UK
Centre for the Advancement of Interprofessional Education

Selected Case Studies of Interprofessional Education

Prepared
by
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With a Commentary
by
Hugh Barr

Report commissioned by the Department of Health

November 2002

A Definition

CAIPE defines interprofessional education as:

'Occasions when two or more professions learn from and about each other to improve collaboration and the quality of care.'[1]

[1] Barr. H. (1997) 'Interprofessional Education – A Definition.' CAIPE Bulletin No. 13.

Contents:

Commentary by Hugh Barr

The Department of Health commissioned CAIPE to prepare a set of case studies of interprofessional education in the United Kingdom which:

- Included common learning in all or part of the curriculum
- Involved three or more health and social care professions
- Involved the NHS, higher education and, where appropriate, other agencies as partners
- Addressed current NHS developments
- Was subject to robust evaluation

CAIPE invited its members to volunteer examples that met these criteria and we approached universities and service agencies known to have evaluated interprofessional education programmes. 40 were offered from which 15 were selected. Some were rejected because they were no longer running, others because they were not far enough ahead to have been evaluated, yet others because the evaluation was not sufficiently robust

Some examples came to CAIPE's attention too late to be included. Others needed more time to complete their evaluations. These might well be considered for inclusion in a future selection of case studies to update the picture.

Interpreting the criteria

Judgement had to be exercised regarding two of the criteria.

First, we had to decide which examples were extant. Current NHS developments, by definition, can only be addressed by current examples. Yet time is needed to complete the collection of data, analyse it and write up findings. Examples were therefore selected where the same programme was either being repeated or the experience gained was being used to inform a future programme.

Second, we had to decide which evaluations were "robust". Our operational definition was:

> the systematic, critical and objective review of processes and/or outcomes in relation to stated objectives.

The Examples (Numbers refer to the examples)

Titles and locations for each example are listed on the cover page. Eleven of the fifteen examples are university-based (six being pre-registration and five post-registration) and four employment- based.

Three are common foundation programmes (7, 13, 15) and five combined varied elements in degree programmes (4, 7, 9, 11 & 15). One relates to patient services in general (6), five to practice settings - a training ward (3) and community and primary care (1, 2, 10 & 14), and another to health care in disadvantaged communities (4). Several relate to service user groups: cancer care (1), elderly care (2), child and family care (2) and mental health (2, 8, 11 & 14). Finally, one prepares clinical supervisors and practice teachers (5) and another is developing a similar approach (11).

Fifteen examples, however selected, cannot typify the hundreds of interprofessional education programmes nationwide.

Two factors, in particular, need to be born in mind. First, programme leaders are more likely to volunteer 'success stories'. Second, examples subject to robust evaluation are likely to be amongst the more rigorous, more substantial and perhaps more innovative.

The fifteen are biased towards university rather than work-based learning and the south of England rather than the north, with none from Scotland, Northern Ireland or Wales. These imbalances could be rectified, given more systematic and more targeted searches over a longer period.

For the record, a national survey conducted by CAIPE[2] in 1995 found that work-based examples out numbered university-based by two to one and that post-registration outnumbered pre-registration by almost three to one. Of 455 'initiatives' reported, 372 were in England or UK-wide, 41 in Scotland, 28 in Wales and 14 in Northern Ireland.

The examples chosen reflect good practice in interprofessional education, bearing in mind the present state of the art. They are not exemplars, rather examples of work in progress. Others might do so equally well, but were either not volunteered or fell short of the criteria for inclusion on this occasion.

Presentation

The examples speak for themselves. We have respected the integrity of each as presented, whilst introducing a common format to facilitate comparisons, ensuring, so far as practicable, that matters where the Department has expressed particular interest are adequately covered and making minor changes to improve clarity. Each example retains its own terminology, at the price of some inconsistencies between them.

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[2] Barr, H. and Waterton, S. (1996) Interprofessional education in health and social care in the United Kingdom: report of a CAIPE survey. (London: CAIPE)

Examples of Regional and National Strategies

Two (5 & 11) are part of a nationwide series originally promoted by the ENB, CCETSW and the College of Occupational Therapists to prepare clinical supervisors and practice teachers[3]. Three (1, 2 & 14) are part of a region-wide interprofessional education strategy mounted by NHS South West[4]. The region has concentrated latterly upon making larger and longer-term awards to support substantial change and promote closer collaboration between higher education and the NHS. These are key examples.

The Examples Analysed

- ***programme origins***

Some programmes were launched in response to regional or national strategies expressly intended to promote interprofessional education (8), sometimes combined with local concern to improve services (1, 2 & 14) or to prepare teaching personnel (5 & 11). One responded to a government policy initiative (13), another to the need for co-ordination as the number of health professions taught in the university increased (15), yet another to employers' expectations while also coping with fluctuations in student numbers for each profession. Students triggered one example following their attendance at a world conference (4), teachers a second following a visit to a programme abroad (3) and trainers a third after learning about a programme in another region (6).

- ***partnerships***

Health authorities and trusts, local authority education and social services, universities and voluntary organisations were frequently included in the partnerships. Four examples also included service user groups (1, 2, 6 & 8). Partnerships had joined partnerships – a cancer collaborative, an educational consortium (11) and a voluntary consortium (5). Four partnerships included more than one university (3, 4, 7, 15).

- ***professions involved***

The following professions are represented: dentistry, general medicine, general practice, health visiting, management, nurses, occupational therapy, orthoptics, pharmacy, physiotherapy, podiatry, psychiatry, radiography and social work. One

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[3] Bartholomew, A., Davis, J. and Weinstein, J. (1996) Interprofessional education and training: developing new models. Report of the Joint Practice Teaching Initiative 1990-1995. (London: CCETSW)

[4] Annandale, S.J., McCann, S., Nattrass, H., Regan de Bere, S. Williams, S. and Evans, D. (2000) 'Achieving health improvements through interprofessional learning in south west England.' Journal of Interprofessional Care 14 (2) 161-174

Tope, R (2001) Inter-Professional Education and Training in the South West Region 1999-2000. (Bristol: NHS Executive South West.)

example includes personnel from the voluntary sector and service user organisations (2) under this heading.

- ***approaches to interprofessional education***

Programmes approach interprofessional learning as collaborative and interactive (3, 8, 14, 15), experiential (9, 10, 12), user-centred (8 & 14), skills-focused (8), problem-based, (3, 4, 5 & 7), practice-based (6), reflective and cyclical (1, 2, 6 &11), applying principles of adult learning (13) and dealing in differences as much as establishing common ground (15).

- ***aims***

Amongst others, the aims were to:

- improve care and practice (1, 2, 6, 8,10 & 11)
- understand interprofessional and inter-agency issues (3, 4, 11 & 13)
- develop teamwork skills (3, 4, 5 & 13)
- identify and address unmet health care needs (1 & 4)
- encourage anti-oppressive practice (5 & 8).
- introduce new models for learning (1 & 2)
- improve practice teaching (5 & 11)
- balance specialist and generalist learning (7, 11 & 14)
- meet the preparatory needs of a range of professions (7)
- promote evidence-based practice (11 & 14)
- improve communication (6)
- value service users (8)
- facilitate personal and professional development (10)
- create an interprofessional learning environment (10, 12 & 14)
- widen access to the professions (15)
- explore new outcomes and pathways in health care (15)
- test the application of interprofessional education (2)
- provide real life scenarios (12)
- develop committed groups of staff (12)

- ***structure***

Extended university-base programmes are invariably modular. Interprofessional modules covered by one Foundation Programme are summarised as follows: orientation; self-directed learning: structure, function; therapeutics; patient oriented practice; clinical visits; and evidence-based practice (7). Others examples included: evaluation and research methods (9 & 10); professional issues (9); transferable skills (11); physiology (9), management studies (9), care management (10); community and primary care (10); social and policy analysis (10); and organisations and change (10).

- ***methods***

Learning methods include: case studies (4 & 13); fieldwork investigations (4); discussion groups (4); lectures (6); self-directed reading (4); problem-based

learning (3, 4 & 5); experiential learning (9), break out groups (9), group assignments (10); team building (5 & 15); 'the talking wall' (12); continuous quality improvement(1, 2 & 14); use of video (12); small group work (12) and learning sets and local implementation teams (LITS) (1).

- ***practice experience***

Many of these programmes cater for experienced workers studying concurrently with practice. The above methods suggest ways in which students relate learning to practice, as described above. One programme provided interprofessional practice placements (3), a second was built around practice on the ward (3), a third included casework supervision (8); and a fourth was essentially field-based (4).

- ***assessed work***

Learning during -- of the examples is formally assessed (4, 5, 7, 10 & 11). Assessment included: group presentations (4, 10 & 11); solo presentations (15); preparation of a case study management plan (4); work books and reflective logs (11 & 15); written assignments (10); written examinations (7); practical examinations (7); and vivas (15). One combines self-assessment, peer assessment and tutor assessment (10). The remaining seven are not formally assessed (1, 2, 3, 6, 12) or provided no information (8,9).

- ***application of government policy***

Policy-based teaching and learning covers: communication, partnership and seamless service (1, 2, 3, 6, 10 & 11); quality improvement (1, 5, 6 & 8); changing power relationships between patients and professionals (1, 2, 8 & 13); transferability of skills (11); flexible working (11), health inequalities (4); and cancer care (1). Government policy statements are often cited (3, 4, 6, 9, 10, 11 & 15).

- ***service user involvement***

Many of the respondents had to be prompted to provide information under this heading, and some still found it difficult. Despite lip service paid to service user involvement (see above), none was reported in seven examples. Service users are, however, encouraged to participate as facilitators and participants in learning sets (1 & 14), and involved as subjects for care (3), interviewees for student programmes (4), topics for discussion (2) and, of course, case study material (15). One example is noteworthy for the way in which it builds service user involvement into its philosophy from planning through teaching (including the leadership of modules) to evaluation (8).

- ***evaluation***

Some documentation provides clearer and fuller accounts of methodology and findings than did others. Independent and external evaluation was the exception (3, 6, 8, 12, 14 & 15). One of these stands out (8). We recommend that its interim report be read in the original.

Research methods employed include documentation (2 & 9), observation (3), students' assignments (7); debriefing trainers (2), evaluation forms (5 & 6), questionnaires (4), interviews (1 & 9), group discussions (8), surveys (9) and focus groups (2, 6 & 9, 10), Subjects include service users, students, teachers and employment representatives.

At least three programmes collected data before and after the learning employing knowledge and attitudes scales (2, 4 & 12), but neither has followed up students, so far.

- findings

Some programmes could only contribute interim findings, at this stage. Evaluations nevertheless provided positive reinforcement regarding students' appreciation of the interprofessional education, in general, (6, 7, 8) or practice learning, in particular (7), application of learning to practice (10) and transfer of skills (10) and perceived improvements in collaborative practice (2 & 9). But they also generated critical feedback to inform educational improvement (3). These took into account learning limitations resulting, for example, from logistical constraints (4 & 9), the composition of the student group (3), teacher performance (3), failures in communication (9), distaste for didactic teaching (12) and the size of learning groups (8). Measuring health outcomes proved to be elusive (1 & 8).

Evaluations seem to be most sure-footed in capturing students' experience and weighing implications for programme modifications, less so in establishing the impact of learning on practice, still less benefit to service users. This is consistent with others reviews of the evaluation of interprofessional education at home and abroad[5]. These are finding that positive outcomes reported from university-based typically meet interim objects, e.g. student satisfaction, changes in knowledge and attitude and, occasionally, individual behaviour.

The Project in Context

These case studies complement the position paper that CAIPE has been preparing concurrently for the Learning and Teaching Support Network for Health Sciences and Practice[6]. Addressed to university teachers, that paper relates current government policy to the historical development of interprofessional

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[5] Barr, H. Hammick, M. Koppel, I. and Reeves, S. (1999) 'Evaluating interprofessional education: two systematic reviews for health and social care.' British Educational Research Journal 25 (4) 533-543
Barr, H. Freeth, D. Hammick, M. Koppel, I. and Reeves, S. (2000) Evaluations of interprofessional education: a United Kingdom review for health and social care. (London: CAIPE and the British Educational Research Association.) See: www.caipe.org.uk
Koppel, I, Barr, H, Reeves, S, Freeth, S & Hammick, M (2001) 'Establishing a systematic approach to evaluating the effectiveness of interprofessional education' Issues in Interdisciplinary Care Vol 3 No 1 pp 41-50

[6] Barr, H. (under consideration) Interprofessional education: today, yesterday tomorrow. (London: LTSN for Health Sciences and Practice)

education in the UK taking into account the emerging evidence and theoretical bases.

Findings also bear comparison with those from two earlier critiques of evaluations of interprofessional education in the UK[7].

Attention is also drawn to the following reviews commissioned by central government and statutory agencies; the Department of Health[8], the Welsh Office[9], the ENB[10] and the UKCC[11].

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[7] Barr, H. and Shaw, I. (1995) Shared learning: selected examples from the literature. (London: CAIPE)
Barr, H. Freeth, D. Hammick, M. Koppel, I. and Reeves, S. (2000) Evaluations of interprofessional education: a United Kingdom review for health and social care. (London: CAIPE and the British Educational Research Association.) See: www.caipe.org.uk

[8] Pirrie, A. Wilson, V. and Stead, J. (1997) 'Mapping multidisciplinary provision.' Journal of Interprofessional Care 11 (2) 228-229
Pirrie, A. Elsegood, J. Hamilton, S. Harden, R. Lee, D. Stead, J. and Wilson, V. (1998a) Evaluating multidisciplinary education in primary health care. (Unpublished)
Pirrie, A. Wilson, V. Harden, R.M. Elsegood, J. (1998b) 'Promoting cohesive practice in health care.' AMEE Guide No. 12 and Medical Teacher 20 (5) 409-416

[9] Freeth D., Meyer, J., Reeves, S. and Spilsbury, K. (1998) Interprofessional education ad training in Wales. (London: City University, Internal Research Report Number 8)
Tope, R. (1998) *Interprofessional education in Wales.* (London: CAIPE (Unpublished))

[10] Miller, C. Ross, N. and Freeman, M. (1999) Shared learning and clinical teamwork: new directions in education for multiprofessional practice. (London: ENB)

[11] Barr, H. (2000) Interprofessional education 1997-2000: a review. (See www.caipe.org.uk)

The Case Studies

The case studies are in alphabetical order. Three of the programmes described (1, 2, & 14) form part of a wider project in the South West. The origins of these programmes are similar and therefore a short commentary is provided here in order to avoid repetition in the case studies.

NHSE South West 'Collaborative'

The NHSE South West has a history of supporting interprofessional education and training but in the early years, this had tended to involve short-term funding of fairly small projects. The criteria for selection was relatively loose and there was quite limited evidence of active partnerships between higher education and service institutions. The sustainability of initiatives beyond the immediate term of the funding was also identified as an issue.

In response to a question posed by the NHSE at a Regional Conference involving key stakeholders as to how the effectiveness of the programme could be improved, responses suggested that:

- small 'pots' of money were valued but it was argued that larger awards were needed to support substantial change
- longer timescales were needed if new models of teaching and learning were to be developed and sustained
- there was a need to actively promote closer links between higher education and NHS provider organisations

This feedback together with the outcome of an evaluation of previous work, commissioned by the NHSE and undertaken by Dr Rosie Tope[12], resulted in a radical change in approach. Since 1998 the NHSE South West has supported an interprofessional development programme, which places great emphasis on the need to develop new models of interprofessional teaching and learning and demonstrates improvements in

- Education
- Professional practice
- Patient care

Joint proposals were invited from the Universities in the South West and their NHS/LA partners. Awards were made to three programmes that most closely met the assessment criteria. Funding was agreed for 3 years. The programmes started in October 1998.

