2011 INTERPROFESSIONAL EDUCATION WORKSHOPS
The Faculty of Health Sciences has identified interprofessional education (IPE) as one of its key strategies and, over the past three years, has provided students with a range of opportunities where they can learn with, from and about with other students from a range of health professions.

In accordance with the Faculty’s move towards developing a wide range of high quality, sustainable IPE activities, the IPE workshop’s aim to create an opportunity for student’s to participate in interprofessional learning experiences that facilitate the development of their interprofessional capabilities and the sharing of the knowledge, skills, attributes and values required for effective collaborative practice.

The IPE Workshops

A suite of five case based workshops were offered to third and fourth year health science students during 2011. The workshop options presented to students were:

Interprofessional Care and Communication Workshop
A blended online/face-to-face workshop that involved students working through a case study to identify key issues for a client and family whilst also developing and learning effective client centred communication strategies.

Stroke and Depression Workshop
A fully online workshop that required students to work through a case study, exploring the roles, responsibilities and competencies of each other’s professions, identifying communication issues for the client with complex health and social issues, and developing a high quality integrated interprofessional care plan.

Palliative Care Workshop
Originally implemented as a full day face to face workshop in semester one, this workshop was modified in semester two to a blended online / face to face format. Students worked through a case study identifying key issues for the client and family and how they might as an interprofessional team to address these issues.

Dementia Care Workshop
Delivered in semester two only, this fully online workshop required students to work together through a case study and a number of activities in the context of dementia and devise a client and family centred care plan for dementia management.

Indigenous Health Workshop
Offered in semester one only, this full day face to face workshop required students to work through a case study, identifying key issues and communication strategies for the client with complex health problems, taking into account the importance of cultural and spiritual influences on the health of indigenous people. Note: This was not implemented due to a lack of interest (registrations) from students.

The expected level of participation for students was approximately 8 hours per workshop. To ensure ease of access for staff, workshop facilitators and students, the case studies were each housed within Blackboard where a discussion board and a collaborative Wiki space provided the opportunity for the creation of documentation and group discussion.

Workshop information and registration details were distributed through the appropriate Directors of Teaching and Learning to their teaching staff and then on to students. The IPE workshops were also advertised on the Faculty Website. Student involvement in the workshops was either voluntary or, linked to a specific unit and hence, required some students to complete specific assessment requirements. This decision was made by the relevant School staff.

Students were required to register online and indicate their first three preferences of the workshop that they would like to, and where available to, attend. Every endeavour was made to allocate students to their first or second preference. The very time consuming process of manually allocating students to each IPE Workshop was undertaken in an attempt to ensure diversity within each workshop as well as across each sub-working group.

Each student group was also allocated a workshop facilitator at a ratio of one workshop facilitator to 30 students. Workshop Facilitators came from the areas of Nursing, Medical Imaging Science, Physiotherapy, Pharmacy, Social Work, Speech Pathology, Occupational Therapy, Health Information Management and from within the Faculty’s Teaching and Learning - IPE Team.

Due to predicted higher student numbers in semester two, the Stroke and Depression, Communication and Palliative Care workshops were scheduled to be delivered twice. However, lower than expected registration rates and disproportionate registrations from one discipline saw only the Stroke and Depression Workshop delivered twice.

As mentioned previously, poor student registration numbers meant that unfortunately, the Indigenous Health workshop was not delivered in semester one.

Student Participation

A total of 854 students registered in the IPE Workshops for 2011 - 249 students in semester one and 605 students in semester two. Student registration for each workshop can be seen over.
Students were invited to complete the University of West England Interprofessional Questionnaire (UWE IPQ), a self-reported attitudinal evaluation survey. The survey is constructed to examine the student’s attitudes and self-rated abilities in four distinct areas: (1) Communication and Teamwork, (2) Interprofessional Learning, (3) Interprofessional Interactions, and (4) Interprofessional Relationships. The UWE IPQ is based on a framework that stipulates that communication and teamwork skills, together with attitudes concerning various elements of interprofessional collaboration, such as interprofessional relationships and interprofessional interactions, are essential elements in successful interprofessional practice (Pollard & Miers, 2008).

The questions within the UWE IPQ were designed to address each of these four sub-factors. Items in the Communication and Teamwork scale (CTS) capture their comfort and capability in bringing various communication skills into play in a team environment. Items in the Interprofessional Learning scale (ILS) capture the students’ attitudes towards learning with students from other professions. The Interprofessional Interactions scale (IIS) examines the student’s attitudes and beliefs around hierarchies and interactions between different professions in a general sense. Lastly, the Interprofessional Relationships scale (IRS) examines the students’ own relationships both within their own profession and with individuals from other professions (Pollard, Miers & Gilchrist, 2005).

Please note that the following workshop analysis combines both semester one and two data.

### Quantitative Analysis

The following summary provides the mean scores, pre and post workshop, for each subsection of the UWE and what that score is equivalent to in attitudes, according to the tool.

