Original Article

Health profession students' perspective on interprofessional education in Trinidad and Tobago: A cross-sectional study

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Abstract

Background & Objective: Interprofessional education is a significant pedagogical approach for preparing health professions students to efficiently deliver a high standard of healthcare service through teamwork and collaboration. The present study aimed to investigate the perspectives of health profession students on interprofessional education in Trinidad and Tobago.

Material & Methods: This descriptive cross-sectional study was conducted in the academic session 2021–2022 at the University of the West Indies, Trinidad and Tobago. The online surveys were utilized from January to March 2022. A sample of 302 undergraduate students from the schools of medicine, dentistry, and veterinary medicine was considered for the study. The Readiness for Interprofessional Learning Scale (RIPLS) was administered to the participants. RIPLS is made up of 19 items grouped into four subscales: teamwork and collaboration, positive professional identity, negative professional identity, and roles and responsibilities. Data were analyzed using the Statistical Package for Social Science Software (SPSS). An independent sample t-test and a one-way ANOVA were used to determine the differences between the mean interprofessional education scores according to the demographic variables.

Results: Participants were predominantly from the school of medicine (n = 236, 78.1%), and the majority of them were females (n = 230, 76.20%). The health profession students have a positive attitude towards interprofessional education, with the total RIPLS scores ranging between 75 and 78. There were significant differences recorded among the students of three schools in the sub-scales of teamwork and collaboration (p = 0.022), professional identity (p = 0.013), positive professional identity (p = 0.002), and overall RIPLS score (p = 0.003). However, gender (p = 0.232) and year of study (p = 0.093) did not have a significant impact on students' perceptions.

Conclusion: Students believed that interprofessional education allowed them to understand the significance of teamwork and collaboration, showed respect for each other's professions, and promoted effective communication and better learning. Additional research is required to conduct longitudinal research in healthcare professions, which will advance interprofessional education in both preclinical and clinical learning.

Keywords: interprofessional learning, healthcare profession, teamwork and collaboration, communication

Introduction

With the increasing complexity of the healthcare system, there is a high demand for medical professionals to be able to efficiently deliver a higher standard of care. Quality improvement in healthcare services can be achieved through interprofessional collaboration between health professionals. For health professions students, Interprofessional Education (IPE) is considered

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a significant pedagogical approach to providing patient care in a collaborative team environment (1).

WHO has articulated support for IPE, stating that "interprofessional education occurs when two or more professionals learn about, from, and with each other to enable effective collaboration and improve health outcomes" (2). The concept explores the benefits of transferring knowledge, typically acquired through one discipline, to multiple disciplines in the medical field to reduce medical errors and therefore upgrade the quality of patient care. When there is a collaborative effort between professionals, access to services and resources is improved, along with outcomes for patients with both chronic and acute illnesses, as well as a reduction in complication rates, hospital readmissions, and conflict between patients and healthcare professionals (3). Patients are more likely to receive safer treatments when health care professionals from different departments communicate productively and understand the duties of one another.

Previous research has consistently demonstrated that students who undergo interprofessional education (IPE) training exhibit enhanced interprofessional collaborative practice competencies in comparison to their counterparts who have not received such training (4, 5). The IPE program resulted in improved attitudes among students regarding their peers, a greater comprehension of each other's abilities and competencies, the seamless exchange of knowledge and skills, and the fostering of a more cohesive team identity (6, 7).

The Institute of Medicine reports that 'informal interactions seen in the behaviors of clinicians or between students and other practicing professionals, as a part of the field training environment, are an extremely significant element of interprofessional education' (8). The application of team skills acts as a part of the 'hidden curriculum' and is necessary for instigating positive change in the healthcare climate (9, 10). Several studies have shown that interprofessional educational activities promote teamwork, knowledge, communication, shared problem solving, and other competency-based skills among the students of the healthcare system, which could prove advantageous to the consumers of healthcare (1, 11).

An interprofessional team works with an established goal to provide valuable knowledge and understand each other's roles, and each is therefore authorized to embrace leadership in cases that may favor their respective fields through effective communication. The inclusive nature of interprofessional learning creates a trusting community of current and future health and social care professionals who are socially engineered to appreciate the perspectives of each distinct profession and learn with, from, and about one another to achieve their objectives of integrated patient care (11, 12).

