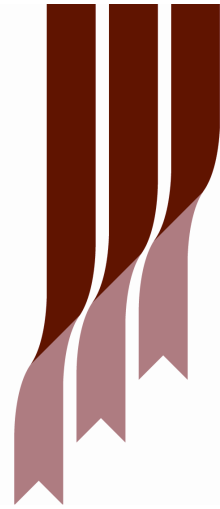


SCOTTISH INSTITUTE  
FOR EXCELLENCE IN  
SOCIAL WORK EDUCATION



## **INTEGRATED ASSESSMENT**

*Shared approach to performance assessment of social work students*

Literature review and practice audit  
September 2004

**Kathryn Mackay, University of Stirling**  
**Anne Ritchie, University of Paisley**  
**Sandy Fraser, The Open University**

## **CONTENTS**

<b>Introduction</b>	<b>3</b>
<b>Terminology</b>	<b>4</b>
<b>Methodology</b>	<b>5</b>
<b>Themes from literature and discussions with academics and practitioners</b>	<b>7</b>
<b>Audit of Scottish Higher Education Institutions</b>	<b>14</b>
<b>Findings from all contributors</b>	<b>18</b>
<b>Summary Discussion</b>	<b>23</b>
<b>Bibliography</b>	<b>26</b>

## **Acknowledgements**

The author would like to acknowledge the assistance of Jennifer Gordon in the project report. Appreciation is also given to those in the Scottish and English Higher Education Institutions who set aside time to discuss their experience of shared assessment.

## INTRODUCTION

Literature and anecdotal experiences show that inter-professional collaboration in providing services can be fraught with problems which in turn affect the quality of the service for those receiving it. Shared educational experiences between professionals is seen as one way of improving joint working once students qualify in their respective professions. The aim of this shared assessment project is to explore and document the ways in which professionals from disciplines other than social work can contribute to the performance assessment of social work students and conversely where they are less able to do so. The area is under researched and, therefore, this project will raise issues and pose questions as well as provide examples of how shared assessment can be carried out.

This report combines outputs one (literature review) and two (practice audit) of Project 3.2. They were combined for two reasons. First, very little literature dedicated to shared assessment within training courses was identified. Also, much of what there is sits within articles whose main focus is upon the process of shared teaching and learning. Secondly it seemed more effective to pull the themes arising from the practice audit and literature review together to enable the reader to make the links between the two.

Many other professions and workers are already routinely involved in the assessment of social work students in Scotland. For example, lawyers teach and assess law. They are seen as subject experts and, therefore, able to assess that area of expertise. There is also a small number of accredited practice teachers who have qualifications in other disciplines such as nursing, occupational therapy and community education. Workers in a wide range of settings, who may or may not have qualifications, act as link workers/work based supervisors in practice placements, though the nature of their input into final reports varies considerably. These types of arrangements, however, are not considered in this literature review or practice audit. Rather, the focus is on situations where shared learning has been formalised across different professional groups.

Although the project as a whole will explore shared assessment in both practice placements and academic assignments, the emphasis in this report is, due to the nature of the responses received, on University based shared assessment. The report first describes the methods adopted in exploring shared assessment. The key issues around shared learning and assessment, as identified in the literature, are then discussed. An audit of the Scottish Higher Education Institutions (HEIs) is present separately to the wider discussion of shared learning and assessment which also incorporates contributions from English HEIs.

## **Terminology**

### **Learning for collaborative practice**

There is a wide range of overlapping terminology regarding inter-professional and inter agency education. The term learning for collaborative practice (Whittington 2003) will be used throughout this report.

### **Courses, modules and units.**

These terms are used differently by educational establishments. In this report 'course' will refer to an entire professional training course. 'Unit' will be used to refer to a discrete section (module in some institutions) of a course that has its own learning aims, teaching and assessment.

## METHODOLOGY

### Practice Audit.

#### Scotland

The project manager directly contacted all Scottish HEIs Social Work courses to establish whether shared learning and assessment took place. Those who currently had such units were followed up by a telephone interview.

#### Rest of UK

A similar approach for the rest of Britain would have been impractical, due to the scale of such a task. It was decided to use a postal survey and then follow up some of the respondents by telephone interview. The questionnaire was devised by the workers on the project. The target sample was Social Work courses that were known to be carrying out shared assessment within shared learning. Whittington's (2003) report proved invaluable in this respect. He had been commissioned to explore learning for collaborative practice in England and Wales. The report included contact details of all courses who had responded to his survey and out of these, 18 were recorded as assessing the student group. A questionnaire was sent to the named contact person for these courses.

The survey finally yielded six responses, three of whom had examples of shared assessment. Due to the low response rate, contact was made directly by e-mail to identified HEIs who to date had not responded. Out of these, two agreed to a telephone interview. One more example was gained from attendance at a Triple LTSN workshop on Inter-professional Learning in Newcastle, in November 2003. There are now a number of joint award courses in England but unfortunately they were not amongst the respondents. They are, however, represented in the literature review.

In total 10 courses provided information on shared learning and assessment (Table One details the sample). Of these, four supplied their written course outlines.

**Table One: Breakdown of the sample**

Source	Number	University based unit	Practice placement
Scottish practice audit	4	4	-
Postal Survey	3	1	2
Email requests	2	2	-
Workshop	1	1	-
<b>Total</b>	10	8	2

## **Information sought**

The questionnaire and telephone interviews covered the following areas:

- The different student groups
- The stage of training
- Subject area
- The nature of the assignment
- Assessment criteria
- Who assessed
- Assessment process
- Any views stated by external examiners
- Whether an evaluation had been undertaken and the outcome of this.

