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An Innovative Partnership Approach to Programme Delivery Within an Allied Health Degree.

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Introduction and Literature Review

The development of a new inter-professional allied health degree at the University of Salford provided opportunities for partnerships with a number of organisations & individuals. This report will focus on the partnership with the Manchester Mental Health and Social Care Trust which led to collaboration with a team of experienced occupational therapists to develop, deliver and assess a second year module. This report will outline the tripartite evaluation of the module by students, tutors and practitioners. It will highlight the practitioners learning needs, the challenges and advantages of this approach and our ideas for developing the partnership and module further.

There are a number of drivers which encourage universities delivering allied health programmes to develop partnerships with stakeholders and engage practitioners in student education:

> The Knowledge and Skills Framework and the associated National Occupational Standards for Allied Health Professions indicate that qualified professionals should contribute to the development of the knowledge and practice of others and promote partnership working, for example, links with higher education providers (DoH 2004). According to Ousey (2001) the development of robust partnerships between academia and clinical practice are essential to bridge the theory-practice gap and can be achieved by practitioner involvement in pre-registration teaching.

> The Health Professions Council which registers and regulates 13 professions expects those registered to abide by certain standards related to conduct and continuing professional development, including the teaching of others (HPC 2006).

> The Quality Assurance Agency sets standards and monitors the quality of Higher Education delivery. When the University's health professions programmes were last reviewed in 2004 a commitment was made to continue to develop good working relationships with practice colleagues.

The Allied Health programme was developed, as one of 13 pilot sites across the UK, to meet the Government's modernisation agenda for health care delivery, which focuses on workforce expansion and the development of flexible careers and patterns of working. It also provides directives on team working and the effective utilisation of staff at all grades within teams, to improve service user care. There is an emphasis on shaping services around service users and carers, providing the service user with information and helping people to keep healthy *(DoH 2000a; DoH 2000b; DoH 2000c).* The modernisation agenda is linked to education and training in an effort to

support the development of best practice and provide flexible and widened access to education. Core curriculum content is suggested in order to encourage inter-professional awareness and practice *(DoH 2000b),* which focuses on communication skills and National Health Service (NHS) principles and organisation; it is suggested that this might be delivered via common foundation learning.

The University of Salford's pilot programme has been developed to reflect this modernisation agenda and the aims are to:

1. Provide wider and more flexible access to pre-registration education

2. Develop stronger partnerships with stakeholders, through their involvement in the development and delivery of the academic and practice components of the programme

3. Provide inter-professional education and training across professional and organisational boundaries

4. Develop practitioner skills by focusing on practical experiences, through practical experiences, such as placements, University based clinics and skills laboratories.

5. Meet health and social care sector needs for more qualified therapists with broader roles

The aims were operationalised into a BSc Honours Degree in Occupational Therapy, Diagnostic Radiography, Physiotherapy or Podiatry, which is achieved via an inter-professional Foundation Degree in Allied Health.

The programme is unique within the University of Salford in its delivery via a common first year and the use of shared modules throughout the programme, to encourage team working. Other innovations include foundation degree entry as access to a BSc honours degree to widen access and the introduction of flexibility into pre-registration training through the use of step on/off points at first and second level, should a student experience financial or personal difficulties. These points provide academic qualifications and the skills suitable for non-registered worker employment i.e. at assistant practitioner level. The programme also builds on existing good practice within the University in the thin streamed delivery of some practice placements, which encourages the student to integrate theory and practice.

The programme utilises a hybrid Problem Based Learning (PBL) approach, which involves the use of problems or triggers supported by key note and negotiated sessions, directed study guides, skills laboratories and tutorials, to enable the student to learn problem-solving skills and acquire knowledge *(Wilkie, 2000).* Within this programme, PBL is used to cut across the artificial boundaries between knowledge and skills training, which often occur in traditionally delivered programmes, so that student learning is grounded in the real world *(Gibbs, 2002 in Lancee et al, 2004)* and to ensure the material is meaningful and relevant as it is established that memory is enhanced when this is the case *(Norman and Schmidt, 1992).* In PBL, learning focuses on issues of importance to life and on the future of our rapidly changing world

(Margetson, 1991 in Lancee et al 2004). For the purpose of this module one real life case was produced; components of which were used to develop weekly triggers in order to enable the students to meet the module learning outcomes.

Rationale

The profession specific module chosen for this collaboration is designed to develop the student's knowledge and skills so they can work with people with psychological disorders, while exploring the wider contextual factors which impact on the delivery of occupational therapy services. Because this innovative approach involves practitioners in the development and delivery of the module it is important that student feedback on the content and delivery of the programme is regularly collated. An action research approach has been adopted so that the programme is monitored and adapted accordingly to maintain high standards, ensure learning outcomes are met and avoid attrition.

