

MASTER THESIS

Exploring Task Unclarity Veterinary Students Experience during Workplace Learning

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Abstract

In veterinary education, workplace learning is seen as essential to prepare students for their career as practitioner. However, workplace learning is a learning environment in which there is a higher risk for students to experience task uncertainty.

The aim of this study was first to explore to what extent students experience task uncertainty during workplace learning in an outpatient clinic for companion animals. The second aim of this study was to explore what possible consequences and causes of task uncertainty are and, if deemed necessary, to formulate possibilities to reduce task uncertainty. The amount of experienced task uncertainty was explored using a survey research and a focus group study was conducted to explore possible consequences and causes of task uncertainty, and possibilities to reduce task uncertainty.

The results show that veterinary students experience a moderate amount of task uncertainty when participating in an outpatient clinic. Possible consequences of task uncertainty are passive behaviour, less learning opportunities, reduced performance, stress, insecurity, reduced engagement, a negative working atmosphere, reduced quality of patientcare and learning to cope with task uncertainty. The possible causes that emerged are different expectations of teachers, different working methods of teachers, different roles of teachers, inadequate information provision, other participating students are unknown, short contact time, lack of feedback and students' generation.

The results indicate that task uncertainty might have a negative impact on the well-being of students, the quality of education and the quality of patientcare. Therefore, it is recommended to reduce task uncertainty veterinary students experience during workplace learning and suggestions to achieve this are formulated.

Introduction

A survey on the well-being of recently graduated veterinarians and veterinary students of the University of Utrecht in 2018 (Bakkeren et al., 2018) showed that 32% of the students of the master Companion Animal Health are at considerable risk of developing a burnout. This research was conducted using the Job Demands-Resources model (Demerouti et al., 2001) and one of the study demands investigated in this research is task uncertainty. A positive correlation was found between task uncertainty and the two factors that determine the risk at developing a burn out: a weak positive correlation with emotional exhaustion and a moderate positive correlation with cynicism. Task uncertainty in the context of this research is defined as uncertainty in what someone's tasks are, what someone's responsibilities are and/or what is expected of someone.

The well-being of students of the masters Biomedical Sciences, Law and Humanities of the University of Utrecht has been examined using the same methodology (Bakkeren et al., 2019). The result showed that veterinary students experienced significantly more task uncertainty than students of the other disciplines.

The positive correlation between task uncertainty and the risk of developing a burn-out, and the notable difference in the experienced amount of task uncertainty compared with students of other master's programmes, suggests that reducing the study demand task uncertainty might be a target for intervention in improving student well-being.

In order to reduce task uncertainty, it should be determined where in the study programme students experience task uncertainty. In the curriculum of the master Companion Animal Health, the two major types of education are classroom lessons and workplace learning. Workplace learning is, compared to classroom lessons, a less controlled learning environment (Tynjälä, 2008). In health professions workplace learning is recognised to be unpredictable and complex (Papp et al., 2003). In the master Companion Animal Health, workplace learning consists mainly of participating in the outpatient clinic of the Companion Animal University Clinic. In the outpatient clinic, students work alongside clinical specialists, residents, interns, nursing staff and peer students. Every week a student participates in a different department, they are usually supervised by a different clinical teacher every day and learning opportunities depend on the type and number of patients coming in. For this reason, workplace learning in the outpatient clinic is not the easiest teaching method to ensure structured and consistent learning, which may include that students experience task uncertainty when participating in the outpatient clinic. Therefore it is hypothesized that veterinary students experience task uncertainty when participating in the outpatient clinic of the Companion Animal University Clinic.

This hypothesis is supported by several studies. Research on workplace learning at the Royal Veterinary College (University of London) and the School of Veterinary Medicine and Science (University of London) (Magnier et al., 2011) showed that students often did not know what to expect and what their role should be at the workplace.

When students start workplace learning for the first time, they experience certain struggles. These struggles were explored in a research among students of ten U.S. medical schools (O'Brien et al., 2007). The struggles most frequently mentioned by students are: understanding roles, responsibilities and expectations; learning the logistics of the clinical setting; and encountering frequent change in staff, setting and content. Teachers recognised these struggles of students but underestimated how often they experience those struggles. Students mentioned to be regularly concerned about knowing what their role is in the workplace and what they were expected to do when not being told. Particularly when students switch to a different department, they face ambiguous expectations. The authors of this study concluded that students would benefit of more guidance and clear set expectations, because those struggles can inhibit learning when students cannot focus on patientcare tasks and are hesitant to ask questions or initiate action. However, they

also state that both students and teachers have the tendency to see these struggles as inevitably. They found that students are better coping with these struggles over time and teachers recognise this, which may cause a diminished sense that intervention is required.

When students experience task uncertainty during workplace learning, this may increase the amount of stress they experience (Hafen et al., 2013) and consequently their ability to learn may decrease (van Hell et al., 2008).

In a study among veterinary students from Kansas State University (Hafen et al., 2013), students were asked to rate stressors and they rated unclear expectations as a stressor with a mean of 1.41 (0 = not at all stressed, 1 = slightly stressed, 2 = moderately stressed and 3 = extremely stressed). This study revealed that students experience unclear expectations as a stressor.

A certain amount of stress is seen as necessary for students to perform, because stress can act as a strong motivator as well (Morrison & Moffat, 2001). Besides, learning to cope with stressful situations is considered to be an important learning experience as preparation for professional practice (Alexander & Haldane, 1979). However, when the level of stress is too high, the ability of students to learn will decrease (van Hell et al., 2008).

The authors of the research report on well-being of recently graduated veterinarians and veterinary students of the University of Utrecht (Bakkeren et al., 2018) do consider the amount of stress experienced by veterinary master students too high and therefore, they formulated the advice to reduce study demands, such as task uncertainty.

In veterinary education workplace learning is seen as essential to prepare students for their career as practitioner (Duncan et al., 2011). However, workplace learning is a learning environment in which there is a higher risk for students to experience task uncertainty. Task uncertainty can contribute to the amount of stress that veterinary students of Utrecht University experience, which may inhibit their learning abilities.

The aim of this study is first to explore to what extent students experience task uncertainty during workplace learning in the outpatient clinic of the University Clinic for Companion Animal Health. The second aim is to understand the possible consequences and causes of the experienced task uncertainty and, if deemed necessary, formulate possibilities to decrease task uncertainty.

Method

Quantitative research

A survey research was conducted to explore to what extent veterinary students experience task uncertainty when participating in the outpatient clinic of the University Clinic for Companion Animal Health. The survey consists of the same four items for the scale task uncertainty as used in the survey on well-being of veterinarians and veterinary students of the University of Utrecht in 2018 (Bakkeren et al., 2018). For this survey, the items are adjusted to the context of the outpatient clinic of the University Clinic for Companion Animal Health. The items originate from the validated scale for task uncertainty of 'The Questionnaire on the Experience and Evaluation of Work' (van Veldhoven & Meijman, 1994).

In addition a question was added concerning what master's programme a student is doing and, in case they are a student Companion Animal Health, at what level the student is participating in the outpatient clinic. Students of the master Companion Animal Health participate in the outpatient clinic in the first and the second year of the master. In those years they are level 1 and level 2 students, respectively. In their third year, students can choose to participate in the outpatient clinic again as level 3 student or they can choose a non-clinical track. Veterinary students of the master's

programmes Equine Medicine and Farm Animal Health also participate in the Companion Animal outpatient clinic for six weeks in the context of their general clinical clerkships. The survey is attached in Appendix A.

The items in the survey are rated on a 5 point Likert scale, such that a low item score is congruent with low task uncertainty (1=always; 5=never). The result of every completed survey is a score between 4 and 20. The scores are divided into three categories: low task uncertainty (4-8), medium task uncertainty (9-14) and high task uncertainty (15-20).

Participants

All students who participated in the outpatient clinic of the University Clinic for Companion Animal Health between December 2018 and August 2019 (n=292), were invited to fill out the survey. Incomplete surveys were excluded from analysis (n=3). A total of 132 students completed the survey. Table 1 shows the participation per master's programme and level.

Table 1 – Participation per master's programme and level.

	Number	Percent
Companion Animal Health level 1	49	37
Companion Animal Health level 2	44	33
Companion Animal Health level 3	22	17
General clinical clerkship	17	13
Total	132	100,0

Procedure

The students received an e-mail with a detailed information letter concerning the reason, aim and procedure of this study. The e-mail and the information letter can be found in Appendix B. When students decided to participate, a link in the e-mail forwarded them to the online questionnaire created on SurveyMonkey.com.

A reminder was sent after 9 days. The survey was closed when no new responses came in for three days. The survey has been open to response for 17 days. Completing the questionnaire was anonymous and it was required to answer all the questions.

Analysis

SPSS 25 was used to analyse the results. A reliability analysis was carried out to measure the reliability of the scale. The Kruskal-Wallis test was used to test whether the master programme and level at which a student participates affects the experienced task uncertainty. Post hoc Mann-Whitney tests were carried out to analyse which groups significantly differ in the amount of experienced task uncertainty. A Bonferroni correction was applied in order to correct for multiple comparison and so the effects are reported at a 0.0083 level of significance.

Qualitative research

A focus group study was conducted to explain and understand the results of the survey. The focus groups are used to explore what possible consequences and causes of the experienced task uncertainty are, and to explore possible opportunities to reduce task uncertainty.