The General Social Care Council and the Scottish Social Services Council provided anonymised External Examiner Reports (year 2002) for the courses in the sample. The reports were read to identify any comments made regarding the shared units.

## **Literature**

A general literature search was conducted using the Web of Knowledge using the terms shared assessment, joint assessment, student assessment, social work student, inter-professional assessment. The SWAP website was investigated and the following specific journals were screened:

- The Journal of Inter-professional Care
- The British Journal of Social Work
- Social Work Education

Those interviewed were also asked about publications pertaining to shared assessment. This search yielded very little material that specifically was about shared performance assessment.

## **An explorative study**

Given the limited literature and the size of the sample in the practice audit, the author also raised the issue of shared assessment in meetings and at other relevant events within and outside the University to seek as wide a view as possible of the potential examples and issues. The report incorporates these opportunistic data to maximise exploration of the subject area.

## **THEMES FROM THE LITERATURE AND DISCUSSIONS WITH PRACTITIONERS AND ACADEMICS**

### Introduction

The achievement of collaborative practice has been a part of the health and social care policy agenda for some years (Stewart et al, 2003). There is a wide range of literature on the benefits of collaboration for both the people who receive health and social care services and those who work in these sectors (Ovretveit, 1993; Goss and Kent, 1998; Onyett 2003). At the same time, further impetus for collaborative practice has come from the enquiries and reports into serious failures in service delivery which have led to the death of adults or children. Many highlighted the lack of communication and contact between the key agencies or professionals involved. The hope, as yet unproven by longitudinal research studies, is that meaningful exposure to other professionals-in-training will enable students to be more effective in collaborative practice when in employment as qualified workers.

Policy initiatives such as Single Shared Assessment (Scottish Executive, 2000) and the Shared Assessment Process in England and Wales have formalised collaborative working in the area of service user assessment. The aim is to promote a common approach irrespective of professional background, particularly between health trained (predominantly nurses and OTs) and social work trained staff. Although there is now an expanding range of literature regarding learning for collaborative practice, it continues to be an area that is under-researched and theoretically under-developed (Trevillian and Bedford 2003, Whittington 2003). Where it has been the subject of evaluation, the research has been criticised for being carried out by the educators themselves and students being the main source of feedback (Barnes et al 2000).

Within this literature the preoccupation has been with the preparation and organisation of the teaching, with very little attention given to assessment of the different groups of students. This lack of information on assessment reflects the general picture in publications regarding social work teaching (Crisp and Green Lister 2002). It led Crisp and Green Lister to ask whether “social work educators are more concerned with developing optimal teaching than assessment methods” (Crisp and Green Lister 2002:267). The literature to date on learning for collaborative practice and its assessment would certainly support this view.

Assessment cannot be looked at in isolation from the teaching upon which it is based. Within the literature two conceptual ideas may be of particular help. First the difference between shared learning and learning for collaborative practice (Whittington 2003) and secondly the Utopian and pragmatic culture of courses (Trevillian and Bedford 2003).

### Shared Learning and Learning for Collaborative Practice

Shared learning takes place when students are in the same teaching environment and receive the same teaching. They may learn a lot about the subject but may only incidentally learn about each others’ profession. Whittington’s (2003) use of the phrase “learning for collaborative practice” was borne out of his observation that terms such as inter-professional and multidisciplinary meant different things to different people. In particular, they tended to “overlook the crucial team and agency aspects of collaboration“(Whittington 2003). As such,

he highlights the required team and collaborative skills and knowledge that are required to work effectively within as well as across professions and settings. He also notes that learning for collaborative practice has two dimensions, first the interaction between teams and agencies and secondly between the service itself and the people who use the services. His remit was chiefly to look at the first dimension and from his work he offers the following list of requirements for collaborative learning.

Learning for collaborative practice should include:

- what is *common* to the professions involved;
- the *distinctive contribution* of each profession;
- what may be *complementary* between them;
- what may be *in tension* with them;
- *how to work together*. Whittington 2003:4

Therefore, it follows that learning for collaborative practice is about the process of the learning as much as the subject material (Crow and Smith 2003; Russell and Hyman 1999). Indeed this is mirrored by the extensive preparation and support that some institutions have built in for the staff who teach and assess on the unit. It could be argued that staff from different professional backgrounds, who may never have worked together, need to have a shared understanding of the above list in order to effectively deliver learning for collaborative practice.

### Utopianism and Pragmatism

Trevillion and Bedford (2003) note that learning for collaborative practice is underdeveloped in terms of conceptualisation and theorising. To begin to fill this void they offer two models of course culture - Utopianism and pragmatism - to aid understanding of how learning for collaborative practice is incorporated into qualifying courses. A joint award of learning disability nursing and social work is offered as an example of Utopianism, where students are trained for the world of the future where a joint practitioner may better serve the needs of people with learning disability. Utopianism is seen as leading to “reconstruction of the self through the process of inter-professional education“(Trevillion and Bedford 2003:218). Pragmatism, on the other hand, reflects the present day real world where professions are still predominantly trained separately but come together either pre- or post -qualifying for specific units. As such, the focus is on roles and relationships to help students make sense of and work more effectively within the multi agency, multi-professional environment.

