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**Making a difference: a qualitative study of an inter-professional social engagement project**

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# Making a difference: an interdisciplinary social engagement project



Dr Richard Ayres, Sebastian Stevens, Rachel Carter, Rebeka Haszczyń and Thomas Doel

# This presentation

- Why should a University provide **community experience** for healthcare students?
- What is the **pedagogic value**?
- Is there value in **inter-disciplinary** placements?
- Can students make a **valuable contribution**?

# Context: Lancet commission

“Professional education has not kept pace with these challenges, largely because of fragmented, outdated, and static curricula that produce ill-equipped graduates. The problems are systemic: mismatch of competencies to patient and population needs”

Frenk J, Chen L, Bhutta ZA, et al 2010. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet*, 376(9756):1923-1958.

# Editors comment

“What this Commission argues for is nothing less than a remoralisation of health professionals’ education. For decades, health professionals have colluded with centres of power (governmental, commercial, institutional, even professional) to preserve their influence. The result? A contraction of ambition and a failure of moral leadership.”

Horton R. A new epoch for health professionals’ education. *The Lancet* Vol 376 December 4, 2010

# A “moral” dilemma in health services education

“There are many gaps between what we say we value in the health professions and what we actually do: the gap between the technoscientific and the caring dimensions has become a yawning chasm, and medicine as a humanistic pursuit often is at odds with medicine as a business”

Gaufberg E, Hodges B. Humanism, compassion and the call to caring. *Med Educ* 2016;50:264-266

# Why provide community Experience?

“Social Accountability of medical schools is the obligation to direct education, research and service activities towards addressing the priority health concerns of the community, region and/or nation they have a mandate to serve”

WHO,1995

# Models of community involvement

- Community-orientated medical education includes activities that address topics in community health but still take place in traditional academic settings
- Community-based medical education describes activities that take place in community settings but do not directly engage the community in the design, conduct and/or evaluation of these activities.
- Community-engaged medical education activities directly engage members of a community in their design, conduct and/or evaluation so as to meet the needs of the community in some way and to enhance the experience or outcomes of the learners involved.



# Aims of the Devonport Project

- 1) Providing a range of new inter-disciplinary social engagement activities in which medical and nursing students can participate
- 2) Using these experiences to enhance learning and reflection on key themes in population health
- 3) Using these experiences to enhance collaboration and shared learning between medical and nursing students
- 2) Promoting these joint activities across the medical and nursing schools and for all years
- 3) Evaluation of results, both for the student experience and for the communities or projects in which they are involved
- 4) Disseminating our findings as examples and good practice guidelines both locally within the University, and on a wider scale to the medical education and nursing communities nationally and internationally

## Baby Grace is Plymouth GP practice's 1,000th patient



A pioneering GP practice which is the first to be run jointly between a university and a NHS primary care provider, is celebrating its 1,000th patient since opening its doors in February 2013.