IPE has been integrated into several established health professional programs, but often this integration happens informally, with existing unidisciplinary programs incorporating interprofessional elements in an ad hoc manner (6). In the Faculty of Medical Sciences at the University of the West Indies, health professions students get the benefit of incorporating the basic knowledge and mindset of various health disciplines, such as medicine, dentistry, and veterinary medicine, when reviewing specific case studies and courses during problem-based learning sessions. The goal of these collaborating teaching methods is to increase coordination and enhance learners' understanding of other professions' roles and responsibilities in a healthcare team. There is a paucity of research about students' perceptions of IPE in the Caribbean region. Therefore, we aimed to investigate the perspective of students on IPE in the Faculty of Medical Sciences at the University of the West Indies, St. Augustine, Trinidad and Tobago. The main objectives are as follows:

- To study the differences between dental, medical, and veterinary students' perspectives on interprofessional education.
- To examine the differences between the male and female perspectives on interprofessional education among health professions students
- To investigate the difference between the perspectives on interprofessional education among health profession students with respect to the year of study.

Material & Methods

Design and setting(s)

This descriptive cross-sectional study was conducted in the academic session 2021–2022 at the University of The West Indies (UWI). The online surveys were utilized by the researchers from January to March 2022 to observe social distancing and take appropriate precautions during the pandemic. The participants were from undergraduate medical, dentistry, and veterinary programs studying years I, II, and III. Other undergraduate medical professionals from the Faculty of Medical Sciences (FMS) studying optometry, pharmacy, and nursing were excluded from this research to minimize the number of variables during data analysis. In addition to this, years

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four (IV) and five (V) of all programs were excluded from the study because of their unavailability to take part in the survey.

Participants and sampling

The total population of 1st, 2nd, and 3rd year medical, dental, and veterinary programs was 951 students. The sample size for this study was calculated using Slovin's formula, which is applied when the population is under 1000.

Slovin's formula = $N \div (1 + Ne^2) = 951 \div (1 + 951* 0.05^2) = 281.57$

Where n = sample size, N = population of the study, and e = marginal error (13). Based on the 951 population in the study and the 5% marginal error, a sample of 282 students was needed for the study. The researchers emailed the Google Form link to 513 participants who agreed to participate in the survey. Of the total 513 invited participants, 302 students completed the survey (response rate = 58.87%). The undergraduate students over 18 years of age from the UWI FMS, St. Augustine, were included. A convenience sampling technique was used to recruit the study participant. To minimize the possibility of non-response bias, the researchers sent three email reminders to the participants. They were also sent the link to the questionnaire via WhatsApp. Participants did not receive any incentives for participating in the survey. All ethical guidelines stated by the ethics committee were strictly followed during the survey.

Tools/Instruments

The questionnaire consisted of two sections. The first section consisted of demographic information such as age, gender, discipline, nationality, and graduation year. The second section contained the readiness for Interprofessional Learning Scale (RIPLS) (14). RIPLS is made up of 19 items grouped into four subscales: teamwork and collaboration, positive professional identity, negative professional identity, and roles and responsibilities. Items 1–9 were categorized as teamwork and collaboration; items 10–12 as negative professional identity; items 13–16 as positive identity; and items 17–19 as roles and responsibilities. The students were asked to rate their degree of agreement on all 19 items using a five-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, or 5 = strongly agree). The RIPLS instrument has a maximum score of 95 and a minimum score of 19, with a higher score indicating a more positive outlook toward IPE. There was no modification made to the RIPLS. The internal consistency of the RIPLS was reported to be 0.90 (14). The current study also found internal consistency (Cronbach's alpha) of 0.84.

Data collection methods

The RIPLS questionnaire was used in a Google Form and distributed to the participants via the participants' emails. The first part of the questionnaire was informed consent, which was completed by the participants before they filled out the rest of the questionnaire. In the inform consent part, all the objectives of the research were elucidated to the participants, which made them aware that the questionnaire was entirely voluntary. They were not required to show any personal identification. To maintain anonymity and confidentiality of information, the participants' responses were coded.

