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The use of the availability scale for interprofessional education in health in national publications

A utilização da escala de disponibilidade para educação interprofissional em saúde nas publicações nacionais

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Abstract

Introduction: In view of the growing discussion on the theme of interprofessionality, the Readiness for Interprofessional Learning Scale (RIPLS), stands out for its efficiency in the evaluation and direction of Interprofessional Education (IPE) initiatives. **Objective:** This study aimed to analyze the use of this scale in national surveys. **Materials and Methods:** The survey of articles was done at Pubmed, Capes Journals, SCIELO and LILACS using the descriptors "Interprofessional Education", "Higher Education", "Interprofessional Relations", "Teamwork", and "RIPLS". **Results and Conclusions:** 7 articles were identified that indicate a tendency to use RIPLS to evaluate EIP initiatives in undergraduate and permanent health education, with little research on availability throughout training. There are divergences in the version of the RIPLS applied and in the methods of analysis, facts that hinder the comparison of the studies. It is suggested to use the validated version of this tool, to present the results in graphs and / or tables, and to use statistical analyzes that guarantee the exploration and comparison of the data.

Keywords: interprofessional education; higher education; interprofessional relations

Resumo

Introdução: Visto a crescente discussão acerca do tema da interprofissionalidade, a *Readiness for Interprofessional Learning Scale* (RIPLS), destaca-se pela eficiência na avaliação e direcionamento de iniciativas de Educação Interprofissional (EIP). **Objetivo:** Este trabalho objetivou analisar a utilização dessa escala nas pesquisas nacionais. **Materiais e Métodos:** O levantamento de artigos foi feito no Pubmed, Periódicos Capes, SCIELO e LILACS utilizando os descritores "Educação Interprofissional", "Educação Superior", "Relações Interprofissionais", "Trabalho em equipe", e "RIPLS". **Resultados e Conclusões:** Foram identificados 7 artigos que indicam uma tendência de utilização da RIPLS para avaliar iniciativas de EIP na graduação e educação permanente em saúde, sendo escassas as pesquisas sobre a disponibilidade ao longo da formação. Há divergências na versão da RIPLS aplicada e nos métodos de análise, fatos que dificultam a comparação dos estudos. Sugere-se o uso da versão validada dessa ferramenta, a apresentação dos resultados em gráficos e/ou tabelas, e uso de análises estatísticas que garantam a exploração e comparação dos dados.

Palavras-chave: educação interprofissional; educação superior; relações interprofissionais

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Introduction

The Unified Health System (SUS) has, among its principles, the integrality in health, understood as a continuous articulated set of preventive and healing actions and services, requiring a collaborative practice for its stablishing, in which professionals from different fields render services considering the patients' social context in all levels of the service network. One of the ways to prepare the professional for the collaborative practice is through Interprofessional Education (IPE), in which health students from different fields learn from each other, about others and among themselves for an effective collaboration and improvement of the results in health[1].

The aquisition of a positive environment for an affective interprofessional learning depends on the performance of studies that promote knowledge about which interprofessional proposals are the most effective, in what situations they were implemented and how these models can impact the results on the health of the population, workers and organizations; hence, among the most relevant variables to be considered when introducing IPE, are the students' attitudes and expectations when facing interprofessional work[2].

Among the tools used for obtaining such data, the *Readiness for Interprofessional Learning Scale* (RIPLS) stands out, a scale developed to assess the readiness for shared learning in different fields. It assesses three factors, the first is related to teamwork, which shows a disposition and need to share knowledge and habilities with other students, as a way to understand clinical problems in the workplace; the second factor is related to the professional identity, wich is influenced by the student's academic structure and organization; the third and last factor is the role and responsability that reflect the professional map of the health field being redesigned[3].

This scale has been used in many countries around the world, fact that can be proved by the number of translations and validations performed in the past years. According to Oishi et al4, it is important that the RIPLS was translated to Japanese, because it is expected that health professionals lead the discussion about IPE and the collaborative practice in the country using the scale, promoting a deeper discussion on this topic. On the other hand, the validation performed in Holand showed good reliability used in primary care, offering new possibilities in the workplace for professional development[5].