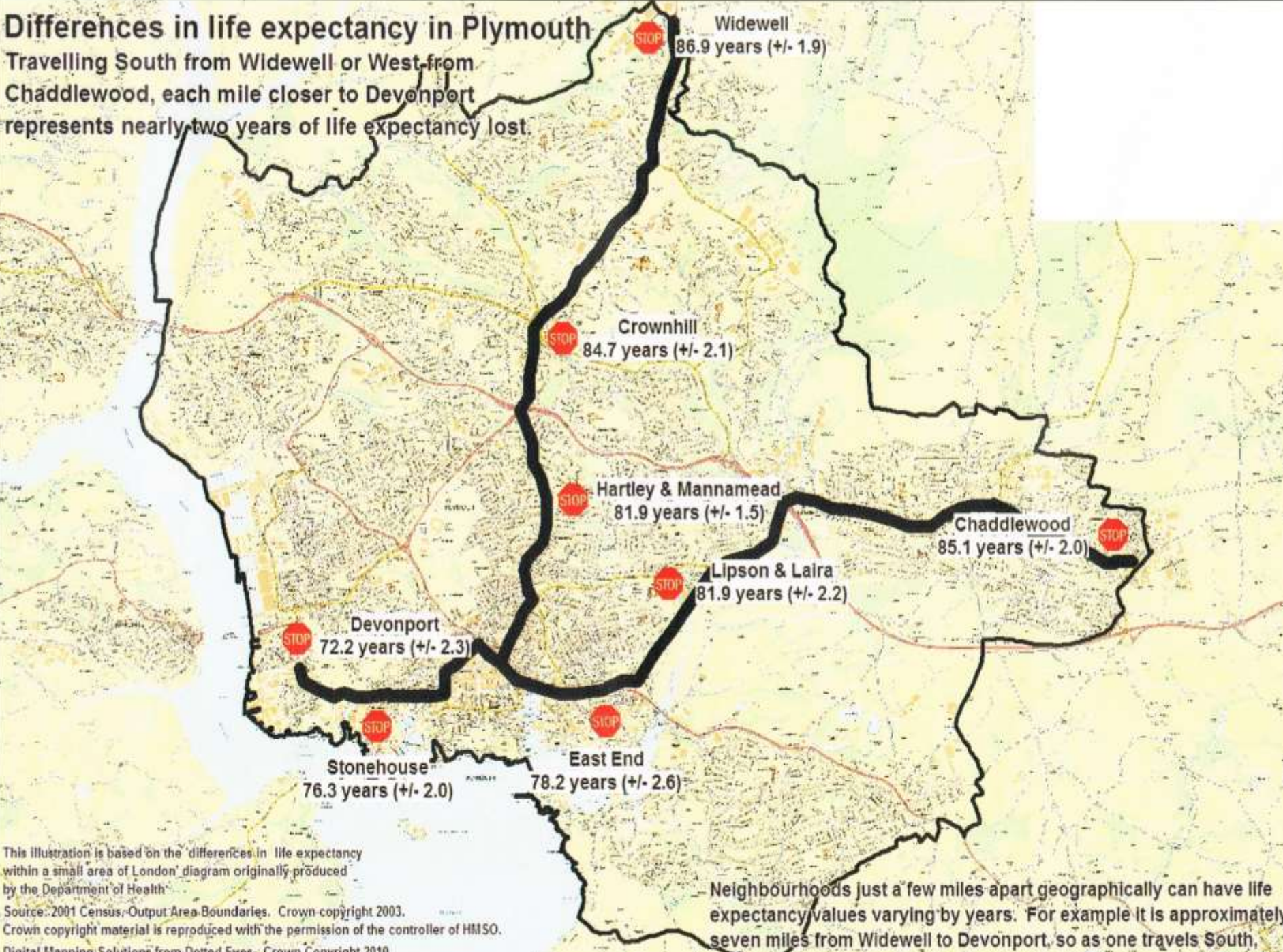
The Cumberland GP practice in Devonport, Plymouth, is a joint venture between Plymouth University and Plymouth Community Healthcare.

The practice has two part-time GPs and two nurse practitioners. Both the lead GP and nurse practitioner have joint appointments with Plymouth University. The team provides GP-led care to patients, but also combines that with on-the-spot training of medical and nursing students from Plymouth University and a growing range of partnerships with local providers of services to help patients with housing, money problems, education and training, nutrition and anything that can help improve health.

Students have first-hand experience of meeting and treating patients with a wide range of conditions and backgrounds, under the supervision of the Cumberland team. As well as contributing to local patients' care, students also carry out outreach activities with local groups representing the elderly, the very young, families, the homeless and substance abusers

# Differences in life expectancy in Plymouth

Travelling South from Widewell or West from Chaddlewood, each mile closer to Devonport represents nearly two years of life expectancy lost.




This illustration is based on the 'differences in life expectancy within a small area of London' diagram originally produced by the Department of Health.  
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Neighbourhoods just a few miles apart geographically can have life expectancy values varying by years. For example it is approximately seven miles from Widewell to Devonport, so as one travels South, each mile marks, on average, nearly two years of shortened lifespan.



