

Agenda Item 16

Enclosure 9

Paper ETC33/02

Education and Training Committee

**INVITATION TO AN EVENT BY THE INTERPROFESSIONAL
EDUCATION SEMINAR ORGANISATION ON " THE BALANCE
BETWEEN SHARED AWARENESS AND PROPER UNI-PROFESSIONAL
PROVISION "**

From IPESO via the Secretary

FOR INFORMATION

THE INTERPROFESSIONAL EDUCATION SEMINAR ORGANISATION

www.liv.ac.uk/HumanAnatomy/phd/ipeso/

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4th June 2002

Dear Colleague,

The Inter-Professional Education Seminars

I have pleasure in announcing that, after a long break in our activities, a meeting of the Group has been arranged to take place on 3rd September 2002, hosted at the College of Occupational Therapy, 106-114 Borough High Street, London SE1 1LB. As usual, we have arranged for the meeting to run between 11am and 4pm.

The host is Anne Fenech of the College of Occupational Therapy and the subject will be *The Balance between shared awareness and proper uni-professional provision*. Plenty of opportunity for debate will be available and contributions are sought from you all.

I do hope you will be able to come along and join the Group again to contribute what has in the past been viewed as useful and helpful meetings. I will mail a full programme nearer the time to those who indicate an intention to attend. Email reply would be most helpful!

Could you please return the tear off slip below to me by 20th June 2002 to allow time for arrangements, catering etc. to be made and also for holidays. I myself will be on leave during end July and early August.

Yours sincerely,



Dr Peter H Dangerfield MD
(Co-ordinator)

I will/will not be able to attend the IPESO meeting on Tuesday 3rd September 2002.

My email address for contact is

I will/will not be able to offer a short presentation in the programme.

Please return the form to

Dr P H Dangerfield, Sherrington Buildings, Faculty of Medicine, Ashton Street, Liverpool L69 3GE

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UNIVERSITY OF SALFORD
FACULTY OF HEALTH AND SOCIAL CARE
SCHOOL OF HEALTH CARE PROFESSIONS

VALIDATION OF THE BSc (Hons) DIAGNOSTIC RADIOGRAPHY
THURSDAY 22 NOVEMBER 2001

Present:	Rona Howard	Chair, Associate Dean Teaching
	Val Helliwell	JVC Representative
	John Newton	JVC Representative
	Christine Blakeley	Clinical Tutor, Manchester Royal Infirmary
	Carena Eaton	Senior Lecturer Radiography
	Duncan Fraser	Head of School
	Lynn Geelan	School Administrator
	Peter Hogg	Director of Radiography
	Stuart Mackay	Senior Lecturer Radiography
	Professor Nigel Thomas	Consultant Radiologist, North Manchester NHS Trust
	Bryan Walker	Radiography Services Manager, North M/C NHS Trust
	Christine Wardleworth	Senior Lecturer Radiography

1 INTRODUCTION

The final stage in the process validation for the BSc (Hons) Diagnostic Radiography took place on Thursday 22 November 2001 on the Allerton Campus, University of Salford. The programme for the afternoon comprised a wide-ranging discussion involving representatives of the JVC, University of Salford and clinical staff.

2 PROGRAMME PLANNING

The planning process had begun with a comprehensive review of the current programme involving consultation with staff, students and stakeholders. As a consequence of the consultations the programme includes the following innovative features: full problem based learning (PBL) delivery, integration of subject areas, evidence based curriculum, and embedding of key skills relevant for employment.

With over five years experience in PBL delivery the programme team felt the evaluations of staff and students, together with the developing evidence base, confirmed this to be a valuable learning experience. The benefits include a better integration of theory and practice and autonomous learners who are more adaptive to change. As well as providing graduates fit for first post, the new programme equips the students with skills to problem solve, to keep abreast of developments within the role, and to participate in lifelong learning.

Practitioners felt that outputs from the University have changed over time to meet service requirements and that this programme was a continuation of that process.

3 STRUCTURE AND DESIGN

The balance between theory and practice within the curriculum has remained the same as both academic and clinical staff felt the ratio to be appropriate. It was acknowledged that the clinical component within the programme was high but it was seen to be justified by the high level of clinical skills acquired by students.

It was confirmed that both the portfolio and learning agreements were instrumental in maintaining links with the programme whilst students undertook significant periods of clinical practice. In addition, academic staff visits to the clinical areas ensured that integration of theory and clinical learning was reinforced.

The staff development implications raised by PBL for clinical staff could be addressed through the Fieldwork Educators Course that runs four times per year within the University.