NB: A higher score indicates a more NEGATIVE attitude therefore lower scores are desirable as they indicate positive attitudes.
**Palliative Care Workshop**

<table>
<thead>
<tr>
<th>UWE Subscale</th>
<th>Pre Mean Score</th>
<th>UWE Rating</th>
<th>Post Mean Score</th>
<th>UWE Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication and Teamwork</td>
<td>21.098</td>
<td>Neutral</td>
<td>18.806</td>
<td>Positive</td>
</tr>
<tr>
<td>Interprofessional Learning</td>
<td>18.293</td>
<td>Positive</td>
<td>15.840</td>
<td>Positive</td>
</tr>
<tr>
<td>Interprofessional Interactions</td>
<td>31.707</td>
<td>Negative</td>
<td>31.939</td>
<td>Negative</td>
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<tr>
<td>Interprofessional Relations</td>
<td>18.976</td>
<td>Positive</td>
<td>15.780</td>
<td>Positive</td>
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**Statistical Analysis** Normality was assessed using the Shapiro-Wilk test for normality and by visual inspection of pre, post and pre-post change histograms. Because normality for the subscales ILS and IIS were significantly violated, Wilcoxon signed rank test were used to examine the change in the students’ subscale scores before and after the IPE workshops. CTS showed only a minor violation of normality in the distribution of pre post change values, but because of the small nature of this violation and of an adequate sample size, this minor violation was discounted and a paired sample t-tests was used. Likewise IRS data showed a minor violation of normality in the distribution of post workshop scores but was analysed using t-tests for similar reasons. All tests were assessed at a Bonferroni corrected $\alpha = 0.0125$. See Appendix A for more detailed analysis results.

**Stroke and Depression Workshop**

<table>
<thead>
<tr>
<th>UWE Subscale</th>
<th>Pre Mean Score</th>
<th>UWE Rating</th>
<th>Post Mean Score</th>
<th>UWE Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication and Teamwork</td>
<td>19.325</td>
<td>Positive</td>
<td>18.521</td>
<td>Positive</td>
</tr>
<tr>
<td>Interprofessional Learning</td>
<td>17.293</td>
<td>Positive</td>
<td>15.923</td>
<td>Positive</td>
</tr>
<tr>
<td>Interprofessional Interactions</td>
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<tr>
<td>Interprofessional Relations</td>
<td>18.686</td>
<td>Positive</td>
<td>16.766</td>
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</table>

**Statistical Analysis** Normality was assessed using the Shapiro-Wilk test for normality and by visual inspection of pre, post and pre-post change histograms. Normality was violated for all UWE subfactors and as such a nonparametric test, the Wilcoxon signed rank test was used for all subfactors. All tests were assessed at a Bonferroni corrected $\alpha = 0.0125$.

**Dementia Workshop**

<table>
<thead>
<tr>
<th>UWE Subscale</th>
<th>Pre Mean Score</th>
<th>UWE Rating</th>
<th>Post Mean Score</th>
<th>UWE Rating</th>
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</thead>
<tbody>
<tr>
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<td>Interprofessional Learning</td>
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<td>Interprofessional Interactions</td>
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<td>Interprofessional Relations</td>
<td>19.577</td>
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**Statistical Analysis** Normality was assessed using the Shapiro-Wilk test for normality and by visual inspection of pre, post and pre-post change histograms. Normality was not violated for all UWE subfactors except the ILS. As such a nonparametric test, the Wilcoxon signed rank test was used for the ILS subscale, whilst paired sample t-tests were used to examine the CTS, IIS and IRS. All tests were assessed at a Bonferroni corrected $\alpha = 0.0125$.

**Interprofessional Care and Communication**

<table>
<thead>
<tr>
<th>UWE Subscale</th>
<th>Pre Mean Score</th>
<th>UWE Rating</th>
<th>Post Mean Score</th>
<th>UWE Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication and Teamwork</td>
<td>20.294</td>
<td>Positive</td>
<td>17.807</td>
<td>Positive</td>
</tr>
<tr>
<td>Interprofessional Learning</td>
<td>16.735</td>
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</tr>
<tr>
<td>Interprofessional Interactions</td>
<td>32.559</td>
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<tr>
<td>Interprofessional Relations</td>
<td>18.647</td>
<td>Positive</td>
<td>15.971</td>
<td>Positive</td>
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**Statistical Analysis** Normality was assessed using the Shapiro-Wilk test for normality and by visual inspection of pre, post and pre-post change histograms. Normality was not violated for the IIS and IRS subscales, and as such were analysed using two tailed, paired samples t test. Distribution of the CTS post scores were found to violate normality however the violation was minor and an adequate sample size was in use and as such a two tailed, paired sample t test was once again used. ILS subscale normality was violated in both the pre and post data sets and as such a nonparametric test, the Wilcoxon signed rank test was used. All tests were assessed at a Bonferroni corrected $\alpha = 0.0125$. 