Focus group can be used to interpret previously gathered data or explore certain phenomena, and are frequently used in health professions education research (Stalmeijer et al., 2014). A focus group is, according to Lederman (see Rabiee, 2004), 'a technique involving the use of in depth group interviews in which participants are selected because they are a purposive, although not necessarily representative, sampling of a specific population, this group being 'focused' on a given topic'. Focus

groups can provide information about ideas and feelings individuals have about certain issues, and illuminate differences in perspectives between groups of individuals (Rabiee, 2004).

In this research, focus groups are organised with students and teachers to explore the perspectives of both groups.

Participants

Focus groups are organised for students and clinical teachers separately, because hierarchy within groups might affect the data (Kitzinger, 1995). Students can feel reluctant to share their opinions in the presence of teachers.

Students

For the organisation of the focus groups, every third student on the list of all students who participated in the outpatient clinic of the University Clinic for Companion Animal Health between December 2018 and August 2019 (n=97), was invited by e-mail to participate in a focus group. In the e-mail a detailed information letter was included. The information could be read before deciding to sign up. The content of the e-mail and information letter can be found in Appendix C.

A second e-mail was sent as a reminder after 14 days. Due to insufficient responses (n=5), it was decided to recruit students by non-randomized techniques as well. An invitation ad was placed on Facebook and spread through Whatsapp to reach as many students as possible.

If a student indicated to be interested in participating in the focus group study, he or she received the e-mail with the information letter.

With the students who signed up, it was possible to organise two focus groups. The composition of the groups can be found in table 2.

Table 2 – Composition of the student focus groups

	Focus group 1	Focus group 2
Companion Animal Health level 1	3	3
Companion Animal Health level 2	1	1
Companion Animal Health level 3	1	2
General clinical clerkship	0	1
Total	5	7

Clinical teachers

An invitation ad was placed in the weekly newsletter for staff members of the University Clinic two times to recruit clinical teachers for the focus group study. The invitation ad can be found in Appendix D. An e-mail with an information letter with details about the focus group study was sent to all clinical teachers interested in participating, which they could read before deciding to sign up. The content of the e-mail and the information letter can be found in Appendix E.

In order to recruit a sufficient number of participants, clinical teachers were personally invited by e-mail as well. All teachers who did not respond to the e-mail, received a reminder.

With those who signed up, it was only possible to organise one focus group, due to their limited availability. It was tried to organise a second focus group with the remaining interested teachers, but this turned out to be impossible.

Clinical teachers at the University Clinic for Companion Animal Health are specialists, specialists in training (residents) or general veterinarians working at the University Clinic (interns). The composition of the focus group is shown in table 3.

Table 3 – Composition of the teacher focus group

	Focus group
Specialist	5
Resident	2
Intern	0
Total	7

Procedure

Diversity within a focus group helps to stimulate discussion (Kitzinger, 1995). It was tried to create as much diversity within the focus groups with students as possible, however this was limited due to the availability of the students and a lack of participating students from some master's programmes and levels.

Due to the limited number of teachers who were interested and in the position to participate, it was only possible to organise one focus group. Therefore, we had no opportunity to influence the diversity within this focus group.

During the focus groups the participants were stimulated to discuss about questions asked by a moderator. In the first focus group with students and in the focus group with teachers, the supervisor (NM, Chair Quality Improvement of Veterinary Education) acted as moderator and the first researcher (AvdM, master student Companion Animal Health) was observer. In the second focus group with students, AvdM moderated and NM observed.

The discussion guides used to structure the focus groups (see Appendix F), were written based on the framework described by Stalmeijer et al., 2014.

The focus groups were organised at the faculty of Veterinary Medicine of the University of Utrecht and each focus group lasted between 40 to 60 minutes.

Confidentiality of data

The audiotapes were transcribed anonymously and informed consent was obtained from all participants of the focus groups. The audiotapes and transcripts were kept until the completion of the research and were subsequently destroyed. The results cannot be traced back to individuals.

Analysis

The focus groups were recorded with a digital voice recorder and subsequently transcribed. Analysis was employed by AvdM following the constant comparative analysis framework as described by Boeije, 2002. First, every passage of each focus group was studied to label each passage with an adequate code, in order to develop categories. The transcripts were coded with the program QDA Miner Lite (Provalis Research, 2016). In this phase, 30% of the transcripts were also analysed by NM. Results were compared and discussed. Second, the fragments of the two student focus groups that have been given the same code, were compared. An inventory of characteristics of each category within the student focus groups and within the teacher focus group was made, and concepts were described. The third step consisted of comparing the described concepts of the student focus groups and the teacher focus group.

Results

Quantitative research

A reliability analysis showed that the scale used to explore to what extent students experience task uncertainty had good reliability ($\alpha=0.850$), which means that the scale consistently reflects the construct task uncertainty. The descriptive statistics of each item can be found in table 4.

The survey research showed that students participating in the outpatient clinic of the University Clinic for Companion Animal Health on average experience 13.80 (SD=2.69) task uncertainty, which means they experience a medium amount of task uncertainty. The average experienced task uncertainty and the task uncertainty experienced per master's programme and level are presented in table 5. The experienced task uncertainty is significantly affected by the by the master's programme and level of a student ($H(3)=11.47$, $p<.05$). It appeared that general clinical clerkship students experience significant higher task uncertainty than small animal level 2 students ($U=201.5$, $p<.0083$, $r=-0.38$).

Table 4 – Descriptive statistics per item

Item ^a	N	Mean (SD)	Mode	Median	Minimum	Maximum
Item 1	132	3,25 (0,745)	4	3	2	4
Item 2	132	3,61 (0,816)	4	4	1	5
Item 3	132	3,67 (0,816)	4	4	2	5
Item 4	132	3,27 (0,857)	3	3	1	5

^a Item 1: 'Do you know exactly what is expected of you in the outpatient clinic?'

Item 2: 'Is it completely clear what you are responsible for in the outpatient clinic?'

Item 3: 'Do you know exactly what the teacher/veterinarian is expecting of you?'

Item 4: 'Is it completely clear what your tasks are in the outpatient clinic?'

Table 5 – Average experienced task uncertainty and experienced task uncertainty per master's programme and level

	N	Mean (SD)	Median	Minimum	Maximum	Task uncertainty ^a
General clinical clerkship ^b	17	15.18 (1.94)	16	11	18	High
Small animal level 1	49	14.35 (2.39)	15	8	18	Medium
Small animal level 2 ^b	44	13.00 (2.89)	13	7	19	Medium
Small animal level 3	22	13.14 (2.83)	13	8	18	Medium
Total	132	13.80 (2.69)	14	7	19	Medium

^a The mean scores are divided into three categories; low task uncertainty (4-8), medium task uncertainty (9-14) and high task uncertainty (15-20).

^b General clinical clerkship students experience significant higher task uncertainty than small animal level 2 students ($U=201.5$, $p<.0083$, $r=-0.38$)

Qualitative research

The focus group study focused on three themes: consequences of task uncertainty, causes of task uncertainty and possibilities to reduce task uncertainty.

The results of the analysis of the transcripts of the focus groups are described per theme. Quotes from students and teachers are used to illustrate the themes.

Consequences of task uncertainty

Both students and teachers were asked to discuss about possible consequences of task uncertainty experienced by students during workplace learning. The possible consequences that were mentioned are listed in table 6.

Behaviour

Teachers reported that many students currently participating in the outpatient clinic have a passive attitude. Students said when it is not clear for them what they are supposed to do, they rather choose to do nothing than to try and be at the risk of doing something wrong. Both students and teachers pointed out that this behaviour might be the result of students' experiences with unpleasant reactions of teachers after doing something wrong.

Student: "I do notice that uncertainty in the outpatient clinic causes everyone to behave more passively. I notice that in myself as well. If it is not clear what you have to do, than you choose the safe option to do nothing instead of doing things on your own initiative."

Teacher: "If they don't know what to do, they might have a kind of fear of getting a scolding from a teacher in case they do something wrong. And that makes them choose to do nothing, and to wait and see what that particular teacher wants."

Students mentioned the passive behaviour is the most extreme in companion animal level 1 students. They reported that over time, when they are level 2 or 3 students, they still do not know what to do, but they dare to take more initiative.

Teachers pointed out that general clinical clerkship students are less passive than companion animal students. One of the teachers made the critical note that the fact that general clinical clerkship students do not experience less task uncertainty than companion animal students, indicates that the passive behaviour is not solely a consequence of task uncertainty. It was suggested that students choosing the master Companion Animal Health are students with different personalities than students choosing one of the other master's programmes. Another suggestion was that the amount of time a student spends in the outpatient clinic influences the behaviour, as the students of the general clinical clerkship only participate in the outpatient clinic for a short time.

Students mentioned that regularly not having a task at all, because there are too many other students in the outpatient clinic at the same time, also contributes to their passive behaviour.

Learning opportunities and performance

Both students and teachers reported that a consequence of passive behaviour, is a reduced amount of learning opportunities.

Student: "I notice that many students show very passive behaviour, and I think that is also at the expense of your learning opportunities."

Students and teachers mentioned that task uncertainty can have an impact on the performance of students.

Teacher: "I have no doubt students will perform less, if it is unclear for them."

Table 6 – Possible consequences and causes of task uncertainty according to students and teachers

Consequences of task uncertainty	Causes of task uncertainty
Passive behaviour	Different expectations of teachers
Less learning opportunities	Different working methods of teachers
Reduced performance	Different roles of teachers
Stress and insecurity	Inadequate information provision
Reduced engagement	Other participating students are unknown
Negative working atmosphere	Short contact time
Reduced quality patientcare	Lack of feedback
Learning to cope with task uncertainty	Character of students' generation

Stress and insecurity

Students agreed that having to deal with many uncertain factors, can make them feel insecure and cause stress.