The Faculty is committed to the inclusion of interprofessional learning within both the curricular and clinical environment and the curriculum for this new programme incorporates a range of interprofessional activities. The Patient Management Skills modules have featured in each degree programme but evaluations have been mixed. However, following a review of content and delivery of Patient Management Skills 1, this year's evaluation has improved significantly. The Professional Studies 1 module on the new programme encompasses Patient Management Skills 1. A variety of other strategies will be adopted such as using nurses to teach on the programme and involving students from other professions to share PBL triggers. Whilst the students are not perceived to work in a multiprofessional environment in practice, they do have many experiences of interprofessional working. It is intended to capitalise on the students' experience through their reflective diaries and to ensure that they have their interprofessional experience with the professionals they will be working with on qualification.

Stuart Mackay presented the data from the PBL pilot study demonstrating both positives and negatives identified by the student experience after eight weeks. It was agreed that the findings after a complete year would be of interest.

3 TEACHING, LEARNING AND ASSESSMENT

Given that the programme contained 22 pieces of assessed work the question of staff and student workload was raised as a potential stress. The team had considered this factor and endeavoured to balance the assessments throughout the year. Staff workload balancing was undertaken one year in advance, and around assessment time attempts were made to minimise other activities. Inevitably the pressure was greatest in year three but this was difficult to avoid. It was also noted that the portfolio had been introduced in year one and not year three, which enabled distribution of the workload more evenly throughout the three years.

4 STUDENT PROGRESSION AND ACHIEVEMENT

The Professional Body at its meeting on 6 December 2001 would be considering the issues around automatic compensation and opportunities for resits. It seemed likely that they would recommend that the programme be excluded from automatic compensation and that no more than two resits should be permitted, except in exceptional circumstances.

It was anticipated that through PBL, lecturers would detect potential problems at an early stage and could implement remedial action to support students, thereby minimising attrition rates.

5 STUDENT SUPPORT AND GUIDANCE

A formal support system was in place for students and clinical staff associated with placements. Assessors received training for their role and participated in the Fieldwork Educators Course. In addition to a paper-based system of learning agreements to provide feedback on progress, the Directorate was developing web-based support to enhance the established systems.

6 LEARNING RESOURCES

It was acknowledged that information technology systems within the NHS and higher education worked effectively within their respective environments, but that merging the two presented significant challenges. Much work remained to be done but traditional systems operated alongside the building and testing of web-based systems, thus ensuring the quality of provision to students on placement.

The effects of PBL on staff: student ratios were not expected to be problematic and Duncan Fraser confirmed that the University had made a commitment to match sector norms. The maximum validated number of students would be 55, and discussions with the Workforce Confederation had indicated that commissions were likely to peak at 50 in September 2003.

Visits to two new placement sites by JVC representatives had resulted in immediate approval for Oldham, and the request for a progress report on Bolton with regard to the appointment of a Clinical Tutor. It was confirmed that this appointment had now been made and that the Bolton site had therefore been approved.

7 RECRUITMENT AND SELECTION

The team had employed a range of strategies to attract applicants including a working group of academic and clinical staff, Directorate Open Days, web site information, glossy leaflets, and a quarterly Directorate Newsletter. The University's marketing strategy included television advertising, University Open Days and a commitment to widening participation. One team member was actively working on the widening participation project specifically aimed at improving the ethnic representation.

Whilst University policy was for all full time programmes to offer a part time route, this was not to be taken up by Radiography due to the constraints of placement availability and staff to support students on placement

8 QUALITY MANAGEMENT AND ENHANCEMENT

The Panel requested an overview of programme management and an explanation of roles and responsibilities illustrating how the system operated. It was agreed that a flow diagram would be helpful in gaining a clearer picture of the structure.

The currency of PBL would be maintained through continuous academic staff development, involvement of external people in delivery and the use of clinical evidence. Appropriate tools, including evaluative questionnaires and Annual Programme Reviews, would be utilised to audit programme outcomes. It may well be that additional tools would be required and that this might be the subject of a research project.

The team did not anticipate any problems in the transition from the existing, to the new curriculum, and it was confirmed that the existing programme title would be retained.

9 CONDITIONS AND RECOMMENDATIONS

The Panel approved the validation of the BSc (Hons) Diagnostic Radiography for five years with a maximum of 55 students. There was one condition and three recommendations as follows:

9.1 Condition

That any increase on current numbers must be matched with appropriate increases in clinical, teaching and staff resources, to ensure effective delivery of the programme.

9.2 Recommendations

- 9.2.1** That the document should include a diagrammatic illustration of programme management to show staff roles and responsibilities and student support systems.
- 9.2.2** That programme outcomes should be monitored and audited in terms of effectiveness of PBL delivery and fitness for first post. The JVC would be pleased to receive feedback via the JVC link person.
- 9.2.3** The resources should be monitored to ensure fulfilment of curriculum demands in terms of texts to support the PBL experience.