UWE BRISTOL
Faculty of Health and Social Care

Avon, Gloucestershire and Wiltshire NHS
Strategic Health Authority

Workforce Development Confederation

Interprofessional Learning Research Programme:
Pre-qualifying curriculum evaluation

Study 2
Learning together: student and staff experience of interprofessional groups

Margaret Miers
Brenda Clarke
Katherine Pollard
Judith Thomas

**Centre for Learning and Workforce Research
in Health and Social Care**

University of the West of England

Acknowledgements

Note on developments in interprofessional modules

The data collection described here took place from September 2001 – April 2003. Since the research was conducted module 2 has changed substantially in mode of delivery and there have been significant changes to the assessment and learning outcomes for module 1. These changes have been prompted by the normal processes of quality review. Despite these developments. issues discussed in this report are likely to remain pertinent to interprofessional learning in face- to-face groups.

Note on further planned research reports

The authors are preparing a further report on student learning about interprofessional learning and working, based on an analysis of student assignments and student interview data. In addition they are analysing data related to student learning in interprofessional groups on line.

Dr Margaret Miers
Dr Brenda Clarke
Kathy Pollard
Judith Thomas

February 2005

Contents

Executive Summary

- 15 student groups taking interprofessional modules 1 or 2 were studied as part of the evaluation of the interprofessional pre-qualifying curriculum. Researchers collected data through observations, interviews and focus groups.

- The study of group interaction showed that gender, age and ethnicity could affect patterns of participation in groups. Overall mature students played a more active role in the observed groups than younger students.

- Students' comments about the difficulties of chairing discussions in interprofessional groups illuminate the complexity of the skills involved.

- Students' views about the professional composition of the learning groups varied considerably.

- Students felt more able to understand interprofessional issues in module 2 because of their practice experience in their first year of study.

- Learning about interprofessional issues included awareness of systems and structures that facilitate or impede interprofessional working and an understanding of elements involved in effective interprofessional working, including increased confidence and communication and interpersonal skills. Some students linked learning about and experiencing group processes to their future ability to work in interprofessional teams

- In module 1 students expressed widespread uncertainty about the enquiry based learning process. By the second year, students were much more comfortable with, and positive about, the approach.

- Staff offer students a variety of facilitation styles. In general, students appreciated some active support from facilitators, at least in the initial stages.

- Facilitators reported a range of challenges involved in facilitating interprofessional groups, particularly facilitating the group to enable depth of discussion by moving from reporting on information to discussion.

- Facilitators' experience in group work and in thinking about group process had a positive influence on student experience. Students' awareness of others' needs had a positive effect on group process.

- Positive outcomes included: cohesion of group; participants' enjoyment; learning about self in group situations; communication confidence; increased awareness of need for interprofessional working; increased ability to recognise issues related to interprofessional working in practice; movement towards autonomy in learning and teamwork.

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. This report describes key findings from a major part of this study concerned with student learning in face-to-face groups. (Data from the study of student learning in on-line groups will be reported separately).

The research team gathered data from 15 face-to-face groups learning together. Seven groups studying module 1 (5 from the September 01 cohort and 2 from January 02 cohort) and 8 groups studying module 2 (5 from September 01 and 3 from January 02) were included in the research. In this report, Module 1 groups are identified by letters A - G, and Module 2 groups by letters H – 0. The 15 research groups include four based at Hartpury (one from each year and from each cohort), and eleven based at Glenside (see Table 1). At Hartpury, all the September 01 module 2 group (L) had been together for the first module (in group E). All the other module 2 groups had members who had been in a module 1 research group as well as members who were new to the research.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Module 1 Sept 01,Glenside	√	√	√	√											
Module 1 Sept 01, Hartpury					√										
Module 1 Jan 02, Glenside						√									
Module 1 Jan 02, Hartpury							√								
Module 2 Sept 01, Glenside								√	√	√	√				
Module 2 Sept 01, Hartpury												√			
Module 2 Jan 02, Glenside													√	√	
Module 2 Jan 02, Hartpury															√

Table 1: Student groups involved in the study of student learning in face-to-face groups, interprofessional modules 1 and 2

The research team was led by Dr Brenda Clarke, supported by Kathy Pollard, Dr Margaret Miers and Judith Thomas, who collected data and shared responsibility for data analysis across groups, and by Ros Johnson, Lorna Singer, Mark Dando, Matthew Hughes and Gill Mowforth, who participated in data collection in year 2. All the researchers and all facilitators involved in the study have commented on drafts of this report. Thematic reports on group interaction, interprofessional learning and working, student learning and facilitation have formed the basis of this report. Margaret Miers compiled the report.

The research team sought ethical approval for the study of student learning in face-to-face groups from the Faculty and University ethics committees in September 2001. The recruitment process began with the research team providing facilitators with information about the study and asking facilitators whether they would be willing for their groups to be approached with a view to participating in the research. Students were introduced to the research programme as part of the module induction and then each group involved in the qualitative research of student learning in groups was approached by a researcher during the first session of the interprofessional module. Students and facilitators were given verbal and written information detailing the study and the opportunity to ask questions before deciding whether to consent to participate in the study. All members of the face to face groups had to consent for the group to be included in the research.

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, however, draws from data from all 15 groups to explore the main themes. Not all the groups will be able to be used in a case study analysis as data sets are incomplete. Table 2 indicates the range of data sources available for each group. Case studies will be examined in a later paper. This report draws from all data sources apart from student assignments which have not yet been analysed.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	0
Observations	√	√	√	√	√	√	√	-	notes	√	√	√	√	-	√
Student interviews	3	3	4	2	2	3	2	1	notes	3	5	3	2	-	3
Facilitator interview	√	√	√	√	√	√	√	√	notes	√	√	√	√	-	√
Focus group	notes	√	√	Notes	√	√	√	√	√	notes	√	√	√	√	√
Questionnaires	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Assignments	2	4	2	4	6	1	2	3	6	2	4	4	2	3	3
Module evaluations	√	√	√	√	√	-	-	-	-	-	-	-	-	-	-

Table 2: Range of data sources available for each group

The aim was to collect data as follows:

Observations: Researchers observed each group on two separate occasions

Interviews: Interviews with 1-4 students from each group, 33 student interviewees in total; some students were interviewed about their experiences of research groups in year 1 and in year 2. Some students were interviewed again as a follow-up interview after the module to capture their experiences of placement in years 1 and 2. In addition the researcher's summary for group I includes short notes from discussions with 3 students. Facilitators were interviewed after the module ended. 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. All facilitator interviews were recorded and transcribed. Interview summaries were sent to the interviewees for comment and clarification.

Focus group with students: A focus group was held in the last session of the module. All focus groups were recorded and most were transcribed in full.

Questionnaire data: The majority of students completed the UWE Interprofessional Questionnaire (the data collection tool for study 1 in the research programme) during induction week. Group data for each group was available at time of analysis.

In addition, on completion of their professional programme, all students in the two research cohorts were asked if they would be willing to participate in a study of their interprofessional learning through analysing assignments completed for the interprofessional modules. It is the intention of the research team to include analysis of assignments completed by students in the research groups as part of the analysis of case study data.

Analysis

The core group of researchers (BC, JT, KP, MM) developed a framework for analysis after thematic analysis of data collected from the September 01 module 1 groups. Four main themes were identified: group interaction; interprofessional learning and relationships; student learning; and facilitation. A set of sub themes under each broad area were identified and the themes and sub themes provided the framework for analysis of data from later research groups. The researchers worked in pairs and as a group to check data interpretation across themes and sub themes. Subsequently each researcher responsible for data collection for a group prepared a two page summary of the findings which was sent to all participants, inviting comments and offering the opportunity to discuss and review the accuracy and appropriateness of the summary. In addition the researchers discussed the findings with facilitators in a group meeting. Data from Study 1 (the longitudinal study of student attitudes and assessment of communication skills), analysed after completion of the second year module, sensitised the research team to the possible influence of age and experience on student learning in interprofessional groups. The four main themes were reviewed, discussed and elaborated by the core research group after separately and collectively reviewing the data from all 15 groups. The four themes structure this report.

In the report, students are referred to by their group number 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	Social Work	SW

Where more than one student from the same profession has been interviewed from one group, students are referred to by number, for example, AN1, AN2.

Group interaction

Group composition

The Glenside groups ranged in size from 9-18 students and Hartpury groups from 10-18. Whereas January cohort Hartpury groups are in fact uniprofessional groups (adult nursing) and the September Hartpury groups only include two professional groups (adult and mental health nursing), Glenside groups comprised five or six professions in the September groups and four in the January cohorts. The professional range may not, however, be reflected in attendance or participation, nor, therefore, in individuals' perception of the group composition. All professional groups were represented in the research groups with the exception of midwifery students. (Midwifery students are included in the on-line interprofessional module 3 research groups). One module 1 group included Health Science students, but no Health Science students were interviewed.

Most of the groups included a wide age range (18-40+ years). The January 02 Glenside groups included occupational therapy students and social work students studying part-time, and hence included more mature students than most other groups. In one IP2 January group the majority of the students were mature but in other groups there were only one or two students over 30.

Inevitably, men were in a minority in all groups. There was only one male student in three Hartpury groups (E, L and 0), and none in the fourth (G). The largest Glenside group included 4 men. The vast majority of the students in all groups were white. There were no students from black and minority ethnic (bme) groups in the January groups and only one student of mixed race in Hartpury. Two of the September 01 Glenside groups did not include bme students. Six Glenside groups included 1-3 students from minority ethnic groups. A total of 11 black and minority ethnic students (10 female and 1 male) participated in the research, but none of these agreed to be interviewed.

Physical and social environment

The potential for the physical environment to affect the groups was illustrated by the fact that one group changed rooms after the first week, as students felt the room was inappropriate for group work. The shape and size of the room could dictate the seating arrangements and the seating layout could influence pairings and formation of sub groups. In one group seating arrangements and room shape appeared to support patterns of dominance. Students spoke about those sitting at the 'top' or 'strong' end of the room. In this group two students told the group they had conducted an experiment on the seating arrangements, by positioning themselves in different places one week and observing the effect on interaction. This revelation was perceived negatively by their colleagues. In many groups, however, researchers observed students from same profession, older students, students from minority ethnic groups sitting together. The effect of seating arrangements on communication within the groups was only rarely discussed within the groups, or in interviews. Facilitators usually tried to organise a circle of seats, (if they altered the environment). Not all student found this comfortable. One noted in interview

> *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 exposed feel that they've got some sort of psychological protection. You need something there that people can get behind if they want to. (C, AN1, IP1)*

Groups that are large appear to struggle to provide a comfortable social environment for participants. In one group of 18 students a student commented the room was too small and the facilitator found the size of the group difficult. In the other group of 18 one student noted

> *I know two adult nurses that will <u>not</u> say a word in the big group that we've been working in. It makes them very nervous, very uncomfortable. (E, AN2, IP1)*

A strategy designed to enhance the safety of the social environment is the use of ground rules. Most groups drew up ground rules at the beginning of a module but the ground rules were rarely displayed at student initiative, nor mentioned or applied during the module, even when ground rules were transgressed. The exception was group H, in which the researcher notes *group rules were developed and largely appeared to be active and referred to at the observed sessions.*

In two groups the provision of facilities for coffee making supported the social environment. In one group it was the students who organised the provisions and the sharing of responsibility enhanced the positive feelings within and about the group. In the other group the facilitator organised the provision of drinks, which was seen as supportive, however the group experienced difficulties in group dynamics and was not necessarily experienced as a 'safe' environment.

