Nurse Education in Practice 11 (2011) 406–410

Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/nepr

A passage to interprofessional learning: The benefits to students from an educational visit to India

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ARTICLE INFO

Article history:
Accepted 21 March 2011

Keywords:
Interprofessional learning
Clinical supervision
International visits

ABSTRACT

An educational visit was made by a group of students representing all eight professional pathways on an interprofessional learning programme in health and social care at Canterbury Christ Church University to a hospital in Kerala, India. Interprofessional clinical supervision groups were organised in order to support the students, many of whom had little experience of foreign travel, in an environment they were anticipated to find emotionally challenging. At the close of the visit, following informal observation of a degree of interprofessional learning that had not been anticipated, qualitative data were collected by means of an opportunistically administered questionnaire that yielded insights into the quality of the learning – cultural, interprofessional and personal – that had resulted. This data indicated multiple benefits, some quite unexpected, for all involved; the aim of this paper is to present and discuss these. There are significant implications for health and social care education, including the value of international visits and interprofessional clinical supervision.

Introduction

In March 2008, a party of 23 students and 3 staff, representing all eight pathways on the Interprofessional Learning programme [IPL] at the Canterbury Christ Church University, visited the Dr Somervell Memorial Hospital in Kerala, India. Interprofessional working is defined by CAIPE (1997) as "occasions when two or more professions learn from and about each other to improve collaboration and the quality of care", and the students volunteered from pathways in a single educational programme comprising studies in occupational therapy, midwifery, social work, operating department practice, diagnostic radiography, and adult, child and mental health nursing. This two-week visit was the second of its kind, reflecting the well-established relationship between the university and the Diocese of South Kerala (Scoffham and Barnes, 2008). The objectives of the 2008 visit for the UK party comprised:

- an opportunity to observe the local delivery of health and social care;
- encouragement to develop cross-cultural sensitivity;
- skill-sharing between the UK students and professionals and their Indian counterparts; and
- the enhancement of interprofessional learning.

Experience of previous visits had highlighted the difficulties participants had had in managing their emotional and behavioural responses in the context of a culture differing sharply in its values, habits and styles of communication, and as a result on this occasion regular clinical supervision groups were planned. Clinical supervision has been described as "a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations" (Great Britain DoH 1993: 3). Several models of clinical supervision, but most notably The Group Supervision Alliance Model (Proctor, 2008) in addition make explicit the restorative potential of clinical supervision, and in this context it seemed highly desirable to offer students a place of expression and containment for those feelings they may have found challenging to their immediate wellbeing.

Only a few days passed before it became clear from these groups that the UK students were accumulating a considerable amount of learning, not just about local health and social care, but also about

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doi:10.1016/j.nepr.2011.03.024

each other's professional roles – and to an extent that many of them claimed exceeded that they had acquired through the IPL programme. As a result, the escorting staff administered a questionnaire at the end of the visit concerning the quality and breadth of the students' learning; the data thus opportunistically obtained has informed the current paper. It is important that this work is seen, therefore, not as pure research, but as an evaluation with a research approach (Parlett and Hamilton, 1972).

A key aspect of evaluation is concerned with understanding a phenomenon or activity (Pawson and Tilley, 1997). The data obtained at the end of this study visit therefore provided the opportunity to have a fuller understanding of the experience through the collection of qualitative information. Interestingly in the present context, Parlett and Hamilton (1972) identified "illuminative evaluation" as an approach particularly appropriate to innovative educational activities. They argued that this approach considers the wider context within which the evaluation took place. This was clearly a major consideration in this situation as the context for the UK students was in direct contrast to their normal learning environment. Further, Parlett and Hamilton held that collecting verbal data was a way to explore more thoroughly participants' understandings of the phenomenon being evaluated; in this case the students' experiences of the study visit to India.

The broad aim of this evaluation was to identify the key features of the experience, with a view to enhancing the quality of future visits. The objectives comprised the intentions to focus upon the utility of clinical supervision to the students, and upon the extent of their interprofessional and personal learning.