# 'Making a difference': an interdisciplinary social engagement project





Are you an undergraduate student studying **Medicine** or **Nursing** in your 2nd, 3rd, 4th, or 5th year?

Would you like to take part in some exciting interprofessional **Social Engagement opportunities** within a community setting?

# GET INVOLVED IN THE 'MAKING A DIFFERENCE' PROJECT

See what you could learn and contribute!

**SOCIAL  
ENGAGEMENT  
WITH  
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UNIVERSITY**

# JOIN US!

Wednesday 22nd April 2015

10:00–15:00

THE CUMBERLAND CENTRE

Damerel Close, Devonport, Plymouth PL1 4JZ



Learn to make Healthy Food and Drinks

**FREE** Healthy Food and Drinks provided throughout the day  
Health MOT's

Healthy eating advice

Wellbeing Support Services

**AND MUCH MORE!**

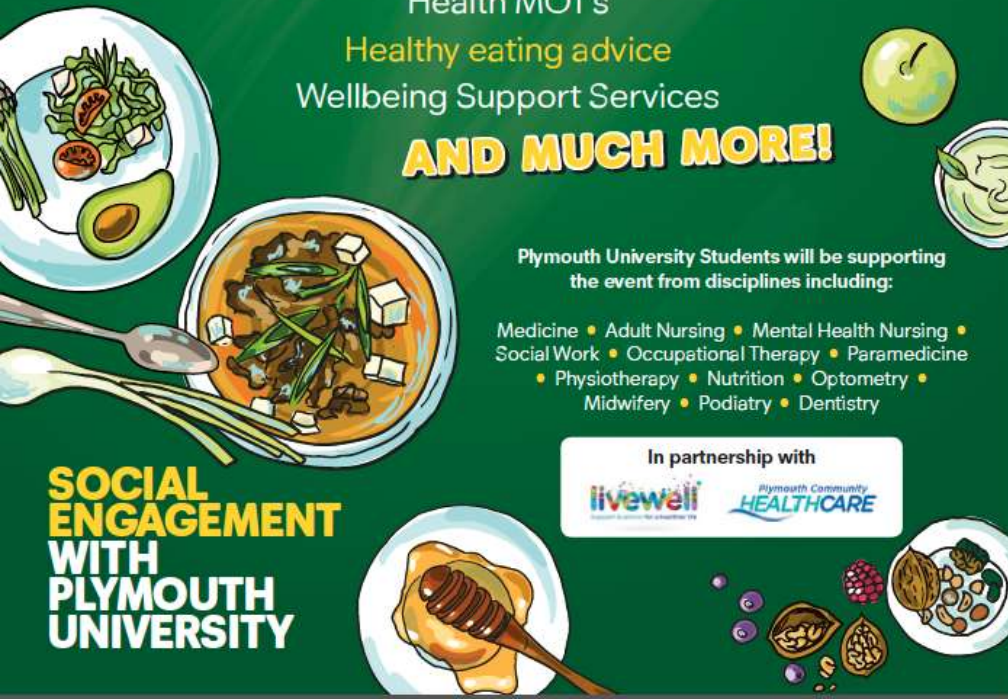
Plymouth University Students will be supporting the event from disciplines including:

