Service Evaluation Project:

An evaluation of the West Yorkshire Inter-Professional Education Initiative

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Contents

1. Introduction

Interprofessional Education has been identified as a standard of best practice across health care professions, including Clinical Psychology (Johnson, Stewart, Brabeck, Huber, & Rubin, 2004). It is based on the rationale that patient outcomes are improved when healthcare professionals work effectively together and share knowledge and ideas (CAIPE, 1997). Previously, IPE has been introduced at post-qualification level, with the argument considered that pre-registration students do not have sufficient experience and knowledge of their own professional role at this stage of development to benefit from the learning that is expected to take place during IPE (Pirrie, Wilson, Harden & Elsegood, 1999). It has been counter-argued that the experience of IPE should be seen as a continuum of learning, which begins at the pre-qualification stage and continues throughout the learner's career (Freeth et al., 2005). Supporting research has since been able to demonstrate the success of implementing IPE at pre-qualification stage (Thistlethwaite, Kumar, Moran, Saunders, & Carr, 2015) . In 2010, the Health & Care Professions Council (HCPC) added IPE to its standards of education; a set of standards which education and training programmes must meet to be approved. Although IPE is now a mandatory part of healthcare profession training there is still little guidance around how and when IPE should be implemented to ensure it is successful in meeting is intended learning outcomes.

The purpose of this report is to initially provide an overview of the integration of Interprofessional education into higher education programmes. I will then present the results of an evaluation of the West Yorkshire Interprofessional education workshops, then finally I will offer some recommendations, based on the findings of the evaluation. Considerations and recommendations are separated in the interests of the commissioners (those specific to the Leeds Doctorate of Clinical Psychology course are indicated in text boxes). Considering

the importance of disseminating research findings to inform service delivery (BPS, 2017), the findings will be disseminated to the commissioners of the project in the form of a report and presentation.

1.1 Defining Interprofessional Education (IPE)

Interprofessional Education (or Interprofessional Learning) is defined as: "occasions when two or more professionals learn together with the object of cultivating collaborative practice" (CAIPE, 1997, pp. 19) and has now been included in the Standards of Education and Training for Education Providers set by the Health and Care Professions Council (HCPC, 2018). Based on the premise that effective multidisciplinary team working is an essential part of providing healthcare; the goal of IPE is for students to learn how to work well in an interprofessional team. It is hoped that students can then take this learning into their future practice and use it to work towards providing interprofessional patient care as part of a collaborative team, with a shared focus on improving patient outcomes (Fielden & Ledger, 2017).

1.2 DClinPsy Programme Accreditation

The HCPC and British Psychological Society (BPS) both inform the regulation and accreditation of Doctorate in Clinical Psychology (DClinPsy) courses. Whilst the HCPC, a professional regulator, set out standards of proficiency, the BPS; a professional body, uphold their own set of guidance in relation to best practice. All DClinPsy programmes are required to demonstrate compliance with the HCPC guidelines (HCPC, 2015). The British Psychological Society hold standards of accreditation, which programmes must adhere to, in order to maintain accreditation. Included in these standards is that all programmes must

demonstrate opportunities to maximise IPL (BPS, 2019). However the BPS do not prescriptively set out how individual courses achieve such standards.

1.3 Background

1.4

Previously on the Leeds D.Clin course, it was expected that IPE opportunities could be attained during placement based learning, however the addition of the HCPC guidelines made it clear that those in pre-registration training programmes should be given the same experiences of IPE (and opportunities to learn together). Due to the highly variable nature of IPE experiences across placements, placement experience alone was not deemed sufficient for all programmes. In 2018, D.Clin students were instead invited to attend IPE workshops ran by the West Yorkshire IPE initiative, coordinated by the University of Leeds.

In pre-registration health training programmes, there can be limited opportunity to spend time with, or learn from other professions. Contact time with other professions will vary from course to course and will also be dependent on the stage of student development. Whilst the role of each profession differs significantly, the need to access effective IPE during the training stage of pre-registration careers is the same, given that IPE has been shown to improve patient outcomes across a range of settings (Marcussen, Nørgaard, & Arnfred, 2019; Reeves, Perrier, Goldman, Freeth, & Zwarenstein, 2013). In NHS and other healthcare settings, there is a need to work as part of a multi-disciplinary system, whereby shared understanding of patient presentation, intervention and patient need is essential (Fernandez et al., 2017). Poor communication and interpersonal conflicts are cited as common barriers to effective MDT working (O'Reilly et al., 2017), with specific intra-professional differences such as interpretation of patient need also highlighted as a barrier (Hall & Weaver, 2001). If a professional is particularly wedded to an idea that does not allow for a wider view of patient

need (for example, focusing only on pharmacological intervention without consideration for social or psychological intervention) this can lead to conflicts within the MDT and overall, potentially less effective patient care. It is true that each profession will hold their own level of expertise and skill and the hope of IPE is not to devalue that individual level of skill. In contrast, it aims to extend thinking, a more encompassing view of patient need, based on sharing knowledge and ideas between professions. It is therefore significant that IPE workshops are able to meet the intended learning outcomes for all attendees, despite intra-professional differences. This is a particularly complex task, given that there are a number of factors to consider in the effectiveness of IPE, such as, skills and impact of the workshop facilitators, membership of the group and experience and developmental levels of learners (Barr, Freeth, Hammick, Koppel & Reeves, 2000).

There are indications that work-based experiences may be most effective in consolidating learning in health professions, with a significant amount of the evidence base coming from the field of nursing and medicine, although other methods of implementing IPE have been tried and tested, including both didactic and interactive methods. Interactive approaches to learning in IPE have been demonstrated as particularly conducive to good IPE experiences in previous research (Fernandez et al., 2017). This can be understood based on Kolb's model of experiential learning, whereby learning is seen to occur through active participation in experiences. Experiential learning theory defines learning as "the process whereby knowledge is created through the transformation of experience*"* (Kolb, 1984, as cited by Fewster-Thuente & Batteson, 2018). In IPE, this can be achieved by activities such as participating in role-play simulations of patient interactions and participating in MDT team discussions.

The differences in implementation of IPE and the complexities of delivery, mean that it can be difficult to evaluate its outcomes and demonstrate effectiveness. Previous evaluations of

IPE schemes have tended to focus on participant's immediate responses to the learning that has taken place. Positive feedback from participants about the learning experience is often taken to imply that motivation for collaborative practice has been enhanced (Barr, et al., 2000). However more comprehensive evaluation is necessary to fully understand the wider influence of IPE. The impact of possible outcomes to attending IPE have been conceptualised as a four-level framework developed by Donald Kirkpatrick, which has been demonstrated to be a useful tool to evaluate training outcomes (Smidt, Balandin, Sigafoos, & Reed, 2009). The framework includes four levels; including reaction (level 1), learning (level 2), behaviour (level 3) and results (level 4). 'Reaction' is typically evaluated using surveys, to understand the views of participants. 'Learning' can be evaluated by means of active participation (in either written exercises or simulation type exercises). 'Behaviour' evaluation considers whether behaviour has changed in the workplace, and may use follow up measures after IPE has taken place. Finally, 'Results' measures the overall impact on the workplace and may utilise follow up evaluation to consider patient outcomes or financial outcomes (Kirkpatrick, 1998).

1.4 The West Yorkshire Interprofessional Education Initiative

An IPE scheme coordinated by the University of Leeds has been running in West Yorkshire for over 10 years and is open to all pre-registration health professionals from universities across the region. The West Yorkshire IPE initiative have developed workshops where students are able to role play with simulated patients. The workshops aims (as cited by Kilminster, et al., 2004) to offer participants an opportunity:

- To facilitate shared understanding of other professionals and their roles
- To develop skills communication skills between multi-disciplinary professions

- To develop decision making skills, whilst demonstrating an awareness of patient autonomy and confidentiality.

