

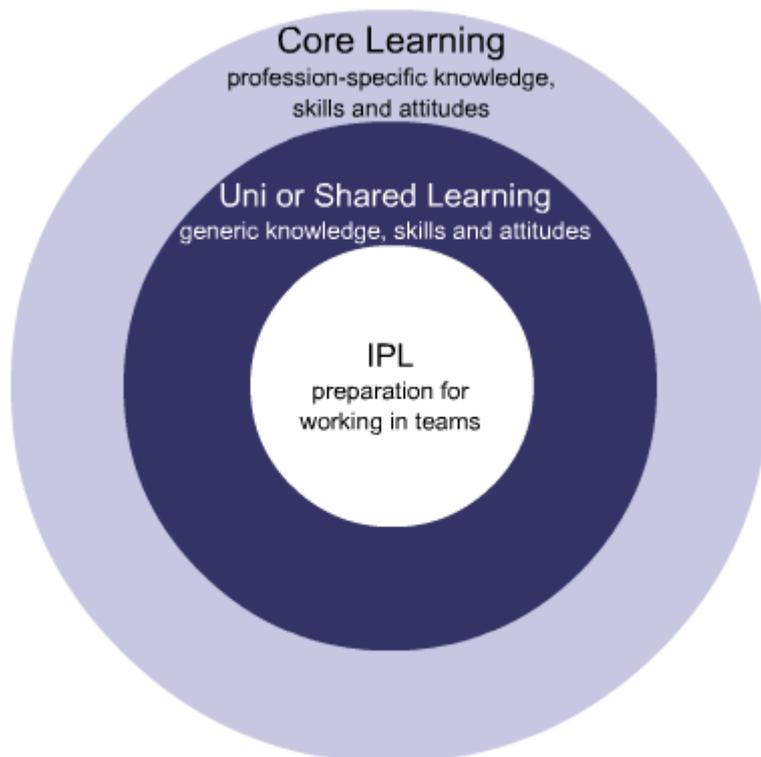
How does the Leicester Model fit into the range of IPE teaching?

The model is designed to provide a practical, easily reproducible, experience. It is therefore an ideal adjunct to the many traditional methods of interprofessional learning such as competency based learning. Incorporating this model into your interprofessional programmes will provide your students with an opportunity to apply and practice their interprofessional knowledge and skills in the workplace with real patients and their service providers.

Figure 1 shows the context setting of this model of learning within the overall health and social care curriculum. The outer circle represents profession-specific curricula. The middle circle refers to the core competences in common with other professions. These can be learnt as a shared learning experience or in uni-professional settings, for example communication skills. The inner circle represents interprofessional learning in which students learn with and from one another. This forms the setting of the Leicester Model.

For undergraduates it is ideally placed between the mid to late stages of training since it is essential that students bring their profession specific and generic knowledge to the learning set. It is equally appropriate for the post-qualified period and for continuing professional development. The time commitment required is flexible and may be as little as two days or as long as desired.

Figure 1



The model is built around a protected learning environment which is as close as it can be to real-life multi-disciplinary practice. Pre-qualified students gain an insight into future practice whilst post-qualified learners are able to look afresh at current practice, and in some programmes, they observe areas of practice with which they are less familiar, to analyse team working and collaborative practice in order to improve their own knowledge, skills and competences.

The model is able to accommodate the varying entry levels of knowledge, skills and competences on team working and collaborative practice as well as clinical practice. The learning outcomes can be easily adapted to reflect the extent of this prior learning and the academic level of the programme.

The model requires Higher Education Institutions to engage in joint working with Health and Social Care organisations.

The Leicester model forms an integral part of Leicestershire, Northamptonshire and Rutland's '*Three Strand Model of Interprofessional Education*'¹.

¹ Anderson ES, Knight T (2004). *The Three Strand Model of Interprofessional Education in Leicestershire, Northamptonshire and Rutland Workforce Development Confederation*. CAIPE Bulletin, Winter 2004/5; No 24:12.

Learning Styles and Student Diversity

The model recognises the different ways that individual students prefer to learn, known as learning styles;² and provides a robust learning environment which addresses the wide diversity of its participating student groups, which includes a formal programme of preparation for the facilitators.

The cycle of the Leicester Model embraces the learning styles of students. For example, students identify and address the problems and needs of patients and their service providers (activists); they explore the links between ideas and situations (theorists); they are enabled to make the links between their uniprofessional core learning and the problems in which they are engaged in their programme (pragmatists); the cycle is completed with reflection, in which students are challenged to think deeply about the concepts and activities, formally presenting these as solutions (reflectors)³.

² Coffield, F., Moseley, D., Hall, E., Ecclestone, K. (2004). *Learning styles and pedagogy in post-16 learning. A systematic and critical review*. London, Learning and Skills Research Centre.

³ Honey P, Mumford A (1982) *The Manual of Learning Styles*, Peter Honey, Maidenhead.