

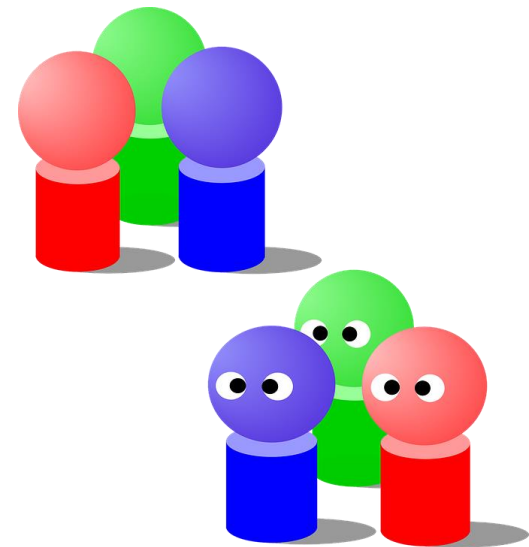
Evaluating Interprofessional Learning: A Complex Process

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Interprofessional learning: the wider context

Interprofessional learning does not occur in a vacuum

- Wider social and political agendas
- Professional and occupational views and priorities
- Interpersonal and individual issues



Evaluating the UWE interprofessional curriculum

- Curriculum introduced in the faculty in 2000
- Six week module in each year, compulsory and assessed
- Students from:
 - adult nursing
 - diagnostic radiography
 - mental health nursing
 - occupational therapy
 - radiotherapy

children's nursing
learning disabilities nursing
midwifery
physiotherapy
social work



Evaluating the UWE interprofessional curriculum

‘Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.’

CAIPE, 2002

- Small group work
- Enquiry-based learning



Evaluating interprofessional learning

- Who are the evaluators?
Researcher reflexivity
- What methods are appropriate?
- Does it work? Are the effects maintained?



Evaluating the UWE interprofessional curriculum - evaluators

- Important to have independence between delivery and evaluation
- Evaluators cannot help seeing life from their own perspective
- Time made to discuss differences in views



Evaluating the UWE interprofessional curriculum – choice of methods

- Choose a method which will allow exploration of complexity
- Most useful – longitudinal multi-method projects
- Research questions are the primary factor affecting the choice of methods



Evaluating the UWE interprofessional curriculum – choice of methods

Exploring complexity

- Realist evaluation (Pawson & Tilley 1997)
- Focus on context, mechanism and outcome
- Key question: What works for whom in what context?



Study design

- Funding for longitudinal multi-method study

Evaluating the UWE interprofessional curriculum – choice of methods

Research questions (1)

- How do health and social care students assess their communication and team work skills?
- What are their attitudes to collaborative learning and working?
- (How) do these factors change during their pre-qualifying education and in practice as qualified professionals?



Evaluating the UWE interprofessional curriculum – choice of methods

Research questions (2)

- What do students think about their experience of interprofessional learning in academic settings?
- What opportunities do students have for cultivating collaborative skills in practice placement settings?



Evaluating the UWE interprofessional curriculum – methods used

Mixed-methods study:

- Survey of student attitudes



- Observation of IPL groups and student placements

- Individual and group interviews with students



The UWE Interprofessional Questionnaire - development

Mindful of realist evaluation – what works
for whom in what context?

- Demographic data
- Pool of questions based on
the available literature



The UWE Interprofessional Questionnaire - development

Scale construction

- Factor analysis –
statement loading > 3.5
- 4 scales:
 - Communication and Teamwork Scale
 - Interprofessional Learning Scale
 - Interprofessional Interaction Scale
 - Interprofessional Relationships Scale



The UWE Interprofessional Questionnaire - validation

Each scale tested for reliability:

- Internal consistency
 - Cronbach's *alpha*: 0.71 – 0.84
- Stability
 - Test – retest
 - Pearson's *rho*: 0.77 – 0.86



The UWE Interprofessional Questionnaire - validation

Concurrent validity established for each scale:

- Communication and Teamwork Scale – *Interpersonal Communication Competence Scale* (Rubin & Martin 1994)
- Interprofessional Learning Scale – *Readiness for Interprofessional Learning Scale* (Parsell & Bligh 1999)
- Interprofessional Interaction Scale – supported by qualitative data
- Interprofessional Relationships Scale – *Inter-disciplinary Education Perception Scale* (Leucht et al 1990)



The UWE Interprofessional Questionnaire – data collection and analysis

- Four data collection points:
 1. On entry to the programme ($n=852$)
 2. Midway through year 2 ($n=627$)
 3. At qualification ($n=526$)
 4. After one year's qualified practice ($n=249$)
- Logistical issues
- Large variation in size of student groups
– non-parametric data analysis



Evaluating the UWE interprofessional curriculum – qualitative methods

Data collection

- Interviews with students – recorded and transcribed



- Observation – fieldnotes taken

Data analysis:

- Thematic analysis



Evaluating the UWE interprofessional curriculum – did it work?