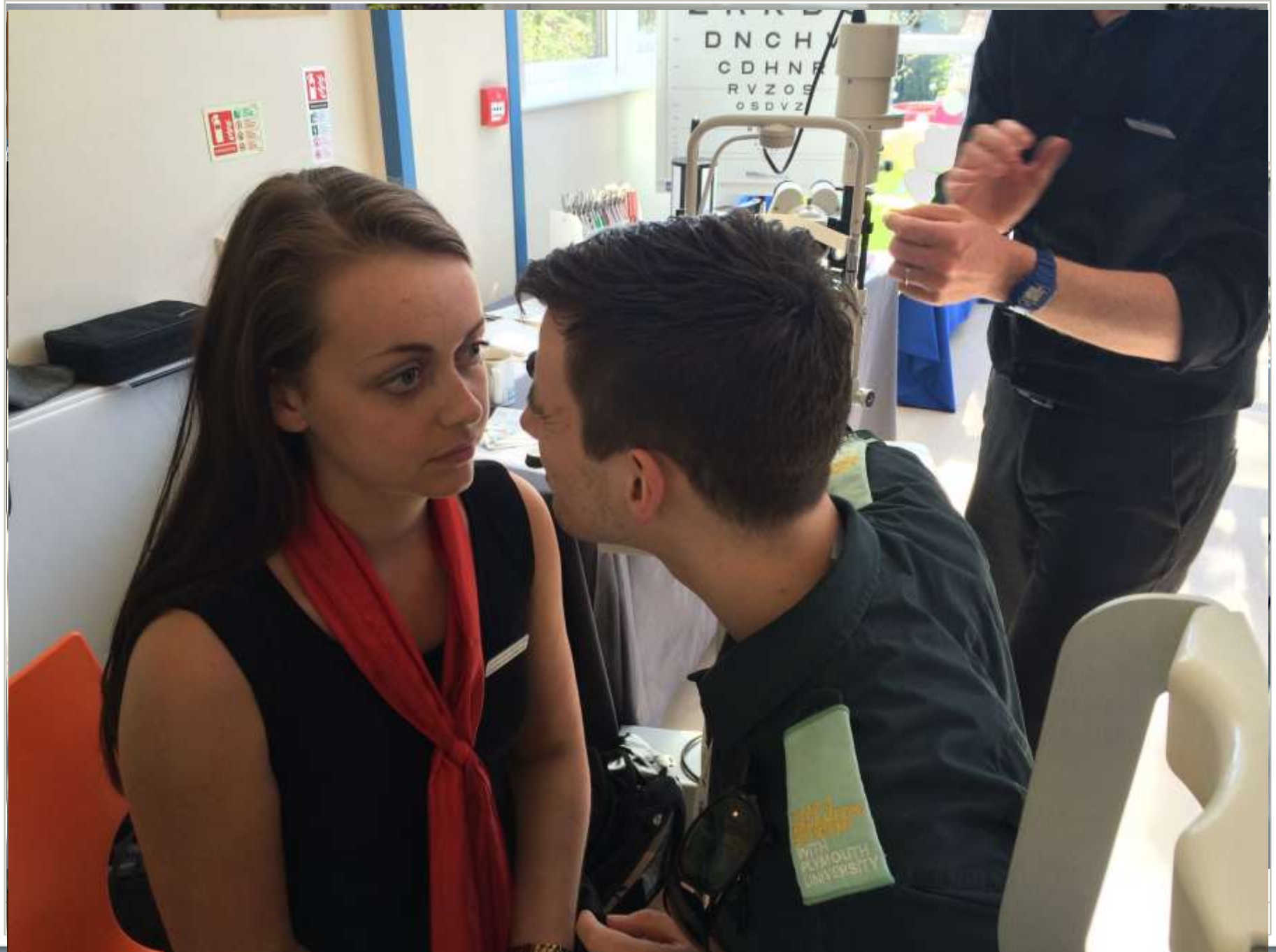
- Medicine
- Adult Nursing
- Mental Health Nursing
- Social Work
- Occupational Therapy
- Paramedicine
- Physiotherapy
- Nutrition
- Optometry
- Midwifery
- Podiatry
- Dentistry

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# Students give health advice to residents

MORE than a thousand Cumberland Centre patients have learned how a great life can be achieved at a special health living event.

A wide range of Plymouth University students from across the health spectrum – including medicine, adult nursing, mental health nursing, social work, occupational therapy, paramedicine, physiotherapy, nutrition, optometry, midwifery, podiatry and dentistry – were on hand to offer advice.

