

## Interprofessional Education

Written for the SWAP community by

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## Interprofessional Education

**Report from the Learning from Lives project**

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## SWAP funded projects 2005-2006

In 2005 SWAP funded eight projects in social policy and social work education designed to promote the use of effective learning, teaching and assessment activities; to encourage the development and sharing of innovative approaches and to raise awareness of the importance of evaluating the effectiveness of educational methods. *Interprofessional Education* is a report from the *Learning from Lives* project.

### Introduction

The current framework for social work education stresses the importance of interprofessional learning, and the involvement of service users and carers in all aspects of the process. Community-based learning requires the direct involvement of organisations who serve the health and social care needs of the population.

Since 1998, the Medical School at Leicester has developed an innovative patient/service user-centred model to bring these objectives together. This project was designed to build on this successful initiative to extend the involvement of social work students in this programme, with a specific focus on the experiences and views of disabled people. Rigorous multi-method evaluation has captured a diversity of perspectives on the quality of learning, including those of service users, social care practitioners, managers and students.

### Integrating interprofessional education (IPE)

The 'Learning from Lives' project was designed to adapt and extend an existing module provided for medical students, so as to offer a properly interprofessional practice learning experience. In order to do this, a number of preparatory tasks had to be undertaken.

1. A series of 'away days' were held to introduce locality tutors and practice coordinators to the module, and to the requirements of ensuring that the learning experience was genuinely interprofessional.
2. The module handbook was redesigned and rewritten to incorporate a social work perspective, and to emphasise the inter-professional aspects of students' collaborative practice learning.
3. Meetings were held with senior members of the local authority social services department in 2005 to gain their cooperation, and to ensure practitioner and manager input into the students' learning.
4. Practical arrangements were made to increase the capacity of the sites where the students would be based, and inter-disciplinary timetables were brought into alignment.

NB. Course aims and learning outcomes can be found in Appendix One.

*"Personally I felt the initiative was really very good. I did feel that social work students were sometimes an afterthought"*  
(social work student)

*“It’s a good idea, ...  
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workers and others  
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(social work student)*

## Module programme

The module was delivered over a four-week period from 10th January to 4th February 2006, involving 100 medical students and 50 social work students from the University of Leicester, based at seven sites in Leicestershire, most of which were community hospitals.

The students were introduced to models of disability by the Leicestershire Centre for Integrated Living, and then allocated service users in small groups (usually two medical and one social work student). The groups were able to meet the service users (and carers), and were also given the opportunity to meet representatives of the agencies involved with the provision of services for them. In this way, they were able to gain a holistic picture of the range of needs experienced and to assess the quality and effectiveness of the services provided.

Based on these activities, each group of students made presentations evaluating the inter-professional arrangements for meeting need and offering insights into possible improvements in service collaboration in future.

Assessments were undertaken by locality tutors of the practice skills demonstrated in the course of the programme, and students were required to write a short evaluation based on the experience of one of the service users with whom they worked.

Thus, the learning experience reflected the aim of encouraging inter-disciplinary working between students, but it also provided the opportunity for them to understand and evaluate interprofessional working in practice, from the service users’ perspective.

## Module evaluation

The evaluation employed mixed research methods, to evaluate the course from the perspective of the students, the staff and the service users taking part as case studies.

### Students

A post course student questionnaire was designed to identify student perceptions to knowledge and attitude change relating to the learning outcomes. The learning outcomes were attached to a 5-point Likert scale in which 1 = poor knowledge/ability and 5 = excellent knowledge/ability, analysed using SPSS. The questionnaire also contained both open-ended and closed questions regarding the course organisation/structure, the course content and the course assessment, including a section on general comments.

Focus groups with uni-professional groups of students were held within the university within eight weeks of taking part in the course. A list of questions and prompts were prepared to determine students’ views about the course. Data from the focus groups were analysed for recurrent themes using winMAX.

## Staff

Locality teaching teams, hospital managers and agency representatives were sent post-course questionnaires asking open-ended questions concerning the course organisation/structure, the course content, the course assessment and their role within it.

## Service users

A random sample of patients were sent postal questionnaires which focused on their participation in the programme and its possible impact on their lives.

## Impact on students

A cohort of 100 medical students worked together with 50 MA social work students.

83 (83%) completed medical student scripts were returned for analysis with 33 (66%) social work. This accounted for 117 students (77%) of the cohort.