It might also be worthwhile to consider these models in relation to why there should be learning for collaborative practice. Is it about improving relationships between distinct professions to enable them to work more effectively together to benefit people who use the service? If so, a pragmatic approach is appropriate and professional training will continue to be separate identities with the learning for collaborative practice built in. If, however, the starting premise is that a joint or generically trained practitioner is the best way to meet the health and social work needs of the people who use services, then there should be a move towards joint awards.

Much of the literature relates to courses that have taken a pragmatic approach, though within that there are grades of “jointness”. For example, the University of the West of England have



learning for collaborative practice units in all three years involving 10 different health and social care programmes. There is also shared learning in common subjects such as sociology and psychology (Barrett et al 2003).

One article on a joint award course, South Bank University, was found (Davis et al 1999). It supports the Utopian approach as the best way to meet the needs of people with a learning disability. Students undertook the first year nursing foundation programme and then a mixed programme in years two and three. The second placement was within a multidisciplinary team wherever possible. The practice on placements was assessed on eight areas that were drawn from the nursing and social work competences. The practice assessment panel had both nurses and social workers as members and all practice based assignments were jointly marked. An evaluation was conducted on the first cohort of students to qualify. Of those that responded, seven were in health posts and five in social work. Health managers were said to value the social work knowledge of the students who went into nursing posts. Of the five who went into social work posts, two were in related posts, two were in children and families unit and one with an emergency duty team. Students thought the course afforded them a wider knowledge base and promoted the development of effective collaborative practice skills and the ability to assess need holistically. At the time of writing, there are six joint award programmes but none is in Scotland.

Therefore, an interesting question to pose is what sort of joint award courses there should be. To date, they have specifically been focused on certain groups of people who use services: learning disability and mental health. Should there then be others for other user groups? In the community care field, the joint awards would most obviously be with nursing and occupational therapy. However in terms of children and families, it is more likely to be with teachers, community education workers and perhaps the police.

#### The timing of learning for collaborative practice

Some of the literature recommends that shared units should take place early on in professional training, before students develop strong views of their own and other professions (Barrett et al 2003). However, a study, by Tunstall-Pedoe et al (2003), of attitudes before and after an inter-professional unit for under graduate medical and allied health students found that students already came into their first year with stereotypical views of their own and other professions. Those whose parents were health professionals had more fixed views than others. A follow up attitudinal survey noted small movements but the negative view of medical students by other students did not diminish. Therefore, a joint unit in this instance might be seen as reinforcing stereotypes, because students are fixing not only their own professional identity but also those of others. Students acknowledged the potential benefits of the unit, although some thought it forced them to learn skills irrelevant to patient care. Overall, medical students were less enthusiastic about the unit. However, the authors note that much of the teaching was didactic and other ways need to be sought to maximise the potential of collaborative learning.

Another study that involved reviewing post qualifying students attitudes towards other professions (Barnes et al 2000) found that these did not change as much as hoped. Again the evaluators suggested there were insufficient opportunities for successful joint working in pairs or small groups. They also argue that the influence of the students' workplace remained, so that where they worked well on the course they saw success as down to the individual rather than generalisable across the profession.

## Planning and process

The University of the West of England, as noted above, had a unit involving ten different health and social care programmes which involved over 700 students (Barrett et al 2003). However, in order to develop learning for collaborative practice, an enquiry based approach to learning was adopted within 58 small groups. Workshops were held with the unit staff to explore this method themselves. Case studies approved by the different professional educators were used to stimulate the students search for information and to achieve the insight that collaborative work was required for successful intervention. It was noted that the detail of the case studies took some time to work out due to differing views about them and the need to get all professional perspectives within the same study. There were unit staff meetings throughout to continue their shared understanding and learning. The logistics of establishing the unit were enormous. The need for teaching space, coordination across ten separate courses and different understandings of learning for collaborative practice had to be overcome.

The logistical difficulties may be less if there are only two courses involved but the issues are the same. Russell and Hyman (1998) describe an American joint social work and nursing unit where timetabling, shared credits and assigning workloads meant that the joint unit required a lot of preparation work. Again they do not refer to assessment but their methods were different and worthy of note. Mixed groups of students carried out a community assessment and analysis which culminated in a presentation to staff and representatives of the community under study. This participative approach acknowledges that learning for collaborative practice is also about working in partnership with the people who use services (Whittington 2003). Community analysis is not specific to any profession but is an approach which could benefit any health or social work intervention in a community. Throughout the course, there were group tutorials to assist the students not only in their task but also in the group work process. It became clear at the end that students had received different advice from tutors and that there was further need to work on a shared understanding of the process as much as of the outcomes within the staff groups.

This unit took place some way into their respective training courses and some of the different perspectives within the students groups became evident in terms of how they assessed the situation and the interventions they proposed. For example, nursing students found the process frustrating at times because there were no clear solutions whereas social work students were more comfortable in looking at the dynamic nature of the problems in the community. This was said to reflect the nature of their training courses to date. Alternatively, the social work students had little experience of the health sector and benefited from the nurses knowledge in this area.

Although the authors do not comment on the merits of when the unit took place in terms of student knowledge, it would be worthy of exploration. The task set, though imaginative, would probably work best when students had a reasonable grounding in their own professional knowledge. The one prerequisite noted by the authors for the unit was that of knowledge and experience in working as member of a group. Again this underlines the attention to process and optimising the student's individual experience of the unit.

Only one article was located that looked at practice learning (Torkington et al 2003).

