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## INTERPROFESSIONAL LEARNING IN AN ONLINE PROGRAMME: A SWOT ANALYSIS

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### Abstract

The unprecedented COVID-19 pandemic has forced educators individually, and educational institutions collectively, to rethink their teaching and assessment modes. Several universities have seen a sudden shift from traditional face to face teaching and learning to online approaches. The aim of this case study is to share the authors' experience in the design, coordination, delivery and evaluation of a fully online post-registration programme. Now in its twelfth year, this is an interdisciplinary course and caters for qualified health professionals from various sectors and with various levels of experience seeking a baccalaureate qualification. The paper uses the SWOT analysis technique to highlight the programme's strengths and weaknesses, and to reflect on its opportunities for, and threats to, further development. In so doing, it discusses some considerations underpinning the shift from a face to face to an online, mainly asynchronous, mode of delivery for this post-registration academic top-up programme. The paper explains the challenges encountered and the lessons learnt through feedback from the students, stakeholders, and external examiners. The good practices that were developed as a result, including strategies to foster a community of learners, may be of interest to, and applied by, educators in other settings.

### Background

In several countries, members of the same healthcare profession have similar qualifications at the point of entry as practising clinicians in healthcare settings. In Malta, however, several healthcare professions include members who would have entered the profession with the same professional qualification but a different academic qualification. This led to the need of academic top up programmes to enable professionals with a traditional/vocational qualification, a diploma or a higher diploma to upgrade their academic qualification to a bachelor's degree. Initially these were delivered face to face,

with significant challenges for people with young families and in full time employment and also difficulties in being released from the clinical area to attend lectures. The University of Malta's B.Sc. (Hons) Health Science programme was launched in 2009 to address this need and just under 350 students have completed it thus far.

This is a fully online programme leading to a European Qualifications Framework Level 6 (Bachelor's) academic qualification, delivered mainly asynchronously with some synchronous elements and uses Moodle as a virtual learning environment platform. It aims to help healthcare professionals develop their academic reading and writing skills, clinical reasoning and critical thinking through questioning their practice and ultimately becoming more effective in their work. Concurrently, it enables course participants to upgrade their traditional, diploma or higher diploma qualification to a bachelor's level, thus maximising their career opportunities. Graduates are eligible for second cycle programmes leading to a Master's degree (University of Malta, 2021).

To complete the programme, students need to obtain between 60 and 90 ECTS credits, depending on previous qualifications; these include three core modules (on evidence-based practice, research methods and a dissertation) and a number of elective modules, each of which is worth 10 ECTS credits. Each academic year, a student may complete between one and four modules. The course is, therefore, considerably flexible in terms of intensity and duration. Depending on their other commitments, students may complete the programme over between 1½ and 4 years, and they are allowed to change the intended duration along the course.

This paper uses the SWOT analysis technique (Schooley, 2019) to discuss the strengths and weaknesses of this programme, as well as its opportunities for and threats to its further development. It is based on feedback obtained from stakeholders (including students and external examiners), the literature, and the authors' own reflections, now that the course is in its twelfth year.

## **Strengths**

The programme has a number of strengths. It is one of the first fully online courses at the University of Malta and its flexible distance-learning and mainly asynchronous nature allows full time clinicians with multiple commitments to participate, while maintaining a favourable work-family balance (Grzywacz & Butler, 2007; Andrade & Matias, 2017). Educators and learners on the programme are well supported by the Information Technology (IT) Services team. The programme has a strong interprofessional education (IPE) element as it is delivered by a multidisciplinary team of committed educators coming from a range of academic and/or clinical backgrounds and accepts students from various

health professions. There are multiple channels of communication between the students, educators, academic coordinators and administrators.

### ***Organisational and Pedagogical Strengths***

A number of standard operational procedures, set up through a team effort by the educators, are rigorously adhered to. These include:

- A minimum standards checklist for each module, catering for both content and delivery but essentially based on ensuring sufficient cognitive, teaching and social presence (Garrison, 2007; Garrison, 2009);
- An administration guide and a *roadmap* for each module, which include clear learning outcomes, study plans, key resources and a schedule of learning activities and assessments, which empower students by covering the fundamental concepts designed to help them actively engage and be successful in their studies;
- Standardised assessment rubrics which enhance harmonisation within and between modules;
- Netiquette guidelines, in both textual and infographic format, displayed prominently on the administration guide and on the VLE area for each module.