Dr Richard Ayres, lead GP at the Cumberland GP Practice in Devonport, said one of the key reasons the event was held in Devonport was the fact that the life expectancy of someone living there is ten years less than

by **EMILY SMITH**

Herald Reporter

someone living in Chaddleswood.

Dr Ayres, GP and lecturer at Plymouth University Peninsula Schools of Medicine and Dentistry, said: “We think this is the first time that we have brought the knowledge, expertise and enthusiasm of students from across the full health profession offering at Plymouth University, all together to create one event for the community.

“We have a lot of health issues in Plymouth – that’s why we put on this event.”

During the free day-long event, the Cumberland centre was packed with patients eager to learn how to do CPR, have



**ABOVE:** Laura and Liam Flanagan make a pizza  
**RIGHT:** Josh Guinane, Kat Chown and Edd Bartlett watch as nurse Laura Davis teaches Tia Mitchell, 7, first aid

their eyes tested, learn the importance of healthy eating, have a full body check and much more.

Lots of advice was handed out during the event including plenty on physio.

Neil Artz, a lecturer on the Physiotherapy course at Plymouth University, said: “It’s really important for our students to be involved with events like this and promote healthy living. We have been offering people advice on exercises they can do at home to help with posture, as well as during the day at work.”

Chris Coutts, final year optometry student at Plymouth University, said: “More than one million people in the UK live with sight loss – that could be solved with just a short eye test. We can pick up early signs of diabetes, high cholesterol and blood pressure through a simple eye test.”

Residents of Devonport Life House attended the event and were encouraged to talk about their health and any issues they may be experiencing.

Beth Morgan, a dietitian student, said: “Healthy eating can be quite confusing for a lot of



people. The difference in life expectancy between two different areas in Plymouth is outstanding.

“It’s so important that people know what healthy eating is as obesity can lead to a higher

risk of cancer and strokes, as well as type two diabetes.

“We need to be working in partnership with big name brands of things like fizzy drinks.”

# What was done: summary

- 42 students, 10 healthcare professions, 3 community providers, 1 whole community event
- Data collected from student diaries, on-line survey, student and staff interviews and focus groups (including by Skype), patient feedback to practice.
- Data transcribed, loaded on to Nvivo and analysed by 3 researchers separately

# Analysis

Data was analysed via a grounded theory approach of exhaustive reading and re-reading by all 3 investigators. Constant comparison of text produced emerging themes, which were then iteratively refined via regular discussions followed by re-reading until all data could be placed into a theme and no new findings emerged. In addition the entire data set was made available to an academic in a separate institution who had not been involved in data collection in order to triangulate the analysis.

Glaser BG, Strauss AI. The constant comparative method in qualitative analysis. In: Glaser BG, Strauss AL, eds. *The Discovery of Grounded Theory: Strategies for Qualitative Research* Chicago, IL: Aldine Transaction, 7th paperback printing 2012

Stern PM, Kerry J, Grounded theory methodology. In: Janice M. Morse, Phyllis N. Stern, Juliet Corbin, Barbara Bowers, Adele E. Clarke, Kathy Charmaz eds. *Developing Grounded Theory: The Second Generation (Developing Qualitative Inquiry)* Left Coast Press 2009.

# Theoretical basis

- We used the Kirkpatrick 4 level evaluation model as an additional means of classifying pedagogic value
- Reaction.
- Learning.
- Behaviour.
- Results.

But .....

# Theoretical basis

- This research deliberately set out to explore the wider context of social engagement in the light of the criticisms made of medical education
- We used a framework based on the work of Alisdair Macintyre, a Scottish philosopher who moved to the USA and has written extensively on the moral or “virtuous” reasons for failure of “practices” , of which medicine and indeed healthcare could be seen as a prototype

# Kirkpatrick Level 1, reaction, satisfaction

Participation and reaction of course rate lowest in the Kirkpatrick “hierarchy”, but as educators, we have seldom been involved with an activity rated so highly for enjoyment as these quotes demonstrate:

*So yeah I just thought it was very, oh I just thought it was brilliant, absolutely brilliant.(SB,SI, NS)*

