

***Study: Attitudes towards other health  
care professionals***

**Joint RWG/EWG/CWG presentation**

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# Academic Collaborative for Integrative Health



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# Attitudes and knowledge regarding interprofessionalism among naturopathic students before and after a year of clinical internship education

Introduction, background, and Purpose

# Intro

- Canadian Nursing Association (CNA) and Canadian Medical Association (CMA) have declared that ideally by 2025, a health system would be adopted that was based on **integrative and interprofessional patient-centered care** (CNA&CMA, 2013)
- **Interprofessional care has been shown to:**
  - Improve patient satisfaction
  - Strengthen quality of care
  - Increase access to available health care (Jacobson & HDR Inc., 2012).
- Attitudes held between health care practitioners have been shown to impact the ability of health care practitioners to **constructively work together** in collaborative practice (Hawkes, Nunney, & Lindqvist, 2013)

# Current Literature about Naturopathic Medicine

- **Wardle et al. 2017**

- Semi-structured interviews with 20 naturopaths in Australia discussing attitudes toward medical doctors and collaborative practice
- A number of boundaries to collaboration were identified:
  - 1) a lack of two-way communication between practitioners
  - 2) an assumed indifference and bias of MDs against the naturopathic community
  - 3) appropriation of naturopathic therapies by MDs without training
  - 4) a sense that MDs viewed naturopaths as subordinate versus being colleagues of equal standing deserving of mutual respect.

# Current Literature about Naturopathic Medicine

- **Meyer 2017:**

- Ontario-based study, looking at comparing geographic location between ND + MD offices in communities
- Secondary discussion with 17 naturopathic doctors in Kitchener-Waterloo and Sudbury ON in semi-structured interview to assess views of collaboration with MDs.
- Similar feelings of being dismissed by conventional practitioners

Just some of the current media attention:

## Naturopaths not 'real' doctors, despite video claims they are 'medically trained': critics

*Critics say the profession is trying to increase its legitimacy and position its services as science-based, when much of what it offers has little to no grounding in science*

## Evidence or not: alternative health makes inroads into public system

**Epidemiologist warns against legitimizing reiki, naturopathy and other treatments**

By Vik Adhopia, CBC News | Posted: Oct 07, 2016 5:00 AM ET | Last Updated: Oct 07, 2016 5:00 AM ET

OPINION

## Message to naturopaths: Magic isn't medicine

**PETER MCKNIGHT**  
SPECIAL TO THE GLOBE AND MAIL  
MAY 9, 2016

## Should naturopaths be restricted from treating children after tragic death of Alberta toddler?

*A former naturopath says she saw colleagues treat aggressive illnesses with the same 'immune boosting' herb Ezekiel was given when he was dying from meningitis*

# Purpose

- Currently little is known in the literature regarding naturopathic attitudes toward other professions – never have been studied in a quantitative setting before
- The purpose of this study:
  - **To investigate quantitative and qualitative attitudes of 4<sup>th</sup> year naturopathic students at the beginning and end of their final internship year using the AHPQ to determine if attitudes changed as a result of patient care experience under supervision.**



Methods

# Methods

- Mixed methods design (3 separate parts):
  - Attitudes to health practitioners questionnaire (AHPQ)
    - Evaluated 9 total professions including: NDs, MDs, RN/NPs, RDs, RPhs, PTs, DCs, TCMs, RMTs
  - Demographic Questionnaire
  - Qualitative Questionnaire
- Administered survey 0-1 month into internship and in 12th month of internship prior to exiting clinic

# Participants

- ***Inclusion Criteria (ALL criteria required for entry into the study):***

- Naturopathic interns (self-identifying as either female, male or other) involved in patient contact and care in the Canadian College of Naturopathic Medicine with a May 2016 start date (class of 2017)
- Willingness to consent and participate in filling out 2 questionnaires, openness to complete an additional set of written questions over the course of 10-12 months.
- Ability to understand and answer questions in English

- ***Exclusion Criteria (possessing ANY one of the following would exclude a practitioner from participation):***

- Lacking capacity for consent and understanding of validated questionnaires and written demographic/qualitative questions.
- Start date for clinic of later than May of 2016

# Scoring the AHPQ + Questionnaires

- For the AHPQ:
  - Using a 30 cm ruler – lines were hand-measured
  - Based on calculations based on the survey's protocol, two measures of variance or principal components were found:
    - "Caring" –characteristics including being caring, sympathetic and thoughtful
    - "Subservient" – Characteristics including being dependent or vulnerable
- Questionnaire answers were collated and underwent descriptive statistical analysis to confirm trends in information (thematic trend analysis)

The results!