Data analysis

In this study, the data gathered from the online surveys was collated with Microsoft Excel, where it was exported to IBM SPSS Statistical software version 28.0. Using the software, frequency analysis was done on the demographic data, determining the frequency and proportion of variables such as age, gender, nationality, and year of study. In the second objective, independent samples and t-tests were performed on the differences between both male and female perspectives on IPE among students. Whereas, in the first and third objectives, one-way ANOVA tests were done to study the differences between the students' perspectives on IPE according to the programs and study years. A p-value of < 0.05 was considered statistically significant. Additionally, the qualitative answers to the open-ended questions were analyzed using thematic analysis. We identified the relevant codes from the qualitative data and categorized these codes based on the similarities and relatedness of their properties.

Results

In total, 312 responses were received, of which 10 questionnaires were incomplete, enabling 302 responses to be eligible for further analysis. Table 1 shows the frequency and percentage distribution of the demographic characteristics of the participants. It shows that the participants were predominantly females (n = 230, 76.20%), while males accounted for fewer participants (n = 72, 23.8%). The highest percentage of

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participants was recorded between 18 and 22 years of age (n = 262, 86.80%).

The majority of the participants were from Trinidad and Tobago (n = 282, 93.4%). Participants were predominantly in the second year of study (n = 155, 51.3%), while the least number of participants were from the third year (n = 46, 15.2%). Most of the participants in this study were enrolled in the school of medicine (n = 236, 78.1%).

Table 2. shows the item-wise readiness for the IPE scale's mean and standard deviations for participants. On this scale, the mean scores range from 2.90 ± 0.94 to 4.62 ± 0.60. The item with the highest mean score (4.62 ± 0.60) for the health science students was, "Team-working skills are vital for all health and social care students and professionals to learn." The item with the lowest mean score as perceived by students was "I have to acquire much more knowledge and skill than other students or professionals in my own faculty or organization." From this scale, only item 19 has a mean score below three, which is from the sub-domain Roles & Responsibility (R&R).

Table 1. Demographic information of participants in the survey (n = 302)

Participants Characteristics	Numbers	%
Sex		
Male	72	23.8
Female	230	76.2
Age		
18-22	262	86.8
23-28	29	9.6
29+	11	3.6
Nationality		
Trinidad & Tobago	282	93.4
CARICOM	18	6
Other	2	0.4
Year of Study		
Yr. 1	101	33.4
Yr. 2	155	51.3
Yr. 3	46	15.2
School		
Medicine	236	78.1
Dentistry	27	8.9
Veterinary Medicine	39	12.9

Note: Including five demographic variables (sex, age, nationality, year of study and school)
Abbreviation**:** CARICOM, Caribbean Community

Table 2. Item-wise, readiness for interprofessional learning scale's mean scores and standard deviation

Items	
Teamwork & Collaboration (T&C)	**M ± SD**
1. Learning with other students / professionals will make me a more effective member of a health and social care team.	4.39 ± 0.70
2.Patients would ultimately benefit if health and social care students / professionals worked together	4.53 ± 0.60
3.Shared learning with other health and social care students / professionals will increase my ability to understand clinical problems	4.37 ± 0.70
4. Communications skills should be learned with other health and social care students / professionals	4.43 ± 0.64
5. Team-working skills are vital for all health and social care students / professionals to learn	4.62 ± 0.60
6. Shared learning will help me to understand my own professional limitations	4.24 ± 0.73
7. Learning between health and social care students before qualification and for professionals after qualification would improve working relationships after qualification / collaborative practice.	3.70 ± 1.21
8. Shared learning will help me think positively about other health and social care professionals	4.02 ± 0.84
9. For small-group learning to work, students / professionals need to respect and trust each other	4.18 ± 1.21
Negative Professional Identity NPI)	
10. I don't want to waste time learning with other health and social care students / professionals	4.10 ± 0.87
11. It is not necessary for undergraduate / postgraduate health and social care students / professionals to learn together	3.90 ± 0.92
12. Clinical problem solving can only be learnt effectively with students / professionals from my own school /organisation	3.78 ± 1.00
Positive Professional Identity (PPI)	
13. Shared learning with other health and social care professionals will help me to communicate better with patients and other professionals	4.31 ± 0.70
14. I would welcome the opportunity to work on small group projects with other health and social care students /professionals	4.02 ± 0.83
15. I would welcome the opportunity to share some generic lectures, tutorials or workshops with other health and social care students / professionals	4.10 ± 0.72
16. Shared learning and practice will help me clarify the nature of patients' or clients' problems	4.17 ± 0.68
Roles & Responsibilities (R&R)	
17. Shared learning before and after qualification will help me become a better team worker	4.34 ± 0.62
18. I am not sure what my professional role will be / is	3.49 ± 0.93
19. I have to acquire much more knowledge and skill than other students / professionals in my own faculty / organization	2.90 ± 0.94

