



# **Interprofessional learning project**

**Health and social care students and carers  
evaluating multimedia resources for people with  
communication impairments**

## **Evaluation report: findings and recommendations**

**Prepared by: Becky Rice, Research and Evaluation Consultant  
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**Contact: [beckylaura\\_rice@hotmail.com](mailto:beckylaura_rice@hotmail.com)**

**Phone: 020 7274 6438/ 07811 607 679**

### **Introduction**

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## Introduction

This report outlines findings from the evaluation of an interprofessional learning project hosted at the University of East London's Rix Centre: Health and social care students and carers evaluating multimedia resources for people with communication impairments. The course was organised by City University, UEL and Queen Mary University London and attended by students from the following courses:

- Adult Nursing
- Children's Nursing
- Medicine
- Speech and Language Therapy
- Social work
- Mental Health Nursing.

The project ran over three days with the first two days running alongside the Rix Centre conference. In the main sessions for the project students from three academic institutions worked in multi-disciplinary groups with a carer and facilitator to learn about innovative communication methods for use with people with severe communication impairments.

The first stages of the evaluation were conducted by Paul Robson, then Senior Fellow at the Centre for Institutional Studies at the University of East London. He assisted with the recruitment of carers and produced the evaluation proposal. Paul has subsequently left the university. The evaluation was then taken over by Becky Rice an independent evaluator and researcher with relevant experience including an evaluation of disabilities projects in Newham and projects undertaken for Radar including working with Paul on the 'Tipping Point' project about user involvement. The project was a new experience for all the organisations involved and as such they required an independent assessment of the project to assist with:

- Evidencing the value, if any, for the project
- Giving all those involved the chance to feedback on the project
- Learning from the project and shaping future projects on the basis of results.

Research materials were designed by the evaluator with input from course organisers.

There were three main strands to the methodology:

### **Student questionnaires**

An on line questionnaire was provided after the first session. The intention was to compare results from this with the end of course questionnaire. In the event few students completed the first questionnaire so the progress made between the start and end of the course was captured in a paper, self-completion questionnaire provided on the last day of the project. Given the limited evaluation time available it was decided to focus analysis on the results from the 38 returned paper questionnaires.

### **Carer interviews**

Semi-structured telephone interviews were conducted with all seven carers involved throughout the project (one carer had to go abroad for family reasons before the final phase of the project).

### **Facilitator feedback forms**

Feedback forms were sent to facilitators by email following the course. Six of the eight facilitators responded.

## Key findings

### 1. Changes brought about by the project

- Using a scale of one to ten, on average students reported a 1.3 and 1.4 increase respectively in their ability to a) communicate with and b) assess the needs of people with severe communication impairments. End of course averages were 7.1 (communicating) and 6.9 (assessing need).
- Those who did not observe an improvement were typically Speech and Language Therapy students who scored themselves above average both before and after. The small number who scored themselves below average before and after were those who did not understand the relevance of the course to their profession or who felt that practical experience was needed to achieve progress in these areas.
- 16 students (43%) agreed that the course will change the way they work with patients/ clients/ service users and 11 (30%) disagreed. There was a high level of neutral responses (10 or 27%) possibly indicating that students are unable to assess the impact that the course will have on practice ahead of opportunities to employ the learning acquired.
- When carers were asked whether they felt that students' presentations demonstrated a readiness to work with people with communication impairments and their carers, several felt that the presentations alone could not demonstrate this
- Four of the six facilitators responding agreed that students demonstrated a readiness to work with people with communication impairments and their carers, including two who strongly agreed. The others neither agreed nor disagreed one commenting, in line with carers' comments, that you couldn't tell from the work undertaken on the project.
- One of the most impressive findings in terms of anticipated change is that twenty-seven (71%) of students felt that they would be more likely to use multi-media resources with a patient/ client/ service user following the project.

### 2. Interprofessional learning

- The project successfully facilitated interprofessional learning for those who participated fully. When facilitators were asked whether the course should be repeated again, all agreed and the most common follow up comment related to the fact that, despite challenges, the project did *'get health and social care students to work together'*.
- Very few students felt they would have learnt as much if only other people from their course attended the project. When students were asked what they liked best about the course, comments about meeting people from other disciplines were the most frequent with mentions from twenty-two students of the twenty-nine making comments.
- Feedback from all three groups indicated that most medical students did not engage in the project fully and few, in fact, attended.