# Participants recruited

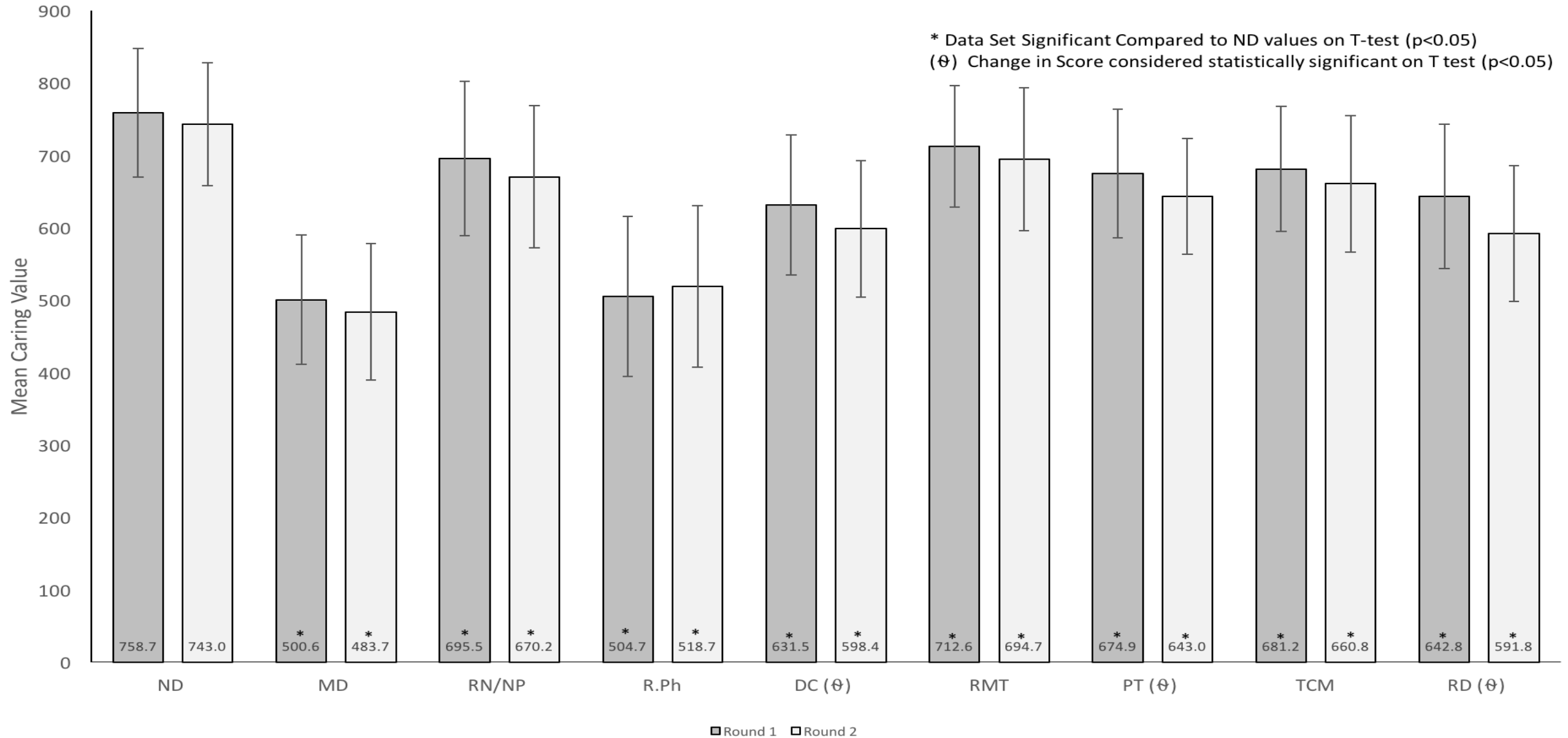
- 131 interns eligible based on inclusion and exclusion criteria
- Of 131 students, round 1 data collection elicited 88 possible participants
- In Round 2 data collection, these 88 were reoffered surveys, of these 77 were filled out
- In order to use the data from the AHPQ a fully completed AHPQ in both rounds of collection was required in order to complete data analysis
- In both rounds n=46 students fully completed surveys and were included in final data analysis