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[12] Tope, R (1999) The Impact of Inter-Professional Education Projects in the South West Region: A Critical Analysis. Unpublished report

A major and important feature of these project is that they are run as a 'Collaborative'. This means that each of the three programmes is funded by the NHSE South West by holding three or four collaborative events each year to bring together academics, health and social care providers and learners to share successes and brainstorm issues for resolution. This provision is proving extremely beneficial to the progress of individual programmes under the auspices of Local Improvement Teams (LITs) and engenders a greater sense of partnership between the organisations involved across the South West.

The Collaborative meetings are also used as an opportunity for programmes to report on progress to a Board and for advice and guidance to be offered. The Board members include representatives from professional bodies, academia, service providers, as well as the NHSE South West.

The Collaborative approach is also subject to evaluation. Three key questions are used to formulate an evaluation strategy:

1. Are the LITs (representing health and social care organisations and universities) able to identify and document improvements in health status and health and social care services?

2. Does the integration and collaboration in improvement efforts accelerate improvements and accentuate benefits to participants, students, faculty members, health and social care organisations and patients, carers and users?

3. Does the LIT process (or forming teams, training leaders, providing meeting opportunities, offering expert advice and providing documentation, reporting and evaluation strategies) accelerate the pace of change and learning in existing educational programmes?

The original three pilot programmes have been joined by another two exploring learning in Coronary Heart Disease and Public Health issues and these will also be the subject of evaluation.

1. Avon, Somerset and Wiltshire Cancer Services Partnership[13]

Address of Responsible Organisation

Faculty of Health and Social Care
University of the West of England
Glenside Campus
Blackberry Hill
Stapleton
Bristol BS16 1DD

Programme Title

Action Learning Interprofessional Cancer Education Programme (IPCE)

Key Personnel

Helen Langton, Head of School, Acute and Critical Care Adult Nursing, Faculty of Health & Social Care, University of the West of England
Pat Turton (evaluation)
James Rimmer, Avon, Somerset & Wiltshire Cancer Services

Brief Description

This is "an action learning interprofessional education programme aimed at improving the care of people with cancer through the understanding of the lived experience of the person with cancer." The programme integrates three innovative elements: action learning, interprofessional education and user involvement. It supports four work-based interprofessional teams that form in learning sets. Service users are involved at both programme and learning set level to ensure that participants actively engage with users' lived experience of cancer.

Programme Origins

See earlier comments at the beginning of the case studies

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[13] This case study is based on information contained in the following documents:
Correspondence from Sheila McCann
Turton, P & Holman, H (2000) Interprofessional Cancer Education Project – Interim Evaluation 1998-2000
Annandale, S, McCann, S, Natrass, H, Regan De Bere, S, Williams, S & Evans, D (2000) 'Achieving health improvements through interprofessional learning in south west England' Journal of Interprofessional Care Vol 14 No 2 pp 161-174

Partnership

- Avon, Somerset and Wiltshire Cancer Services (ASWCS). This collaboration includes three health authorities and eight NHS Trusts, with 15 cancer site specialist teams.
- Avon, Somerset and Wiltshire Cancer Services User Involvement Group
- University of the West of England (UWE)
- Avon, Gloucestershire, Wiltshire Education Purchasing Consortium

Professions Involved

A minimum of 3 different professions in each learning set:

Medicine
Nursing
Radiography
Pharmacy
Clergy
Volunteers
Managers

Approach to Interprofessional Education

Learning is encouraged through the use of action learning sets in a Continuous Quality Improvement cycle, focusing on specific issues regarding cancer care with assistance of users where appropriate.

Aims and Objectives

The aim of the programme is to improve the care of people with cancer.

This encompasses five objectives:

- to facilitate interprofessional learning sets in the work place which work with people with cancer to identify and address unmet health needs
- to support the learning sets in meeting the identified health needs
- to enable learning set members to achieve their individual and collective learning goals, develop and apply skill in action learning and continuous quality improvement, and improve their professional practice
- to establish the programme as an integral element in post qualification education for health and social care professionals working in the cancer field
- to develop ASWCS and UWE learning about action learning, continuous quality improvement, and interprofessional education in improving practice and quality care

Structure

As a work-based programme with an emphasis on practical problem solving, the programme is responsive to the needs of the learning sets. Each team identifies a quality improvement issue relating to user experiences, which they are addressing. A common theme running through the four teams is a concern to ensure that users' experiences are improved by addressing problems in interprofessional communication, liaison and information provision. An action learning approach involves the team members in working with the facilitator to establish a common understanding of the problem, clarify their objectives for change, plan and evaluate a course of action. The programme facilitates a shared understanding of the lived experience of people with cancer, drawing upon user and professional participants' experiences and research evidence. Participants are encouraged to explore different models of learning and tools for quality improvement. There is a strong emphasis on team members exploring approaches to involving their own service users in identifying needs and solving problems. Members of the User Involvement Group are available to help teams to consider ways of involving cancer patients. Teams meet with the facilitator for an average of one hour per fortnight over a seven-month period. All learning set members have the option to register for the work-based learning module of the University of the West of England MSc in Cancer Studies or the BSc (Hons) Cancer Care

Practice Experience

This programme is designed for post-qualified practitioners. The learning is work-based.

Assessed Work

Team members are not subject to any formal assessment, except where they opt to register for modules with the University. No information was provided about assessment in such circumstances.

Application to government policy

The programme responds to cancer care as a national priority[14]. Additionally, it emphasizes the radical shift in power relationships between patient and professionals as envisaged in the New NHS[15]. The notion of 'seamlessness' is stressed as a strand of quality improvement.

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[14] DH/Welsh Office (1995) A Policy Framework for Commissioning Cancer Services (London: DH)
DH (1998) A First Class Service (London: HMSO)
DH (1998) Working Together (London: HMSO)

[15] DH (1997) The New NHS: Modern.Dependable Cm 3807 (London: Stationery Office)

Service User Involvement

More experienced members of the Service Users Involvement Group are encouraged to become involved as learning set facilitators or to participate in identifying needs and solving problems.

Evaluation

Originally, the NHS Executive S&W had hoped that it would be possible to identify and measure specific health outcomes at patient level from activities undertaken as part of the programme. However, the Task Group of the programme articulated clearly from the outset that the time-scale made these expectations unrealistic.

The evaluation process has therefore concentrated on

- Collecting and analysing the perceptions of a range of individuals regarding the usefulness of inter-professional work-based learning and its implications for participating organisations
- Identifying changes made, either in services to patients or in educational provision
- Identifying any specific benefits to patients and carers.

The evaluation team undertook interviews with IPCE team members, managers of participating team members, and university staff. A total of 17 interviews were carried out with a range of participating professionals from the three teams and their managers, The interviews were taped and transcribed and subjected to content analysis for key themes and issues. Emerging themes, which will be subject to in-depth analysis, are:

- organisational communication
- user involvement
- work based learning
- group facilitation
- CQI
- mainstreaming

Further information was gleaned from documentation relating to team processes and from reflective writing on critical incidence by the students.

Findings

Interim evaluations suggest that for some of the learning set groups work based interprofessional learning has helped to identify and address unmet health needs. However, this programme is in its early stages and a full stakeholder analysis, which is planned, should demonstrate more firm conclusions.

As the programme evolves, the frameworks which are being developed within the University and the growing understanding of how to support interprofessional work based learning will enable the model of education provision to be sustained.

Future Prospects

The programme has developed to become a module offered to students in the University as part of the Continuing Professional Development provision available to a wider audience beyond cancer care.

2. Bournemouth University[16]

Responsible Organisation

Institute of Health and Community Studies
University of Bournemouth
Royal London House
Christchurch Road
Bournemouth BH1 3LT

Programme Title

Regional Interprofessional Education Project (Improvements in Elderly Care, Mental Health and Child and Family Care)

Key Personnel

Howard Nattrass, Project Leader,
Peter Wilcock, CQI Facilitator,
Keith Brown,
Charles Campion Smith,
Gail Stuart,
Andy Mercer,
Dianne Hinds, Research Fellow,
Les Todres, Reader in Interprofessional Education

Brief Description

This programme is a multi-site programme (Andover, Salisbury and Dorchester), placing the client/consumer/patient at the centre of health care improvement by focusing simultaneously on continuous quality improvement (CQI) and health care needs through the promotion of interprofessional learning in action research groups.

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[16] This case study is based on information contained in the following documents:
Correspondence from Dianne Hinds
Conference Papers:
Hinds, D (2000) Capturing and Evaluating Interprofessional Learning Evaluation for Practice Symposium 'The Use of Multi Methods in Health Research
Wilcock, P (2000) Multiprofessional Approach to Elderly Care Consortium of Institutes of Higher Education in Health and Rehabilitation in Europe
Hinds, D (1999) Collaborating for Improvement: A Framework for Interprofessional Learning British Educational Research Association Symposium: Learning to Work Across Professions
Hinds, D (2000) Applying Qualitative Outcomes to Practice Qualitative Evidence Based Practice Conference

It was set up to focus on service improvement, collaboration and interprofessional learning, in a partnership between Bournemouth University and service providers. The programme involves groups of learners in three settings:

- Andover, where the focus is on improving support to parents of young children, particularly those who may be isolated
- Dorchester, where the focus is on acutely ill elderly people in hospital
- Salisbury, where the focus is on community mental health care

Learners work in action learning sets with a Bournemouth University team, including a CQI facilitator and a practice teacher.

Programme Origins

See earlier comments at the beginning of the case studies

Partnership

West Dorset Hospitals NHS Trust
Andover NHS Trust
Salisbury Healthcare NHS Trust
Dorset, Hampshire and Wiltshire Social Services Departments

Professions Involved

Andover	Health Visitors, Service Manager, Voluntary Agency personnel and service user organisation worker
Dorchester	Consultants, Nurses at a range of levels, Occupational Therapists, Physiotherapists and other professions allied to medicine
Salisbury	Community Psychiatric Nurses, Service Manager, Occupational Therapist, some social work representation

Approach to Interprofessional Education

Two approaches are used: action learning groups and continuous quality improvement. The groups identify needs, priorities and solutions. Each group selects a patient, user or consumer group and negotiates a question for enquiry. Information is then discovered about such patients, users or consumers in order to introduce a user perspective. Outcome measures are agreed to establish the scope of any change, confirm what may be accomplished and its measurement. A Plan-Do-Study-Act cycle is used to implement and learn from change.

Aims and Objectives

The aims are to:

1. Develop evidence that interprofessional learning makes a real difference to professional practice and service provision, and has a discernible impact on health and well-being

2. Establish, evaluate, make widespread and sustain within universities and health and social care organisations in South West England, new models of learning which enable interprofessional teams of learners to:

- work and learn collaboratively
- contribute to important local health improvement issues
- develop skills in continuous quality improvement
- secure academic and professional recognition for their interprofessional learning
- make improvement and interprofessional working part of everyday practice

3. Engage patients, carers, and service users as equal partners in the design, development, delivery and evaluation of health improvement interprofessional learning, and enable service users to participate as learners.

4. Strengthen collaborative working across healthcare, social care, local government, and universities by establishing Local Improvement Teams drawn from these organisations and charged with the responsibility for sustaining health improvement and interprofessional learning.

Structure

Action learning groups meet with members of the university approximately every five to six weeks to examine an aspect of their service using the continuous quality improvement model. The basic principles to be followed include defining a clear aim; understanding the needs of the customer; setting ongoing measures of success; using data for decision making; continuously improving processes in iterative Plan-Do-Check-Act cycles.

Further critical questions inform the work of each team, e.g.
What are we trying to accomplish?
How will we know that a change is an improvement?
What changes can we make that will result in improvement?

Practice Experience

This programme is designed for post-qualified practitioners. The learning is work-based.

Assessed Work

There is no assessed work although there is now a validated practice pathway at Masters level within which such a programme of work may be situated. Some participants include their experience of action learning in portfolios for professional accreditation.

Application to government policy

The programme anticipates and is predicated upon the radical shift in power relationships between patient/service user and professionals as envisaged in the New NHS[17]. The notion of a flexible service led by user needs, together with that of 'seamlessness' is stressed as a strand of quality improvement.

Service User Involvement

There is no direct user involvement in hospital settings, although service users are central to the approach used within the action learning groups. In one community based service users drove changes in service delivery (and thence practice). There has been active and increasing participation.

Evaluation

An illuminative evaluation model constructed as a case study is used to tell the story of the improvement. Phenomenological inquiry is used to ascertain the learning experience of individual group members. Programme minutes of each action-learning group is analysed, together with a systematic de-briefing of CQI facilitators, focus groups and group interviews and semi-structured interviews with key players. The learning experience of individual group members is constructed.

Findings

Outcomes are context dependent. In one site categories of outcomes were defined as improvements in terms of health and social care working processes.

Examples of outcomes at one site are given below:

- Developing a capacity for change and improvement in collaborative team based processes
- Establishing a climate favourable to collaborative learning within the team
- Understanding decision making processes within the team

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[17] DH (1997) The New NHS: Modern. Dependable Cm 3807 (London: Stationery Office)

- Establishing a culture and environment in which individuals may challenge deeply held professional assumptions
- Developing collaborative communication and information systems across professional boundaries
- Developing a team capacity to produce patient-focused goals in service delivery

Underpinning this were outcomes from the learning process where participants showed they:

- had confidence that they could act
- had a capability to change their own practice
- valued the users of the service

At another site (Andover) outcomes were reported in terms of improvements in processes, health and social care working practices and, reported outcomes for service users, including

- Developing an individual capacity for challenging existing professional assumptions
- Developing collaborative communication systems
- Fostering interprofessional collaborative processes
- Developing a user oriented focus
- Increased confidence of parents
- Reducing social isolation
- Building social capital

3. City University[18]

Responsible Organisation

St Bartholomew School of Nursing and Midwifery
City University
20 Bartholomew Close
West Smithfield
London EC1A 7QN

Programme Title

Interprofessional Training Ward (Pilot)

Key Personnel

Scott Reeves

Brief Description

Twelve beds in a 27 bed orthopaedic and rheumatology ward were designated to comprise a 'training ward' for three sets of two nurses, one occupational therapist, one physiotherapist and two medical students. The duration of the training experience was two weeks. Practitioners from their own profession supervised each participant but a senior nurse facilitator assisted all. Patients were selected for participation in the training on the basis of their clinical needs, with particular input from each of the participating professions. Patients gave special informed consent to receive their care on the training ward. Students undertook a range of duties that were specific to their profession and also duties that were designed to encourage interprofessional teamwork. This pilot programme is completed but the experience is being used to plan future training provision.

[18] This case study is based on information contained in the following documents:
Freeth, D & Reeves, S (1999) Interprofessional Training Ward Pilot Phase: Evaluation Project Report Internal Research Report No 14. (London: City University)

Programme Origins

Initial interest in this programme came from the deans of nursing and medicine who, together with colleagues, visited a training ward in Linkoping, Sweden in 1996 where a similar programme had been set up there and reported by Sanden and Wahlstrom[1]. Following the visit, a Project Steering Group was established. It decided a pilot ward should be set up to identify issues which might influence the running of the training ward in the longer term. The pilot ran from February to March 1999 at the Barts and London NHS Trust before a full-scale programme could be launched. An evaluation of the programme has also been reported elsewhere.[19]

Partnership

City University
London University
University of East London
Barts and the London NHS Trust
Tower Hamlets Health Care NHS Trust

Professions Involved

Nurses
Physiotherapists
Occupational Therapists
Medical Students

Approach to Interprofessional Education

The approach to learning selected for the training ward was problem-based learning (PBL). After having hands-on experience with patients on the ward, students were required to attend reflective sessions where they could discuss their ward experiences and develop or review their PBL objectives. These sessions were facilitated by a tutor from one of the participating schools or Trust, the latter being profession specific facilitators. Facilitators were also offered training in PBL.