Student: "Not knowing what is going to be expected of you during the day, causes stress."

Engagement and working atmosphere

Frustration, reduced motivation and being less enthusiastic were mentioned by students as consequences of task uncertainty, which affects their engagement and the working atmosphere. Various sources of frustration were reported. Students mentioned it is frustrating when they do not know what to do, because they would like to participate actively. Students also expressed it is frustrating when they cannot perform as well as they think they could have, when knowing what to do. It was also mentioned that task uncertainty can cause frustration among students, and between students and teachers. Teachers expressed it can be frustrating when student do not know what to do. Students mentioned a source of frustration is when they spend a lot of time preparing, because they think that is expected from them, and the teacher does not take time to discuss this. Students acknowledged this makes them less motivated to prepare extensively for next time. Students reported they are less enthusiastic and motivated when they experience task uncertainty.

Student: "I just like it less when I don't know what is expected of me and what I am supposed to do."

Students pointed out that the consequences of task uncertainty result in a more negative working atmosphere.

Quality of patientcare

Students noted that task uncertainty also has an impact on the quality of the patientcare, because it causes longer waiting times for the owner and sometimes tasks do not happen because the students do not know it is expected of them, or students do things they were not supposed to do.

Student: "Sometimes the clinic runs poorly because the teacher thought you would do something which you didn't do, or vice versa."

Among teachers there was discussion whether task uncertainty affects the quality of patientcare. It was agreed that task uncertainty can cause longer waiting times for the owner.

Learning to cope with task uncertainty

Both students and teachers mentioned that by experiencing task uncertainty, students learn to cope with task uncertainty. According to the students and the teachers, this is useful to prepare the students for professional practice. Students reported that coping with task uncertainty teaches them to be more flexible and assertive.

Causes of task uncertainty

Students and teachers were asked what they think possible causes of the experienced task uncertainty are. The causes that were mentioned are listed in table 6.

Different expectations of teachers

A cause often mentioned by students is different expectations of teachers; the teachers are different in what they expect students to prepare, what knowledge they expect students to have and what proceedings they expect and allow students to do.

When companion animal students start with their second or third level, they are supposed to be able to do more than during the previous level. However, students mentioned it is not clear for them what they are supposed to do more, because this depends on the individual teacher. They also reported that some teachers seem to forget this means students have to do certain things for the first time.

Student: "In level 2 the teacher expects a lot more of you, but for us it's not clear what we are supposed to do extra, because we have to do it for the first time. But they expect you to already know what to do and how to do that. You have to do extra things, that are new to us, but a teacher forgets about that sometimes."

Students expressed that they think it is possible that teachers do not know what they should expect of students.

Student: "I think they are never told what a day in the clinic should look like for a student and what they can expect of a student. As a result, they are all just doing it their own way. Along the way they have all decided what they want students to do, but that turns out to be different for each teacher."

The focus group study revealed it is not clear for all teachers what they can expect of students, and that teachers have different ways of forming their expectations. One teacher mentioned she does not really know what information she can use to form an expectation, and therefore her expectations are based on intuition. Others mentioned they form their expectations based on their experience with other students, and one teacher added she also turns to what she was able to do as a student herself. Some teachers mentioned they also use their knowledge of what students have learned in previous education. However, several teachers said they do not know what the content is of the previous education, which makes it harder for them to know what they can expect of students. One teacher uses the descriptions of the competencies that are used to assess students. Another teacher mentioned that he expects students to do, what he has told them to do.

Different working methods of teachers

According to students, an important cause of the experienced task uncertainty can be found in how each teacher wants the day to start. Some teachers start with a briefing in the morning, some want the students to call them first, and others want the students to start with the first patient as soon as the animal is in. This also means that some teachers want the students to be present in the clinic at 8 'o clock and others expect them just before the first appointment.

Teachers also reported that students receive different instructions from different teachers.

Teacher: "When a teacher wants them to start with the patient as soon as the patient is in, even when they haven't seen him yet, and when another teacher wants the students to wait for him, I can imagine this causes uncertainty. When they are first with the teachers that wants them to wait, I can imagine next time they decide to wait obedient for the teacher that actually wants them to start. I can understand this is annoying for the students."

Teachers reported there is no clear policy and that they have never received instructions about what the working method should be.

Teacher: "None of us, has ever gotten instructions about what the working method should be. We have no policy."

Teacher: "There is no clear policy. So, everyone is just doing whatever they think is right. That is what we get back from the students."

Different roles of a clinical teacher

It was noted by students that a clinical teacher has two roles: the role of teacher and the role of veterinarian. Students mentioned that each day they have to sense if a clinical teacher is going to take the role of teacher or is mainly going to act as veterinarian. When the clinical teacher is mainly going to act as a veterinarian, they feel like they should just try to not stand in the way. According to students, their tasks are clearer when a teacher takes the role of teacher, because he or she will explain more. Students reported they enjoy the day more when the teacher is acting as a teacher rather than just a veterinarian.

Student: "There's really a dichotomy. There are teachers who are real teachers and they are constantly trying to explain what they are doing and to teach you. This means our tasks are clear as well, because their focus is on you. Or they are just focused on the patient and you just have to try to not stand in the way. You kind of have to sense on the spot what role the teacher is going to take."

Instructions

Information with instructions for student can be found in several places. According to both students and teachers this might be a cause of task uncertainty. The focus group revealed it is not clear for all teachers where they are supposed to put those instructions. Teachers also reported that sometimes the students do not read the instructions or they do read it, but they do not act according to it.

Teacher: "I understood there was some uncertainty sometimes, so I try to put instructions in the calendar. But even then, they do not always follow them."

Students pointed out sometimes the instructions are not clear or there are no instructions at all. They also mentioned that the instructions found in several places do not always match, the instructions are not up to date or the instructions do not match with what an individual teacher wants. Students say that, if present, they mainly use recent information from teachers to form an idea of what will be expected of them. Additionally, or solely if there is no recent information from teachers, they gain information from other students about what a certain teacher will be expecting of them.

Other students

It is not always clear for students with how many other students they are going to participate in the same department of the outpatient clinic. Students reported this as a cause of task uncertainty, because this means they can only divide the tasks, such as who is going to do what patient and who can ask the teacher for an assessment (usually a teacher is only willing to do one assessment a day), just before the patients are coming in.

Contact time

Another possible cause mentioned by students, is the short contact time between students and teachers. Every day students see a different teacher, which means there is no time to get to know the teachers and his or her expectations. The other way around, students also mentioned that a short contact time means that the teacher does not get to know the students, which makes it hard for them to estimate what they can expect of an individual student.

Student: "At the same time I can imagine it is hard for a teacher to estimate what a student can and cannot do, because usually they only see a student one time."

Feedback

Another possible cause reported by both students and teachers is a lack of feedback. According to students, a lack of feedback from teachers means they will not learn if they performed a task correct.

Student: "If you don't know if you are doing things the right way, you will still not know what to do the next time."

Students also mentioned that teachers tend to give more negative feedback than positive feedback, which does not help them to be assertive. Students reported that the feedback they receive in the assessment forms that are filled in by teachers, is not extensive enough for them to be able to extract what tasks they did or did not do well. Besides, students mentioned there is also a difference in how teachers fill out the assessment form and how they interpret the marks they are giving, which makes it more difficult for students to interpret and use the given feedback. On the other hand, teachers reported to experience a lack of feedback from students. They mentioned it is difficult for them to understand what is unclear for students, if students do not tell.

Students' generation

It was also suggested that students of the current generation find it harder to cope with task uncertainty than previous generations, which is caused by the way they were raised.

Teacher: "Some are supported a lot up until now. And then, all of a sudden, they have to do it alone. And then they become stressed and get a burn out, because they cannot do it alone anymore. They are so used to being supported, and then all of a sudden that is gone."

Possibilities to reduce task uncertainty

The focus group revealed that students perceive task uncertainty as a problem. However, students also agreed it is not necessary to aim for zero task uncertainty. They think experiencing a certain amount of task uncertainty helps them to prepare for veterinary practice. However, students stated that at least it should be clear what teachers expect of students and how they want to start the day.

Among teachers there was also discussion whether it is necessary to reduce task uncertainty, for the same reason.

Teacher: "In veterinary practice you don't know how every client is going to be. I don't think it's a bad thing to learn to deal with, for example, different teachers. But you do need to know when to be present and that kind of things. Those are preconditions."

Working method

Students reported a standardised working method for all teachers as a possible solution. Among the teachers it was mentioned that students might benefit of a more standardised working method.

Teacher: "If we have a more unambiguous policy towards students, I believe that would really improve the clarity."

Teachers also expressed they do not think it is possible to all have the exact same working method, because they are different persons.

According to the students a standardised working method is mainly important for the start of the day. They mentioned to understand it will not be possible to always start the day in the exact same way, so they suggested that if a teachers wants to deviate from the standard, he or she should inform the students.

Student: "If all teachers just put a short instruction in the calendar the night before, with what they expect from you, what documents you have to fill in for the patient and the time you have to be present. I think this already solves half of the problem."

Instructions

Both students and teachers mentioned it would help if all the instructions for students about what is expected of them can be found in the same place.

Students reported to prefer to start the day with a briefing, so the teacher can announce his or her expectations and the students have the opportunity to ask questions in case something is not clear.

Student: "To discuss everything before the first patient arrives; shortly run through the patients that are coming and what the teacher wants. This also gives us the opportunity to ask questions. Some teachers already do this and I really appreciate that."