Other strengths of the programme include a clear congruence between the intended outcomes, instructional strategies and assessment methods (Asunda & Ware, 2015; Santhanam, 2002); and clarity of expectations and their rationale. Detailed and timely feedback and feedforward constitute a cornerstone of the programme. Feedback is both formative and summative in nature, and thus enables students to improve their work in the same and subsequent modules, and eventually the dissertation, which is congruent with the principles of instructional scaffolding (Al Mamun et al., 2020; Shaw, 2019). It is delivered to students individually but is often accompanied by comments to the entire cohort to enhance group learning. Feedback delivery is occasionally followed up by a synchronous session to clarify concerns and take-home points.

The programme is designed in a way that attracts higher student engagement and interaction, with specific attention given to the affordances available to healthcare professionals working within a clinical environment. Thus the programme offers inherent opportunities for students to apply their learning in an authentic context, which constitutes “real world relevance” (Herrington, Oliver, & Reeves, 2006).

Another strength of the programme is its inclusive teaching and learning style which is upheld throughout the various modules. Delivery of content accommodates different learning styles and different speeds of cognitive learning, and subject material is often presented in a variety of formats. The programme has an element of cultural inclusivity by ensuring that its pedagogy and curriculum are flexible, adaptable and relevant to students

from diverse cultural backgrounds. This reflects the multi-ethnic character of the national health service workforce.

### ***Fostering a Community of Learners***

There is a strong emphasis on establishing and maintaining a community of practice (Lave & Wagner, 1991), based on the premise that, through regular interaction, groups of people who share a concern or a passion for something do and learn better as a group than individually. This is imparted early on and sustained throughout the programme. The underlying principles are that educators are also learners and students may also be educators; therefore, all members learn at different moments in the programme (Lave & Wegner, 1991; Garrison, 2011). The educators generally adopt a postmodernist approach of teaching, based on more open-ended discussion and which encourages students to work together to co-construct knowledge rather than being too prescriptive. Consequently, the educators' role on the programme is to provide opportunities for learners to take the lead in their own learning, which is fundamental in creating successful online learning communities (Palloff & Pratt, 1999).

Various strategies and activities are utilised towards this end. Students are requested to set up their profile (with a clear photo and a brief bio) at the beginning of each module. Initial exercises are used as icebreakers and also to enable students and educators to share their expectations from the course and the anticipated challenges. Apart from several learning forums, through which moderated online discussions regularly takes place, each module includes a number of general forums, namely:

- A *Q&A Forum* for posting general queries about the module;
- An *Assessment Forum* for queries about the assignments, presentation, collaborative group task or any other form of assessment pertaining to a respective module;
- A *Technical Queries Forum* where students can seek help about the VLE and other IT-related issues;
- A *Virtual Café*, which serves as a means of purely social (non-academic) interaction but also to share insights and resources with fellow members of the virtual community of learners.

Students are encouraged to answer each other's queries rather than waiting for a lecturer to answer. Also, students are invited to post their queries publicly, rather than contacting a lecturer privately. Subsequently, more students may learn from the same query and students are acting as educators and facilitators of other community members' learning.

## **Weaknesses**

On reflection, the programme is impeded by a number of weaknesses. First, it may be argued that the elective modules on offer do not adequately reflect all students' disciplines. However, flexibility has helped to turn this into an interesting, if challenging, opportunity for students to expand their horizon and learn beyond what is traditionally within the remit of their profession. Second, despite the coordinators' efforts to ensure harmonisation, there may be some discrepancies between modules in terms of commitment of the convenor, and possibly quality. Third, the administration and delivery of the programme had to retrospectively fit the university's existent (and often considerably rigid) structures and procedures. These include assessment regulations, methods for formal module evaluation, recognition of academic effort and remuneration of visiting staff, which were mainly developed with face to face courses in mind and may not always reflect the realities of online teaching and learning.

So far, almost all participants have been locally based. This suggests that the online and predominantly asynchronous nature of the programme may be further exploited. Efforts to recruit international participants are presently underway. Limited human resources, but most notably the unavailability of course engineers or instructional designers, mean that each module coordinator must concurrently act as educator, course designer and assessor, and must concurrently troubleshoot most technical queries. Despite being intended as an interdisciplinary programme, the very large majority of the students are nurses, which means that the programme is not yet reaching its potential of a truly interprofessional education programme.

## **Opportunities**

Despite these potential and actual limitations, there are several opportunities for further development, partly based on attempts to address the identified weaknesses. Efforts are made to reach out to potential students, including clinicians in various disciplines and clinical settings, final year students on the Higher Diploma in Health Science programme and online marketing to attract both local and foreign students. Plans are underway to offer certain elective modules as stand-alone continuing professional development courses, thus rendering them more viable in cases where relatively few students on the course choose the module. Being originally designed as an online course, the programme is very amenable to virtual student mobility (Gaebel, 2020) through the networks the educators are already involved in, such as the ERASMUS+ programme (European Commission, 2021) and the European University of the Seas (SEA-EU) (2021) project.