Students were provided with activities designed to help them to work together. These were described as shared team duties like making beds or washing patients. Such activities provided opportunities to develop communication and team working skills and to help with understanding one another's roles. Interprofessional student handover meetings, facilitated by a nurse, were also used.

Aims and Objectives

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[19] Reeves, S & Freeth, D (2002) 'The London Training Ward: An Innovative Interprofessional learning Initiative' Journal of Interprofessional Care Vol 16 No 1

[20] Sanden, I & Wahlstrom, O (1996) Training Ward 30 (Sweden: Linkoping University).

The aims were to

- prepare final year students by developing an understanding of interprofessional and interagency issues around admission, care, rehabilitation and discharge of patients with musculoskeletal conditions
- enable students to develop their team work skills by working together as a team and participating in role sharing
- enable the students to feel valued members of the ward team
- provide supervision and teaching according to individual needs.

Objectives were set for students as follows:

- To promote and facilitate team working within a real clinical setting
- To identify outcomes of interprofessional working
- To promote and facilitate an holistic approach to health and social care through collaboration
- To clarify roles and responsibilities of individual professionals within the team
- To gain an insight and understanding into the knowledge, skills and attitudes expected of individual professionals
- To develop individual professional roles within the interprofessional team.

Additionally students were set profession specific learning objectives.

Structure

The training ward was a two-week placement for students to practise a range of profession specific and interprofessional skills. Nursing students were able to use this experience as accredited clinical time towards their training, however, the others students were not.

Methods

Problem based learning was used as the main learning method supplemented by opportunities for group discussion and reflection.

Practice Experience

By its nature this programme was constructed as an interprofessional practice experience.

Assessed Work

There was no formal assessment task involved.

Application to government policy

The Training Ward is a unique UK interprofessional learning experience in that it is one of the few, in Europe, that concentrates at undergraduate level. The pilot programme was designed to assist in the progression of objectives set out in *The New NHS: Modern. Dependable*[21] and *Learning to Work Together for Health*[22]

Service User Involvement

The programme involved the setting up of a training ward where patients were involved as subjects. Data for the evaluation was collected from patients but their involvement did not extend beyond this.

Evaluation

A multi method evaluation was conducted by two researchers who were invited to become members of the Project Steering Group in order to feedback observations about the implementation of the programme so as to increase the efficacy the strategies employed. Data collection included the use of surveys, interviews with students, staff and patients and observations. The researchers were particularly interested in the educational process making up this experience and data were collected before, during and after the pilot.

Findings

The training ward provided a *real life* experience which most valued but which was seen by some as 'in at the deep end too quickly'. Such early immersion in real life experiences tends to give rise to increased dependency amongst learners, but this was anticipated. The nursing students were able to relate more closely to the experiences on the ward, as most activities were primarily to do with nursing.

The *preparation* for the ward experience was criticised by both facilitators and students. Some of these criticisms were to do with the nature of a new experience which none could have predicted fully. The use of problem-based learning added extra uncertainties.

The opportunity for students to reflect collectively on their experience of the ward was highly valued.

Learning about *collaborative practice* was tempered by the primary focus of team

[21] DH (1997) The New NHS: Modern.Dependable (London: Stationery Office)
[22] World Health Organisation (1988) Learning to Work Together for Health Technical report Series 769 (Geneva: WHO)

working duties on nursing activities. Nurses, Occupational Therapists and Physiotherapists generally engaged with these tasks but medical students found that time was better spent in preparing for consultants' rounds. Whilst facilitators encouraged students to work collaboratively, observations tended to show that facilitators continued their 'normal working relations' and thus missed an opportunity to model good practice.

Future Prospects

Following internal changes to the hospital trust, the steering group in charge of this project reformed. A new initiative called the 'Interprofessional Training Environment' will begin in February 2003.

4. Leicester Warwick Medical School[23]

Responsible Organisation

Leicester Warwick Medical School
Centre for Studies in Community Health Care
Faculty of Medicine and Biological Sciences
University of Leicester
Prince Philip House
Malabar Road
Leicester LE1 2NZ.

Programme Title

Interprofessional, multi-agency teaching experiences based in socio-economically disadvantaged communities in Leicester.

Key Personnel

Angela Lennox	Director of the Centre for Studies
Liz Anderson	Academic Course Co-ordinator

Brief Description

This multi-agency short programme provides pre-registration medical, nursing and social work students with learning opportunities with real patients living in financially and socially deprived city areas in Leicester, to demonstrate how collaborative working impacts on their lives. Students collaborate to address medical problems in the context of contemporary debates about service provision, health service modernisation and urban regeneration.

Programme Origins

The programme was originally designed by medical students at the University of Leicester in response to recommendations of the 1993 World Summit on Medical Education in which student participation in curriculum development was encouraged. The programme ostensibly focused on the sociology of health and

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[23] This case study is based on information contained in the following documents:
Student Work Book 2001
Conference Papers:
Lennox, A (unknown) Learning Together in a Disadvantaged Community: evaluating the impact of undergraduate, interprofessional learning
Lennox, A, Anderson, E, Milner, D, Beretta, R & Coates, M (unknown) Learning Together in the Community-a sustainable model for the future workforce
Leicester Warwick Medical School (2001) Community-based Multi-agency Learning Evaluation Report (Leicester: Leicester Warwick Medical School)

health care. Student nurses joined the programme in 1998 and student social workers in 2000, so that it now offers interprofessional learning experiences.

Partnership

University of Leicester
De Montfort University
St. Matthews Project
New Parks Community Partnership
Braunstone Partnership

Professions Involved

Pre-registration medical students (MB ChB) (University of Leicester)
Pre-registration undergraduate nursing students (De Montfort University)
Pre-qualifying graduate social work students (University of Leicester)

Approach to Interprofessional Education

The curriculum leans heavily on shared problem-solving strategies as a means to increase understanding of the roles and responsibilities of other professionals and to indicate the importance of teamwork 'to get the job done'.

Aims and Objectives

Aims:

- To enable students to understand health in the wider context of society and to appreciate the range of professionals involved in health care from the statutory sectors and voluntary sectors in preparation for working in the multi-disciplinary teams of the future
- To develop a practical understanding of inequalities in health and to explore models of health provision in Leicester designed to tackle disadvantage
- To describe the diversity of common health problems seen in primary health care

Objectives:

By the end of the programme students are expected to:

- Apply basic sociological concepts and theories relevant to professional practice
- Describe the range and roles of professionals working to meet the health

needs of the community

- Analyse the central role of the patient/client/service user in inter-professional working
- Analyse the quality and impact of service provision in the community
- Describe the contribution of economical, practical and environmental factors in illness causation, prognosis and service utilisation
- Assess models of health care directed to tackling inequalities in health and to consider the wider agenda of reducing health inequalities through Leicester's Health Action Zone

Structure

The programme is divided into three 4-hour sessions in which students interview one patient and three key agencies involved in patient care. Various local practitioners are then invited to attend a debate held by the students on the health needs of socially and economically deprived populations.

Methods

Session I Patient case interviews and one agency interview.

Working in groups of four, students spend one hour preparing for their case interview with tutor guidance. A 60 minute interview is then completed with the patient, where possible in the patient's home, to discover the patient's medical problems and to study the impact of physical, emotional, social and economic factors on the patient's life, and the consequences for their family. The patient's priorities and concerns are explored, alongside their relationship with the organisations and front line workers involved in their care. Students return to their study base to discuss and interpret their learning with their tutors and to prepare for their agency interviews. They undertake a 30-minute interview with a front-line worker involved in the case study to discuss points raised from the patient's history and to learn about the role and links of the organisations within the wider community. They explore the strengths and weaknesses, accessibility and priorities of the organisation, comparing these with those identified by the patient. The session ends with reflection on their learning and to plan for the following session.

Session 2 Two agency interviews and learning on locality partnership initiatives.

This session begins with an opportunity to hear about the model of partnership working in the locality, exploring the strengths and weaknesses of joint working. Students are encouraged to consider their patient studies within the wider

context of government policy designed to tackle inequalities in health. Students re-join their case study groups and prepare for their two remaining agency interviews. The session is completed with their tutors in reflective debate on learning objectives and in forming multi-agency solutions to ameliorate the problems identified. Students also prepare for their formal presentations in the final session.

Session 3 Panel interviews with local multi-agency workers and case study presentations.

Students are given an opportunity to question a panel of invited local workers, representing statutory and voluntary sectors, on the impact of their joint working in reducing inequalities in health and preventing social exclusion. Students then have an hour to prepare a critique of their case study to an invited audience of community workers, health and social care workers, public sector managers and policy makers, and also to their peers. Students are challenged to identify the strengths and weaknesses of integrated working in their specific case, offering their ideal future management plan. Questions from the audience encourages a wider debate around students' solutions, particularly factors which underpin service delivery such as the impact of national performance frameworks, economic systems and workforce planning.

The students are expected to follow a learning style based on their case studies which embraces problem solving. Students analyse their communication skills during their patient and professional interviews and have opportunities to explore inner city models of multi-agency working.

Practice Experience

In essence, this programme is an interprofessional practice experience, where groups of interprofessional students collaborate on investigating a service user within his/her own community. The interview however does not set out to replicate qualifying practice experience but the skills and knowledge gained would be helpful to practice generally.

Assessed Work

Students individually complete a case study management plan designed to highlight the physical, social and psychological factors relevant to their case study in the context of the strengths of inter-agency working and suggesting future strategies to support the patient.

Application to government policy

This programme makes reference to a number of policy initiatives regarding health inequalities and interprofessional working. Notable amongst these are:

The NHS Plan[24]
In the Patient's Interest[25]
A First Class Service: Quality in the NHS[26]
Child Abuse: A study of inquiry reports 1980-1989[27]
Together We Stand-Effective Partnerships[28]
A Quality Strategy for Social Care[29]
Our Healthier Nation[30]
The New NHS-Modern Dependable[31]
Modernising Social Services[32]

The programme sets out to increase understanding amongst medical students, in particular, of the lived experience of health inequalities amongst patients in socio-economically deprived areas. The third objective of the programme emphasizes the central importance of the patient to aid the student's understanding of the patient's experience of ill health and the pathways to services locally. The practice of considering the patient's experience of treatment and/or services is designed to help the student understand the practical realities of multi-agency partnerships and ultimately the central importance of collaborative practice.

Service User Involvement

Service users are involved in this programme as subjects for groups of professionals to interview about their health and environment.

Evaluation Strategies

Two cohorts of students have been subject to an evaluation of the programme, which has been conducted in-house. The cohorts involved are as follows:

Oct-Nov 1999

Student Nurses (De Montfort)	Medical Students (3rd Year)	Patients Selected for Case Study	Agencies Interviewed
26*	164	16	37

[24] DH (2000) The NHS Plan-A Plan for Investment, A Plan for Reform (London: Stationery Office)
[25] DH (1996) In the Patients' Interest: Multi-professional working across organisational boundaries (Leeds: NHSME)
[26] DH (1998) A First Class Service: Quality in the NHS (London: Stationery Office)
[27] DH (1991) Child Abuse: A study of inquiry reports 1980-1989 (London: HMSO)
[28] Sainsbury Centre for Mental Health (1998) Together We Stand-Effective Partnerships: Key Indicators for Joint Working in Mental Health (London: Sainsbury Centre)
[29] DH (2000) A Quality Strategy for Social Care (London: Stationery Office)
[30] DH (1999) Our Healthier Nation: a contract for health (London: Stationery Office)
[31] DH (1997) The New NHS: modern, dependable Cm 3807 (London: Stationery Office)
[32] DH (1998) Modernising Social Services: Promoting independence, Improving protection, Raising standards. Cm 4169 (London: Stationery Office)

* Nurses were undergraduate students comprising 12 child nurses and 14 adult nurses

Student Nurses (De Montfort)	Student Social Workers (1^{st} & 2^{nd} yr graduates)	Medical Students (2^{nd} Year)	Patients Selected for Study	Agencies Interviewed
21	16	170	20	36

Students were asked to complete post course questionnaires. Medical students had a slightly different questionnaire to answer compared to nursing and social work students. The questionnaires were written as a series of statements and the respondents were required to indicate their agreement with each statement on a scale of 1 (low) to 5 (high). Additional each cohort was asked to provide written comments on particular themes prior to and after the course, regarding working with nurses/doctors namely:

Medical Students
Working alongside nurses
Teamwork
Coming to patient care from different perspectives
An appreciation of the training of nurses
Affect relationships

Nursing Students
Team Work
Training
Relationships

The second cohort was asked to describe the best and worst things about their experience together with more general comments. The answers were grouped together into themes.

More longer-term exit evaluations of qualifying students from 1995 and 1996 have been undertaken using a questionnaire. These evaluations apply only to medical graduates since no other profession was involved in the programme at that time.

Patients were asked to comment on their experience of being interviewed by students. The agencies involved were also consulted about their role in the education and training provided.

Findings

First cohort

86% of the 90% of students who completed the questionnaires indicated that they had found the experience of the programme had enabled them to appreciate the

importance of inter-agency collaboration for regeneration. As one medical student put it:

> *'The attachment illustrated very clearly the importance of co-operation and communication in multi-agency care'*

Negative comments were mostly concerned with logistical matters.

Second cohort

86% of the 44 medical students at one centre (New Parks) appreciated the range and roles of agencies working in primary care.

73% of the nurses felt they were now fully aware of multi-agency working in addressing community regeneration, but a small minority felt unprepared for working interprofessionally.

82% of the social workers said they enjoyed working interprofessionally.

The overall analysis offered by the questionnaire results is that learning together with other professionals is viewed positively.

5. Oxford Brookes University[33]

Responsible Organisation

School of Social Sciences and Law
Oxford Brookes University
Gipsy Lane Campus
Headington
Oxford OX3 0BP

Programme Title

Teaching, Supervising and Assessing in the Workplace Setting

Key Personnel

Hilary Beale (Course Co-ordinator)

Brief Description

This short programme offers a multi-disciplinary approach to consider ways in which the workplace can be used for teaching and learning. Depending upon the participant's profession other specific outcomes can be achieved including the Practice Teaching Award for social workers, ENB 6590 Mentor Preparation for nurses and midwives. The programme provide suitable preparation for the roles of Community Practice Teacher/Assessor which is accredited for Occupational Therapists by the Council for Occupational Therapy and Continuing Professional Development points for physiotherapists.

Programme Origins

An initial working group was set up consisting of a range of professionals to prepare documentation for validation. Some of the early discussions amongst this group explored differences in values, ethics, terminology and the requirements for qualifications. These discussions were an essential part of the growth of the programme. A course co-ordinator was appointed to ensure the programme was well organised, and the needs of differing professional bodies were met.

