


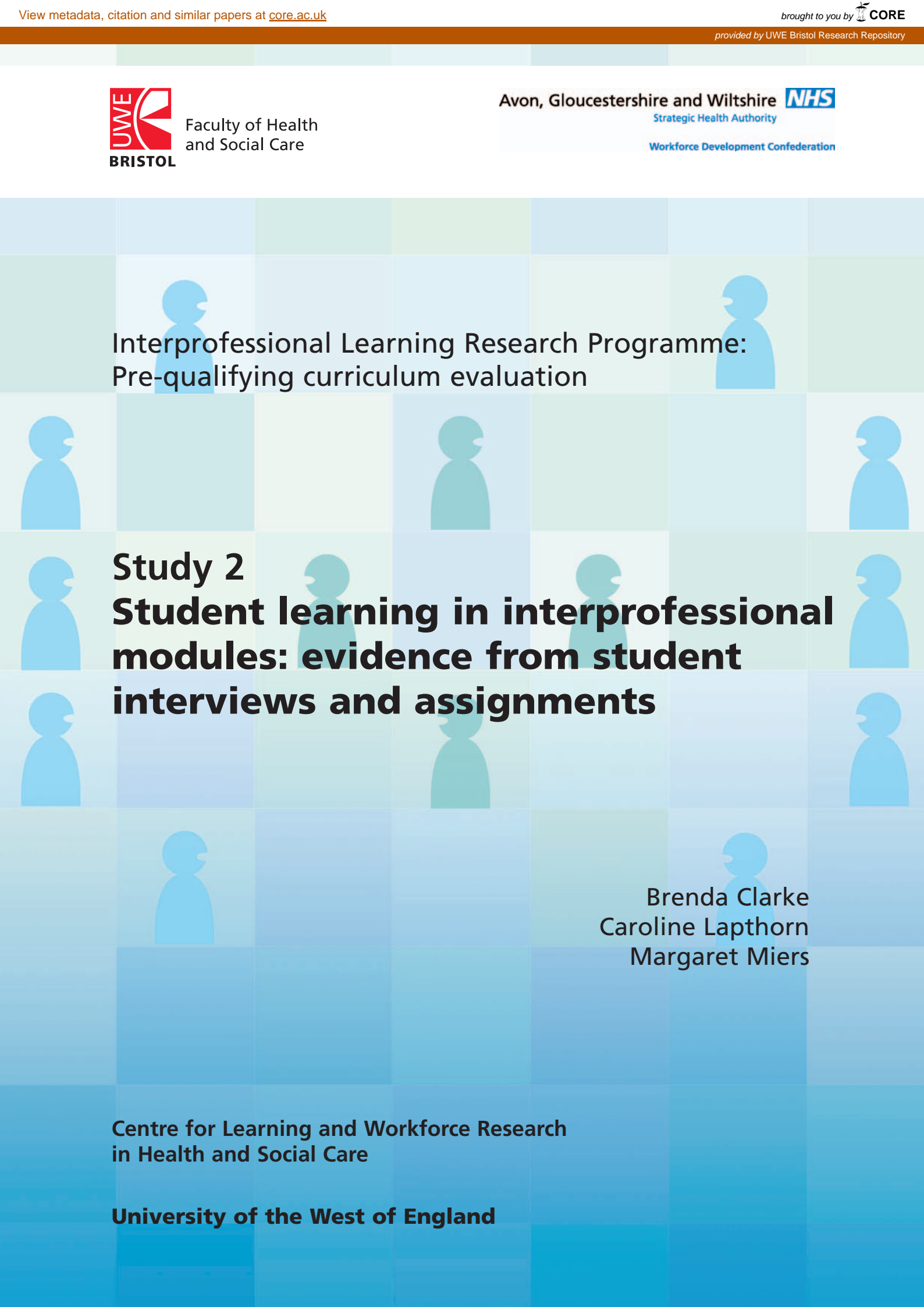


Faculty of Health  
and Social Care

Avon, Gloucestershire and Wiltshire 

Strategic Health Authority

Workforce Development Confederation



## Interprofessional Learning Research Programme: Pre-qualifying curriculum evaluation

### Study 2

# Student learning in interprofessional modules: evidence from student interviews and assignments

Brenda Clarke  
Caroline Laphorn  
Margaret Miers

Centre for Learning and Workforce Research  
in Health and Social Care

University of the West of England



## **Acknowledgements**

The research team are indebted to all students who participated in this evaluative study of the interprofessional pre-qualifying curriculum. We are particularly grateful to those students who agreed to be interviewed and who consented to the researchers accessing their assignments.

This research study could not have been undertaken without the help and support of the leaders of the three IP modules and their respective teams.

Dr Brenda Clarke  
Caroline Laphorn  
Dr Margaret Miers

October 2005

ISBN: 1 86043 380 4

## Contents

<b>Acknowledgements</b>	<b>1</b>
<b>Executive Summary</b>	<b>4</b>
<b>Introduction</b>	<b>5</b>
<b>Ethics</b>	<b>5</b>
<b>Methodology</b>	<b>5</b>
<b>Methods of data collection for this report</b>	<b>6</b>
Interviews	6
Assignments	6
<b>Analysis</b>	<b>7</b>
<b>Findings</b>	
<b><u>Section A: Learning in interprofessional face to face groups (modules 1 and 2)</u></b>	<b>9</b>
<b>Learning about groups</b>	<b>9</b>
Stages of group development	9
Participation/involvement	11
Discussion	13
Leadership and the role of chair/scribe	15
Enquiry based learning and role of facilitator	16
<b>Learning about self in relation to group working</b>	<b>17</b>
Role	17
Level of participation	19
Reaction to group events	20
<b>Recognising links between the practice of the module experience and the theory of interprofessional learning</b>	<b>21</b>
Understanding the purpose of the interprofessional modules	21
Recognising limitations of the interprofessional modules	23
<b>Learning about/from different professions</b>	<b>24</b>
Professional roles	24
Profession specific knowledge	26
<b>Recognising issues associated with interprofessional working in practice</b>	<b>26</b>
Increased awareness of interprofessional issues in practice	26
Enablers	28
Barriers	29
Benefits to client	31
Benefits to service provider	32

<b>Developing new skills</b>	<b>33</b>
<b>Learning about specific topics</b>	<b>33</b>
Homelessness	34
Disability	34
Carers	35
User participation and patient/client empowerment	36
<b><u>Section B: learning in interprofessional online groups (module 3)</u></b>	<b>37</b>
<b>Learning about groups</b>	<b>37</b>
Stages of group development	37
Participation/involvement	38
Discussion	40
Enquiry based learning and role of facilitator	40
<b>Learning about self in relation to group working</b>	<b>41</b>
<b>Recognising links between the practice of the module experience and the theory of interprofessional learning</b>	<b>42</b>
<b>Learning about/from different professions</b>	<b>43</b>
<b>Recognising issues associated with interprofessional working in practice</b>	<b>45</b>
Increased awareness of interprofessional issues in practice	45
Barriers	45
Benefits to client	46
<b>Developing new skills</b>	<b>47</b>
<b>Learning about specific topics</b>	<b>48</b>
Clinical Governance related to professional competence	48
Accountability	49
Public involvement in the NHS	49
Informed consent	49
<b>Summary of findings to date</b>	<b>50</b>
<b>References</b>	<b>50</b>

## **Executive Summary**

- Researchers analysed 57 student interviews and 27 student assignments completed for the interprofessional modules.
- Interview and assignment data provide evidence of student learning about the theories of groups and group work, including the process of group formation, group roles and group dynamics.
- Module assessments led to student reflection about their own role, behaviour and participation in group situations. A number of students decided to alter their conduct as a result.
- Students identified links between the practice of the module experience and theories of IP learning and working. They recognised the limitations of the modules and put forward suggestions as to how they thought the learning experience could be improved.
- Students reported learning about other professional roles, perspectives and working practices. Assignments show that students conducted additional research on health and social care professions not represented in the groups.
- Students felt that the modules had resulted in an increased awareness of IP issues in placements. They identified positive/negative examples of IP working and considered the potential barriers, enablers and benefits of effective IP collaboration in practice.
- Students valued the modules as opportunities to develop their group/team work skills. Increased self-confidence and improved communication, interpersonal and presentation skills, were all reported by students.
- Module scenarios triggered student enquiry into a wide range of subject areas. Students learnt about topics including homelessness, disability, user participation/empowerment, clinical governance accountability and informed consent.

## **Introduction**

The Faculty of Health and Social Care introduced a pre-qualifying interprofessional curriculum for all ten of its professional programmes in September 2000. A research programme evaluating the curriculum (with a focus on the interprofessional modules) began in September 2001, involving two cohorts of students (September 2001 intake and January 2002 intake). One study in the research programme (study 2) explores the student experience of learning in interprofessional groups. In years one and two, the students learned together in face to face interprofessional groups. In year 3 students worked together online, sharing and discussing their work through a discussion board.

## **Ethics**

Approval to proceed with the study was received from both the Faculty and University ethics committees in September 2001. As the work has progressed additional successful applications have been made to these committees. Notably permission to use data from student assignments was received in May 2004.

## **Methodology**

The overall research programme adopts the principles of realistic evaluation (Pawson and Tilley 1997), an approach which draws on realism's generative approach to causation. In realism causation is seen as acting internally as well as externally. Interventions (such as interprofessional learning opportunities) have transformative potential within certain contexts (or social structures). The effect of an intervention depends on context and hence the context of an intervention must also be an object of study. Realist explanation, therefore, is based on the proposition that causal outcomes follow from mechanisms acting in contexts. A realist approach to evaluation has to study mechanisms, contexts and outcomes. The realist evaluation cycle involves framing theories which identify and explain regularities, deriving hypotheses concerning what might work for whom in what circumstances, testing these through multi method data collection and analysis, which can then inform further generalisations and lead to revision of theory and new hypotheses. Within this approach the research team adopted a case study methodology to explore student experience of learning in interprofessional groups. The case studies will give us opportunities to ask what works for whom in what circumstances.

This report focuses on student learning from the interprofessional (IP) modules, drawing on data from student interviews gathered over the past four years and from student assignments from the three IP modules. Methods of data collection and analysis are detailed below.

The core research team involved in this work were Dr Brenda Clarke, Caroline Laphorn and Dr Margaret Miers. This report was compiled by Dr Brenda Clarke and Caroline Laphorn.

## **Methods of data collection for this report**

### Interviews

Interviews with 1-4 students from each group, 53 student interviewees in total; some students were interviewed about their experiences of learning in interprofessional groups in years 1, 2 and 3. Some students were also interviewed as a follow-up after the module to capture their experiences of placement in years 1 and 2. Most interviews were recorded and transcribed either by the researcher or by a research administrator. Alternatively, and/or in addition, written records of interviews were made by the researcher during and immediately after the interview. Interview summaries were sent to the interviewees for comment and clarification.

### Assignments

On completion of their professional programme, all students in the two research cohorts (with the exception of September 01 social work students who had completed their professional programme prior to ethical approval for the assignment study being granted) were asked if they would be willing to participate in a study of their interprofessional learning through analysing assignments completed for the interprofessional modules. 256 students consented to this part of the study, of whom 53 had also given consent to other elements of study 2 research. These 53 students (42 from the September 01 cohort and 11 from the January 02 cohort) form the population from which the sample of assignments analysed for this report were drawn.