Participation

Not all students attended the module sessions and levels of participation vary. There is no evidence in any of the group data that students were able to challenge those who did not attend. One student explained his own non attendance at some sessions.

> *Half-eight in the morning maybe was the second reason. The main reason was, I'd be lying in bed at 7.30 thinking that I'd got to go and sit in a room for two hours and talk about something that I hadn't really understood; and I wasn't going to get told off if I didn't go. I think maybe it was just me being new to student-centred learning, the idea behind university. So I just thought if I didn't go, nothing was going to happen, and I didn't really look towards my logs, having to write three logs and an essay. (C, DI1, IP1)*

Some students participated very little, which caused frustration and some resentment from other students who put a lot of effort into their work for the group. Group C's focus group explores the complexity of feelings about participation.

> *Well some people haven't really researched a great deal and others have come back with a hell of a lot of information and have obviously put more effort into it. Not like saying with animosity or anything, because its down to the individual really, but, I think some people have put a lot more effort in than others and have made the effort to…….. I mean …….some people have made the effort to turn up, like every week, and others have just sort of…. if they felt like it, I don't know the situations though. (C, focus group, IP1)*

> *That's really annoying because they used to say things like, 'we're not going to try that hard' if everybody else was doing the same, well you know. (C, focus group, IP1)*

> *Yes because you do feel a bit like if you put a lot of effort into something and you're working really hard towards something and others are not. (C, focus group, IP1)*

Students certainly recognised that patterns of dominance could influence patterns of participation. In group K, students interviewed expressed different views – one speaking about

students who '*can't be bothered to make the effort'* and a quiet student reporting she had tried to join a debate but couldn't because it was dominated by the 3 most '*outspoken*' group members. . In group J one student in the focus group volunteered *I don't like talking in a group*, *no matter how good the group is.* In group F, one student interviewed took a silent role but reported she felt quite intimidated by dominant students and in addition was too unsure of her skills to take a role in the group such as scribe. She was self conscious and embarrassed about writing things up and worried about getting the spelling right and capturing what others mean.

Both silent and talkative students felt pressurised by the obligation to communicate in the group. During the focus group, one student in group M, in which there was good participation, compared the experience favourably with experience of a level 1 group in which she felt pressurised.

> *Because there was only a couple of us that ever said anything and everyone else, it was, put pressure on people that did speak whereas I think here everybody has interacted a lot more. (M, focus group, IP2)*

In group M one student said very little and the facilitator brought this to the attention of the student and the group. The lack of participation was understood sympathetically.

> *She's just a very, very shy person and gets very embarrassed at having to speak to more than maybe just a couple of us. (M, OT1, IP2)*

Overall, students were alert to different reasons for non participation. One student in group J noted that some people are scared to look foolish and some didn't seem to have anything to say.

In group H the facilitator had to work very hard to ensure the group was a positive experience for the participants. The researcher saw the facilitator as compensating for a significant number who had little commitment to the module (including 5 students who were referred in the module) and didn't want to be there.

> *She never relaxed and although looking comfortable was probably shattered at the end of each session. Her style was relaxed but generally controlling/transactional as she was always the final leader but encouraged inclusiveness. She smiled a lot, knew everyone's name and*

facilitated group building exercises in the form of name games and evaluation discussions.
(H, IP2, researcher's notes)

This proactive approach, including encouraging working in small groups had a positive effect on student experience. An interviewee reports

I think it's boosted everyone's confidence and communication skills working in small groups, getting your confidence in small groups and then you feed back to the large group, it would only work if the actual group dynamic was right if you had to work in small groups the same as the previous module and there was no active listening skills and so I don't think it would have worked but because of the dynamics …………………its sort of giving me confidence, I have certainly grown in confidence. (H, CN1, IP2)

It is worth noting that this group used their ground rules to support cohesion.

<u>Effects of ethnicity, gender, age and experience on group participation</u>

<u>Ethnicity</u>

Overall there were issues of integration and participation in the groups for black and minority ethnic students. However black and minority ethnic students in group H did seem to play an active role in the group and in group B the researcher's notes suggest support for the sole black student's integration into the group.

He was quick to choose the topic he chose to work on and ask for help with the assignment…facilitator encouraged him to work with his partner for the week and seek help from her. (B, IP1, researcher's notes)

In another group (C) although integration into the group took some time, a male black student was eventually able to play a significant role in the group. The researcher notes

There initially appeared to be some awkwardness with communication between the black male student and other members – in Session 2 he sat alone, and there was virtually no eye contact between him and other group members (this was not a general tendency between other students….
By session 4 he appeared less isolated. There were occasional difficulties when other students could not understand his accent. (C, IP1, researcher's notes)

This student played a significant role in the group, helped keep the group focussed and chaired the group with ease when invited to do so (by other male) in second observed session.

In contrast observation notes from other groups record poor integration and a lack of attention to participation issues

> *At one point there was a sub conversation between two of the quiet members, the white male*
> *and Black female but no one made any attempt to draw them into the main discussion.*
> *(D, IP1, researcher's notes)*

> *After the break the first student to present was a mature woman from an ethnic minority*
> *background who read her presentation which was probably her written work on empowerment.*
> *The group looked bored, quiet and one continued to eat her food. The student was*
> *embarrassed when the chair asked for any questions from the group and nobody responded.*
> *As a result the group moved swiftly on to the next presenter. I found this an uncomfortable and*
> *extraordinary response particularly in view of previous presentations regarding discriminatory*
> *practice and discussions about attitudes towards minority groups in society that the group who*
> *had responded to other members with at least one comment chose not to respect or value her*
> *contribution. (I, IP2, researcher's notes)*

In group J, the researcher's observation notes record that one black student

> *Said very little and when she did contribute something X and Y chatted and laughed together.*
> *No one dealt with this. (J, IP2, researcher's notes)*

Language emerged as a communication issue for black and minority ethnic students in relation to technical terms, speaking English and speed of response in a group situation.

> *Two students take exception to terminology that (black male) uses "mental retardation"; he*
> *insists that this is the term he should be using. Fac says that it's not acceptable in NHS*
> *currently. (Student) says that is what is used in USA literature. F1 joins in.   Concedes. Not at*
> *all clear that he's convinced, simply bowing to group pressure. (C, IP1, researcher's notes)*

In one group students' ability to understand each other raised complex issues which contributed to difficulties in group dynamics. The facilitator noted that a student had reported in her log that she found one of the black students difficult to understand, it was an Irish student who was told publicly by members of the group that she was difficult to understand. This upset

the Irish student who noted that nothing was said openly to the bme students. The facilitator reported

> *That really knocked her confidence because within the group she had thought she was gaining in confidence and becoming more articulate. (J, IP2, facilitator interview)*

In addition the facilitator reported in her interview that the dominant student who had recorded observations on the black students in the log felt *she couldn't give feedback to them because then she would be criticised as being racist.*

Other students showed more sensitivity to the difficulties of participation for some bme students. In a follow-up interview after ip2 with a student who had been in group D for ip1, the student notes

> *There were a couple of um, African girls, um…who were, well, English obviously wasn't their first language, so you could see…I mean they, if you gave them the space and time to say what they wanted to say, it was perfectly valid. But they did need, you know, more time. I think they found it quite difficult ..you know how you sort of chip in and that kind of thing? They didn't do that, and whether that was because they were reserved, or because they just weren't quick enough with their, you know, the language, but um, I was quite aware of that. But on occasions when they did choose to speak, they were very good. (D, CN1, IP1, follow-up interview)*

A student in group B noted both in interview and in the focus group

> *I don't know whether one student needed more support. He seemed alright but I don't know whether he had enough support, moving from a different country. (B, SW1, IP1)*

In the focus group she wondered whether a different scenario might help discussion about equal opportunities issues – which she didn't think the module (1P1) addressed sufficiently (she was reminded of this by the evaluation form).

> *He did mention about you know, sort of race and inequalities and I just… I don't know, I was conscious of him and wanted to include him, but again because its so new, I wasn't sure how we could or, obviously he was quiet anyway….I think that's a good example of how you can ask an individual if its similar in your culture or whatever, you know, your background. What would the situation be, actually draw them in while asking them about something they do feel comfortable with. Because it is interesting…But obviously you have to be careful you're not going to shut them up because you're…..but I felt with him he was happy to contribute but he*

struggles with finding a place almost. I am sure he feels that we are all so new anyway, that to him is double. (B, focus group, IP1)

Gender

Male students were in the minority in 12 of the groups (ranging from 1-4). Three groups did not include male students. In one of these (J) tensions emerged and one student in an interview commented

I'd quite like to have had a man in there really because it's a different …it gives a different perspective and it might have changed things. (J, RT2, IP2)

In many groups there did not seem to be any particular issues relating to the men in the group. There were interviews with 4 men. Male students were usually active participants in the groups. In two groups the researchers noted the particularly positive roles men played through their style of interaction and/or the roles they took on.

It was the male physiotherapist who chaired the second session and both males were active participants but did not dominate or disempower the women students. 'shall we find out more about the condition?' 'what sort of people are out there to help? How do we feel about this? do we want to do this in small groups? Were typical open questions posed by the male chair. The chair had a range of developed competencies which may have developed due to the programme of study or through past experience (age 30ish) or unknown. (N, IP2, researcher's notes)

In group B the researcher's positive impression of the contribution of two male students was supported by the facilitator's interview. One male mental health nurse took the scribe role, performing it particularly effectively and a young physiotherapist contributed a great deal without dominating. The facilitator noted

I always acknowledge how sensitive he was to other people because you could so easily see him as the sort who would just blag on but he wasn't. he was very ready to listen but happy to talk and that was just the sort of character who was needed. We also got a bit stuck with A being a scribe but he was just so good at it…He was very good and that is a sort of leadership. (B, facilitator interview, IP1)

In contrast, in group A male students took lead roles but were not so obviously co-operative. Their dominance, however, was controlled by an effective female chair. The researcher's notes record

> *A 'natural' chair emerged. Whilst overall they appeared to function as a group the group's discussions were dominated by five younger members. These discussions at times were used to 'score points off one another,' in an attempt to illustrate who had the 'best' knowledge or the more challenging critical approach. The men in the group in particular appeared to enter into this competitive aspect although the chair was often able to stop this with just one sentence or question - there was no 'put downs.' (A, IP1, researcher's notes)*

In interview one male student commented on the female chair but also noted ways in which his own directness and frustration at the level of discussion may have affected the group.