Method

The process
The process involved a tripartite evaluation of the module by students, tutors and practitioners.

Practitioners were asked to individually reflect on their experiences in writing; no specific model of reflection was suggested.

The students were asked to evaluate the performance of 10 different practitioners from the Manchester Mental Health and Social Care Trust who had been involved in delivering the module. For many of the practitioners, this was their first experience of formal teaching. Some taught individually whilst others taught in pairs. Some delivered key note sessions; others ran skills laboratories, or tutorials.

All the practitioners were evaluated on their knowledge level & presentation of self and the students were asked to identify key types of behaviour they found most valuable together with giving the practitioners advice for future teaching sessions.

The feedback was obtained from the students using four existing semi-structured questionnaires, which were administered on completion of the module:

- University of Salford's standard "module evaluation" form which asks the student to rate their satisfaction with the module, and identify their likes and dislikes.

- Directorate of Radiography "Problem Based Learning group functioning evaluation" form which utilises a Likert Scale to enable students to indicate their perception of the quality of the student group functioning.

- Directorate of Radiography "trigger content evaluation" form which also utilises a Likert Scale to enable the students to analyse the quality of the

problems or triggers presented throughout the module. The statements were focused around the themes of clarity, depth and learning output.

- Directorate of Radiography "facilitator rating evaluation" form where the student indicates whether the tutor demonstrated the behaviour specified in a sufficient, neutral, or insufficient way. Statements include;

  - The tutor demonstrates he/she is well-informed about the process of problem-based learning.
  - The tutor stimulates all students to participate actively in the tutorial group process
  - The tutor contributes towards a better understanding of the subject matter.

  This evaluation also asks the student to provide an overall judgment on the performance of the tutor on a scale of one to ten, together with qualitative data regarding perceived valuable behaviour and advice to facilitator.

The tutors involved also completed a written reflection of the module's overall development and delivery, considering key areas of difficulty and positive elements.

Findings

Practitioner reflections
Overall, the practitioners viewed the experience positively in terms of their own experience and that of the students. Certain challenges were highlighted which were often related to their relative inexperience in teaching and the educational environment.

The practitioners viewed the experience as positive from a student perspective. They reflected on the benefits of using a real case, assessment tools and interventions to promote an effective, motivating and relevant learning experience:

> *'They (the students) commented that one of the things they found most helpful was 'real-life' examples of how things are done in a clinical setting.'*

> *'The students were interested in the case study client, almost as if they were actually working with him, so it was obvious that the idea had worked well.'*

Practitioners found that on most occasions students were able to relate to earlier learning to assist them with the case.

A number of reflections highlighted the teaching inexperience of the practitioners which often led to nervous anticipation:

> *'Nervous and unsure that we would meet the students expectations.'*

> *'Unsure on how to pitch the sessions as we were unaware of how much knowledge the students had on OT models.'*

A number of improvements suggested were related to an increase in the amount of training around lesson planning, setting learning outcomes and further problem based learning technique support.

All practitioners referred to some form of difficulty with cross organisational working with either their teaching preparation or the session itself. Most commented on the educational environment based on their expectations or challenges they experienced:

> *'Rooms difficult to find and not necessarily fit for purpose i.e. appropriate equipment. One session did not start for 20 minutes due to late arrivals. Students had no way of informing me of this.'*

Most practitioners stated that the preparation was rushed and would have liked further opportunities to collaborate to ensure they were more prepared. One particular issue raised often was the consistency of the case presented:

> *'We had fairly limited time to meet as a group, plan, prepare and organise the module. As there were quite a few different occupational therapists involved and we were following a case study, it meant each teaching session had to be in line with the other sessions.'*

All practitioners commented on how they had benefited from teaching either personally or in terms of their clinical practice. There was a particular emphasis on consolidating existing knowledge and skills:

> *'As you spend much of the day rushing around on auto-pilot, it made a change to sit back and to really consider what we do and why, and to think about how to explain that to someone else.'*

> *'Developed a personal deeper understanding of occupational therapy models, particularly the MOHO.'*

Two practitioners highlighted the difficulty in imparting some of the technical language used when explaining theoretical models and furthermore assisting students to understand that on occasion there may not be a right or wrong answer to a clinical question.

Student questionnaires
The cohort of students for this profession specific module was small. 4 students attended the teaching and 3 students were available to evaluate the tutors, thus reducing the sample size. However, the feedback is still valuable for the evaluation of this module and there is no intention to generalise the findings to other teaching experiences.

An overwhelming theme identified was that learning was facilitated by the practitioners being friendly and approachable, 9 comments were made on this feature alone. The students also valued a tutor who was enthusiastic about the role of occupational therapy (5 comments), supportive to the students (3 comments) and calm

and relaxed in their approach (4 comments). This type of behaviour helped to put the students at ease and generated an atmosphere *"conducive to learning"*. The students enjoyed a practical approach to teaching and benefited from the practitioners *"in-depth knowledge"*, feeling that they could identify with the practitioners and their use of real life cases.