The research team were able to obtain 26 IP1 assignments, 48 IP2 assignments and 47 IP3 assignments from Faculty archive. Assignments for all three modules comprised a number of different elements. IP1 required submission of a 1000 word essay and 3 learning logs, IP2



a 2000 word essay and 6 learning logs, and IP3 a 2000 word reflective essay, three briefing papers and a critique of another group members briefing paper 2. Unfortunately some of the obtained IP1 and IP2 assignments were missing the learning log component.

A number of factors were considered when selecting assignments for analysis:

- Professional programme
- Module group
- Assignment mark
- Available data sources (i.e. range of assignments, number of interviews)

For some professional groups the sample selection was predetermined as a result of the number of students consenting to take part in the assignment study or the number of assignments obtained for a particular module. For those groups where this was not the case, the core research team (BC, CL, MM) selected assignments submitted by students for whom a wide range of data sources was available, and within the selection attempted to maximise the number of groups, as well as the range of marks, represented.

## **Analysis**

Mirroring the approach previously taken with other aspects of study 2 data the core group of researchers (BC, CL, MM) developed a thematic framework of analysis from a sample of student interviews and assignments. Seven main themes were identified: learning about groups; learning about self in relation to group working; recognising links between the practice of the module experience and the theory of interprofessional learning; learning about/from different professions; recognising issues associated with interprofessional working in practice; developing new skills; and learning about specific topics. The researchers worked as a group to check data interpretation across themes and sub themes. The seven themes structure this report.

To date initial analysis of the following has been conducted using this framework: 14 IP1 interviews, 7 follow-up interviews, 16 IP2 interviews, 20 IP3 interviews, 8 IP1 assignments; 10 IP2 assignments (10 essays and 7 logs); and 9 IP3 assignments.

In the report, students are referred to by their group and their profession. Abbreviations used for the professions are as follows:

Adult Nursing	AN	Midwifery	MW
Children's Nursing	CN	Occupational Therapy	OT
Diagnostic Imaging	DI	Physiotherapy	PT
Learning Disabilities Nursing	LD	Radiotherapy	RT
Mental Health Nursing	MH		

Where more than one student from the same profession have been interviewed from one group, students are referred to by number, for example, AN-1, AN-2. Where quotations have been taken from student interviews an additional number follows the student code and indicates when the interview took place:

- 1 after IP1
- 1f after IP1 and during/after placement
- 2 after IP2
- 3 after IP3

Where quotations have been taken from student assignments the level of the module (IP1/2/3) as well as the source (essay/learning log/briefing paper) is specified after the student code.

In section B students are identified by an IP3 code, although their face to face research code is also shown in brackets.

## Findings

### Section A: Interprofessional learning in face to face groups (modules 1 and 2)

#### Learning about groups

##### Stages of group development

It is clear from both assignments and interviews that during the IP module students learnt about the process of group formation. The majority of evidence to support learning in this area was found in assignments, particularly IP2 logs, where students made explicit reference to Tuckman's stages and used references to back up what they were saying. However students also demonstrated implicit knowledge of group development in interviews.

Students were able to identify which of Tuckman's (1965) stages of group development they felt their group had reached at various points throughout the module and considered how they were likely to continue to progress.

*...the group seems to have moved from the 'forming' stage of being polite and guarded in their opinions, to beginning to establish their role... This role struggle is the only real characteristic of 'storming' I feel the group was displaying because in other ways it seems to have by-passed the other features of conflict and challenging of tasks, rules and leader, and there is evidence of communication but limited to certain people. Consequently the group already appears to be showing signs of the 'norming' stage, which I am sure will develop further next week. M-OT-2 IP2 learning log week 2*

It would seem that some students felt the short duration of the module hindered the group's ability to progress. A number of groups appeared to reach the 'storming' stage but did not manage to work through this in order to reach subsequent stages.

*I think people would probably have stood up to them a bit more. There were quite a lot of people in our group who were happy to talk and I think perhaps after that fifth week, and then you get to the 6<sup>th</sup> and everyone thinks oh it's the last and you're not going to put the cat amongst the pigeons in the last week you just want to go, you just want to finish it really (laughs) J-RT-2-2 interview*

Other groups did manage to get past these difficult initial stages and students' demonstrated awareness of the stage their group had got to as well as the effect that this had had on their learning.

*At the very beginning, awful, because we were all new, we had lots of information being thrown at us, we didn't know one another. The first session, it was awful, it was a very small room, and we could hear the clock ticking, nobody wanted to talk, we just sat there with arms folded. It wasn't until the last two weeks that we came out of our shells, and had constructive arguments, and were really bringing the information forward... In the last two weeks we worked really well together, and were starting to look at the professions more, which is what I think people wanted, so it's a shame that we're not going to be together again.* C-AN-2-1 interview

*We got to a stage where we were starting to work well together, becoming friendly, because we'd knocked the corners off each other, we didn't always agree, had a few shouting matches.* K-AN-2-2 interview

Students recognised that fluctuating attendance and varying levels of commitment could contribute to a lack of group cohesion and therefore hinder progress to subsequent stages of development.

*...um I think it was just the different people really in my last group people didn't make much effort in-between sessions with their research bringing back to the group and also people didn't attend every lesson so the group dynamics couldn't really develop because people weren't there one week to the next and it just didn't seem that people were motivated, whereas this one everyone worked together worked really well and brought back a lot more information* C-PH-1-2 interview

Some felt that the composition of IP2 groups, whether the same or different from IP1, affected the process of group formation at level 2. Students in IP2 groups that were different from IP1 recognised that this led to a slower start.

(I: Was this the same group that you have been with in IP1?) *No. (I: Not at all.) To a point, a few of them. (I: But not, the majority weren't.) The majority weren't. (I: So you had to start again basically.) Yeah, so there was a, there was a, a period of, of mourning.* A-AN-1-2 interview

A number of students discussed the formation of sub-groups and reflected on the impact, both positive and negative, that this had on the rest of the group.

*It was obvious from the start that everyone in the group had sat next to the person they knew from their course, as we all seemed to be talking in pairs. This can be likened to Finlay's (1993) description of a subgroup and she discusses the advantages and disadvantages of this. I felt that in this case it was an advantage to us all as it provided a 'source of strength and support' which was 'particularly important for quieter members, or those daunted by the larger group' (Finlay 1993, p29). Our small subgroups provided us with the cushion of knowing someone in the group already, and even though it was the easy option it meant that we weren't all sitting there initially in total silence, which would have made the first session more daunting.*  
M-OT-2 IP2 learning log week 1

*I feel the social workers getting together to conduct their own research within our group showed poor manners and separated them from the group, a 'them and us' situation which was unnecessary.* J-CN-1 IP2 learning log week 4

### Participation/involvement

Students recognised that level of participation in group discussion varied and were insightful as to why this might be. Suggestions put forward as to why people didn't contribute included language difficulties, a perception that the trigger was not relevant to their profession, lack of relevant knowledge/experience, and the presence of more confident/dominant group members. The physical environment was also recognised as having a potentially negative influence on quieter group members.

*I think the fact that you're in a circle is terrible; I think it would be much better to be sitting around a table, so that people who might feel quite exposed feel that they've got some sort of psychological protection. You need something there that people can get behind when they want to.* C-AN-1-1 interview

The role of age, gender and profession were also considered in relation to participation. Whereas some students' comments indicated that they felt their interpretations of these factors were generalisable to group situations elsewhere, others were not so clear.

*My biggest complaint over these sessions was the passiveness of the group with the majority seemingly reluctant to get involved. I think that behind this lies a basic lack of self-confidence in some of my fellow group members. This may in part be related to their youthfulness and lack of 'life experience'. Those in the more mature bracket, including me, seemed less inhibited by the group. Also the discipline in which I am studying, mental health nursing, places a greater emphasis on questioning and verifying the way in which we practice. Those medically based*

*disciplines, namely general nursing and physiotherapy, have, understandably, a greater focus on a stable knowledge base. This leads to information being digested without an implicit desire to query it. B-MH-1 IP2 learning log 6*

*Gender-wise, within the group, there are three of us being male. The two others were actually ..... two out of three were the most outspoken in the group, so from that point, I know that others in the group felt, not threatened, that's a bit strong a word, but a bit over-powered to speak up maybe, the shyer people in the groups. There was a gender issue within our group because it was, say, the other two who spoke up quite a lot. But if it had had an outspoken female in it, I think it would have had the same effect, if you see what I'm saying...*

A-CN-1-1 interview

On noticing the formation of 'a barrier' between physiotherapists and the rest of the group, an adult nursing student made a deliberate attempt to break down this divide and get the physiotherapists more involved in group discussions. It would appear that this attempt was somewhat successful as the physiotherapists did then engage in group discussion offering their perspective on the trigger scenario as well as commenting on the reasons for their lack of participation in group discussions so far.

*When I walked into the room with my colleague, I noticed that the physiotherapists had unintentionally formed a barrier between the rest of the group. I decided to sit next to them this week, to enable more interaction between us. However, I repositioned the chair slightly so that I could see and fully interact with other members of the group...When I presented my information to the group, I focused my attention mainly on the physiotherapists as I talked about this subject, and how I thought this issue could be looked at by the physiotherapist whom would have contact with the 'Trigger'. Instantaneously their body language change[d] and a very stimulating debate started within the group... C-AN-2 IP2 learning log 4*

Students reflected on the effect that these varied levels of participation had. Some found it frustrating and felt that poor or non contributors had a negative impact on the level of group cohesion as well as their learning. Others felt that although not ideal non/poor contributors did not adversely affect group learning but recognised instead that these students may have lost out at an individual level.

*We didn't say anything really to the people who didn't turn up because you would have been the 'big bad wolf', if you know what I mean. Most of the dominant people were there, so the group carried on as it always did because the quiet people didn't say anything and if they didn't turn up, then it really wasn't much of a change to the situation. To me, for my learning, it didn't make much difference, but obviously for them it probably did. A-PH-1-1 interview*

They considered ways in which quieter members were/could have been encouraged to get more involved, often seeing the role of chair and/or facilitator as key.

*...yeah there was definitely me who was comfortable talking and the social workers and one of the physios and some of the nurses but the rest of the group we always had to bring them in and NAME the facilitator was always sort of prompting the chair to bring them in and if we had not prompted them and brought them into the conversation I don't think they would have contributed that much, but I think through the prompting we did bring them in J-RT-1-2 interview*

Group members volunteered to research topics that were of interest to them, although inevitably those who did not put themselves forward were left with the remainder. Students felt that this process contributed to the varied standard/amount of work produced.

*...it was quite varied, I'd say. Because there were some people that obviously got, who got into what they were doing, and then there were others who.... yeah, I can remember on one occasion one of them said "well I couldn't find anything and I looked and looked and couldn't find a thing about this", and duh duh duh [laughs] and then another girl who was doing another subject had actually touched on what she'd done, and had got material – you know? It was...I think it wasn't that interest I think. D-CN-1-2 interview*

## Discussion

Although all students were presented with the same trigger it was clear that people had very different ideas as to the areas that were of interest/relevance and thus warranted discussion within the group.