Teachers who do a briefing in the morning mentioned to recognise that students appreciate this.

Feedback

Students said receiving more feedback might help to reduce task uncertainty. Teachers reported they would like more feedback from students, in order to understand what is unclear for them. Students suggested a short feedback round at the end of each the day. Students would also like to see the way they are assessed standardised, so they will be able to interpret the feedback better.

Other students

Students reported they prefer to know in advance how many other students are going to participate in the outpatient clinic with them. They said it would be ideal if they are able to know the names of the students, so they can divide the tasks before the start of the day and discuss which student can ask the teacher for an assessment. However, they mentioned to understand if this is not possible due to the privacy legislation.

Contact time

Students reported a longer contact time with teachers as a possibility to reduces task uncertainty. They think a longer contact time will improve the collaboration between students and teachers.

One of the teachers suggested that if we could restructure the clinical education, he would propose to work in the same team of students and teachers during a whole week. The week would then start with dividing the tasks for the rest of the week.

Discussion

Interpretations of the results

The aim of this study was first to explore to what extent students experience task uncertainty during workplace learning in the outpatient clinic of the University Clinic for Companion Animal Health. The second aim was to understand the possible consequences and causes of the experienced task uncertainty and, if deemed necessary, formulate possibilities to decrease task uncertainty in the future.

The results of the survey research show that students experience a moderate amount of task uncertainty when participating in the outpatient clinic.

The focus group study revealed that possible consequences of task uncertainty are passive behaviour, less learning opportunities, reduced performance, stress, insecurity, reduced engagement, a negative working atmosphere, reduced quality of patient care and learning to cope with task uncertainty.

The focus group study showed that possible causes of task uncertainty are different expectations of teachers, different working methods of teachers, different roles of teachers, inadequate information provision, other participating students are unknown, short contact time, lack of feedback and students' generation.

Several possibilities to reduce task uncertainty emerged during the focus group study: teachers having the same clear set of expectations and the same working method, adequate information provision, a longer contact time between students and teachers, and knowledge about what other students are going to participate in the outpatient clinic.

Experienced task uncertainty

It was hypothesized that students do experience task uncertainty during workplace learning in the outpatient clinic of the University Clinic for Companion Animal Health. The survey research showed that students experience a moderate amount of task uncertainty when participating in the outpatient clinic. Medical students also reported to struggle with understanding roles, responsibilities and expectations (O'Brien, et al., 2007).

Over time, students learn to cope with the struggles they experience at a workplace (O'Brien et al., 2017). This cannot be confirmed with the results of this study. The results do show a significant difference between the amount of task uncertainty experienced by general clinical clerkship students and Companion Animal Health students level 2. Based on this result, one would expect that the difference between general clinical clerkship students and Companion Animal Health level 3 students would be significant as well. This is not the case, which might be due to the smaller amount of level 3 students that participated in the survey research.

Consequences of task uncertainty

The passive behaviour of students is an important consequence of task uncertainty. When it is unclear for students what their tasks are, they rather choose to do nothing than to take initiative and be at risk of doing something wrong. When tasks are unclear for students, they may feel uncertain about their ability to perform a task. Students are concerned with being perceived as able, and when student's self-concept of ability is threatened, they may display failure-avoidance tactics (Ames, 1990), which can manifest as passive behaviour.

Students and teachers believe passive behaviour leads to a reduced amount of learning opportunities and a reduced performance of students. Outcomes of active learning behaviour are skill development and more effective performance (Taris & Kompier, 2004). Task uncertainty itself, can also decrease the ability of students to learn during workplace learning; a student may not be able to take advantage of a learning opportunity when he or she lacks knowledge and understanding of the task, or the self-confidence to do so (Ellström, 2001). Students reported stress as a consequence of task uncertainty, which was also found in another study among veterinary students (Hafen et al., 2013). Stress can have an impact on the ability of students to learn as well (van Hell et al., 2008). These results indicate that task uncertainty can affect the quality of education.

The consequences reduced engagement, negative working atmosphere, stress and insecurity, suggest that task uncertainty can have an impact on the well-being of students. This is in line with the findings of Bakkeren et al. 2018.

Causes of task uncertainty

One of the possible causes of task uncertainty is the short contact time between students and teachers. Students usually see another teacher every day, so they do not spend enough time with a teacher to learn what he or she expects of them and what his or her working method is. Encountering frequent change in staff is also reported as a struggle among medical students at a workplace (O'Brien et al., 2007). When students work alongside many different teachers in a clinical workplace, they cannot take advantage of a sustained relationship with their educator. A sustained student-teacher relationship correlates positively with maximising learning opportunities (Henderson et al., 2006). Effective support from clinical teachers significantly increases students' ability to adjust to clinical settings and learn, and a longer contact time helps to achieve effective support (Spouse, 2001).

Another way for students to learn what is expected of them and to learn what they did or did not do right, is by receiving feedback from teachers. However, the focus group study revealed there is a lack of useful feedback for students. Without feedback people cannot evaluate the consequences of their behaviour, which implies that without feedback, no extension of someone's skills is possible (Taris & Kompier, 2004).

The amount of task uncertainty that students experience is also influenced by the role the clinical teacher takes. Students experience less task uncertainty when teaching seems to be the priority of the teachers. A clinical teacher has several roles; he is practitioner, teacher, mentor, assessor and role model. These different roles of staff at the workplace can create uncertainty and are potentially a cause of misunderstandings (Scholz et al., 2013).

It was also suggested that students currently participating in the outpatient clinic are more susceptible to task uncertainty. Most of the students currently participating in the outpatient clinic are of the late generation Y (also known as the Millennials) or the early generation Z. Workplace learning fits with the learning needs of these generations (Swanzen, 2018; Chicca & Schellenbarger, 2018; Louie et al., 2019). However, the students generation Y and Z seem to be more anxious in new learning situations and they benefit from consistency (Robert et al., 2012). This results in a preference for a more structured learning environment, compared to the previous generations (Roberts et al., 2012). This might mean that students of the current generation may be more susceptible to experiencing task uncertainty, compared to previous generations. Different generations have different learning needs. This means education should be revised every now and then to facilitate a learning environment that fits the learning needs of the students of the current generation.

Possibilities to reduce task uncertainty

The focus group study revealed that students regard the task uncertainty they experience during workplace learning as a problem. However, both students and teachers believe that experiencing a certain amount of task uncertainty helps students to prepare for professional practice. According to students, at least the expectations that teachers have of the students should be clear and teachers should have the same working method for the start of the day. It might not be feasible for teachers to have the same expectations and working method, because teachers do not think this is possible and because they do not all deem this necessary. O'Brien et al. 2007 also found that teachers have the tendency to see the struggles that medical students encounter during workplace learning as inevitably.

Practical relevance

Because of the possible consequences of task uncertainty, of which some can affect the well-being of students, the quality of education and the quality of patientcare, it is recommended to the department of Companion Animal Health to reduce task uncertainty in the outpatient clinic.

There are several suggestions to achieve this, that fit with the way workplace learning is currently organised. It would be helpful if teachers use the same working method for the start of the day, preferably a short briefing, so the teacher can explain his or her expectations and students have the possibility to ask questions before starting with the patients.

To achieve that more feedback is given to students, a short feedback round can be planned at the end of each day. This also gives teachers the opportunity to ask students for feedback.

To improve the information provision for students, the instructions should be revised, updated and gathered in one place where students know to find them.

Another possibility to reduce task uncertainty is to facilitate a longer contact time between students and teachers. To achieve this, workplace learning in the outpatient clinic should be organised differently. However, the results of this research suggest that students may significantly benefit from a longer contact time. When students work with the same team for a week, they can learn what a teacher expects of them, tasks can be divided among the students for the rest of the week and assessments can be planned ahead. Moreover, this will give teachers the opportunity to follow students over a longer period of time, so they will be able to give more often and more concrete feedback. If the amount of experienced task uncertainty reduces and there is more time for teachers and students to get to know each other, the working atmosphere may improve as well.

The focus group study revealed that the passive behaviour of students is seen as a problem by both students and teachers. This is mentioned as a consequence of task uncertainty. However, students mentioned this behaviour is stimulated when they receive a unpleasant reaction from a teacher after doing something wrong. Besides reducing task uncertainty, facilitating a safe learning environment might help to reduce the passive behaviour of students and assertive behaviour should be stimulated and appreciated.

Recommendations for future research

It would be interesting to conduct the same research among students who participate in workplace learning at the Equine Medicine Clinic of the University of Utrecht, especially because the students there do work with the same team for a week. It would also be interesting to be able to compare the results of this research with other (veterinary) clinical workplaces. However, to the best of the authors' knowledge, exploring experienced task uncertainty by students in workplaces has not been done before.

Limitations

The findings of this study have to be seen in light of some limitations.

There is very little prior research on experienced task uncertainty during workplace learning. No measure currently exists to quantify task uncertainty among students. For this research, a measure is devised in order to be able to quantify the amount of experienced task uncertainty. This is not a validated scale for task uncertainty. In the survey research, a non-response bias is possible because students who experience less task uncertainty might be less motivated to fill in the questionnaire, which means an upward bias is possible.

A limitation of the focus group study is the limited amount of participants, which means it is possible there are additional perspectives that were not captured in this research. It was difficult to motivate both students and teachers to participate. Therefore it was not possible to select all the participants randomly. Consequently, the study results are harder to generalize to the study population.