## Participants recruited

<b>Distribution of self-identified gender of participants</b>	<b>Age of participants</b>	<b>Distribution in number of years of experience in any regulated health profession as self-indicated</b>
Female: 87% Male: 11% Other: 2%	28.8 (+/-4.4) years	Less than 1 year: 80% Between 1-5 years: 11% Between 5-10 years: 7% 10 years or more: 2%

# Caring Scores - AHPQ

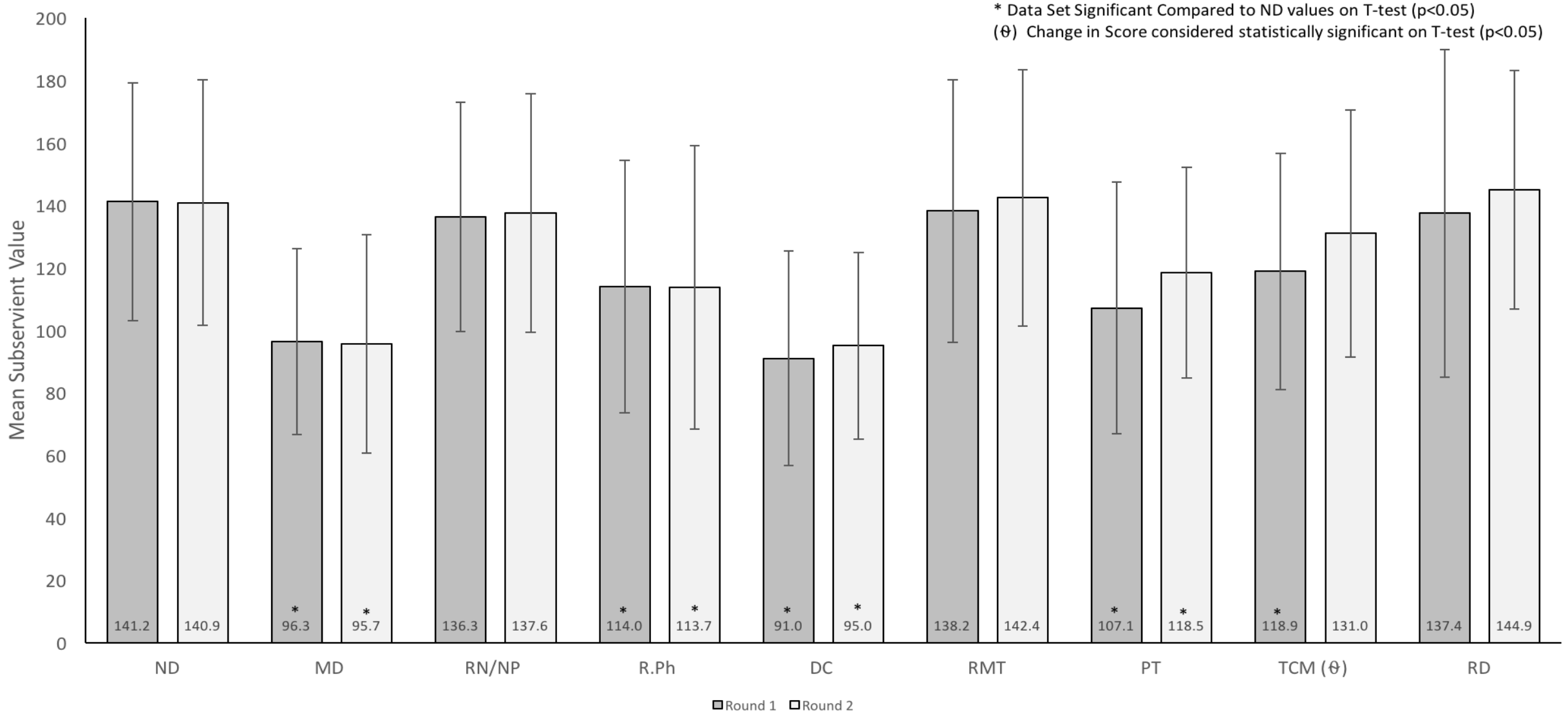
Mean Subjective Caring Values Before and After Internship