*I really enjoyed the whole kind of process of it, I think it was really, really fun, just being able to chat to people (SB, FG, MS)*

*The only thing that could have improved the experience would be more time there! (SB,SD, OT)*

Student benefit (SB), Community benefit (CB), enhanced knowledge and skills (EKS), interdisciplinary learning (IL), New insights and emotions (NIE). student interviews (SI), Community interviews (CI), student focus group (SFG), community focus group (CFG), student diary (SD). Student survey (SS) medical student (MS), nursing student (NS), paramedic (PM), Audiology student (AS), occupational therapy student(OT), Podiatry student (POS) physiotherapy student (PS), Dietetic student (DS), clinical psychology student (CPS), Optometry student (OS). Community staff comments are indicated by (CS)

This was a voluntary experience for students and it was over-subscribed. There was a strong feeling that such experiences would benefit other students and should be more widely available:

*Found this to be a thoroughly worth-while experience. would be very happy to participate in another social engagement activity of this kind. I believe there is a great deal more for me to learn and give through experiences of this kind and I strongly feel that others would benefit significantly from the same/similar opportunity. (SB, SD, MS)*

And that it provided experiences different to those of clinical placements:

*it allows unique learning opportunities quite unlike placement and I would definitely get involved in similar projects in the future (SB, SD, MS)*

*I thought the placement with Plymouth Homes people was particularly valuable just in terms of it's not something you generally get to see as a medical student on placement, (SB, SD, MS)*

But still allowed students to express their particular disciplines:

*I felt I had progressed as a student nurse as I was able to put my learning into practice. I would definitely get involved in any of the projects in the future. (SB, SD, NS)*

*I felt really proud to be a nursing student throughout the day as I was given great respect by everyone I met, (SB, SD, NS)*

Reaction though went beyond just enjoyment. Students were clearly moved and challenged by the experience.

*I was just like ooh, this is brilliant, I had shivers going down my spine and it really impact, it really did have an effect on me cos I went home and cried the night I did the soup run. (SB, SI, MS)*

*very useful, very interesting and slightly frightening. (SB, SD, NS)*

This in our view takes the experience beyond “reaction” and into transformational learning, a subject that we will discuss later



## Kirkpatrick level 2: learning. Benefits of Community learning

This level includes factual or skills learning, but also change in attitudes. Students clearly felt that they had learned a lot from the community experiences and within all the domains of knowledge, skills and attitudes, as the following quotes make clear:

*she needs to cry and it's all part of training that you can't simulate in the skills lab, you know tears and things .. actually for us that was a great way to practice those skills of just sitting down and listening, and just allowing her to be able to share her feelings and emotions really which was great cos you don't get that in skills, and you don't always get time on the wards (EKS,FG, NS)*

*we are not taught any of the lessons I learnt from this experience anywhere in our curriculum. This includes: effective communication with professionals and students from different healthcare disciplines, appreciation and understanding of the different roles that each healthcare profession has in our system ... and talking to service users about healthy living, and motivating people to make changes in their life to better their health and well being.(EKS, survey, MS)*

But students clearly felt that these experiences were going beyond mere “learning”, instilling confidence:

*I think it gives you, I can't think of the word for it, what's the word, confidence, you know brings on your confidence like you know with your communication skills.(EKS,survey,SN)*

And into a “moral” dimension of compassion which we will discuss later:

*The most important skill I think I kind of improved was not really a skill as such but I was able to draw on some compassion; using compassion isn't exactly something you can teach but it's definitely something you can learn (EKS,SD, SN)*

*Having communication skills in Clinical Skills did not prepare me for this. I wish I had this opportunity earlier and I now don't feel as if I have been sheltered and hidden (NIE,SD,MS)*

*He wanted what we all want, yet it seemed so far out of his grasp (NIE, SD, CPS)  
some of the stories that this gentleman told me just shocked me and were quite difficult to hear.(NIE, SD, MS)*