However, the purpose of qualitative sampling is to reflect the diversity within the study population rather than aspiring to recruit a representative sample, in order to gain rich and in depth information (Stalmeijer et al., 2014). Undercoverage of a certain group of students or teachers, which in this case might be students and teachers that perceive task uncertainty less as a problem and/or are less involved with the quality of education, can affect the reliability of the results. With less time constraint, it might have been possible to include more participants. In particular more teachers, because their restricted availability played a role in the limited amount of teachers that have participated in the focus group study.

When analysing focus groups, there is an extent of subjective selection and interpretation (Rabiee, 2004). In order to minimise the potential for bias, the analysis was performed systematically following the comparative analysis framework as described by Boeije, 2002. The risk at bias could have been reduced further if more researchers would have analysed all the transcripts individually first, and then the result would be compared to find consensus about the interpretation of the results.

Conclusion

The first aim of this research was to explore to what extent students do experience task uncertainty during workplace learning in the outpatient clinic of the University Clinic for Companion Animal Health. Second, this research aimed to explore what possible consequences and causes of the perceived task uncertainty are, and if deemed necessary, what possibilities are to reduce task uncertainty. Based on the survey study it can be concluded that students experience a moderate amount of task uncertainty. The results of the focus group study indicate that the amount of task uncertainty that is experienced by students might affect the well-being of students, the quality of education and the quality of patientcare. Based on these conclusions, the department of Companion Animal Health might consider to reduce task uncertainty in the outpatient clinic. To achieve this, several suggestions are formulated.

In the light of the advice of the authors of the research report on well-being of recently graduated veterinarians and veterinary students of the University of Utrecht (Bakkeren et al., 2018), to reduce study demands, this research showed that reducing the study demand task uncertainty, might be a starting point to improve the well-being of veterinary students.

References

- Alexander, D.A., & Haldane, J.D. (1979). Medical education: a students perspective. *Medical Education*, 13(5), 336-341.
- Ames, C.A. (1990). Motivation: what teachers need to know. *Teachers College Record*, 91(3), 409-421.
- Bakkeren, N., Mastebroek, N., Brenninkmeijer, V., Peeters, M., Kremer, W., & van Rijen, H. (2018). Welzijnsonderzoek 'How are UU?' – managementrapport over het welzijn van diergeneeskundigen in 2018. *Unpublished Manuscript, University of Utrecht, the Netherlands*.
- Bakkeren, N., Mastebroek, N., Brenninkmeijer, V., Peeters, M., Kremer, W., & van Rijen, H. (2019). Welzijnsonderzoek 'How are UU?' – managementrapport over het welzijn van masterstudenten rechten, geesteswetenschappen, biomedische wetenschappen en diergeneeskunde. *Unpublished Manuscript, University of Utrecht, the Netherlands*.
- Boeije, H. (2002). A purposeful approach to the constant comparative method in the analysis of qualitative interviews. *Quality and Quantity*, 36(4), 391-409.
- Chicca, J., & Shellenbarger, T. (2018). Connecting with generation Z: Approaches in nursing education. *Teaching and Learning in Nursing*, 13, 180-184.
- Chou, C. L., Teherani, A., Masters, D. E., Vener, M., Wamsley, M., & Poncelet, A. (2014). Workplace learning through peer groups in medical school clerkships. *Medical Education Online*, 19(1): 25809.
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology*, 86(3), 499-512.
- Duncan, C., Dale, V. H. M., & Pead, M. J. (2011). Clinical veterinary students' perceptions of a 'Day one' skills guide. *Veterinary Record*, 169(1), 13.
- Ellström, P. (2001). Integrating learning and work: problems and prospects. *Human Resource Development Quarterly*, 12(4), 421-435.
- Hafen, M., Jr., Ratcliffe, G. C., & Rush, B. R. (2013). Veterinary medical student well-being: Depression, stress, and personal relationships. *Journal of Veterinary Medical Education*, 40(3), 296-302.
- Henderson, A., Twentyman, M., Heel, A., & Lloyd, B. (2006). Students' perception of the psycho-social clinical learning environment: An evaluation of placement models. *Nurse Education Today*, 26, 564-571.
- Kitzinger, J. (1995). Qualitative research: introducing focus groups. *The BMJ*, 311:299.
- Louie, M., Moulder, J. K., Wright, K., & Siedhoff, M. (2019). Mentoring millennials in surgical education. *Current Opinion in Obstetrics & Gynecology*, 31(4), 279-284.
- Magnier, K., Wang, R., Dale, V. H. M., Murphy, R., Hammond, R. A., Mossop, L., Freeman, S. L., Anderson, C., & Pead, M. J. (2011). Enhancing clinical learning in the workplace: A qualitative study. *Veterinary Record*, 169(26), 682.

- Matthew S. M., Ellis, R. A., Taylor, R. M. (2017). Evaluating the quality of veterinary students' experiences of learning in clinics. *Journal of Veterinary Medical Education*, 44 (2), 369-380.
- Morrison, J., & Moffat, K. (2001). More on medical student stress. *Medical Education*, 35(7), 617-618.
- O'Brien, B., Cooke, M., & Irby, D. M. (2007). Perceptions and attributions of third-year student struggles in clerkships: Do students and clerkship directors agree? *Academic Medicine*, 82(10), 970-978.
- Papp, I., Markkanen, M., & von Bonsdorff, M. (2003). Clinical environment as a learning environment: Student nurses' perceptions concerning clinical learning experiences. *Nurse Education Today*, 23, 262-268.
- Provalis Research. (2016). QDA miner lite for windows, version 2.0 [computer software]. Montreal, Canada.
- Rabiee, F. (2004). Focus-group interview and data analysis. *Proceedings of the Nutrition Society*, 63(4), 655-660.
- Roberts, D. H., Newman, L. R., & Schwartzstein, R. M. (2012). Twelve tips for facilitating millennials' learning. *Medical Teacher*, 34(4), 274-278.
- Scholz, E., Trede, F., & Raidal, S. L. (2013). Workplace learning in veterinary education: A sociocultural perspective. *Journal of Veterinary Medical Education*, 40(4), 355-362.
- Stalmeijer, R. E., McNaughton, N., & Van Mook, W. N. K. A. (2014). Using focus groups in medical education research: AMEE guide no. 91. *Medical Teacher*, 36(11), 923-939.
- Spouse, J. (2000). Bridging theory and practice in the supervisory relationship: a sociocultural perspective. *Journal of Advanced Nursing*, 33(4), 512-522.
- Swanzen, R. (2018). Facing the generation chasm: The parenting and teaching of generations Y and Z. *International Journal of Child Youth & Family Studies*, 9(2), 125-150.
- Taris, T. W., & Kompier, M. A. J. (2004). Job characteristics and learning behavior: Review and psychological mechanisms. *Exploring interpersonal dynamics*, 4, 127-166.
- Tynjälä, P. (2008). Perspectives into learning at the workplace. *Educational Research Review*, 3, 130-154.
- Van Hell, E. A., Kuks, J. B. M., Schönrock-Adema, J., Van Lohuizen, M. T., & Cohen-Schotanus, J. (2008). Transition to clinical training: Influence of pre-clinical knowledge and skills, and consequences for clinical performance. *Medical Education*, 42(8), 830-837.
- Van Veldhoven, M., & Meijman, T. F. (1994). Measuring Psycho-social Workpressure and Workstress with a Questionnaire: The Questionnaire on the Experience and Evaluation of Work (QEEW). *Nederlands Instituut voor Arbeidsomstandigheden*, Amsterdam.

Appendix A

Questionnaire (Dutch)



Taakduidelijkheid op de poli van de Universiteitskliniek Gezelschapsdieren

1. Ik was in de periode december 2018 tot en met augustus 2019 een student:

Indien je in deze periode op meerdere niveaus poli hebt gelopen, kies dan het meest recente niveau en vul de enquête in zoals je de poli op dat niveau hebt ervaren.

- Gezelschapsdieren niveau 1
- Gezelschapsdieren niveau 2
- Gezelschapsdieren niveau 3
- Landbouwhuisdieren (basiscoschappen)
- Paard (basiscoschappen)
- Geen van bovenstaande opties

2. Weet je precies wat er op de poli van je verwacht wordt?

- Nooit
- Soms
- Regelmatig
- Vaak
- Altijd

3. Is het voor jou geheel duidelijk waar je wel en niet verantwoordelijk voor bent op de poli?

- Nooit
- Soms
- Regelmatig
- Vaak
- Altijd

4. Weet je precies wat de docent/de specialist van je verwacht op de poli?

- Nooit**
- Soms**
- Regelmatig**
- Vaak**
- Altijd**

5. Is het voor jou geheel duidelijk, wat precies je taken zijn op de poli?

- Nooit**
- Soms**
- Regelmatig**
- Vaak**
- Altijd**

6. Heb je nog opmerkingen naar aanleiding van deze enquête?

Appendix B

Survey study: invitation e-mail and included information letter (Dutch)

E-mail

Onderwerp:

Uitnodiging korte enquête – voor deelname aan een onderzoek naar taakduidelijkheid op de poli bij de Universiteitskliniek Gezelschapsdieren

Beste masterstudent,

Hierbij willen we je uitnodigen om deel te nemen aan een korte anonieme enquête waarmee onderzocht wordt in welke mate het voor studenten duidelijk is wat er van hun verwacht wordt en wat hun taken zijn op de poli bij de Universiteitskliniek Gezelschapsdieren. De enquête bestaat uit 5 vragen en invullen duurt ongeveer 3 minuten.

Waarom dit onderzoek?