This was a small pilot of two pairs of community nurse and post graduate social work students placed in the same location. The pilot revealed the very different approaches to practice assessment. The nurse assessor provided a brief report recommending a pass or fail and the student submitted a portfolio that was then assessed by the University. As such, the nurse assessor is more a mentor and there is not the same emphasis on close supervision of work. However, this also reflects that the community nurse students are undertaking post qualifying training and are expected to be more autonomous practitioners on placement, compared to the qualifying social work students. The students felt the pilot gave them a richer experience, particularly the joint assessment of the service user. The authors comment that most of the differences between the students' perspectives, outside their specific knowledge bases, were a matter of emphasis. The two exceptions were anti-discriminatory practice, which was very explicit in the social work students' work and stronger evidence based practice seen in the student nurses practice. However, the different nature of the competences and roles of the practice teacher/assessor meant that formative assessment was not shared. The authors note that it was very difficult organisationally to set up and that the pilot was not repeated because key personnel had moved on. They end by stating that perhaps the gain by the students was outweighed by the effort of the educators to set it up and support it.

## Assessment

The main source of information from the literature came from Whittington (2003).

The study asked educators to note factors that hindered and factors that supported learning for collaborative practice in the new social work degree. The increasing emphasis on joint working in many professions was seen as a motivator and requirement of a degree in social work would give social work course greater parity with other professions. In terms of hindrance, over half of the respondents noted the highly prescriptive nature of professional regulators in terms of learning outcomes and content. Another aspect specifically in relation to placements and their requirements, in England, of a social work qualified practice teacher for the second placement was seen as limiting options for learning for collaborative practice. There had to be support within the universities because the process was time consuming and required motivation to address the many potentially contentious issues such as funding and assessment structures.

In follow up interviews Whittington asked about the challenges of practice assessment and these would also be relevant to university based assessment also:-

- Clarity about the requirements and criteria for use by all parties
- Assessment language that is understood by all
- Clarity on the nature of evidence
- Expectations of individual student demonstration of professional and multi-professional identities.
- Judging the required standard or level of performance
- Ensuring opportunities for obtaining evidence
- Deciding best sources and combinations of evidence to use
- Managing individual complexities of fail decisions where they involve assessors from different disciplines than the student
- Enabling external examiner roles to be performed effectively where separate disciplines are being assessed on modules based on shared learning.

## External Assessor Reports

These reports are public access documents and the author asked for reports for all courses which were part of the practice audit. The General Social Care Council asked that neither the External Assessors nor the courses be identified. Therefore the Scottish courses will also receive anonymity. Therefore, findings from these reports are reported here as a whole and not linked in any way to the practice audit.

The External Assessors' annual report form requires them to comment on assessment structures, systems and processes, issues that may impede students and innovative practice. The reports yielded very little data. In most cases there were no comments regarding the inter-professional units. In one report it was seen as an innovation worthy of note. In another, the external assessor expresses reservations that joint teaching with other undergraduate professional courses might impede progression in terms of application of social work theory and knowledge to practice.

## Views from other people

Most of the issues noted above were also raised by other people anecdotally. They felt that some interaction between professions in training was worthwhile, though the views varied about when this should happen and in what quantity or format. For example some felt the first year was too early because students did not really know enough about their own professions in order to discuss how they might engage with other professions to the benefit of people who use social work services. Some nurses, education academics and practitioners asked why social work would want their students assessed by them. Equally one nurse educator felt that social work practitioners could not assess the ability of a nurse student to carry out specialist nursing tasks such as giving an injection. One person also raised concern about what they saw as the medicalisation of shared teaching units that could give social work students a skewed view of the role of social work in health care and with less social work specific knowledge upon which to assess and to intervene in the lives of people who use services. Finally, there does not appear to be the same policy imperatives within other professional training environments to share teaching or assessment. Also they have been given priorities to introduce and/or increase training on profession specific issues. It was noted that there is to be a review of nursing education in Scotland and it will be interesting to see what changes may appear from this.

## **Summary of Issues**

This review has raised a number of issues that are worth summarising before moving onto the practice audit. First there is very little literature in this field, as might be expected for a new subject area. In particular there is research that investigates the different modes and effectiveness of learning for collaborative practice and specifically about shared assessment. It is also an area which is conceptually under-developed.

Secondly, the literature is very much about how people have developed learning for collaborative practice and what they have learnt themselves from the process. Within this, issues such as timing, teaching methods, student attitudes and shared teaching have been highlighted as critical factors in the success of these ventures.

Finally, there remains the unanswered question of why do it? Not from a policy or past failures of services perspective, for those reasons are well documented, but from a training viewpoint. Does it work? Do some methods work better than others? In which part of the courses might it be most effective? Is the outcome worth the effort? Allied to this is the fundamental question about the vision: why are we doing it and what are we trying to achieve? As Trevillion and Bedford (2003) point out, the answer to such questions will determine the nature of the shared learning.

## **AUDIT OF SCOTTISH HIGHER EDUCATION INSTITUTES**

### **Introduction**

This section outlines and describes the shared teaching and assessment that currently takes place on Social Work course in HEIs in Scotland. Out of the nine HEIs, three have developed joint units with other professional courses. Additionally, The Open University by its very nature has a range of professions involved in assessment within its units. Three other HEIs had a joint unit which no longer ran, one HEI is about to start a shared unit and one HEI has had no shared teaching and assessment unit in the past and has presently no plans to do so.