# Subservient Scores - AHPQ

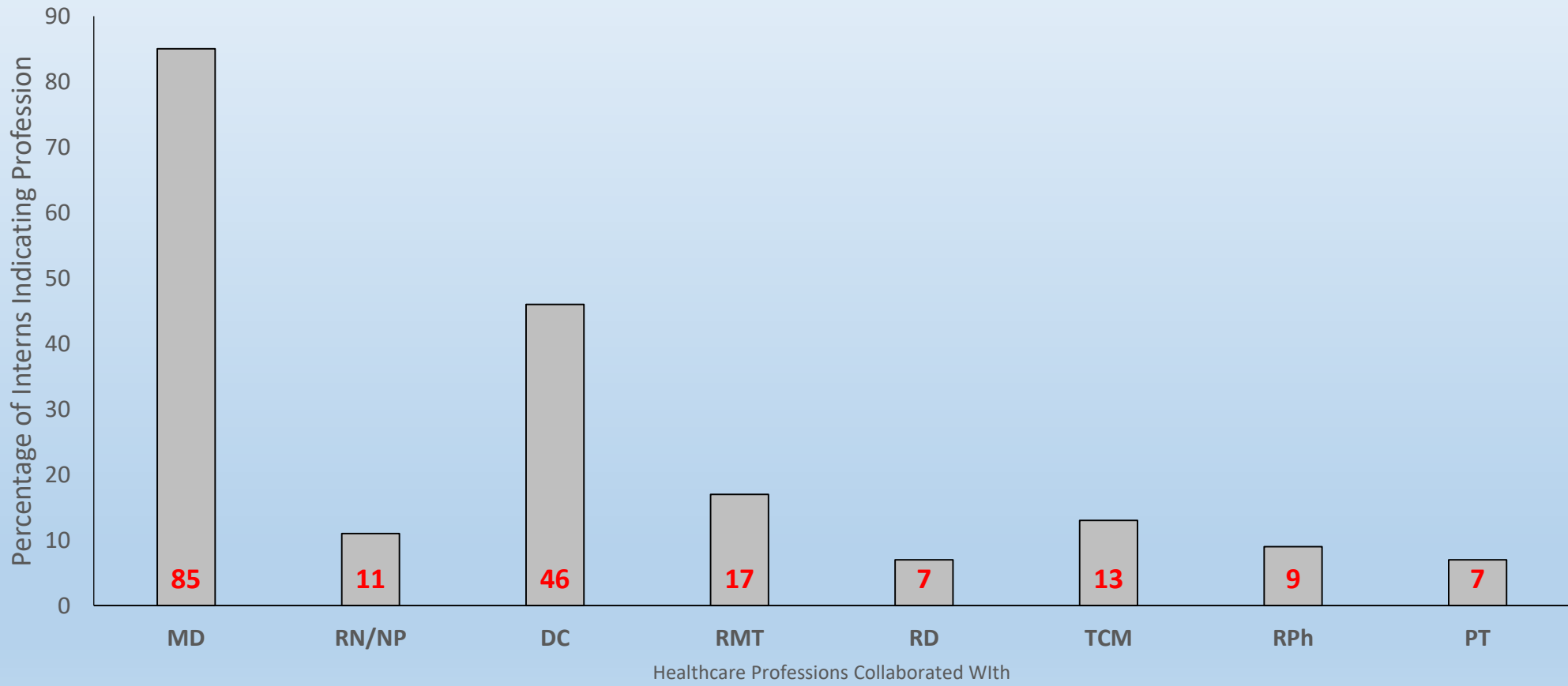
## Mean Subjective Subservient Values Before and After Internship