Note: Values in the table represent mean and standard deviation.
Abbreviations: M, Mean; SD, standard deviation

Table 3 shows the comparative analysis of students in the subscales and overall RIPLS score. The total RIPLS score was 78.34 ± 7.39 for medical students, 76.56 ± 6.94 for dentistry students, and 74.02 ± 8.24 for veterinary medicine students (Figure 1). There were significant differences recorded among the students of three schools in the sub-scales of teamwork and collaboration (p = 0.022), negative professional identity (p = 0.013), positive professional identity (p = 0.002), and overall RIPLS scores (p = 0.003). The Bonferroni post hoc test

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for ANOVA shows a significant difference between medical and veterinary students in teamwork and collaboration (p = 0.021), negative professional identity (p = 0.023), positive professional identity (0.003), and overall RIPLS scores (0.033).

Table 3. Comparative analysis of students in the subscales and overall RIPLS score

Variable	T&C	NPI	PPI	R&R	Total
School			M ± SD		
Medicine	38.82 ± 4.09	11.97 ± 2.17	16.83 ±2.22	10.71 ± 1.36	78.34 ±7.39
Dentistry	38.30 ± 3.35	11.19 ± 2.11	16.07 ± 2.50	11.00 ± 1.62	76.56 ± 6.94
Veterinary Medicine	36.90 ± 3.95	11.00 ± 2.26	15.49 ± 2.68	10.64 ± 1.37	74.02 ± 8.24
			p value for one-way ANOVA comparison		
	0.022*	0.013*	0.002*	0.544	0.003*
Sex			M ± SD		
Male	37.66 ± 3.60	11.09 ± 2.56	16.30 ± 2.29	10.54 ± 1.43	75.59 ± 7.13
Female	38.76 ± 4.15	11.98 ± 2.02	16.68 ± 2.36	10.79 ± 1.36	78.21 ± 7.63
			p value for t-test comparison		
	0.119	0.025*	0.269	0.511	0.232
Year of Study			M ± SD		
Year 1	38.83 ± 3.68	11.64 ± 2.15	16.42 ± 2.54	10.99 ± 1.41	77.88 ± 7.40
Year 2	38.44 ± 4.36	12.05 ± 2.17	16.87 ± 2.19	10.69 ± 1.35	78.06 ± 7.70
Year 3	37.98 ± 3.76	11.13 ± 2.24	15.95 ± 2.32	10.28 ± 1.28	75.35 ± 7.42
			p value for one-way ANOVA comparison		
	0.484	0.032*	0.044*	0.013*	0.093

Abbreviation: T&C, Teamwork & Collaboration; NPI, Negative Professional Identity; PPI, Positive Professional Identity; R&R, Roles & Responsibilities
* p < 0.05

The RIPLS score was 75.59 ± 7.13 for male and 78.21 ± 7.63 for female students (Figure 2). Regarding the scores of RIPLS and its subscales, no statistically significant differences between male and female students were recorded except 'negative professional identity'. The mean score of negative professional identity was significantly higher (p = 0.025) among female students (78.21 ± 7.63) compared with male students (75.59 ± 7.13).