There are constant efforts to maintain and improve the programme's quality and relevance. Part of the brief for external examiners assigned to the programme includes providing

constructive feedback and professional development workshops for the educators on this programme; this is done both individually and collectively. Students are provided several opportunities for providing feedback during and after their participation in specific modules and about the programme in general. This is done in an anonymous manner, either via online questionnaires or through meetings with the external examiner with none of the module coordinators present. The external examiner typically synthesises such feedback for the module coordinators' action.

Perhaps the most important, even if intangible, opportunity arising from the interdisciplinary nature of the programme is the fact that it enables clinicians to become more aware of practices and approaches to care in different entities, contexts and countries by members of their own or different professions. Indeed, open discussions and sharing of ideas are often inspirational for students and the educators themselves.

## **Threats**

Since so many aspects of everyday life now occur in an online setting, there is a risk of the programme being impacted by the public's fatigue of anything online (Lee, 2020; Vassou, 2020). Among fellow educators and students, some scepticism about online education and insecurity in using an e-learning platform persist; these are mainly addressed through dedicated professional development courses but, perhaps more effectively, through sharing of experiences and mentoring by more experienced colleagues.

Apart from competition from similar (local and international) online courses that are now available, the programme faces the threat of there being fewer potential students who need to complete an academic upgrade, because several health professions now require at least a bachelor's degree at point of entry and also because it is becoming increasingly possible for applications without a bachelor's degree to be accepted on a master's programme. Dwindling numbers of students may render some elective modules unsustainable, which is one of the reasons why efforts for attracting students from other countries are being reinforced.

The module coordinators on this programme are conscious of an evolving student population. In the early days of the programme, the vast majority of the students were professionally mature clinicians who were finally given the opportunity of reading for a bachelor's degree. The student population has now mainly shifted to newly qualified staff who have just finished their higher diploma programme. This swing has undoubtedly impacted the depth and quality of the online discussions, enthusiasm, commitment to course participation and the joy of learning that characterised earlier student cohorts.

Although the importance of regular and timely participation in asynchronous online discussions is highlighted, there is still evidence of occasional lurking, where some students only contribute towards the end of an online discussion, when this becomes (almost) meaningless (Beaudoin, 2002; Küçük, 2010). Well-designed work-portfolios, which are used in some of the modules on this programme, can help mitigate lurking (Rowley, 2016) by enabling students to write about their own experiences and if they wish to have feedback from their peers, they need to contribute (Liu & Carless, 2006). Group work, which is actively encouraged in various modules due to its well documented contribution to online learning (McGribbin, 2013), tends to be unpopular with students, partly because of frustrations arising from perceived and actual variations among group members' involvement, efforts and commitments. This has partly been addressed by reassuring students that, even in group work, students' work is assessed individually on the basis of the quality and quantity of their own contributions.

Finally, in spite of the previously highlighted efforts to maintain open communication channels with and between students and the various forms of support available, some students still do not reach out for help and do not feel a sense of connection with classmates. Thus, despite all efforts, the online course may be perceived as a lonely journey for some students (Burns, 2016; Myles, 2020).

## **Conclusions and Lessons Learnt**

Being involved in the design, coordination, delivery and evaluation of this programme since its inception, and on reflection on its strengths, weaknesses, opportunities and threats, a number of lessons have been learnt. First, designing and delivering an online team-based learning programme should ideally draw together an eclectic team with different forms and levels of knowledge and expertise. Second, an education programme should be planned in view of, and be responsive to, the specific context in which it is to be delivered; for instance, our milieu was originally the Maltese health care workforce around twelve years ago, but now the backdrop is the international healthcare workforce. Thus, programme adjustments and further development may be necessary. The students' context and circumstances should be constantly kept in mind. Finally, to quote Voltaire, "perfect is the enemy of good" (Hegel et al., 1991). Therefore, it is often worth trying a good idea without waiting for the ideal conditions, resources or a perfect team. This programme has run successfully for 12 years and we are grateful for the opportunity to implement it. Nonetheless, we recognize and are cautious of the dangers and risks of inadequate preparedness and the seriousness of compromising quality. Institutional and departmental safeguards in these regards were and always have to be in place. We are all still learning from our own successes and failures, but in our case, vision, determination and some

pedagogical and IT skills set us, as a team, en route for running and updating a course for over a decade.

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