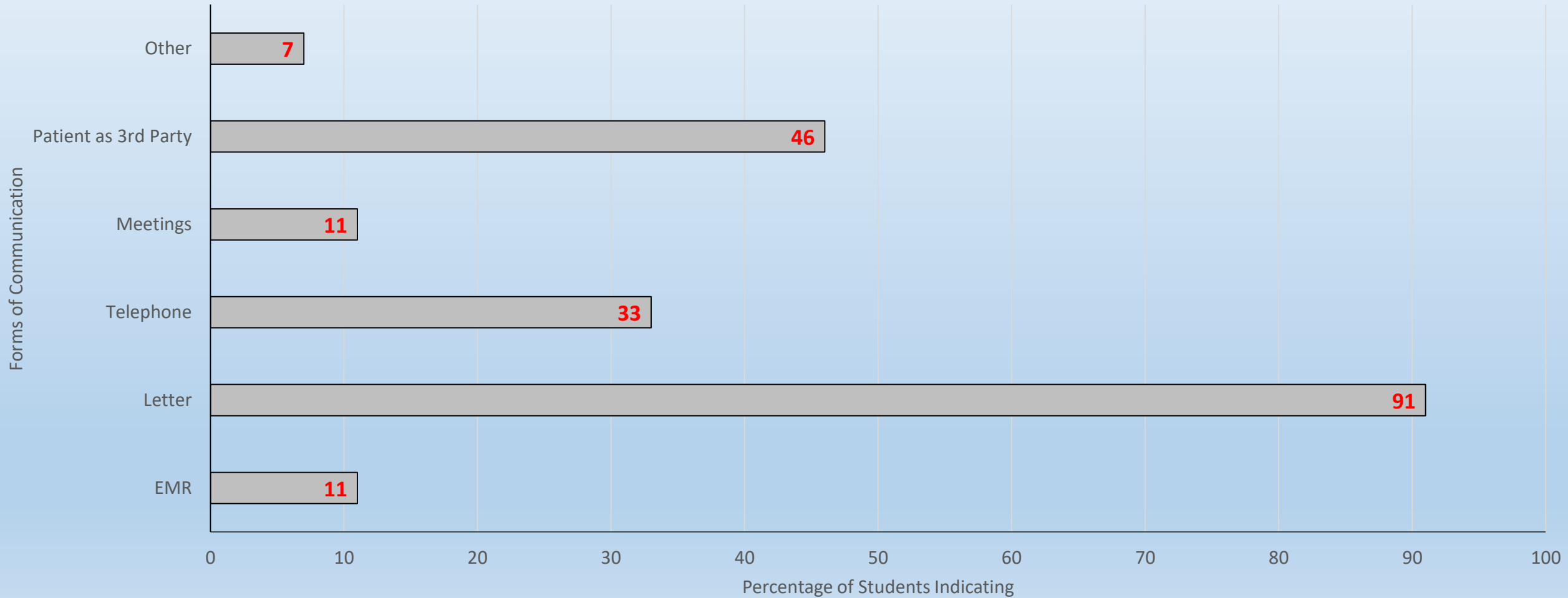
## Change in attitudes

- Despite the fact that *the majority of attitudes did not reflect statistically significant change after a year in clinical internship*, 29 out of 46 (69%) interns indicated they felt their attitudes had changed over the year.
- This suggests that naturalistic changes in attitudes during a internship may warrant further exploration using different tools or design.