> *'the kind of naturally appointed chair was a female….because I suppose the female system, they are quite organised and very logical. Whereas men are quite pragmatic in their approach to things and also quite direct and not terribly subtle….that doesn't mean that I don't believe there are any very direct and pragmatic females, but I think that, erm, you're more likely to experience a well organised female organising the group in a shared capacity than you are for a male….there are certain ways that I'd like to be that would be very…potentially very disruptive to the group. (A, AN1, IP1)*

In an interview after the second module he reported his behaviour in a group (not one of the research groups) as disruptive (because of his conflict with the facilitator).

> *I tried to undermine and destroy it at any opportunity I could because I felt that I was not going to play ball because I didn't, because of the fact that I felt, that I was viewed badly by the facilitator, for a start I felt that my views were not considered'. (A, AN1, IP1, follow-up interview)*

A second male student in group A was interviewed and recognised some issues for the group as a whole arising from the outspokenness of male members. Two of the three men

> *were the most outspoken in the group, so from that point of view, I know that others in the group felt, not threatened, that's a bit strong a word, but a bit over-powered …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. (A, CN1, IP1)*

This student also noted that some balance was achieved as the chair was female and tried to keep a rein on the dominant males.

Not all male students took active roles in groups. The researcher at a Hartpury group noted that it took time for the sole male to integrate but observed active participation after a few weeks. Some male students appeared to hold back from playing a more active role. In one group student interviewees noted the significant role of one male student who *may have been a possible leader but he stopped coming (F, SW2, IP1).* In group K a male student described himself as someone who '*took a step back'.* He reported that conflict in the group in the second week deterred him for full participation, *I didn't go back the following week because I couldn't face it (K, AN1, IP2).*

One young male diagnostic imaging student acknowledged that he did not feel integrated into the group and attributed this partly to gender.

> *I just felt like an outcast outside of the group; in the group it wasn't that bad, because we had the facilitator there. He was taking a back burner, but he made me feel equal, as it were; making eye contact with him was reassuring, whereas making eye contact with them (the female members) made me feel unnerved, I just felt that if I was to say something it would be seen as sexist, and I'd get beaten up – well not beaten up, just jumped on….*
> *….after the session they would talk about, not women's stuff , but they would talk about what happened on TV last night and I wouldn't have watched the same programmes, I'd be out of it. It just felt like being on another planet, it just didn't feel right me talking to them. Even now, if I see them in the corridor I'll say hi and they usually blank me. (C, DI1, IP1)*

The male student recognised he had contributed to this situation but he was also alert to the influence of others on his role in the group, and to the positive aspects of taking a less active role in some of the sessions. He noted that through taking a devil's advocate role in the first session he said that nurses

> *Clean up for a living and I felt that from thereon in, no one really accepted me into the group. I felt that the two adult nurses, the two older people in the group, seemed to get more out of the sessions than I did, I think there was a direct relationship, they controlled the conversation more and got more out of it, whereas I was sitting back a bit and didn't get much out of it….*
> *…. I think that at some stages I had an opinion and didn't voice it, and in hindsight I should have voiced it. (C, DI1, IP1)*

In the middle sessions he

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, DI1, IP1)

Young male diagnostic radiography students did not necessarily find the groups easy. In group I, a large and not very easy group, the researcher's observation notes record

A young male radiographer also rarely spoke in the group perhaps because he was more familiar with biology and physics rather than social science….One painfully shy young man spoke for about a minute on the role of the radiographer. Group discussion was a serious problem for this individual. (I, IP2, researcher's notes)

However, overall, comparatively few men played a quiet role in the groups. It seemed more common for women to be quiet. The facilitator for I, a group in which discussion was difficult saw gender as a factor, noting *the silences of women can be powerful.*

<u>Age</u>

The research data identifies an overall tendency for mature students (i.e. students over 21) to play a more active role in groups than younger students. This is probably for a range of reasons to do with experience in practice settings, confidence, experience in higher education. One researcher (also a facilitator) notes in a summary for group J.

In my experience older students are very influential in a group if they are copers they have a very good effect on the group. If they are strugglers they have a negative influence on the group. (J, IP2, researcher's notes)

Overall data confirm this view, although the range of groups revealed the complexity of the processes involved. Age was a particularly significant factor in group G, in which age related sub groups were noted by the facilitator and researcher and by some, but not all students.

The ratio of young/mature students was roughly fifty-fifty. The older students participated actively in the sessions, while the younger students, with one exception, were generally quiet, though mostly appeared to be involved. The chair was usually an older student, though at least one young student did take the role. The students sat grouped by age. The older students made a great effort to involve the quiet younger students, with limited success, and expressed some frustration about it even joking about forcing a change of seating arrangements to alter the dynamic. (G, IP1, researcher's notes)

Younger students in the focus group reported dislike of speaking in a group and attributed the active role played by older students to their higher levels of confidence but no younger students agreed to be interviewed. One older student recognised that the enthusiasm of older students could have inhibited younger ones.

> *I think we have dominated some of the sessions and I think we actually deprived some of the younger ones from participating more than they would have liked to and I feel a bit responsible for that in some respects, but I can't help if I'm enthusiastic or I know a topic enough to sort of talk about it, but I do feel that we need to address that sort of imbalance' (G, focus group, IP1)*

Many of the students in group G were also in group O, a module 2 research group. Although the age division was not so marked in the second year, it was still noticed by researcher and facilitator.

The reasons for the influence of mature students may be a) prior experience of independent learning b) prior experience of group work c) prior experience of health and social care.

a)   Prior experience of independent learning

Older students who are graduates are likely to have prior experience of independent learning and therefore have less difficulty than other students in adjusting to the learning approach. In several groups graduates' familiarity with self directed learning made the learning process easier for them and supported their relatively dominant role in a group. The male scribe in group B, for example, was a graduate who played a positive role in group functioning. In group A, where the graduates were males, their prior experience of independent study had a mixed effect on the group (although their role in the group was perceived overall by the group as positive). In this group the facilitator adopted a 'hands-off' approach which one graduate interviewed thought the younger students found difficult.

> *They're quite used to having a kind of protective mechanism there that you know, if I do everything that sir says then I'll be alright, and if I don't that's to my detriment. I think when you get older and when you've learnt to take responsibility for your own learning then I think that you have the confidence to sort of accept that someone's sitting there and observing.*
> *(A, AN1, IP1)*

Older students in the group who were returning to study after many years also found the learning approach very difficult.

I find the whole thing about teaching yourself nursing very difficult,,,you're just left to do it yourself. (A, focus group, IP1)

The male graduates were aware that their level of education affected their communication in the group, particularly their approach to, and familiarity with learning through discussion.

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, AN1, IP1)

This student justified his vocal and discursive approach in terms of maturity and university level education.

People were saying well you can't be like that. And I said, well why not? I said we're adults, we're in a university education, as long as what you're saying is respectful, is constructive, then I think there's no reason why you shouldn't. But I think a lot of the students had come from colleges, whatever, and take the view that you're polite and you're smiley and you sit down and you do this and you leave. Ummm I think it's only as you get older that you actually learn that the education process is a 2-way thing, where the educators are educated by the students, and the students are educated by the educators. If you don't have that then things become quite stale. (A, AN1, IP1)

b) Experience of group work

There are many examples of older students in the groups taking responsibility for group discussion and encouraging participation. Researchers' observation notes record examples:

The mature ethnic women students counteracted this effect and one who was the chair encouraged all students to debate. (H, IP2, researcher's notes)

Mature students were the first to speak. The two older women from opposite sides of the room helped each other to get the group to get discussion going. (I, IP2, researcher's notes)

Eventually mature woman took the lead….'older male students took the lead and fed back to the group first…… The older group members appeared more confident to respond to more complex theoretical material and seemed disappointed when others do not.
(I, IP2, researcher's notes)

The oldest group member, a female social work student regularly took the role of chair (although others had taken on the role too). In the first obs session I observed her volunteer, in a quiet and not at all dominant way and in the final session I observed her take the chair rapidly and with what I thought was almost too much speed. I later realised the group had fallen into the pattern whereby that was her 'role' and all were happy with it…. as chair (she) demonstrated sensitivity in showing concern for others, inviting contributions, rewarding feedback. In interview she noted that she had not anticipated taking the chair and would not cast herself as a leader in other settings but she felt comfortable in the leadership role. She noted that she had experience and hence 'could talk' and was conscious of group dynamics so was aware of others. She noted that no-one dominated. (B, IP1, researcher's notes)

In group K, older students had a significant effect on the group, convincing the group to change direction in week 3. Researcher's observations note the way one older student took responsibility for organising the group. This student '*generally took on job of chair although was actually scribe. Stood by flipchart, assumed quite commanding position'.* In interview this student reports on the significance of support from a second older student in exerting influence in week 3.

An older nurse picked up on what I was saying about using the trigger, to work the ip into it, and we eventually convinced the group between us. (K, RT1, IP2)

Despite some negative views about the role of older students in the groups, a facilitator volunteered positive views about mature students.

I do think its nice when there's some old ones…and there were a few that were older, perhaps not lower twenties, late twenties, thirties or something. Yea, I think it definitely helps. (0, facilitator interview, IP2)

The facilitator of group M thought more mature students were more insightful about group work than recent school leavers who could '*struggle*' with group responsibilities. In this group, the majority of students were mature and they worked together particularly well, co-operating in identifying scribe and chair and using the roles in a group effectively. One occupational therapy student who played a particularly participative role in the group attributed this to both her profession and her maturity.