The West Yorkshire IPE scheme is well established, and unlike other examples of IPE, benefits in that a range of pre-registration healthcare professions are invited, across various universities. A systematic review of IPE evaluations revealed that 81% of the 21 studies included no more than four professional groups. This diversity in professional representation is something unique to the scheme and offers participants an opportunity to learn from professions that they may have had little, to no contact within their careers to date (Fielden & Ledger, 2017). An evaluation of a pilot scheme of the workshops conducted by Kilminster et al., (2004) suggested that the workshops were particularly valuable for participants in developing their communication skills and understanding others roles, however further evaluation is necessary to understand whether the workshops are able to meet their intended learning objectives and to understand whether this method of IPE is an appropriate means of learning together.

1.5 Aims

The importance of IPE has been recognised nationally, given its recognition in the HCPC guidelines, however there is a lack of consensus in the literature on how IPE should be facilitated and at what stage of training students should engage in it. Therefore the aims of this project are as follows: to evaluate the West Yorkshire IPE Initiative, specifically to see whether the recently implemented workshops are able to meet their intended learning objectives and therefore be considered an appropriate method of accessing IPE, as per the requirements set by the HCPC. Furthermore, to gain understanding around how participants see the workshops impacting their clinical practice across the professions.

2. Method

2.1 Design

A mixed methods design was chosen to meet the aims of this evaluation. Initially, a purely quantitative design was considered, however it was felt that to understand the complexities of the evaluation a mixed methods approach would be more suitable.

2.11 Data collection

Data was gathered using an online survey (see Appendix A), which included: Likert scale questions, multiple choice questions, a selection list question and some free text questions. The survey consisted of a total of thirteen questions. The survey had already been developed by the IPE co-ordinator as an evaluation tool, and data from the 2018-2019 cohort had already been collected prior to the commencement of this project, for the purposes of routine data collection. Participants were contacted by email approximately a week after attending the workshop and were provided a link to the online survey.

2.12 Data analysis

The data from the surveys was then input into an excel spreadsheet where responses were analysed. The quantitative data was analysed using Pivot tables in Microsoft Excel 2010 to gain descriptive and frequency statistics.

Participants free text responses to the questions: "*What impact will the workshop have on your practice*?" and "*How could the workshop be improved?"* were analysed, using Thematic Analysis (Braun & Clarke, 2006), whereby initial codes were identified and themes and sub-

themes were developed from the data. See Appendix B for a full account of the process of the thematic analysis.

2.13 Credibility checks

The themes and sub themes identified in the analysis were reviewed with the commissioner. An additional level of quality checking was undertaken, with themes and sub-themes being reviewed by a peer on the Doctorate of Clinical Psychology training programme. Themes and sub-themes were then refined based on these additional levels of review.

2.14 Participants

A total of 82 survey responses were obtained. Participants for the study were recruited from a sample of pre-registration students who all attended the workshops across two cohorts (2018-2019 and 2019-2020). All were University students on healthcare programmes, based at Universities of Bradford, Huddersfield, Leeds and Leeds Beckett. Attendance at the workshops was mandatory, as part of the requirements of the course, however it was made clear that it was not mandatory to complete the survey following attendance. Therefore participants in the study were a non-probability sample; consisting of students who chose voluntarily to respond to an online survey, having previously attended one of the interprofessional education workshops. A total of 82 students from 13 pre-registration programmes participated within this study (see Table 1).

2018- 2019: A total of 71 students responded to the survey. This sample included students from the following professions: Adult nursing (n= 7) Child nursing (n= 1) Dietician (n= 6) Medicine (n=12) Mental Health nursing (n=4) Occupational Therapy (n= 3) Pharmacy (n=22)

Physician Associate (n=2) Physiotherapy (n=6) Radiography (n=1) Clinical Psychology (n=5) Social Work (1) Speech & Language Therapy (1)

2019 - 2020 Term 2: A total of 11 students responded to the survey. This sample included Clinical Psychology (n= 4), Medicine (n=1), Physiotherapy (n= 2) , Physician Associate (n=1) Pharmacy (n=3)

Table 1:

Number of survey respondents and corresponding university programme for workshops taking place during term 1 and term 2.

Profession	***2018-2019 (n)***	***2019-2020 (n)***
Adult nursing	7	
Child nursing	1	
Dietician	6	
Medicine	12	1
Physiotherapy	6	2
Occupational Therapy	3	
Mental Health nursing	4	
Physician Associate	2	1
Clinical Psychology	5	4
Speech & Language therapy	1	
Pharmacy	22	3

Radiography	1	
Social work	1	

2.15 Workshops

The workshops are developed and ran by the Leeds Institute of Medical Education at the University of Leeds in partnership with NHS Trusts, the Universities of Bradford, Huddersfield, Leeds and Leeds Beckett. Workshops are open to all health and social care trainees enrolled on programmes at the Universities of Bradford, Huddersfield, Leeds and Leeds Beckett, and students on placement in the region from universities elsewhere. Participants are invited to attend a single half a day workshop, based on one of five 5 different case scenarios: Asking difficult questions, breaking bad news, diabetes, post-natal depression and stroke. Each workshop lasts approximately 4 hours and includes opportunities to participate in a case scenario based around the workshop theme. An actor is used to play the role of a service user and participants are asked to role play a case scenario, whilst being observed by other participants, who can later offer ideas and constructive feedback in a MDT discussion exercise. A full account of the structure of the workshop is presented in appendix C. Those participating in the role play are given a short briefing about the case scenarioand are asked to role play from the perspective of their own profession. All of the workshops included in this evaluation followed this same structure, which was developed by the IPL coordinator, to ensure consistency in facilitation. As per the workshop aims, all of the workshops are designed to develop participants advanced communication skills and understanding about different members of the multi-disciplinary team. As all workshops

followed the same protocol in terms of structure and facilitation, the differences between each individual workshop scenario are not deemed to be of significance to this SEP's aims.

2.2 Ethical Considerations

As the data used for this SEP was routinely captured as part of the West Yorkshire IPE initiative, University ethical approval was not required to complete this project, following sought guidance from University of Leeds research coordinator for the D.Clin programme. Identifying details such as participants' names and the university they attended were not included in the raw data within the database and therefore the researcher was unable to identify any participants who took part.

3. Results

3.1 Quantitative results

Responses for both academic years were collated and considered collectively during data analysis. Responses from three questions on the survey that related to the workshop aims were included (Question 7-9; see appendix A). Responses to the three questions were gathered in respect of 4 possible options on a Likert scale (1: "Entirely", 2: "Mostly", 3: "Partially" and 4: "Not at all"). Responses to these questions are presented in frequencies and correlating percentage in Table 2. An additional breakdown of response by professions are presented in appendix D.

Table 2: *Frequencies and percentages of responses to the workshop's intended learning objectives*

Learning objective	**N = 82**	**Entirely**	**Mostly**	**Partially**	**Not at all**
1. Developing understanding roles of other members of the multi-disciplinary team	82	38 (46%)	33 (40%)	7 (9%)	4 (5%)
2. Developing multi-disciplinary teamwork skills	81	32 (40%)	35 (43%)	8 (10%)	6 (7%)
3. Developing communication skills	81	50 (62%)	19 (23%)	7 (9%)	5 (6%)

Learning objective 1: How effective were the teaching and learning methods in developing your **understanding of the roles of other members of the multi-disciplinary team?**

Respondents' views on the effectiveness of the teaching and learning methods in developing understanding of the roles of other members of the multi-disciplinary team was gauged through the selection of one of four responses on a Likert scale (see Table 2). Thirty eight (46%) respondents indicated that the workshops were entirely effective. Thirty three (40%) respondents indicated that the workshops were mostly effective. Seven respondents (9%) rated the workshops as partially effective, whilst four (5%) rated the workshops as not at all effective.

Learning Objective 2: How effective were the teaching and learning methods in **developing your multi-disciplinary teamwork skills?**

Thirty two (40%) respondents indicated that the workshops were entirely effective. Thirty five (43%) respondents indicated that the workshops were mostly effective. Eight respondents (10%) rated the workshops as partially effective, whilst six (7%) rated the workshops as not at all effective.