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[33] This case study is based on information contained in the following documents:
Correspondence from Hilary Beale
Results of Questionnaire for ex course members
Results of Managers Questionnaire
Student Handbook 2001

Partnership

NHS Trusts linked through the Four Counties Confederation (Oxfordshire, Berkshire, Buckinghamshire and Northamptonshire)
Oxford Social Services Department
Aylesbury Vale
Oxfordshire Education Department
Oxfordshire Voluntary Consortium for Practice Learning

Professions Involved

Social Work
Nursing (all areas and specialisms from local NHS Trusts) and Midwifery
Community Nursing (District Nurses, Health Visitors, Practice Nurses, Community Mental Health Nurses and School Nurses)
Occupational Therapy
Physiotherapy
Paramedic
Blood Transfusion Service
Hospice

Approach to Interprofessional Education

Mixed professional groups formed during each module facilitate the exploration of similarities and difference amongst the professions included. In the practice based modules (1 & 3 above) workshops are used during which students discuss their teaching and supervisory work and where ideas are generated. Ultimately the programme endeavours to enable students to demonstrate:

- Interprofessional learning about one another's roles and specific area of knowledge
- Interprofessional discussion about the varying approaches to one situation from different professional bases
- Learning about how to present information to other professionals in a meaningful and relevant way
- Learning about how to conduct an interprofessional discussion

Aims and Objectives

The aims were:

1.To promote the development of knowledge, values and skills relevant to practice teaching/supervising in the workplace

2.To improve the quality of practice teaching/supervising in the workplace and to increase the pool of qualified and experienced practice teachers/supervisors

3.To demonstrate a commitment to anti-oppressive practice throughout the course

4.To increase course members understanding and develop skills required to work in multi-disciplinary teams, across professional boundaries and in extended networks

Overall Learning Outcomes

Demonstrate knowledge and understanding

By the end of the programme students are expected to:

1. Integrate theories, research, knowledge and values in relation to the teaching, supervision and assessment of a course member/s in practice and critically analyse their own professional development and the way they promote effective learning, (Taught/ Assessed)

2. Identify, use and develop a range of learning resources, including current research, in order to prepare safe and stimulating learning opportunities in the workplace. (Taught / Practised / Assessed)

3. Identify and analyse the components of the social and professional context of learning in practice in order to supervise and assess in an anti-discriminatory way. (Taught / Assessed)

4. Demonstrate an understanding of key teaching, supervision and assessment tasks. (Taught / Assessed / Practised)

5. Evaluate the effectiveness of their skills in teaching, supervision and assessment skills. (Taught / Assessed / Practised)

Disciplinary/Professional Skills

1. Apply adult learning theories and research to reflect on, analyse and inform their own practice and learning needs. (Taught / Assessed / Practised)

2. Plan and develop strategies required to ensure anti-oppressive teaching, supervision and assessment of learners. (Taught / Practised)

3. Manage and monitor the practice, progress, integration of the learner's learning needs and requirements of the Professional Body within the agency context. (Taught / Practised)

4. Assess learning needs and professional competence using different sources of

evidence and judge performance and knowledge against agreed criteria. (Taught / Practised)

5. Make assessment decisions and provide feedback against agreed criteria. (Taught / Practised)

6. Compile a portfolio, which provides evidence of competence in the required areas. (Taught / Assessed / Practised)

Acquire transferable skills in:

Self-management:

- Identify personal and professional values and explore the implications of these for their practice.
- Identify personal and professional objectives and priorities in the context of those of their organisation
- Manage their time effectively to achieve their objectives
- Accept responsibility for actions and priorities (All Taught / Practised)

Learning Skills:

- Identify specific learning needs and build on personally successful learning strategies (Taught / Assessed)
- Identify and utilise a range of learning resources (Taught / Assessed / Practised)
- Integrate learning through the use of a range of strategies (Taught / Practised)
- Critically analyse the effectiveness of the learning undertaken (Taught / Practised)

Communication:

- Identify and respect the values and beliefs of others (Taught / Practised)
- Interact with client groups and colleagues clearly and with sensitivity (Taught / Practised)
- Present key issues to colleagues clearly but with depth and challenge (Taught / Assessed/ Practised)

- Initiate, stimulate and sustain debate and discussion with colleagues (Practised)

- Present concise, coherent, analytic written work in a variety of forms, e.g. reports, essays (Taught / Assessed / Practised)

Teamwork:

- Work with peers and colleagues sensitively, constructively and with challenge (Practised)

- Facilitate contributions from others with fairness and purpose. (Practised)

Problem solving:

- Assess situations to identify and clarify the nature of presenting issues (Taught / Practised)

- Identify realistic objectives and creative strategies to be utilised (Taught / Assessed / Practised.)

- Justify decisions made based on a critical review of sources of knowledge (Taught / Practised)

- Demonstrate skill in implementing the strategy adjusting actions as required. (Taught / Assessed / Practised)

- Critically reflect on processes and outcomes. (Taught / Assessed / Practised)

Structure

This programme consists of four 15-credit level 3 undergraduate modules:

1. Theoretical and Ethical Base for Workplace Learning
2. Supervisory Tasks and Relationships in the Workplace
3. Assessment in the Workplace
4. Evaluating the Effectiveness of Supervision and Assessment in the Workplace.

In order to achieve professional accreditation students in the specific professions must be successful in the following modules

Profession	Modules to complete
Social Work	All
Community Nursing	All

Nursing & Midwifery (ENB 6590)	1 & 3
Occupational Therapy	1 & 3 Plus portfolio of evidence for accreditation
Physiotherapy	1 & 3

Methods

Learning and teaching methods include formal lectures and tutorials together with multiprofessional working groups and workshops. The former is intended to allow for collective discussion and can involve case studies, simulations, role-play and video. The workshops provide an opportunity to discuss practice.

Practice Experience

None is assessed, but students are encouraged to consider interprofessional learning opportunities when planning and facilitating their learner's work.

Assessed Work

Each module has an assessment task designed to test the student's knowledge and skills. The Assessment in the Workplace module requires students to complete an assessment of a learner whom they have taught. Key skills formed part of the learning objectives and assessment activities.

Application to government policy

The programme's philosophy is based on the belief that those receiving services from health, social care, education workers and students on courses leading to a professional qualifications, have a right to expect that these learners are taught by professionals skilled in teaching and learning.

Service User Involvement

None reported

Evaluation

The evaluation was conducted in two ways, first using module evaluation forms and second by means of a post hoc survey of previous students and their managers. Specific questions were put to students in the 1998 and 1999 cohorts regarding the multi-professional nature of the programme. Students completed a self-administered learning-styles questionnaire. Responses were tabulated according to key criteria including profession.

Findings

Students who found most difficulty with the interprofessional experience tended to

be those who had the least contact with other professions in their normal working environment. Community nurses and social workers were most positive. These students had to take all four modules but they are also more likely to work with a range of different professions on a daily basis.

Students reported that the key to interprofessional learning was the opportunity for discussion and debate with members of other professionals on the programme. An association was noted between those described by the learning-styles questionnaire as 'concrete' thinkers and their difficulty in transferring ideas and concepts within an interprofessional framework.

Future Prospects

The course team are considering the possibility of a distance learning delivery package for the first two modules to meet the needs of local health trusts.

6. Reading Primary Care Trust and Wokingham Primary Care Trust[34]

Responsible Organisations

Reading Primary Care Trust
Paxton House
57-59 Bath Road
Reading RG30 2BA

Wokingham Primary Care Trust
C/o Wokingham Hospital
41 Barkham Road
Wokingham RG41 2RE

Programme Title

Time for Improving Patient Services (TIPS)

Key Personnel

David Buckle	GP
Liz Disney	District Nurse
Breda Gibson	External Facilitator
Helen Hogan	GP
Judith James	GP
Ian Kemp	GP
Bobby Warner	Administrator

Brief Description

TIPS is a locally based, educational initiative which aims to provide protected learning and improved professional support for primary care and community based staff within the Reading and Wokingham PCT areas.

Programme Origins

TIPS was inspired by a similar scheme in Doncaster entitled TARGET (Time for Audit, Review, Guidelines, Education and Training). TIPS began by providing protected time for GPs. Other professionals were enabled to have time via their own development opportunities. A key focus of the educational function of this initiative was to provide a multi-disciplinary forum to enhance closer working relationships between primary and community care staff, primary and secondary

[34] This case study is based on information contained in the following documents:
Howkins, E & Buttigieg, M (2001) TIPS: Final Evaluation Report (Reading: University of Reading)

care, PCGs, local health trusts and the health authority. Ultimately the desire was to improve the services offered to patients and standard of care. Two TIPS launch days were organised, one for Reading and the other for Wokingham. An organiser from Doncaster, Dr Gary Dakin, made a presentation at each event to demonstrate the value of learning in improving patient care. The 300 hundred participants at these events were then asked to identify topics for subsequent sessions. The programme was then planned to roll out over the year (2000/2001).

Partnership

Reading Primary Care Trust
Wokingham Primary Care Trust
Reading Housing and Social Services Department

Professions Involved

General Practitioners
Practice Nurses
District Nurses
Health Visitors
Practice based management staff
Physiotherapists
Occupational therapists
Hospital managers
Hospital based specialist nurses
Voluntary group workers
Social workers

Approach to Interprofessional Education

The essence of this programme is the provision of work-based learning opportunities where the patient's needs and clinical environment remain at the heart of the learning process. The model is informed by Kolb's[35] learning cycle and in particular that aspect of the cycle that concerns learning in practice. The practice-based sessions showed, through evaluation, that learning had taken place and that there was in some instances greater awareness of different roles and appreciation of expertise across the primary care team. In the topic based sessions the amount of reflection on learning was variable mainly due to the quality of facilitation.

Aims and Objectives

Aim

[35] Kolb, D (1984) Experiential Learning: Experiences as a source of learning and development (London: Prentice Hall)

To provide protected time to establish an effective learning culture which improves patient services

Objectives:

To improve communications

- within primary care
- across the primary/secondary care interface
- with patients, social services, managers and politicians

Structure

The programme is run on a three-month cycle with two topic-based inputs and one practice based session. The subjects covered have included elderly care, cardio-vascular disease, diabetes, prescribing, personal and practice development plans and cancer. During each topic based session speakers provide input and an appropriate multidisciplinary activity arranged. These usually concern a question or problem to which all present can contribute solutions. For example, "what would you like to see on hospital discharge summaries?" or developing a strategy to prevent falls in the elderly.

The practice-based sessions provided an opportunity for all those involved in a practice to discuss learning arising from the topic-based sessions. Practices were encouraged to close to enable these activities to take place. Patients were kept informed of the reason for closure and emergency cover arranged.

Practice Experience

Practice based sessions had GPs, nurses, health visitors, students, practice managers, administration staff and other professional groups. The focus was on the practice and issues that concerned day-to-day activities.

Assessed Work

No individual assessment of learning was carried out.

Application to government policy

TIPS was designed to meet two broad policy initiatives as set out in the NHS Plan[36] i.e. education and training to ensure professional continue to practise safely and the encouragement of interprofessional and multidisciplinary working and learning.

Service User Involvement

[36] NHS (2000) The NHS Plan: a plan for investment, a plan for reform (London: The Stationery Office)

Topic-based sessions have user group representation in the form of a small display and afforded opportunity for colleagues to have informal discussion. Also, users sometimes lead workshops. At one topic-based session a diabetic service user made a presentation.

Evaluation

The evaluation was conducted by data collection on each session and on the experience of the whole year. This was done by the completion of a short evaluation form for each session, observations by an evaluator of each topic based session, an overall evaluation for the year, the holding of two multi-disciplinary focus groups, individual semi-structured interviews with the organisers, on going note taking by the evaluators and through a review of emails and other correspondence.

Findings

The evaluation demonstrated that participants welcomed the opportunity to network with other professionals. This included learning about what others do, working together to solve practical issues and acknowledging the expertise of colleagues regardless of their status. There was some evidence that the programme has led to changes in patient care through an overhaul of diabetic registers, the setting up of a cardiac clinic, the production of an in-house management plan for meningitis vaccinations, undertaking an internal re-organisation of the way the surgery is run and a team approach to coronary heart disease. Additionally, there was some evidence that communication had improved within primary care, and with secondary care and social services. The evidence for these claims is not quantified and is open to other explanations. But there was evidence that having protected time to learn based on practice issues was different from other learning events and the quality of the learning time was highly valued. Further support for this is being found in the telephone survey, which has just finished (November 2001), providing many examples of quality learning taking place in practice and directly related to improving patient services.

Future Prospects

The multi-professional protected learning scheme has now been running for two years. The numbers attending remain high, between 150 and 180 doctors, nurses, practice managers, allied health professionals and voluntary workers at each event. In response to practitioner request, the three monthly cycle has been changed to alternate months to ensure that there are more practice-based sessions. The co-operative cover arranged for doctors has been extended to include nurse cover, thus giving greater equity across professions. A telephone survey was carried out to all practices in regard to practice-based sessions. The results identified eight practices that did not run TIPS practice based sessions. An education programme using a facilitator was set up to help these mainly

single-handed practices with their educational sessions. In relation to the overall programme the level of multi-professional involvement has increased at all levels, in particular there is evidence of greater nurse confidence in the education sessions. In the coming year some more work will be undertaken to ascertain the improvement to patient care and the changes made in practice to bring about these improvements.

7. St George's Hospital/Kingston University[37]

Responsible Organisation

St George's Hospital Medical School (London University) together with Kingston University
Cranmer Terrace
London SW17 0RE

Programme Title

Common Foundation Programme

Key Personnel

Frank C Hay, Director, Common Foundation Programme

Brief Description

This 10-week programme is designed to meet the preparatory needs of healthcare students within a multidisciplinary environment, offering each professional group the opportunity to acquire certain generic abilities, knowledge and understanding from which to develop their discipline-specific skills and competencies.

Programme Origins

Originally St George's taught only medical students. Following the foundation of a joint Faculty of Health and Social Care Sciences (FHSCS) with Kingston University in 1996 there has been a significant increase in the range of healthcare professionals educated between the two institutions. It was recognised that there was a need for students in the different disciplines to learn about each other's professions and to work together from the start of their training.

Partnership

St George's Hospital Medical School, University of London

[37] This case study is based on information contained in the following documents: Correspondence from Val Collington and Frank C Hay

St George's HealthCare NHS Trusts,
Kingston University
A range of general practitioners.

Professions Involved

BSc Biomedical students
BSc Diagnostic Radiography students
Medical students (MBBS)
BSc Nursing students
BSc Physiotherapy students
BSc Therapeutic Radiography students

Approach to Interprofessional Education

The philosophy is based on the principle that interprofessional learning best takes place in small multidisciplinary groups carrying out activities related to those in the workplace. Problem based learning is constructed around clinical scenarios specially designed to demonstrate interprofessional issues. Tutors drawn from the same professional groups as the students facilitate the groups.

Anatomy and clinical skills are similarly taught in small groups. After a grand introductory lecture - the lecturer's profession varying with the body system e.g. for muscle a physiotherapist - followed by a session on soft tissue imaging led by a radiographer - the students break into small groups for work in the dissecting room, followed by small group work on clinical skills related to the muscular system. This pattern is repeated for each body system.

There are six disciplines represented on the course. To ensure an understanding of other health professional roles, sessions are included to cover the other subject areas such as occupational and speech and language therapists.

Other interprofessional areas covered in relevant small group work include ethics, communication skills and research and critical skills. Care is taken to ensure that problems are introduced to bring out interprofessional roles.

Aims and Objectives

The Common Foundation Programme is designed to meet the preparatory needs of students from a range of healthcare professions within a multidisciplinary environment. It offers the opportunity for each professional group to acquire certain skills, knowledge and understanding from which to develop their discipline-specific skills and competencies. The multidisciplinary context of the programme is expected to facilitate a collaborative interprofessional atmosphere where student groups can work together and begin to understand the different dimensions of other healthcare professional roles. The aim is to provide a

multiprofessional environment for the introduction of a broad range of topics common to the education of those working in health related areas and to familiarise students with the clinical environment and basic professional legislation of their chosen discipline.

Structure

The programme comprises a number of modules:

Orientation: introductions, using information sources, computing skills.
Self-directed Learning: Problem Based Learning sessions on multidisciplinary clinical scenarios.
Structure: Anatomy of the Clinical Examination, Dissecting Room, introduction to imaging.
Function: Fundamentals of Physiology, Muscle Systems of the Body, Tissue Types, Molecular and Cellular Basis of Health and Disease.
Therapeutics: Fundamental Pharmacology, the Autonomic Nervous System.
Patient Orientated Practice: Cardio-pulmonary Resuscitation, Patient Management, Communication and Clinical Skills, Behaviour and Health, Ethics and Law.
Clinical visits: Accident and Emergency, General Medicine Ward, General Practice, Physiotherapy, Radiography.
Evidence-based Practice: Research and Critical Skills, Age Illness and Disability, Nature and Nurture.

