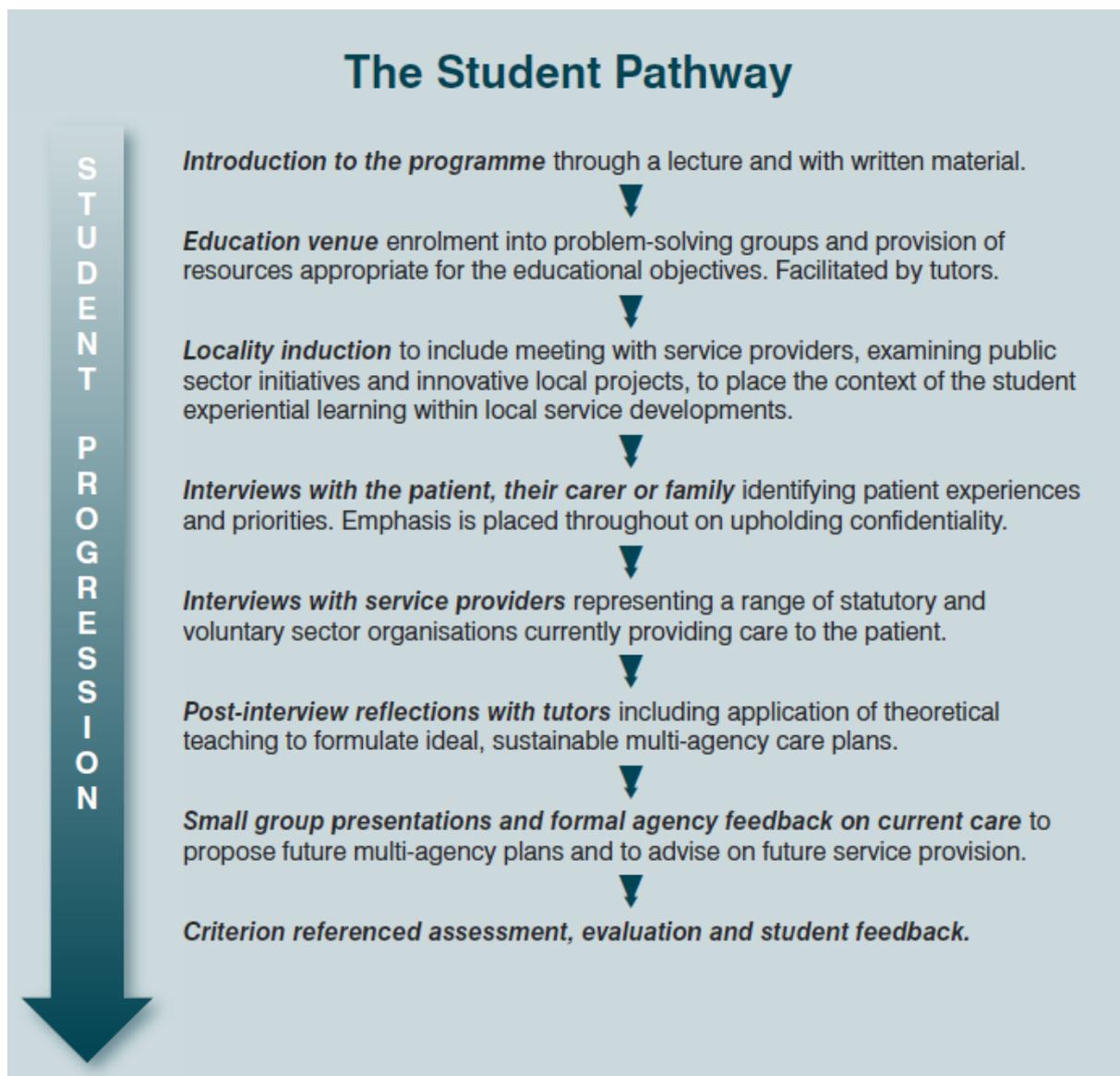


# The Student Pathway

## Introduction

The Leicester Model of Education involves 20–1000 students per programme, in uni or interprofessional settings. The majority of students are from medical, nursing, therapy and social work backgrounds, with increasing numbers of pharmacy, psychology and health science students. The range of student groups generally reflect the programme’s educational objectives. For each student group, programmes are explicitly linked with their cross-modular curriculum connections. The student pathway is summarised in Figure 6.

Figure 6: The student pathway.



## Introductory Lectures

These provide an outline of the programme, the students' roles and responsibilities and access to educational resources. Local and national experts provide the specialist input, while locality tutors provide details on locality issues. Students are given clear, practical instructions on the dates allocated for their programme and directions to their education base which may be a considerable distance from the HEI. In Leicester the travelling time ranges from 5 – 60 minutes.

## Education Venues

Education venues may be dedicated education centres, within a hospital setting, a room in a health or social care centre or a base in a voluntary sector project. The principle is to provide a learning opportunity based on 'real-life' clinical service delivery, ideally in the centre accessed by the patient.