*I think it's very easy to deviate left or right and to go off on a tangent. Because I think that sometimes people weren't actually interested in what the issue that we needed to discuss was, I mean I know if I got bored I used to send people off on a tangent because I actually thought that wasn't terribly interesting... A-AN-1-1 interview*

*When I first saw it, I thought 'what am I going to say about this, it has nothing to do with RT?'; but later on, we'd discussed all the sorts of help she could get, we had a big debate about whether we should carry on with the trigger or steer it more towards ip and relate it to the trigger... K-RT-1-2 interview*

Groups differed as to how these issues were resolved. The chair was often viewed as having overall control over the process of topic selection however dominant group members were also recognised as playing a part. In addition a number of students felt that the facilitator could affect the process by either endorsing or rejecting the topic that had been selected. Although some students appreciated the facilitator's input in this regard others felt that it should be left entirely up to the group to decide whether or not to intervene.

*There are huge issues over how discussions were run ...because for example, if the facilitator agrees with the point of a student that's being vocal, and disagrees that, so that issue is then allowed to be continued...where if the facilitator felt that it did not like the way discussion was going, the facilitator could say, oh, can you turn back to the...original point, which then, gags or constrains the student who is trying to express their view...which is a major criticism*

A-AN-1-2 interview

The nature of discussion in the groups varied from that of basic information reporting to more in-depth discussion. Members of groups that did not manage to progress from simply feeding back their research each week recognised that they may have missed out on learning opportunities as a result and some reflected on how this situation could have been improved.

*...did not feel the discussions were always terribly interesting, people reported back but often the discussion was at quite a general level, so there were bits that people were feeding back that were interesting but the discussions did not get into great depth, U was not always fully engaged and was aware of switching off at times. U was not being critical of people in the group when she said this, but did see it as a limitation of the group. D-CN-1-1 researcher's summary of interview*

*From reflecting on the group dynamics this week, our lack of discussion in this session, could be due to a number of reasons; the group leadership style and emphasis towards task, or the stage of group development, which may need bringing to the groups attention, to look at ways to change it, for example providing positive feedback, to encourage one another, improve self esteem, and initiate discussion. Q-PH-1 IP2 learning log 3*

Students in group A, which included at least 2 graduates, recognised that although prior experience of higher education could have an effect on the level and nature of group discussion this did not necessarily lead to higher level learning for those without this experience.



*I think the level was quite suited to a lot of people though, because we had another graduate in the group as well, and he felt, very, I don't know how necessarily he felt, but, the discussion between he and I did tend to go a little bit higher in terms of its complexity than maybe a lot of the other people. But I suppose you'd expect that as a natural sort of progression, from our educational background. A-AN-1-1 interview*

*So I don't think we took it to quite a high level in academic terms. I think it was a level that everyone could understand and it's up to those who wanted to take it further, to do so themselves, I think. Maybe that's to make other people in the group aware of the fact that there are other issues, at a higher academic level, but I think that the way it worked in our group, worked well, because, as you say, there was such a large mix of different standards. A-CN-1-1 interview*

### Leadership and the role of chair/scribe

Groups differed as to whether they chose to elect a chair/scribe or whether these roles just evolved throughout the course of the module. Regardless of the process, most students felt that they were in fact necessary to ensure the effective functioning of the group.

*It was quite awkward in the beginning, because we decided not to have a chair. At the beginning, the stronger people in the group were talking, mainly because it was so quiet, and you'd think "I've got to talk, because it's too quiet", and then after a few weeks our facilitator suggested we have a chair, and you do need someone, you do need someone to direct the group, just to prompt us, and to keep an eye on the time. It's good to have the facilitator there to prompt us; but when I look back on it, I think you do need a chair. C-AN-2-1 interview*

Students found the role of chair particularly challenging. However in spite of the difficulties they were clear that they had learnt from the experience.

*I learnt that there is quite a responsibility in the fact that you have to try to have reins over what people are discussing, say going off on a tangent, are those quite relevant to the discussion, which isn't necessarily bad in a sense, but if it's going on for such a long time, twenty minutes or so, ... So I found that, not necessarily difficult, but when I thought about it afterwards... Also, the fact that because you're chairing, you seem to have a different perspective on the group. You're looking at the group as a whole. Even when you're part of the group, you're looking at everyone and seeing how the group's working. As a Chair I think you have to take a step back even more and have a look at how the group's working and try and bring in other people, because that's your responsibility. A-CN-1-1 interview*

Students put forward ideas as to what they felt the roles of chair and scribe actually involved as well considering the characteristics of a 'good' chair/scribe in light of their experiences in the module.

*There have been better chairs, there have been some good chairs. (And what made a good one - as opposed to a bad one?) They were assertive, they spoke well, they didn't stumble, they said what we needed to do, they actually directed us. They were confident I think, they were more confident talking, definitely. E-AN-1-1 interview*

*My colleague, acting as chair, seems to handle the role well asking questions and thanking people in turn for their contributions. B-MH-1, IP2 learning log 3*

*...thought the person who had scribed regularly had played an important role as she was a good listener and wrote up things thoughtfully. D-CN-1-1 researcher's summary of interview*

Students tended to see the roles of chair and leader as synonymous and a number wrote about leadership in their IP2 learning logs. They related their group experiences of these roles to established leadership theories/recognised leadership qualities. In some groups however it was recognised that leadership did not always remain with the chair, lying instead with the more dominant members of the group.

*On a couple of occasions if the chair wasn't cooperative then there were lots of chairs! People would try and take over the role I think. Maybe the more dominant members of the group try and talk. Not over people but if there was a quiet moment then they may get their point of view across then. And maybe try and direct the conversation the way that they wanted to go. L-MH-1-2 interview*

*...well there was a session, I think 2 or 3, where a radiologist (sic) was chair and um she was really making an effort with the role and trying to get the best out of the group and one of the social workers actually kind of really took over her role and didn't give her a chance to fulfil being chair and she just yeah just took over really and um so the focus was again on her rather than the chair and she led the group more and that came out that the radiologist (sic) was actually really annoyed about that cos she wanted to make a really good go of it but felt that she was just like drowned by the social worker C-PH-1-2 interview*

### Enquiry based learning and role of facilitator

There was evidence that students had learnt about the process of enquiry based learning and the facilitator's role within that. Students who were used to a more directive style of

learning tended to be wary of the process to begin with, although by the end of the module most seemed to understand the purpose and benefits of such an approach.

*I think it was because some of the facilitators told you what was going on, whereas we were left to our own devices a lot of the time and it really wasn't explained to us what we were supposed to be doing and we didn't know which way we should go and a lot of the time, in the first few weeks, we sat and there were silences where you just felt you didn't know what to say next. That worked, in the end, with the facilitator not talking too much, because we did get round the obstacles and we worked it out ourselves and towards the end it got much better, but in the first couple of weeks we didn't really know why or what we were supposed to be doing. We weren't really given any feedback as to whether we were doing the right thing or not, but it did work in the end when we were left to our own devices. A-PH-1-1 interview*

*It was at first intimidating, the fact that we had to control the sessions, and I don't think anyone really got used to that till about week five; but when I got used to it, I thought it was good. But then the old ladies – I keep picking on them – the adult nurses kept on trying to get the facilitator's opinion, when I could see that he didn't want to give his opinion; that didn't matter, it was everybody else's opinion that mattered, your personal opinion about things, to explain your perspective on things. The facilitator's opinion wasn't important, he was trying to get ours out of us, by silence sometimes, and by posing questions. They were asking a question where he'd answer with a question, so they'd carry on, and not realise that they'd given their opinion without him giving his; but me not talking, just watching, I was able to see that. C-DI-1-1 interview*

## **Learning about self in relation to group working**

### Role

Students were able to identify the roles they played in the groups and considered how they had come to adopt these roles as well as the effect that they had on the rest of the group.

*Devil's advocate, definitely devil's advocate. A lot of people were having a go at the interprofessional, the enquiry-based learning, without understanding what it was, so I kind of stepped in, though that was only in the sessions where we were discussing what we were meant to be doing, which was the first and the last few. In the middle, I guess, I just listened, I was one of the people they talked to, rather than talking to the group, they would look at me and chat to me, without chatting to everybody else; so I thought I'm good at something, they can talk to me. C-DI-1-1 interview*

*I try to organise too much, and push people along. I have to stop and check myself, let them have a turn. I always do that, and I'm getting more aware of it. Even when we had a chair elected, I tried to help things along.* K-RT-1-2 interview

There was evidence that some students had learnt from their experiences of group work in IP1 and as a result tried to alter their behaviour in IP2. A number of students deliberately held back during group discussions in order to give quieter members a chance to contribute.

*As the session continued and we talked about our experiences, I felt that I was able to actively participate, seek and listen to other members of the larger group; including the facilitator. However, from previous experience I was self conscious about speaking too much, therefore I held back and observed more than I would normally...*C-AN-2 IP2 learning log 1

*I went in to the module trying to take a back seat from my normal group behaviour. I've always wondered what it is like to just be present within the group sessions and not taking an active leadership role. It was a strange experience for me, as I tend to offer to be the chair as a habit really. I found that I could be more involved in the discussions when I wasn't a chair spokes person.* S-MW-1 IP2 learning log 6

Students reflected on their feelings about adopting particular group roles and some went on to identify what they had learnt from the experience.

*...and being leader was even more difficult, because I had to think what to do. A couple of times I asked him [the facilitator] if what we were doing was ok, and he said it was up to us to decide; but I think that was good, that was really good, because we did learn to make decisions between ourselves, and we found that quite difficult; and we learned to structure things ourselves, and by the end I think we were quite good at it.* K-PH-1-2 interview

An adult nursing student who had not felt able to adopt the role of chair during IP1 explained that she would now be prepared to undertake the role in IP2.

(I: Thinking forward to the next IP module in a year's time, do you think you might be able to put yourself forward as chair?) *Yes, I think so. I think I feel more and more confident, having seen other people do it, I wouldn't mind having a go now. The trouble was that I didn't know what to do.* E-AN-1-1 interview

## Level of participation

In interviews and learning logs students considered their own level of participation in group discussions as well as the reasons for this. Self confidence combined with a good group rapport was recognised as key to higher levels of participation. A predominance of quiet members also led some students to contribute more than they might have done otherwise.

*Normally I'm quite a quiet person, but I felt that if a few of us didn't contribute, then nothing would be said, and I found that quite hard work. There were only four of us who contributed normally – I know that the others contributed in their own quiet way, but I found it hard going at times.* C-AN-1-1 interview

Fear of 'getting it wrong', being overpowered by more dominant group members, and not being asked directly were acknowledged by quieter students as having adversely affected their participation. Other factors included the nature of the physical environment and the pace of discussion.