Practice Experience

Students are organised in small multiprofessional groups of two or three to visit an accident and emergency department, a general nursing ward, a local general practice and a physiotherapy or radiography department. While on these visits they report to named healthcare professionals. Objectives include:

Wards
- find your way from the medical school to the hospital wards
- name five different health professionals working on the hospital wards
- list three differences between typical surgical and medical wards
- explain the use of a TPR chart

General Practice
- appreciate the impact of chronic illness and disability on patients lives
- develop your interviewing skills
- understand the concept of the Primary Health Care Team and describe the roles of the various practitioners involved in caring for people with chronic illness

Assessed Work

Students are assessed in summative written examinations at the end of term covering all the themes of the programme with questions in proportion to the time spent on each theme and by Objective Structured Clinical Examinations (OSCE) and Objective Structured Practical Examinations (OSPE). OSCE and OSPE are practical examinations consisting of several 'stations' at which skills and knowledge are assessed against set criteria.

Application to government policy

Since the founding of the Faculty of Health and Social Care Sciences between St George's and Kingston University, interprofessional education has been a part of the strategic development of all the healthcare courses and informed by key policy documents[38]. A Multiprofessional Forum was established to provide a lead in this area both for education and research.

Service User Involvement

A Service Users Consultative Forum was established in 2000 as a result of partnership work with the Confederation and the NHS. The role of the Forum is to provide formal opportunities for public involvement in the design, delivery and evaluation of FHSCS programmes. The Forum has a lay chair, terms of reference and reports to the FHSCS Learning and Teaching Committee.

Evaluation Strategies

This is based on three approaches:

- Data regarding student attitudes to interprofessional education is collected by staff administered questionnaires probing the complete programme and in-depth analysis of specific components. A student led focus group is also used for data collection

- Staff attitudes are collected by a programme specific questionnaire and by application of the standardised *'Attitudes Towards Health Care Teams Scale'*

- Student performance data of common assessments is analysed

Findings

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[38] Kennedy, I (2001) Learning from Bristol: The Report of the Public Inquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995 (Cm 5207(1) London: The Stationery Office)
[38] DH (2001) Investment and Reform for NHS Staff: Taking Forward the NHS Plan (London: Department of Health)

The students were emphatic that they gained most insight into interprofessional working through the visits to interprofessional clinical sites. This has reinforced the view that further development must support interprofessional learning in the workplace and in simulated multiprofessional workplace settings.

The students agreed that interprofessional education was valuable. Many said that they had been able to make friends with students from other professions and that they found this valuable as well as the educational advantages.

Students felt that work in small groups was the most valuable with discussions during problem based learning sessions particularly mentioned.

8. University of Birmingham[39]

Responsible Organisation

Department of Social Policy and Social Work
University of Birmingham
Edgbaston
Birmingham B15 2TT

Programme Title

MA Community Mental Health

Key Personnel

Di Bailey Programme Director

Brief Description

This 180 credit Master of Arts is an integrated joint training programme for health and social care staff working with people with severe and enduring mental health problems, and for those service users who work or support people with mental health problems, whether in a paid or voluntary capacity. Lecturers contributing to this programme are social workers, psychologists, psychiatrists, occupational therapists, nurses and service users.

Programme Origins

In 1996 the NHSE for the region requested tenders to provide a multi-disciplinary postgraduate education programme for those who work with people with severe and enduring mental health problems in the community. The University of Birmingham was successful amongst those higher education institutions in the West Midlands eligible to apply. The MA in Community Mental Health began in September 1997 with an intake of 48 students. Four further cohorts have registered for the programme.

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[39] This case study is based on information contained in the following documents:
Barnes, D, Carpenter, J & Dickinson, C (1999) Birmingham University Programme in Community Mental Health: Emergent Findings from External Evaluation Team (Durham: University of Durham)
Barnes, D, Carpenter, J & Dickinson, C (2000) Birmingham University Programme in Community Mental Health: Progress report from External Evaluation Team (Durham: University of Durham)
Barnes, D, Carpenter, J & Dickinson, C (2000) 'Interprofessional education for community mental health: attitudes to community care and professional stereotypes' Social Work Education Vol 19 No 6 pp 565-584
Correspondence from Dianne Bailey, Programme Director
MSc Community Mental Health Programme Student Handbook

Partnership

A board is charged with the management of the programme. This is made up of:

- Senior staff from the academic departments of Social Policy and Social Work, Psychology, Psychiatry and Nursing at the University of Birmingham, senior staff from mental health trust and social services departments in the West Midlands region, service user representatives from user organisations or individual users who offer input and student representative.

- The NHSE for the region funds the programme. Each organisation whose students study for the MA is required to complete a Memorandum of Understanding which sets out the expectations of the student's Trust and the University.

Professions Involved

Nursing
Social Work
Occupational Therapy
Psychology
Psychiatry
Users
Others

Approach to Interprofessional Education

The Programme has a skills focus but recognises that the content and orientation of these skills should be delivered within a system which promotes joint working and involves service users and their families as integral players in the development of community mental health services for the future. To this end each session is delivered collaboratively with contributions from different disciplines including users. A key issue in achieving common learning across professions has been funding arrangements that allow mental health trusts to nominate staff from social services departments and the voluntary sector for the course.

Aims and Objectives

The aim is to is to improve the quality of community based care for people with severe and enduring mental health problems by providing an academic teaching and learning programme which promotes the development of workers' practice based skills in partnership with the Mental Health Trust. The multi-disciplinary activities are co-ordinated through the Interdisciplinary Centre for Mental Health.

The aim is not broken down into objectives but each module has aims and learning outcomes. The Programme subscribes to a vision of mental health services that is:

- active in ensuring anti-racist and anti-oppressive practice at all levels spanning education and training through to individual work, interpersonal relations and service planning and delivery, and

- postively values users of services as community members who have their own individual needs and strengths and abilities and have the right and responsibility to make their own personal decisions.

This vision is supported by a system of values that are designed to orientate all stakeholders. These are

- a focus on recovery and social inclusion
- support for families and peer networks
- user directed services
- best practice, and
- co-ordination and cost effectiveness

Structure and Assessed Work

There are ten modules as follows:

Module Title	**Academic Credits**
Foundation module: User Focused Assessment and Engagement Skills within the context of Modern Mental Health Care	20
Contemporary Approaches to Psychiatric Symptoms and Pharmacology	10
Psychological Interventions in Psychosis	10
User Participation and Self-Help	10
Working in Community Teams and Accessing Community Resources	10
Family Intervention	10
Advanced Assessments, Interventions and Decision-Making	20
Interagency Collaboration and Early Interventions in Psychosis	20

Cognitive Interventions for Psychosis	10
Research Methodology and Service Evaluation combined with Masters Dissertation	60

Practice Experience

Students' workloads form part of the learning and teaching material. In some instances supervision of work with service users is used, e.g. Cognitive Therapy for the Psychosis.

Application to government policy

The NHSE West Midlands is committed to bringing about real improvements in the quality of care for seriously mentally ill people in the region. To this end, it encourages strong team working within and across agencies and the valuing of service user's genuine involvement at every level. The funding of the Birmingham Community Mental Health Programme was one mechanism to achieve these aims.

Service User Involvement

The programme philosophy is based on a key set of values, which include the need for service user involvement in contributing to the planning, and implementation of mental health services including education and training for all staff. A key member of the staff team is a continuing service user. Service users also lead a number of module sessions, particularly the Foundation Module, User Participation and Self Help Module, Interagency Collaboration and Early Intervention in Psychosis Module.

Evaluation

This programme is being subjected to external evaluation funded by the NHSE West Midlands. This evaluation has concentrated on four aspect of the programme in the year to October 2000:

- Evaluation of the teaching programme, involving group discussions at the University with current students, and the completion of the Interprofessional Education Questionnaire by students at the start of the programme, at the end of their first and second years

- Measuring outcomes for service users, through an examination of students' use of standardised outcome measures

- All service users with whom student completes an outcome measure were

given a two-part questionnaire called the Service User Views and Empowerment Scale focusing on their views of the service and on their self esteem, optimism, community activism, righteous anger and power

- Assessing the implementing of learning, through visits to mental health teams that send students to the programme. During these visits students are interviewed, their manager and supervisor using a semi-structured questionnaire. Additionally all team members are asked to complete the Interprofessional Education Questionnaire in order to make comparisons between students and their colleagues

Outcomes

Students enjoy the multi-disciplinary mix on the programme and because the atmosphere is co-operative they report this as helpful to their learning about interprofessional practice. Some factors did appear to affect the outcome of interprofessional learning, including the size of the teaching group which affects how student interact with each other and whether the opportunities for interprofessional discussion and interaction are taken advantage of.

The external evaluation team's interim findings[40] suggest that professional attitudes about the attributes of the main mental health professions were resistant to change during the course of the programme. The team has understood this finding through the use of contact theory[41] that is concerned with inter-group encounters. They conclude that in many respect the programme was not originally set up to meet the variables associated with this approach. Greater use of exploration of differences between professions as well as similarities would probably be necessary.

Future Prospects

The programme is continuing but with the reconfiguration of the NHS regions into strategic health authorities a new wave of funding for the next intake through the confederations is being sought. A management pathway is also being developed. The final 5-year evaluation report is due out in January 2003.

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[40] Barnes, D, Carpenter, J & Dickinson, C (2000) 'Interprofessional education for community mental health: attitudes to community care and professional stereotypes' Social Work Education Vol 19 No 6 pp 565-584

[41] Tajfel, H (1981) Human Groups and Social Categories (Cambridge: Cambridge University Press)

9. University of Brighton[42]

Responsible Organisation

Faculty of Health
University of Brighton
Institute of Nursing and Midwifery
Westlain House
Village Way
Falmer
Brighton BN1 9PH

Programme Title

Shared Learning with the Faculty's Modular Framework Scheme

Key Personnel

Not known

Brief Description

Shared learning is undertaken in key pre-registration modules in a large undergraduate health modular scheme.

Programme Origins

The health modular framework scheme was set up within the Faculty of Health to enable shared learning to be undertaken more readily, to meet students' and potential employers' needs and to allow response to fluctuations in contracted student numbers while maintaining efficiency and flexibility. Shared modules were set up in part to facilitate multidisciplinary working once students were in the workplace.

Partnership

Not known

Professions Involved

BSc (Hons) Midwifery

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[42] This case study is based on information contained in the following documents:
Springett, K, Dawson, L, Wright, J & Stew, G (2001) Interim report-Evaluation of undergraduates' shared learning (Unpublished Faculty report)
Correspondence from Frances Basset, Institute of Nursing and Midwifery
Module Handbook: Management Studies: management issues for health care professionals

BSc (Hons) Nursing
BSc (Hons) European Nursing
BSc (Hons) Physiotherapy
BSc (Hons) Podiatry

Approach to Interprofessional Education

Shared learning is delivered over years 1, 2 & 3 by module teams drawn from the Institute of Nursing and Midwifery and the School of Healthcare Professions. Each covers a number of subject areas and learning and teaching approaches including:

Large groups
Small breakout groups
Action learning
Experiential learning
Group presentations,
Peer assessment,
Reflective practice and,
Critical thinking

For example in the Management Studies module students would meet together (175 in all) from across four professions (podiatry, physiotherapy, nursing and midwifery) for a whole group session designed to be as facilitative as possible by carrying out small group exercises and gaining the student's co-operation via a workshop approach. Having covered the theoretical stance of multi-professional team working in the large group, students then break into eight smaller multi-disciplinary groups. Typically, students might discuss professional tribalism and stereotyping.

Aims and Objectives

Each module sets out a range of aims and objectives.

Structure and Assessed Work

Modules are described as providing shared learning include:

Professional Issues Level 1,2 & 3
Research Methods level 1 & 2
Physiology
Management Studies: management issues for health care professionals. (This module was not included in the Interim Evaluation Report[43])

[43] Springett, K, Dawson, L, Wright, J & Stew, G (2001) Interim report-Evaluation of undergraduates' shared learning (Unpublished Faculty report)

Practice Experience

None reported

Application to government policy

The Faculty's programme of shared learning at undergraduate level was produced in support of a key government policy initiative[44] and other external perspectives[45]. Contracts with confederations of undergraduate student education and professional benchmarks require shared learning.

Service User Involvement

None reported

Evaluation

Three approaches are being used, semi-structured questionnaires of students administered at the end of the last 3rd year module, focus groups of staff and students and course and Faculty documentation. By triangulating data from the three sources it is hoped to improve the validity of the findings. At the time of writing this case study only the semi structured questionnaire results were known.

Outcomes

Emerging themes about shared learning identified through the evaluation of questionnaire findings suggest evidence of:

- Increased understanding of multidisciplinary work
- Awareness of other professional roles in practice
- Improved communication, though this was not strongly supported by student comments

A number of factors enhanced shared learning including:

- Continuity of lecturers
- Small groups
- Awareness of group needs

Factors, which hindered progress, included:

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[44] NHS Executive Education and Training Planning Guidance EL (95) 96 August 1995, Priority 5

[45] Finch, J (2000) 'Interprofessional Education and Team Working: a view from the education providers' BMJ 321 pp1138-1140
Miller, C, Ross, N, & Freeman, M (1999) The role of collaborative/shared learning in pre- and post registration education in Nursing, Midwifery and Health Visiting (London: ENB)

- Failures in communication
- Logistics
- Timetabling problems

A cautionary note was also reported by the evaluators regarding mature students who have life experience of different professionals and who appear to possess stereotypical attitudes towards different healthcare roles. The current undergraduate educational approach at the University of Brighton does not appear to have changed this view and in some cases may have hardened original opinions.

Future Prospects

The incorporation of significant themes (anti-discriminatory practice and user involvement) from the QAA benchmark statements has improved the content of this project, which is continuing. A new post graduate interprofessional degree has also been developed addressing the needs of older people and those with mental health problems and is based on the National Service Framework for Older People.

10. University of Central England[46]

Responsible Organisation

Faculty of Health and Social Sciences
University of Central England
Perry Barr
Birmingham
B42 2SU

Programme Title

PG Dip/MSc Collaborative Community Care and Primary Care

Key Personnel

Helen Gorman

Brief Description

The part-time programme provides learning opportunities for students who are engaged in practice and who wish to use this experience to inform and further develop and utilise theory in order to improve partnership working and the local delivery of health and social care services.

Programme Origins

The origins of this programme date back to 1992 when the then Birmingham Polytechnic validated a masters degree in Collaborative Community Care. This degree was subject to re-validation in 1998 when its title changed to the one currently used. The last intake of students was in 1999.

Partnership

Representatives from Local Authorities and Health Trusts attended Course Boards of Studies meetings on a regular basis throughout the programme. The course is approved for the Advanced Award in Social Work through the West Midlands PQ Consortium.

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[46] This case study is based on information contained in the following documents:
Correspondence from Helen Gorman, including extracts from her PhD thesis
Gorman, H (1993) An exploratory Study of Interest in Post Qualification Courses in Community Care (Birmingham: University of Central England)
Programme Handbook 1998/99
Programme Definitive Document, June 1998.

Professions Involved

Social Work
Nursing

Approach to Interprofessional Education

In order to develop positive collaborative practice, students are exposed to a wide variety of teaching methods and are encouraged to assess the relative effectiveness of different methods in facilitating learning. The Special Area of Study module comprises a group project where each student is required to collaborate with the others in order to complete the task. Such tasks might include:

- Developing methodology for the assessment of frail older people
- Care management and mental ill health, care planning following discharge from hospital.

Self-assessment, peer assessment and tutor assessment are all employed each which refer to aspects of collaborative practice

Aims and Objectives

Aims

a) to provide an interdisciplinary learning environment for reflective analysis of policy, practice and management in community care and primary care.

b) to enhance the practice and management of community care and primary care.

c) to acknowledge the strengths and concerns of learners coming from different occupational and personal cultures and to offer a learning approach based on experience, reflection on practice, and critical evaluation which will facilitate personal and professional development, thus in turn enhancing the well-being of fellow citizens.