The first stage of preparation for interprofessional learning is generally carried out in these local venues. The learners are randomly allocated into each group, where possible, proportionally to their professional backgrounds. This is followed by an opportunity for students to get to know one another. In line with Problem Based Learning methodology, students are facilitated to set their own ground rules, focus on, and prioritise their goals, work in a mutually supportive environment and monitor their own performance<sup>1</sup>.

In some programmes, students learn about disability from disabled trainers<sup>2</sup>. This facilitates students to understand the social model of disability, as well as to learn about legislation which will impact on their future practice. Working with this expert resource is an example of how the Leicester Model develops programmes in partnership with a range of specialists across statutory and voluntary sectors.

## Locality Induction

Tutors welcome students and explore their ideas, concerns and expectations. Students then visit organisations within the locality relevant to the learning outcomes.

## Student Interviews

Where possible students conduct interviews in patients' homes or clinical care settings to provide a valuable picture of their social circumstances. They identify their patient's medical problems, and the impact on psychological and social functioning and on their family. The patient's priorities and attitudes are explored, alongside their relationship with the agencies involved in their care. Interviews are timetabled for 60 minutes.

Patient interviews are followed by interviews with representatives of at least three agencies providing support or services to their patient. In hospital settings students interview involved staff across departments. Students discuss points raised from the patient's history, and the role and links of the agencies within the health and social care community. They explore the strengths, limitations, accessibility and priorities of the agencies for their patient, comparing

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<sup>1</sup> Azer, S.A. 2004. Becoming a student in a PBL course: 12 tips for successful group discussion. *Medical Teacher*, **26**(1), 12-15.

<sup>2</sup> <http://www.lcil.org.uk/htm/about1.htm>

these with those identified by their patient. Agency interviews are timed for a maximum of 30 minutes, challenging the group to plan the most effective questioning strategy.

Additionally, students meet to interview or listen to presentations with community based organisations, not directly involved with their patient (e.g. The Police, Environmental Health Officers and voluntary sector organisations) or with managers from NHS Trusts, to provide a wider understanding of the of the context of service provision.

Students are encouraged to learn about cultural, language and attitudinal barriers between organisations and individuals and the complexities of providing integrated care. They identify the components of effective team working, underpinned by theoretical principles.

## **Student Confidentiality and Code of Conduct**

Students are ambassadors of their HEI and their profession. They are expected to behave professionally throughout their learning and are repeatedly informed about their responsibility to uphold the patient's confidentiality during and after completing the programme. Full names and details of addresses should never be divulged in writing or in discussions in public places. Patient briefing notes are not removed from the teaching venues. Students are informed that agency representatives will only respond to issues directly obtained from the patient interview.

On the rare occasion where the student group identifies problems affecting safety or well-being, they are informed that this should be discussed with their tutor who in turn will activate the incident process.

## **Student Reflections**

Reflection is an essential component of the Leicester Model. Students are encouraged to follow the What? Why? So What? and Now What? model<sup>3</sup> in terms of interpreting their experiences and making informed judgements. Tutors encourage students to apply evidence based theory to practice in considering multi-agency solutions.

## **Student Presentations**

Each student group receives a unique set of experiences from their interviews, the learning potential is maximised by interactive case study presentations to the whole cohort and guests, including the agency representatives and their managers from the settings in which they worked

They present a short critique (less than 10 minutes) of their case demonstrating how their learning outcomes have been achieved. Students are encouraged to present practical and organisational changes to improve the quality of the individual patient experience and the local healthcare system. These sessions provide valuable opportunities for students to share their findings and debate potential solutions with the local workforce. The professionals facilitate students to relate patients' health and social care problems to service delivery and health and social care policy.

## **Formal Student Feedback to Agencies**

Students can directly influence future patient care by recommending changes to current service provision, or in identifying issues which they feel need to be addressed<sup>4</sup>. This is fed

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<sup>3</sup> Moon, J. (1999). *Reflection in Learning and Professional Development*, KoganPage, London.

back to agencies involved in the patient care. This stage completes the learning cycle of the Leicester Model.

## **Student Assessments**

Students are required to develop ideal multi-agency care plans to provide an optimal quality of care for their patient. Explicit assessment criteria are detailed in the student workbook. Students need to accurately interpret the information gained during the interviews, to use reasoning skills to resolve the problems presented, and to make recommendations on optimum collaborative care within the resources available. Students from different disciplines are expected to include aspects of their professional role. Interprofessional competences are specifically assessed using a reflective portfolio methodology.

## **Student Evaluation**

Student opinions on the programme aims and objectives, teaching method, content and activities are sought after each programme. Students may additionally complete pre- and post-programme questionnaires to explore their learning expectations and outcomes. Interprofessional programmes also assess the impact of joint training immediately after the programme and long-term follow up continues.