Learning Objective 3: How effective were the teaching and learning methods in **developing your multi-disciplinary teamwork skills?**

Fifty (62%) respondents indicated that the workshops were entirely effective. Nineteen (23%) respondents indicated that the workshops were mostly effective. Seven respondents (9%) rated the workshops as partially effective, whilst five (6%) rated the workshops as not at all effective.

3.2 Qualitative results

Responses from three free text questions were collated and analysed thematically. 77 out of 81 participants contributed to the qualitative data. Example quotations supporting the sub-themes and themes can be seen in Table 3. Appendix E -G demonstrates all illustrative quotations to support the themes and sub-themes.

What impact will this workshop have on your practice?

The analysis of the raw data yielded three main themes and seven subthemes in relation to the above question. The three main themes identified were **(1) Interpersonal Development** (underpinned by '*communication with patients' 'confidence' 'already possess skills/limited change'*); **(2) Seeing the bigger picture** (underpinned by *'Holistic approach'* and *'Appreciating the patients perspective'*) and **(3) Knowledge** (underpinned by *'Clinical' and 'MDT roles'*). A visual representation of the themes and subthemes is included in figure 4.

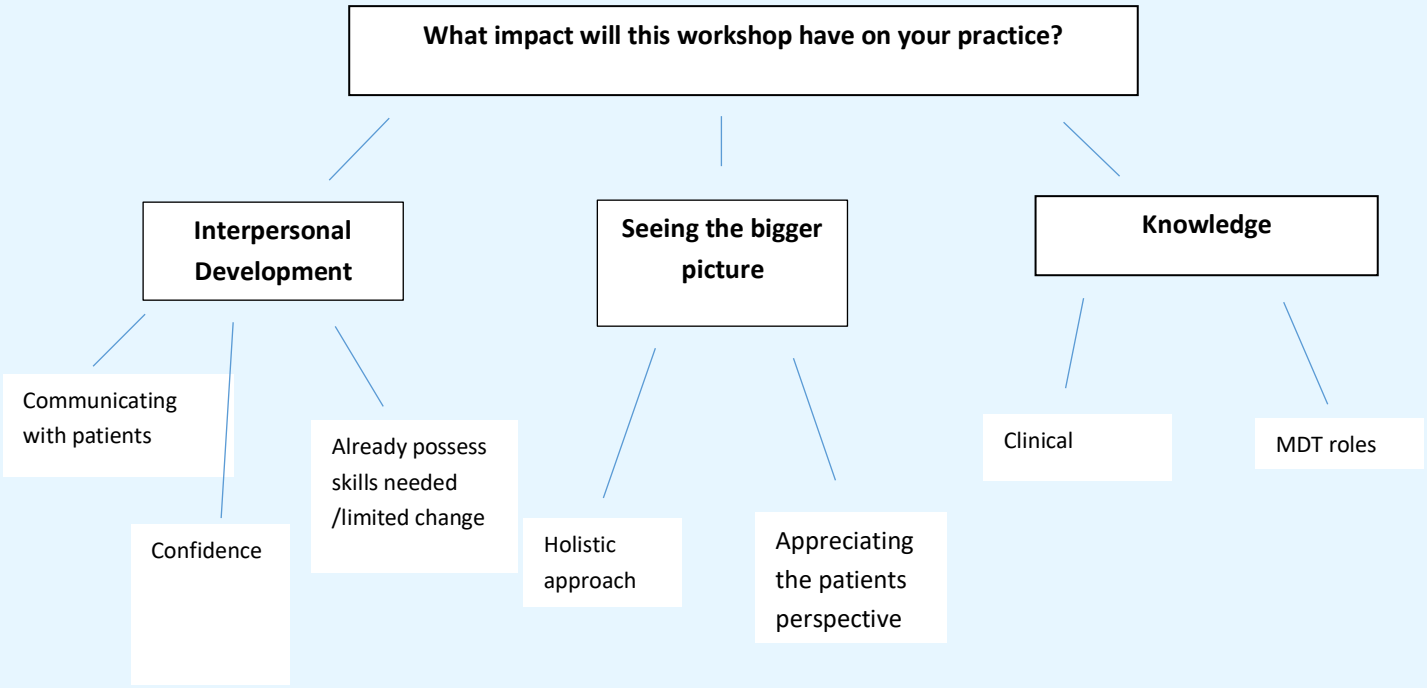

Figure 4: Thematic Map presenting themes and sub-themes

Theme 1: Interpersonal development

Participants identified that their interpersonal approach in clinical practice would be altered in a positive manner, with an increased sense of confidence and feeling more able to communicate with patients, particularly around difficult situations. Others also identified that they already possess the skills needed in practice and that limited learning took place.

Theme 2: Seeing the bigger picture

Participants indicated the workshops enabled them to view the problem from a wider perspective. There was a greater appreciation of the simulated patients' perspective, taking into account their specific needs and contexts and also considering viewpoints from other professionals. Many identified the workshops aided them in considering a holistic approach to patient care.

Theme 3: Knowledge

Participants indicated they had developed their understanding and knowledge about the roles of their peers. There was also an increase in knowledge related to specific clinical issues which were directly related to the focus of the workshop; such as a particular diagnosis (e.g. stroke) and understanding around issues such as domestic violence.

How can the workshop be improved?

The analysis of the raw data yielded three main themes and six subthemes. The three main themes identified were **(1) Participation barriers** (underpinned by '*timing' and 'safety'*); (**2) Confusion** (underpinned by *'Task clarity' and 'Lacking context')* and **(3) Multi-disciplinary differences** (underpinned by *'Broader range of professions and 'Perceived relevance*). A visual representation of the themes and subthemes is included in figure 5.

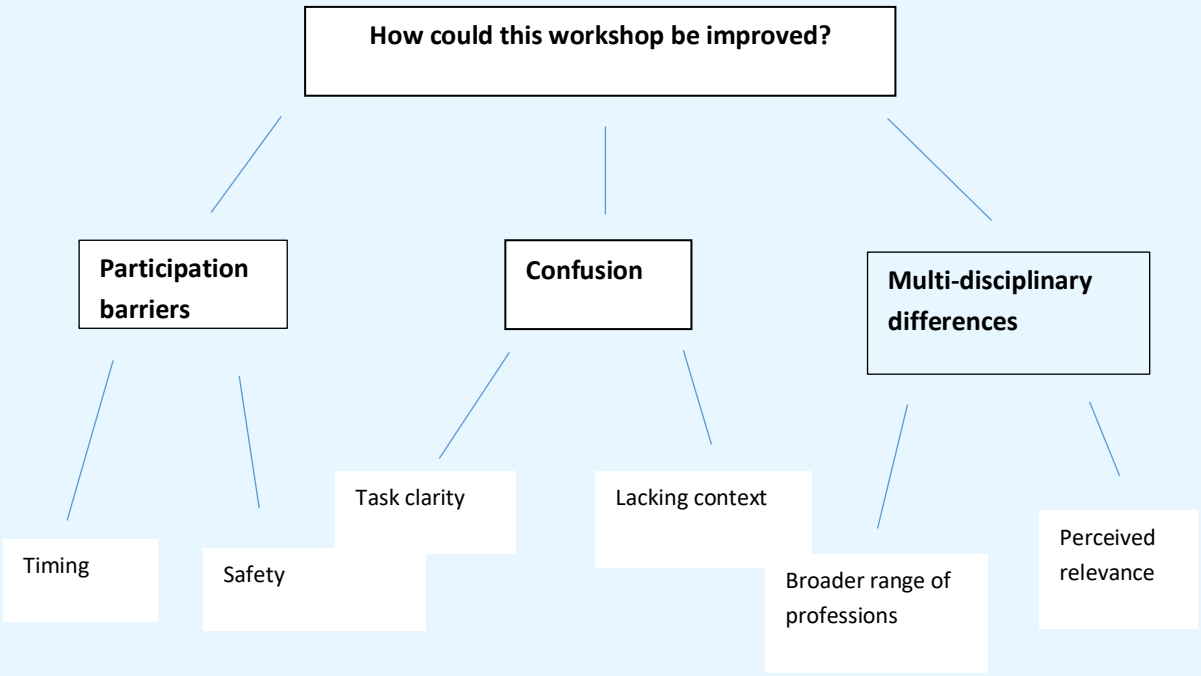

Figure 5: Thematic Map presenting themes and sub-themes in response to the question: How could this workshop be improved?