In Brazil, the scale was validated and translated to Portuguese by Peduzzi et al[2], through a process divided into stage 1, with the translation, evaluation by the specialists comittee and pre-test performed with health students, and stage 2, in which a validation in Portuguese of the RIPLS was performed with 347 participants. The 0.60 value was established as the acceptable lower limit for the internal Crombach alpha consistency index, with the obtained results showing considerable internal consistency with a coefficient value of 0.90 and 0.75 for Factor 1 (Teamwork and collaboration) and Factor 3 (Patient-centeredness) respectively, with Factor 2 (Professional identity) showing a 0.66 value; according to the literature, these values are satisfying and, therefore, the Brazilian version of the RIPLS can be considered an effective assessment instrument for IPE initiatives, being very useful in the elaboration of polices and in planning actions in interprofessional programs[2,6] (appendix 1).

Thus, considering the importance of IPE for the collaborative practice and understanding the need of using an effectice assessment instrument, this study aims to analyze how the RIPLS is being used in Brazilian researches. The results obtained in this survey may guide the scale use in national territory and contribute for future

studies in the area that may use this assessment instrument.

Materials and Methods

Sample and type of study

This study is characterised as a bibliographic research with systematic review of the literature, in which the data collection was limited to scientific papers published in journals indexed to the electronic databases Pubmed, *Periódicos Capes*, Scientific Electronic Library Online (SCIELO) and Latin American and Caribbean Health Sciences Literature (LILACS)**.**

Study design

The search was carried out in the months of January and February of 2020, combining the descriptors "Interprofessional Education", "Higher Education", "Interprofessional Relations" and "Teamwork", selecting just the original studies performed in the Brazilian population, which applied the Readiness for Interprofessional Learning Scale (RIPLS); to complement the search, a last tracking with the term "RIPLS" was performed.

Inclusion and exclusion criteria

The articles selection was made in three stages: 1) Screening based in reading the title and the abstract, 2) screening through fully reading the selected articles, 3) screening by identifying the referenced studies in the selected articles that were not found in the search. Crossing the descriptors, 381 articles were identified, from which 5 were selected in screening 1; by fully reading the articles, only 4 met all the established criteria, considering that the discarded study was the research that validated the instrument to the Portuguese language.

With the isolated use of the term RIPLS, two other articles in which the scale was applied in the Brazilian population were added to this study, resulting in six articles. After the survey in the references of the selected articles, another article was included to this review, resulting in seven articles.

Procedures

From the selected researches, information about the journal, the year of publication, the aim of the study, its samples, which characteristics from the RIPLS version was used, the additional database colection methods, and the analysis and results presentation strategies were analyzed.

Results

Altogether, 7 articles were fully analyzed (table 1), with the analysis of the articles identified in the search showing that national researches that use RIPLS in its methods are primarily national reach publications, since only one of them was published in an international journal. On the whole, they started to be published in 2011, the most recents in 2018, without defined periodicity, indicating that this topic is of recent and increasing interest.

Regarding the aims of the studies, it was verified that most of them is performed aiming to identify the impacts of Interprofessional Education, either by specfic actions or by curricular reorganization in the students' availability and/or egresses to experiences and interprofessional learnings[7,8,9,10]. However, there are also publications that assessed the difference of this availability in students from different courses and terms[11,12], regardless IPE actions or graduated professionals that act in the Family Health Strategy (FHS) program, whose post-graduation was taken on similar or different areas from public/family health[13], indicating that its application goes beyond assessing the effectiveness of IPE actions in graduation.

Regarding the studied samples, it was observed a considerable amplitude in the sample size, varying from 30 to over 700 individuals, in addition to the wide diversity of characteristics of the studied population, encompassing different courses, graduation terms and professional status. Concerning the sample size, it was observed that the largest samples (n=770, n=545, n=135 and n=107) were obtained in the researches that assessed different courses[7,9,11,12], which broadens the study population; the other researches presented a smaller sample (n=88, n=34, n=32)[8,10,13], which is probably related to the assessment of only one specific profession. How the RIPLS is applied, face-to-face or through an online form, could also be a factor related to the sample size, since it is expected that the face-to-face application increases adherence; however, the absense of data about sample loss in the studies impairs the effectiveness identification of the application methods.

Table 1: Studies included in the research.