Normality was assessed using the Shapiro-Wilk test for normality and by visual inspection of pre, post and pre-post change histograms. Because normality for the subscales ILS and IIS were significantly violated, Wilcoxon signed rank test were used to examine the change in the students’ subscale scores before and after the IPE workshops. CTS showed only a minor violation of normality in the distribution of pre post change values, but because of the small nature of this violation and of an adequate sample size, this minor violation was discounted and a paired sample t-tests was used. Likewise IRS data showed a minor violation of normality in the distribution of post workshop scores but was analysed using t-tests for similar reasons. All tests were assessed at a Bonferroni corrected $\alpha = 0.0125$. See Appendix A for more detailed analysis results.
Qualitative Analysis

Students were asked to identify the key positive aspects as well as the challenges of the learning experience and their solutions for these.

Positive Aspects of the Palliative Care Workshop

Others’ roles: As expected, the most frequent benefit of the workshop was the increased understanding students gained for the roles and responsibilities of other health professions.

“Gaining insight into the roles of different health professions.”

“Learning about the roles of each health professional in regards to palliative care.”

“Simply getting a better idea of other professions roles & duties towards patient care.”

Collaboration: The second most frequent benefit mentioned by students was the opportunity to learn and practice collaboration, both across professions and in general in order to accomplish a common goal.

“The collaboration of different professionals.”

“Doing interactive activities within the group of different allied health professionals.”

Alternative paradigms: Similarly to learning about other professions’ roles, a large proportion of students also pointed out the value in being able to have an insight into other professionals’ points of view and priorities.

“Hearing how other care professionals would approach a care programme - seeing their perspective.”

“Hearing perspectives from other professions.”

Peer discussion: Associated with various knowledge and experience gained was the concept of there having been room for discussion between students from different professions. This was highlighted as useful in itself and as contributing to understandings of other roles and viewpoints. This value of discussion was also particularly significant when combined with the value students felt in learning from peers both within and across their professions.

“Chances interacting with students from other profession allow me to get direct explanation of my questions and confusion.”

“Open discussion with students from other professions.”

Relationship building: Again relating to the power of peer discussion, the students felt that another advantage of this freedom to discuss was that it gave them opportunities to develop professional relationships and to network between students.

“Developing professional relationships.”

“…talking to other disciplines, networking…”

“…meeting new people…”

Challenges and Suggestions for the Palliative Care Workshop

More professions: The student’s most frequent suggestion was to increase the number of different professions present in the workshop.

“Lack of good representation of Allied Health - Nurses, Speech, Social Work, made the IPE experience rather redundant when majority of students were OT and Physio”

“Having more varied health care professions participate will be better i.e. having Social Worker, Nurse, Speech Pathology as well as they are more deeply involved in Palliative Care.”

Length and focus: A number of students found that maintaining focus throughout the workshop was difficult, primarily because of its length. Though some felt this was exacerbated by some individuals simply not attending the afternoon sessions.

“Lasting the whole day! Paying attention.”

“Afternoon sessions are difficult - especially when so many had to leave early.”

“The length of the workshop made it hard to concentrate.”

Role play: A number of the students also found the role play to be quite challenging, though almost none specified what made it challenging, only one comment addressed this, and mentioned negotiating roles and maintaining realism of the role play.

“Negotiating roles within the role play. Also debriefing out the role play to feel and seem ‘real’.”

Increased interaction and discussion: A number of the students felt that the workshop could have been improved if there had been greater opportunity for interaction and discussion, in some cases in exchange for less time spent in presentations.

“I would have liked more discussion within a group about a more detailed case study, where the different professions would go around and each say what they would do with the person.”

“...allow more time for peer interaction between students to learn from each other.”

“Make the workshop more interactive, rather than lectures”

Role clarification: A small number of students also felt that there needed to be a greater degree of role clarification. Some students felt this should take the form of increased student discussion and introductions whilst others wanted a written summary presented to them.

“A summary sheet of each profession’s role in Palliative Care, and time to discuss this on the tables.”

“Talk about how to work together when roles overlap. Talk about what OT’s do as people still don’t seem to know.”

“...provide a case study where the students could discuss what they would do in their role, therefore educating others.”
Speaker repetition and lack of collaboration: A small number of students felt that the speakers should have modelled IPE more effectively by collaborating and communicating with each other more. This would have meant less repetition between speakers.

“Do not have a speaker who related everything back to his profession and doesn’t understand what others say in discussion.”

“I feel that the organisation of the day was not collaborative. Speakers repeated the same information over and over - showed poor interprofessional communication on the facilitator’s behalf.”

“More consultation between health professionals about their presentations as they were very repetitive.”

Not relevant to profession: A small number of students, consisting entirely of Medical Imaging students, felt that the workshop was not relevant to their profession.