### **University of Dundee**

#### Student groups and level

Two shared units have been running for two years involving first year degree students from social work, community education and primary education. Total student group is approximately 160.

#### Subject and teaching methods

- 1) 'Personal and Professional Development' looks at basic interpersonal skills and communication, development of reflective and analytic skills, study skills, social inclusion policy agenda and inter-professional working. This unit has a specific requirement to work collaboratively in small student groups and culminates in a group presentation.
- 2) 'Professions in Context' addresses a range of subjects in a more didactic style, covering mainly global concepts such as economic globalisation, though this unit also introduces human growth and development. There have been subject specific workshops for each separate course in order to help students apply their learning to their own professional context.

#### Assessment

All students have the same assignment; unit one is by essay only and unit two by essay and exam. There are both generic and profession specific questions. There is a standardised marking faculty scheme which aids the marking process. Generic topic assignments are divided for marking across the three professionals groups whereas the specialist question is marked by the respective profession. In practice, most assignments are marked by their own professional course. A quarter of the assignments are cross sampled for moderation processes. The assignments then enter the respective course examining procedures.

### **University of Edinburgh**

There was a joint human development undergraduate unit with nursing students until 2000. The assignments were assessed separately within each discipline. The joint unit stopped because the nursing course needed more time to teach nurse specific knowledge in order to

meet the changing requirements within nurse education.

## **Glasgow Caledonian University**

### Student group and level

A joint course will be run for the first time this year, between social work and seven other professional training courses: nursing, physiotherapy, occupational therapy, radiography, podiatry, dietetics, ophthalmic and prosthetics. The student group will number approximately 400; they all will be in the first year of their respective courses.

### Subject and teaching methods

The course has been developed over the last couple of years and an inter-professional learning co-ordinator was appointed for a fixed period of time to produce the unit materials and documentation.

The unit, Inter-professional Studies for Health and Social Care, covers accessing information, clinical governance, professional issues, team working, legal and policy context and role of service users and carers. Teaching methods include formal lectures and small group work.

### Assessment

The method of assessment will be a reflective summary from the portfolio developed during the course. The final details of the assessment process are currently being worked out. The marking criteria for assessment is in the process of being established. It is envisaged that assignments will be allocated randomly to the twenty facilitators drawn from the different courses and there will be mediation between markers. The assignment will be seen by one external assessor and then the marks confirmed by the respective examination boards.

## **University of Glasgow**

To date there has been no shared teaching or assessment between the social work qualifying courses and other professional training courses.

## **The Open University**

### Student Group and level

The National Open Learning DipSW Programme uses a combination of units specific to social work (for example Social work with children and families) that only DipSW students can register for and units that have been developed for the general student population. Within the general units, the background and professional status of students will be very diverse. Equally the unit staff could come from a range of professional backgrounds. The social work units are supported and assessed by a social work qualified staff team.

### Subject and teaching methods

The general student units are Understanding health and social care, Death and dying and Mental health distress: perspectives and practice. The teaching is by distance learning with tutorial support.

### Assessment

Assessment is by continuous assessment in the form of written assignments and an examination at the end of the unit.

## **Paisley University**

A child care studies unit was shared with a post qualifying BSc in Nursing but ceased in the 1990s. Nurse educators and also both sets of students wanted separate teaching that was more focused on their own professional interests. It was assessed separately by each discipline.

## **Robert Gordon University**

### Student Groups and level

There is a shared learning event: a one day workshop involving a wide range of professions that introduces the concept of multidisciplinary working. For social work students this takes place in their second year. However, there is a full shared unit in year four between social work and nursing students that has been running for four years. Physiotherapy, occupational therapy and radiography were initially also part of the unit but withdrew, although these three do share a common foundation year.

### Subject and teaching methods

The unit, Interdisciplinary Practice, aims to enable the student to analyse the processes which impede and facilitate inter-disciplinary and inter-agency work and to increase understanding to enhance their contribution to inter-disciplinary practice. Subjects covered include the nature of professionalism, inter-disciplinary teams, roles, boundaries and skills, leadership and conflict resolution and policy and practice agenda around single shared assessment. The teaching comprises of lectures, small group seminars and student- led presentations.

### Assessment

The students have the same written assignment. It is focused on working within an inter-disciplinary team and requires students to address three specific areas of joint working: the impact of different professional cultures, implementation of single shared assessment and agency structures. Marking criteria set a percentage against introduction, requirements (the areas to be addressed), presentation, references and conclusion. There is one nurse and social work marker and each sees 50% of social work and nursing assignments. There is then moderation between these two markers. Thereafter the assignments go into the respective course's examination procedures.



## **University of Stirling**

There was a joint social policy unit with post graduate housing students in the early-to-mid 1990s. This stopped for organisational reasons as both the housing and the social work courses had to revise the structure and timing of their teaching. Although the joint training was welcomed by some social work students, others found difficulty in managing what they perceived to be a negative view of social work by housing students. At times, social work students had also been angered by judgemental attitudes, as they saw them, of some housing students towards service users.

## **University of Strathclyde**

### Student Groups and level

Courses in community education, sports studies, speech and language, primary and secondary teachers and social work are based in the same faculty and have been participating on two joint units for the last three to four years. They take place in the first year. At present, the units are being revised and this is likely to lead to more course specific teaching.

### Subject and teaching methods

The first covers issues around social justice and professional context and the second information, communication and technology. The teaching methods include lectures and small group tutorials.