One of the perhaps two, or three people that kind of, almost, not just led the group, but sort of participated more I suppose…..OT students tend to do that more so than some of the others. And I think it's probably because a lot of us are mature students, and we already work in an environment

where we are used to working interprofessionally and speaking our minds and all the rest of it…..'I was quite good at questioning things, and asking questions of people that were presenting. Because I knew that it's very easy t just present things and for people to not be interested or to switch off or to kind of think because I haven't read this therefore I am not really trying to create a discussion out of what somebody was presenting. (M, OT1, IP2)

c) Experience of health and social care

But effects of experience were not always positive in a group. Experience could certainly lead to dominance. In group C the more mature female students *seemed to take control most of the time.* One student interviewed noted

> *The two older females used to sit next to each other and chat to each other, and we couldn't hear them, and then they'd say something out loud. One would say it and the other one would back her up, so we'd feel we're obviously wrong, and stop there. (C, DI1, IP1)*

The effect of this dominance and grouping may have led to over reliance on categories. The same student referred to the mature females as the *two old ladies.*

In group J there were three older students 40+, two social workers and a radiographer and 2 BME students who were also older. The three white older students were very influential, with the 2 social workers having a complex effect on the group. They had considerable work experience, perceived as relevant to the scenario (and the group adopted more of a problem based learning approach than enquiry based learning), were enthusiastic about the learning process, brought the group considerable resources in terms of information and experience, sat together (with other dominant students) in the 'strong' corner. Although the social work students showed some awareness of their dominance, the effect on the group was problematic. In the focus group one student noted she *didn't have enough space in the group to comment.* One student interview noted that they were viewed

> *Almost like teachers in the group because they seemed to know so much more than anyone else about what was going on and I think because of their age as well everyone looked at them to say look, well is this right? (J, PH1, IP2)*

In a second group, group F, the most vocal students were older students, particularly social workers with work experience. One young adult nursing student reported she had discussed the group with other students prior to the interview and *all felt it was hard being with the social workers who were very experienced and that none of them had really enjoyed it.* The social workers interviewed recognised that they *may have talked too much, we may have been a bit*

overpowering. The differences in age combined with the differences in levels of experience seemed to have an adverse effect on group dynamics.

Chairing

The module handbook recommends student groups to make use of the roles of chair and scribe to facilitate discussion and co-ordination of work. Groups did not always identify individuals to act as scribe and if they did the role was enacted in different ways, but there was little discussion about the scribe role in focus groups or interviews. One group decided not to have a scribe, and thought that decision had helped the integration of the group.

> *We were all more integrated as, as a group and we were able to talk more without having somebody up front who we kept looking at all the time. (M, focus group, IP2)*

Chairing, however, prompted considerable discussion in student interviews, focus groups and researcher's notes.

Two groups rarely had a chair and the facilitators seemed to lead the group. In one of these groups the facilitator's active intervention ensured difficult group dynamics resulted in a positive group experience. Another group took a decision in week two that they would do without a chair. One student noted the 'stiff-collared' connotations of the term.

> *People found that quite daunting, as if you were going to be put into an authoritative position, so maybe people should be asked if they'd like to lead the group for that session instead. (C, AN2, IP1)*

In contrast, in some groups a 'natural' chair emerged and had a positive impact on the group. In group A the observation notes record that the

> *Style of leadership allowed for negotiation within the group but this individual demonstrated a quiet confidence of the direction the group should take. (A, IP1, researcher's notes)*

In group B the student who took on the role of chair for several weeks described herself as *conscious of group dynamics so aware of others* and observations confirmed her place as a positive role model. A student interview confirmed that *everyone was very good at including everyone else.*

However chairing could be problematic and may be seen as linked to difficulties in group functioning. Hartpury groups discussed chairing skills at some length, perhaps because all observed groups had some issues around subdivisions in the groups (between mental health and adult nurses or between older and younger students). In group E students reported finding the election of chair at the beginning of the session very stressful, reporting in the focus group that they

> *Did not really understand the role, and felt quite intimidated by the thought of having to be chair. (E, focus group, IP1)*

> *I think it stopped us gelling. It's like you said, you've got this awkward 20 minutes at the beginning of every session. (E, focus group, IP1)*

> *I feel very uncomfortable at the beginning of a session when we're going to elect a chair and a scribe, I feel very overpowered by the whole feeling in the room, it makes me feel quite ill. I don't mind, I can contribute to a discussion but I don't feel I want to be put under that sort of pressure at the beginning of a session. (E, focus group, IP1)*

In this group the students fell into a pattern whereby the mental health students took on chairing roles and adult nurses reported feeling dominated and intimidated. One adult student saw the election of chair as contributing to this.

> *They do all the chairmanship, they put themselves forward a bit more aggressively….I talk to other people and they find them a bit intimidating. (E, AN1, IP1).*

This concern amongst the group led to discussion about what makes a good chair (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….*
> *…I wouldn't mind being the chair but I don't know what I have to do, and that worries me. I think if someone actually said what the chair had to do, and outlined it, and explained it more, than I'd be able to do it. (E, AN1, IP1)*

This discussion continued the following year when many of the students worked together again in group L. The facilitator identified one student who was excellent as a chair *looked like she'd been doing it all her life…a very confident member of the group* but other students' logs

indicated that this *daunted the rest of them when they had to follow that.* Interestingly, the student chair was thoughtful about the experience in the focus group.

> *I was actually chairperson myself and from my experience I felt that a lot of things were directed at me. I was looked at, I know that my role was maybe to provide leadership and lead the group through the learning process and all that malarkey, but I think that it would have been better if it had been a shared experience between the group like it was today. I think that it was too much for one person to actually, you know, because I think maybe …… like people looked at me and apologies were made to me, directly to me and it was like, hang on a minute I am not the only person in this room. You know, this is like, everybody is included in this, it's just not me … …And you're supposed to know everything like you're the know it all in the group and you just can't do that. I kinda think that it took the responsibility away from other group members when it should have been a shared thing. It shouldn't have just been on one person's shoulders, and that's most definitely how I felt when I played role of chair. (L, MH1, IP2)*

The focus group conversation continued by discussing the view that the group would have been more equal and participative without a chair. Whereas there was support for this view, students also noticed that strong chairs could draw people in to conversations and the observation notes record a chair being *very good at maintaining discussion and probing questions.* In another group, a student reflects on successful chairing strategies in an interview.

> *One of the roles I found useful to take was just to use open questions, not even specifically factually based, just opinion questions that anybody can answer, because all it requires is knowledge of yourself, it doesn't require research. . . . There've been times when it's been really hard to keep, to debate things, because people have one personal viewpoint that they get really defensive about….that was one of the things I found it more difficult to chair. I don't know how it would work, it's interesting to think how it would work with other professionals. I'm sure that's one of the real problems. (G, AN1, IP1)*

Students showed considerable insight into the difficulties of the role. One compared her experience with previous chairing roles.

> *I've had a lot of experience with parish councils and I've spoken to 500 people and done it quite good you know…and I come here now and it all fell through the window and I didn't have any control at all, it's hopeless…and you know I've got…quite a lot of experience of formal chairing, even as deputy Mayor, you know, and yet I come here and I found it was very difficult. (G, focus group, IP1)*

Difficulties identified concerned how to

> *Interrupt people if they're talking and if you feel that someone's not getting to the point you keep hoping that maybe they will…and it's difficult also, you don't want to make anybody feel that they're inadequate, you have to be sensitive to people's feelings; but sometimes I felt that we didn't get as much out of the discussions as we could've done. (O, AN2, IP2)*

Dominant students also posed difficulties for those taking the chairing role. In one group two student interviewees noted how a dominant student *took over* from the chair and *didn't give her a chance.* The student attempting to act as chair reported her feelings.

> *it really annoyed me one week as well because I was the chair and I'd never done it before and one of these women was like it was obvious that she didn't like taking a more submissive role and like she butted in on me and I thought that was really rude for a start and I wouldn't do it, but it was obvious she liked being in control of things and that really annoyed me actually (J, RT2, IP2)*

Some students admitted that paying more attention to guidelines might have improved their experience of chairing.

> *it wasn't until the fifth week that I did any research on the role of the chair and the scribe, and I think probably nobody else had done either (O, AN2, IP2)*

However it is instructive to hear students' views about the complexity of the role and the skills involved.

Group task/communication around feedback

A significant part of the role of chair is to co-ordinate student feedback around the topics they have been researching and to facilitate discussion. Researchers observed considerable variation amongst students and facilitators in the approach to the group task. For the September 2001 cohort students were assessed on their group work in the second year modules, requiring facilitators to give feedback to individual students. This task seemed to be handled very differently by facilitators and seemed to be quite difficult to fit into the group experience.

Surprisingly, only in one group did students work together across professions when researching topics and giving feedback. In this group the arrangement seemed to have a positive effect on group functioning but most groups reported that they found working with students from other professions too difficult to organise because of different timetables. Groups had different ways of organising themselves to share out their work. Some had a clear structure with chairs facilitating organisation of work for the following week. In others, a dominant member organised the group. The preferred approach of dominant members could have a significant effect on the group. One student commented

> *In picking out what topics we were going to discuss and assigning them to people, it was quite noticeable there were some people who were very keen to get things sorted and done and dusted and squared away and parcelled out and what have you; and that was one of the things I thought about people who didn't get involved too much, and I hope it didn't end up leaving them no choice. (G, AN1, IP1)*

Feedback to the group often relied heavily on reading from notes and on long individual reports, which led to little discussion. One facilitator made a specific attempt to improve the style and standard through a role play exercise in which he played the role of a nurse giving report. Students commented favourably on this. Students with higher education experience raised the analytical nature of feedback and discussion, although other students did not necessarily find it easy to engage with more abstract discussion. The interests of more vocal students inevitably influenced the topics of discussion. One student in a Hartpury group was particularly interested in policy, leading to a greater focus on policy issues in discussion. Student participation increased if individuals could relate to individual topics. It was noticeable, for example, that the younger students in a Hartpury group in which older students tended to dominate became much more involved in a discussion focussed on drugs. Prior personal experience of health and social care as a user or through employment 'privileged' some students' experience, particularly social work and occupational therapy students who had practice based experience of their professional role. Similarly health care assistants entering nurse training had relevant prior experience. This experience did not always have a positive effect on a group if experience contributed to perceived dominance that was viewed negatively. A facilitator noted, for example,

> *Many of the older students are ex healthcare assistants and they do come with a very set idea, it seems, about what it is that nursing is, what they're there to do, and I don't know whether that plays well with the younger ones, whose interests are bound to be different anyway. (O, facilitator interview, IP1)*

It is likely that the level and nature of discussion could have a positive effect on the quality of group cohesion, although the perceived 'safety' of the group would also influence the nature of the discussion. The relationship between discussion and group safety is noticeable when students share personal experience. The most comfortable groups in which the facilitator did not play an active lead role in ensuring comfort (as in H) were groups B and M. (Group B students who completed the Study 1 baseline questionnaire were all positive about teamwork and communication skills and more positive than others about interprofessional interaction). Group M realised (at facilitator's prompting) that there were a lot of team players in the group and seemed content with the level of discussion in the group. Group B, however felt the level of discussion could have been deeper, noting that they were very polite to each other, which could have inhibited critical debate. Both groups report that individuals had been able to report personal disclosures in a safe environment. The researcher's observations record personal disclosures in group M.