The RIPLS score was 77.88 ± 7.40 for year 1, 78.06 ± 7.70 for year 2, and 75.35 ± 7.42 for year 3 undergraduate health professions students (Figure 3). Significant differences were recorded among the students of different years of study for negative professional identity (p = 0.032), positive professional identity (p = 0.044), and roles and responsibilities (p = 0.013). The Bonferroni post hoc test for ANOVA shows a significant difference between years 2 and 3 in negative professional identity (p = 0.026), positive professional identity (p = 0.049), and roles and responsibilities (p = 0.046).

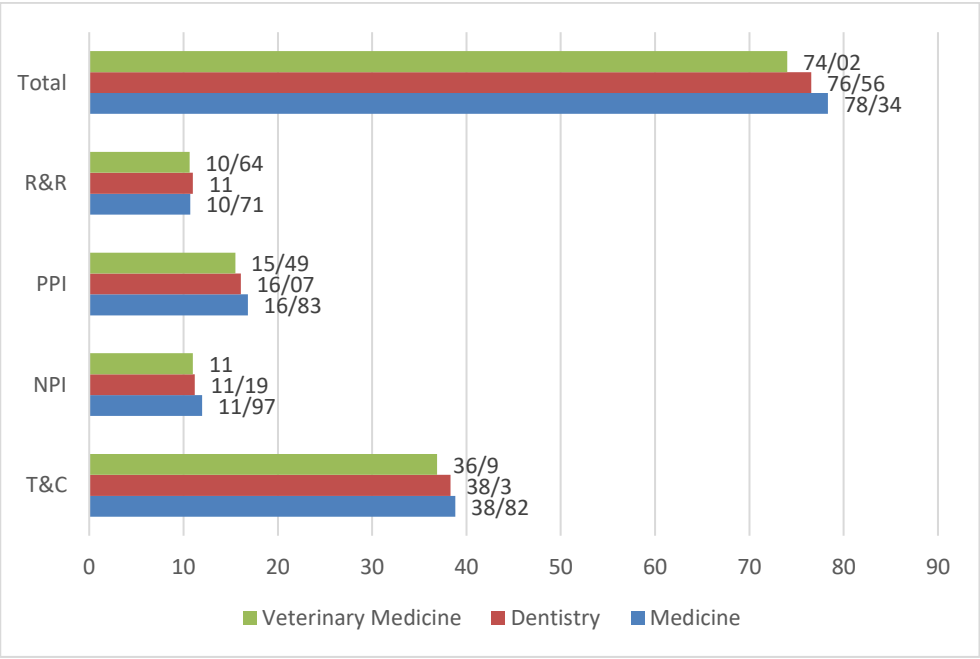


Figure 1. RIPLS scores based on different schools

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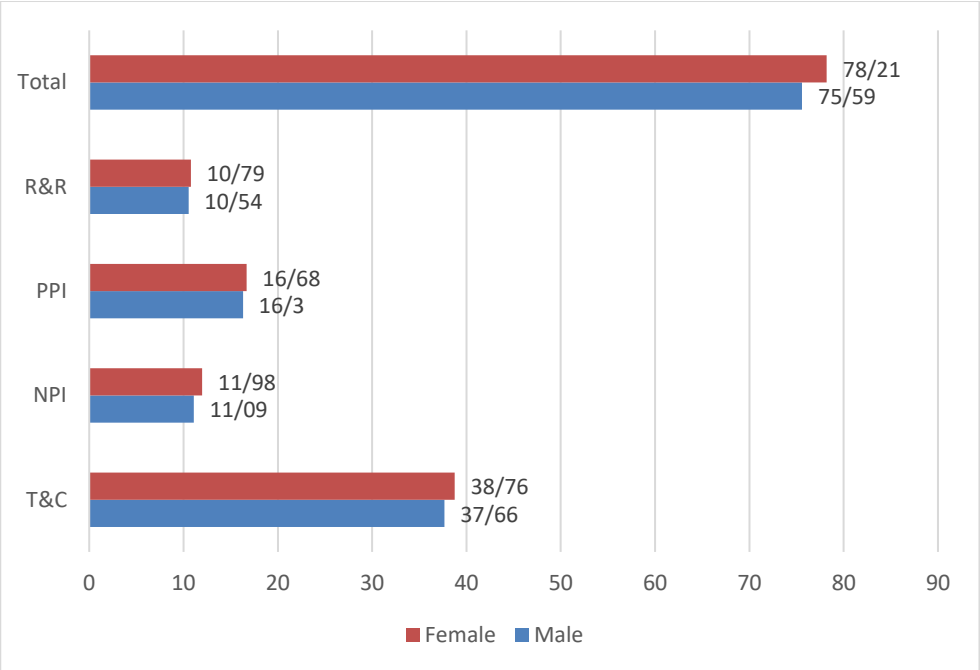