Theme 1: Participation barriers

The way in which the timing of the exercises was moderated was highlighted, with participants' views being that they wanted more opportunities to try the role-play, recognising that this might require the workshops to be longer. There were some negative views expressed in relation to participants not feeling comfortable participating in the role-play but also in expressing their thoughts and feelings in the feedback exercise afterwards.

Theme 2: Confusion

There was a lack of context prior to being set tasks or beginning activities. Participants were unclear about workshop focus and task focus, with many participants sharing views that they did not think there was enough learning about the workshop topic itself (e.g domestic violence).

Theme 3: Multi-disciplinary differences

Participants expressed that it would be helpful to have broader range of representation of the professions in attendance of the workshops. There were specific requests for professional representation, for example, Occupational Therapists. Participants were interested in differences between professions and understanding how the learning could be applied to their specific roles.

Table 3. Themes and subthemes and example quotations relating to impact on practice and workshop improvements

What impact will the workshop have on your practice?			
Theme	Subthemes	Example quotation	No of participants
1) Interpersonal development	Communication with patients	"I will be more confident and aware of how to communicate with a stroke patient"	N=27
	Confidence	"It was good to be able to practice dealing with difficult situations in a simulated environment in preparation for real practice" "…have more confidence when speaking to patients with difficult mental health conditions"	N=8
	Already possess skills/limited change	"Very little"	N= 7
	Holistic approach	"and prompted me to consider patient care in a more holistic way"	N=6

2) Seeing the bigger picture	Appreciating the patient perspective	"Better consideration for the patient's point of view"	N= 6
3) Knowledge	Clinical	"Better understanding of people's needs after stroke" " Increased awareness of recognising domestic violence and social issues"	N=7
	MDT roles	"I have a better understanding of how to approach working with women with PND and the important contributions made by other members of the MDT"	N=7
How could this workshop be improved?			
1) Participation Barriers	*Timing*	"I felt like I would have liked a bit more time to observe others and give feedback so that more people would have benefited from the one to one feedback" "I believe if it was a full day we could have obtained more comprehensive experience regarding the topic"	N=12
	Safety	"I think if this section was facilitated differently it would be less daunting to participate" "Be aware that people may not want to be put on the spot or volunteer feedback"	N=7
2) Confusion	Clarity on purpose	"I did not have any better understanding of post natal depression (clinically) after the session" "To avoid confusion over it being more about the pathophysiology/treatment of stroke, think it should be presented in the email as a communication work shop"	N=7

	Lacking context	"- more information about content of the area being discussed" "there was little context or learning prior to the actual exercise"	N=7
3) MDT differences	*Broader range of professionals*	"It would have been interesting if a larger variety of healthcare professionals had turned up" "More diversity in the disciplines attending"	N=11
	Perceived professional relevance	"Better direction and use of scenarios that would be relevant to my field of work" "tailor elements more to the professionals present"	N=5

4. Discussion

4.1 Key Findings

The findings indicated that the workshops were largely able to meet their intended learning aims, with some room for improvement. 86% reported the workshops were (either entirely or mostly) effective in developing understanding of the roles of the multi-disciplinary team. 83% of respondents felt the workshops were (either entirely or mostly effective) in developing their multi-disciplinary team work skills. Finally, 85% of respondents felt the workshops were (either entirely, or mostly effective) in supporting them to develop their multi-disciplinary communication skills.

Additional textual responses provided further information around how participants viewed the workshops impacting their professional practice and how they could be improved. Perceived changes in practice such as increased knowledge of MDT roles and an increase in confidence mirror previous IPE evaluations (Kilminster et al., 2004; Thistlethwaite et al., 2015) whilst patient focused changes were also identified, such as appreciating the patient perspective and considering a holistic approach.

A small number of participants reported that the workshops did not meet their intended aims (see table 2). This was supported by some of the qualitative findings, which suggested that some participants felt that there would be limited change to practice as a result of attending. Within this group, it may be important to acknowledge interprofessional differences, some of which have already previously been acknowledged within the literature as potential barriers to IPE; such as variation in educational level (Gilbert, 2005) and different working practices between groups (Fielden & Ledger, 2017).

Alongside course structure and pre-existing opportunities for learning with other professionals; pathways prior to entering courses will also differ. In turn, these experiences may impact the participants' developmental stage and associated professional identity. For example, Clinical Psychology students must have prior clinical experience (often a minimum of 1 year before gaining entry onto the programme; this means that it is quite common that D.ClinPsy students will already have had experience (in some cases significant experience) working with and alongside other professionals. Similarly Medical students and Nursing students also engage in a significant amount of placement based learning prior as part of their course. Hall and Weaver (2001) discuss how this sense of professional identity may reduce openness to team based learning and ultimately inhibit opportunities to engage with IPE, and is an area that has been considered as a potential barrier to collaborative learning for those in medical professions (Carlisle, Cooper & Watkins, 2004). Although of note this was not observed within the current evaluation, with 92% of medical students rating the workshops either entirely or mostly effective achieving learning objectives one and two and 77% of rating the workshops as effective in meeting learning objective three.

Additional qualitative data relating to how participants viewed the workshops could be improved suggesting that there was some confusion regarding the purpose of the workshop, with participants stating that they did not learn anything about the workshop topic (e.g. post-natal depression). These findings contrasted with the quantitative results, which suggested that participants were largely satisfied that the workshops enabled them to develop skills in MDT team working, communication and understanding of MDT roles. Overall, this could indicate that participants were not entirely clear of the purpose and intended learning objectives.

4.2 Strengths

Many IPE evaluations are limited by the sample, with some presenting findings from a small pool of professions and therefore evaluations may not be able to detail the breadth of experiences and impact on particular professional groups. One of the strengths of this evaluation was the sample size, and the representation of thirteen different pre-registration healthcare professions.

With regards to strengths of the analysis, credibility checks were used when analysing the qualitative data, to reduce potential bias, which improves the reliability of the qualitative findings stated.

4.3 Limitations

The findings of the evaluation are specific to the style of workshop implemented by the West Yorkshire IPE scheme and therefore cannot be generalised to include the wider IPE process. Data collection was significantly impacted by COVID related restrictions and therefore the sample size is lower than what was initially expected. It is also important to note, that of the participants who did attend the workshops prior to covid-19, many healthcare professions including medics and nursing ended their courses prematurely to support their professions in the workforce during the COVID pandemic and therefore may not have had access to their university emails at this time and may not have been able to respond to the survey. Therefore, representation from these groups is lower than what would be expected and professions were not equally represented across the survey.

Initial planning of the SEP included plans to develop the original survey to include adapted questions which were felt to map more directly onto the three aims of the workshops (See Appendix A: questions 13-15). These questions were intended to be added for the 2019-2020

cohort, however due to a low response rate of only 11 respondents and the workshops being cancelled, the responses to these questions have not been included in this project. The addition of these questions may have yielded a richer account of participants' accounts in response to the aims of IPE.

Furthermore, whilst there was a good response rate to the survey, it is possible that the findings are affected by a sampling bias, with those who found the workshops useful being more likely to respond to the survey. It is possible that participants who did not respond had differing views from those presented in the survey.

In terms of evaluating long term effectiveness, the current study tells us little about the longevity of learning in clinical practice. This is a critique of many IPE initiatives, therefore the evaluation of longitudinal data in relation to IPE would be a useful research priority moving forwards.