Students are able to register for a PG Diploma or Masters Route.

Objectives

By the end of the Diploma, students will be able to

1 understand and critically evaluate the contested theoretical and strategic frameworks of community care from a variety of sources, and their application in practice.

2 show a critical appreciation of the developing nature of community care and primary care and the diversity and similarities in the management and delivery of community care and primary care practice.

3 understand the nature of citizenship and discrimination as it relates to assessment, service planning, service delivery and the monitoring and evaluation of community care and primary care, and be able to develop strategies for the promotion of non-oppressive practice.

4 systematically evaluate the effectiveness, economy, efficiency, equity and empowerment of the planning and delivery of community care and primary care in relation to the student's own practice and the practice of others in the context of accountability and finite resources.

5 delineate, interpret and operationalise in a dynamic way the role of the practitioner/manager in community care and primary care in her/his own work setting.

6 work effectively in an inter-disciplinary setting and show an understanding of the dynamics of interprofessional working and the outcomes in terms of consumer service.

7 develop a high level of pro-activity in relation to the processes of a change and its management, including a responsibility to manage conflict.

8 act as a consultant and provide leadership in developing collaborative community care and primary care, which enhances the lives of users.

By the end of the Masters Route, the student should be able to

- successfully complete an independent research dissertation, which both incorporates perspectives developed in the Diploma Route and develops in a creative and critical manner a body of theory and research within a specific area of collaborative community care and primary care.

Structure

Nine modules each of ten credits as follows:

Concepts and Frameworks in Community and Primary Care
Social & Policy Analysis
Care Management (Policy, Structures and Practices)
Special Area of Study (Interdisciplinary Unit)
Critical Perspectives in Community and Primary Care
Evaluation in Community and Primary Care
Inquiry and Research Methods

Project Inquiry in Community and Primary Care
Organisations and Change

A 30-credit dissertation makes up the remainder of the degree programme

Practice Experience

No formal placements. The course makes use of participants' current and past practice experience through a reflective diary that links theory to practice. This forms part of the learning approach taken in certain modules e.g. Concepts and Frameworks.

Assessed Work

Each module is assessed through the use of a written assignment, except for the Special Area of Study. Students are assessed through their contributions to a group collaborative project.

Application to government policy

This programme attempts to address the plurality of provision generated by community care legislation and the need for partnerships in service delivery required by the New NHS[47].

Service User Involvement

Not on a regular basis. Taught sessions have included service user contributions.

Evaluation

The evaluation is centred upon student's subsequent work experience. A survey was used to gain general data from participants who had graduated from the programme on what they do in their role as care managers, how these tasks are performed and the skills they require to carry out their work. Data gathered from this survey was used to aid a focus group discussion of alumni. Analysis of data gathered through the focus groups were made by using QSR NUD*IST.

Findings

On the basis of the above there appeared to be a transfer of learning from the programme to practice. In particular, alumni were able to identify particular knowledge and skills which were learnt on the programme and which were required in practice. These included:

[47] DH (1997) The New NHS: Modern.Dependable (London: Stationery Office)

Reflective analysis
Critical evaluation
Negotiation
Collaborative working
Conflict management
Self-management
Management of Other
Evaluation and research

Alumni valued the interdisciplinary learning provided by the programme and could point to the transfer of skills between health and social care roles.

Future Prospects

The programme is no longer available but what was learned has benefited a new initiative based in the School of Nursing where an MSc in Primary Care was offered for the first time in Sept 2002.

11. University of Derby[48]

Address of Responsible Organisation

School of Health and Community Studies
University of Derby
Mickleover Site
Chevin Avenue
Mickleover
Derby DE3 5GX

Programme Titles

BA (Hons) Applied Social Work (incorporating Diploma in Social Work)
BSc (Hons) Diagnostic Radiography
BSc (Hons) Occupational Therapy

Key Personnel

Peter Becket (Assistant Dean - Academic)
Marg Foster (Programme Leader for BSc (Hons) Occupation Therapy)
Geoff Glover (Subject Manager for Radiography)
Carol Lloyd (Subject Manager for Occupational Therapy)
Isabel Jones (University Principal Tutor and Co-ordinator of Social Work/OT Project)
Gordon Masson (Programme Leader for BSc (Hons) Applied Social Work)
Chris Moore (Subject Manger for Community, Youth and Social Work)
Maggie Summerlin (Programme Leader for BSc (Hons) Diagnostic Radiography)

Brief Description

The University of Derby undertook a Central Council for Education and Training in Social Work (CCETSW) and College of Occupational Therapists (COT) funded pilot project in 1997/98, which involved 90 OT, 30 social work and 30 radiography students. Areas covered included critical issues, problem solving, reasoning and ethics, using case studies and communication. Translators were provided for service users whose first language was not English. The sharing of value bases was identified as crucial to developing multi-disciplinary approaches

The programme built on the good practice between Occupational Therapy and Diagnostic Radiography which had formal shared teaching and learning at level 1 and 2 from 1994. The success of the social work/OT project resulted in jointly validated modules included in occupational therapy and radiography programmes from September 2000 with part inclusion of social work after

[48] This case study is based on information contained in the following documents: Correspondence with Peter Becket

revalidation for 2001. Further development has taken place in relation to postgraduate interprofessional education for clinical/practice supervisors and lecturers due to commence in September 2002.

Programme Origins

As indicated above, a successful application to CCETSW/COT based on desire within the subject areas to move forward with shared learning. This enabled the development from good practice in Occupational Therapy and Diagnostic Radiography, which had received positive student evaluation.

Partnership

All programmes involve at Programme Committee level profession representatives from local Trusts and employers. There are also specific mechanisms for consultation with clinical/fieldwork education placement providers. The social work programme is managed through the auspices of a Management Committee involving four Social Services Departments and the University.

The provision recognises the requirements of the respective professional bodies.

Professions Involved

Occupational therapy, radiography, social work

Approach to Interprofessional Education

Establishing a curriculum model in order that the programmes participating in shared learning can relate to this not only for generic modules but the whole programme. As reflective practice is an essential skill for all professionals this forms the basic design tool based on the work of Gibbs[49]. Programme Leaders undertook detailed planning in conjunctions with Module Leaders and staff teams. The Programme leaders identify aspects of the curriculum and possible timing, and then the Module Leaders and individual lecturers plan the specific sessions. Often the same people are involved in different roles. The process requires interprofessional working between the staff teams to plan curriculum delivery. A process of staff development is organised to enable focus on shared learning. Staffed are paired/grouped to build relationships, to ensure sessions balance and to give the professions equal emphasis for the student cohorts to identify with.

Aims and Objectives

[49] Gibbs, (1998) Learning by doing: A guide to teaching and learning methods. FEU

To carry out a one-year pilot programme under the direction of an internal School Steering Group reporting to CCETSW/COT. Delivery was planned to take place across all levels of the programmes.

Structure and Assessed Work

Following the implementation of the social work/OT project with its emphasis on critical issue problem solving, communication and reasoning the following three shared learning modules were developed and validated for operation in September 2000 for Diagnostic Radiography & Occupational Therapy.

Level 4 Foundations of Professional Practice. To develop transferable skills emphasising communication and teamwork in relation to safe practice with service users
Assessment:
Workbook demonstrating essential skills necessary for safe practice including effective teamwork and presentation study skills applied to different professional groups.

Level 5 Research in Professional Practice (incorporated with social work). The principles of ethical research and investigative skills as part of professional teams.
Assessment:
Demonstration of ability to apply research principles and work collaboratively in jointly planning a research project.

Level 6 The Effective Practitioner. The understanding of professional roles in contemporary health and social care practice and the transition to a competent and accountable professional in staff teams.
Assessment:
Critical evaluation of personal professional development. Reflection, strategy identification and development plan in context of interprofessional development and professional accountability.

Method

Cohorts are divided in to groups of 40 students taking into account the number composition of each profession to enable a balanced representation. Within this structure lead inputs are followed by small group work again with group composition planned for representation.

At level 1, students are involved with an introductory session followed by three teaching sessions spread over 4 weeks. There is also the combination of level 1 Social Work and Level 2 OT focus on mental health and ethnicity. Learning is related to practice experience. At level 3, there is an exchange of teaching staff across the programmes.

Practice Experience

Although the social work/OT project did not include shared practice placements the programme structure and assessed work enabled discussion and reflection on professional practice and the implications for interprofessional practice. This was based particularly on feedback from participating students.

A key aspect that has evolved is the development of the common learning structure for the PG Certificate in Interprofessional Teaching, Learning and Assessment for clinical/fieldwork educators and practice teachers. This provision will provide support for the delivery of common learning through interprofessional and shared placements. This development also incorporates the Nursing subject area and builds on strengths relating to practice/clinical educator alongside those demonstrated in social work.

Application to government policy

Supports themes identified in Investment and Reform for NHS staff - Taking Forward the NHS Plan[50]. Enabling of interprofessional learning commencing at undergraduate level with focus on transferable skills. The development has been utilised as a foundation for CPD including a specific focus on common learning to prepare and develop placement educators and supervisors.

Service User Involvement

Case study material is used to illustrate practice and application for interprofessional working within organisations.

Evaluation

The initial social work/OT project was evaluated in accordance with the criteria specified by the commissioning organisations relating to the planning and delivery of shared learning. The Steering Group identified the following key criteria: relevance, effectiveness, efficiency, impact and sustainability.

The evaluation methodology was based from an action research perspective[51] and drew on both qualitative and quantitative approaches. Emphasis was placed on a longitudinal approach so that the response to change could be traced through different sets of information. All staff were incorporated into the evaluation process.

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[50] DH (2001) Investment and reform for NHS Staff-Taking Forward the NHS Plan (London: Stationery Office)

[51] Hart, E and Bond, M (1995) Action Research for Health and Social Care (Buckingham: OU Press.)

Open interviews, which were tape recorded and transcribed, were carried out with staff before and after the planned sessions. The aims were to ascertain individual perceptions of both planning and implementation of shared learning. The interviews were initiated with a standard question followed by probe questions.

Focus groups were carried out with the separate student cohorts. The groups were held before and after the main sessions and were tape recorded and transcribed.

An attitudinal tool was also developed and piloted. The tool contained questions on both the students' general attitude to interprofessional education and to the specific session itself. A Likert scale was employed to enable the application of both descriptive and internal statistics. This survey tool was distributed to all students after a session and collected later.

Data analysis included qualitative analysis and a numerical and qualitative analysis of questionnaire data. A triangulation of student results was based on attitudes to IPE, satisfaction with teaching and learning, and attitudes to other professions.

Findings

Outcomes of social work/OT project

i. Results could be seen within a framework defined by main themes. The majority of these were relevant to both staff and student groups. Some additional themes were also present for staff.
ii. The shared themes included teaching and learning/shared curriculum, values, practice and professional issues, and attitude to interpersonal learning, interprofessional links.
iii. Additional themes for staff were planning and organisational issues.

The triangulation demonstrated a positive response to IPE including a desire for continuation. Small group work was valued alongside satisfaction with session preparation and delivery. Desire was expressed to have more initial introductory time to enable development of working relationships. This was seen to support different amounts of experience of areas before entering the programme and the need to further explore the value base of professions.

The latter reflects the need to ensure the preparation of student groups so that theoretical and philosophical common ground can be made. Students identified an increased interest in, and reference to, the importance of working together and teamwork and the overlap of social work and occupational therapy practice.

Outcome developments

The requirements of common learning for CPD are increasingly addressed through the establishment of a Post Graduate Framework, which became operational in January 2001. Core modules now include research in organisational contexts.

Future Prospects

To support the development of IPE one of the Subject Managers in the School has the role of IPE Co-ordinator. This role has a focus on the operational issues relating to IPE within the School, assisting subject teams and liaising with the School Quality Manager in relation to vocational, Pre-Registration, CPD, and co-ordinating responses to support implementation of IPE.

The IPE Co-ordinator supports the School IPE Development Group. Within this forum planning has taken place for the co-ordination of shared learning days across OT, Radiography and Social Work (one a term) for the shared modules at each phase of the programmes. Additionally the three pre-registration programmes are adopting a common portfolio module at each phase of the programmes. Currently the utilisation of an electronic log is under consideration. A key future focus will be the development of shared clinical learning opportunities and the utilisation of a clinical skills laboratory.

The PG Certificate in Mentoring, Learning and Assessment (ENB/NMC approved, with PQ Advanced Award Credits for Social Work) successfully recruited in September 2002 with nursing and social work participants. The TDLB Awards are overlaid to provide congruence with national occupational standards. The programme supports common learning through practice and the evolving of shared placements.

The University has been commissioned to deliver Pre-Registration Nursing from January 2003 and it is expected that there will be a development of learning sets with other pre-registration areas and well as opportunities for multi-disciplinary clinical learning environments.

12. University of Leeds[52]

Address of Responsible Organisation

Faculty of Medicine, Dentistry, Psychology and Health
School of Healthcare Studies
Baines Wing
University of Leeds
Leeds LS2 9JT

Programme Title

Multiprofessional Clinical Workshops

Key Personnel

Trudie Roberts
Claire Hale
Julie Sowter
Jill Thistlethwaite
Margaret Lascelles
Penny Morris
Patsy Stark
Sue Kilminster
Margaret Ward

Brief Description

A programme team was set up in November 2000 to consider a model for interprofessional education about teamworking and interprofessional communication. Terms of reference for the group and generic aims were developed. Funding was sought and obtained. Clinical scenarios were developed to reflect issues raised by a questionnaire to previous graduates in each discipline. The scenarios were:

(a) Drug information query
(b) Patient with acute confusion
(c) Breaking bad news

A blueprint was devised to plot specific learning objectives for each workshop.

Participants were recruited from each discipline by letter and posters as follows:

- 10 Nurses due to graduate in January 2002
- 10 Pharmacists graduate pre-registration students

[52] This case study is based on information contained in the following documents: Correspondence with Margaret Lascelles

- 10 Pre-registration house officers

While the nurses and pharmacists' attendance at the workshops was 90%-100% the maximum number of doctors at each workshop was 3 (30%).

A key feature of the programme was the use of experienced simulated patients. They assisted the facilitators in the development of the workshops and provided valuable feedback to the participants.

Programme Origins

Initial discussion commenced in 1998 about working together within the Faculty, particularly between Nursing and Medicine. The programme developed as a result of key individuals identifying appropriate areas that could be developed for interprofessional learning.

Partnerships

Staff in the School of Healthcare Studies work with others in the School of Medicine to develop and design materials for the workshops. In addition it was important that this partnership was evident in the facilitation of the workshops. The programme is supported by funding from the West Yorkshire Education and Training Consortium.

Professions Involved

Medicine, Nursing and Pharmacy

Approach to Interprofessional Education

Students are provided with the opportunity to act out real life scenarios. They are encouraged to reflect on their skills and attitudes and are given feedback from peers, facilitators and most importantly simulated patients. The increasingly demanding workshops aims to give participants confidence in trying out new experiences and support for their efforts.

Aims and Objectives

Aims

- to establish a forum to effectively deliver multiprofessional learning and teaching for health professionals
- to consider the potential strands for collaboration – "hard" and "soft" skills
- to provide opportunities to work together in real life scenarios
- to develop a committed & effective group of tutors/facilitators

More specific learning aims are collated as a blueprint for each workshop. See Appendix 1.

Structure

Three half-day workshops took place in September and October 2001. Two parallel sessions were conducted each with 3 facilitators reflecting the professional groups of participants.

Prior to the first workshop issues about confidentiality and the rules of feedback were discussed and written consent obtained for video recording of the sessions and for wider dissemination.