Student ratings on knowledge gain relating to the learning outcomes were extremely positive. There were no significant differences between the two groups of students (see Appendix Two). The highest scoring outcome for medical (86.7%) and social work (90.9%) students related to appreciation of their own and society's attitudes towards disabled people. The lowest scoring outcome for both groups related to the structure and functioning of community hospitals and their relevance in modern health and social care delivery (medical 64.6% - social work 50%).

Analysis of aspects of the course (Appendix Three) outlined the fact that both sets of students enjoyed the course (medical 73.2%, social work 74.2%), would recommend it to others (medical 68.3%, social work 71.9%), and enjoyed working alongside other students from different disciplines (medical 63.4%, social work 62.5%). The most valued aspect of the course in helping to reach their learning outcomes for both groups was their interviews with disabled people (medical 86.7%, social work 90.9%). There was one significant difference between the student groups, relating to students' understandings of their role on the course, with social work students (11.2% 4+5 scores) less aware than medical (51.85%, 4+5 scores, 2-sample Kolmogorov-Smirnov  $z = 1.536$   $P < 0.018$ ).

Comments made in the questionnaire emphasised the aspects scored highly on the Likert scale, such as the reality of working in the midst of people's lives, finding out about professional roles and responsibilities; the practical experiences visiting a range of disability and clinical units; bringing together different approaches such as the social and medical models; and the opportunity to work interprofessionally.

Eight medical and eight social work students were also randomly selected to take part in a focus group.

*"I never fully realised the full range of services that are actually available"*  
(medical student)

*“Knowledge was gained from having two sets of students”  
(ward sister)*

There was evidence that students learnt with and from each other and felt that this type of experience should be the norm. Many social work students perceived that the module had received medical students first and were critical of this, especially when they went into hospital units who were not used to working with social work students. They also felt that they were outnumbered and this was harder for them to get their views across. Several stated that they needed more preparation for this. In general they all agreed that working together would address differences of appreciation on how each worked and what they did. All felt the case studies were the most valuable aspect of the course (see Appendix Four).

## Impact on staff

15 healthcare staff working in either a support tutor role (n=5) or a hospital clinical role (=10) completed a post course questionnaire.

Of the lead tutors, three of the five had completed a training course on how to support interprofessional learning which benefited them “I found the two-day training course very helpful and reassuring. It was an expansion to my previous education”. All felt the mixed groups led to interactive learning. All felt that opportunities for learning were raised by having the two groups together “gave both groups an opportunity to explore view points from a different professional view point with different learning needs”. One problem they noticed was the student tendency to stay within their own groups and not always mix.

Clinical staff enjoyed taking part in the pilot. Half felt their work had been affected by this teaching and half did not. Some would have liked to work with social work students but found they had not been sent with medical students to their unit. Those who worked with them felt it was worth while and enjoyed it, “knowledge was gained from having two sets of students” (ward sister). All said that they had not encountered any problems having the two groups working together “I would support the idea of both groups working together in hope they might share observations and ideas” (staff nurse). Half felt prepared and half felt they wanted more guidance.

## Impact on patients and service users

Six from ten patient questionnaires were returned. All said they would help out again and all received mixed student groups within their homes. “I was happy to be involved and it is good to think that our experiences played a part in the training of future professionals” (mother of disabled child). “I hope my participation was useful, I think the exchange of ideas and information is very useful” (disabled adult).



## Conclusions

The work proved to be time consuming to establish, especially in terms of preparation in the clinical areas which, historically, are used to teaching exclusively medical students. The evaluation was thorough although opportunities to work with the students during the course to observe their interactions did not arise. Feedback from service users reflects the same commitment to support learning received when the course was established in 1999 (Anderson et al 2003).

Bringing two different professions together highlights the differences in professional working lives. Medical students were often focused on the medical issues in relation to the context of disabled people, although one said indignantly: 'we don't just focus on the medical model'. Social work students, on the other hand, saw the individual's lives more holistically and were less concerned with the disease issues. The model of working together through patient/service user and carer insights however proved to be a powerful common currency validating the interprofessional aspect of the course. The Leicester Model of interprofessional education (Lennox and Anderson 2006) applied here to disabled people proved to be an effective vehicle for integrating different professional skills and values around the needs of service users/patients.

However, time spent working in exploration of each other's worlds was sometimes problematic. On several occasions social work students felt discarded literally as clinical teams were not prepared to share the teaching materials with them. This reflects the literature on professional confidence in leading interprofessional education which needs to be more fully addressed in the clinical areas where this course extends. The preparation for students was also criticised as both groups were at times uncertain about how they should work together to achieve their learning outcomes. Imbalance of numbers was an issue for some students and should be addressed.