References	Aim	Sample	RIPLS	Additional Analysis	RIPLS Analysis	Presentation of Results
Aguilar-da-Silva, R.H.; Scapin, L.T.; Batista, N.A. Revista da Avaliação da Educação Superior, 2011[6]	Assess the students' perception regarding teamwork and collaboration in the activities of the Integrated Program (IP)	N=135 egress from the courses of Nursing, Physiotherapy, Pharmacy and Dentistry of the Faculty of Medicine and Health of Juiz de Fora	Not validated version with 09 questions about teamwork and collaboration with other health professionals; Unspecific application	Focus group (n=10) "What do you understand by interprofessional collaboration and teamwork?"	Percentage frequency; sum of the matches and variances frequencies; chi-square test to identify differences between groups (does not apply)	Only in the general context, without exploring differences between groups; Percentage data described in the text; It does not relate the RIPLS and the focus group
Padula, M.G.C; Aguilar-da-Silva, R.H. Revista Odontologia Unesp, 2014[12]	Analyze the interprofessional profile/practice of dental surgeons that act in the Family Health Strategy (FHS)	N=34 dentista that have (n=26) or don't have (n=8) post-graduation in public or family health. FHS of Marília/SP	Nonvalidated adaptation of Parsell and Bligh (1999), with 35 questions distributed in 4 dimensions*; Unspecific application	Sociodemographic issues: sex, age, acting time in the field.	Percentage frequency; Kruskal Wallis with SNK post-test.	Tables with categorized percentage frequency according to the post-graduation, separated by dimensions
Souto, T.S.; Batista, S.H.; Batista, N.A. Psicologia: Ciência e Profissão, 2014[7]	Assess the IPE proposal at UNIFESP Baixada Santista in the Psychology student's perspective	N=32 psychology students from the 5th year (n=22) or from the 1st to the 4th (n=10)	Version from Aguilar-da-Silva (2011), however, with different questions; Indefinite version; Unspecific application	Focus Group: interprofessional pedagogical project, teamwork and completeness in care	Little delimited; reports unanimity / majority data of matches and variances	Descriptive results in the text; It traces the relation between the RIPLS and the focus group
Rossit, R.; Batista, S.H.; Batista, N.A. Revista Internacional de Humanidades Médicas, 2014[8]	Assess the development for completeness in care and health carreers from the egress's point of view	N=107 egresses from the courses of Physical Education, Physiotherapy, Nutrition and Occupational Therapy from UNIFESP	Peduzzi and Normal (2012) version with 26 questions distributed in three dimensions**; Scale hosted on Google Docs	Questions about the satisfaction with the education provided	Percentage frequency	Percentage frequency chart with 2 specific questions; Table with 09 higher questions match (no criteria)

		Baixada Santista	and sent by e-mail			
Nuto, S.A.S. et al. Revista Brasileira de Educação Médica, 2017[10]	Asses the interprofessional learning availability reflecting on the IPE in the integrated curriculum from the University of Fortaleza.	N=770 students of Physical Education, Nursing, Pharmacy, Physiotherapy, Phonoaudiology; Dentistry, Medicine, Nutrition, Psychology and Occupational Therapy, from the first, half and last year.	Peduzzi et al (2015)*** version, however reports 26 questions distributed in 3 dimensions; Indefinite version; Face-to-face application	Sociodemographic questions: sex, age, course, education period, other graduations, participation in university extension	Average and standard deviation of scores per factor and total; T test and Anova to identify differences; Chi-square to identify matches	Tables with average values from factor scores and total; Tables separated according to the exposure variables; Specific questions descriptively presented in the text
Tompsen, N.N. et al. Revista Odontologia UNESP, 2018[9]	Identify curricular IPE experiences and assess the availability of students/egresses from the Dentistry course for interprofessional learning.	N=88, students (n=76) or egresses (n=12), graduates or non-graduates from the integrative subject of the Public University from South of Brazil	Peduzzi et al (2015) modified version: 29 original questions + 11 questions from the authors; Distribution in 3 dimensions; Survey sent by e-mail	Sociodemographic profile questions (sex, age, term) and IPE experiences (Integrative subject, internship, research, extensions and extra activities)	Percentage frequency; Average and standard deviation of the gross scores; Student's T test e ANOVA.	Table showing questiona, the frequencies distribution and averages; Tables with average and DP factors, categorized by independent variable
Oliveira, V.F. et al. Nurse Education Today, 2018[11]	Assess the relation between the contact of health graduation students and the RIPLS result, and compare these scores between other courses and graduation terms	N=545 students of Medicine, Physical Education, Nursing, Pharmacy, Physiotherapy, Nutrition, Dentistry, Psychology and Social Services from the 1st (n=354) or last year (n=191)	Peduzzi et al (2015) version, however reports only 09 questions regarding Teamwork and Collaboration; Indefinite version; Face-to-face application	Sociodemographic questions (age, sex, marital status, course and term); Contact rate between students from different courses	Average and standard deviation of the scores sum; Anova One Way and Benferroni Post Test; T Test // Mann Whitney; Spearman's Correlation	Table with average and DP values presented according to the different courses and terms; p value
*i) Teamwork and Collaboration (Q1-Q15), ii) Roles and responsibilities (Q16-Q22), iii) Responsibility for the Patient (Q23-Q29), iv) Opportunities for Interprofessional Work Development (Q30-Q35); **i) Teamwork and collaboration(Q1-Q10); ii) Identidade Profissional (Q11-Q17); iii) Focused Attention in Patients (Q18-Q26); *** i) Teamwork and collaboration (Q1-Q9, Q12-Q16); ii) Professional Identity (Q10,11,17,19,21-24); iii) Focused Attention in Patients (Q25-Q29).						