“I feel that the workshop did not relate to MI students. Need to re-structure the course to accommodate MIT”

“Needs to be more focus on Medical Imaging as this profession was not really mentioned.”

Positive Aspects of the Stroke and Depression Workshop

Other’s roles: Once again, the primary positive outcome of this workshop was the students increased understanding of the roles of other health professions. Beyond this however a large number of students also displayed or expressed the value of understanding the viewpoints and paradigms and alternative approaches of other professions.

“Allowed us to see what other disciplines involved do with the patient.”

“Learning from other disciplines and getting to see how they approach different problems.”

“Working with other professional disciplines and learning from their ideas.”

“Being able to openly discuss topics with other health care professions and get their opinions.”

Collaboration: Very frequently mentioned as a positive was the value and benefit of collaborating across disciplines often because of the understanding and improved client health outcomes this could provide.

“The interprofessional collaboration can only help to improve professional relationships”

“Working with different professionals was useful for better health outcomes for patients.”

“Having the opportunity to collaborate with other students of different professions.”

Care plan: Associated with the collaborative aspect of the workshop, a large number of respondents felt that the care plan in particular was a very valuable part of the workshop. Students also specified that as well as the value of producing a care plan themselves, they found it useful to be able to view and comment on other groups care plans.

“The care plan was a great idea as people could add to it and contribute based on their roles and their understanding of other’s roles.”

“Providing the experience of forming an interdisciplinary care plan for a case study.”

“…and ability to look at other groups’ care plans.”

Client resource - Stroke survivor’s perspectives: Participants highlighted the videos of stroke survivor perspectives as being a particularly positive and useful element within the workshop that re-centred their work on the lived experience of the client.

“The informational videos helped provide a clearer understanding of a person’s lived experience.”

“Hearing from a patient about her experiences (video).”

Discussion: The final common positive aspect, and one that has been expressed in other workshops as well, is the simple value the students place on having the opportunity to discuss a variety of issues with students from other professions, often leading to problem solving and a greater understanding of others’ roles and attitudes.

“Identifying and discussing interprofessional barriers and ways to overcome them.”

“Being able to openly discuss topics with other health care professions and get their opinions.”

Challenges and Suggestions for the Stroke and Depression Workshop

Equal participation: One of the primary, stand-alone issues raised by respondents was the difficulty in ensuring that all members of their group participated equally, with some members posting contributions at the last minute, contributing the bare minimum or simply failing to complete a given task on time, thus making that task more difficult for others.

“(It) makes it difficult to comment when members of the group leave it late to post etc…”

“…I feel some people’s contribution was minimum required, just to meet component pass.”

“Team members not completing workshop tasks on time.”

Face to face: participants very frequently raised some form of complaint that related to the total lack of any face to face contact. This tended to manifest in one of three ways: (1) participants who simply drew attention to the lack of any face to face contact and how that made it difficult to effectively communicate and collaborate, (2) participants who felt that the workshop would better suit their needs if it was run wholly as a face to face workshop, usually a day long workshop, and (3) participants who felt that though the online format was reasonable, some form of face to face contact was necessary.

“I think the workshop would be more beneficial if it was done over a day session in person as I feel this would have
Positive Aspects of the Dementia Workshop

Alternate approaches: The most frequently mentioned positive was the ability to gain an appreciation for other professions viewpoints and approaches

“Discovering how other health professional students are thinking and how they approach healthcare.”

“I had the chance to hear from other professionals in the healthcare profession and to learn from their expertise in their own profession.”

“Getting to know the roles of different professionals and [their] associated thinking patterns.”

Others roles: The second most frequent positive mentioned by participants was the gaining of an understanding of other professionals, roles. For this analysis, this has been treated as separate from understanding alternate approaches to healthcare. An understanding of roles refers to a more basic functional understanding of other healthcare professionals. Of particular mention here was that a number of students commented on now knowing what HIMS students do and how medical coding might affect them.

“Learning about what other professionals do.”

“I now know what a clinical coder does. Before this workshop I wasn’t aware such a role existed.”

“…the importance of good clinical documentation and the effects it has on patient care, clinical coding and funding.”

Client centred care: Another frequently mentioned positive was the increased awareness of the importance of collaborative care, often in the context of the required collaboration in order to achieve this.

“Understanding the holistic nature of clients’ issues was very important to understand their specific context and holistic treatment.”

“Getting an understanding of the ICF framework and the principles of patient-centre care.”

Collaboration: The final frequently mentioned positive was the awareness and value of working collaboratively.

“Forming collaborative relationships to enhance pt care - as all disciplines have shared knowledge that compliments the knowledge of other professions involved.”

Challenges and Suggestions for the Dementia Workshop

Equality: A very frequently mentioned issue was that of a lack of equality, either in terms of the timeliness and quality of contributions within groups or in terms of the way in which some professions had assessments tied up in the workshop while others did not. Indeed, some respondents felt there was a direct connection between the quality and timeliness of the contributions and whether their part participation was assessed.