4.4 Conclusion & Recommendations

The workshops were largely able to meet their intended learning aims and participants were able to identify perceived changes in practice as a result. It is intuitive to consider that these perceived changes are likely to be beneficial to patient outcomes if they are able to be implemented in practice, although this evaluation was unable to evaluate whether this behaviour change took place (level 3 of the Kirkpatrick framework) and whether patient outcomes were improved (as per level 4 of the Kirkpatrick framework of evaluation). One of the unique benefits of the West Yorkshire IPE initiative is the range of professions that attend and this is likely to aid participants understanding of MDT roles, which is one of the key learning objectives of the workshops. Based on the findings of this evaluation, the following recommendations are provided:

Recommendations

- Considering inclusion of an orientation to IPE at the beginning of the workshops, to ensure that participants are fully aware of the purpose of the workshops – state clearly that the aims of the workshop are around learning together and that secondary benefits of the workshops may include learning about the topic (e.g post-natal depression) however this is not the primary aim. This point is already stated in the facilitator handbook (Fielden, 2017), however the evaluation suggests this may need re-iterating throughout the workshop.
- Inclusion of an "ice-breaker" exercise, or an opportunity to informally chat with each other at the beginning of the workshops, to aid participants in feeling comfortable participating in the exercises.
- Development of 'virtual' IPE workshops - As described above it is important to note that data collection was impacted by COVID-19, as many of the workshops for the 2020 cohort have had to be postponed from March 2020 onwards. The importance of effective multidisciplinary care for patient outcomes has been highlighted within healthcare research and practice. Due to the practice based nature of Interprofessional education and the need to share learning and skills from multiple disciplines, consideration of how this can be delivered going forward in the context of COVID-19 is a current priority. The IPE workshops for this academic year have been suspended due to the pandemic. It remains unclear at the point of writing this report, how COVID-19 has impacted (and will go on to impact) multi-disciplinary working on a long term basis and to what extent this affected patient outcomes. Future research in in this area could explore these outcomes, alongside gaining understanding around the effectiveness of delivering IPE in remote formats.

Recommendations for Leeds D.Clin course:

- A future SEP could consider how IPE affects patient/workplace outcomes (in line with stage 3 & 4 of the Kirkpatrick framework) by including administering a follow up measure a short period after participants attend the workshops.
- A future SEP could further examine the interprofessional differences using in depth qualitative interviewing, to gain understanding of how professional identity impacts Interprofessional Education.

4.5 Reflexivity

It is important to note, that it was the attendance of the workshop that facilitated my interest in completing an evaluation of the effectiveness of the IPE workshops. Therefore, as a previous participant and now evaluator of the West Yorkshire initiative, it is particularly important that I bring a reflexive account to this project. I attended the "Post-natal depression" workshop in November 2018, during my first year of clinical training and whilst I was on my first clinical placement. I responded to the survey myself, although given the almost 2 year time-scale that has elapsed since this project, I am unable to truly identify my own response within the raw data. Nonetheless, my own thoughts and assumptions are likely to influence my interpretation of the data and for this reason, I ensured I discussed this in supervision and have documented my own thoughts and experience of the workshops, whilst also carefully considering this during any interpretation of the data. Credibility checks of the themes and subthemes identified in the thematic analysis helped to reduce any potential bias as discussed by (Elliott, Fischer, & Rennie, 1999).

4.6 Dissemination

A summary of the above findings were presented as an oral presentation at the University of Leeds SEP Conference on 25/10/20. This project will be presented as an internal report which will be provided to the commissioners of the study and findings are to be disseminated at a faculty wide review of IPE in the coming months.

5. References

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6. Appendices

A. Full IPE Evaluation Survey (including the 3 additional questions: questions 13-15)

IPE MDT Workshop [2019 -20 Term 2]

Yourprogrammeofstudy

1. Whathealthand social careprofessionare youtrainingin currently?

- AdultNursing
- AssistantPractitioner
- Audiology
- CardiacPhysiology
- ChildNursing
- Clinical Psychology
- Dietitian
- Health Visiting
- LearningDisabilityNursing
- Medicine
- Mental HealthNursing
- Midwifery
- OccupationalTherapy
- Pharmacy
- PhysicianAssociate
- Physiotherapy
- Radiography
- Social Work
- Speech &LanguageTherapy

2. What degree level is your programme of study?

- ○ Undergraduate level
- ○ Postgraduate level

3. What University are you attached to?

- ○ Leeds Beckett University
- ○ University of Bradford
- ○ University of Central Lancashire
- ○ University of Huddersfield
- ○ University of Leeds
- ○ University of York St. John
- ○ Other

4. Have you participated in interprofessional education before this workshop?

- ☐ No
- ☐ Yes at university
- ☐ Yes on placement

YourexperienceoftheIPEMDTworkshop

5. WhatIPE MDT workshopdidyouattend?

- [ ] AskingDifficultQuestions
- [ ] BreakingBad News
- [ ] LivingwithDiabetes
- [ ] LivingwithStroke
- [ ] PostNatalDepression

6. How useful / relevant was the workshop to your work?

Please don't select more than 1 answer(s) per row.

	1	2	3	4	
Entirely	☐	☐	☐	☐	Not at all

7. How effective were the teaching and learning methods in developing your understanding of the roles of other members of the multi-disciplinary team?

Please don't select more than 1 answer(s) per row.

	1	2	3	4	
Entirely	☐	☐	☐	☐	Not at all

8. How effective were the teaching and learning methods in developing your multi-disciplinary teamwork skills?

Please don't select more than 1 answer(s) per row.

	1	2	3	4	
Entirely	☐	☐	☐	☐	Not at all

9. How effective were the teaching and learning methods in developing your communication skills?

Please don't select more than 1 answer(s) per row.

	1	2	3	4	

Entirely	☐	☐	☐	☐	Not at all

10. How effective were the facilitators?

Please don't select more than 1 answer(s) per row.

	1	2	3	4	5	
Excellent	☐	☐	☐	☐	☐	Poor

11. How effective were the simulated patients?

Please don't select more than 1 answer(s) per row.

	1	2	3	4	5	
Excellent	☐	☐	☐	☐	☐	Poor

12. What was your overall rating of this workshop?

Please don't select more than 1 answer(s) per row.

	1	2	3	4	5	
Excellent	☐	☐	☐	☐	☐	Poor

13. To what extent do you agree/ disagree with the following statement: The workshop has helped me develop my skills and understanding of other professionals and their roles in order to work effectively in a multiprofessional team.

Please don't select more than 1 answer(s) per row.

	1	2	3	4	5	
Strongly agree	☐	☐	☐	☐	☐	Strongly disagree

14. To what extent do you agree/ disagree with the following statement: The workshop has helped me develop my communication skills in relation to other healthcare professionals, patients and relatives.

Please don't select morethan 1 answer(s) per row.

	1	2	3	4	5	
Strongly agree	☐	☐	☐	☐	☐	Strongly disagree

15. To what extent do you agree / disagree with the following statement: The workshop has helped me develop my confidence in clinical decision making and action planning (whilst being aware of patient autonomy and confidentiality).

Please don't select more than 1 answer(s) per row.

	1	2	3	4	5	
Strongly Agree	☐	☐	☐	☐	☐	Strongly Disagree

16. Wouldyourecommendthisworkshoptoyourpeers?

- ☐ Yes
- ☐ No

17. Whatwerethebest aspectsofthisworkshop?

18. Howcouldthisworkshopbeimproved?

19. Whatimpactwillthisworkshophaveon yourpractice?

20. Any furthercomments?

Thank you for completing this survey. Your feedback is valued and will be used to inform the ongoing development of practice-based interprofessional education in the region.

B.Summary of the phases and process of Thematic Analysis (Braun & Clarke, 2006)

Phase	Process
1. Familiarisation with the data	Transcription of data, reading and re-reading data and developing ideas
2. Generating initial codes	Coding ideas in a systematic way, collating data relevant to each code
3. Searching for themes	Collating codes into potential themes, collecting codes into each theme
4. Reviewing themes	Checking themes against codes and the entire data set; generation of a thematic map
5. Definition and description of themes	Ongoing analysis to refine themes. Generation of theme names
6. Producing the final report	Final opportunity for analysis. Integration of themes into the report.