Background & literature

The design of this study visit was based on the value of practice-based interprofessional education. Barr's (2000) analysis of evaluations of interprofessional education found that direct benefits for service users were more likely to arise from work-based than university-based interprofessional education (providing it lasts at least two weeks or equivalent). Other studies have highlighted benefits in the perceived knowledge gains of students from different professions working together in student teams, in comparison with students from one profession being placed within interprofessional teams of practitioners (Sharland and Taylor, 2007). Peer-assisted learning has been identified as a useful adjunct to traditional teaching in higher education (Boud et al., 1999), and was exploited here both in the pattern of placement allocation and the constitution of the clinical supervision groups. It was anticipated that whilst these groups would also offer a place of containment for emotion, the reflective opportunities thereby offered would also enhance learning (Proctor, 2008). Time spent together in class and social activities was identified by Pekukonis et al. (2008) as helpful in developing students' interprofessional cultural competence, through enabling them to see each other as persons as well as professionals.

Although the literature on transcultural clinical supervision is still in its infancy (Hawkins and Shohet, 2006), evidence concerning the benefits of overseas visits for education staff, students and health and social care professionals is available and demonstrates the deep learning, and development of knowledge and understanding that can occur (Scoffham and Barnes, 2008, 2009).

Methods

In planning the visit in the UK, second and third year undergraduate students from the eight interprofessional pathways identified above were invited to apply for a place. Twenty-three students were accepted and two meetings took place to prepare them for the experience and to enable the students to meet each other and the staff who were to accompany them. In addition, it was explained that interprofessional learning should result, and that students would benefit from placement opportunities that they would not have in the normal course of their programme. The value base of the visit was also discussed with students, with explicit emphasis placed on the importance of acting with respect and sensitivity at all times as guests in another culture.

The UK students were partnered on arrival in India with the Keralan nursing students, the latter being expected to act as "buddies" and guides to the provisions of the hospital. The UK students were in addition allocated to their placements in small interprofessional groups; an anticipated outcome of both arrangements was an appreciable effect on peer-assisted learning. A timetable was drawn up and amended daily, giving the UK students placement experience in as many different wards and services as possible.

There is reasonable evidence to assume that students, many of whom in this party were young and inexperienced, could benefit from guided reflection on their practice experience in a culture very different to their own; certainly there is ample evidence of the restorative potential of supervision in emotionally challenging situations (Proctor, 2008). Logistics dictated in the present case that the students were divided for the purpose of clinical supervision into two groups, each facilitated by a member of staff, and the plan was to facilitate supervision every evening following a day in practice (some days had been set aside by the Keralan hosts for sight-seeing). In the event, however, frequent spontaneous and additional invitations (the refusal of which would have been extremely ungracious) on the part of the hosts, amongst other contributory factors, dictated that the groups only met on four occasions in the fortnight. This, as well as the rather large group size, had a predictable impact upon the dynamics of the groups, with neither really progressing beyond Tuckman's "forming" stage (Tuckman, 1965), and thus some students never developing as much confidence within this setting as they needed in order to deal with difficult subjects. Whilst the groups had been expected to take on the nature of the "cooperative" group identified in Proctor's classification, they thus became the less developed "participative" type, or even (largely in response to most students' unfamiliarity with the process) "authoritative" on occasion (Proctor, 2008, p. 32).

However, it was the students' contributions to their groups – and several informal encounters outside them – that generated the notion of gathering data on their learning, and thus the questionnaire. The questionnaire comprised seven open questions on the extent of the student's learning, with opportunities for the respondents to elaborate where they wished. Questions addressed such issues as local culture and practices, interprofessional working, awareness of other professional roles, the utility of clinical supervision as a support measure, and self-awareness. Eleven students submitted their responses, and gave their consent for use in this study.

The theoretical underpinning of the study was guided by "illuminative evaluation" (Parlett and Hamilton, 1972). This was thought to be a relevant approach as it aimed to focus on the processes involved in the activity, in this case the study visit. Additionally, given that the purpose of this study was to document an understanding of the student experience, a qualitative methodology was adopted. Qualitative research methods provide the opportunity to explore the real world and lived experience of individuals (Robson, 2002). Furthermore, Miles and Huberman (1994) asserted that qualitative approaches to data collection are appropriate for eliciting the meanings individuals put on the mundane as well as the significant events in their lives. They also contended that these meanings were connected to and influenced