*...actually yesterday especially I felt really out of the group actually because I felt quite away from the circle and because everything was going on at the top it felt like I couldn't really say anything at all...I like being in a circle where everyone's in the same position in relation to each other and there's not someone that's on an angle. If I'm like that it makes me feel a bit uncomfortable, and not really part of the group...*J-PH1-2 interview

*I think I did, but when I was speaking in the group I'd get quite nervous. But there was one session when we had a debate, and there were three people in the group who were quite outspoken, and the discussion went back and forth and back and forth between them, and then when I wanted to say something, I didn't want to interrupt, and by the time I did get a chance to speak, I'd forgotten what I wanted to say. So that's my down point, because I don't like to interrupt, and I don't think its right to.* K-AN-3-2 interview

A number of students clearly appeared to have learnt from the group experience as they altered, or planned to alter, their behaviour. In group D one student noticed that another appeared to do this during the course of the IP1 module itself.

*...earlier on one or two people spoke a lot - they were not dominant, but did say a lot, she noticed this in one person in particular and was interested in how the change had come about, what signals had she picked up? 'At the beginning I was thinking why is she doing this talking, talking, talking?' Later at another session she thought she has changed, how has the experience of being in the group affected her?* D-CN-1-1 researcher's summary of interview

When asked what he felt he had learnt in the module, another student, who admitted that he had played the role of 'devil's advocate', said

*When to keep quiet. To listen when somebody is talking, and then at the end of that to think about what I want to say. To think about what I say, a lot more...* C-DI-1-1 interview

### Reaction to group events

In addition to learning about their own role and participation in the groups, students also demonstrated an awareness of their reaction to other elements of the IP group experience such as non/poor participants, dominant group members, conflict, and group decisions. They were able to reflect on why they felt/behaved in the way that they did and some were also able to identify what they had learnt from the experience.

*Frustrated, I think because...because I'm quite independently minded anyway, quite opinionated, or very opinionated, I found some of the things that people wanted to explore, were things that I didn't think were important, which is quite an arrogant way to be umm, and something that I suppose I've learnt over the time of doing this module, to actually change my opinion on that one, well actually maybe this is a valid point, and maybe this isn't a valid point.* A-AN-1-1 interview

*It really did annoy me when people were absent a lot of the time. Or they were late a lot of the time. There's one chappie in particular, he was late continually and it really bugged me with the research that I had done. I may not of put loads of effort into it because I knew that I didn't have to because everybody else would carry me as much as I was carrying everybody else that was doing the same thing. But he would stroll in and there was just nothing, just absolutely nothing. That really drove me around the bend so I did learn that you can get away with not doing as much as you would need to on an individual basis. So that works well but you do have to give something. You can't just be part of a team and give absolutely bugger all because it annoys people and people do notice. I really did notice it.* L-MH-2-2 interview

## **Recognising links between the practice of the module experience and the theory of interprofessional learning**

### Understanding the purpose of the interprofessional modules

Students referred to the body of literature supporting the implementation of interprofessional education in their assignments. In interviews they referred to the trigger scenarios as well as their own practice experience as demonstrating the need for opportunities to learn with members of other professional groups.

*'Legislative and policy requirements over the past decade have required health and social care agencies to work closely and collaboratively together in partnership with service users.'* (Molyneux, 2001, p29) *The NHS Plan in 2000 recognised that information is not always shared between health professionals and investigations are often repeated, stating that 'delay seems designed into the system'.* (DOH, 2000, p27) *It is for this and many other reasons that new investment is supporting interprofessional education and training in an attempt to eradicate some of the problems being experienced and improve the way professional work together.* M-OT-2 IP2 essay

*...but I do think its quite good to get you all working together, cos I think there's quite a lot of rivalry when you go out, on placement people in the radiotherapy team didn't get on together, so what chance have you got of others, I think its good in that, the radiotherapists hated the nurses on the oncology wards, so hopefully this will help...* J-RT-2-2 interview

Students expressed their own belief in the importance/relevance of interprofessional education in interviews as well as assignments. However, not all students were confident that the modules would actually result in effective interprofessional working in practice, recognising that other factors would also have an impact (see section on barriers to interprofessional working in practice).

Students recognised that one of the aims of interprofessional education was to break down professional barriers and stereotypes. Most students felt that the IP modules had been beneficial in this regard as they had begun to understand more about each other's professional roles and felt that this would help them once in professional practice.

*I think so, because before the inter-professional, you work in the hospital, with people of the same profession, and you tend to listen to what they say and your views tend to side with them because that's the view you've heard. But in the inter-professional, I've heard both sides and*

*I'll probably be able to see both sides of the story more easily now, now that I know more about each profession. There are stereotypes – That one of the social workers 'pithering' around - this person's never going to get home - when you're in that setting. But you can see why - there are all the social policies and that sort of thing that get in their way and it's all a lot of paperwork. Yes, I think I'll be able to see their side of it more now. A-PH-1-1 interview*

Several students recognised that another aim was to enable the development of effective communication skills which would benefit them in placements as well as in their future professional practice. A number reported that the modules had helped them to develop their skills in this area (see section on developing new skills), and some felt that the modules would give them an advantage over existing health and social care professionals who had not been given the opportunity to learn with members of other professional groups during their training. An occupational therapy student reflected on how a fellow group member, who did not appear to have recognised or taken advantage of the opportunity to develop these skills in the modules, would cope in practice.

*This leads on to my concerns for one person in the group, NAME, who never contributes anything voluntarily and is so quiet and non-communicative I wonder how well she will succeed in her role as a nurse, as she hates any sort of speaking, even in a small group...it is our concern that if NAME cannot attempt to confront her fears in the safe, unthreatening environment of our IP group that she will not be fully prepared for the more confrontational, stressful environment of the ward, where she will probably be challenged and put on the spot with patients, relatives and more powerful professionals... M-OT-2 IP2 log 4*

Students' comments also demonstrated an awareness of the purpose of the module with regards to promoting the development of group/team working skills as well as an understanding of the theory and practice of groups in general. One student explained how the learning log element of the IP1 assessment had been particularly helpful in developing her learning in this area.

*The process of reflection has been useful, although self-analysis has been uncomfortable at times. It has given me valuable insight into my own behaviour and attitudes, and those of others, which will definitely improve my teamworking skills, and research has shown that those who have studied group dynamics become the best teamworkers (Freeman et al 2000, Kagan & Evans 1995). K-AN-2 IP2 learning log 6*

Assignments, particularly IP1 learning logs, show that students were able to recognise links between the issues raised in the scenarios and opportunities for IP working in practice.



Students identified the different professions and agencies that would be involved and discussed the role that they would each be required to play. In addition they highlighted scenario specific advantages that could be achieved as a result of effective IP working as well as missed opportunities and negative examples.

*This example highlights a missed opportunity for inter-professional working, as during BJ's stay in hospital she came into contact with a number of professionals, including receptionists, nurses, doctors, radiographers and physiotherapists, all of whom failed to understand her situation, and even when she tried to share some of her problems with the staff they failed to recognise and pick up on her underlying issues and concerns. For example, when she told the therapy radiographers that she thought she had noticed bruises on her brother, they did not share this information with anyone else, and failed to pick up on the underlying cause; child abuse. Q-PH-1 IP1 essay*

### Recognising limitations of the interprofessional modules

Although the majority of students claimed that they could see the importance and relevance of interprofessional education, a number went on to identify limitations of the UWE IP modules.

A small number of students expressed concern over the method of delivery. Problems with the scenarios included not being realistic enough or not being of equal relevance to each profession. One student felt that the module was too short and others felt that the methods of assessment did little to promote group working.

*I think it's a good idea. I think finding the stuff and discussing it and looking at the wider issues and that working together is good. The only thing I would say is that people didn't actually work together in research. They went away and individually did it. So maybe encouraging people to do that a bit more and not just coming together in a group but working outside of group the group time. L-MH-1-2 interview*

*I believe that in order to work constructively and collaboratively we need to work / pull together both in and outside of the 'classroom' environment, rather than working in isolation. I therefore feel that it would be beneficial if study time was set aside in our timetabling for this interaction. C-AN-2 IP2 learning log 2*

Students were sometimes disappointed with the professional mix of the groups. Some felt that they had missed out because a profession perceived to be central to the trigger scenario

wasn't represented in the group, whereas others felt that they would have benefited more from the modules if a wider range of professions had been included.

*For this module we got together collectively as a group to learn and gather information about a scenario that was given to us. Each member of the group brought their own unique experiences and a remit for their chosen area of study. Our group consisted of all student nurses and was heavily balanced towards adult and children's with just two mental health nursing students. Ideally, this module would have worked better with a wider birth of professions, which might include social workers, occupational therapists and radiographers. The group did collaborate effectively however but was limited in its true effectiveness of accessing information by a multidisciplinary team. N-MH-1 IP1 essay*

A significant number of students identified lack of professional identity and/or practical experience as a limitation of IP1.

*...the facilitator invites us to discuss our feelings around our first interprofessional module. The views expressed are mainly negative ones with the overriding sentiment being that it was a process which served little function, as we were generally unaware of our own roles, let alone those of others. B-MH-1 IP2 learning log 1*

*It wasn't really interprofessional, because we're not professionals, are we? We've no experience in the fields – for example, I wouldn't think of \*\*\* as a radiographer, I'd think of her as a young lady. I'd like to do that with people who've been out on placement a couple of times, and have got more into their roles, I think that would be a lot more interesting.*

C-AN-1-1 interview

## **Learning about/from different professions**

### Professional roles

Although students varied in their opinions as to how much they had learnt the majority reported/showed evidence of learning about professional roles as a result of the IP modules. Learning took place via group discussions as well as during individual research for essays/learning logs. Although the majority of learning that occurred was about professions represented in the groups and/or the Faculty, other professionals involved in the provision of health and social care, for example dieticians, counsellors, teachers and police, were also touched on in relation to the trigger scenarios. One group appeared to be particularly

positive about this element of their learning, although they felt that this had only occurred since discussion moved away from the trigger scenario.

*Outside the sessions, the group agrees that in the last two weeks, by moving away from the trigger and discussing both our practical experiences and the theories of interprofessional working, we have learned more about each other's professions, attitudes and philosophies than at any other time during our training so far. K-AN-2 IP2 learning log 5*

In interviews students reported learning about what different professional roles entailed as well as the differing perspectives adopted by each profession.

*What I learnt most from the inter-professional side of it is obviously between the medical and the clinical social side. In our group we had two social workers and I think there were about 7 nurses in the group, as well as 2 physios on the medical side, and I think we learnt quite a lot of their side of things and their responsibility and their roles... A-CN-1-1 interview*

*Midwives as well, they were talking about, their perspective was quite umm...how as a midwife actually managing births was quite a small part of their job in actual fact! D-CN-1-2 interview*

*I learnt more about social work than anything else, just because of what they were saying. But I was never really sure about the diversity of nursing I think that was helpful. J-RT-1-2 interview*

*This year towards the end, I realised I'd benefited, found out lots more about other people's roles etc. e.g. had two radiographers in the group, didn't know there was any difference between radiotherapists and radiographers. K-AN-1-2 interview*

This new information often challenged existing conceptions, for some students this resulted in a more positive view of the profession/s in question, but for others it served only to reinforce negative opinions/stereotypes.