“The other disciplines didn’t participate fully and had to be constantly reminded of what was required and to respond.”

Irrelevant to profession: A small number of respondents, all medical imaging students, felt that the workshop was not appropriate or relevant to their profession.

“...some questions and activities are very difficult for radiographers or [students] studying medical imaging to complete due to the lack all for experience with patient care for a long period.”

“Also the activities are very direct to other medical professions, radiographers only come into contact with patients for a short period of time, and therefore to create a patient care plan is ensuring the difficult due to the fact that we as radiographers do not come into contact with the patient long enough to sustain a patient to professional relationship”

Online formats: Along with the need for some face to face contact, there were a number of criticisms related to the online format. For instance, some participants found it harder to communicate using the online formats provided. There were also a number of respondents to felt that the interface was confusing, or could be optimized. Amongst the most frequently mentioned interface difficulty was the use of the wiki; students felt that the wiki was difficult to use and that the help page provided for the wiki was not helpful.

“The IPE workshop for stroke was beneficial in some aspects, it is very difficult to communicate with other people [on] the Internet as you can’t talk to them face to face. I would have preferred to talk to my other team members face-to-face to discuss the activities.”

“The discussion board layout was a bit difficult to work with as we were required to jump around a bit.”

“The website links as they were not very user friendly and were hard to navigate to find the right information.”

“I think by week 3 some students including myself had forgotten about WIKI. The WIKI help link wasn’t very informative.”

More professions needed: As in previous workshops, students also felt that a greater variety of professions would have been beneficial, however this was a less pronounced theme than in other workshops.

“Larger groups so we could interact with students from a wider range of disciplines.”

“To include as many health professionals in each group as possible- i.e. the inclusion of social workers and dietetic students.”

Irrelevant to profession: A small number of respondents, all medical imaging students, felt that the workshop was not appropriate or relevant to their profession.

“...some questions and activities are very difficult for radiographers or [students] studying medical imaging to complete due to the lack all for experience with patient care for a long period.”

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“Not everyone was as involved as I would have liked, if other members took the workshop more seriously then they would have got more out of it, this was more evident when I discovered that not all members had an assessment mark weight attached to completing the workshop.”

“If the IPE isn’t compulsory for all involved then it seems that not everyone participates as they should. The HIMs were given 2 groups as we supposedly had less work than other disciplines, but we ended up doing the most by far.”

Not relevant to profession: Once again a number of respondents felt that the workshop content was to appropriate for their profession. This manifested in two ways, with some students simply feeling that the workshop was extremely HIMs focused to the detriment of everyone else, whilst others felt that their profession in particular had a minimal part to play within the scenario. The latter group featured primarily psychology and pharmacy, but also included medical imaging. Whilst pharmacy and medical imaging felt there was very little involvement for their profession, psychology students tended to argue that this situation might be appropriate to clinical psychology students, who would be more readily placed to function within a clinical setting, but was not appropriate for undergraduate students who had no placement experience or clinical exposure.

“The other students were essentially the support material (i.e. provided medical advice) for the HIM students to work on. I think it may be more worthwhile to make this case a HIM only (workshop) since the other students can’t really contribute much to it due to the nature of the case.”

“This case is not one that a pharmacist would be very involved in, and so I didn’t have much to add from a profession-specific point of view.”

“No one was as involved as I would have liked, if other members took the workshop more seriously then they would have got more out of it, this was more evident when I discovered that not all members had an assessment mark weight attached to completing the workshop.”

“Do this workshop partly online and develop some element of meeting up and working together.”

“The workshop may be improved by having the students to actually set a face-to-face meet up time each week to discuss about the case so that everyone can make contributions to the learning.”

Workload and time estimates: A small number of respondents also felt that the workload was either too high or the estimated inaccurately.

“The workload, personally, I am not being assessed on it; it was like taking a whole other unit. Too much work.”

“The HIMs were given 2 groups as we supposedly had less work than other disciplines, but we ended up doing the most by far.”

Positive Aspects of the Interprofessional Care and Communication Workshop

Learning others’ roles: As expected one of the primary advantages noted by participants in the understanding they gained of the roles and responsibilities of others professions. A significant number of students also made the distinction between understanding their roles and being exposed to alternate paradigms inherent in different professions. Again, this was seen as a highly useful experience.

“It was useful to develop a care/treatment plan with all different health professions, as it clears any doubt of other’s roles as well as gain knowledge on other’s roles”

“Hearing the perspectives of other health care professions & the differing experiences & approach to the same issue.”

Positive responses to lecture content: The second most prevalent positive aspect of the workshop was the quality and content of the lectures, whilst both lectures are mentioned frequently, the communication lecture in particular was praised. In association with this lecture, the content that discussed dealing with and understanding difficult clients garnered significant mention. It is worth noting also, that though there was significant praise for the wound care/skin tear lectures as well, a number of students questioned its relevance to an interprofessional setting, or felt that it was not addressed in a way that made it relevant for interprofessional practice.