Discussion

Considering that teamwork ia a part of the SUS Brazil guidelines, the RIPLS appears as an important tool for future formulations of public polices, in addition to helping planning higher education in healthcare[2]. Indeed, Peixoto et al[14] claims that for a health team integration, it is key to have programs of permanent education in

health, which are based in interdisciplinarity, providing the professional a better learning and enabling an improvement in the relations between them and the patient, family and the team, as well as in the understanding health-desease process, indicating which actions of IPE should not be limited only to the graduation. According to the research performed with students from a Health Multidisciplinary Residence Program, in addition to the contribution for teamwork, the IPE provides a satisfaction of professionals regarding mutual respect, knowledge about the importance of others and the exchange of experiences, generating a better professional learning[15], showing the importance of keeping it in the permanent education in health, as well as assessing it.

Concerning the number of courses and the professional categories studied, the data indicate that the RIPLS is a tool used to assess a specific course or field, however, they indicate that the majority of studies use it to assess many courses or fields simultaneously, such as Physical Education, Nursing, Pharmacy, Physiotherapy, Phonoaudiology, Medicine, Nutrition, Dentistry, Psychology, Social Services and Occupational Therapy, enabling the expansion of study and sample size variables.

Considering this fact, it was verified that Dentistry was the most explored course regarding the RIPLS, appearing in five different studies and addressing their undergraduates both separately and in comparison to other courses[7,11,12], as well as to the acting of its professionals[13]. After that, it was observed that the Physiotherapy course was assessed collectively in four studies[7,9,11,12], followed by Psychology in three different studies, both separately[8] and in comparison to other courses[11,12], and by the courses of Physical Education[9,11,12], Nursing and Pharmacy[7,11,12], which were also present in three researches, however, always collectively. The courses of Medicine[11,12], Nutrition and Occupational Therapy[9,12]were assessed collectively in two studies[9,11,12], being the Phonoaudiology[11] and Social Services[12] courses the less studied, present in only one study collectively.

This discrepancy in the frequency of courses exploration may be related to the their offering caractheristics. According to the National Register of Courses and Higher Education Institutions (e-MEC)[16], and considering only the São Paulo State, the Phonoaudiology and Occupational Therapy courses are offered by around 20 higher education institutions registered by the Ministry of Education (MEC), these numbers are very low compared to other courses such as Nursing (180 institutions), Physical Education (198 institutions) and Physiotherapy (137 institutions); thus, in addition to being less accessible, this reality lower the chances of these courses being linked to initiatives of interprofessional education in health.

However, it is observed that even the Social Services course being offered in 113 institutions, it is rarely assessed in healthcare researches. Such reality may be related to the academic field this course is, once its National curricular guidelines are together with the courses of Phylosophy, History, Geography, Media, Social sciences, Languages, Library science, Archival science and Museology, all from human sciences. Nevertheless, it is observed that the social worker is present in the health field, since primary care to emergency services, identifying the mediations and possibilities given by the social reality, including demands from institutions, professionals and the population who uses health services, just as in matters that interfere in the health and disease process[17].