> *One of the child nurses was the first to feedback in an observed session. Overall this was performed badly, the student read from notes with her head down all the time. All of the group appeared to be listening with one student 'picking up' one of the issues of empowerment concerning parents of a sick child. This student provided the group with examples of her own personal experience. This led to a wider discussion about the power of doctors, the different roles in paediatrics and the expertise of nurses. . . . Although this discussion was limited to a small number of the group the rest of the students appeared to be listening. The topic was further widened to non accidental injuries and the role/work of the social worker.*
> *(M, IP2, researcher's notes)*

> *The group appeared to 'feel comfortable' with each other and were therefore willing to bring and discuss their own personal experiences. (M, IP2, researcher's notes)*

Conflict and cohesion

Conflict developed in groups through strong personalities arguing against the way the group was going (group K) or through a perception that strong personalities were dominating the group (Group J). In group E the dominance of strong personalities was exacerbated by a MH/AN split. In K the conflict was resolved and the facilitator saw the conflict as healthy. Some students, however, were upset by the experience. In group J the conflict in the group was not really resolved and 2 students were upset by the group's perception of them as dominant.

Cohesive groups such as B and M noted their politeness as inhibiting potential conflict and students recognised that they had not therefore learned about handling disagreements. One

student interviewed from group M discussed this at length. 'W*e were all being polite, we didn't have..nobody was confrontational.* Asked about gaining experience in challenging appropriately, she noted

> *No certainly not in our group, other people have, I know that's a huge weakness in me, I'm not one to confront and I need to have that experience to try and deal with that and that came up in my reflections the whole time, I know I'm not good with figures in authority and confrontation so actually to be able to experience in the group would be good but I know others did in their groups they did need to deal with confrontation and that would have been interesting but in our group we were all very nice and trying to be polite and friendly and just get on with it really. (M, OT2, IP2)*

Interprofessional issues

Student experience of learning with a range of professions varies. At Hartpury the September 01 groups included adult and mental health nurses who were together in both module 1 and module 2. The January groups were only adult nurses. At Glenside the 11 groups had between 4 and 6 professions represented in them. Module 1 facilitators were drawn from adult nursing (3 taking 5 groups), social work (1) and physiotherapy (1). Module 2 facilitators were drawn from social work (1), learning disabilities nursing (2), adult nursing (3), physiotherapy (1) and children's nursing (1). Table 3 shows the professional breakdown of the 33 student interviewees.

Adult nursing	13	Radiotherapy	3	Occupational Therapy	2
Physiotherapy	5	Mental Health Nursing	3	Diagnostic Imaging	1
Social Work	4	Children's Nursing	2		

Table 3 Study 2 student interviewees by professional programme

Students' opinions of the group mix varied. While some thought that it was good, others thought that there were not enough professions in their group. These conflicting opinions were sometimes held by students in the same group.

> *What did you think of the interprofessional mix in your group?*
> *I felt it was a good mix of professions. (C, DI1, IP1)*

> *What do you think about the mix in the group, people coming from different programs?*
> *It wasn't very good in our group, because there were only three professions. (C, AN1, IP1)*

There were actually students from 4 professional programmes in this group, so there appears also to have been an issue about students recognising different professions. (One student thought her group included a radiologist).

The desirability of having a greater professional mix was a common theme among the students both at IP1 and IP2.

This group I think's quite good compared to some of the others I've heard of but it would be nice to have, um, a few other professions within the group as well. (F, focus group, IP1)

It'd be nice to have another radiographer in the group, at times there was only one. It was heavy on nurses, even though they were doing adult and child, and then of course the physios. It would've been nice to have a social worker and a midwife, maybe . . . it would've been nice to have a few more professions, to get different points of view. (K, PH1, IP2)

Although many of the students from Hartpury would have preferred to have more professional variety in their groups, this was not always seen as a problem. One student from the uniprofessional January group commented as follows.

I know there's been some discussion, because our group's adult nurses only, but that doesn't actually bother me particularly. I'm sure there are things that I'm not aware of, that I'm not picking up, not having other professions there, but there's so much that I am learning, so I think personally that it's just as valid. (O, AN1, IP2)

Two students in Hartpury groups, however, considered that the group mix (adult and mental health nursing in one group, adult nursing only in the other) rendered the modules irrelevant.

The profession of the facilitator made some difference to the group; 4 facilitators commented on the potential for influencing the group, and 1 group explicitly wanted the facilitator to contribute as a representative of his profession. Students mentioned the profession of the facilitator both as making the group unfair and more comfortable, depending on the situation.

You also notice that there is bias within the way that the group is run, there is a great degree of empathy between the health care professional, who's facilitating the group, their background, and the members of the group who match them . . . which is absolutely diabolical. (A, AN1, IP1, follow-up interview)

What was it like having a physio as a facilitator?

It was nice actually I really liked it . . . I did feel more comfortable..   (J, PH1, IP2)

<u>Experience and skills</u>

A common feeling among ip1 students was that their lack of experience made it difficult for them to appreciate and understand interprofessional issues in relation to health and social care. A number of students commented how much more confident they felt, and how much more they were able to understand and engage with interprofessional issues in ip2, because of the practice experience they had had in their first year of study. This theme was echoed by some students who related their ability to work interprofessionally with previous work experience in health or social care settings.

> *Those of us who are going into placement now would find this module a lot easier after our first placement. I mean I've worked in a hospital setting before so some of the interprofessional work I've done but I can imagine that if you've never worked in that setting before it's, you can't apply it to practice really, you can't think how it fits, you can imagine how it fits in but you can't actually view and see how it fits in until you've actually worked in the, in the area I don't think. (F, focus group, IP1)*

> *We all kind of shared our own thoughts on what we would do in a particular situation, from what area we were coming from. And I think that probably came over better this time because people had got a bit more comfortable with their own profession and learned more since IP1.*
>   *(M, OT1, IP2)*

As the quote above illustrates, this issue appeared to be linked with the development of students' own professional identity. Their ability to contribute to the ip groups from their own professional perspective was noticeably increased in ip2. Many commented on how difficult it was to consider interprofessional issues in ip1 when they were still so unsure of their own professional perspective.

> *I didn't feel I brought anything to the group from what I was learning in physio, or knew about physio; I could have been doing anything else really, and still said the same things, still done the same research. (C, PH1, IP1)*

Students appeared to be aware of stereotypes concerning various professions; and some expression of stereotypes was noted, both in the groups and in individual interview, particularly toward the medical profession.

F6 wondered whether any doctors were involved in any IP groups at UWE, as 'doctors are like gods'. (E, IP1, researcher's notes)

Student discussion centred around doctor-nurse conflict. The view of doctors being that they have little understanding of holistic approach or education. One reason was that money influenced doctors more so they were open to inducement from pharmaceutical companies or that they were blinkered. (L, IP2, researcher's notes)

However, these opinions were not universal, and appeared to depend to some extent on individual students' experience in placement settings.

Noticeable amount of negative perceptions of medics' lack of communication with other staff and patients; CN1 refuted this, said medics form relationships with long stay patients. Some agreement that it depends on individuals. (E, IP1, researcher's notes)

Social work was also regarded with some suspicion by some students from other professional groups.

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, AN2, IP1)

When considering their own or other students' pre-existing ability in relation to ip working, students in both modules commented mostly on confidence and communication skills. One student in an ip1 focus group thought the skills needed for effective interprofessional working were merely *common sense and manners* which she considered she already possessed. Others identified significant learning through participating in the groups.

Very challenging, personally, emotionally; to be analysing yourself all the time, reflecting, thinking before you speak – most of us don't do that…awareness of group dynamics, something I'd never looked into before. Looking at my own role and behaviour in the group – it's not always comfortable (K, AN2, ip2)

<u>Knowledge about professions</u>

Both nurses and social workers were considered to suffer from 'bad press'. The differing status of different professions, and the different role models available to students in this regard, was raised as an issue, in both ip1 and ip2.

> *The first very session I went to, I said that nurses clean up for a living. (C, DI1, IP1)*

> *AN1 - other profs don't recognise existence of nursing knowledge, think that all they do is 'wipe bottoms'. A few students (AN and RT) said they've always assumed physios to have higher status than nurses; AN1 thought that maybe that was just in nurses' heads. Discussion between physio students, as some had clinical educators who clearly thought some tasks were too menial for them, 'nursing tasks', and others (younger, more recently qualified) who behaved very differently. (K, IP2, researcher's notes)*

Occupational therapy was singled out as being particularly poorly understood, both by occupational therapy students and those from other professions. One adult nursing student referred to it as a 'newfangled' profession.

An important learning outcome identified by students was increased knowledge about other professionals' perspectives, skills and roles.

> *But I'm saying the issue of respect of somebody's position. So even we're unable to respect a position as a Nurse or as an OT. Somebody might have preconceived ideas and go in there disregarding somebody else's role. That's why I see the point of ip, because it allows people to, to learn abut each others' roles, so you can build. So you can have respect for that profession before you know someone.   (N, IP2, focus group)*

> *This year, towards the end, I realised I'd benefited, found out lots more about other people' roles etc, e.g. had two radiographers in the group, didn't know there was any difference between radiotherapists and radiographers.   (K, AN1, IP2)*

While many thought they had achieved this outcome at least to some extent, there was a proportion of students who felt that this had not happened, or only to a very limited degree, and this was obviously a source of disappointment to them.

> *Have you learned about each other's professional roles?*

> *Really that hasn't come into it a great deal, discussing our own profession, you know what part we would play in the scenario. It didn't really get covered. (E, focus group, IP1)*

> *In IP1 I learnt a little bit about roles, but it was mostly just to do with the scenario, so that's just in one situation. I don't think I learnt anything about the roles in IP2.*
> *(B, AN1, IP1, follow-up interview)*

Students were sometimes dismayed by differences between students' views, behaviour and use of language which they identified as characterising different professions. One adult nurse from Group F was upset by comments made by a children's nurse about divisions between adult and child nurses. In a Hartpury group one student perceived a long standing barrier between adult and mental health nurses, confirmed by

> *Every nurse that I've spoken to that have been in the profession for years. People that go into mental health nursing aren't the same type of people who would go into adult nursing. (E, AN2, IP1)*

A mental health nurse commented in a focus group discussion that he found coherence between the interprofessional modules and the focus on group work in his own professional curriculum. He realised this coherence was not present in other programmes. It was in the interprofessional modules that differences in use of language were also noted. One social work student noted

> *I was surprised at some of the views of the nurses with regard to anti discriminatory practice, they talked of 'them and us' and 'those disabled people'. I felt angry, if they feel like this, then what hope is there? (I, SW1, IP2, researcher's notes)*

While some students reported that the ip module had helped them to understand other professions better, in 2 ip1 groups and 3 ip2 groups students mentioned that they thought the module had reinforced divisions and barriers between professional groups. In 2 cases, these views were expressed by students who had been in groups in which there had been some conflict. Quieter group members had been very uncomfortable, and this seemed to have affected their perceptions of the professional groupings from which other students were drawn. Group I had 18 members, and the facilitator commented that this made the group dynamics difficult, which again may have accounted for poor interprofessional understanding.