C– Case example and briefing provided to facilitators (Fielden, 2017)

Living with Stroke (Y3 Medical Students)

Stroke is a long term condition which can severely affect a person's life, and the life of their family. This scenario highlights some of those issues for the student group.

Case scenario: Simulated Patients

Margaret, middle aged woman suffered a stroke 6 months ago at home; the stroke has affected the right side of her body and her speech. Margaret also experiences some swallowing difficulties when drinking but is able to eat most foods.

Margaret's daughter, Mary, lives nearby, and has found herself named as the designated "carer". She is unaware of benefits that can be paid to carers and is finding managing her own family commitments, work and looking after her mother difficult but is reluctant to share this with her mother.

Initially Margaret was in and out of consciousness for 24 hours before help arrived and being taken to hospital. Once in hospital she was transferred to the acute stroke unit and assessed within 72 hours by the Stroke team (**doctor**, **nurse**, **SaLT**, **dietitian**, **physiotherapist** and **occupational therapist**) and was discharged home after 3 weeks of rehab treatment.

Takes warfarin (dose changes according to blood test results: checked at the warfarin clinic every 6 weeks) – Margaret also takes medication for her rheumatoid arthritis.

Margaret has had to give up work as a teacher following the stroke, friends have got on with their lives and have started to fall away and Margaret is showing signs of depression and loneliness. Mary is really worried, but she works part-time and can't be with Margaret all day. It is now 6 months since discharge home.

Case scenario: Consultation 1

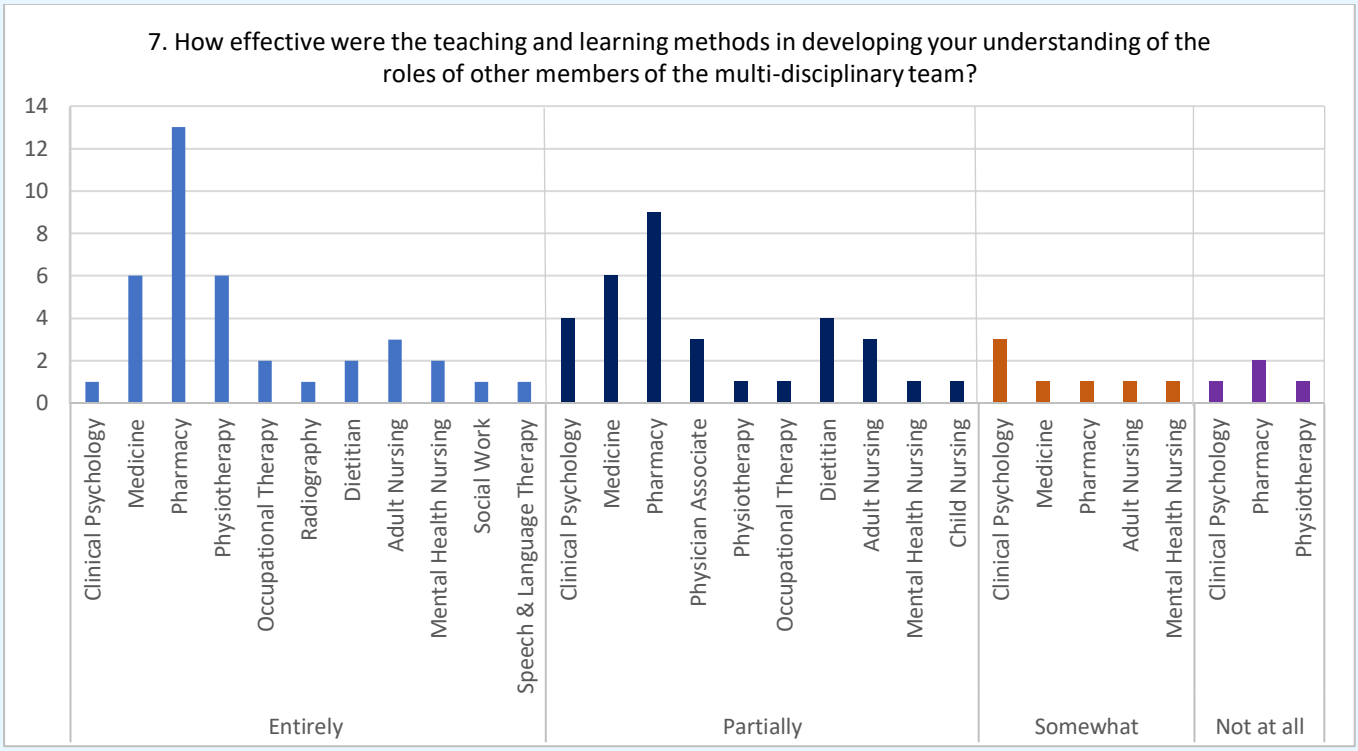
Margaret speaks to the **medic** at the health centre / hospital complaining of a chest infection.

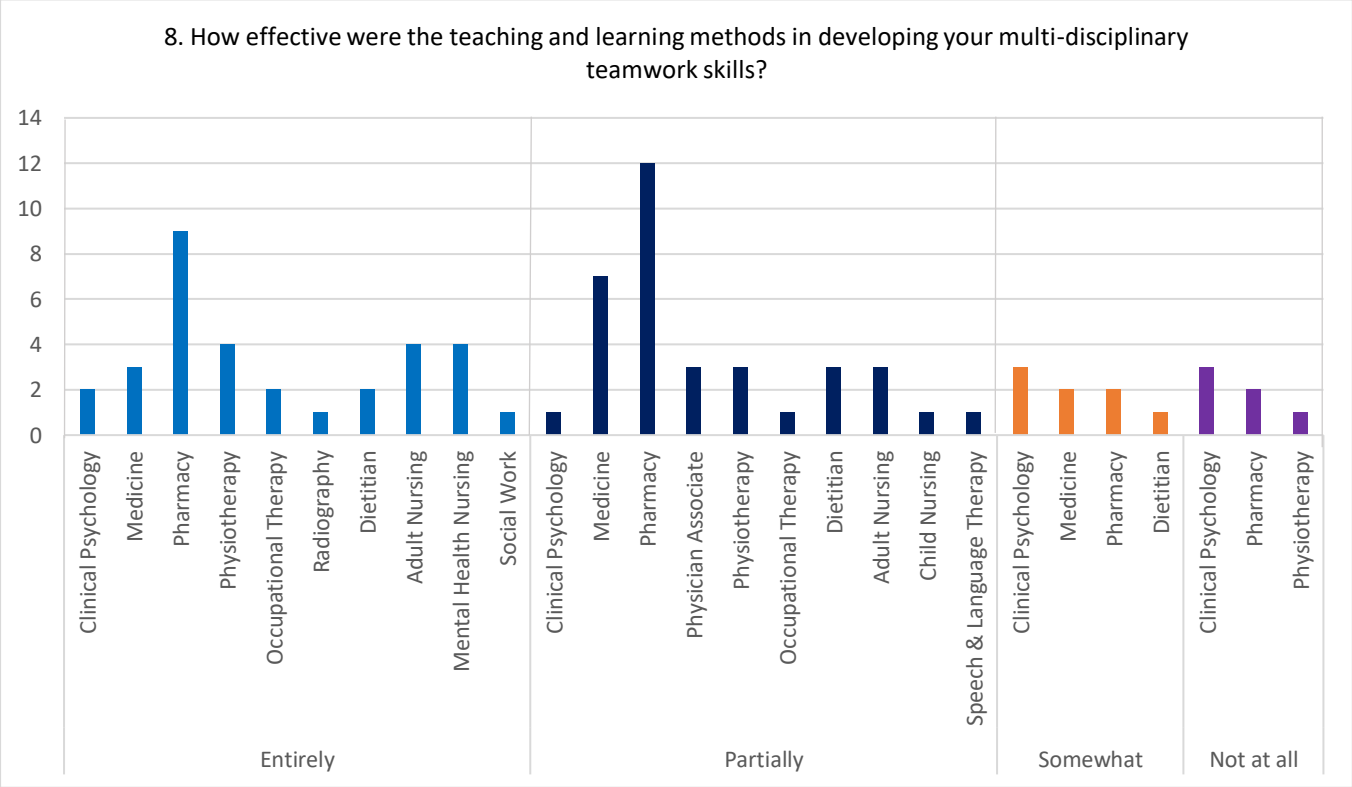
Timings	Activity
09:00 / 13:00	Arrive early to set-up the room for the workshop. Display outline of the workshop aims & objectives and the rules of feedback in the seminar room. Arrange chairs in a horse-shoe layout and ask SP(s) to sit outside the seminar room
09:30 / 13:30	Students arrive. Ask participants to sign register and give each one a name label