### Assessment

Assessment is by written essay which are randomly allocated across markers from each of the courses. Each marker has a paired cross marker for borderline and failed assignments. There is then internal moderation.

## FINDINGS FROM ALL CONTRIBUTORS

### Introduction

This section is based on 10 examples of shared learning and assessment. Two related to practice learning and the others were University based units. Three were delivered through Scottish HEIs and the rest were in England, including both practice learning examples. There were two clear reasons for pulling courses together in shared units, first the encouragement from faculties to rationalise teaching across courses and second to improve learning for collaborative practice.

### University based courses

#### Student groups and level

The number of courses joining with social work in the specified units varied from one to seventeen. The student numbers ranged from 40 to over 700. Separate nursing courses within the same HEI greatly increased the numbers. If one looks only at different professional groups and the few other non-professional degree students who participated, the number reduces to 10. Table 2 records the range of professional students groups that participated in a shared unit. Nursing is the most common profession to join with social work, with occupational therapy and physiotherapy coming next. This is unsurprising, given the frequency of contact between social workers, nurses and occupational therapists in practice. Physiotherapy may be less obvious. However, in many HEIs, they have a common foundation year with occupational therapy.

**Table 2 Range of other professional student groups involved University based units**

Professional student group	Number of courses
Nursing	6
Occupational Therapy	4
Physiotherapy	4
Radiography	2
Primary Education	2
Community Education	2
Dietetics	2

The following student groups appeared only once: diagnostic imaging, secondary education, sports studies, speech and language, podiatry, paramedics, ophthalmic/prosthetics, social welfare and health sciences.

Of the academic unit, two English courses had shared units in all three years of their course. Five other HEIs had units only in year one and one HEI had the shared unit in year four. In six HEIs, all students were in the same year of training. The other two HEIs had a mixture of first and second year students to accommodate a part-time route and a course that had two entries a year. This did not appear to cause any difficulty.

### Subject and teaching methods

Three different types of curricula were evident in the shared units and it will be noted that no HEI appears in all three.

#### 1) **Explicit inter-professional learning** (HEI A, C, F and G)

Examples of subjects studied: Policy around joint working  
User centred practice  
Claims of inter-professional working  
Working with conflict

#### 2) **Shared learning of common subject** (Courses B,D,E,H)

Examples of subjects studied: Welfare, health and inequality  
Social Justice  
Social Inclusion  
Ethics  
Information, communication and technology

#### 3) **First year higher education general learning** (Courses C,D,E)

Examples of subjects studied: Study skills  
Personal and professional development  
Reflective learning

All courses employed lectures and small group seminars. Those with explicit inter-professional titles had an underlying philosophy that the learning should arise as much from the process as the subject matter and therefore employed methods such as enquiry based or problem based learning within groups. HEI B, D and H noted the need to improve student's awareness of collaborative work as an underlying reason for the shared unit and some aspects of inter-professional learning were present, albeit not as strongly as in the first category.

## Assessment

**Table 2 Type of Assessment**

<b>HEI</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>Total</b>
<b>Presentation</b>								<b>X</b>	<b>1</b>
<b>Poster &amp; oral</b>							<b>X</b>		<b>1</b>
<b>Essay-traditional academic</b>		<b>X</b>		<b>X</b>	<b>X</b>			<b>X</b>	<b>4</b>
<b>Reflective assignment</b>	<b>X</b>		<b>X</b>						<b>2</b>
<b>Essay based on case study</b>						<b>X</b>			<b>1</b>
<b>Exam</b>				<b>X</b>					<b>1</b>

The four units that were specifically about learning for collaborative practice had assignments designed to enable students to address these issues. For example A and C's assignment was based upon the enquiry based learning activities undertaken within the unit. F's case-study was based upon a multidisciplinary work setting and the students had three questions to answer. G's students worked in small groups to develop a poster that reflected the nature of collaborative working; each student then had to talk, in an oral with two staff present, about the concepts of collaborative working using the poster as a guide.

Traditional essays, and in one unit an examination, were generally used in units that came under the category shared learning. It should be noted that B's assignment also included a reflection on the student's overall learning from the unit. H's approach was different, in that students carried out a group presentation which was 20% of the overall mark, and the rest came from an essay.

### Marking process

The approaches to the actual marking of the assignments varied considerably. For example, E had a simple random system of marking assignments across the people involved in the teaching. However, this course was more about sharing subject teaching than learning for collaborative practice. D had a system whereby some assignment questions were profession specific and others were not and they then were duly allocated for marking on a similar basis, profession specific and generic.

The presentation at H was watched by a social work and a nurse educator who then agreed a mark together. Students, though valuing the learning process, had concerns about the imbalance of effort in preparation between the students within each group and how the mark may or may not reflect that. Essays were marked separately. Although the course is jointly delivered, there are slightly different learning outcomes between the two professions and it was convenient to divide them at this stage.

G's assessment procedures were very complex and reflected the large student group and also the fact that this was the first time the unit had run. Therefore, staff wished to build in extra mechanisms to ensure equality of marking across professions. Oral examiners were paired across professions and the students they assessed were from all professional student groups. The oral examiners themselves were observed by another member of staff who assessed the

equality of marking across the different pairs. The grades as a whole were reviewed for any patterns linked to professions or marking pairs. Again students raised issues about the impact of group dynamics on the poster and ensuing oral. One student who did not wish to participate in the group was allowed to submit a poster on his/her own. G's students were noted as describing this form of assessment as very stressful although the teaching was rated very highly. Staff did query whether the extra time taken in preparation and teaching would be acceptable in the long term.