In group F, an adult nursing student commented that she had become more wary of social workers than she had been before the module.

She had started with quite an open/neutral view of social workers. Felt that the module had built barriers, that the social workers had quite a chip on their shoulders . . . she thought that whereas before she would have felt ok about social workers now she was worried 'If someone said a social worker was coming I'd say I'm going to the loo then!'
(F, IP2, researcher's notes on interview with AN1)

In the September Hartpury group, both the adult nursing students and the mental health nursing students perceived students from the other profession as threatening to a certain extent.

I've heard a lot of people make comments, say they find the mental health people quite intimidating . . . They think that they talk a bit too much, they do all the chairmanship, they put themselves forward a bit more aggressively, I think. (E, AN1, IP1)

For some, but not all, students, these perceptions persisted through the second module.

R: So I think that there was some sort of conflict and the nurses within my peer group were extremely upset that they thought that, because from our perspective we thought that everything had been working a lot better. We thought that we'd gelled much better together. One of the mental health nurses actually said . . . that we were all working better together along the same aims and things.
I: "Adult nurses weren't as scary as they were last year."
R So I mean I don't know where that's going. We were all quite shocked that they still felt like that.   (L, AN2, IP2)

This situation may have been exacerbated by the fact that there were only two professions in this group, so that polarisation occurred which would have been less likely to happen with representation from more professional programmes. Another unusual feature about this group, in comparison with the other research groups, was that all the ip2 members had done ip1 together. While this could have been a bonus if their first encounter had been productive, this appears to have set up problems for their group experience in ip2.

However students also found that their preconceived ideas about different professions were changed through interprofessional interaction.

It was interesting to listen to how nurses looked at a problem differently from Social Workers. I learnt and changed my ideas on what they did, I hadn't realised how much of a holistic approach they took. I always thought they just came from the medical point of view.
(F, SW1, IP1)

Relevance to practice

Students acknowledged the relevance of the interprofessional modules more readily when they were able to reflect on practice. In the second year students discussed the relevance to practice more thoroughly. Many saw positive links.

This year, we have been out on placement and we filled in those sheets, that we were given to fill in, we noticed a few things like, that didn't work, or look at that arguing or look at that argument and we could picture it, so we were involved in it. So, bringing notes back to this session we got a lot more to talk about.   (K, focus group, IP2)

When you go out into the workplace you're with people that haven't done this as a session so maybe, um, you know what it's about, but it's hard . . . I can now see that, um, it has to be a part of our curriculum and I think it's really, from things I've read since and having had more experience in the workplace since in different settings, that I think it's really important that continues to be an element of training that people get when they're on the job, because there are people that have been in professions for longer that haven't done that interprofessional learning. (M, focus group, IP2)

Others were more critical, seeing the aims of the modules as utopian and facilitators' lack of recent experience in practice limiting the 'reality' of the experience. In contrast, one student identified reasons why the faculty based groups did offer experiences that could happen in practice.

Although we might not want to work together in a group, it's a case of having to and making the most of (it), you know, . . . because that's what we are going to have to do in our professional lives and . . . you know, being in undesirable positions, you know with either people who may want to or not want to work together. That's certainly an experience for me, I must say.   (L, focus group, IP2)

Students often perceived the scenario/trigger as either not being relevant to a particular profession or, conversely, predominantly of interest to one professional group (usually social work or occupational therapy). Interestingly, while a number of ip2 students thought that the trigger was essentially a social work scenario, the students from the uniprofessional adult

nursing group at Hartpury identified it as having a nursing focus (as compared with the ip1 scenario).

The obvious questions that this raises are: if there had been social workers or other professions in their group, would they have still viewed it as a nursing scenario? Do the dominant personalities in a group influence how profession-specific the trigger is perceived to be? Certainly in an ip2 group in which two social work students were very dominant, the trigger was viewed as being predominantly of concern to social work.

> *The two dominant people - I must admit I think the scenario was quite weighted towards cos they were doing social work so it was quite weighted to them, so I think that's probably why; whereas if it had been about radiotherapy which I'd have known more about I'd probably have contributed more. (J, RT2, IP2)*

A number of students felt that they were unable to get as much as they could have done out of the module because they were missing the representation of a particular profession – this was usually identified as social work, occupational therapy and / or medicine.

> *However, she feels that the homeless scenario was not ideal as preparation for a ward placement. Also, she would've liked to have doctors and social workers in the group.*
> *(C, IP1, researcher's notes on interview with AN2)*

> *One profession that was obviously missing was OT, we didn't have an OT, and they came up a lot during the sessions. That is one of my logs, the role of the OT. I think if we'd had one there, we would have moved on to different issues; so having no OT did hurt the group dynamics a bit, because I know that other groups did have OT's, and they seemed to be discussing different issues to us. (C, DI1,IP1)*

<u>Interprofessional working</u>

Interprofessional working between students in the group occurred to only a limited degree and there appeared to be little socialising or development of social relationships between students from different professions. This was attributed to timetabling differences and to the shortness of the module. In a number of groups it was noted that students usually sat with students from their own profession. However the students who did manage to work across professional programmes had a positive view of the experience.

Most of the time you work with your own professional group on this module, but I did work with two nurses and a social worker doing a library search and then we met in traders to discuss our presentation. It was interesting to hear different views and a different take on the trigger video.   (I, PH1, IP2)

Learning about interprofessional issues

Many students reported increased awareness and understanding of interprofessional issues. This included awareness of systems and structures that facilitate or impede effective ip working, cross-profession and cross-agency resources, professional boundaries, and the need for ip working in particular contexts; and understanding of what elements are involved in effective ip working. In addition to these, specific competencies noted included increased confidence levels and the development of communication and other interpersonal skills:

It's making me very well aware of what are issues for families, or what are issues for patients, and where we can get help for those sort of issues. So I think that's really how I felt it's developed my experience. I think a lot of the support that there is I was already aware of, but not where I would find that information. I think I've got a much better idea of where I'd find the information now. (G, AN2, IP1)

I've also learned a lot about the different roles in the hospital and how lacking the communication is between the different professions. A lot of us actually went to hospitals and asked them if they had procedures for this and that, and some of them were very embarrassed, because they didn't have procedures for homeless people, and I thought "Well, why not?". As I've worked in this profession before, I know what the lack of communication can be, but it really enforced that for me, it made me realise how important it is. (C, AN2, IP1)

Students also learned about working in groups and about their own communication.

There've been times when we've worked as a group and it's been great and we've brought out each other's ideas…and that's made me realise how much more you can learn, if someone is putting the opposing point of view, you can really bounce things off each other (O, AN1, ip2)

Learned about being confident vs playing confident (often had to do this in the past) (G, AN1, follow-up interview, ip1)

Other students felt some learning opportunities were lost.

Because I am a quieter person, I like to make sure in an interprofessional team that everyone does have their say and are encouraged to say things. I would have felt uncomfortable if someone had said 'what do you think?' Or 'you know about this, what can you offer?' But I think it would have given me the confidence to speak more and more, so I think if people are really quiet then you should encourage them to contribute. (J, PH1, IP2)

Some students however explicitly linked learning about and experiencing group processes to their future ability to work in interprofessional teams.

I've taken part in handovers as an NA, and I haven't had any problems in talking about patients that I've looked after, it hasn't been an issue if I felt I could add something. I think the problem I would have would be if I had to do it with a lot of people, so it's given me some insight into how that's likely to be. (G, AN2, IP1)

*There's was one chappie in particular, he was late continually and it really bugged me…
….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 it. I really did notice it. (L, MH1, IP2)*

I know that's a huge weakness in me, I'm not one to confront and I need to have that experience to try and deal with that and that came up in my reflections the whole time, I know I'm not good with figures in authority and confrontation so actually to be able to experience in the group would be good (M, OT2, ip2)

Student learning

<u>Enquiry based learning</u>

The premise of enquiry based learning, the learning approach for both the modules, is that students pose questions and then seek answers, sharing the onerous task of information gathering amongst the group. There did not appear to be many students with prior experience of this form of learning in the research groups and uncertainty about the learning approach was a particular feature of students' response to module 1. Mature students without higher education experience and lacking recent experience of learning found the approach particularly demanding. Students with Btec qualifications and students from Access courses appeared more comfortable with the approach. Similarly students who were graduates were accustomed to independent, although not necessarily enquiry based, learning and were often able to make a positive contribution to the level of information presented.

In module 1 students expressed widespread uncertainty about *what we're supposed to be doing*. Student comments illustrate an expectation that staff will take more control of learning and students often struggled with the view that they, as students, should take responsibility for knowledge. Students often sought reassurance from facilitators, privileging staff knowledge and expertise.

> *Sometimes I wanted an answer or to talk about something, and he'd ask what the group thought, and I wanted him to speak, because he knew, the group didn't know. (E, AN1, IP1)*

> *Just wanted facilitator to tell us what to do, because it felt like we were going round in circles. (K, AN2, IP2)*

Nevertheless, students recognised that they learnt a lot about the topics they researched and many enjoyed the process.

> *I enjoy going away and researching things. I've done it before, having to go away and research things, like excerpts from journals and so on. I find that quite enjoyable actually. (A, CN1, IP1)*

> *I learnt a lot personally about areas I knew not a lot about before, which I thought was really good. (F, focus group, IP1)*

By the second year students were much more comfortable with the approach and acknowledged their learning more readily.

> *Definitely better than the last year . . .   I think in this one, we knew what to expect, and I think that made us all feel better about the module . . . at the end of the first one, we had to do an essay on interprofessional collaboration, and of course with all of us going off to do that, it opened our eyes on what it's supposed to be, so this one it's been better. (O, AN3, IP2)*

> *I felt that I could offer something to say about the trigger because, well, the other physio and I researched her condition one week and brought it back to the group and everyone was really interested….and I think it made a difference to the group (J, PH1, ip2)*

> *I: Do you think interprofessional 2 will have an impact when you….*

> *R: Yes, I mean the fact that it's not so much looking at the different roles this time but the implications of interprofessional practice …it's looking at different issues of interprofessional*

practice like power and the different roles of the state and so on in working together…so again, it's made me more aware. (H, CN1, ip2)

The process of finding information raised issues for some students.

I've found it very time consuming, evidence based learning in the sense that we're fumbling around in the dark trying to establish what we have to go away and learn, and then toddle off and come back, I feel that we've wasted a lot of time (E, AN2, IP1)

There were substantial criticisms about learning resources, although students recognised the difficulties of supporting large numbers of students.