- All students agreed that patients/ clients/ service users benefit if health and social care professionals work together to meet their needs and wishes. 84% agreed (and none disagreed) that the project had increased their awareness of the roles of other health and social care professionals.
- Comments from all groups indicated that the requirements for the presentation were not clear or were too broad and for some groups this inhibited really effective, relevant conversations with carers and in one case at least affected the standard of the final presentation.
- Twenty-six (68%) of the students agreed that their group worked well together. Some open comments from students and facilitators indicated that there were some issues with the allocation of work within groups. No students disagreed that the presentation they produced was of a high standard. Just over half of students felt that they learned more about communicating with people with communication impairments through the group work.
- Three carers commented that students' presentation skills could have been improved or made more accessible to the audience by ensuring that there was less text on slides and having fewer people actually presenting information.
- Most students used the bulletin board and 26 (of 38) students answering felt this to be a good or very good resource to aid group work. One student commented on problems with the bulletin board. Carers and facilitators felt that the bulletin board was a good idea but several reported frustrations with not being able to access it.
- 29 of the students met with others in their group or spoke to others in their group on the phone between the sessions at the Rix Centre. Nine students did not speak or meet with other students in their group at all between sessions.

### **3. Carer involvement**

- The involvement of carers was viewed as an effective and important element of the project across the three groups taking part in the evaluation. Most carers recruited had some experience of being a carers' representative or other community based or voluntary work related to caring but only one had taken part in a very similar project.
- Carers were motivated to take part in the project to help give people with communication impairment a 'voice' in the training and development of professionals.
- Carers reported that 'telling their stories' (as several put it in interviews) was a positive experience and that students were engaged - actively listening and asking questions.
- Very high proportions of students found it valuable to hear a carer's perspective (92% agreement) and feel they better understand the needs of carers following the project (86% agreement). Agreement was slightly lower but still high for the statement about being able to work more effectively with carers in meeting the needs of people with communication impairments after the course (81% agreement). This may again, suggest that students are unable to make a full assessment of the impact of the course directly after the two sessions. All students disagreed that students could have learnt just as much from a tutor as they did from carers.
- Carers felt that their input was of value to the project. All agreed or strongly agree that students learnt more on the project than if carers were not involved and that the project will help students communicate with people with communication impairments

and their carers in the future. One theme in responses was the way that meeting a carer gave students the opportunity to apply theories to a real life situation.

- All facilitators agreed that the involvement of carers in the course will help students work more effectively with carers to meet the needs of people with communication impairments.

#### **4. Multi-media**

- Nearly all student respondents agreed that multi-media resources have the potential to improve the service offered to patients/ clients / service users with communication impairments. Moreover twenty-seven (71%) of respondents felt that they would be more likely to use multi-media resources with a patient/ clients/ service user following the project.
- Although 51 and 62% respectively of students felt that the course had covered 1) how and 2) when to use multimedia most felt that they would need more training before using such resources with patients/clients/ service users.
- Five facilitators responding felt that students in their group demonstrated an understanding of when and how to use multimedia resources – the remaining facilitator responded ‘neither agree nor disagree’.
- Responses about how well it worked integrating the project with the Rix centre conference were mixed with three facilitators agreeing that this worked well, two returning neutral responses and one disagreeing. All those who made a comment about multimedia agreed that it was important in principle but most of those who commented on the conference and the Rix centre felt that provision information about Rix and multimedia could have been improved.

#### **5. The course overall**

- The three statements about the course overall attracted relatively low levels of agreement amongst students:
  - Half of students agreed that the purpose/ aims of the session were made clear to them.
  - Around half of students agreed that they would recommend this course to others
  - 43% agreed that the sessions were enjoyable
- The evaluation evidences some significant benefits of the project which are valued by students and many reported enjoying specific aspects of the project such as meeting other professionals and meeting carers. The recommendations for improvements based on feedback from all those consulted should provide means of increasing agreement with these statements below for future projects.
- All facilitators agreed or strongly agreed that the course should be repeated. Carers all agreed that the course was enjoyable.

## Recommendations

The following recommendations are taken from analysis of all information from the three groups and in particular specific feedback from interviews and questionnaires on how to improve future projects.