In a number of respects, the fact that this was a module originally taught solely to medical students and subsequently adapted for social work students tended to reinforce pre-existing concerns amongst social workers about being 'poor relations', for example being based predominantly in 'health' settings, and sometimes being asked to do things for which they were not prepared (a social work student was asked to help take a blood sample on one occasion!).

Despite these drawbacks, evaluations have been largely positive, and this pilot has proved extremely helpful in the quality teaching cycle of reflection for planning and the embedding of this module within both a medical and social work curriculum. Given more support in the future from social work practice tutors the work should overcome its teething problems and this mainly positive evaluation bodes well for providing a good practice opportunity for interactive learning.

*"I think the exchange of ideas and information is very useful"*  
*(disabled adult)*

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## About the Authors

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## Appendix One: Learning outcomes

By the end of this attachment you should be able to:

### Interprofessional

- Compare and contrast the bio-medical model of disability as learned by medical students with the social model of disability as practised by non-medical professionals, including social workers.
- Compare and contrast the needs of disabled people with non-disabled people across the lifespan.
- Reflect upon your own and professional/society's attitudes towards disabled people.
- Follow the pathway of patient care from patients' and professionals' perspectives, both in the hospital setting and within the community.
- Describe the respective roles of health and non-health service provision for people with impairment.
- Describe the accessibility, range and roles of organisations involved in the community-based care of patients with an illness or impairment at all stages of the life span.
- Describe the psychological effects and social reaction to the onset of an illness or impairment by patients, their family, friends and society.
- Describe the structure and functioning of community hospitals to appreciate their relevance as a local resource for patient care and in the development of intermediate care beds as set out in The NHS Plan (DoH, 2000).
- Recognise examples of good practice and communication between organisations dealing with disability issues.

### Uni-professional (Medical students)

- Describe the medical and therapeutic aspects to an illness or impairment using case study learning across the lifespan.
- Assess and develop your clinical skills and competencies through physical examination and utilising practical opportunities in the hospital ward.

### Uni-professional (Social Work students)

- Identify the contextual and structural factors which impact on definitions and experiences of disability.
- Develop assessment and analytical skills involved in understanding social care needs and planning for effective interventions.

## Appendix Two: Results of the questionnaire on student knowledge gain

Interprofessional learning outcomes As a result of your learning during this module rate your ability now to.....	Percentage positive response (4 + 5 scores)		
	Medical students	Social work students	All students
1. Compare and contrast the bio-medical model with the social model of disability	74.75%	75.8%	75.2%
2. Compare and contrast the needs of disabled people with non-disabled people across the life span	79.6%	75.8%	78.7%
3. Appreciate my own, professional and society's attitudes towards disabled people	86.7%	90.9%	88%
4. Appreciate the pathway of patients/ service user care for disabled people	58.5%	63.7%	59.8%
5. Engage with the range and roles of health and non-health organisations involved in the care of disabled people	66.7%	75.8%	68.4%
6. Appreciate the accessibility, range and roles of organisations involved in community-based care of disabled people and those with an impairment	69.5%	63.6%	67.5%
7. Describe the psychological effect and social reaction to the onset of an illness or impairment by the patient/service user, their family, friends and society	74.4%	81.8%	76.1%
8. Discuss the structure and functioning of community hospitals and their relevance in modern health and social care delivery	64.6%	50%	59.8%
9. Recognise examples of good practice and communication between organisations and dealing with disability issues	72%	78.8%	73.5%

## Appendix Three: Student questionnaire (rating aspects of the course (n=116))

1 to 5 point scale where 5 is extremely positive.

Questions	Percentage of positive responses	Percentage of positive responses
	(4 and 5 scores) Medics (n=83)	(4 and 5 scores) Social Workers (n=33)
1. Opportunities to attend an introductory lecture or to meet with tutors/lecturers prior to the course <b>prepared me</b> for the learning	42.1%	63.6%
2. The introductory session at the Leicester Centre for Integrated Living <b>refreshed my learning</b> on the social model of disability	59.1%	65.6%
3. The locality introduction on the first day <b>was adequate</b>	72.3%	78.1%
4. I <b>had a clear</b> understanding of my role in this course	51.8%	11.2%
5. I <b>achieved</b> a good number of learning objectives in this course	66.3%	75.7%
6. I <b>was looking forward</b> to studying alongside other undergraduate health care professionals	73.5%	63.6%
7. I <b>felt prepared</b> for studying with other students from different health care professions	60.2%	60.6%
8. The small group tasks <b>were appropriate</b> for inter-professional learning	54.2%	59.4%
9. Working with other disciplines <b>has helped me</b> to appreciate my role as opposed to the role of other professions in team working	66.3%	78.8%
10. Debate and discussion with other disciplines <b>has enriched</b> my learning	69.9%	78.8%
11. I <b>enjoyed working</b> alongside other students from health and social care professions	63.4%	62.5%
12. My learning in and exploration of the community hospital ensured I <b>enhanced</b> my appreciation of their work	84.2%	69.7%
13. I <b>was stimulated</b> into considering what role health professionals should play in influencing the health of disabled people through the cases studies	84.3%	78.8%
14. The cases <b>helped me to clarify</b> the different roles and responsibilities of multi-disciplinary teams who care for disabled people	80.8%	78.8%