A and B both had 700 plus students and had been running for some three years. Both courses also had a focus on collaborative learning which they wished to mirror in the marking process. A's professional educators did not mark their own students' assignments and a marking panel was created to oversee the process and discuss any borderlines or particular issues. B had a number of mixed professional marking groups who moderated their own work and a marking panel was being created to oversee the process and deal with any borderline assignments. A and B also initially built in staff support and training which included, for B, a mock essay, for standardisation purposes.

F had a simple system, aided by smaller student numbers, whereby the social work and nurse educator marked half social work and nursing assignments each with some moderation of each others' assignments.

Respondents in A,B, D,G and H felt that they were spending more time on assessment than they would spend on a uni-professional unit. One large unit that has been running for a few years has reduced what is seen as a larger teaching commitment by converting some material into an online format.

Few reported any problems about the equality of marking across professions and courses. The existence of faculty wide marking schema was noted to be an advantage in standardising marking. Meetings for all teaching staff and markers to go over learning aims, marking criteria and standards were also seen as essential for standardisation purposes. Only one HEI commented on the different weighting of anti discriminatory practice by social work educators compared to others. Two other HEIs noted there were different marking cultures around, for example, presentational issues but these were not profession specific.

One HEI representative thought that on average social work students performed better on a particular assignment because they were more aware of the systemic nature of some of society's issues.

Four HEIs commented on the general differences in the student group profiles. Social work students, on average, were older, had related work experience and were more confident. Therefore, they were likely to be more participative in smaller groups than their younger teaching and allied health professions students, who were more likely to come straight from school. This is a dynamic for facilitators to work with but it could also potentially have implications for assessments based on group work and presentations. HEI A has had their course independently evaluated and one of the recommendations is that students should receive training in group work and enquiry based learning prior to this type of learning. HEI F noted that this has been an issue in the first year workshop day but was not an issue in the fourth year unit. It was felt that three years of study and practice had closed the gap between social work and nursing student in this respect.

It should also be noted that three out of the four units that involved the largest number of students did comment that some professional student groups queried the benefit of such shared learning and that staff needed to spell out the benefits. Two HEI representatives stated that in some ways it could act as confirmation of stereotypes as opposed to breaking them down.

### Practice learning

As noted above, two survey respondents had examples of shared learning on placements. One was about building explicit feedback from other professions, users and carers into social work placements. The second described a pilot where two pairs of nurses and social work students were placed in the same environment in the second year of a post graduate course. Students were set some joint tasks and there was greater input from other professions and people who used the services into the students' assessment. However, the students were still assessed separately given the very different assessment procedures and requirements for nursing and social work. It worked well in terms of learning for collaborative practice but there were practical difficulties such as nurses' placements were concurrent and they had been in placement some weeks before the social work students joined them. It also took extra time to establish the joint placements.

## **SUMMARY DISCUSSION**

The practice audit and literature review highlight that shared assessment takes place within shared learning and that there is a difference between sharing subject teaching and learning for collaborative practice. The preoccupation of educators is with the what and how of teaching, as opposed to assessment. The discussion first addresses what has been discovered about shared assessment within the shared teaching and then it goes on to note the issues that require consideration.

### **The spectrum of shared learning and assessment**

Shared learning takes place where courses overlap in terms of their subjects. This is not specific to professional training but extend across the human sciences. Shared learning also takes place to familiarise students with the demands of higher education. This may be done on grounds of rationalisation and is probably relatively uncomplicated to deliver and assess. However, learning for collaborative practice is the opposite.

The practice audit highlights that working across professional courses does not need to be on a big or complicated scale. There are examples where this is the case. In all instances there was a lot of groundwork and preparation prior to the teaching. Five out of ten HEI representatives felt that the assessment process did take longer. The greater the number of courses involved in learning for collaborative practice, the more complex assessment processes become. Faculty-wide assessment forms, meetings and standardisation exercises all aided shared assessment. However, it should be noted that collaborations with only one other professional course were not so time consuming and had simpler marking procedures.

There were various types of assessments from traditional academic essays through reflective writing to creating posters, group presentations and oral assessments. In this respect, learning for collaborative practice raises possibilities of different, more interactive assignments that require demonstration of the skills and practice knowledge required for practice.

### **Emerging issues and questions**

#### What are the educational and professional reasons for learning for collaborative practice?

There are as yet no research findings on the effectiveness of such learning. The answer to the question will inevitably dictate the nature of shared learning. Should there be one vision about why and how it should be implemented? Is it acceptable to have a continuum of learning for collaborative practice with a joint award with another profession at one end and one shared unit at the other? In many ways, this takes us back to the views about the professions themselves. What is specific and specialist about the skills, knowledge and values of social work, nursing and other health and social care professions and what is common?

### Timing of learning for collaborative practice takes place

This issue is related to the first. Is it better to receive this at the beginning of the course when they have not been deeply socialised into their respective professions? The alternative view would be that it should be later when students understand their own profession and have practical experience upon which to discuss collaborative practice.

### Is there a limit to shared learning and assessment in terms of the number and type of professional students groups?

The fact that some courses had reduced the number of student groups over time or terminated shared learning arose in the practice audit but not in the literature. This may be due to the fact that the practice audit is more current than the literature. The audit does indicate that some professions have decided that their particular students did not greatly benefit from the shared units and that profession specific knowledge had to be given priority. Time and further investigation will reveal whether this is a general feature. An allied question is whether students only need learn to work collaboratively with one other professional student group? If so what are the natural pairings?