### A. Set clear course objectives and communicate to all involved in the project

- Feedback from all groups suggested that the aims and objectives of each component of the project and the project overall should be made clearer in any future projects. For example, some suggested that there should be a more focussed brief for the group work or that the group work tried to cover too much.
- Several students mentioned ideas which are likely to be impractical if the course takes a similar format in the future. Clear objective setting would help to manage expectations and improve perceptions of the course – for example the person with a severe communication would not always (and possibly rarely) be able to meet with the number of students in question. The benefits and limitations of the course need to be highlighted to students. Example messages for this would be that interprofessional collaboration is an objective/ desired outcome in its own right (and explain why this is), and the project it is not designed as a substitute for practical placements.
- One carer was upset by a comment made regarding a decision about the future care of the person she looks after and another stated that some students were *'really upset'* by aspects of the way the household cope with her son's disability (she did not report this in a negative way just as something that happened of relevance to the evaluators questions). Some ground rules or principles regarding feedback to carers would be useful for students taking part in future projects.
- The roles and responsibilities of all those contributing to the project need to be made clear in objectives for future projects to avoid unreasonable burdens on some busy university staff and to ensure that people do not change / make arrangements which end up wasting time (for example one facilitator changed exam times for their course so that medical students could attend the project and in the event few did attend).
- A secondary objective of the project is likely to be for students to produce a high quality and engaging presentation. To assist with this, students should be provided with some fairly basic hints and tips about effective presentation skills to ensure that presentations are accessible and clear to the audience (some groups will need and use this resource, others will not).

### B. Review the structure of the project

- Several respondents, especially in carer and facilitator groups, made comments about possible changes to the structure for any future projects. The following ideas should be discussed by course organisers:
- Arrange meetings for facilitators and carers before the course dates – this recommendation reflects comments from facilitators and carers. However, given indications about demands the project made on already busy staff other ways of responding to this could be that ensuring that packs with information about the course are sent to facilitators and carers further in advance and, in the case of carers, followed up with a phone call not just to confirm attendance but to check for any clarification required. If a meeting is held with carers only it is important that this is used constructively and has a clear purpose and structure – as carers feel they are

present to share their experiences. Where this is not the purpose of a session, this should be made explicitly clear.

- It is strongly recommended that carers have the chance to meet with their facilitator before the first session with students in any future projects. If this is too resource intensive, the calls referred to in the paragraph above could be made by facilitators. If this is the case facilitators should be provided with questions/ prompts for making these calls to ensure they constitute a meaningful discussion and not just confirmation of attendance. In addition to this one course contact should be supplied for general enquiries and possibly for signing up to the course initially – this could be an administrator who then decides who should follow up on questions or issues they are unable to deal with themselves. It is important that this person is informed and enthusiastic about the project.
- It is recommended that the integration of the Rix centre conference into the course be reviewed. Ideally tailored presentations or lectures and demonstrations from Rix staff should be provided to students and as an option to carers, instead of the project running alongside the conference.
- It is suggested that a plenary session is held with all groups at the beginning of the course (but possibly after carers have meet with each other/ facilitators). This could serve several purposes:
  - Clarify/revisit objectives
  - Inform audience about the Rix Centre
  - Give the course more of an identity/ get people ‘on board’ and inspired (highlighting relevance to all groups of professionals) with a keynote speaker and possibly an example of excellent inter-disciplinary working and, again if possible, a demonstration of some of the technology used by the Rix centre (this last element could be carried out in smaller groups if resources allowed).
- The presentation sessions could be better structured in future projects. Nearly all carers felt that they did not have enough of a chance to feedback on their student presentations. Carers also felt a lack of project closure for example one stated that it would be nice to get together to debrief after the presentations or on another day.
- One facilitator suggested that there should be less time between the second and last day of the project.

### **C. Attendance and participation**

- Attendance was a cause of frustration amongst all groups. This issue was mentioned more than any other in students’ comments about how to improve the course. Many respondents from all groups who suggested taking steps to reduce drop out rates including ensuring that the course is compulsory for all those attending and increasing incentives to participate fully – for example by having a certificate or by ensuring that it is a marked piece of work/ of equal weight to all attending.
- The drop out rates and the issues with medical students in particular not engaging fully with the project had a de-motivating impact and is likely to have affected the perceptions and impact of the course for some students. One facilitator comment suggested that some medical students had to be on practical placements on the days they were due to attend the project but that this had not been communicated by their

course director. It is suggested that the inclusion of medical students in the project is reviewed and possibilities for improving this discussed with the relevant course director.

- One student stated that the project timing in the *'middle of placement and before exams'* (Speech and Language student) was unhelpful and another felt that they were left to complete the project 'in personal time' (Social Work student). It might be appropriate to have specific days and times for students to get together a work on presentations (as per one student's comment) given this perception although there is a balance to be struck between flexibility and feeling *'a bit left to get on with it'* (facilitator).
- Reliable attendance figures are not available for the course. Tutors required most students to complete work on the basis of their experiences of attending so this was not seen as absolutely necessary. However, given issues with attendance in this project a full register should be kept for future projects. If a rough estimate for attendance on this project is worked out by course leaders it is likely could be benchmarked against future attendance levels.