Uit het onderzoek 'How are UU?' naar het welzijn van studenten in de master Diergeneeskunde, Rechten, Geesteswetenschappen en Biomedische wetenschappen, afgenomen in 2017 en 2018, is gebleken dat masterstudenten diergeneeskunde significant meer taakduidelijkheid ervaren dan de masterstudenten van de overige disciplines.

Het doel van dit onderzoek is ten eerste om te bepalen in welke mate er taakduidelijkheid ervaren wordt op de poli bij gezelschapsdieren. Dit doen we door middel van deze enquête onder studenten die meegedraaid hebben op de poli in de periode december 2018 tot en met augustus 2019, inclusief studenten Landbouwhuisdieren en Paard die in deze periode hun basiscoschappen hebben gelopen. Daarna zullen focusgroepstudies worden uitgevoerd om de resultaten te begrijpen en te duiden.

Doe mee!

Door deel te nemen aan deze enquête draag je bij aan verbetering van het onderwijs.

Het invullen van de enquête kan via deze link: <https://nl.surveymonkey.com/r/taakduidelijkheid-op-de-poli>

Meer weten?

In de bijlage vind je een uitgebreide informatiebrief.

In geval van vragen kun je contact opnemen met Anja van der Meer (a.vandermeer@students.uu.nl) of Nicole Mastenbroek (n.j.j.m.mastenbroek@uu.nl, 030-2533958).

We hopen van harte op je deelname!

Met vriendelijke groet,

Anja van der Meer (master student diergeneeskunde) en Dr. Nicole J.J.M. Mastenbroek
Leerstoel Kwaliteitsbevordering Diergeneeskundig Onderwijs, faculteit DGK, UU

Included information letter

Onderzoek naar taakduidelijkheid op de poli bij de Universiteitskliniek Gezelschapsdieren

Beste masterstudent,

We nodigen je uit om door middel van een anonieme enquête mee toe doen aan een wetenschappelijk onderzoek naar taakduidelijkheid op de poli van de universiteitskliniek gezelschapsdieren. We nodigen jou uit voor deelname omdat je volgens de studentenadministratie in de periode december 2018 tot en met augustus 2019 mee hebt gedraaid op de poli, als onderdeel van je major of basiscoschap.

Voordat je beslist of je mee wilt doen, kun je in deze brief meer informatie vinden over het onderzoek.

Achtergrond en doelen van het onderzoek

Uit het onderzoek 'How are UU?' naar het welzijn van studenten in de master Diergeneeskunde, Rechten, Geesteswetenschappen en Biomedische wetenschappen, afgenomen in 2017 en 2018, is gebleken dat masterstudenten diergeneeskunde significant meer taakduidelijkheid ervaren dan de masterstudenten van de overige disciplines.

Om taakduidelijkheid als aangrijpingspunt te gebruiken om het onderwijs te verbeteren, zal eerst bepaald moeten worden waar in de master de studenten taakduidelijkheid ervaren. Studenten van de master gezelschapsdieren draaien een aanzienlijk deel van de master mee op de poli, waarbij dagelijks wordt gewisseld van discipline en/of begeleidend docent.

Het doel van dit onderzoek is ten eerste om te bepalen in welke mate er taakduidelijkheid ervaren wordt op de poli bij gezelschapsdieren. Dit doen we door middel van deze enquête onder studenten die meegedraaid hebben op de poli in de periode december 2018 tot en met augustus 2019, inclusief studenten Landbouwhuisdieren en Paard die in deze periode hun basiscoschappen hebben gelopen. Daarna zullen focusgroepstudies worden uitgevoerd om de resultaten te begrijpen en te duiden.

De uitvoering van het onderzoek

Om te bepalen of studenten taakduidelijkheid ervaren op de poli bij gezelschapsdieren is een enquête opgesteld die bestaat uit dezelfde vier vragen die gebruikt zijn voor de taakeis 'taakduidelijkheid' in het 'How are UU?' onderzoek, maar aangepast naar de situatie op de poli. Deze enquête is via de mail verstuurd naar alle studenten die in de periode december 2018 tot en met augustus 2019 mee hebben gedraaid op de poli, als onderdeel van hun major of basiscoschap. Naast deze 4 vragen bevat de enquête de vraag welke masterrichting je doet en indien je de master gezelschapsdieren doet, ook welk niveau je bent. Het invullen van de enquête is anoniem, wat betekent dat er geen persoonlijke gegevens gevraagd of bewaard worden.

Wat wordt er van jou verwacht?

Indien je deelneemt aan dit onderzoek word je een online vragenlijst voorgelegd waarvan de invulling ongeveer 3 minuten duurt. Aan alle deelnemers wordt gevraagd de vragenlijst waarheidsgetrouw in te vullen.

Wil je verder nog iets weten?

Voor vragen en toelichting kun je contact opnemen met Nicole Mastenbroek (n.j.j.m.mastenbroek@uu.nl, 030-2533958) of Anja van der Meer (a.vandermeer@students.uu.nl).

We hopen je hiermee voldoende te hebben geïnformeerd.

Met vriendelijke groet,

Anja van der Meer (student)

Dr. Nicole J.J.M. Mastenbroek

Leerstoel Kwaliteitsbevordering Diergeneeskundig Onderwijs, faculteit DGK, UU

Appendix C

Focus group study: invitation e-mail and included information letter for students (Dutch)

E-mail

Onderwerp: Herinnering: uitnodiging deelname focusgroep – taak(on)duidelijkheid op de poli bij gezelschapsdieren

Beste student,

Als je je al aangemeld hebt voor een focusgroep, dan wil ik je hiervoor hartelijk bedanken! Je kunt deze mail dan als niet verzonden beschouwen.

Mijn naam is Anja van der Meer en ik ben masterstudent diergeneeskunde (Gezelschapsdieren). In het kader van mijn onderzoeksstage doe ik een onderzoek naar taak(on)duidelijkheid voor studenten op de poli bij de Universiteitskliniek Gezelschapsdieren. Mijn onderzoek wordt begeleid door dr. Nicole Mastebroek.

Recent heb je mogelijk een enquête ingevuld over taak(on)duidelijkheid op de poli. Daarvoor wil ik je heel hartelijk bedanken. Uit de resultaten blijkt dat studenten een zekere mate van taakonduidelijkheid ervaren. Naar aanleiding van deze resultaten wil ik je uitnodigen om deel te nemen aan een focusgroep. Het doel van deze focusgroep is de resultaten van de enquête beter te begrijpen en zo adviezen te kunnen formuleren om de taakonduidelijkheid op de poli te verminderen.

Waarom ben jij uitgenodigd?

Om te begrijpen waardoor er taakonduidelijkheid ervaren wordt hebben we de input van studenten nodig. Uit de groep studenten die in de periode december 2018 tot en met augustus 2019 meegedraaid hebben op de poli, zijn er random een aantal uitgenodigd om mee te doen aan een focusgroep. Daar ben jij er een van.

Waarom focusgroepen?

Uit de resultaten van de recente enquête over taakonduidelijkheid, afgenomen onder studenten die meegedraaid hebben op de poli in de periode december 2018 tot en met augustus 2019, blijkt dat studenten taakonduidelijkheid ervaren op de poli. Om deze resultaten beter te begrijpen en adviezen te kunnen formuleren om het onderwijs te verbeteren, wordt deze focusgroepstudie gestart. Een focusgroep is een gestuurde discussie. Hierin kun je jouw mening geven, en met andere studenten bespreken wat mogelijke oorzaken en oplossingen zijn voor taakonduidelijkheid op de poli. Meer informatie over dit onderzoek kun je vinden in de informatiebrief in de bijlage.

Praktische zaken

Een focusgroep bestaat uit 5-7 studenten, duurt maximaal 1 uur en wordt begeleid door Nicole Mastebroek of Anja van der Meer. Om de focusgroep te plannen kun je aangeven op welke momenten je beschikbaar bent door middel van een formulier (zie het kopje 'Doe mee!'). Je zal dan binnen een week een bevestiging krijgen met de datum en tijd waarop de focusgroep zal plaatsvinden.

Bij de verslaglegging van de resultaten worden geen namen genoemd. Bij deelname zal jullie gevraagd worden een informed consent te tekenen. Deze kun je alvast vinden in de bijlage, maar hoeft pas getekend te worden bij aanvang van de focusgroep.

Doe mee!

Door jouw input kan het onderwijs verbeterd worden!

Aanmelden en het opgeven van je beschikbaarheid kan via dit formulier:

<https://nl.surveymonkey.com/r/FocusgroepStudenten>

Meer weten?

In de bijlage vind je een uitgebreide informatiebrief.

Heb je vragen of twijfel je over deelname? Dan kun je contact opnemen met Anja van der Meer

(a.vandermeer@students.uu.nl) of Nicole Mastenbroek (n.j.j.m.mastenbroek@uu.nl, 030-2533958).

We hopen van harte op je deelname!

Met vriendelijke groet,

Anja van der Meer en Dr. Nicole J.J.M. Mastenbroek

Leerstoel Kwaliteitsbevordering Diergeneeskundig Onderwijs, faculteit DGK, UU

Included information letter

Onderzoek naar taak(on)duidelijkheid op de poli bij de Universiteitskliniek Gezelschapsdieren – Focusgroepstudie

Beste masterstudent,

Je wordt uitgenodigd om deel te nemen aan een focusgroep over taak(on)duidelijkheid op de poli bij de Universiteitskliniek Gezelschapsdieren. Voordat je beslist of je mee wilt doen, kun je in deze brief meer informatie vinden over het onderzoek.