“The communication lecture is very mind opening and makes us more aware of and also more able to interpret other people behaviours. The wound care lecture is very useful and educational.”

“Face to face: Again, a significant number of respondents felt that the workshop would have benefited from some face to face contact. They either felt that it would be run as a completely face to face workshop, or felt that some face to face meeting would have greatly enhanced the online component and the workshop as a whole.

“The online workshop didn’t create as much of a discussion as I thought it would. I feel that if it was conducted face to face the whole project could have been completed in 1-2 days with a lot more discussion between students.”

“The lecture on communicating with patients was particularly helpful in starting to get an idea about why patients may react ‘difficultly’ to instructions.”

“Although interesting, I was really confused as to how wound tearing lecture applied to interprofessionally communication/ Didn’t really seem to be relevant to interprofessional communication.”

Communication: Communication was, likewise, seen as a very important benefit. This primarily took two forms, firstly the development and opportunity to practice effective communication both across professional boundaries and in general, as well as the benefit of simply being given the opportunity to communicate with other professions in order to share ideas, approaches and understanding.
“I experienced what made an effective team meeting + what didn’t. Also learnt some good points about communication strategies.”

“The communication [lecture] from Pam was great. Made me really think about the way I communicate.”

“Chatting to other students, finding out more about their training and experiences and finding out what they think about with Nursing.”

“...just talking to students in other health professions to get a good idea about what role their profession plays in patient care.”

Collaboration: Along a similar vein to communication, the opportunity to learn and practice collaboration was highlighted as a primary advantage of the workshop. It was also clear that several participants felt that the act of collaboration involved in developing the care plan really drove home the need for effective collaboration between professions.

“The presentation helped me a lot and the interprofessional care plan showed me how much we had to work with other professionals.”

“It was good to work together on one case study and get other perspectives on the problem.”

“Working and discussing with students from other health professionals in the same case study [and] working collaboratively on a care plan.”

Challenges and Suggestions for the Interprofessional Care and Communication Workshop

Diversity of professions: Unsurprisingly the most common criticism was the lack of diversity of professions. Most students mentioned this directly. It did however also manifest in students’ critique of group size in which students felt that because groups often had a number of the same kind of profession in them, the groups could be made smaller.

“Not having all health and social disciplines in the group (some were over represented and some were completely absent.”

“Lack of all required health professionals to develop a holistic approach to care (no psych, doctor, speech pathologist).”

Collaborative challenges: Though not a criticism, effective collaboration proved to be a challenging task, because of the complexity of the clients and the need to prioritize differing views between professions, as well as the inherent difficulty of reaching compromise and ensuring that all members of the team contribute equally despite shyness, reservations or doubling up of professions.

“Integrating all viewpoints into a single care plan and prioritising the interventions that were put forward by each health profession.”

“Allocating a group leader during group discussions. We failed to do so and it was difficult for everyone to get a say in these small group discussions.”

“Difficult to prioritize client’s issue because all professionals have their own point of view.”

“It was difficult to prioritise a problem list for this client because each discipline placed importance on different problems.”

Role play: A large number of students found the role play to be particularly challenging, however, the majority of students that commented on this did not specify what was challenging about it. Those that did respond in a more detailed manner raised the difficulty both of dealing the non-cooperative client, and the challenge of acting and thinking like the non-cooperative client.

“Role-play with the most difficult patient EVER.”

“The aspect I found most challenging was one role play. Although I only played the client it was difficult in how I should be playing the client. Role plays are helpful as well though.”

“It was challenging to communicate and make a “difficult” client understand reason for care plan.”

Relevance: Whilst not a common complaint, and already mentioned briefly above, a few students questioned the relevance of parts of the workshop, such as the wound care presentation and apparent emphasis on Physiotherapy and OT interventions, to the IPE nature of the workshop as well as to their own profession.

“Wound care as I did not see its applicability to the overall topic of this unit/session as well as its applicability to my profession.”

“Felt that the role-play exercise was more targeted towards the OT and Physio students, so as a Pharmacy student I learn a lot but would have appreciated an exercise more relevant to my field as well.”

Introduction: A number of students also suggested that there needed to be a greater opportunity to introduce each profession and their capabilities, though some students favoured more time to discuss and conduct these introductions themselves, whilst others felt that a pre-existing handout or summary would have been useful.

“Provide the opportunity for discussion regarding what each profession has to offer within different health contexts/settings”

“It would be great if there is some info leaflet/notes about every other profession in this medical field, so we all know what we are specialised in (e.g. pharmacy - medication) and thus know when to refer to professionals!”

Online components: Though not a frequently mentioned topic, a number of students brought up the online component of the workshop. Slightly more students found it beneficial than not, however it was suggested that a greater emphasis and time period for it would have made it more useful as well as having a more established structure to the online components.