*I have also learned a great deal about the attitudes and perspectives of other professions, as well as their roles and responsibilities in patient care and some of the constraints the system puts on them. I think this will make me more tolerant and slower to blame failures of the system on individuals. K-AN-2 IP2 learning log 6*

*Yes, I got an overview of them. One session we had a debate, and one of them [nurses] said they thought physios had higher status than they did, so it was nice to get feedback about what*

*they thought of us. I got more understanding of the radiographers' role, the nurses' role, their values and their beliefs and what they do as well. K-PH-1-2 interview*

*I've done a bit of research into social workers, and that's why I could never be a social worker, they leave me speechless, they're so open-minded and broad-minded that I don't know – I know that we've got to work alongside them, but I find it quite a frustrating profession to even look at. E-AN-2-1 interview*

### Profession specific knowledge

As a result of their discrete professional syllabuses group members had inevitably covered different topics/subject areas and therefore possessed different knowledge. There was some evidence that this knowledge was shared during the IP modules.

*The research I found of most interest was the physical details of Di's condition. As a mental health nurse there is less emphasis on my biological knowledge. Therefore to hear the other nursing and physio students discuss somatic elements was an education for me... B-MH-1 IP1 learning log 3*

*Discussing our assessment as well as the scenario was important this session, as several team members seemed concerned about what to write. Powell (2002) is aware that some 'lack understanding' or may be confused by the term reflective practice. I suggested using a reflective model and one that I found useful for my first few attempts at reflection was John's model (1995). This model was given to children's nurses in our portfolio folders but other group members had not heard of it. It offers a step-by-step process asking questions to help remember what information is needed and encourage the writer to reflect on their own feelings and practice. J-CN-1 IP2 learning log 3*

*...I think there was things that the mental health students knew that the general students didn't know because there were things that they'd learnt and obviously the other way around. L-MH-1-2 interview*

## **Recognising issues associated with interprofessional working in practice**

### Increased awareness of interprofessional issues in practice

Both assignments and interviews demonstrate the effect that the module had in raising students' awareness of IP issues in practice settings. Although a large amount of this evidence was implicit, a number of students expressly stated that the IP modules had

benefited them in this regard, encouraging them to find out more about professional roles as well as questioning observed actions/decisions whilst on placement.

*...felt that the raised awareness resulting from the ip module carried on during the placement, encouraged her to learn and to keep enquiring what other people do. Wanted to know what other people's roles were, gave example of questioning plaster technicians, to try and understand what they were doing. C-AN-1-1f researcher's summary of interview*

*...feels that she maintained the raised awareness of ip issues resulting from the module throughout the placement. She feels ip is very important. She found it made her question things on the ward, why were they being done that way, why wasn't that person involved? It made her think more. C-AN-2-1f researcher's summary of interview*

*I think I did definitely think about it more um I did think about IP1 and then related it together, and realised it was a beneficial thing for students to do...but it still made me think, just doing the module, made me think about it when I was on placement. J-PH-1-2 interview*

*Definitely. It's encouraged us to speak and spend time with other professionals, as students we need to do that to get a taste of what everyone does...But I think the ip has definitely helped, made things a lot easier and given us more confidence to go up to people and speak with them. K-AN-3-2 interview*

Students highlighted missed opportunities for IP working in relation to cases observed on placements as well as those covered in the triggers for the modules. They identified negative examples of IP working they had observed on placement and reflected on what they thought the main difficulties were.

*...gave an example of a lack of communication between the medics, nursing staff and the CT scan technicians, which resulted in a seriously ill patient waiting 3-4 days for a scan which should have been done urgently. The patient subsequently died, and she can't help wondering if this lack of communication was a compounding factor, as emergency surgery was performed immediately on the strength of the scan results. F2 feels that this was an example of very bad practice, and of what can happen when professional don't work together. C-AN-2-1f researcher's summary of interview*

Positive examples of IP working were also discussed and students outlined the various factors they felt had contributed to this.

*And A & E works. And the reason A & E works is because you don't have a hierarchical structure. Because A & E staff know, that they stand or fall based on the strength of the team, based on the fact that if they do not work together and appreciate, each other, people will die. And the idea of someone's life or death, in your hands at that time is a fantastic way of galvanising people, and people putting aside their own prejudices. I mean I would be very naïve and wrong to turn around and say, everyone in A & E gets on fantastically well. Because, they might well, dislike each other with passion when they are outside of the department. But, within the department, they are there to do the job and that job is (?). I have not seen such great professionalism in terms of team dynamics. A-AN-1-2 interview*

## Enablers

Students identified a number of factors which they felt could contribute to effective interprofessional working. Trust, mutual respect, honesty and openness combined with good communication and interpersonal skills, were all perceived to enhance interprofessional working.

*Where interprofessional working was observed...thought that communication skills, verbal skills and interpersonal skills were being used, to reflect each person's contribution.*

E-AN-1-1f researcher's summary of interview

*I've got a fantastic friend who's a medical student – she's superb; she's at Bristol and she's so up-front at professional working. She's going to be the dream doctor in a sense that we all strive for as nurses and as doctors because she has such a wide appreciation and understanding of everyone, from the porters to the cleaners, to everyone. And I think that's so important. A-AN-1-1f interview*

Managers and other senior staff were also recognised as playing an important part in the process. Those who managed to adopt a facilitative leadership style in conjunction with developing a supportive and encouraging environment were seen to set a good example and one which tended to result in effective IP interaction.

*Where good ip practice observed, communication skills very important, particularly informal relationships. Leadership at higher levels, e.g. heads/managers of departments, very important - good role model from head of dept. he was working in, co-operation ++ with other depts. C-DI-1-1f researcher's summary of interview*

*Another example involved a meeting with a dietician, consultant and 'non compliant diabetic patient'. The patient was able to articulate and the meeting was very 'patient centred'. The*

*consultant took the lead and had 'good control' of the meeting and involved everyone... thought the consultant had clearly 'orchestrated' the meeting and those present had been 'feeding off each other rather than just throwing things backwards and forwards' as had happened in the first meeting we discussed. D-CN-1-1f researcher's summary of interview*

Understanding professional roles was perceived to be particularly important to IP working in practice. A diagnostic imaging student explained how this helped to ensure that professionals had realistic expectations of what could be achieved in a given period of time.

*Thought it also made a difference when people made reasonable requests of each other - e.g. medic asking for 9 portable x-rays before 10.00, when they take 15 minutes each to do. Once explained to medic, he was reasonable and amenable, so then the pictures got done really quickly - task accomplished efficiently as result of good working relationship.*

C-DI-1-1f researcher's summary of interview

Organisational structures and mechanisms were also identified as being able to positively influence IP working. Children's nurses highlighted the role of the 'named nurse' as being particularly important in facilitating communication between professionals as well as the patient and their family.

*As a children's nurse it is vital to work collaboratively and interprofessionally for the benefit of the patients in your care...It is very possible that you may assume the role of a 'Named Nurse' in your profession and as a communicator, planner and provider of information and support to the patient and family you will need to co-operate with many different healthcare professionals. Paediatricians, adult nurses, radiographers, social workers and community nurses and outreach workers may all be connected with the delivery of treatment and care... F-CN-1 IP1 learning log 2*

## Barriers

Assignments and interviews demonstrate student learning about barriers to IP working. Students identified a whole host of factors that could result in poor IP working including professional rivalry, stereotypes and hierarchies, as well as differences between professional knowledge bases, perspectives and terminology.

*Generally, radiographers had good relationships with nurses, but bad with doctors. Hostility from both camps, radiographers feel undervalued. Hostility +++ between radiographers and physios - vying for status in the hierarchy. Doctors first, then radiologists, radiogs and physios*

*fighting for the next slot. Physios changed their uniform while student was in placement, because they thought it was too much like the radiog's, didn't want to be confused with them.* C-DI-1-1f researcher's summary of interview

*Each profession or specialisation has a language (jargon) and code of practice which gives it status (Barnes 1991), and preservation of this status depends on maintenance of the divide between professions and between professional and client (Barton 1996).* K-AN-2 IP2 essay

Other barriers included more individual issues such as ineffective communication, poor interpersonal skills and distrust, as well as a lack of joined-up thinking.

*...felt there was a lot of missed communication between the doctors, patients and nurses. Typically, a doctor would come and see a patient and tell them something, but not tell the nursing staff; the patient would then mention this to the nurse, who would not know about it, which would frustrate the patient. The doctors often didn't write anything down, so the nurses were left "looking stupid", while the patients were "in limbo".* C-AN-2-1f researcher's summary of interview

*Another huge problem is that of a lack of effective communication. Walby and Greenwell (1994) discuss the importance of effective communication by giving a few examples of when it is lacking, he says for instance, a consultant may come onto the ward, speak to a patient, telling them that they are going home, but does not tell the nursing staff".* S-PH-2 IP1 essay

Environmental factors such as lack of time and/or space for regular multidisciplinary meetings, physical location/clinical setting hindering opportunities for IP working, high proportion of shift/agency workers, and a lack of opportunities for existing health and social care practitioners to experience interprofessional learning, were also mentioned.

*...feels that major factors influencing the quality of ip working are time and permanency of staff. Where there are high numbers of permanent staff, she feels that everyone knows what's happening. Conversely, communication suffers when there's a high proportion of agency staff, as does continuity, as the nurses then don't know the environment or the systems or the medics.* C-AN-2-1f researcher's summary of interview

*But she, umm... she talked a lot about how the physios always seemed to be down the dead end of the hospital, miles away from everywhere. So it was very difficult for them to work inter-professionally, cos they always felt they were down in the bows of...you know... and I thought, you know actually, when you think about it, they usually are.* D-CN-1-2 interview



*It is not only in the attitudes and different priorities of individuals, stemming from opposing views concerning best practice, that barriers to collaboration are found. Freeman et al (2000) suggest that problems have arisen as a result of the separate administration of health and social care. Whilst internal communication within agencies is important, co-ordination and co-operation between the organisations themselves must also exist. G-AN-1 IP1 essay*

Students from all professional groups identified barriers/conflicts between their own profession and at least one other. That between doctors and adult nurses was mentioned most often and was perceived as being particularly hard to change. The fact that medical students do not participate in the UWE IP modules was seen by some students as a contributory factor.

*I think that from what I've seen, the nurses all work quite well together with the different professions. I think the main sort of gap is between the nurses and medics probably. (I: Really?) That's what I would think is the biggest gap. (I: Yep, and that's what you've observed?) Yeah, and that's what...we don't work with the medics in IP, and even if we did, I'm not sure that it would...it might...hmm, I don't know, it might be useful...to get over the barriers of them and us. But I think with all the other professions, I don't think there's a problem really. B-AN-1-2 interview*

*Doctors were too isolated...doesn't think they communicated enough; thinks they should have been at the team meetings, for planning care...thinks that this might be the result of doctors being part of 'older generation' with older ways of training – wonders whether doctors have any interprofessional training. E-AN-1-1f researcher's summary of interview*

### Benefits to client

Students discussed the benefits to the client of IP working, namely that they would receive a better service as a result of professionals adopting a holistic approach to care. Advantages identified included reduced anxiety and time savings as a result of receiving less duplicate information and/or conflicting advice.