Achtergrond en doelen van het onderzoek

Uit het onderzoek 'How are UU?' naar het welzijn van studenten in de master Diergeneeskunde, Rechten, Geesteswetenschappen en Biomedische wetenschappen, afgenomen in 2018, is gebleken dat masterstudenten Diergeneeskunde significant meer taakonduidelijkheid ervaren dan de masterstudenten van de overige opleidingen.

Studenten van de master gezelschapsdieren draaien een aanzienlijk deel van de master mee op de poli, waarbij dagelijks wordt gewisseld van discipline en/of begeleidend docent. Met dit onderzoek willen we de mate waarin studenten taak(on)duidelijkheid ervaren op de poli vaststellen (met behulp van een vragenlijstonderzoek) en begrijpen (met behulp van een focusgroepstudie).

De uitvoering van de focusgroepen met studenten

In de focusgroep wordt gevraagd naar en gediscussieerd over ervaringen met betrekking tot taak(on)duidelijkheid op de poli bij Gezelschapsdieren. De nadruk zal liggen op de factoren die de perceptie van taakduidelijkheid of taakonduidelijkheid beïnvloeden. De focusgroepen zullen begeleid worden door dr. Nicole Mastenbroek of Anja van der Meer. Zij zullen vragen stellen aan de groep en discussie stimuleren. Iedere focusgroep zal bestaan uit 6-7 studenten en duurt maximaal een uur. Het gesprek wordt opgenomen en later getranscribeerd. De gegevens worden anoniem opgeslagen.

Wat zijn mogelijke voor- en nadelen van deelname aan een focusgroep?

De gegevens die voortkomen uit dit onderzoek zullen gebruikt worden voor het opstellen van adviezen ter verbetering van de taakduidelijkheid op de poli bij de Universiteitskliniek Gezelschapsdieren. Deelname aan het onderzoek zal je maximaal een uur de tijd kosten. Je kunt op elk moment besluiten niet meer deel te nemen aan de discussie en/of de focusgroep te verlaten. Ook kun je na de bijeenkomst, of desgewenst later, met de onderzoekers napraten. Deelname aan het onderzoek zal op geen enkele wijze jouw studievoortgang beïnvloeden.

Wat gebeurt er indien je niet wenst deel te nemen aan een focusgroep?

Deelname is volledig op vrijwillige basis. Als je ervoor kiest om niet deel te nemen, hoef je daar niets voor te doen en hoef je geen reden op te geven. Deze keuze heeft geen gevolgen voor jou of voor je studievoortgang. Als je wel mee wilt doen, kun je je altijd daarna nog bedenken en toch stoppen. Ook tijdens de focusgroepbijeenkomst.

Wat gebeurt er met je gegevens?

De gesprekken worden opgenomen. Deze opnames zullen alleen beluisterd worden door de ondergetekende onderzoekers. De opnames zullen getranscribeerd worden en de transcripten zullen anoniem worden opgeslagen. Opnames en transcripten worden tot de afronding van het onderzoek bewaard (uiterlijk eind januari 2020). Daarna worden de opnames en transcripten vernietigd. Resultaten uit dit onderzoek zijn niet herleidbaar tot individuen.

Zijn er kosten/is er een vergoeding wanneer je besluit deel te nemen aan een focusgroep?

Er zijn geen kosten aan dit onderzoek verbonden en er worden geen vergoedingen betaald voor deelname.

Informed consent

Bij deelname aan een focusgroep word je gevraagd het informed consentformulier te tekenen. Deze kun je vinden in de bijlage. Je hoeft deze pas te ondertekenen bij aanvang van de focusgroep.

Wil je verder nog iets weten?

Indien je na het lezen van deze informatiebrief eerst meer informatie wilt verzamelen, of indien je aanvullende vragen hebt, kun je contact opnemen met dr. Nicole Mastenbroek (n.j.j.m.mastenbroek@uu.nl, 030-2533958) of Anja van der Meer (a.vandermeer@students.uu.nl).

We hopen je hiermee voldoende te hebben geïnformeerd.

Met vriendelijke groet,

Anja van der Meer (masterstudent gezelschapsdieren)

Dr. Nicole J.J.M. Mastenbroek

Leerstoel Kwaliteitsbevordering Diergeneeskundig Onderwijs, faculteit DGK, UU

Appendix of the informationletter

Informed consent

Onderzoek naar taak(on)duidelijkheid op de pol bij de Universiteitskliniek Gezelschapsdieren – Focusgroepstudie

Ik heb de informatie voor de deelnemer gelezen. Ik heb de mogelijkheid gekregen om aanvullende vragen te stellen. Mijn vragen zijn voldoende beantwoord. Ik heb genoeg tijd gekregen om te beslissen of ik deelneem aan het onderzoek.

Ik weet dat meedoen geheel vrijwillig is. Ik weet dat ik op ieder moment kan beslissen om toch niet of niet meer mee te doen. Daarvoor hoef ik geen reden op te geven.

Ik weet dat de onderzoekers mijn gegevens vertrouwelijk behandelen. De desbetreffende mensen staan vermeld in de informatiebrief.

Ik geef toestemming om mijn gegevens te gebruiken, voor de doelen die in de informatiebrief staan vermeld.

Ik geef toestemming om de geluidsopnames en transcripten van de focusgroep tot uiterlijk eind januari 2020 te bewaren.

Ik ga akkoord met deelname aan het onderzoek.

Naam deelnemer:

Handtekening:

Datum: ____ - ____ - ____

Ik verklaar hierbij dat ik deze deelnemer voldoende heb geïnformeerd over het genoemde onderzoek.

Als er tijdens het onderzoek informatie bekend wordt die de toestemming van de deelnemer zou kunnen beïnvloeden, dan breng ik hem/haar daarvan tijdig op de hoogte.

Naam onderzoeker:

Handtekening:

Datum: ____ - ____ - ____

Appendix D

Focus group study: invitation ad for teachers in the newsletter (Dutch)

Uitnodiging focusgroep – Onderzoek naar taak(on)duidelijkheid op de poli

Beste docenten,

Uit het onderzoek ‘How are UU?’ naar het welzijn van studenten in de master Diergeneeskunde, Rechten, Geesteswetenschappen en Biomedische wetenschappen, afgenomen in 2017 en 2018, is gebleken dat masterstudenten diergeneeskunde significant meer taakonduidelijkheid ervaren dan de masterstudenten van de andere opleidingen.

Naar aanleiding hiervan heb ik een enquête afgenomen bij studenten om te exploreren in welke mate er taak(on)duidelijkheid ervaren wordt op de poli’s bij de UKG. Hieruit is gebleken dat er een zekere mate van taakonduidelijkheid ervaren wordt.

In de tweede fase van mijn onderzoeksstage ga ik een focusgroepstudie doen om deze resultaten te kunnen interpreteren. Ik wil zowel focusgroepen met studenten als focusgroepen met docenten (specialisten/sio’s/interns) organiseren om van beide partijen de perspectieven in kaart te brengen. Daarom wil ik jullie uitnodigen om deel te nemen aan een focusgroep. Een focusgroep is een gestuurde discussie en zal uit 5-7 docenten bestaan. Het duurt max. 1 uur en het moment wordt vastgesteld op basis van jullie beschikbaarheid.

Jullie input is zeer waardevol!

Opgeven kan door mij een mail te sturen naar a.vandermeer@students.uu.nl.

Voor vragen en toelichting kun je contact opnemen met mij (Anja van der Meer, student masterprogramma gezelschapsdieren, a.vandermeer@students.uu.nl) of mijn begeleider Dr. Nicole Mastenbroek (n.j.j.m.mastenbroek@uu.nl, 030-2533958).

Appendix E

Focus group study: invitation e-mail and included information letter for teachers (Dutch)

E-mail

Onderwerp: Uitnodiging deelname focusgroep – taak(on)duidelijkheid op de poli bij gezelschapsdieren

Beste docent,

Ik wil u graag uitnodigen om deel te nemen aan een focusgroep over taak(on)duidelijkheid op de poli bij de Universiteitskliniek Gezelschapsdieren.

Mijn naam is Anja van der Meer en ik ben masterstudent Gezelschapsdieren. In het kader van mijn onderzoeksstage doe ik een onderzoek naar taak(on)duidelijkheid voor studenten op de poli. Mijn onderzoek wordt begeleid door dr. Nicole Mastenbroek. Zij leidt ook het onderzoek naar welzijn van studenten tijdens de overgang van opleiding naar werk (“How are UU?”).

Waarom dit onderzoek?

Uit dit onderzoek, afgenomen onder studenten in de masters Diergeneeskunde, Rechten, Geesteswetenschappen en Biomedische wetenschappen in 2017 en 2018, is gebleken dat masterstudenten Diergeneeskunde significant meer taakduidelijkheid ervaren dan de masterstudenten van de andere opleidingen.

Om beter te begrijpen waar, in welke mate en door wie deze taakduidelijkheid ervaren wordt, heb ik recent een enquête afgenomen bij studenten die meedraaien of meegedraaid hebben op de poli's bij de UKG. Hieruit is gebleken dat op de poli, afhankelijk van het niveau van de student, middelmatige of hoge taakduidelijkheid ervaren wordt.

In de tweede fase van mijn onderzoek ga ik een focusgroepstudie doen om de resultaten van de enquête te kunnen interpreteren en adviezen te kunnen formuleren om het onderwijs te verbeteren. Ik zou graag zowel focusgroepen met studenten als focusgroepen met docenten (specialisten/sio's/interns) organiseren om van beide partijen de perspectieven in kaart te brengen.