Figure 2. RIPLS scores based on gender

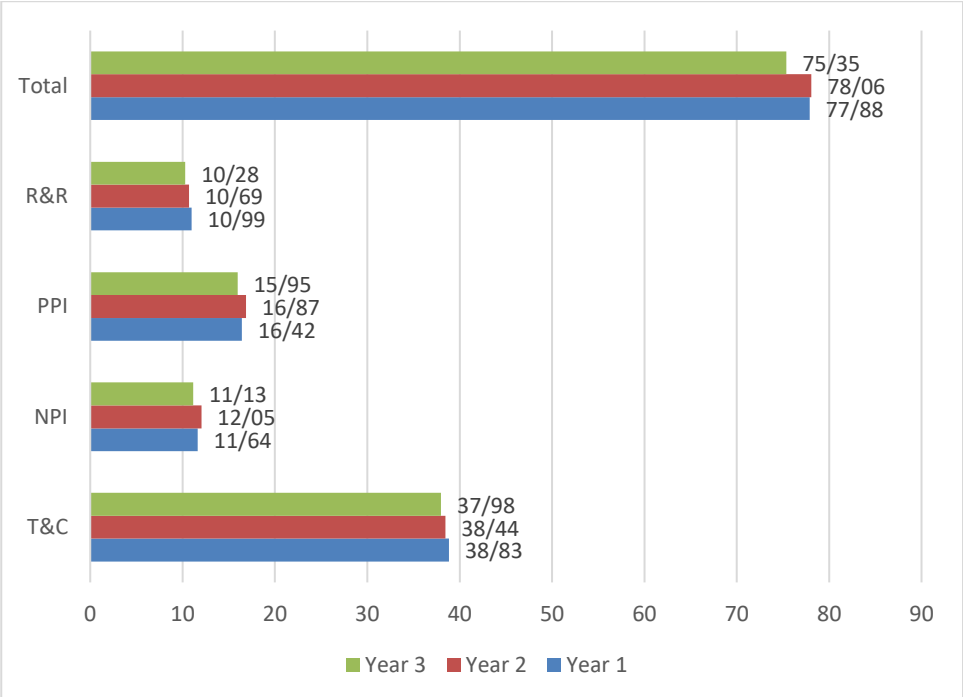


Figure 3. RIPLS scores based on year of study

Students' comments

Students' responses to the open-ended questions on the advantages and limitations of interprofessional education have been compiled as below:

Benefits of interprofessional education

Students believed that the practice of interprofessional education in the faculty of medical sciences allowed them to work together and understand the significance of teamwork. For example, in problem-based learning, students from the schools of medicine, dentistry, and

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veterinary medicine got the opportunity to brainstorm and discuss the issues as a team.

One of the medical students stated that:

"Teamwork and collaboration were the most common advantages of interprofessional education identified by the medical students."

Another student said that:

"In numerous instances, a patient's condition can involve multiple dimensions that require a comprehensive assessment. When individuals have early exposure to collaborating with professionals possessing diverse skill sets and witness how these skills can be applied to various cases, it can significantly enhance the overall quality of care for future patients."

Improved communication skills were the second most common advantage, as stated by the students. A first-year MBBS student wrote that:

"Interprofessional education is advantageous for getting to know the perspectives of other professionals working in healthcare. Practice conflict resolution, team-building skills, and better communication."

Another student said:

"I believe that interprofessional education plays a crucial role in enhancing communication and teamwork among various healthcare professions. It leads to improved interactions, increased advantages for patients, the elimination of misunderstandings among healthcare providers, more efficient workflows, and the development of superior communication skills, as well as a greater understanding and respect for other healthcare professions."