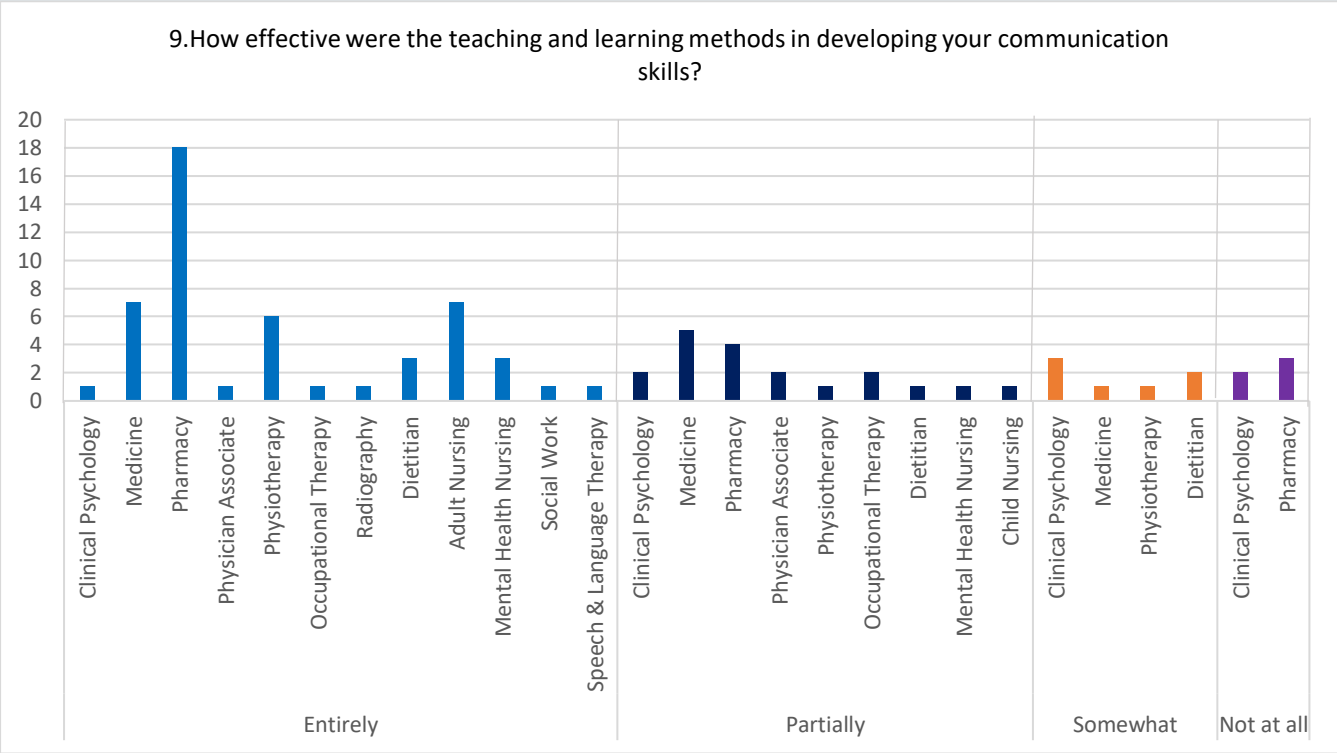
09:35 / 13:35	Introductions by facilitators and participants, ask each member of the group to give their name, profession and current placement
09:40 / 13:40	Review the workshop aims & objectives: • For students to learn with, from and about each other and develop skills in teamwork • For students to take part in a relevant case scenario and develop their communication skills • For students to have offered effective feedback to colleagues and develop peer feedback skills Explain the role of the SP
09:45 / 13:45	Ask participants to flipchart what they hope to get from the workshop and invite participants to feedback to the wider group. Encourage the group to consider volunteering for the SP interaction
09:55 / 13:55	Outline the rules of feedback and ask the group to nominate ground rules. Encourage the group to emphasise developing rapport and gaining information
10:00 / 14:00	Recruit a volunteer. Introduce proposed scenario, discussing with students possible minor developments to incorporate the roles of all those present
10:15 / 14:15	Immediately after the consultation, ask the volunteer How did you feel about that? Using the feedback model, follow up with asking the student, SP and peer group What has gone well and why?, checking back all assumptions with the SP. Feedback is focused on developing rapport and gaining information Using the feedback model, follow up with asking the student, SP and peer group What could be done differently and how?, checking back all assumptions with the SP. Encourage students from different professions to comment on their own role and approach Re-run sections where appropriate. At the end of the feedback, ask the volunteer to name 2 things they feel they do well and 1 thing they will take away and develop further
10:45 / 14:45	Break – Complete the ALPS form for the first student
11:00 / 15:00	MDT Meeting – Ask the whole group to work together to discuss how the 2nd student volunteer approaches the 2nd consultation.

	The purpose is for all students to be involved, to advise on options for the student to work with the SP, with a greater understanding of how different be involved. Facilitators should make clear to students the duration of this task and leave the room to allow the MDT to formulate a plan
11:20 – 15:20	Ask for the second volunteer to begin working with SP and for about 10 minutes (this time may vary, or the student may call time before this)
11:30 / 15:30	Immediately after the consultation, ask the volunteer How did you feel about that? Using the feedback model, follow up with asking the student, SP and peer group What has gone well and why?, checking back all assumptions with the SP and peer group. Encourage students from different professions to comment on their own role and approach. Discuss the MDT involvement in this scenario, involving the SP Re-run sections where appropriate. At the end of the feedback, ask the volunteer to name 2 things they feel they do well and 1 thing they will take away and develop further
12:00/16:00	Invite the SP(s) to come out of role, offer feedback and join the group discussion
12:15/16:15	Summary comments, re-visit aims, objectives and learning needs

D: Breakdown of responses of professional groups in response to learning objectives






9.How effective were the teaching and learning methods in developing your communication skills?
20
18
16
14
12
10
8
6
4
2
0
Clinical Psychology
Medicine
Pharmacy
Physician Associate
Physiotherapy
Occupational Therapy
Radiography
Dietitian
Adult Nursing
Mental Health Nursing
Social Work
Speech & Language Therapy
Clinical Psychology
Medicine
Pharmacy
Physician Associate
Physiotherapy
Occupational Therapy
Dietitian
Mental Health Nursing
Child Nursing
Clinical Psychology
Medicine
Physiotherapy
Dietitian
Clinical Psychology
Pharmacy
Entirely
Partially
Somewhat
Not at all

E: Wider participant views of perceived impact on practice (including all illustrative quotes)

Theme	Subthemes	Illustrative quotation	Number of participants
Interpersonal development	*Communication with patients*	"I will be more confident and aware of how to communicate with a stroke patient" " It will improve my ability to communicate with patients" " I will think about exactly what I am saying and how to be conscious of exactly how I am coming across in that moment and specifically more in tune to breaking bad news" "… I will be more conscious to still include them in the conversation" " I feel that my communication skills have improved" " Change my communication skills with patients with debilitating conditions" " I will think about how to communicate with more 'difficult' patients and adapt my style to reflect them." "I will feel more obliged to speak to patients during difficult times, as I feel I have developed the correct communication tools to do so, rather than to avoid of pass the matter to somebody else" "Communicating with patients" "This workshop helped to develop my communication skills as I learnt ways of getting more information from a patient by picking up on cues." "It has enhanced my communication skills which I will apply to practice.." "I will be more confident in asking difficult questions and knowing the best way to approach such situations" " The workshop allowed me to see errors in my communication tactic and help me understand how I can correct it."	N=27