Survey outcomes – comparison between IP and UP cohorts

- IP cohort more confident/positive about:
 - their own communication skills
 - their interprofessional relationships
 - other professionals' interaction
- IP cohort showed positive correlations between perceptions of their skills and their interprofessional relationships



Evaluating the UWE interprofessional curriculum – did it work?

Outcomes – analysis of qualitative data from qualified practitioners

- IP respondents showed
 - greater awareness of the value of reflection on practice
 - a more complex understanding of teamworking
- Some IP respondents said
 - they only realised the importance of their IPL experience once they were in practice
 - IPL had raised their awareness of relevant issues



Evaluating the UWE interprofessional curriculum – did it work?

- ‘Chain strategy’ – explored:
 - perceived effect of IPL on IP skills in practice
 - perceived impact of IP skills in practice on service/care delivery
- Participants said:
 - good IP working enhances care
 - IPL had a direct impact on their ability to put IP skills into practice
- Some evidence that *effective* IPL can impact favourably on service/care delivery



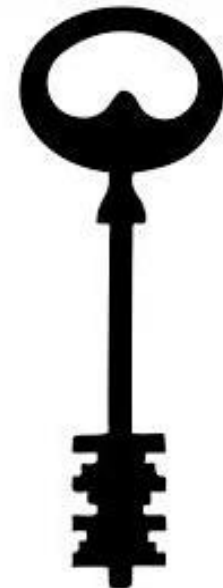
Evaluating the UWE interprofessional curriculum – key factors

Context

- Analysis of demographic data
 - age
 - previous HE experience
- Unintended consequences
 - stereotyping
 - divisiveness
 - skilled facilitation essential

Mechanism

- Small group work and EBL effective



Evaluating the UWE interprofessional curriculum – points to consider

- Many students did not appreciate IPL modules
- IP respondents grew more critical of IPL during and after their professional education
- IPL appears to produce and sustain skills for effective IP working in practice
- Individuals' perceptions of their experience are not adequate as an evaluative measure of IPL



Evaluating interprofessional learning – ongoing issues

- Where is the service user/patient in IPL?
- What role does informal learning play in IPL?
- Can IPL result in lasting behaviour change? How can any such change be measured and demonstrated?



Interprofessional learning – how complexity enhances evaluation

- Can help researchers to exercise comprehensive researcher reflexivity
- Can allow researchers to gain greater understanding of salient issues
- Can significantly increase understanding of causes underlying outcomes



References

CAIPE (2002) *C.A.I.P.E Centre For The Advancement Of Interprofessional Education*
<http://caipe.org.uk/>

Leucht RM et al (1990) *Journal of Allied Health*
19(2) 181–191

Parsell G, Bligh J (1999) *Medical Education* 33(4)
95–100

Pawson R, Tilley N (1997) *Realistic Evaluation*
Sage, London

Rubin R, Martin MM (1994) *Communication Research Reports* 11(1) 33–44

The UWE Interprofessional Questionnaire – publications

UWE IP Questionnaire papers published for each data collection point:

1. Pollard KC et al (2004) *Health and Social Care in the Community* 12(4) 346-358
2. Pollard KC et al (2005) *Journal of Interprofessional Care* 19(3) 251-268
3. Pollard KC et al (2006) intervention *Health and Social Care in the Community* 14(6) 541-552
4. Pollard KC, Miers ME (2008) *Journal of Interprofessional Care* 22(4) 399-416



Evaluating the UWE interprofessional curriculum – qualitative publications

Papers published from the qualitative arm of the project:

- Clarke B et al (2007) *Learning in Health and Social Care* 6(4) 202-212
- Miers M et al (2007) *Journal of Interprofessional Care* 21(5) 529-542
- Thomas J et al (2007) *Journal of Interprofessional Care* 21(4) 463-465
- Pollard KC (2008) *Learning in Health and Social Care* 7(1) 12-26
- Pollard KC (2009) *Journal of Clinical Nursing* 18(20) 2846-2856
- Pollard K et al (2012) *Journal of Interprofessional Care* 26(5) 355-361



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