300-400 student trying to get books out on Group Dynamics? It does not work, it is ridiculous. I tried to, I looked for the module boxes for the group work and they told me it was all on Blackboard. I couldn't get it on Blackboard. I rang the IT department and they said you should be able to get on it….Couldn't get on. I haven't been able to access anything. I had to go to Frenchay. I was that desperate. Pegged it up to Frenchay…..and what I was really worried about was that we still had to have this…that when you are doing nursing things and you are quoting things for nursing, we have to have it within ten years.   (D, focus group, IP1)

<u>Learning outcomes</u>

Students expressed concern about what they should be learning as well as what they should be doing. One part of this concern related to the accuracy of the information presented by their peers, a concern sometimes shared by the researchers and identified by facilitators as a dilemma.

Many students struggle to find ways of understanding and addressing the range of learning outcomes in the modules. These included subject content, interprofessional issues and group dynamics as well as learning how to learn through a self directed, enquiry led approach. Some students worked out significant learning outcomes for themselves,

I didn't really know what I was up to at all (in the first module) and this module I've grasped the fact that it's about group dynamics and learning about certain issues so that's been very helpful. (M, focus group, IP2)

Others looked for more help from the facilitator *he could have contributed more, told us what to do (E, AN1, IP1).* In group K, uncertainty over appropriate approaches caused conflict and further confusion.

> *I know a lot of people, not just me, came out of that session thinking "why are we bothering? What's the point?" It did get quite heated, though not personal. But we left feeling really confused. Several people said they weren't going to bother doing any work, "what's the point of wasting my time? Because they wouldn't know if they were doing it right or not. (K, AN1, IP2)*

Nevertheless, this same student, who did not attend the week after the '*big argument'* because he found it *really, really stressful* reported that

> *The last two sessions, the group had come together, and I was starting to understand other people, their professional roles, the info they'd been bringing back, and I started to think, well, it's not that bad. (K, AN1, IP2)*

In this group, the students did not explicitly discuss group dynamics but appeared to focus more on interprofessional issues. This illustrates the complexity of the module learning outcomes and the possibilities (often missed) for constructive experiential learning. In group F focus group a student noted missed opportunities.

> *When I was looking at these learning outcomes the thing that struck me was that one of ours, um, demonstrate self awareness and appreciation of power relations within the context of group work and I thought that was really interesting because I don't think we've actually kind of even touched on that at all. (F, focus group, IP1)*

It is important to note that the module team have subsequently reduced the learning outcomes for the modules, leading to greater clarity and focus for future cohorts.

Assessment

Students were also anxious about the volume and nature of assessment. In year 1 the interprofessional module assignment is one of the first assessments to be completed; anxiety is understandable. Students appeared unsure about what they were expected to produce, particularly for the learning logs. The amount of time spent discussing the assignments within the group varied according to the facilitator. Students felt they received conflicting information from different sources, which added to their concerns. Again, the module team have

addressed issues relating to assignments and the assessment load for the modules has been reduced for subsequent cohorts.

Whlist students in general were more relaxed about the assessments in IP2 there continued to be issues about clarity, volume and expectations.

> *Interesting but far too much. I mean you could quite comfortable just chop out the essay and just leave the logs. I think it is more valuable of the two, because it is actually going to improve our practice in future. (K, focus group, IP2)*

There was evidence that learning did take place through preparing assignments.

> *Often than not it's my attitude towards things, my self perception so if I'm reflecting on that, I actually got really in to that and nine of my logs are five hundred words. Some people did write much smaller logs but for me I just enjoyed that. The essay I think was two thousand words. I found it quite hard to fit it in to that because it was so huge but you had to focus your mind on it all, making you learn. It was okay, I got it done in the end. (M, OT2, IP2)*

Learning through feedback and discussion

The contribution the discussion made to students' learning varied from individual to individual and from group to group. In some groups the feedback process did not seem to foster group interaction.

> *We just…we didn't really interact as a group, I didn't feel. We just sort of all sat there, um and read out our research and then went home, that was it. There was no sort of group discussion (B, AN1, IP1, follow-up interview after ip2)*

In contrast, other students learnt a lot through group discussion.

> *I certainly put more effort in last time to the presentation and research side of things but I felt I got more out of it this time because we had more discussions on things so, um, it was less of just listening to people talking but more of issues coming up so I actually felt like I learnt a lot more about, not so much about topics but more about interprofessional things this time. I learnt more about what other people's views were on, on issues because of the, the, the position that they were coming from like mental health or children's or whatever and everyone kind of took topics but they looked at them from their own, their own sort of perspective in terms of what their area was, which I found really interesting. (M, focus group, IP2)*

Quiet students who did not engage in discussion reported learning from listening to others but often felt they were less confident individuals, or reflective thinkers (often illustrated through their interviews).

Facilitation

<u>Styles of Facilitation</u>

It is clear that faculty staff offer students a variety of facilitation styles, ranging from considerable direction and control to very little involvement, letting student *get on with it* and *allowing them to struggle and work things out for themselves.* This variation appears to cause students some concern.

> *First year facilitator did everything for us, concentrated on the scenario, went away, found info, brought it back, presented it, and she said "OK what shall we do for next week?" And that was it. (K, AN1, IP2)*

> *The facilitator I had in my last IP was just a nightmare and there was no direction, it was just awful. (N, focus group, IP2)*

> *Very rarely said anything. Other groups had facilitators that were more involved. One occasion asked him to chair; wouldn't. But other groups facilitators have chaired. At the time it would have been really helpful to have more guidance…..we've had to work together so possibly have achieved more, formed a group bond.   (J, AN2, IP2)*

> *We were all a bit stunned when he just sat there in the first session and said nothing…..*
> *…in hindsight it was the best thing the facilitator could have done. (A, focus group, IP1)*

In general, students tended to be happier with the process if facilitators provided some active support, if only initially.

> *I think all of us pray for someone to tell us, teach us rather than feeling we don't know anything. So it may be fair for the first two weeks while we are finding our feet to actually be taught rather than "you go away and learn this"…it's so much pressure. (E, focus group, IP1)*

> *We just needed some guidance for somebody to say "yes, this is really good. We'll all do it like this next week". That's why we needed teaching. (E, AN1, IP1)*

Nevertheless many students came to appreciate some of the reasons behind different approaches, the difficulties of maintaining a balance between 'sitting back' and offering directions and were particularly appreciative of some facilitators' understanding of group work.

> *A very good balance from sitting back and letting the group work its own way then, you know, bringing in the odd comments, discussion, giving us information that might be useful for us and…perhaps direct us when we started going slightly off the beaten track…but he didn't actually physically take over what was going on. (M, focus group, IP2)*

> *I was quite surprised that you (the facilitator) weren't going to say anything at all. You got us interacting with each other which was much better. (K, focus group, IP2)*

> *What's helped us is having facilitation where there's been someone understanding group work. (H, focus group, IP2)*

Facilitators discussed their own approaches in semi-structured interviews. They articulate different philosophies. Some facilitators adopted more interventionist approaches when they considered the group needed support. Whereas facilitators describe this as being 'directive' in many instances the 'interventions' demonstrated that facilitators adopted different strategies according to the needs of the group. Heron (1989)outlines three operational modes of facilitation:

• Hierarchical mode (consult the group then *you* decide)
• Co-operative mode (consult the group, then decide *with* them)
• Autonomous mode (support the group, *they* decide)

Some facilitators adopted strategies which could be seen as moving students towards autonomous ways of working. For example one facilitator attempted to improve students' presentation skills, recognising that students needed to develop skills in presenting information to the group and also in challenging each other.

> *I pretended I was doing handover and I rambled, and they had to interrupt me…felt that as chairs …and also when they were talking to each other, they found it very difficult to butt in politely. (O, IP2, facilitator interview)*

Researchers observed differences in facilitators' behaviour in relation to insisting on students chairing and scribing in the sessions; facilitators' support for chair, taking on role themselves, or usurping responsibilities of chair; willingness to take responsibility for making and distributing notes. Staff interpreted 'student centred learning' differently. Some facilitators

regarded photocopying student notes, for example as entirely inappropriate, seeing the responsibility as lying with the students.

Challenges

It is helpful to consider facilitation within the context of the challenges involved in introducing interprofessional education through enquiry based learning in the first weeks of students' professional programmes. Facilitators note that it is *such a short time frame* and students reflected that the module was finishing just as they were starting to get to know each other. Facilitators' noted the difficulty of introducing enquiry based learning within a curriculum in which many other learning approaches are used. Facilitators have the challenge of using a learning approach that is quite different from many others used in the faculty

> *Every other module they turn up, they get the paperwork and they get told this is how its going to work and then they…you know, lectures, seminars whatever…they're very much teacher led, generally. (A, IP1, facilitator interview)*

A further challenge for facilitators as well as students was the range of learning outcomes for the modules.

> *It is quite a complex thing. Enquiry based learning is one thing which they learn about through doing it. The interprofessional knowledge and all the social policy, health promotion – it just seems a huge amount in the learning outcomes. There are different processes, and, I think I personally found it quite difficult to keep in my head at one time and also to reaffirm and reassure the students along those lines. (B, IP1, facilitator interview)*

(Since the research was undertaken the assessment and learning outcomes for level one have been reduced and clarified. The module leader confirms this has taken considerable pressure off students and facilitators)

Moving from reporting to discussion

As this report has already shown, facilitating the group to enable depth of discussion and debate is a difficult process.

> *The sessions could very easily get swallowed up in reporting back information and this is something I would want to reflect on for the future. . . They (students) are still very focussed on*

task rather than exploration, and I'd like to be engaged in helping them to focus more on exploration how they're framing their questions etc. (C, IP1, facilitator interview)

I never have a problem with groups saying "no, we're not going to do anything", but it's realising what they do with that knowledge …I enjoyed it but I did find it unsatisfying in that we did skip very quickly from topic to topic. (O, IP2, facilitator interview)

Facilitators struggled to work out how to move the group to discussing issues arising from their enquiries rather than just reporting back on their reading.

*… gone out, found some stuff, told each other about it and said what do we do next? And don't seem to realise that there's a discussion, there's a learning around the discussion that goes on, and that is probably my biggest problem…my biggest problem…how do you get a discussion going without turning it into a 'me' and 'them', and that's…and I'm working on that one.
(A, 1P1, facilitator interview)*

There was an awful lot of work about knowledge as information rather than knowledge as understanding. (C, IP1, facilitator interview)

Concern about levels of discussion led some facilitators to intervene in the group.

I felt I had to take a more active, directive role…reasons…first couple of sessions were very dodgy, people hadn't put a great deal of work into some of their feedback…presentation skills were quite limited. (O, IP1, facilitator interview)

In discussing more active approaches (perceived as inconsistent with student led philosophy) facilitators used phrases such as *I felt I had to* and *I found myself saying*. Constructing the sentence in this way indicates the pressure they experienced around this inconsistency.

