not allow you to become proficient at anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students have enough time to learn about professional skills specific to other disciplines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think interdisciplinary patient care education <i>will be good</i> for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you consider to be the best feature of interdisciplinary patient care?

What do you consider to be the worst feature of interdisciplinary patient care?

Use this space for any other comments you might have.

In which semester did you take the team building course? _____

Which modules have you completed?

In which program are you enrolled? _____

APPENDIX B
FACULTY OPINION SURVEY

PLEASE CHECK THE BOX THAT BEST MEASURES YOUR RESPONSE TO EACH STATEMENT.

	<u>Strongly</u> <u>Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly</u> <u>Agree</u>
Our faculty is always willing to do things differently to make our program better	<input type="checkbox"/>	•1	•1	<input type="checkbox"/>
Making changes to our program occurs often	<input type="checkbox"/>	•1	•1	c1
Our program is fine the way it is. . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes in our program are implemented effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We continually strive to improve our program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The people in our program work well together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kept informed about program issues	<input type="checkbox"/>	•1	<input type="checkbox"/>	•1
We are encouraged to try new approaches	•1	<input type="checkbox"/>	•1	D
The health care field is changing too fast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D
I like things the way they are	•1	<input type="checkbox"/>	•1	•1
I prefer working on a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Strongly</u> <u>Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly</u> <u>Agree</u>
Teams work better than individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The more psychomotor skills I learn, the better I can serve my patients/students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interdisciplinary patient care is a thing of the past	<input type="checkbox"/>	•1	E1	<input type="checkbox"/>
There is no future to interdisciplinary patient care education	<input type="checkbox"/>	<input type="checkbox"/>	•1	<input type="checkbox"/>
Interdisciplinary patient care will improve the quality of patient care...	<input type="checkbox"/>	•1	<input type="checkbox"/>	<input type="checkbox"/>
Interdisciplinary patient care will make our students more employable	<input type="checkbox"/>	<input type="checkbox"/>	•1	<input type="checkbox"/>
Interdisciplinary education is the wave of the future	<input type="checkbox"/>	•1	<input type="checkbox"/>	<input type="checkbox"/>
We should all stick to what we do best	<input type="checkbox"/>	<input type="checkbox"/>	•1	•1
Interdisciplinary patient care is here to stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specializing allows me to provide better patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-skilled health care workers are a thing of the past	•1	<input type="checkbox"/>	<input type="checkbox"/>	•1
Cross training does not allow you to become proficient at anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly <u>Disagree</u>	<u>Disagree</u>	<u>Agree</u>	Strongly <u>Agree</u>
Our students have enough time to learn about professional skills specific to other disciplines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•1
I think interdisciplinary patient care will be good for our program	•1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you consider to be the best feature of interdisciplinary patient care?

What do you consider to be the worst feature of interdisciplinary patient care?

Use this space for **any** other comments you might have.

Did you attend the team building workshop? Yes_ No_

APPENDIX C

Evaluation

ALLIED HEALTH CORE COURSES

Directions:

Please answer the following questions in order to help in the process of course evaluations. If you are unsure about a response, feel free to leave items blank.

1. The instructor is readily available for consultation. (If you do not know, or have never tried to consult, please leave this question blank.)
 - 1) Strongly agree
 - 2) Agree
 - 3) Disagree
 - 4) Strongly disagree

2. The instructor returns papers and tests quickly enough to benefit me.
 - 1) Strongly agree
 - 2) Agree
 - 3) Disagree
 - 4) Strongly disagree

3. The grading system and standards for student performance were clearly explained during the **first** two weeks of class. (If you did not attend class during **this** time, please leave this question blank.)
 - 1) Strongly agree
 - 2) Agree

- 3) Disagree
 - 4) Strongly disagree
4. The instructor handed out a syllabus, outline or course description during the **first** two weeks of class. (If you did not attend class during this time, please leave this question blank.)
- 1) Yes
 - 2) No
5. The class failed to meet because of the instructor's unannounced absences.
- 1) Never
 - 2) One to three times
 - 3) Four to six times
 - 4) More than six times
6. The instructor followed class procedures as outlined in his/her syllabus, outline or course description.
- 1) Strongly agree
 - 2) Agree
 - 3) Disagree
 - 4) Strongly disagree
7. There was considerable agreement between the announced objectives of the course and what was actually taught.
- 1) Strongly agree
 - 2) Agree
 - 3) Disagree
 - 4) Strongly disagree

8. Exams covered the major course objectives. (If there were ISO exams given, please leave this question blank.)
 - 1) Strongly agree
 - 2) Agree
 - 3) Disagree
 - 4) Strongly disagree

9. The assigned reading was appropriate for the level and objectives of this class.
 - 1) Strongly agree
 - 2) Agree
 - 3) Disagree
 - 4) Strongly disagree

10. The instructor stimulates interest in the course.
 - 1) Strongly agree
 - 2) Agree
 - 3) Disagree
 - 4) Strongly disagree

11. The instructor makes good use of examples and illustrations.
 - 1) Strongly agree
 - 2) Agree
 - 3) Disagree
 - 4) Strongly disagree

12. Class presentations were clear and understandable.
 - 1) Strongly agree

- 2) Agree
 - 3) Disagree
 - 4) Strongly disagree
13. Given the nature of this course and the size of the class, there was adequate opportunity to ask questions.
- 1) Strongly agree
 - 2) Agree
 - 3) Disagree
 - 4) Strongly disagree
14. The instructor's class presentations and answers to questions indicated a clear understanding of course topics.
- 1) Strongly agree
 - 2) Agree
 - 3) Disagree
 - 4) Strongly disagree
15. I believe my grade in this course will be based solely on my performance on tests, assigned work or classroom performance.
- 1) Strongly agree
 - 2) Agree
 - 3) Disagree
 - 4) Strongly disagree
16. The instructor treats students reasonably.
- 1) Strongly agree
 - 2) Agree

3) Disagree

4) Wrongly disagree

17. The instructor provided an opportunity to learn a great deal in this course.

1) Strongly agree

2) Agree

3) Disagree

4) Strongly disagree

18. The instructor is enthusiastic about teaching.

1) Strongly agree

2) Agree

3) Disagree

4) Strongly disagree

19. If a friend were considering this course, I would recommend this instructor.

1) Strongly agree

2) Agree

3) Disagree

4) Strongly disagree

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