		"It will allow me to develop my skills of communication when breaking bad news to patients and their family." " Importance of picking up on cues and non verbal body language for red flags… The way in which I word questions will be more carefully thought about basing on the situation" " I am able to adapt my consultation skills based on the feedback given to my peers." "improved communication and counselling skills". " It will helps me to communicate with patients whose cognition and speech may be affected" " a better understanding of how to communicate with patients in certain difficult situations" " Allow me to adapt my communication methods appropriately for patients who may have communication difficulties." " I left this workshop with different tips about communication styles which will shape the way I now talk to clients in my future practice." " improve my communication" " Communicating with patients" "It will make me more aware of how I communicate with patients" " better communication" " I have a greater awareness of certain non verbals to improve and to avoid saying generic rehearsed statements"	
	Confidence	" More confident at feeding back to colleagues and peers in a productive way. More confident at asking for feed back from others and utilising that to improve practice." "It was good to be able to practice dealing with difficult situations in a simulated environment in preparation for real practice" " now feel I would be more confident in dealing with complex situations in a professional and safe manner " "Confidence to discuss and screen for PND" "…have more confidence when speaking to patients with difficult mental health conditions"	N=8

		" I will be more aware of how to deal with similar situations in the future" " It has boosted my confidence in terms of identifying my strengths and qualities" " I feel like I have learned a lot of tips for dealing with difficult situations and now feel more confident dealing with one in practice."	
	Already possess skills/Limited Learning	"Very little" " not much - didn't learn anything new" "this is valuable and somewhat unique feedback and reinforced some of our existing learning." " I am unsure." " I'm not sure." "None" " Further consolidated my ethos to treat patients as they should be as fellow human beings."	N=7
Seeing the bigger picture	*Holistic approach*	"and prompted me to consider patient care in a more holistic way" " I will think more about treating patients holistically." " will hopefully allow a more holistic approach to working within health care" " It has opened up my thought process into assessing situations from different perspectives" " and also my ability to think of different aspects of the client's care, not just their presenting condition." "Greater understanding of the social impacts of stroke"	N=6
	Appreciating the patient perspective	"Better consideration for the patients point of view, their level of understanding and whose involved in their care. Better awareness of ensuring the patient has a chance to express their needs and concerns" " When speaking to a patient who may be unable to speak or have anything else which affects their communication, I will be more conscious to still include them in the conversation" "… and understand how their condition affects their daily life." "- knowing more about their aspect and their point of view." " Understanding patient agenda"	N= 6

		" Now I Know how stressful is breaking a bad news and realised hoe complicated it can be according the patients and patients' relative situation" " Emphasized the need for patience and compassion when dealing with patients who have communication difficulties."	
Knowledge gains	*Clinical*	"Better understanding of people's needs after stroke" ", the workshop helped me to appreciate the scale of the Domestic Violence & Abuse problem" " Increased awareness of recognising domestic violence and social issues" "It will improve my ability to approach safeguarding issues with clients" " I now know the signs of domestic abuse to look for" " Structured approach to asking about medication adherence and administration " "Better understanding of medical assessments and decision making processes"	N=7
	MDT roles	"I have a better understanding of how to approach working with women with PND and the important contributions made by other members of the MDT" " Gave me an insight into how pharmacists work in the community" " Knowledge of MDT roles and who to refer to " " Better understanding of pre-reg pharmacist role " " Gain insight on the role and responsibility of myself and other profession and working together as a team…" " I'll keep in mind the variety of options and support that is available for patients that isn't just from doctors" " Greater understanding of the contributions other professions make to care"	N=7

F: Wider participant views of how workshops can be improved (including all illustrative quotes)

Themes	Sub theme	Quote	No. of participants
Moderation	*Timing*	"I felt like I would have liked a bit more time to observe others and give feedback so that more people would have benefited from the one to one feedback" "Watching more than one person from each profession would be helpful, but I understand time restrictions" "Only two people tried the roleplaying, despite having 3 hours - which means the other students missed opportunities to learn" "I believe if it was a full day we could have obtained more comprehensive experience regarding the topic" "I feel the timings were quite short, if we had more time we could delve even further into the topic" "Offer full day courses as well as half day courses" "longer duration and more activities ?" "Maybe over one day?" "Try and fit in another consultation; allow another professional a chance to talk to the simulated patient" "A full day would be useful to be able to facilitate more people getting a "try" with the patient but also to work on different scenarios." "Could be a longer day- let everyone have a turn at communicating" "Additionally, if each profession had time to interact with the patient it would have given a nice well rounded view for everyone on what each profession looks like when interacting with the patient"	N= 12
	Safety	"There could be less emphasis on critique of the students who take on the role play consultation. Of course the critique is necessary but points were repeated many times. I think if this section was facilitated differently it would be less daunting to participate"	N=7

		"Be aware that people may not want to be put on the spot or volunteer feedback" "The workshop felt like a lot of pressure for those who were the main speakers with a group of people watching so maybe if there was enough people it might be easier with two groups and one facilitator per group." "Feedback was not moderated well, meaning that the session ended with the volunteer who completed the second observation was left with receiving a lot of negative feedback from others. It did not feel like a safe space to receive feedback" "Maybe a little more guidance from the faciliators when the person was stuck with what to say…" "Or Ice breaker to introduce one another." "When I challenged whether it was a realistic role play of DV, I did not feel supported in expressing my opinion."	
Content	*Clarity on purpose*	"I did not have any better understanding of post natal depression (clinically) after the session" "I feel this workshop would benefit with a presentation that gives and overview of post natal depression.I feel as I knew a lot about the condition prior to the workshop I was okay but would of felt better with an overview of the condition before the simulated patient scenario." "To avoid confusion over it being more about the pathophysiology/treatment of stroke, think it should be presented in the email as a communication work shop" "Preparation and introduction to the purpose and structure of the topic." "…A more clear 'task' for MDT to complete." "The workshop felt like an observational exercise on therapeutic skills and did not feel specific to Post Natal Depression"	N=7
	Lacking context	"- more information about content of the area being discussed" "there was little context or learning prior to the actual exercise" "I think the MDT process could do with clearer structure i.e. maybe a proforma/formulation (that the facilitators would have) for things they want us to come up with at the MDT"	N=7

		"Would like to have more info on the structure of an MDT meeting and what is expected to happen." "Give brief information on post natal depression prior to starting" "Slightly more knowledge orientated (on the topic itself)" "If we learnt more about the MDT and each persons role within the set scenario"	
MDT differences	*Broader range of professionals*	"It would have been interesting if a larger variety of healthcare professionals had turned up" "Would have been good to have physio and OT there." "better range of HCPs" "Maybe more input from experienced professionals e.g. palliative nurse, oncology consultant, to give us tips from their experience and knowledge. "…Other healthcare professionals- e.g. doctors/OT/SALT " "More diversity in the disciplines attending" "have other members of the MDT such as FY1s, meds students, OT's, physios" "more different MDT members - was mostly medicine." "A greater range of disciplines present" "See more from the other professions" "May have been useful to have a broader range of healthcare professionals in the session as was just pharmacists and radiographers"	N=11
	Perceived relevance	"Better direction and use of scenarios that would be relevant to my field of work" "tailor elements more to the professionals present" "- More specific tasks for each professional group - Different patient/drug information for each professional group (eg on laminated sheets) to discuss in MDT session." "To have taught us what the different tasks and roles of the different health care professionals were in relation to a stroke patients care. …How we should be adapting our role within each of the professions to better facilitate stroke" "This did not feel appropriate for postgraduate level Clinical Psychology training"	N= 5