### What comprises learning for collaborative practice?

This question has to be posed to clarify what is actually trying to be achieved? What would be the essential subject matter? How much is about team, group and collaborative working and what is distinctly inter-professional?

### Imbalance between professional students groups

There is a question about whether the more interactive forms of learning and assessment give older more experienced students an unfair advantage, such as in particular social work students. Other health related professionals are more likely to be straight from school or their gap year. It has been recommended by two courses that students need prior learning and experience in group work in particular, to be better able to learn from a thorough collaborative processes.

### What is complicated and contentious about shared assessment?

The practice audit does imply that assessment can be relatively straight forward within the HEI based units as long as mechanisms and training are in place to ensure standardization. However, very little has been written about shared assessment in practice placements. There is a need to explore and ask who can assess what and what support do they need in order to do this in a standardised fashion? Are there aspects to social work practice that only social work assessors can assess as part of a shared work qualification?



## **Concluding Comments**

The written debates around collaborative practice, the nature and content of commonality between different disciplines, and “multi-skilling” with the health and social care workplace are, not surprisingly, as evident in the experience of delivering, participating in and assessing shared learning.

An added dimension is that two professions which feature most in this study – social work and nursing – are both in a transitional phase in their qualifying/pre-registration training. For example, nurse education is not yet wholly through a degree course and social work have only just (2003/4) achieved this. Both are having to respond to uncertainties in role and task as can be seen in learning disability; what is the nursing task now that long stay hospitals are no more? What is the social work task in community care if both assessment and care management can be undertaken by staff with other or no professional qualifications? As such, the educational concerns and challenges described in their paper cannot be divorced from these wider fundamental issues.

What is also emerging from this exploration is that shared units that have been in existence for some time have altered with time. For example reduction in the number of courses participating or reduction in teaching contact hours. This indicates that we still have a lot to learn about the process and viability of shared learning and assessment. There is clearly a need for the evaluations that have so far taken place to come into the public domain and for further research to be conducted into the long term impact on student, educators, professions and people who use services of different approaches to training and assessment in this field.

## BIBLIOGRAPHY

Barnes, D., Carpenter, J. and Dickinson, C. (2000) Inter-professional education for community mental health: attitudes to community care and stereotyping, *Social Work Education*, Vol. 1, No.6, 565-583

Barrett, G., Greenwood, R. & Ross, K. (2003) Integrating inter-professional education into 10 health and social care programmes, *Journal of Inter-professional Care*, Vol.17, No.3, 293-301

Cope, P., Bruce, A., McNally, J. & Wilson, G. (2003) Grading the practice of teaching: an unholy union of incompatibles, *Assessment and Evaluation in Higher Education*, Vol. 28, No. 6, 673-684

Crisp, B.R. & Green Lister, P. (2002) Assessment Methods in social work education: a review of the literature, *Social Work Education*, Vol.21, No.2, 259-269

Crow, J. & Smith, L. (2003) Using co-teaching as a means of facilitating inter-professional collaboration in health and social care, *Journal of Inter-professional Care*, Vol.17, No.1, 45-55

Davis, J., Rendell, P. & Sims, D. (1999) The joint practitioner- a new concept in professional training, *Journal of Inter-professional Care*, Vol. 13, No.4, 395-404

Goss, S & Kent, C. (1998) Health and Housing: Working Together? A review of the extent of inter-agency working. Bristol: The Policy Press

Hudson, B. (2002) Inter-professionalism in health and social care: The Achilles' Heel of partnership, *Journal of Inter-professional Care*, Vol.16, No.1, 7-18

Irvine, R., Kerridge, I., McPhee, J. & Freeman, S. (2002) Inter-professionalism and ethics: consensus or clash of cultures?, *Journal of Inter-professional Care*, Vol.16, No. 3, 199-210

Onyett. (2003) *Team Working in Mental Health*, Basingstoke, Palgrave Macmillan

Ovretveit, J. (1993) *Coordinating Community Care*, Buckingham: Open University

Russell, K.M. & Hymans, D. (1999) Inter-professional Education for Undergraduate Students, *Public Health Nursing*, Vol.16, No.4, 254-262

Scottish Executive (2000) *Report of the Joint Future Group*, Edinburgh, Scottish Executive

Stewart, A., Petch, A. & Curtice, L. (2003) Moving towards integrated working in health and social care in Scotland: from maze to matrix, *Journal of Inter-professional Care*, Vol.17, No.4 335-350

Torkington, C. et al (2003) Shared practice learning: social work and district nurses learning together, *Social Work Education*, Vol.22, No.2, 167-175

Trevillion, S. & Bedford, L. (2003) Utopianism and pragmatism in inter-professional education, *Social Work Education*, Vol.22, No.2, 215-227

Tunstall-Pedoe, S., Rink, E. & Hilton, S. (2003) Student attitudes to undergraduate inter-professional education, *Journal of Inter-professional Care*, Vol.17, No.2, 161-172

Whittington, C. (2003) *Learning for Collaborative Practice with other professions and agencies. A study to inform development of the Degree in Social Work*, London, Department of Health

Whittington, C. & Bell, L. (2001) learning for inter-professional and inter-agency practice in the new social work curriculum: evidence from an earlier study, *Journal of Inter-professional Care*, Vol.15, No.2, 2001,154-169