These results suggest that the RIPLS is an important tool to study the particularities of a single professional field, as well as to explore the existent relations between different courses and professional status, however, they point out the need for more studies to deepen knowledges regarding many professions that compose

the health teams. Still concerning the studied samples, it was observed that the RIPLS, used in one or more courses, was also applied in different graduation terms, enabling a comparative analyses between students' IPE availability, with such analysis being more frequent in the beginning, half and/or end of the courses, as well as with egresses.

In general, the analysis obtained in the first semester of the courses aim to identify if the students get into higher education with positive perspectives and collaborative practice. The analyses of the last semesters and/or the egresses, as in the work of Tompsen et al[10] with dentistry students in the last year, Souto, Batista and Batista[8] with Psychology students in the 5th year, Aguilar-da-Silva, Scapin and Batista[7] so as Rossit et al[9] with egresses from different graduation courses, aim to assess the IPE competencies developed by students at the end of their course. The studies that compared first and end year students, as the one developed by Oliveira et al[12], as well as the ones which assess many semesters of courses that offer IPE, as the Nuto et al[11], aim to identify differences in the availability of entrants and graduates, proving that the RIPLS score reduced throughout the graduation, indicating that the availability of the ones completing the course is lower.

In fact, Rapchak et al[18] when evaluating the IPE efficiency in the courses of Pharmacy and Nursing, highlighted that the students already start the course with positive initiatives for collaborative practices, emphasizing the importance to apply the RIPLS throughout the graduation, after multiple IPE experiences, aiming to observe if the students' availability regarding this matter continues. Similarly, Montanari[19] reinforces the need of analyzing students' behaviour with learning experiences in different moments of their graduation, contributing to increase the knowledge about IPE. These evidences show that there is a knowledge gap in national publications, which could be solved by performing longitudinal studies with the RIPLS, in order to improve the monitoring of students until their graduation.

It is important to highlight, however, that for an effective data confrontation between researches, it is necessary to use standard assessment tools. In the same regard, the survey performed in this study shows that from the seven studies analized, all used different scales to assess the IPE availability. Considering that the RIPLS translation and validation study was published in Brazil in 2015[2], it is understandable that previous researches had used different versions, like specific questions for some scale factor[7,13], or an adapted version of the original scale[8,9] in more recent publications.

In these studies, it is observed a report about the use of the validated version presented in the methods, however, during the explanation it is verified that the characteristics are different. According to Peduzzi et al[2], the validated version for Portuguese has 27 grouped itens in three factors, "Teamwork and Collaboration" with 14 questions (1-9 e 12-16), "Professional Identity" with eight questions (10, 11, 17, 19, 21-24), and "Patient-centeredness" with five questions (25-29), with itens 18 and 20 being excluded. In Nuto et al[11] work, the use of the validated scale is reported, however, he presents the instrument with 26 questions, indicating that probably the version used was the one previously published by Peduzzi e Norman[20] in a congress abstract.

Analogously, Tompsen et al[10] report the use of the validated scale, however, they point out that it was modified, keeping the original 29 questions, added to other 11 questions made by the authors. Oliveira et al[12], on the other hand, report the use of the Teamwork and Collaboration factor of the validated scale, however, they point out that it is composed by 09 questions; these data are conflicting, once in the Peduzzi et al[2] scale this factor is composed by 14 items,

indicating that probably the scale used was not the validated one.

According to Alexandre and Coluci[21], when data collection is performed, it is necessary to use instruments that ensure reliable indicators, thus, choosing instruments that ensure appropriate and precise measures. The validation to the Portuguese spoken in Brazil by Peduzzi et al[2], ensured internal consistency and reliability to the scale, showing that this version is an efficient tool to assess IPE initiatives performed in national territory.

In addition to the tools heterogeneity, it is observed a lack of standardization in how to analyze the obtained results, contributing to a difficulty in confronting the results. In general, because it is a Likert scale, the RIPLS enables numeric data acquisition about availability, promoting its use in statistical analysis that generate more objective results. Indeed, all studies presented the RIPLS results with descriptive statistics, with the percentage frequency being the most used; however, only four of the seven articles used comparison or correlation tests to explore the obtained results[10,11,12,13]. In this regard, it is observed that the data are presented and analyzed as an average of the gross results from the scale or the sum of factors, with a higher frequency in the statistical differences in the analyzed data as summation.