*There has been a number of potential benefits stated that are associated with interprofessional collaborative working for service users. From six case studies of clinical teams, in those teams where there was more collaborative working, there were clear benefits for patients. A number of cases showed a continuity and consistency of care from professional to professional, that there was a reduction of ambiguous messages between team members and between them and their patients and carers. Also there was the appropriate referral, both in terms of who was referred to and the timing of that referral. D-RT-1 IP1 essay*

*It is also important that information is not contradictory. Conflicting information given to the patient from various sources, for example different nurses involved in the patient's care, different medical staff etc causes confusion and stress to the patient and the patient's family and does not give the patient or family confidence in the care been given. The trust between carer and patient may also be damaged. F-CN-1 IP1 learning log 3*

Students also felt that if a client centred approach were to be adopted by all professionals then interprofessional working would become far simpler.

*The most important benefits of collaborative working is that when the teams work together they are finding ways to improve the way they meet the needs of their patients. Headrick, Wilcock and Batalden (1998) believe that if every professional has their patients best interests at heart then interprofessional working will take place naturally, with each profession supporting and encouraging the other. I definitely agree with this and I believe its essential that professional's work together in order to deliver the most effective care. E-AN-3 IP1 essay*

### Benefits to service provider

Learning logs and essays at both level 1 and 2 show that students researched the advantages of IP working for service providers. They found that IP working could potentially lead to benefits at both an organisational and individual level. Advantages identified at the organisational level included saved time and money as a result of more efficient service provision. Health and social care practitioners were perceived to benefit from access to specialist skills and knowledge and increased variety leading to greater job satisfaction.

*Research carried out by McGrath (1991) in assessing the value of inter-professional working in the field of community mental handicap, outlines three main advantages of such practice. Firstly that this type of working produces a more effective use of staff, as it allows specialist staff to concentrate on specialist skills, whilst maximising the use of other unqualified staff. It also provides a more effective service, established by comprehensive planning at the beginning and setting of appropriate goals. This method of working has also been found to provide a more satisfying working environment, through teamwork, promoting a more relevant and supportive service... Q-PH-1 IP1 essay*

## **Developing new skills**

Students reported that they had developed a number of useful skills as a result of undertaking the IP modules. A number of students said that they had found IP1 in particular to be of great benefit to them in learning how to use the internet and library resources.

*Well the research has taken quite a long time, because you have to find the right resources, it doesn't always relate exactly to what you're trying to find out, so it did take quite a while; but then I found it productive, because I was learning how to use the resources in the library, and finding out where things are in the library and on the internet, which will help with my physio as well. C-PH-1-1 interview*

Others felt that they had benefited in terms of improved confidence, communication and presentation skills.

*Yes definitely communication skills, I have grown in confidence since I have been... from IP1 it was difficult to grow in confidence because there was no group dynamic...*

A-CN-1-2 interview

*I also feel that my presentation skills developed throughout the weeks. As in the second week when I fed back my information, I was extremely nervous, therefore gave little eye contact and just read my information off the sheet. Throughout the next few weeks, I felt I presented my material more effectively, by giving a clear introduction, including relevant knowledge and information, maintained the groups interest throughout. I was also able to respond knowledgeably to questions asked, demonstrating my level of research, planning and understanding of the topic. Q-PH-1 IP2 learning log 6*

## **Learning about specific topics**

Although triggers were provided for the IP modules students were given significant freedom as to what they could write about in their essays and learning logs and as a result covered a range of different topics. Examples of student learning with regards to those addressed by a sizeable number of students will be discussed below. Other topics included child abuse, domestic violence and mental illness. A number of students wrote about existing knowledge of interprofessional learning and working in both their logs and essays.

## Homelessness

IP1 learning logs reveal that students learnt about the range of health and social care services available to the homeless as well as factors thought to contribute to people, and in particular young people, becoming homeless. Students also learnt about the various health and social problems which are sometimes experienced by this group, for example alcoholism, HIV and TB.

*Among homeless people there is a high incidence of physical health problems. They suffer from chronic chest or breathing problems as well as frequent headaches. Their skin is affected by wounds, ulcers and other skin complaints. They also have musculoskeletal problems from sleeping on hard and cold floors. Homeless people also experience difficulty with their vision. Compared with the general public they are three times more likely to experience this difficulty (Bines 1994). E-AN-3 IP1 learning log 2*

When asked at interview what they had learnt during IP1 'homelessness' was mentioned by a significant number of students, one of whom was able to relate this learning to their future practice.

*The second scenario raised more issues, at first S didn't think it was that relevant to the work of physios but as she looked more into realised that it made her question her attitudes and realised that people could be homeless or not about to get a job through no fault of their own. It made her think about the people she saw in town begging and thinks looking at homelessness. Discussing it has made her more sympathetic and she would think more about how 'they may feel' and the sorts of experiences they may have had like not being able get a doctor so she would think about these things if she worked with them. D-PH-1-1 interview*

## Disability

IP2 essays and logs demonstrate student learning about issues surrounding disability including medical/social models of disability, stereotypes, discrimination, and the various different acts and policies that have been put in place to try to ensure equal opportunities for disabled people.

*Those who acquire an impairment later in life perceive a change in identity from 'self' to 'victim' to 'patient' to 'disabled person' (Scullion 1999). The social stereotype of disability is one of helplessness, dependency and victimhood, and the disabled identity is usually defined in terms*

of what the individual cannot do rather than what he/she can do (Corker & French 1999). K-AN-2 IP2 essay

*The D[isability] D[iscrimination] A[ct] signalled a move away from the market place idea of service delivery towards that of performance management (Jayram and Scullion, 2000). This places an onus on those who deliver the services to audit the quality and effectiveness of what they do. This is especially relevant for disabled people who were recognised as not receiving an equal service. As a result services providers now have to change policies or procedures which create unreasonable difficulties for disabled people in accessing NHS services (Thomas 1999).* B-MH-1 IP2 essay

These issues arose as a result of the trigger scenario which featured a lady with ankylosing spondylitis. IP2 learning logs and essays indicate that students carried out further research on this condition.

*The phrase 'Seronegative Arthritis' can cause some confusion as it can either mean patients with a 'Spondyloarthropathy' or patients with 'Rheumatoid arthritis' who happen to have a negative rheumatoid factor. Because of this the use of 'Seronegative Arthritis is declining and being replaced by 'Seronegative Spondyloarthropathy' and 'Seronegative Rheumatoid Arthritis' respectively (Packham 2002).* C-AN-2 IP2 learning log 4

## Carers

Students' IP2 assignments illustrate learning about carers, including young carers, and the services that are available to support them in this role. Students discussed the fact that carers were not always aware of what support was available and/or what benefits/services they were entitled to receive.

*Unfortunately, despite recent welcome Government initiatives, many carers continue to struggle on a daily basis and are excluded from support services and social activities. Many carers feel that they have insufficient help, support or information provided to help them with the key caring tasks (Carers Online, 2002). A new research by the Princess Royal Trust for Carers has revealed that two thirds (68%) of carers currently get no help at all (The Princess Royal Trust, 2002).* C-AN-2 IP2 essay

They also highlighted the particular difficulties associated with being a young carer, for instance the impact that this can have on the young person's friendships as well as their relationship with the person they are caring for.

*Roper et al (1996) found out that not all individuals are able to carry out tasks independently. When these tasks cannot be achieved independently, then a carer is usually involved to help. When the carer is young, it can severely restrict the child's life. There are implications for their physical and psycho-socio development and also their education. When children are primary carers, their friendships and social activities are usually affected due to their responsibilities (Becker and Aldridge, 1995). S-MW-1 IP2 essay*

### User participation and patient/client empowerment

IP2 essays and logs demonstrate student learning around the issues of user participation and patient/client empowerment. Students explored the reasons behind the shift towards this way of thinking and the potential benefits of such an approach, as well as highlighting factors that could encourage/inhibit patient empowerment.

*Lee and Charm (2002) recognise that the concept of user participation is popular within social work and has existed since the 1970's but from a multi-disciplinary angle it was only more recognised in the health service after the promotion of the Patient's Charter (DoH 1991 cited by May 2001) where service user opinions became actively encouraged. J-CN-1 IP2 essay*

*There are other barriers that reduce the possibilities of patients becoming empowered, such as the medical terminology that is used, the majority of patients do not understand what the medical staff are telling them so can not truly understand what is being explained. It must not be underestimated that the health care professionals may not want to relinquish the role of knowledge provider, so therefore do not want to empower their patients. D-RT-1 IP2 essay*

## **Section B: Interprofessional learning in online groups (module 3)**

This section of the report provides evidence of learning about IP in module 3. However as this is the last IP module inevitably there will be learning which has been accumulated over the three year period. This data was drawn from student interviews, briefing papers and reflective essays. The latter providing the richest source of evidence that the experiential approach to learning adopted by these three interprofessional modules had been successful.

### **Learning about groups**

#### **Stages of group development**

At level three, as one would expect, students written work demonstrated academic sophistication and an analytical nature. Students applied theories such as Tuckman's (1965) to their own group working patterns. In addition however the online nature of the module brought an extra dimension when considering group dynamics and patterns of working.

*The constructivism approach to learning as advocated by Hughes et al (2004) suggests that the purpose of the EBL online interprofessional module is for students to develop their knowledge and skill base through collaboration and debate with each other. There was little evidence of this within this particular IP3 group or of the higher level of debate that Hughes et al (2004) supposed should arise through active engagement of students. Superficially the group appeared to work together, in that the group members were friendly towards one another and attempts were made to support each other. In the beginning there was some relevant debate and discussion about one issue, however this appeared short lived and from then on there was very little constructive group working or knowledge sharing, in reality the group members worked individually and not as a group. For example, during the discussions about the BP2's most of the group member's postings were questions about how to do the activity, mainly aimed at the facilitator rather than students discussing and debating the issues.....If Tuckman's (1965) stages of group development are considered (cited in Creek, 2002) this IP3 group did not get much further than the forming stage. N-OT-2 IP3 essay*

*Within the context of Tuckman's 1965 model, this showed that the group had moved from the 'forming' to the 'norming' stage (Kagan & Evans 1995), but although the group progressed with the briefing paper format, process issues continued to arise with new tasks.....The 'storming' stage, where conflict arises from challenges to leadership and the ways of working, (Darley 2002), was instigated by me and focused on the critiquing guidelines, which bears out Vroman & Kovacich's (2002) assertion that conflict within virtual teams tends to be task*

oriented. One group member had emerged as a leader, mainly due to her commitment and the volume of her contributions rather than particular expertise (Jarvenpaa & Leidner 1998). I disagreed with elements of the critique framework that she posted which I felt had not been tailored to the task, and suggested an amended list. I thought that this might cause offence, and worded my message carefully, but as a result there was some misunderstanding among the group, resolved through negotiation and compromise, and a consensus was reached.