Workshop 1: Each of the two groups was further divided into small sets with members of each profession to discuss the scenario. The outcomes were then acted out and discussed in the larger forum. Reflection and feedback were integral parts of the workshop.

Workshop 2: A simulated patient performed a role of being confused. Several nurses and pharmacists were involved during the workshop acting out the roles, while the small number of doctors attending meant that only 1 doctor participated in each group. All members of the group contributed to the discussion and feedback.

Workshop 3: Two simulated patients acted out the roles of patient and relative. Again several, nurses and pharmacists performed aspects of the scenario but only one doctor. There was the opportunity to re-run the consultation several times to give participants the chance to try out various strategies. All participants contributed to the feedback.

At the end of the workshop general feedback about the whole programme was invited.

Methods

The workshops took place within a simulated ward environment with 30 participants divided into two groups of 15 (*planned* 5 from each profession) to enhance small group learning. It was important that the participants were comfortable with the group and therefore the same group of participants and facilitators were retained throughout the programme.

The use of simulated patients was crucial to the programme to provide credible clinical scenarios, give feedback in and out of role and to support the facilitators. The participants found this to be one of the most important strategies of the programme. The workshops were video recorded to provide feedback to facilitators and to utilise as a teaching resource.

After each element of the scenario the individual participant who was acting the role was asked to reflect on his/her performance. The group was also invited to contribute as well as the simulated patient and facilitator.

Practice Experience

All students were in clinical practice placements during the workshops. This enabled them to link this learning to practice. The workshops took place within the clinical skills facilities in one Trust.

Assessed Work

These workshops provided formative work for the students to complement their clinical practice experience.

Application of government policy:

The NHS Plan[53] clearly identifies the need to examine opportunities for interprofessional learning. The QAA 2001 benchmarking statements[54] highlight areas of common learning for health professions. In addition, Shifting the Balance of Power[55] identifies opportunities to enhance learning together with changes in funding arrangements. The National Audit Office[56] stresses the importance of partnership working to improve the quality of care for patients/clients.

Service User Involvement

Service users were utilised as simulated patients to enable students undertaking the workshops to understand and reflect on their communication and team working skills. The users were involved in the preparation and facilitation process to enable core skills to be addressed in the workshops.

Evaluation

A specialist researcher is evaluating the programme using action research methods. The strategy for evaluation of the pilot included:

- Short interviews with facilitators before and after the workshops
- Written notes from the first workshop where group discussion was initiated to establish a baseline for participants' understanding of IPE and expectations about the workshops

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[53] DH (2000) The NHS Plan-A Plan for Investment, A Plan for Reform (London: Stationery Office)
[54] http://www.qaa.ac.uk/crntwork/benchmark
[55] DH (2001) Shifting the Balance of Power: Securing Delivery (London: Department of Health)
[56] National Audit Office (2001) Education and Training: The Future Health Professional Workforce. Developing the Partnership (London: NAO)

- Opportunities at each workshop for participants feedback to the researcher
- Interviews with simulated patients after the workshops
- Observation by the researcher of one workshop each week (the other workshop was videoed for later analysis)
- Analysis of contemporaneous notes taken at all workshops
- Telephone or face to face interviews with the participants approximately 2 months after the workshops

Findings

Initial evaluation indicates that the participants found the workshops very useful. Comments included:

- The unique experience of receiving feedback from experienced SPs
- Better understanding of other professionals' roles
- Dispel assumptions made about other professionals
- Led to immediate change in aspects of practice for some

The facilitators gained experience in working with simulated patients and with each other. The programme overcame potential overt and covert barriers including funding, timetabling, segregated facilities, perceived relevance and professional identity and hierarchy.

The evaluation is still taking place and is due to be completed in January 2002.

Future Prospects

The project is continuing this year 2002/2003. A review of the evaluation has taken place and will inform the implementation of the scenarios.

13. University of Liverpool[57]

Responsible Organisation

University of Liverpool
Duncan Building
Liverpool
L69 3GA

Programme Title

Foundation Course in Health Care: Learning to Work Together in the NHS

Key Personnel

Pauline Alexander Director of Studies

Brief Description

Twenty-eight undergraduate degree students from seven health care professions took part in a two-day pilot programme to explore professional roles and clinical problem solving using a theme-based approach. All students were in their final year, i.e. year 5 medicine and dentistry, year 3 for the rest. Learning from the pilot programme has informed interprofessional education in the Faculty.

Programme Origins

A multiprofessional-planning group of Department Heads planned and organised the workshops in response to national need[58] and local opportunity. The University of Liverpool provides degree level education to a wide range of health care professionals.

Partnership

None reported

Professions Involved

Occupational Therapy
Orthoptics
Therapeutic Radiography

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[57] This case study is based on information contained in the following documents:
Parsell, G, Spalding, R & Bligh, J (1998) 'Shared goals, shared learning: evaluation of a multiprofessional course for undergraduate students' Medical Education Vol 32 pp 304-311

[58] DH (1989) Caring for People (London: HMSO)

Nursing
Physiotherapy
Medicine
Dentistry

Approach to Interprofessional Education

The approach taken recognises experience derived from a range of sources on adult learning and which are summarised by the following principles and which were incorporated into the course:

- detailed planning and organization involving all stakeholders (steering group: timing, programme, location, student selection)
- integration of theory with practice and relevance to work (content: task-based, problem-oriented)
- interactive student-centred learning activities (process: small-groups, discussion and debate)
- teachers as role-models for multiprofessional working (experience, status and prestige)
- establishment of a comfortable learning climate (both physical and emotional), and
- thorough evaluation for research and further development (before, during and after the course)

Aims and Objectives

Aim

To provide an awareness of some of the multiprofessional issues students will experience as practitioners working in the National Health Service.

Objectives

- to provide opportunities to debate issues relating to working in the NHS to
- to explore learner's attitudes and concerns towards each other as professional practitioners through appropriate activities
- to relate more effectively to colleagues from other professions through an increased understanding and awareness of their roles and responsibilities, and,
- to recognise the involvement and priorities of other members of a multiprofessional team

Structure

Students were allocated to a multiprofessional group of seven students, in which they remained throughout the course. Group activities were open-ended tasks

that allowed each student to make a contribution. There were opportunities for whole-group discussion and a small amount of formal input by key speakers to provide a wider health care perspective. To achieve the course objectives four main activities were provided and facilitated by experienced multiprofessional practitioners:

- Multiprofessional issues and concerns in the NHS. Two keynote talks provided an NHS perspective on multiprofessional team working and patient needs, and discussed some of the ethical issues that may arise in practice.

- Understanding other professionals' roles. Using a 'talking wall' technique, flip-chart sheets were wall-mounted and headed with the name of each profession represented in the small multiprofessional groups. Students added their role perceptions to each list except their own. Each student then discussed their own sheet in the presence of a facilitator, thus correcting misconceptions and adding further information.

- Integration of theory into practice and relevance to work. Students were set one of four case-based tasks within their single professional groups (four medical students, for example), followed by their multiprofessional groups. *The tasks required them to work as a multiprofessional team*, enabling them to compare the differences between adopting a single and multiprofessional approach to the same problem and to identify the range of professionals and approaches needed to manage the case. Cases were selected by the multiprofessional planning team to ensure that each student could use prior learning to contribute to group discussions. Each group had an observer present but discussions were group-controlled and managed. The whole-group discussions centred on issues relating to a patient-centred approach to care, being sensitive to other professionals' values, communication barriers, and the crossover and over-lap of professional roles. The difference in the use of professional 'language' was also raised.

- Teachers as role models. Contributors from a variety of backgrounds including dentistry, nursing, medicine and NHS management provided current perspectives on multiprofessional working in the NHS and facilitated small-group activities.

Practice Experience

None reported

Assessed Work

No formal assessment of participants' learning was conducted.

Application to government policy

This initiative recognises the changing nature of contemporary health care where many professionals and agencies have involvement with patients and service users. It further recognises that professionals must be adaptable, flexible, competent communicators who are able to work collaboratively in multidisciplinary teams where there is a shared understanding of goals to increase efficiency and effectiveness.

Service User Involvement

None reported

Evaluation

The course format, content, learning methods and organisation were evaluated using pre- and end-of-course questionnaires to participants and by the use of a post-course follow-up 6 weeks later. The first and third questionnaire contained 10 knowledge and attitude statements related to individual professions requiring a true/false response. The remaining items were a mix of closed and open questions. The response rates were all 100%. To enable changes over time to be identified students added a personal identifier to each questionnaire.

Findings

In respect of some of the attitudes of course participants, the following was noted.

- Multiprofessional issues and concerns in the NHS: Despite the interactive discussions that followed these talks, these more formal sessions proved less popular with students than group-based activities.

- Understanding other professionals' roles: In the post-course questionnaires, comments made by individual students showed that a 'greater sense of openness' was promoted by 'an increased understanding of the range of skills' and that 'many skills were common to several professions'. The technique of the 'talking wall' also allowed students 'to promote the diversity' of their own profession, as well as 'understanding that of others', and realized 'the depth and breadth of knowledge and skills needed by other professions'.

Evaluated data suggests that course participants increased their knowledge and understanding of different professionals roles. The evaluators concluded that subjective evidence collected suggested that participants' attitudes and perceptions were also changed through increased awareness of the priorities and involvement

of other professional groups in patient care. A range of themes emerged from participant discussion regarding multiprofessional working in the NHS:

- Greater openness in communication
- Perspectives of other professionals
- Increased knowledge of range of skills of others
- Self-questioning of personal prejudice and stereotypical views
- Need for sensitivity towards other professionals and their values
- Awareness of distinct diagnostic perspective of other professionals
- Teamwork skills needed for patient problem-solving
- Communication between professions as a barrier to working together
- Which professions work more in teams than others
- Understanding roles and responsibilities
- Opportunities to meet others not normally part of clinical placements
- Awareness of areas of cross-over and overlap in knowledge and skills
- Differences in professional 'language'

14. University of Plymouth[59]

Address of Responsible Organisation

Institute of Health Studies/ Faculty of Human Sciences,
University of Plymouth,
Drake Circus,
Plymouth PL4 8AA

Programme Title

Regional Interprofessional Education Project (University of Plymouth Mental Health Project)

Key Personnel

John Rawlinson	(Subject Advisor Mental Health)
Sam Regan de Bere	(evaluation)
Michael Sheppard	(Project Director)
Mary Watkins	(Associate Dean, Health and Social Care)
Stuart Williams	(evaluation)

Brief Description

The focus of this programme is on people who have severe, enduring mental health problems. In particular, it is concerned with their primary care needs. The programme is directed at improving the skills required to work interprofessionally with them. This interprofessional work is considered to have beneficial effects on the empowerment and autonomy of users and carers.

Programme Origins

See earlier comments at the beginning of the case studies

Partnership

Cornwall and South Devon NHS Trust
Somerset and North Devon NHS Trust

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[59] This case study is based on information contained in the following documents:
Correspondence from Sheila McCann
Annandale, S, McCann, S, Natrass, H, Regan De Bere, S, Williams, S & Evans, D (2000) 'Achieving health improvements through interprofessional learning in south west England' Journal of Interprofessional Care Vol 14 No 2 pp 161-174
Evaluation Progress Report to Collaborative, November 2000
Evaluation Progress Report to Collaborative, March 2001

Institute of Health Studies
Department of Social Policy and Social Work, and
Postgraduate Medical School at the University of Plymouth
Far South West Training Consortium of Social Services

Professions Involved

Nurses (including general nurses, mental health nurses, learning disability nurses)
Social Workers
Occupational Therapists
Doctors
Users
Carers
Project Workers
Managers

Approach to Interprofessional Education

The Plymouth programme utilises a variety of approaches to interprofessional education, as well as a number of different teaching methods. Whilst these were originally developed around the requirements of different stage modules, and the varying needs of students and service users/group representatives, the diversity of methods employed affords some insight into "what works and what doesn't" in interprofessional mental health education. These insights will be presented in the final report at the end of the programme.

Plymouth curriculum developers took two broad approaches:

- teaching principles of interprofessional learning in relation to collaboration and mental health care provision and
- teaching evidence-based mental health curriculum issues interprofessionally

M Level: Aims at achieving improvements through interprofessional education, with the emphasis on developments in collaborative working practices in current mental health care.

Level 3: Clinical modules are presented to an interprofessional cohort, with project work.

Level 2: Aims at teaching collaborative community mental health care, with an emphasis on interprofessional education and increased interaction between pre-qualifying nurses and social workers.

Clearly, the emphasis on interprofessional education differs between these levels. This allows the evaluation team to make comparisons between different

approaches, and enables curriculum developers an element of flexibility in relation to addressing student needs.

Aims and Objectives

- to provide a basis for interprofessional education and practice
- to encourage evidence-based practice and Continuous Quality Improvement in service delivery
- to achieve the correct balance between specialism and generalism in the education of the professions concerned

Structure and Assessed Work

The programme developed in three stages with modules validated by the University of Plymouth and spread over three levels of interprofessional education, as follows:

Stage 1: M Level
Interprofessional Mental Health Course
Two 20 credit modules:
1) Collaborative Community Mental Health Care
2) Evidence Based Mental Health Practice

Collaborative practice with service users and between professionals and agencies are the central theme for this course. Taught skills include working both independently and collaboratively, with programmes based on improving collaboration in practice

Stage 2: Level 2 and 3 (post qualifying)
Two 20 credit modules
1) Working with people with a diagnosis of post Personality Disorder
2) User Involvement:
Clinically focused modules aimed at securing quality improvements in mental health care.

Stage 3: Level 2
Collaborative Community Mental Health Care:
Having agreement in principal in relation to the module, developments focuse on the practicality of bringing groups of social work and nursing students together. The agreed module was developed around the National Service Framework for Mental Health[60] and the application of the Modernised Care Programme Approach[61]; key initiatives in mental health and social care and emphasised inter-

[60] DH (1999) National Service Framework for Mental Health (London: The Stationery Office)
[61] NHS Executive and Social Services Inspectorate (SSI) (1999) Effective Care Co-ordination in Mental Health Services: Modernising the Care Programme Approach. (London: Department of Health)

disciplinary working

Methods

M Level: Formal lectures and seminars, guest lectures and action learning set projects.

Level 3: A series of lectures, seminars, workshops, guest lectures and action learning sets (and, for the User Involvement module, a visit to a user led work placement and rehabilitation unit).

Level 2: Formal lectures and seminars, interactions with clinical staff, service users and carers, small group discussion and experiential work.

At M Level and Level 3, traditional lectures are supplemented with the development of action learning sets[62]. These action learning sets involve groups of participants who work collaboratively in the development of programmes that are informed by both academic knowledge and practical evidence, the ultimate aim being to facilitate the use of educational knowledge in the conduct of practice.

Alongside the main programme planning, facilitators (including 'designated' and 'shadow' facilitators) were assigned to the various action learning sets. Groups comprise individuals representative of three core professional backgrounds: medicine, nursing and social work. Facilitators, with considerable experience of action learning sets, are responsible for selecting and guiding discussion and facilitating projects.

The Plymouth approach to action learning is distinct from that adopted by other Local Implementation Teams (where action learning is focused on team-based programmes), in the sense that students are required to complete their own individual projects, learning from reflective practice and the contributions of other group members. Working alongside group facilitators, students are able to draw on the viewpoints of other professionals in establishing an understanding of problems in their own practice situation, clarifying objectives, defining desired outcomes and planning necessary action. The involvement of service users serves to enhance this experience.