“Discussion board was beneficial for improving group discussion in face-to-face meeting.”
“More structure on blackboard regarding online workshop (maybe more time?)”
“Give more time for online discussion (not) just 1 week!”

Overall Experience Rating

Students were asked to provide an overall rating of the workshop experience on a 5-point Likert scale from very poor to very good. The results are shown below:

**Figure 1. Palliative Care Workshop Experience Ratings (N=87)**

- Very Poor: 0.0%
- Poor: 4.4%
- Average: 20.2%
- Good: 60.9%
- Very Good: 13.6%

**Figure 2. Stroke and Depression Workshop Experience Ratings (N=64)**

- Very Poor: 0.0%
- Poor: 7.8%
- Average: 32.8%
- Good: 42.2%
- Very Good: 17.2%

**Figure 3. Dementia Workshop Experience Ratings (N=44)**

- Very Poor: 4.5%
- Poor: 18.2%
- Average: 22.7%
- Good: 40.9%
- Very Good: 11.4%

**Figure 4. Interprofessional Care and Communication Workshop Experience Ratings (N=106)**

- Very Poor: 0.4%
- Poor: 0.0%
- Average: 12.3%
- Good: 64.1%
- Very Good: 21.7%

**Overall Results**

**Palliative Care**

- Communication and Teamwork, Interprofessional Learning and Interprofessional Relationship subfactors showed statistically significant improvement with a medium, large, and large effect size respectively.
- Interprofessional Interactions showed no statistically significant improvement and a small effect size.
- 74.7% of respondents rated their experience as good or very good.

**Stroke and Depression**

- Communication and Teamwork subfactor did not show a statistically significant improvement, however it was approaching significance, with a medium effect size.
- Interprofessional Learning and Interprofessional Interactions subfactors showed no statistically significant improvement, and both showed tiny effect sizes.
- Interprofessional Relationship subfactor showed a statistically significant improvement, with a medium to large effect size.
- 59.4% of respondents rated their experience as good or very good.

**Dementia**

- There was no statistically significant change in any of the UWE subfactors. However the Communication and Teamwork and Interprofessional Relationship scales would have been significant had the analysis not required a statistical correction for the number of analyses conducted. It is also worth noting that the lack of significance is likely due to low statistical power because of the small number of respondents.
- 54.5% of respondents rated their experience as good or very good.

**Interprofessional Care and Communication**

- Communication and Teamwork, Interprofessional Learning and Interprofessional Relationship subfactors showed statistically significant improvements with a large, medium and medium effect size respectively.
- Interprofessional Interactions showed no statistically significant improvement, with a small effect size.
- 85.8% of participants rated their experience as good or very good.
Staff Feedback
Feedback was requested from both the relevant unit coordinators and the staff facilitators for the workshops. A detailed debriefing was also held by members of the IPE Team involved in the project.

Positive comments from unit coordinators included:
“Dementia workshop went much better than last year (and last year I was hugely impressed)”. 

“Facilitation was reported by students as excellent”.

“All HIM students have completed a reflection and 100% said they felt it was a valuable experience and they learnt much more about HIM and their own capabilities and role in health, as well as about other professions”.

“Many students found this a very valuable learning experience and managed to overcome the difficulties I have outlined … and really enjoyed collaborating with other team members, and completing the activities”.

“Many of them also learnt some lessons about managing groups, and working in an online environment”.

“Overall, I really do feel that the Dementia Case Study offers a great authentic learning activity for students and I do hope that it continues next year. I do feel that overall there was a lot more ‘collaboration’ this year between the student’s, which was great to see”.

“I think that the HIMs students did a fantastic job in leading the final two weeks of the case study and it was clear that they put a lot of work in. It was also very clear that Keryn had provided them with very good direction regarding what was required of them. This made a huge difference. I do hope that they feel that their significant contribution was valued by the rest of their IPE groups.”

“A number of the students commented positively on the face-to-face component as being valuable in working with other students with differing perspectives”.

Positives comments from facilitators included:
“I thought it all went quite well … it was great for me to be able to do this from home in my own time”.

“I think that it is a great way of achieving IPE in an economical way, however I think some of the students struggled with it being online”.

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Communication: “I don’t think it worked as well this year with all of the activities being ‘available’ at the start of the IPE. I think the ‘weekly release’ of activities does work well for case studies like this as it ensures that the students read the instructions carefully at the start of each new week as they see the new content / instructions. Last year there were also some ‘welcome / weekly’ messages programmed for release at the start of each week to guide students (e.g. “Welcome to week 3. This week you will be working in the Wiki space to work collaboratively on your care plan...”) – I think this really helped clarify the aims of that week’s task & the technology required (i.e. Wiki vs. discussion board) – this might help with some of the confusion around expectations that was evident this year”.

Key issues raised by unit coordinators were:
Structure: “The students who completed the dementia and the stroke workshop felt the stroke workshop was less organised”; “Clearer information for students when announcing IPE, “sell” it clearer and earlier”.