R-AN-1 IP3 essay (K-AN-2)

*'A further struggle with on-line working is the alteration in the group processes occurring compared with a face-to-face group. Benson (1997) cites Tuckman's model of group development, stating that normally groups go through four clearly defined stages: forming, storming, norming and performing. The difficulty with an on-line group is that the group tends to pass through each of these stages more slowly than a normal group would (Vorman and Kovacich, 2002). This fact may explain the difficulties our group endured with some members being less productive and less helpful towards group tasks, as the module was only six weeks long. Therefore, we may not have been able to pass the norming, or even the storming stage of development and be effective at performing tasks.'* S-PH-2 IP3 essay

Reflective essays clearly demonstrated an understanding of theories concerning the roles which individuals might adopt within groups. Inevitably when there was a mismatch between role and role expectation this presented the students with an opportunity for in-depth analysis.

*'Collaborative working diminishes when there is conflict within the group. The conflict that arose within group 7 was where some members of the group believed that individual's performances did not match their expectations. ....It can therefore be deduced that within the group there were group roles that were taken on regarding other members of the group.....Once the individual has a particular role, that role brings 'Role Expectations'.....the conflict probably arose because one members' perception of the other members' of the group were different to the actual behaviour of the set of individuals. The expected role was not matched with the perceived role. The way that the group interacts with each other is very important in determining the effectiveness of the group, and therefore increases collaborative working within the group.'* X-PH-1 IP3 essay (K-PH-2)

### Participation/involvement

Throughout this study the data included occasional comments by students on low participation rates of others. Understandably there were expressions of anger as well as frustration on occasions when this occurred. At this stage of the programme however there



was evidence of a more accepting view that in the 'real world' sometimes not everyone in a group will participate.

*'But when the people who weren't discussing and weren't just joining in you just had to make it up regardless of them, and you know they then had to fit in with what your ideas were. So you know in that respect it doesn't take everyone's views into consideration, but if they're not going to put their views out to start with then there's not really much you can do about that!*

R-PH-1-3 interview (B-PH-1)

In addition however the students demonstrated that they understood the wider issues surrounding low participation of some group members.

*'...it was noticeable that when the first comments for everyone's Briefing Paper 2 using our group critique guidelines were posted up that some people didn't write a lot of comments. This meant that the job was made harder for everyone else involved especially when group members weren't very critical with everyone's briefing papers. I found it hard to complete my critique, as there wasn't a vast amount of critical comments given. It is important for all group members to take part with a similar amount of work, so that an effective collaborative relationship can be formed (Biley and Smith 1999) S-MW-1 IP3 essay*

*'When members of the group did not do this regularly, [go online] group discussions became weak, as other professional opinions were not included. D-RT-1 IP3 essay*

Some students were prepared to challenge less active group members learning from the process.

*'I was frustrated about the unequal participation and division of labour, and felt that some individuals were 'lurking' on the site (Vroman & Kovacich 2002), gaining the benefits of others' work without making contributions themselves. My message was judgmental and did not have the desired effect of pushing less active members into contributing, but it had a positive effect in repairing bonds between the subgroup by showing support' R-AN-1 IP3 essay (K-AN-2)*

Comparisons between face to face group working and online revealed transference of knowledge.

*'The difference between normal group working and this style has benefits too. Within collaborative group sessions there does seem to be pressure on the more introvert among the participants and on those who have difficulties in interacting in groups in general. This could affect the overall contribution to the collaborative learning processes...' N-MH-1 IP3 essay*

## Discussion

Expectations about the amount of discussion which should take place in groups varied.

*'...there was no real debate or discussion and even feedback on the briefing papers, apart from the critique that was mandatory and part of the assessment'* T-AN-1-3 interview (G-AN-1)

The majority of students however indicated that they were satisfied with the amount of discussion in their groups, suggesting that the process had resulted in deeper learning.

*I feel society in general views children, the elderly and those with mental or learning difficulties as being vulnerable. However, following discussion with the group, at the initial meeting, vulnerable people were also thought to include those who do not know the working environment well, encompassing patient, students and new staff. The thought was also raised that vulnerable groups change depending on the area of a hospital one is in, for example in an x-ray department a pregnant women may be deemed to be vulnerable'* S-PH-2 IP3 essay

## Enquiry based learning and role of facilitator

There were no negative comments about the role of the facilitator in enquiry based learning. At this stage of the programme students were clearly familiar with the concept of facilitation and this approach to learning. There was evidence however that students not only understood the process but also appreciated the value of facilitated learning.

*'The role of the facilitator is to guide the group.....I had not fully understood this fact whilst the module was taking place, .....However, since reading up on the role of facilitator'* S-MW-1 IP3 essay

*'Previously there was just a facilitator sitting in the room, and I still felt that when things broke down everyone just looked to the facilitator to put it right. Whereas when things got a bit stuck we had to be a lot more inventive and resourceful. And that really helped as well'* U-MH-1-3 interview (B-MH-1)

*'Yeh I think she did it quite well really, bearing in mind it was supposed to be an academic exercise, she didn't make it too easy for us, she tended to nudge us very gently in the right direction, you know when she felt we needed it, or offered us a little bit of information where we needed it, but I think was some saying ...there's an infinite number of routes that you can take to reach the same destination, and lots of the time people have to find their own route really.'*

*Which was good, because if you're guided you're not going to learn the same thing if you make your own mistakes really. You learn your own lesson.'* U-PH-2-3 interview

Some students were able to see the benefits of acquiring the skills of facilitation in their own roles as health and social care professionals. Observing the facilitators enabled them to gain a greater understanding of the skill.

*'.....its just interesting each time to see how different people do it, because there's always, I'm always aware of how people, or trying to be aware of people are facilitating because, you know, because there's lessons to be learnt from that as much as there is about how, you know, how you work within the group and how the group works'* U-PH-2-3 interview

### **Learning about self in relation to group working**

The reflective nature of the final essay for this assignment leads students to be analytical about their own role within the group.

*'I also contributed significantly to the electronic discussions posted on the board....I took a leading role on a number of occasions, originally I attempted to challenge, encourage and support other group members and I initiated discussions e.g. I was the first to post a contribution about the issues that the trigger raised for me and first to post the group peer critique. I formulated mine and other group member's ideas onto the file exchange to allow a dynamic compilation of the critique criteria. However, I was the only group member to make the changes that members suggested to the criteria; no other group members updated the criteria themselves on the file exchange. Also I felt that my attempts to open debates about issues were unsuccessful.'* N-OT-2 IP3 essay

The depth of analysis of their own performance varied amongst students. Unfortunately the student above did not proceed to reflect on other approaches that he/she might have used to open the debates. Other students indicated that they recognised the need to change their approach.

*'Personally conducting communications on-line, even with computer skills, was still at times difficult. Writing criticisms about someone's work did provide the opportunity for greater reflection and deliberation. As it gave you the opportunity to re-read what had been written and adjust it if necessary, not always a luxury available when talking to someone face to face. Saying things before we think is often a human pitfall, but also a common trait. However this added reflection also appeared to stunt the feedback that I felt I could give, as the written work*

*often appeared harsh....I had to quickly learn how to adapt my writing style to enable a true reflection to be given, before the critique, otherwise I would not have been able to full fill the requirements of this module effectively.'* D-RT-1 IP3 essay

Some students reflected upon their own personal growth through the module.

*'I personally feel my contributions to the group were adequate and at times felt quite confident almost as though I was leading the group. I personally set up virtual classrooms, collated the critique guidelines and uploaded them, gaining group approval and respect. I felt I communicated clearly and demonstrated competence in-group activities and sought out guidance from our group facilitator.'* N-MH-1 IP3 essay

Reflecting upon their own role and the group interactions enabled students to heighten their own level of self awareness as indicated by the comments below.

*'I was already aware from IP2 that I assume a role of 'shaper' within groups, trying to encourage decision-making and set priorities, and am prone to irritation and impatience in this context (Belbin 1981) I found that the level of courtesy was excessive, and hindered the progression of group tasks because members did not want to disagree with one another, and I lost respect for other group members because of this perceived insincerity (Darley 2002). I became increasingly defensive, and I believe this was also related to rejection anxiety, because although my challenging messages had not been condemned explicitly, no changes in attitudes or behaviour had resulted, and I felt I had 'broken the rules' (Gabriel 1999). In practice, this could be extremely destructive to collaboration, and it has been shown that lack of awareness about negative emotions and problems is a major drawback within virtual teamwork, leading to decreased involvement and even total withdrawal (Cantu 1997, Johnson et al 2001).'* R-AN-1 IP3 essay (K-AN-2)

*'I shouldn't have been that judgmental in the way that the group had developed. It put people off me a bit, I think. There were just less responses to messages that I posted, sometimes I'd put a message on and nobody would reply – nothing crucial, difficult to put my finger on, it was just a feeling that there was less warmth in people's replies'* R-AN-1 IP3 interview (K-AN-2)

## **Recognising links between the practice of the module experience and the theory of interprofessional learning**

The reflective essays proved a rich source of evidence of the ability of the students to link their experiences within the module to theories of interprofessional learning.

*'...from participating in this course I have found it to be a constructive learning experience and have felt that it will contribute to the enhancement of some aspects of my working practice with other health care professionals. I have learnt more about their roles and working practices and have discovered how situations which I might be involved in such as clinical governance might affect other professionals as well.....I have also increased my communication skills and interaction with other health and social care professionals...'. I-AN-3 IP3 essay*

*'The purpose of encouraging collaborative working in students is to promote the use of interprofessional working in future trained staff. The trigger that we were given could easily be applied to all areas of health care, which meant that discussions could be very relevant for all work areas. I felt this could support the idea of working together and encourage communication amongst the group members. Clinical governance, user perspective and participation and collaborative working practices need to be considered by all practitioners and I feel we all did this within our briefing papers.' J-CN-1 IP3 essay*

Students recognised the benefits of collaboration and could relate these to working in practice.

*'Although a lot of the work each individual did often overlapped, we each learnt a lot more about these topics via a combined effort and pooled a lot more resources and information than we could have done individually.' N-MH-1 IP3 essay*

*The experience of collaborative working as part of a virtual team has been extremely valuable. It demonstrated the importance of personal relationships.....R-AN-1 IP3 essay (K-AN-2)*

Even when collaboration had proved challenging students continued to demonstrate an acquired commitment to the process.

*The necessity to collaborate effectively with other health care professionals is something that has been difficult at times throughout the three years of the course. However, it has taught me that it is of utmost importance to persevere with this challenging task. N-MH-1 IP3 essay*

## **Learning about/from different professions**

Prompted by the literature on IP learning, in some instances students indicated that gaining a greater understanding of other's roles should be paramount.

*'For me, I think interprofessional collaboration is about learning about and understanding each other's roles, and I don't think we get that from this module, because we're working together,*

*but we don't identify each other's roles. We might say 'I'd do this in my profession', but I think we could look at one another's roles more. Even in IP1 and IP2, I don't think we've really done that.'* W-AN-1-3 interview (C-AN-2)

There was little evidence in the student's written work of application of learning about the roles of other professionals however, the majority of reflective essays made some comment about having acquired a greater understanding of the roles of other professionals.

*'Working together with other professionals has enabled me personally to gain knowledge about their profession, establish confidence in communicating and being more assertive.'* N-MH-1 IP3 essay

In addition students indicated in the interviews that they had learnt about the role of professions other than their own through reading the briefing papers of fellow group members.