To date there has been little emphasis on models of quality in health and social care training[63]. The Plymouth Programme has applied a Continuous Quality Improvement (CQI) model to teaching and action learning; however, the emphasis on CQI has differed between the three stages of programme development. M Level modules involve the incorporation of explicit improvement methods in

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[62] Weinstein K. (1998) Action learning: a practical guide (London: Gower)

[63] Speroff T., Miles P. and Mathews B. (1998) 'Applying the Dartmouth Clinical Improvement Model to Community Health' Journal on Quality Improvement Vol. 24 (12) pp 679-703

teaching, with problem solving in action learning sets based directly on CQI principles. Students are required to identify a quality improvement issue in their work that they will then address using CQI techniques. In contrast, Levels 3 and 2 are more clinically focused, with less specific emphasis on CQI, but are nevertheless focused on improvement of processes in mental health care practice.

Practice Experience

Students related their project work to their own fields of professional practice or experience of mental health services

Application to government policy

As with the 'sister programmes' (see 1 & 2) this programme is concerned with a radical shift in power relationships between patients and professionals as envisaged in the New NHS[64]. Other relevant policies are mentioned in the section on Structure above.

Service User Involvement

Mental health service users were not only involved in the development and teaching on the modules, but were also participants as students on the modules.

Evaluation

The evaluation benefits from qualitative action research where data collection is conducted in a flexible manner, in order to access different types of information that together complete the desired 'picture' of educative and working practices. These different types of data are collected using different methods accordingly.

- Two sets of interviews are conducted with each programme participant; baseline interviews at their induction, with follow-up interviews, to measure change against the former, taking place six months after completion
- Issues already outlined are examined at the first stage, following which research questions will be reassessed and their focus sharpened for later stages
- Each stage of the evaluation is important in terms of the preliminary analysis that the evaluation team are able to 'feed back' into later stages
- Further interview data is collected in relation to learning, interprofessional collaboration and sustainability
- Interviews with programme staff, both academic and administrative, add depth to this analysis, as does regular representation at curriculum development meetings
- Additional text analysis of course documents, minutes of course team

[64] DH (1997) The New NHS: Modern. Dependable Cm 3807 (London: Stationery Office)

meetings and learning material provides for thorough assessment. Documentation has also been derived from source organisations, together with occupational details of participants

The evaluation team found that management of such diverse data is considerably enhanced by using the qualitative data handling package, QSR NUD*IST, whereby categories of data may emerge that can be subjected to comparative study, a feature that has been invaluable in detailed longitudinal impact assessment.

Findings

- Action learning is celebrated for its practical merits (the chance to take something 'real' back to source organisations), and its demonstrability in terms of specific outcomes
- Lectures and seminars, and particularly the input of the module leader and Chair of the Curriculum Development Group, are highly praised for keeping students abreast of developments in current evidence-based knowledge
- CQI is well received by M Level students, with Level 3 and 2 students demonstrating more reticence. It is suggested that personnel enrolled at M Level are better (educationally) equipped with the necessary skills, including understanding the theoretical underpinnings of the model
- Some participants feel that they could benefit from more awareness of processes following completion of their courses, and the potential for further study
- Participants have begun to develop a deeper understanding of the roles and expectations of other professions
- Professional discourses have become centralised around the main goal of collaboration and, although other differences remain, these more conducive elements have been utilised as gateways to improved collaboration
- Whilst personal, professional and organisational discourses may be different in their make-up, an underlying generic mental health care discourse has been identified, which has facilitated both interprofessional training and collaborative practice, and helped align professionals in protecting their common interests
- Those modules with explicit interprofessional emphasis encouraged collaborative improvements more successfully than clinically focused modules, where the goal of collaboration was more implicit, despite the fact that all modules contained learning methods conducive to collaborative improvement
- The problems faced by teaching student nurses alongside social work students in Level 2 modules have stimulated recognition in both student groups of the value and importance of inter-professional relationships and the common ground between the them

In respect of barriers to interprofessional learning a key issue emerging from the evaluation was that conflict might more often be the result of inter-organisational or inter-agency collaboration rather than interprofessional. Hence, learning about

collaboration is important but so to is learning about the capacity to deliver change in the source organisation.

15. **University of Southampton**[65] in collaboration with University of Portsmouth and the Hampshire & Isle of Wight Workforce Development Confederation

Address of Responsible Organisation

Faculty of Medicine, Health and Biological Sciences
University of Southampton
Level B (11) South Block
Southampton General Hospital
Tremona Road
Southampton SO16 6YD

Programme Title

The New Generation Project

Key Personnel

Debra Humphries, Project Director

Brief Description

The New Generation Project will develop and deliver an interprofessional Common Learning Programme, integrated across 10 pre-qualifying professional programmes, across two universities. The first cohort of 1500 students will commence in October 2003. The outcome of these programmes will provide a *new generation* of health & social care practitioners from 2006 onwards. The Common Learning Programme will be based on external reference points, including relevant subject benchmark statements, the national qualifications frameworks for higher education and, where appropriate, the requirements of professional and statutory bodies and employers. The Common Learning Programme will result in every student experiencing both interprofessional and profession specific learning in each year of their programme. The complexity of this change process will be undertaken in partnership with the local Workforce Development Confederation, taking a 'whole systems' approach. In January 2002 the Project was identified as

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[65] This case study is based on information contained in the following documents:
Correspondence with the Project Director, Debra Humphries and Andree le May
New Generations Project Briefing Paper
Http://www.mhbs.soton.ac.uk/newgeneration/about.htm
Presentation notes for Association of Medical Education in Europe conference: Capturing the learning: The development of interprofessional education
Presentation notes for Association of Medical Education in Europe conference: Interprofessional Learning

one of the four Department of Health national 'leading edge sites' for taking forward common learning.

Programme Origins

A medical school was established at the University of Southampton in 1972. Since then successive vice chancellors have encouraged a portfolio of health related programmes. The University, and within it the Faculty of Medicine, Health and Biological Sciences, is committed to taking a national lead in evolving an interprofessional model of learning and teaching for all health care professionals in partnership with key stakeholders. The development of interprofessional learning and teaching is a priority educational goal in the Faculty and University Strategic Plans. The Deputy Dean of the Faculty has a specific remit to spearhead this initiative. The Faculty of Medicine, Health and Biological Sciences is now responsible for preparing over 3,000 students at any one time for a future health professional role. It comprises four Schools: Biological Sciences, Health Professions & Rehabilitation Sciences, Medicine and Nursing & Midwifery. The 'New Generation Project' has therefore been designed to provide the framework for a new model of education provision. A Project Director was appointed in November 2000.

Partnerships

A core principle of the New Generation Project is to work in partnership with all key stakeholders including service uses/consumers, students, the Hampshire & Isle of Wight Workforce Development Confederation, NHS Trusts, Primary Care Trusts, Health Authorities, independent & voluntary sectors, Regions, Postgraduate Deanery, and the statutory regulatory bodies.

Professions Involved

University of Southampton
Medicine
Nursing
Midwifery
Physiotherapy
Occupational Therapy
Podiatry
Social Work

University of Portsmouth
Diagnostic Radiography
Therapeutic Radiography
Pharmacy

Approach to Interprofessional Education

The Faculty of Medicine, Health and Biological Sciences provides a unique infrastructure for health professional education and research. It has a tradition of developing interprofessional learning and is the originator of The New Generation Project concept.

In 2000 the essence of the pilot programme of interprofessional learning for students comes from the interactions within each group and through the help of a facilitator. This focus on interactions is an aspect of the wider model under development by the project and which is informed by contact theory[66]. This theory recognises that stereotypes and prejudices constructed about different groups is a naturally occurring phenomenon. The New Generation Project uses this assumption to emphasize the production of stereotypes where the notion that best practice is achieved by teamwork is predominant. A critical feature in achieving this aim is that learning activities must be relevant to practice.

Aims and Objectives

The New Generation project aims to

- Achieve enhanced 'Fitness for Purpose' in the next generation of health professionals in terms of knowledge base, competencies, team working, flexibility and potential skills transferability.
- Inform the development of innovative, flexible pathways and potential new 'inputs' and 'outputs' in health care professional education to support the 'skills escalator' concept.
- Provide health professional programmes which facilitate responsiveness to changes in NHS workforce needs.
- Produce a new generation of health professional students, teachers and practitioners able to acknowledge shared and complementary knowledge and competencies whilst valuing each individual profession's unique contribution, strengths and skills.
- Develop a new generation of partnerships and alliances, actively engaging user/consumer perspectives and knowledge to promote whole system thinking in addressing workforce challenges.
- Share learning through the development of national leadership, support and advice.

Structure

Inter Professional Education pilot (IPEd)

In preparation for the implementation of the New Generation curricula in 2003/4 early work is in progress to test some of the assumptions and practicalities

[66] Tajfel, H (1981) Human Groups and Social Categories (Cambridge: Cambridge University Press)

involved in undertaking a project of this complexity. This work is in effect the feasibility phase of the project, and is subject to ongoing evaluation.

In academic year 2000/01 all 1000 first year students of medicine, midwifery, nursing, occupational therapy, physiotherapy and podiatry were placed in interprofessional groups of 10. The students worked as a team, developing as a group, exploring the perceived roles of health care professionals to achieve a group task about team working. Each group was asked to focus on the following questions:

- What needs might a person with (clinical condition) expect the health/social care team to be able to meet?
- How could the team intervene successfully to meet these expectations?
- What knowledge and skills would you require to fulfil your role within the team?

These questions were designed to enable each group to 'construct' a clinical condition, which was of most relevance to themselves in respect of their learning on their profession specific programmes.

This academic year 1100 first year students including social work students from the University of Southampton and radiography students from the University of Portsmouth have commenced working in 106 interprofessional groups.

Students who progress to the second year will stay in the same interprofessional groups and undertake a group project focused on patient Safety, based on a Department of Health report of an expert group[67]. Planning is underway to ensure a continuity of interprofessional learning for students prior to the implementation of the Common Learning Programme, this will cover the period 2000/1 to 2006/7, the point at which the medical student intake from 2002/3 complete their programme.

See www.mhbs.soton.ac.uk/newgeneration/ipe/default.htm

Practice Experience

At this stage in the life of the programme practice experience is not involved. However all students have links with NHS organisations and during the second year students will also have access to clinical facilitators from these organisations as part of the pilot IPEd group work.

[67] DH (2000) An Organization with a Memory: Report of an expert group on learning from adverse events in the NHS (London: Stationery Office)

Assessed Work

Students are assessed by means of an oral presentation, a viva and a reflective log. The group work is classified as required coursework; therefore students must pass to progress in their programme.

Application to government policy

NHS National Plan[68]
Investment and Reform for NHS Staff: Taking Forward the NHS Plan[69]
Modernising Regulation in the Health Professions[70]
The Kennedy Report (Bristol Inquiry)[71]
Working Together-Learning Together[72]

Service User Involvement

Whilst the processes underpinning student and employer involvement are well integrated within the Faculty, the issue of end user involvement is at an earlier stage of development. The programme is committed to developing user/consumer involvement; to this end a User/Consumer forum will be developed to facilitate involvement.

An External Reference Group, which includes the leaders of two service user organisations, has already been established with responsibility to

- to critically review and advise the develop the New Generation Project to ensure that it will contribute to enhancing the fitness for purpose in the next generation of health professionals in terms of knowledge base, competencies, team working, flexibility and potential skills transferability. In doing so to ensure that opportunities for interprofessional learning and teaching are optimised.

- to critically review and advise on the future development of interprofessional education across both the Faculty and its partner organisations and likely investment needs.

See www.mhbs.soton.ac.uk/newgeneration/RG/

A Student Reference Group has also been established to ensure their active

[68] DH (2000) The NHS Plan-A Plan for Investment, A Plan for Reform (London: Stationery Office)
[69] DH (2001) Investment and Reform for NHS Staff: Taking Forward the NHS Plan (London: Department of Health)
[70] DH (2001) Modernising Regulation in the Health Professions (London: Department of Health)
[71] Kennedy, I (2001) Learning from Bristol: The Report of the Public Inquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995 (Cm 5207(1) London: The Stationery Office)
[72] DH (2001) Working Together-Learning Together: A Framework for Lifelong Learning for the NHS (London: Department of Health)

involvement in the development of the common learning and it's implementation.

Evaluation

The initial evaluation is based on the IPEd pilot work in 2000. The Research and Programme Management Group has been established to oversee the process of clarifying the longer-term research and evaluation strategy.

The evaluation strategy for the first year has been based on the need for the project staff to gain information about the operation of the programme so as to inform future decision-making. An external evaluator interviewed two small groups of students representing about 5% of the total cohort. Additionally the data was collected from a sample (55%) of the facilitators using a Nominal Group Technique.

Overall the project aims to identify key informants' perspectives and priorities regarding past and future approaches to the interprofessional education of health care professionals in order to capture the 'story' of how the project began. Seventeen key informants from the Faculty and Deanery have been selected and data is collected using semi-structured interviews, content analysis and the development of emergent themes.

Outcomes

98.6% of students passed the assessment task initially at the end of the first year. Where students were referred in this assessment this reflected a failure to participate – either in entire exercise or presentation, rather than a failure of the assessment task or of the education processes involved. There was general enthusiasm for experience from the students. Evidence contained in student logs suggest that the cohort achieved understanding about professional roles, although it must be stressed that the logs were formally assessed and therefore agreement with project aims is more likely to occur in this sort of evidence.

It was a considerable challenge to organise interprofessional learning for more than 1000 students and the project team have learnt from the first year experience. In particular early evaluations suggest that facilitators must be well prepared to support groups particularly when groups become dysfunctional as some inevitably do.

The facilitators could point to significant evidence of students learning interprofessionally, including the way in which the majority of groups developed team working at an early stage in the process and through evidence of the development of independent learning.

<u>Learning from Experience</u>

In a second element of evaluation a small scale qualitative study of seventeen key informants from the Faculty and Deanery has been undertaken to learn from the experience of developing interprofessional learning. A paper is in the process of preparation, but from the data the following themes indicate the learning from the richness of the experience to date.

Infrastructure: There is a clear need to ensure that sufficient resources are available to support interprofessional learning and that appropriate decision making structures are able to deal with the complex logistical challenges which arise from bring different professionals and agencies together. Some tensions emerged regarding the perceived threat interprofessional education might have to hard won competitive advantages, such as the success in the Research Assessment Exercise and the Teaching Quality Assessments in higher education.

Managing 'Supercomplexity': The importance of leadership is recognised, not simply of key 'champions' to support interprofessional education but of the need for sustained leadership at the highest levels in higher education institutions. The complexity of the project and the change process will require a 'whole system' approach involving a wide range of stakeholder, collaboration will be the key to such radical change.

Partnerships: The pace of change in the NHS is rapid and the implications for education initiatives like this mean that strategic management is of critical importance. Key stakeholders in both the academic world and in practice must be 'signed-up'. Equally important is the need for evaluation of interprofessional initiatives in order that progress is not achieved by leaps of faith.

Appendix 1

University of Leeds Blueprint of Specific Learning Outcomes – Multiprofessional teamworking workshops Sept/Oct 2001

Scenario/Communication skills	Spoken – in person /telephone	Written	Information gathering	Effective listening	Appropriate body language	Provide information and advice	Explore worries & concerns	Negotiation skills	Confide iality
Paracetamol query	x		x	x	x	x	x	x	
Acute confusion	x	x	x	x	x	x	x	x	x
Breaking bad news	x		x	x	x	x	x	x	x

Scenario/Teamworking skills	Acknowledge ideas/ opinions of others	Assertivenes s/security of role	Secure help from others as necessary/ appropriate	Delegate appropriately	Supervise other appropriately to achieve agreed outcomes	Conflict management	Collaboration		
Paracetamol query	x	x	x	x		x	x		
Acute confusion	x	x	x	x	x	x	x		
Breaking bad news	x	x	x		x	x	x		

Scenario/Other skills	Decision making	Clinical action planning	Patient autonomy	Cultural Awareness		
Paracetamol query	x	x				
Acute confusion	x	x	x			
Breaking bad news	x		x			

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