Wat is een focusgroep?

Een focusgroep is een gestuurde discussie. Hierin kunt u uw mening geven, en met andere docenten bespreken wat mogelijke oorzaken van taakduidelijkheid op de poli zijn, met als doel werkbaar advies te formuleren ter verbetering van de taakduidelijkheid. Een focusgroep bestaat uit 5-7 docenten, duurt maximaal 1 uur en wordt begeleid door Nicole Mastenbroek of Anja van der Meer.

Praktische zaken

De focusgroep zal gepland worden op basis van uw beschikbaarheid. Bij de verslaglegging van de resultaten worden geen namen genoemd. Bij deelname zal u gevraagd worden een informed consent te tekenen. Deze kunt u alvast vinden in de bijlage, maar hoeft pas getekend te worden bij aanvang van de focusgroep.

Doe mee!

De input van docenten is voor mijn onderzoek zeer waardevol!
Aanmelden kan door op deze mail te reageren.

Meer weten?

In de bijlage kunt u een uitgebreide informatiebrief vinden.

Heeft u vragen of twijfelt u over deelname? Dan kunt u contact opnemen met Anja van der Meer (a.vandermeer@students.uu.nl) of Nicole Mastenbroek (n.j.j.m.mastenbroek@uu.nl, 030-2533958).

We hopen van harte op uw deelname!

Met vriendelijke groet,
Anja van der Meer en Dr. Nicole J.J.M. Mastenbroek
Leerstoel Kwaliteitsbevordering Diergeneeskundig Onderwijs, faculteit DGK, UU

Included information letter

Onderzoek naar taak(on)duidelijkheid op de poli bij de Universiteitskliniek Gezelschapsdieren – Focusgroepstudie

Beste docent,

U wordt uitgenodigd om deel te nemen aan een focusgroep over taak(on)duidelijkheid op de poli bij de Universiteitskliniek Gezelschapsdieren. Voordat u beslist of u mee wilt doen, kunt u in deze brief meer informatie vinden over het onderzoek.

Achtergrond en doelen van het onderzoek

Uit het onderzoek 'How are UU?' naar het welzijn van studenten in de master Diergeneeskunde, Rechten, Geesteswetenschappen en Biomedische wetenschappen, afgenomen in 2018, is gebleken dat masterstudenten Diergeneeskunde significant meer taakonduidelijkheid ervaren dan de masterstudenten van de overige opleidingen.

Studenten van de master gezelschapsdieren draaien een aanzienlijk deel van de master mee op de poli, waarbij dagelijks wordt gewisseld van discipline en/of begeleidend docent. Met dit onderzoek willen we de mate waarin studenten taak(on)duidelijkheid ervaren op de poli vaststellen (met behulp van een vragenlijstonderzoek) en begrijpen (met behulp van een focusgroepstudie).

De uitvoering van de focusgroepen met docenten

In de focusgroep wordt gevraagd naar en gediscussieerd over ervaringen met betrekking tot taak(on)duidelijkheid voor studenten op de poli bij Gezelschapsdieren. De nadruk zal liggen op de factoren die de perceptie van taakduidelijkheid of taakonduidelijkheid beïnvloeden. De focusgroepen zullen begeleid worden door dr. Nicole Mastenbroek of Anja van der Meer. Zij zullen vragen stellen aan de groep en discussie stimuleren. Iedere focusgroep zal bestaan uit 5-7 docenten en duurt maximaal een uur. Het gesprek wordt opgenomen en later getranscribeerd. De gegevens worden anoniem opgeslagen.

Wat zijn mogelijke voor- en nadelen van deelname aan een focusgroep?

De gegevens die voortkomen uit dit onderzoek zullen gebruikt worden voor het opstellen van adviezen ter verbetering van de taakduidelijkheid op de poli bij de Universiteitskliniek Gezelschapsdieren. Deelname aan het onderzoek duurt maximaal een uur. U kunt op elk moment besluiten niet meer deel te nemen aan de discussie en/of de focusgroep te verlaten. Ook kunt u na de bijeenkomst, of desgewenst later, met de onderzoekers napraten.

Wat gebeurt er indien u niet wenst deel te nemen aan een focusgroep?

Deelname is volledig op vrijwillige basis. Als u ervoor kiest om niet deel te nemen, hoeft u daar niets voor te doen en hoeft u geen reden op te geven. Deze keuze heeft geen gevolgen voor u of voor uw werk of studie. Als u wel mee wilt doen, kun u zich altijd daarna nog bedenken en toch stoppen. Ook tijdens de focusgroepbijeenkomst.

Wat gebeurt er met uw gegevens?

De gesprekken worden opgenomen. Deze opnames zullen alleen beluisterd worden door de ondergetekende onderzoekers. De opnames zullen getranscribeerd worden en de transcripten zullen anoniem worden opgeslagen. Opnames en transcripten worden tot de afronding van het onderzoek bewaard (uiterlijk eind januari 2020). Daarna worden de opnames en transcripten vernietigd. Resultaten uit dit onderzoek zijn niet herleidbaar tot individuen.

Zijn er kosten/is er een vergoeding wanneer u besluit deel te nemen aan een focusgroep?

Er zijn geen kosten aan dit onderzoek verbonden en er worden geen vergoedingen betaald voor deelname.

Informed consent

Bij deelname aan een focusgroep wordt u gevraagd het informed consentformulier te tekenen. Deze kunt u vinden in de bijlage. U hoeft deze pas te ondertekenen bij aanvang van de focusgroep.

Wilt u verder nog iets weten?

Indien u na het lezen van deze informatiebrief eerst meer informatie wilt verzamelen, of indien u aanvullende vragen hebt, kunt u contact opnemen met dr. Nicole Mastenbroek (n.j.j.m.mastenbroek@uu.nl, 030-2533958) of Anja van der Meer (a.vandermeer@students.uu.nl).

We hopen u hiermee voldoende te hebben geïnformeerd.

Met vriendelijke groet,

Anja van der Meer (masterstudent gezelschapsdieren)

Dr. Nicole J.J.M. Mastenbroek

Leerstoel Kwaliteitsbevordering Diergeneeskundig Onderwijs, faculteit DGK, UU

Appendix of the information letter

Informed consent

Onderzoek naar taak(on)duidelijkheid op de pol bij de Universiteitskliniek Gezelschapsdieren – Focusgroepstudie

Ik heb de informatie voor de deelnemer gelezen. Ik heb de mogelijkheid gekregen om aanvullende vragen te stellen. Mijn vragen zijn voldoende beantwoord. Ik heb genoeg tijd gekregen om te beslissen of ik deelneem aan het onderzoek.

Ik weet dat meedoen geheel vrijwillig is. Ik weet dat ik op ieder moment kan beslissen om toch niet of niet meer mee te doen. Daarvoor hoef ik geen reden op te geven.

Ik weet dat de onderzoekers mijn gegevens vertrouwelijk behandelen. De desbetreffende mensen staan vermeld in de informatiebrief.

Ik geef toestemming om mijn gegevens te gebruiken, voor de doelen die in de informatiebrief staan vermeld.

Ik geef toestemming om de geluidsopnames en transcripten van de focusgroep tot uiterlijk eind januari 2020 te bewaren.

Ik ga akkoord met deelname aan het onderzoek.

Naam deelnemer:

Handtekening:

Datum: ____ - ____ - ____

Ik verklaar hierbij dat ik deze deelnemer voldoende heb geïnformeerd over het genoemde onderzoek.

Als er tijdens het onderzoek informatie bekend wordt die de toestemming van de deelnemer zou kunnen beïnvloeden, dan breng ik hem/haar daarvan tijdig op de hoogte.

Naam onderzoeker:

Handtekening:

Datum: ____ - ____ - ____

Appendix F

Discussion guides (Dutch)

Discussion guide student focus group

Openingsvraag

Een kort voorstelrondje: Welke masterrichting doe je, en indien je gezelschapsdieren doet welk niveau ben je?

Introductievraag

- Wat is jullie motivatie om mee te doen aan deze focusgroep?

Transitievragen

- Ervaren jullie taakonduidelijkheid als een probleem?
- Zo ja, wat zijn de gevolgen van taakonduidelijkheid voor jullie?

Kernvragen

- Voorafgaand aan een poli heb je waarschijnlijk een idee gevormd over wat je denkt dat er van je verwacht wordt. Hoe of van wie krijg je informatie op basis waarvan je vaststelt wat er van je verwacht wordt?
- Wat zouden mogelijke oorzaken van taakonduidelijkheid kunnen zijn?
- Wat zouden mogelijkheden kunnen zijn om taakonduidelijkheid te verminderen?

Afsluitende vraag

- Hebben we nog iets niet besproken wat wel van belang is?

Discussion guide teacher focus group

Openingsvraag

- Een kort voorstelrondje: ben je een intern, SIO of specialist, en welke poli verzorg je?

Introductievraag

- Wat is jullie motivatie om mee te doen aan deze focusgroep?

Transitievragen

- Denken jullie dat taakonduidelijkheid op de poli een probleem is voor de studenten?
- Wat denken jullie dat gevolgen van taakonduidelijkheid zijn?

Kernvragen

- Hoe bepaal je wat je van een student verwacht?
- Hoe of van wie krijgen de studenten informatie over wat er van hen verwacht wordt?
- Wat zouden mogelijke oorzaken van taakonduidelijkheid kunnen zijn?
- Wat zouden mogelijkheden kunnen zijn om taakonduidelijkheid te verminderen?

Afsluitende vraag

- Hebben we nog iets niet besproken wat wel van belang is?