*Towards the end….the boredom was getting to the point where I found myself saying "Look, if this person leaves hospital she could be dead in two weeks. What are you going to do?" I was feeling that I had to be quite pushy, or that it was appropriate to be pushy.
(C, IP1, facilitator interview, commenting on one of his other ip1 groups)*

She was tasked…with looking up things about social policy, and she effectively said, well I got this book out, it's quite good, there's some stuff in there and put it down, and waited for the next person to speak. And that group didn't have the confidence to challenge that. I let it go for a few minutes and then they got to me and [I] said, where does that leave us? And I challenged her basically, and I tried to set up somebody else to challenge her. (A, IP1, facilitator interview)

It is important to note that such intervention would often have been perceived positively by the group.

<u>Developing group process</u>

Facilitators are charged with creating ' an active and safe learning environment' and also maintaining 'effective group dynamic' (UWE 2001:19). How to translate this into practice is problematic.

> *They talked too much, almost, and maybe didn't think about what was going on around them in the same way; - but they haven't really involved themselves in group processes, or any of those other things, yet they chatted a lot. (O, IP2, facilitator interview)*

> *Try to get them to have an identity and not just sitting there in a circle. Trying to get the sense to them that they are owning this and aren't just individuals. (B, IP1, facilitator interview)*

Linked to this was the problem of how to involve those who make very limited contributions, and indeed whether and when non participation should be seen as an issue. One facilitator noted

> *One particular person who virtually didn't contribute at all in one of the groups, and yet that person's log is ok and it does indicate that they were aware of what was going on, and they'll pass but they didn't participate in the group. (O, IP2, facilitator interview)*

Facilitators adopted to different strategies to encourage group formation including name games and ice breakers. Some brought in coffee and encouraged informal interaction. The facilitator of group A began a group by explaining what EBL is, who he is and then staying silent and waiting for the students to speak…*'the shortest was two and half minutes silence and the longest was 3 and a half minutes'.* Facilitators had very different ways of starting the group. Their strategies seemed to have evolved from experience and preferred ways of working rather than from an initial assessment of the group's needs. Comments from students are positive about very different approaches.

<u>Subject knowledge</u>

The scenarios and triggers for discussion are written to engage students from across the faculty. Hence whilst facilitators have a broad knowledge of the subject matter they may lack

detailed information on aspects of the scenario which would be beyond their own expertise. Facilitators noted that they *don't and won't know every aspect within the scenario which may be covered by the student.* Some noted that they can only hope to *trust the students in what they bring into the classroom.* These facilitators noted that if they had concerns about student material they could check it with colleagues with relevant expertise. Other facilitators who appeared more comfortable with their possible lack of knowledge of the subject matter focussed their attention on the process.

> *I like the challenge of not knowing what content is going to come out, but being pretty sure and pretty firm about the process, so I'm constantly checking and monitoring what's going on. (E, IP1, facilitator interview)*

Other facilitators spoke of '*learning alongside of the students'* although it is not clear whether they were referring to the subject matter or working within groups.

The researchers observed sessions during which inaccurate information went unchallenged. The extent to which this occurs appeared minimal, however such a situation does have implications for student learning and for EBL facilitation on professional programmes.

Facilitators also find themselves in situations where they have expert knowledge of the subject matter, which creates its own dilemma within a student centred learning approach. In one situation the students were keen for a facilitator to provide expert knowledge from his own professional background. The facilitator's dilemma was whether to compromise the principle of student discovery or whether it was appropriate to contribute as a 'group member', sharing his own background knowledge as other group members were expected to do. Facilitators took different positions within or outside the group. One cohesive group commented favourably on the fact that the facilitator had been part of the group as an equal, not dominant member.

Selection and support of facilitators

Facilitating interprofessional and enquiry based learning is not easy and facilitators expressed their fears about the role.

> *It is quite scary if you've never done anything like that before. It is scary. I still get scared going in. (A, IP1, facilitator interview)*

Facilitators are drawn from all disciplines in the faculty. Those interviewed were highly committed to interprofessional learning and working.

> *I would do it again because I really believe in interprofessional working.*
> *(H, IP2, facilitator interview)*

> *What I do find most challenging is to translate twenty years of experience and very complex protocols and philosophies such as interprofessional working and put them across to people who are inexperienced…stop and think how do I translate and interpret very complex concepts about ip working into teams that first year …students can appreciate. (E, IP1, facilitator interview)*

Initially many of the facilitators were involved developing the modules and undertook a programme of staff development in facilitation. This was not available to staff more recently appointed. Staff can attend a weekly support group led by the module leader. This meeting has an open agenda allowing facilitators to raise issues of concern, including group dynamics, the role of the facilitator, contextual, ethical, practical and pedagogical issues. Those attending found this very useful and liked the informal setting. They found it

> *Reassuring to find people are struggling with things I wasn't struggling with. Everyone seemed to have different issues and different approaches in lots of ways. But I think it was a shame not many people were turning up. (B, IP1, facilitator interview)*

Conclusion

Following the logic of realistic evaluation (Pawson and Tilley 1997), we have grouped concluding points by identifying aspects of the context of the group (including group composition) and the group enquiry process (the mechanism) which seem to be particularly relevant for certain outcomes. Some points are expressed as tentative hypotheses. Our data sources provide some information about student enjoyment of the module, student learning, group cohesion, participation and effectiveness. Pawson and Tilley (1997) encourage researchers to formulate hypotheses, interrogate their hypotheses as data becomes available and reformulate further hypotheses to be tested. At the outset of the interprofessional research programme we adopted null hypotheses. We did not expect students to differ according to age, gender, ethnicity, experience or profession. We did, however, hypothesise that student reactions and outcomes would be more positive on a multiprofessional site (Glenside) than at Hartpury. Baseline data from the UWE Interprofessional Questionnaire in the study of student attitudes, views and self assessment of communication skills and data collected after the

second module show that demographic variables and professional programme do affect student outcomes. The study of student learning in groups indicates some of the contextual factors and some of the features of the interprofessional group enquiry process which may differentially influence the outcomes for students.

<u>Context</u>

Environment

- 18 students in a group seemed to be too large a number for effective group processes

- room size and shape can support (or inhibit) group interaction

- seating layout and patterns of seating can support or inhibit group cohesion and participation. Fixed seating patterns can support the formation of sub groups

Group composition

- students from minority groups are likely to have different patterns of participation in group setting
- prior higher education experience can have a positive effect on a group, but not necessarily. This is partly through familiarity with independent learning
- inexperienced and underconfident young students are likely to be less participative in a group
- the effect of prior work experience is significant, but variable
- students' perception of the relevance of the range of professions in the group is more important than the actual range. There is a danger of sub divisions developing if there are only two professions in a group.
- students find interprofessional learning more relevant when they have some experience of their own profession
- pre-existing ideas and attitudes to interprofessional working and to other professions may influence group process
- understanding of interprofessional working may influence group process
- high levels of prior confidence, sensitivity to others and communicative ability have a positive effect on group process

Module characteristics

- nature and complexity of learning outcomes affect learning experience (these were many and complex when research was conducted)
- timing and timescale affects group process (short)
- enquiry based learning as mode of learning affected student response in first year
- assessment load contributed to student anxiety

(NB: We have not yet looked at the contribution of the assessment task to student learning)

Facilitators

- commitment of facilitators is likely to be significant
- support for facilitators likely to support students
- facilitator's experience in group work and in thinking about group process appeared to have a positive influence on group process and outcome

Mechanism

- effective, facilitative chairing had a positive effect on a group. Chairing is identified as a difficult activity
- groups working without a chair perceived this as leading to more equal participation
- student commitment to and management of task affected group
- awareness of others had a positive effect on group process, particularly through affecting equality of participation
- quality of information and discussion affected learning. The process of moving from reporting to discussion is particularly important (and difficult)
- personal disclosure within the group seemed to reflect feelings of group security
- equality of participation significant in relation to outcomes
- facilitation is particularly supportive when facilitator shows interest in and support for group process, and uses appropriate intervention if necessary. Facilitation can also be a support for learning through appropriate engagement (which can include deliberate non engagement)
- Facilitators highlighted the dilemmas they experienced adopting the most appropriate style and intervention to enable the group to develop
- When professional representation in group is seen as key to the scenario this has a positive effect on group

- If the group mix/and or facilitator experience/approach is seen as lacking, this has a negative effect on group
- Student recognition of links between ip learning in faculty and ip working in practice has positive effect on group
- Reinforcement of and creation of barriers between age groups or professional groups has a negative effect on group experience (and may require effective facilitation)
- Researchers did not observe any positive examples of handling conflict although in one group there were different views about the effect of conflict in the group in one session. Well functioning groups noted a lack of conflict and recognised learning opportunities may be have been missed

Outcome

The desirable outcomes which occurred to a greater or lesser extent (depending on nature of context and process) included
- Cohesion of group
- Participants' enjoyment
- Learning about self in group situations
- Communication confidence
- Increased awareness of need for ip working
- Increased ability to recognise (lack of) ip working in practice (suggests active learning even if not recognised by student)
- Movement towards autonomy in learning and in teamwork

Suggested recommendations

1. Provide opportunities for new facilitators of interprofessional modules to explore the complexity of the role and to share experiences of successful strategies

2. Emphasise value of accessing support mechanisms established for facilitators through module teams

3. Review facilitators' handbook and consider revising the emphasis on a 'hand-off' approach

4. Provide training for facilitators in group dynamics and support for strategies to promote student learning about their own communication and teamwork

5. Review opportunities for students to learn about different professional roles, professional education, language and values within the interprofessional modules

6. Review group composition with attention to age range and mix of experience (if possible) and to minority groups, particularly black and minority ethnic students. Students from minority gender, age, profession should not be placed singly in groups. Continue to maximise range of professions whenever possible.

7. Facilitators to consider strategies for supporting students who lack confidence in speaking in groups. Would small group work help?

8. Facilitators to consider ways of ensuring discussion topics help maximise participation. Students are more engaged in the group when the discussion topic is one they have interest in and can contribute to. Dominant students can control discussion topics to the disadvantage of less confident students.

9. All faculty colleagues to consider ways of enabling students to be aware of and responsive to others' learning needs.

10. All faculty colleagues to consider ways of promoting an enabling culture for open and constructive debate amongst students, through all modules.

11. Faculty to consider processes whereby the views of minorities are heard alongside those of numerically dominant.

12. Faculty to consider ways of identifying, acknowledging and rewarding excellence in facilitating interprofessional learning and working

References

Heron J (1989) *The facilitators' handbook* Kogan Page, London

Pawson R, Tilley, N (1997) *Realistic Evaluation* Sage., London
UWE (2001) *Enquiry-Based Learning Facilitators' Handbook* The DARE Foundation, Ferring

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