*Some of the things he has faced in his life were just unimaginable to me (NIE,SD, NS)*

A very strong theme that came from many data sources was of how useful and enjoyable students found the inter-professional nature of the experiences:

*It was lovely to work with medical students, something we as student adult nurses rarely have the opportunity to do.(IPL, SD, NS)*

*personally I learnt most from the OTs, I don't know if anybody else did but the stuff that they had there was really cool and like I had absolutely no awareness at all about what they did (IPL, SD, MS)*

And there was evidence that interprofessional learning was indeed leading to collaborative practice, something of a holy grail in the literature

*enjoyed being able to refer patients like this lady, to my colleagues within the other specialties: including other professionals .. where the boundaries of my knowledge or scope of practice were exceeded.(IPL, SS, PS)*

*I worked alongside a medical student and an Adult nursing student. We presented the topics of Drugs, Alcohol and Tobacco. I felt confident to contribute in my own area of speciality, ie from a mental health perspective, while the other students were able to contribute from a more medical model perspective (IPL. SD, NS mental health)*

### **Change in professional behaviour (Kirkpatrick level 3)**

Within the context of medical education (although not originally), Kirkpatrick's levels are generally viewed as a hierarchy. Our data from all genres of students strongly suggested that behaviour has been changed:

*it's really helped me to kind of understand the social circumstances of people ... I've kind of found a real niche for it actually, kind of something I really want to go into in the future, which is really positive so thanks for that (NIE, SFG, NS)*

*It allowed for service user contact, in an unfamiliar environment to that of Paramedicine. This forced me to alter my approach with patient communication (NIE, SD, PM)*

There was evidence of changed behaviour in many aspects of care, particularly around communication:

*I found that my ability to start up conversations, confidence in starting social interactions could be improved and certainly was improved simply by talking to some of the clients (NIE, SD, MS)*

*Conversations with the service users seemed to come much more naturally with the nursing student than they did with me. From just listening to her, I have learnt a few skills that I would like to transfer to my own discussions (NIE, SD, MS)*

## **Benefits to patients (Kirkpatrick level 4)**

The “top” Kirkpatrick level is that education brings benefit to patients. This links to our research question concerning the value to providers of Social engagement (“what can students give?”). Our data suggests that social engagement is very much a two way street, we found numerous examples of students who had been able to make valuable contributions to patients:

*one individual wanted help to get fit again and so I provided a leaflet and spoke about exercise they were previously involved in and the types of things that may be suitable and enjoyable for them (CB, SD, PS)*

*I spoke with a visitor who was worried about her son as he was vegetarian and at a low BMI. I spoke with her about protein sources as this is often a problem with vegetarians and made some suggestions to her (CB, SD, NS)*

*being able to communicate with them regarding healthy eating advice which is tailored to them and their concerns is key to dietetics so in that respect the day was a fantastic experience. (CB, SD, DS)*

# Kirkpatrick insufficient

The level of “reaction” or “change in attitudes” is inadequate for experiences that challenge all preconceptions and open new vistas. Mezirow and other proponents of “transformative learning”<sup>1</sup> talk about a “disorientating dilemma” strong enough to shake preconceptions – leading to self-doubt, then a re-building of knowledge and belief that is more real and more true<sup>2</sup>, based on the world as it is. We found examples of this in our data:

*I cried cos it was my first time I'd gone out and these two guys stood out to me more than, I know everybody stood out to me, but those two in particular because they were so young, and I did go home and I cried and I just thought, it makes you appreciate what you've got. (NIE, SD, NS)*

*cos I was really worried about them, they stood out to me and just to know that they were alright and actually get introduced to them, and you know to get my hand shook again, cos the night of the soup run I actually went up and seen them with two other people and they shook my hand (NIE, SD, NS)*

1. Mezirow, J. (1997). Transformative Learning: Theory to Practice. *New Directions for Adult and Continuing Education*, 74, 5–12.
2. Cranton P. *Understanding and Promoting Transformative Learning: A Guide for Educators of Adults*. Jossey-Bass Higher and Adult Education Series.