*'Well I think a lot of people's briefing papers were focussed on sort of their area type of thing. So that was quite useful when you looked in to that. Children's nursing and the various acts in mental health and things like that. So you learnt a bit more about people, about those sorts of professions. Umm and also the different skills Although some people wrote from their professional standpoint, particularly two of the child branch nurses, obviously they identified very strongly with the trigger; and it was part of our critique framework, so people did bring in elements of how, say, user participation related to their practice, but that was fairly standard stuff, I think, individualised care and so on, more universal stuff.'* R-AN-1-3 interview (K-AN-2)

*'Umm, I think that more through reading people's briefing papers afterwards. I mean one person in particular very much wrote everything from the point of view of their profession, including all the references were from the profess...you know the society or whatever. So I mean from that point of view that was interesting but not hugely different to anything that I would have said from my profession's sort of point of view really. Umm, a lot of it was centred around clinical governance and the shared aims that we've all got in that, so from that point of view we were pretty much all singing from the same song sheet, you know so hmm.'* T-AN-1-3 interview (G-AN-1)

There was however an interesting comment made by one student indicating that he/she had appeared to learn something about the nature of people who were likely to be from certain professions.

*'You could see that people with different backgrounds worked in different ways, and perhaps due to the nature what lead these people to go into these professions in the first place there was a certain amount of similarity within individuals of certain backgrounds, even the way they operated the way they communicated maybe the way they, their academic abilities I guess, the way their able to appraise information and things like that. Which reflects a lot of different factors as well'. U-PH-2-3 interview*

Further comments by this student showed no sign of being judgmental in any way or stereotyping.

## **Recognising issues associated with interprofessional working in practice**

### Increased awareness of interprofessional issues in practice

There was evidence that the modules had raised the student's awareness of issues surrounding IP working as well as placing a focus on *'wanting to get it right.'*

*'...I mean, because you're doing it you're sort of aware on your placement you know that these are issues that would need to be addressed...umm in a sort of general sense..... It did make you more aware of the issues..... If nobody had talked about interprofessional learning you probably wouldn't be conscious or aware of it when you were there. Yeah you're interacting with different professionals but you wouldn't be thinking of really wanting to get this right or what are the barriers to that happening. V-AN-1-3 interview (I-AN-2)*

Students were however, able to make comparisons between IP working in the university and practice based environments.

*'There is a lot of difference between working in University classrooms on set group activities and Inter-professional working in practice within a pressurised environment.'* N-MH-1 IP3 essay

### Barriers

Whilst there were a variety of barriers identified the online nature of the module arguably directs the student's attention to communication issues. It is not surprising therefore that communication became a focus for students.

*'I think your biggest problem in interprofessional working is communication..... the communication it's always...it always seems to be from the top down, you need to get doctors involved in this. [Interprofessional learning] That's what it comes from, because you know what I mean, very often they will say something to somebody, something to somebody else and something to the patient's parents and that's where the communication breaks down when they don't hand on what they need to other people and vice versa'...* Z-CN-1-3 interview (F-CN-1)

*In my clinical experience, the importance of 'good' note keeping and handovers are continually reinforced, however this is frequently not followed-up by clinical staff who have very brief 'SOAP' notes.* S-PH-2 IP3 essay

Students were also able to apply their understanding of barriers to interprofessional working to their own groups.

*'As part of the job of a midwife, it is important to work as part of a multi-disciplinary team, the members of such a team were much like the group that I was able to take part in. Communication is a key part of working in the team, but quite a lot of the time the communication breaks down...'* S-MW-1 IP3 essay

### Benefits to clients

Through reflection upon their own experiences students were able to apply current theory to practice with regards to benefits to clients.

*'.....evidence has shown that groups who work collaboratively can effectively complete the tasks and goals set within the group (Carpenter 1995 and Bar et al 1996). Relating this to the clinical setting, the task or goal within the group or team would be to increase the effectiveness of the patient's treatment. As a result, this would decrease the patient's stay in hospital whilst still maintaining maximum care.'* X-PH-1 IP3 essay (K-PH-2)

*'From my own personal experience I have discovered that for the best patient care and treatment, collaborative working is essential.'* S-PH-1 IP3 essay

*'.....the importance of IP care has benefited the care that patients receive and can clearly be demonstrated in certain departments where open communication between interprofessionals is encouraged. I have already worked within a department where interprofessional collaboration was frequent and effective....'* D-RT-1 IP3 essay



## Developing new skills

It was very clear from the data that students' learning was associated with both content and process of this module. In general students improved their understanding and skills of working with computers.

*I mean unless you have to do an online module you don't necessarily pick up the skills do you, so it's been really good.* T-AN-1-3 interview (G-AN-1)

*Hmm, yeah I'd say it improved. Because before I did this module I didn't go on the university websites I didn't even know there was like this Blackboard thing, I didn't go to any of that, and so from doing this I did actually go onto the UWE sites and learnt how to use them really, so it was good in that aspect.* X-AN-1-3 interview (E-AN-1)

Students also learnt about the process of online group working:

*'The experience of collaborative working as part of a virtual team has been extremely valuable. It demonstrated the importance of personal relationships and a social context for effective group performance...'* R-AN-1 IP3 essay (K-AN-2)

*'...people in the group had time to think about what they were going to communicate and how they wrote their individual message. This helped to relieve the pressure of talking in a group keeping up to speed. Using the Internet as a forum meant that emotions such as humour could easily be taken the wrong way or not recognised. It is easier to see if someone is being humorous by his or her facial expressions and body language (Hall and Lloyd, 1990). It was very easy to sound rude or offensive to other readers, quite a few messages that were posted had comments to make sure that people weren't offended.'* S-MW-1 IP3

together with an appreciation for the scope of online learning activities.

*'On-reflection on-line learning provides a number of possibilities regarding the continuing professional development of professionals personal skills. New treatments techniques and technology are being developed across the world, on-line access can provide professionals the opportunity to access information concerning such techniques, to evaluate their effectiveness and efficiency, and gain training from experienced members of staff. Or to guide departments on whether new equipment is appropriate for them. It can also be beneficial to those less experienced professionals who require information and advice regarding patient care, as they could gain current information concerning treatment techniques and evaluate the evidence base behind their use.'* D-RT-1 IP3 essay

Engaging in the process of critiquing another fellow student's work enabled them to learn about the process of giving feedback. In addition however this activity also enabled students to learn from each other about writing styles and aspects of presentation of material.

*'But one thing I really, really liked about IP3 was the critiquing and that side of things. That's not something we've ever formally done before, and that was a really useful sort of exercise in terms of making you sort of be...I don't know, clarify things better and you know exactly what you're looking for and try and make it more objective in a way as well, you know cos you have got this set of guidelines that you all agreed, and not only does that help you write your own piece of work but it also helps you sort of be a bit more objective when you're looking at somebody else's piece of work, and gives sort of more depth and justification of your criticism or whatever, and I mean I found that really interesting....'* T-AN-1-3 interview (G-AN-1)

*'When you critiqued each other's articles you could look at the way they wrote and their style and things like that, you could maybe incorporate that in your own work.....'* Q-AN-3-3 interview

### **Learning about specific topics**

The content of the module focused on management of care in its broadest interpretation. There was abundant data available that demonstrated learning in this area. The following is a small example of this material.

#### **Clinical Governance related to professional competence**

*All health care professionals have a duty of care towards their patients, and an ethical responsibility to question any actions that may result in malpractice towards that patient. An awareness of this ethical responsibility is vital and the professionals must have the courage to identify and address failings in care without the fear of being labelled a 'whistle blower' (Donaldson 1999). A professional must be an integrated member of the team while also being an independent health care professional whose ultimate duty is to provide the highest standard of patient care possible (Johnson 2002).....At the heart of internal regulation is the willingness of staff to maintain their own competence through CPD and their ability to question the practice of others.* D-RT-1 IP3 briefing paper 2

## Accountability

*The aim of the Expert Patient concept is for the patient to take ownership of his or her condition and take responsibility for management and work in partnership with health and social care providers which ultimately should allow the patient greater control over their own lives. Self management can be specifically designed to reduce the severity of the symptoms and improve confidence, resourcefulness and self efficacy. X-PH-1 IP3 briefing paper 2 (K-PH-2)*

## Public Involvement in the NHS

*There are obviously problems with encouraging public involvement in the NHS. One major concern would be the cost-effectiveness of such a decision. The public are not trained in the running of such a vast organisation and so cannot make intelligent decisions on issues such as budgeting.....In clinical practice physiotherapists can easily involve patients in their own care on a day-to-day basis. This can be achieved by creating a treatment plan in conjunction with the patient, rather than in isolation from them, as stated within the core standards of the CSP (2000). S-PH-2 IP3 briefing paper 2*

## Informed Consent

*'The Council of Europe (1996) cited O'Hansson (1998) discussing consent to organ retention talks of the possession of appropriate information but does not define the meaning of "appropriate" leaving a grey area susceptible to individual interpretation. Department of Health (2003) expands on this by directing that children, parents and young people should be able to access easily current, well presented clear information, that is appropriate to their level of understanding before consent to treatment is given. Even if this information is available, then insuring that parents, children or young people clearly understand the information is not always easy. People are individuals and many factors may influence their ability to fully comprehend information and the implications of diagnosis and treatments. The manner in which information is provided, the language used, age, cognitive development of the patient and the personal experiences of a particular condition may all impact on comprehension and decision making (Zawistowski and Frader, 2003). Child illness also increase stress, anxiety and fear in parents, which may hinder understanding of information given to them, making them more vulnerable to professional pressure'. N-MH-1 IP3 briefing paper 2*

## Summary of findings to date

Overall student interviews and assignments show that the modules provide valuable learning experiences for students. There is evidence of:

- Learning about face to face and online groups including process of group formation, level of participation and group dynamics
- Learning about and demonstrating the ability to work collaboratively in order to complete group activities.
- Learning about self in group situations
- Identifying links between the practice of the module experience and the theory of IP learning including recognising the need for, and potential benefits of, IP learning prior to qualification
- Identifying limitations of the IP modules and suggesting ways in which they could be improved
- Identifying links between the 'trigger' scenarios and opportunities for IP working in practice
- Learning about professional roles, perspectives and ways of working as well as learning from each other's profession specific knowledge
- Increased awareness of IP issues in placements including identifying good/bad examples of IP working and reflecting on what it was that made them good/bad, as well as a focus on 'getting it right' themselves
- Identification of barriers, enablers and benefits of IP working in practice situations
- Development of a range of skills including improved IT skills, the ability to use library and internet resources, increased confidence, improved communication (written, spoken and online), writing and presentation skills, and the ability to critique/give feedback to others
- Learning about topics covered by 'trigger' scenarios e.g. homelessness, disability, carers, user participation/empowerment, clinical governance, accountability and informed consent

## References

- Pawson, R., Tilley, N., 1997. *Realistic Evaluation*. Sage: London.
- Tuckman B.W., 1965 Tuckman, Bruce W. 1965. Developmental sequence in small groups. *Psychological Bulletin* 63, 384-399.



Centre for Learning and Workforce Research in Health and Social Care

Faculty of Health and Social Care  
UWE Bristol  
Glenside Campus  
Blackberry Hill, Stapleton  
Bristol BS16 1DD