Respect was another common merit identified. Students knew that the healthcare team consists of experts from different professions, and they stressed the importance of respecting the various professions. Another merit identified by the students was their motivation to learn. One of the students stated that "*working with the students from other professions drives me to do intensive studies to contribute my ideas and thoughts to the group."*

Disadvantages of interprofessional education

The majority of students were unable to identify any disadvantages of interprofessional education and therefore stated "none." However, a few common drawbacks that were identified include time consumption, conflict or difference of opinion, and competition among the professions. A third-year medical student stated that it was *"costly, time-consuming, and difficult to organize and collaborate with others."*

One of the veterinary students said:

"Since the first year, I've observed instances where students pursuing a Doctor of Veterinary Medicine (DVM) degree have faced belittlement from their counterparts studying MBBS and DDM. These situations have occasionally escalated into bullying due to differences in opinions and ideas. Consequently, these differences have resulted in communication problems and a lack of mutual understanding, creating an unprofessional and challenging learning environment."

Another student stated that:

I believe one might encounter additional learning tasks that are not directly relevant to their field of interest. In group settings, not everyone may be willing to collaborate, which can lead to challenges. If not implemented correctly, these factors have the potential to contribute to increased burnout."

Discussion

In the present study, we aimed to identify the perceptions of healthcare profession students about IPE. The results indicate that most of the healthcare professions have a positive attitude towards IPE. The total RIPLS scores are between 75 and 78 (the maximum RIPLS score is 95), illustrating an overall awareness and readiness for interprofessional learning by students. Other studies showed similar positive attitude scores among healthcare profession students (15, 16). Such a positive attitude may be due to the comfortable learning environment in the Faculty of Medical Science at the University of the West Indies, St. Augustine campus. The strong emphasis on collaboration can be attributed to the health profession students shared in their preparatory year and their expressed belief that working together results in a more holistic learning experience, enhancing their understanding of various healthcare professions.

Further in the study, we found that the IPE seemed to correlate with the study program chosen, which was true for the subscales 'teamwork and collaboration' and 'professional identity', and the overall RIPLS. This finding is consistent with the previous studies, which have suggested that students' perceptions of IPE differ according to their professional background (17, 18). The mean RIPLS scores for medical students were higher than those of students from veterinary medicine and dentistry. A study was done in Tokyo, where dentists scored lower than medical schools on interprofessional learning (19). In this study, interviews were conducted to determine the reason, and the dental students expressed

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that most dentists usually work on their own without the need for interprofessional collaborations as they oversee all aspects of patient care in their practice. Another study highlighted infrequent and often ineffective communication between nurses and physicians (20). This communication challenge, as described by students, is intricately linked to power dynamics that underscore the hierarchical structure within healthcare professions, potentially influencing the interaction among healthcare professionals. The introduction of specific courses that allow healthcare profession students to study together will be beneficial in creating an environment that supports teamwork and collaborative learning.

In terms of gender-related perspectives on IPE, our study found no statistically significant differences between males and females. ($p = 0.232$) Advocating woman empowerment and greater gender equality among educated Trinidad and Tobago citizens may cause there to be no significant differences in IPE perspectives between genders. These results were inconsistent with other studies conducted in Canada, Nepal, and South Korea, where their p-values proved a significant difference between genders (17, 20, and 21). In further analysis, we found that the mean RIPLS score of females was higher than their male counterpart. A student-centered teaching approach that encourages exploration is particularly beneficial for female students at this level. Their motivation and the support they receive from parents, combined with the impact of advocacy campaigns promoting women's empowerment, all contribute to positive outcomes for female learners. Additionally, female students often invest more time in their studies, leveraging their strong communication skills. These qualities collectively foster a positive attitude toward interprofessional education. In the present study, students' perceptions of IPE remained consistent across different study years, with no significant variations observed. The reason students' perceptions of interprofessional education did not show significant differences based on their study year is likely due to consistent experiences and exposure to interprofessional education throughout their academic journey. However, year 3 students demonstrated the lowest mean scores in all the subscales of RIPLS compared to the other years. Year 2 students had the highest mean scores on their positive professional identity. Year one students showed the highest level of understanding of teamwork, collaboration, and their roles and responsibilities. These results are consistent with studies done in Malaysia, where there was no significant difference between the year groups (22). Previous studies show that year 3 students possess a less positive attitude toward IPE as compared to year 1 students (23, 24). Additionally, another study done in Canada concluded that attitudes toward IPE become more negative as the year of study increases (20). Year 1 and 2 students enter university open-minded, in a transitioning phase into adulthood, and without much influence from older health professionals (25). Year 1 and Year 2 students exhibit a more positive attitude towards IPE in comparison to Year 3 students, possibly due to their early exposure and engagement with IPE concepts, which may result in a fresher and more enthusiastic perspective. Year 3 students, with more extensive experience, might have encountered challenges or varying experiences that have influenced their perception.

