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# Interprofessional Education: Integrating evidence of learning from online discussions into a reflective written assignment.



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## 1. Introduction: IPE for Year 3

Interprofessional Education (IPE) is delivered across all years of several undergraduate healthcare programmes. In Year 3 students work in small interprofessional groups to interview a client about their experience of interactions with multiple healthcare professions, culminating in a presentation of a critical analysis of the client's healthcare journey. The groups also take part in 15 weeks of online learning activities – related to interprofessional issues.

## 2. The challenge of engaging students at distance

Students participating in IPE 3 come from a variety of healthcare courses with varied structures, which means that students in one group are rarely on campus at the same time. In the context of a 'long, thin' module that takes place over two semesters, with only three face-to-face contact days, IPE 3 can become less visible and perhaps *seem* less important for students who are undertaking other studies. It is common for profession-specific modules and clinical placements to be prioritised as more urgent/important. As a result, it is a challenge to ensure the engagement of students within the module.



*“People would be more likely to engage in the discussions”*

*“This form of written assessment wouldn't encourage a lot of reflection”*

## 4. A proposal for assessment

In order to:

- ensure that engagement in online discussion is integral to the assessed module outcomes, and
- reduce the assessment burden for staff and students - the assessment approach was altered. The group presentation component remained, while the assessment (quality and quantity) of online discussions was removed. The written assignment was redesigned to involve a reflection on individuals' learning *through* the online discussions. This required appropriate inclusion of excerpts of the students' own contributions to online discussions as a pass/fail element.

*“It would make the discussions seem more relevant and worthwhile”*

*“If the discussion itself is not being marked people are less likely to contribute”*

## 3. Assessing for engagement and efficiency

IPE 3 was initially designed to be assessed through a group presentation and a written assignment. Due to a lack of participation in the online discussions in previous years, monitoring of the quality and quantity of online postings was instigated in 2007/2008, as a third component of assessment. It was noted during the module that for many of the groups, this resulted in far greater depth of discussion and there were positive comments from students during the discussions. One student responded: “I do feel these discussions have added to my learning, I feel they have challenged my ways of thinking and how I would perceive

certain situations. It has also been beneficial to know what my fellow colleagues from different professions feel”. Another mentioned: “I have found the discussions reassuring in that we have all frequently come to the same conclusion or been in agreement on a particular point... we truly are all focusing on the same thing: what is most beneficial for the patient!”

While beneficial, the assessment burden in monitoring each posting in this way was excessive, as well as introducing a third component of assessment for a module worth 20 credits. Therefore another solution was sought.

## 5. Consultation

The proposed assessment changes were discussed, refined and approved by the interprofessional teaching team and external examiners. Students from the 2008/9 cohort were consulted during module evaluation, with 165 respondents. 70% thought this was a good idea, anticipating greater participation, reflection and value/relevance within discussions. Those with negative views expected lower participation and quality of discussion, with too great a time commitment in an already challenging year of study. The changes are being instigated in 2009/2010 and will be monitored.