## The wider context of this research

Macintyre included medicine as an example of what he called a “practice”. He defined practices in a particular way:

*“Any coherent and complex form of socially established cooperative human activity through which goods internal to that form of activity are realised in the course of trying to achieve those standards of excellence which are appropriate to, and partially definitive of that form of activity, with the result that human powers to achieve excellence, and human conceptions to the ends and goods involved, are systematically extended”<sup>3</sup>*

“Goods” arise from practices and he defines them as “internal” and “external”. “Internal” goods include much of what we would now describe as professionalism, the unique combination of personal pleasure and professional satisfaction experienced by clinicians after successful patient encounters. It is characteristic of “internal” goods that they are good for the whole community who participate in the practice; their possession by one person does not deprive them from another. By contrast “external goods” such as money and power are distributed usually by strict rules, and coming from a finite resource, one person’s gain is generally another’s loss

3) Macintyre A. After Virtue. Bloomsbury, 3rd Edition 2007

Three trends in medical education fit very well into this view of medicine as a “practice” in the MacIntyrian sense. Firstly the emphasis on professionalism, secondly interprofessionalism and thirdly shared decision making. All three are present throughout our data and arise inevitably from the experiences provided by the project

Professionalism has been viewed as a “belief system by which to shape healthcare, rather than list of values and behaviours”<sup>4</sup> that is to say, it is a moral, or to use Macintyres words a “virtuous” system. For Macintyre a virtue is an acquired human quality the possession and exercise of which tends to enable us to achieve those goods which are internal to practices”. He identifies for example honesty, courage and justice as virtues and says that without them “practices” lose their integrity.

Learning medicine and healthcare as a “virtuous” practice comes over very strongly and movingly in our data:

*I found it profoundly insightful and satisfying by conducting these brief assessments, making suggestion on how patients could improve their overall health (NIE, SS, MS)*

4) Leach DC, Transcendent Professionalism: Keeping Promises and Living the Questions. Acad Med. 2014;89:00–00.



The virtuous good of interprofessional learning may be overcome by the contrasting and even competing discourses between medical, nursing and other training institutions. This tension was reflected in our data.

*I think medicine like in terms of all healthcare specialities has been quite hierarchal, like hierarchy of approaches and that is something that we need to move away from and that's old medicine like we need to like adopt this more holistic approach where you guys like everyone does their own bit, everyone contributes to this patient as a whole person, (IPL, SD, MS)*

*It was a fantastic opportunity to get work alongside medical students, so there's still some stigma around the divide between doctors and nurses so it was refreshing to hear positive comments from medical students and see how they were looking to build bridges with nurses (IPL, SD, NS)*

shared decision making forms another part of the revolution, moving away from the hegemony of doctors in era one, of systems in era two and toward a hegemony of patients in which doctors and healthcare workers help patients and their families to reach shared decisions<sup>5</sup>. On an individual level, this was illustrated by our students

*This lady was truly inspiring, her husband wanted to learn BLS and choking, for his wife and grandchildren, he explained how life is so delicate and we never know when something life changing is about to happen. He wanted to be prepared should he ever need it, this was such a pleasure for myself to be part of, as I feel that I may have made a difference in helping him learn these new skills. (NIE, SD, NS)*

5) Stewart M et al. 2003. In Patient centred Medicine. Transforming the Clinical Method. Page 6. Radcliffe Medical Press

Moving the experience of SDM into community settings can fundamentally challenge the paradigm of hospital orientated curricula that tend to produce secondary care based specialists at a time when what society needs most is primary care based generalists<sup>6</sup>. Just as our students individually found that social engagement activities helped them to understand and share with patients, we think that community-engaged medical education offers a way for medical schools to understand and respond to the needs and wishes of their communities. Ongoing research is exploring this further.

6) Gibbon W. Medical schools for the health-care needs of the 21st century. *Lancet* 2007; 369: 2211–13

# Thank You!

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