To complement the findings from the RIPLS, we compiled the feedback from the students given in the open-ended questionnaire section. Some advantages identified in the study were teamwork and collaboration, respect, improved communication, better learning, and motivation. Students believed that IPE would improve the quality of collaboration and help them understand the significance of teamwork in healthcare settings. The identified advantages of IPE have the potential to profoundly shape the personal and professional development of students in healthcare training, preparing them to be more effective, compassionate, and collaborative healthcare professionals. However, a few common disadvantages that were identified include time consumption, differences of opinion, and competition among the professions. The results of our study underscore the importance of implementing IPE in the faculty. To initiate this change, administrators must first acknowledge the significance of IPE and its anticipated benefits, overcoming potential administrative-level resistance. Once administrative support is secured, it is crucial for faculty members to also recognize and value IPE for its successful implementation. Faculty development programs should be organized to facilitate interprofessional learning for students from various schools (26). (Hall and Zierler, 2015) The introduction of IPE should be integrated into the curriculum early on and phased in gradually for effective implementation.

This study has several limitations. Year 3 students had the lowest number of respondents (representing less than a quarter of the class), and this could be a limitation as this could have been attributed to year 3's having the lowest IPE readiness scores. The uneven distribution of

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responses could be attributed to the interruption caused by the COVID-19 pandemic. The online distribution of questionnaires during this period may have resulted in reduced motivation to participate. The differences in geographic location and culture between our study and the studies sighted throughout this discussion may have an influence on the relevance of the comparison. There were no similar studies done in other Caribbean countries. Another possible limitation is that some of the studies mentioned did not utilize the RIPLS scale in their methodology. This study was done using students in years I to III; these are the preclinical years where work is more theoretical than practical. Their attitude toward IPE can change in the future due to influences that are not yet acting on them, such as patient exposure. Further research is required to assess students' perspectives of IPE during clinical training years and in postgraduate settings. The last potential limitation of this study is its inclusion of health profession students from a single institution, which limits the generalizability of its findings to other health profession education settings.

Conclusion

The results indicate that healthcare profession students showed an overall positive perspective toward IPE. The mean RIPLS scores for medical students were higher than those of students from veterinary medicine and dentistry. Students believed that interprofessional education allowed them to understand the significance of teamwork and collaboration, respect for each other's profession, interprofessional communication, better learning, and motivation. Additional research is required to conduct longitudinal research in healthcare professions, which will advance IPE in both preclinical and clinical learning.

Ethical considerations

Ethical approval was granted for this research by the Campus Research Ethics Committee (CREC) at the University of the West Indies, St. Augustine, with the approval number CREC-SA.1204/10/2021.

Artificial intelligence utilization for article writing

No.

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Conflict of interest statement

None.

Author contributions

Pradeep Kumar Sahu: draft the article, data analysis, revisit the article, and final approval
Jereel Quashie: Concept design, data collection, revisit of the article, and final approval
Charnele Quamina: data collection, data interpretation, revisiting the article, and final approval
Pattesh Ragbir: concept design, data collection, revisiting the article, and final approval
Josielle Primusb: Concept design, data collection, revisit of the article, and final approval
Marie Ragobarb: Data collection, data interpretation, revisiting the article, and final approval
Aaron Rajkumarb: Data collection, data interpretation, revisiting the article, and final approval
Shiniska Ragbirb: Data collection, revisit of the article, and final approval
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Supporting resources

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Not applicable.

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