Interprofessional Education in Emergency Medicine – a Comparison of Experiences of Medical and Paramedic Students

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Background: Interprofessional education is an important element of health professions training. Emergency care, characterized by time pressure, distributed expertise, and rapid decision-making, provides a setting in which effective collaboration is a prerequisite for safe and efficient action.

Aim: To explore what characteristics of interprofessional education are revealed in the experiences of collaboration between paramedic and medical students in clinical simulation settings.

Materials and Methods: Based on ethnographic observation, literature review, and document analysis, a reflective learning journal was developed (30 questions across 7 sections, including 14 Likert-scale items and 16 open-ended questions).

The study was conducted during a week-long simulation-based course. Participants included second- and third-year paramedic students and sixth-year medical students. Of 60 participants learning journals were completed by 44 students (21 paramedic students; 23 medical students). A total of 95 reflective journals were analyzed (47 paramedic, 48 medical). Comparative analysis was performed between both groups.

Results: In communication, paramedics (19%) reported challenges related to perceived lower competence of medical students, while medical students highlighted difficulties arising from unfamiliar terminology used by paramedics (17%).

Regarding teamwork and roles, paramedics rated their leadership skills higher and emphasized structured communication, task

coordination, and information sharing (23%). Medical students highlighted the importance of positive attitude and mutual support (17%).

In terms of stress, 64% of paramedics reported no stress, whereas 27% of medical students indicated insufficient preparation as a major stressor. High workload affected 23% of medical students and perceived stress reduced effectiveness in 21%.

No conflicts were reported. Feedback was valued by paramedics when structured and specific (21%), while medical students emphasized the need to improve confidence in giving feedback (15%).

Stereotypes and mutual perceptions differed: paramedics anticipated hierarchical attitudes (15%), whereas medical students reported increased respect for paramedic competence (21%).

Conclusions:

1. Interprofessional simulation reveals differences in communication and perceived competencies between medical and paramedic students, which may hinder collaboration in emergency care.

2. Differences in preparedness influence stress levels, workload, and self-assessed effectiveness, reflecting divergent educational experiences between the two groups.

3. Despite existing stereotypes, interprofessional simulation increases mutual respect and awareness of roles, supporting the development of collaborative attitudes when training is appropriately balanced.