Students were happier when they felt the tutors identified their current level of knowledge / understanding and then pitched the session appropriately. Students also benefited from tutors who encouraged active engagement in the sessions and who questioned their levels of understanding and *"really made us think"*. When supported by enthusiasm and encouragement, the active approach was felt to be a positive learning experience; the students felt they were not allowed to get away with anything and enjoyed the debate, although they felt this approach may have to be adapted for less experienced students.

All the above could be related to the practitioners acting as positive role models for the students, encouraging learning and reinforcing the occupational therapy philosophy of the service user centred approach, with the student rather than the service user now being at the centre of the learning process. All students commented that the sessions had increased their level of confidence in the subject area, reinforced their choice of profession and left them feeling more confident in their abilities to function as an occupational therapist, while looking forward to a subsequent mental health placement.

The advice that the students gave to the practitioners was linked very closely to the positive behaviours commented upon above:

- Centred around the practitioner being more relaxed and considering the students' prior learning.

- Students were keen to see adaptability in the content once their level of knowledge had been established.

- They enjoyed the challenge of being questioned as this promoted a better level of understanding but again, requested adaptability for less experienced students.

- The practical approach was encouraged and the students liked the excellent handouts and supplementary materials.

Tutor reflections
The tutor reflections identified the following:

Real occupational therapists: students were keen to be taught by practitioners who they saw as *"real occupational therapists"* who must know so much more than the academic staff, which felt frustrating for us.

Risk: we were aware that this kind of approach had not been trialled in such an extensive way before, therefore a huge risk was taken; the academic staff also

experienced anxiety at handing over the development and delivery of the module to practitioners who were relatively inexperienced in teaching.

Timing: the practitioners seemed keen to be involved but the timescale was ridiculously short – would we be ready in time to deliver the module effectively? Flexibility was the key; we had to be able to offer the structure to fit the practitioners' busy schedules in order to get them involved, the University's central room booking system might not be happy with room booking changes to suit individual staff commitments but we would have to make it work.

Fears: This particular group of students were very anxious about the area of mental health and we think the delivery of sessions by practitioners working in the area on a daily basis helped them to reduce their anxieties and realise that the occupational therapy process is the same wherever they work.

Content of sessions: The clinical area was very busy and as the weeks passed we knew the definitive session plans and tutor guide we had talked about producing were in reality unachievable, given the practitioners' clinical case loads.

Culture: We are not sure this approach would work with any team; this team is managed by David Marsden who is forward thinking, flexible and encouraging of continuing professional development.

Discussion

The module was perceived to be a positive collaborative endeavour by the students, practitioners and academics involved, this is supported by evidence that students had achieved the learning outcomes as reflected by the students' successful completion of the module assessment and the practitioners desire to deliver the module again.

Both students and practitioners felt that the real life nature of the module delivered by practicing occupational therapists, assisted the students to see the relevance of theory to practice, helped them to recognise the context within which occupational therapy services are delivered and developed their practical skills. Students also gained from active participation in their learning, which is supported by Flanagan (1998 in Ousey, 2001) who argues that students benefit from an active role in learning that enables them to question practice as opposed to simply being presented with the theory.

The practitioners felt there was insufficient time to prepare; whilst this was not reflected in the student evaluation the students did comment on the practitioners' anxiety, which may not have been an issue if the practitioners had had more preparation time.

Conclusions

The practitioners have survived and developed new skills in areas such as PBL facilitation, trigger development and group management. The cross-organisational working has been successful in that students feel they have a better understanding of

occupational therapy and a reaffirmation that occupational therapy is the profession of choice for them. Varied trigger ideas have been developed to engage students with varying learning styles and to keep the format interesting. The practitioners feel positive about the future, although we are all aware that continual development is necessary and the evaluation process could be improved.

We believe practitioners have a responsibility to be involved in the pre-registration training of health professionals, using practice informed material, in order to ensure the future work force is competently equipped to best meet the needs of service users in an ever changing health care system.

Action plans for forthcoming academic year:

- A number of practical matters require attention, for example the draft tutor guide which details the session aims, content & weekly triggers needs to be finalised and the staff 'housekeeping' handbook, which includes room locations, claims forms etc needs updating.

- The evaluation has made additional staff training needs apparent; we intend to deliver sessions on a number of areas including the writing weekly of learning outcomes & lesson planning.

- The module has just been delivered for the second time therefore a comparative evaluation of the two years of module delivery is planned.

- Further links between the University & Trust are envisaged around collaborative research.

- Some of the practitioners who delivered the module are now teaching on other modules within the programme but we would like develop this partnership further.

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