Analyzing the charateristic from the data in international publications, it was observed that Marcussen et al[22] presented the obtained results through tables, with the total scores, separated by the RIPLS factor from the studied groups, besides the p value for each one. Mowat et al[23] on the other hand, used charts that compared the RIPLS results applied with healthcare professionals in three different momentos, presenting the scala factors summation, thus as Rapchak et al[18] who also applied the survey in different moments, pre or post course related to IPE, so that he exposed the results through the aberage and standard deviation, again separating them by the RIPLS factors.

Concerning the results presentation, it was observed that most studies chose to use tables with frequency values, average and standard deviation of the obtained scores in the scale, either individually[10,11,12] or associated to presentation in charts[9,13]; although less frequent, there was also the descriptive presentation of results in the text[7,8]. In general, it was verified that the studies which used visual aids to present their results facilitated the data view and understanding, being desirable that this type of resource is used in articles that use the RIPLS.

In addition to the application of this scale, all studies performed additional data collection, frequently inserting questions related to the students' sociodemographic profile, considering that from the seven articles analyzed, four obtained data that included information about sex, age and the term they were in graduation[10,11,12,13], the insertion of questions related to the IPE experience also happened in the three studies[9,10,11]. Furthermore, two studies performed focus groups to identify the perception of the experience in IPE[7,8], even using a tool that assesses the contact rate between students from different courses[12].

Conclusion

The results of this study indicate that there is a trend of expansion in the use of RIPLS in National studies that assess IPE initiatives in graduation couses and in the Permanent Education in Health, reinforcing the adequacy of the tool for this purpose; however, it is observed that its application is always associated with the use of additional tools, indicating the need of aquisition of other data to complement its analysis. It is observed that national studies that use the RIPLS to assess the availability for IPE in students from different health courses thoughout their graduation is limited, even though it is an important study topic. It was also identified the presence of

differences in relation to the applied RIPLS version, as well as the methods used for its analysis, facts that hamper the results comparison between the different results; with this in mind, it is suggested that future researches use the validated version of this tool, with its results presented through visual resources, such as graphics and/or charts, and submitted to strong statistical analyses that ensures the exploration of the data collected, as well as its comparison with other studies.

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Bonfim MR, Souza BC. The use of the availability scale for interprofessional education in health in national publications. Rev. Aten. Saúde. 2021; 19(67): 381-391.

Appendix 1. Items and factors that compose the scale *Readiness for Interprofessional Learning Scale* (RIPLS)

	1	2	3	4	5
TEAMWORK AND COLLABORATION					
1. Learning with other students will help me become a more effective member of a health care team					
2. Patients would ultimately benefit if health care students worked together to solve patient problems					
3. Shared learning with other health care students will increase my ability to understand clinical problems					
4. Learning with health care students before qualification would improve relationships after qualification					
5. Communication skills should be learned with other health care students					
6. Shared learning will help me to think positively about other professionals					
7. For small group learning to work, students need to trust and respect each other					
8. Team-working skills are essential for all health care students to learn					
9. Shared learning will help me to understand my own limitations					
12. Clinical problem-solving skills should only be learned with students from my own department					
13. Shared learning with other health care students will help me to communicate better with patients and other professionals					
14. Would welcome the opportunity to work on small-group projects with other health care students					
15. Shared learning will help to clarify the nature of patient problems					
16. Shared learning before qualification will help me become a better team worker					
PROFESSIONAL IDENTITY					
10. I don't want to waste my time learning with other health care students					
11. It is not necessary for undergraduate health care students to learn together					
17. The function of nurses and therapists is mainly to provide support for doctors					
19. I have to acquire much more knowledge and skills than other health care students					
21. I would feel uncomfortable if another health care student knew more about a topic than I did					
22. I will be able to use my own judgment a lot in my professional role (professional freedom)					
23. Reaching a diagnosis will be the main function of my role (clinical object)					
24. My main responsibility as a professional will be to treat my patient (clinical object)					
PATIENT-CENTEREDNESS					
25. I like to understand the patient's side of the problem (patient situation)					
26. Establishing trust with my patients is important to me (patient situation)					
27. I try to communicate compassion to my patients (patient situation)					
28. Thinking about the patient as a person is important in getting treatment right (patient situation)					
29. In my profession you need skills in interacting and cooperating with patients (patient situation)					