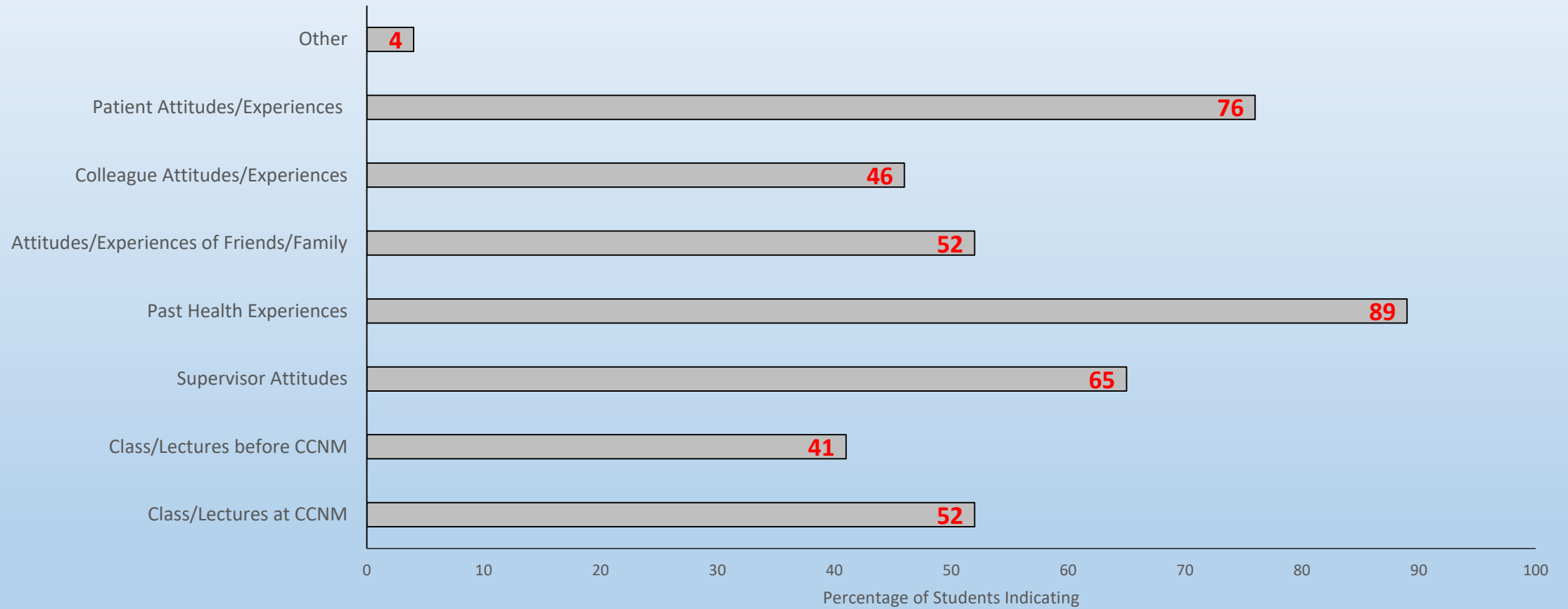
# Collaborations with other professions



# Forms of Communication used in collaboration



# Sources of attitudes



# Student satisfaction with IPE

- Interns were asked to indicate their satisfaction with the IPE they received as a part of CCNM teachings using a scale between 1 and 10 (1 being completely unsatisfied, 10 being very satisfied).
- On average, **interns scored CCNM IPE satisfaction with a score of 4.2 (+/-2).**

# Additional comments

- “Zero experience with collaborating with other HCPs. Biased based on RSNC which may not reflect those who practice in the "real world" aka personal judgment not professional judgment” (NI #6)
- “Many CCNM instructors have negative attitudes and make negative comments (especially towards MDs) which always annoyed me and I think is inappropriate!” (NI #24)
- “Each situation is individual. I have had poor/threatening experiences with some MDs and pharmacists and positive ones also. I have had personal poor experience with chiro(practor) in past then positive over this clinical year sometimes it seems other professions are threatened by the ND profession.” (NI #14)
- “Making the most of every situation makes clinic a positive experience. Focusing on the patients and learning from them.” (NI#36)
- “There is very little interprofessional work done here, something that I feel our education would benefit from in a more structural form, minimal contact with MDs for labwork (and varied experiences depending on the student), but not much real teamwork. Outside of class there is a small set of events, but they are purely student run, nothing structural/official.” (NI #31)
- “Many of my thoughts/attitudes expressed in the survey has been based on my interest in interprofessional care and seeking knowledge that wasn't readily accessible during our training here.” (NI #42)
- “It would be beneficial to learn more about how to collaborate with other HCP outside of MDs.” (NI #7)
- “Interprofessional collab(oration) remained pretty much the same this year interestingly, I feel intraprofessional collab(oration) is lacking among the ND community as there is really no communication among practicing NDs in Toronto” (NI#22)

# Themes?

- Bias amongst CCNM faculty (clinical or education streams?)
  - These things may not reflect what really happens in the “real world”
- Other professions may be afraid or uncertain of NDs
- Attitudes have to be developed on more of an individual level (than profession based)
- Interprofessional education is limited to MDs (should be considering how to communicate with other professions)
- Intraprofessional communication is also lacking



So where do we go from here?

## Things we now know:

- **Students are biased**, they view themselves as more “caring” than other professions (some by a large margin), and they seem to relate the attitude of less caring to some of the more “conventional” professions (ie. Pharmacists, dieticians, doctors)
- Their attitudes are formed primarily **PRIOR** to entering CCNM but can also be influenced while a part of the curriculum (**supervisor attitudes were seen as a large contributor, as well as patient experiences**)
- Just one year of clinical education is not enough to switch these attitudes – if anything – students became increasingly biased.
- We still have students graduating who interact with **NO** other professionals in their 4<sup>th</sup> year and for some students, they are only interacting with medical doctors exclusively

# So where do we go from here?

## 1. Education?

- Potentially similarity-based education may be helpful
- Should be started prior to internship to allow for more time for attitudes to develop

## 2. Support for students in clinic in communicating with other HCPs?

- NOT just MDs

## 3. Enforced communication with other HCPs?

- All students should be required/encouraged to be collaborative

## 4. Encouraging positive attitudes toward other HCPs and team-based patient care?

- Supervisor and TA attitudes conducive to integrative health care team participation

# Academic Collaborative for Integrative Health

*Comments, Questions & Discussion*

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*Thank you!*