#### **D. Practicalities and support on the day**

- There were several issues around practical arrangements. Comments and recommendations in this section should be understood in the context of the busy schedules of those arranging the project. Many of the issues described indicate that the project was under-resourced in terms of administrative and organisational/coordination support. It is suggested that future projects allow for more resources for these areas if possible.
- It is suggested that information about the project is finalised and circulated further in advance and that it is ensured that all students have consistent briefing about the project.
- Carers were the most affected by issues with practical arrangements. Some relatively simple alterations could address many of these issues:
  - Several carers felt that they did not know where to go and more guidance and support on this would have been useful in future as the following comments illustrate: *'We got a bit left. For example someone said 'We're in Oscars' but we don't know where that is! Needs a dedicated person to host the carers.'*
  - *It would be good to get a more diverse range of carers but support would be needed – the facilitators grouped together.*
  - Parking arrangements should also be clear from the outset for example, by sending passes so that any confusion is rectified quickly by attendants.
  - Carers found the timetabling and to a lesser extent the directions/ where to be confusing especially in terms of what time to arrive on the final day –some felt they wasted time hanging around before presentations began. A table showing all sessions with dates, times and whether the session is optional (i.e. for information) or an essential part of group work, should be provided.
  - Carers should be provided with similar payments to those offered on the project in the future. It was felt that this showed an appreciation of their time. Carers should be told how much the payment is (accounting for tax for those who are and those who are not working) and arrangements made so that this can be paid soon after the project closes (i.e. National Insurance numbers collected before the course).

## **E. City space**

- Several respondents from all groups stated that access to City Space would need to be improved for future projects.

## **F. Involving people with communication impairments**

- Several students commented on the fact that people with communication impairments themselves were not involved in the project/ that they did not meet the person being discussed in the group, although none made suggestions about how this could be achieved. Some comments indicated that this really detracted from the value of the project – this is an example of an area where the rationale, objectives and limitations of the project need to be communicated to students from the outset.
- Carers felt involving people with communication impairments would be challenging but came up with several ideas, some of which represent involvement while others are more about tools to bring the person with a communication impairment to the centre of the project. It is recommended that these ideas are discussed by course organisers:
  - Involving people who have moderate/ mild communication impairments to contribute to the course by inviting them to attend and speak about their experiences. (This could detract from the focus on severe impairments and the implications of this on the role of the carer but is an idea to be considered.)
  - Involving a blog of someone with communication impairments in the project/ on city space
  - Having a video of the person for the session (and one carer said they think it would have been nice to be asked to bring along a photo or a video on the day if they wanted to)
  - One carer said she would have welcomed students to come and visit her and the person she cares for although practically speaking this would be challenging it might be possible for small groups of students to meet people at projects/ activities they attend.

## **G. Other suggestions from carers**

Carers in particular made several suggestions which do not fit under the main headings above. These are summarised below and should be discussed by course organisers.

- Ensure that the sessions are towards the end of the student course so that they remember learning when they begin professional practice (as per this course).
- Engage medics though the choice of patient represented e.g. representing children who require tube feeding.
- Make carers more representative of those students will be working with including those who have quite recently arrived from other countries/ those who do not have an English educational background and sometimes do not have a detailed understanding of communication impairments. This is an interesting point to reflect on – the respondent felt that the carers did not represent the typical range that students would be working with in future. The recruitment process resulted in a group of carers with good communication skills, who knew a lot about the conditions the person in their care had, and who did not require training or one-to-one support to get involved in the project. Even with the group represented one student referred to their carer as '*difficult*' and a facilitator commented that the carer in the group was '*committed but biased as to knowing what's best*'. Two carers commented that many carers in the area have a lot to contend with for example one highlighting that as part of a couple

headed household they are able to attend conferences and get involved whereas some have their *'hands tied'*. A more representative group of carers would be likely to include people who would need more support to get involved and require more resources.

- Another suggestion from several carers was that this type of project should be taken out into the community to those already practising health and social care. Several mentioned work experience placements such as attending respite care projects.
- One presentation was felt to have real potential as a learning tool to be used in the community with professionals and carers – this could be refined and disseminated.
- Finally, one carer commented *'I hope they keep in touch and tell us what's going on even if we are not involved'* and two others asked if they would be able to see the evaluation results. It is recommended that the full evaluation report is not shared with carers but that feedback is provided in the form of a tailored summary or, if resources do not allow for this, a letter with some key points and plans for the future.