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Structure: “The students who completed the dementia and the stroke workshop felt the stroke workshop was less organised”; “Clearer information for students when announcing IPE, “sell” it clearer and earlier”.

Delivery: “Perhaps more face to face workshops”.

Participation: “Either not all participants completing set activities or not completing activities in a timely manner, and therefore other students were either completing actions for other professions, or working without this”.

“The online section focused on the individual student and I was wondering if there were ways that section could be structured in ways which better facilitated more collaboration”.

“More incentive to contribute and problem solve at the workshops”.

Group composition: “Some groups lacked professions such as OT, nursing or physiotherapy who are generally considered vital to managing the client case study provided. Missing one of these was manageable if the other members participated, however missing a combination of these resulted in a negative experience for the students”.

Technology: “Students still struggled with WIKIs and found this very frustrating. For groups experiencing difficulties this was compounded by a facilitator who didn’t act promptly to help them out with information”.

Embedding: “Ideally, it would be great if the Dementia IPE workshop was embedded into units and linked with assessment tasks to promote equitable engagement with the case study. I can understand the logistics that hinder this, however I do feel it is important for student satisfaction / learning”.

“Look at how students’ input (or lack thereof) could affect their assessment grade for their unit assessment for IPE”.

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"... several groups seemed to struggle when only a couple of people contribute this was limiting the breadth of the discussion/abilities of students that were contributing”.

“I think some of the students found it difficult to contribute to things outside of their profession e.g. some of the Psychology and MIS students commented that they normally wouldn’t be involved in this type of case. An initial discussion about the idea of this workshop and emphasising the point that it should be about discussion could help with this. For example a MIS student could ask questions of other students etc.”.

“It was disappointing that some students did not participate and take advantage of the opportunity, maybe it should be graded, and in which case, students might be more motivated to participate as their participation would reflect their final mark”.

**Delivery:** “... some of the students struggled with it being online. Perhaps the students should be briefed on the process before the start of the workshop so that there can be no excuses due to lack of familiarity with the technology”.

**Summary**
Overall the interprofessional education workshops were successfully implemented in 2011 with 854 students from across the Faculty, plus medical imaging students, involved.

Significant differences were noted in the workshops with Dementia at the lowest level—54% of students rated this workshop as ‘good’ or ‘very good’ and no subfactors of the UWE increased. The Stroke and Depression workshop was next with 59% of students rating it as ‘good’ or ‘very good’ and only 1 out of 4 UWE subfactors increased. The Palliative Care and Interprofessional Care and Communication workshops were the most successful with 75% of students rating the Palliative Care workshop as ‘good’ or ‘very good’ and 3 out of 4 subfactors of the University of West England Interprofessional Questionnaire (UWE) significantly increased. 76% of students rated the Interprofessional Care and Communication workshop as ‘good’ or ‘very good’ and again 3 out of 4 subfactors increased.

Further qualitative comments were received from students which raised numerous themes. The key benefits of the workshops were: learning the role of other professions, the opportunity to collaborate and engage in discussion with others, insights gained into other professional perspectives and approaches, opportunity to network and build interprofessional relationships, developing a care plan, listening to clients stories, learning about client-centred care, and developing more effective interprofessional communication skills.

The main concerns were the lack of representation of some professions in workshops (limited diversity), lack of equality in participation or expectations (mainly related to the assessment task), challenges with role clarification and collaboration, the lack of face to face contact and/or difficulties with the online learning environment, and finally the relevance to some professions.

Feedback from unit coordinators and the facilitators was also gained with several issues raised. The integration of this feedback has lead to following recommendations.

**Recommendations**
A number of important lessons were learned from this exercise which will assist in refining the workshop process for 2012. The wide range of positive feedback from students indicates that the implementation of the IPE Workshops have overall been well received this year. To further improve the IPE Workshop experience for students, the IPE team continually review and identify areas that could be improved and are moving forward on issues such as:

• Initiation of the development of an online student registration that will populate a database that can then be used to allocate students to work groups.
• Improvement of the Facilitator information package.
• Improved online instruction/structure for both students and facilitators.
• Further streamlining of criteria for discussions so that all students are aware what is expected of them and facilitators can provide objective feedback.
• Promotion of the IPE Workshops to Schools to encourage embedding of the resource into a unit to ensure buy in by facilitators as well as students
• Continued targeting of sessional staff as facilitators.
• Clearer articulation of learning outcomes and assessment tasks for students and staff.
• Provision of exemplars and marking rubrics to provide increased clarity for students of the expectations for this learning experience.
• Increased engagement with unit coordinators to aid communication with students.
• Preparation of the facilitators includes a face-to-face meeting where possible and more detailed information package.
• Release of activities week-by-week with clear message to students on what is required/expected for that week.
• Clearer method for easily identifying each students contributions particularly to group documents such as care plans and on discussion, eg Wiki.
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References


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