15. The community tours and guest speakers <b>broadened my understanding</b> of the issues affecting disabled people	72%	66.7%
16. The interviews with disabled people <b>did help me</b> understand the impact of disability on lives	86.7%	90.9%
17. The patient /service user interview <b>helped me</b> to value the importance of patient/service user centred interprofessional care	84.3%	84.9%
18. The case studies <b>highlighted for me</b> why both the medical and social model are important in the care of disabled people	81.9%	84.8%
19. The agency interviews <b>helped me</b> to appreciate the range and roles of professionals involved in the care of disabled people	75.3%	78.2%
20. My agency interviews <b>did</b> help me appreciate the importance of multi-agency collaboration and communication in the management of disabled people	72.9%	71.9%
21. The case study local presentations <b>broadened my</b> understanding through reflective debate and discussion	59.8%	81.8%
22. The final presentations at the voluntary sector centre (LCIL) <b>were appropriate</b> to enhance the context of learning throughout the block	56.1%	75.8%
23. The course <b>enabled me</b> to appreciate the training focus of other health care professionals	71.9%	84.4%
24. The interviews <b>enabled me</b> to compare and/or contrast the priorities of the patient/service users with that of the involved agencies	67.9%	71%
25. The locality tutor <b>gave sufficient instruction</b> and facilitated the group to achieve the course objectives	89%	87.5%
26. The workbook provided <b>was</b> appropriate	59.2%	43.7%
27. The resource pack <b>was appropriate</b>	61%	54.8%
28. The course <b>was enjoyable</b>	73.2%	74.2%
29. The course is worth <b>recommending</b> to future students	68.3%	71.9%

## Appendix Four: Extracts from focus groups

### Did you feel you learnt any new skills you can put into practice?

(medical student) all the administrative and clerical type stuff , going through what social workers have to do and things like that.

(medical student) I never fully realised the full range of services that are actually available. I think we were introduced to about 10-15 different services...and how to access these services.

### What did you think about the module?

(medical student) I was actually surprised at their attitude. I thought they might be a bit sniffy, thinking that we were above them, and then us thinking.. but it wasn't really like that. We got on with them quite well.... I enjoyed working with the social workers I was with.

(social work) Personally I felt the initiative was really very good. I did feel that social work students were sometimes an afterthought.

(social work) It was a nurse actually.. she was always talking to the two medical students.. I introduced myself and she said 'well you weren't meant to be here'.

### What did you feel you got from working with them (social work and medical students)?

(medical student) when we meet them in our future careers we won't be so scared about approaching them because we know a little bit about them. The myths have been dispelled a little bit.

(medical student) It's given us an overview about what they do... and they get some more of an idea about what we do.

(medical student) I did think that this course did give a very good chance for me to see what social workers do and what I can as a future clinician expect them to help out and work as part of a team. This I think is a very good experience.

(social work) I feel my role personally with my two, when we were out dealing with clients, interviewing them, was to focus on the social model and not the way that they would approach them.

(social work) It's a good idea,.... In the past social workers and others have always been at loggerheads especially with doctors.

## What challenges did you have?

(medical student) Just different views really. If you see a patient you get the medical and the social side. They just focus on the social side.

(social work) I thought it was interesting like, medical students stay with the medical professionals and we were shunted off...I would have preferred to spend time with the medical students because I am not going to get an opportunity to do that again.

(social work) I would have liked to have read some of the medical students' case studies for assessment.

(social work) There were areas where they didn't have a clue and eventually they were prepared to listen to my point of view.

(social work) Preparation is the key point...because I felt unprepared. I found it a bit of an imbalance at first, one social work to two medical students. If it is two on two then that's fine.









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